



Care Governance Committee

01 December 2022

**Perth & Kinross Health and Social Care Partnership (HSCP) Clinical
and Care Governance Assurance Report**

Responsible Officer: Dr Hamish Dougall, Associate Medical Director

Report Authors: Dr Hamish Dougall, Associate Medical Director
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1 Purpose

This is presented to the Care Governance Committee for:

- Assurance

This report relates to:

- Government policy/directive
- Legal requirement

This aligns to the following NHSScotland quality ambition(s):

- Safe
- Effective
- Person Centred

This report provides evidence of the following Best Value Characteristic(s):

- Equality
- Vision and Leadership
- Effective Partnerships
- Governance and Accountability
- Use of Resources
- Performance Management
- Sustainability

2 Report Summary

2.1 Situation

This report is being brought to the meeting to provide assurance on the clinical and care governance activities and arrangements across the Partnership as outlined in the Getting It Right For Everyone (GIRFE) Framework in accordance with the Partnership integration scheme. Clinical Governance is a statutory requirement to report on, at Board level, from Scottish Government as per NHS MEL (1998) 75.

The Care Governance Committee is being asked to provide their view on the level of assurance this report provides and therefore the level of assurance regards clinical and care governance within the Partnership. The timescale for the data within this report is from 1st July to 31st October 2022

As Lead Officer for Perth & Kinross HSCP I would suggest that the level of assurance provided is: **Reasonable Assurance**; due to the following factors:

- The ongoing development of Clinical & Care Governance structures for Mental Health services in P&K HSCP.

2.2 Background

The role of the Perth & Kinross HSCP Governance forum is to provide assurance to the Perth & Kinross HSCP Integration Joint Board (IJB), NHS Tayside Board (through the Care Governance Committee) and Perth & Kinross Council, that there are effective and embedded systems for Clinical, Care and Professional Governance in all services within Perth & Kinross HSCP.

The GIRFE Framework is an agreed tool used by all three HSCPs to ensure consistency of approach between Local Authorities, Tayside NHS Board and the IJBs for the three HSCPs; quality assurance is assessed against an agreed, prioritised common data set for each of the governance domains as detailed below. A GIRFE Steering Group has been established and continues to meet, with representatives from each of the three Partnerships and part of its remit is to support additional common assurance measures and this template.

The six domains continue to evolve over time and must be adaptable and responsive to the changes in legislation and external support and monitoring. The domains reflect the principles set out in the Health and Social Care Standards, My support, My life; Scottish Government, 2018 and the Quality of Care Approach, HIS and Care Inspectorate, September 2018. The domains are:

Information Governance
Professional Regulation and Workforce Development
Patient/Service user/Carer and Staff Safety
Patient/Service user/Carer and Staff Experience
Quality and effectiveness of care
Promotion of Equality and Social Justice

2.3 Assessment

2.3.1 Clinical and Care Risk Management

The risk registers for Health and for Adult Social Work and Social Care (appendices 2 &3) are discussed monthly at the P&K HSCP Care & Professional Governance Forum.

Managers of red risks are asked for a written update at every meeting, and managers of amber risks are asked for update at every other meeting.

This supports assurances that the relevant risks are being regularly monitored; what measures are in place to minimise the risk; what alternative mitigations plans and actions are in place to minimise the risk; that where the risk affects, or is impacted by, other parts of the health or social care system, or indeed other agency, we are assured that they are fully informed and engaged in the process.

Title of Risk	Adequacy	Inherent Risk Score (without controls)	Current Risk Score (with current controls in place)	Current Controls
<p>(829 - Health) Challenges in relation to accommodation for clinical and non-clinical staff across P&K</p>	Incomplete	20 (RED)	20 (RED)	<p>Risk last reviewed 16 August 2022</p> <p>Chief Officer has met with NHST Director Facilities to discuss a commercial premise to lease in P&K</p> <p>Head of Health has briefed NHS Director of Facilities re all options which have currently been explored in NHS and PKC family</p> <p>Interim Chief Exec of PKC has been briefed by Chief Officer re: accommodation needs for the HSCP.</p> <p>HSCP Chief Officer and Heads of Service attending PKC-led asset management workshops to plan for future requirement across public services and to work towards one public estate. The requirements of the HSCP have been shared.</p> <p>Premises requirements identified and summarised in a briefing paper for CCATS, IDART, potential relocation of GP premises in Perth City and a multi-disciplinary team supporting young people and adults with a learning disability and/or Autism with complex needs. Shared with NHS Procurement and Estates</p>
<p>(982 – Health) Mental Health Workforce in P&K HSCP</p>	Adequate	20 (RED)	20 (RED)	<p>Risk last reviewed 7 November 2022</p> <p>Exploring additional nursing resource for the CMHTs</p> <p>For POA, we are continuing to secure supplementary staffing via bank and agency</p> <p>Ongoing recruitment to vacant Nursing posts</p>

Title of Risk	Adequacy	Inherent Risk Score (without controls)	Current Risk Score (with current controls in place)	Current Controls
				<p>Learning from staff exit interviews</p> <p>Operational Associate Medical Director for Mental Health is currently reviewing and arranging updated recruitment tools</p> <p>P&K service entered contingency, and P&K Mental Health contingency meeting established. As of 26th Nov 21, the service exited contingency.</p> <p>Liaison with Mental Health AMD, Nurse Director and Medical Director</p> <p>Medical contingency team to be based at Murray Royal Hospital commencing 21 June 2021. The team will stand down from 29th Nov 2021</p> <p>Pharmacy resource secured to support contingency team</p> <p>Advanced Nurse Practitioner resource being secured to support contingency team</p> <p>Drafting patient pathways between CMHT and medical contingency team</p> <p>NHST is deploying medical resource from Dundee</p> <p>Secured adequate locum psychiatrist cover for the next six months.</p>
<p>(5 – Social Work) Workforce at critical level within the Social Work Access Team</p>			<p>25 (RED)</p>	<p>Risk last reviewed 9 September 2022</p> <p>6 WFTE additional Social work posts agreed to work within the team and proposed implementation of redesign September 2022.</p>

Title of Risk	Adequacy	Inherent Risk Score (without controls)	Current Risk Score (with current controls in place)	Current Controls
				<p>Access Team still Red RAG status due to continual long-term absence, vacancies and increase in the volume/demand of work coming into the first point contact.</p> <p>A review of the service has been undertaken and has been implemented. The new criteria commenced on the 1st September.</p>

2.3.2 Clinical & Care Governance Arrangements

Lead Partners Services

Each HSCP is a Lead Partner for a number of services. These services report through to the Clinical Care and Professional Governance Forum for that HSCP. At the Clinical Care and Professional Governance Forum the Lead Partner Service reports receive the relevant level of scrutiny as other reports.

Systems and processes are being established to ensure that all three HSCPs receive copies of reports from other Lead Partner Services to support integration, and effective whole system working.

Full details of the Clinical & Care Governance Arrangements in P&K HSCP are provided within appendix 1. A summary of recent assurances received at the P&K Care & Professional Governance Forum (CPGF) are:

Key risks identified within the exception reports from the CPGF meetings held in July, August, September and October 2022:

- Prison Healthcare:
 - Bella Centre – NHS IT cabling issues resulting in difficulty in staff accessing the NHST network and clinical systems.
 - High volume of complaints ongoing

- GP medical cover for HMP Perth remains a risk. There is currently only one salaried GP at present, resulting in significant waiting times. This risk has been added to DATIX as at 8th Sept 22.
- Access Team:
 - Ongoing staff shortage due to vacancies and long term sickness is having an impact upon the Access Team's ability to perform statutory duties timeously. This continues to be the case with priority being statutory and duty work only.
- South Locality:
 - Across the board issues with registered staff recruitment and retention. Impacting all areas including adult protection work, care planning audits (POA wards), training and TURAS completion.
 - Suicide attempt by ligature. Patient escalated to continuous interventions. Incident was managed well by staff on shift. De-brief carried out and support offered to staff and relatives.

Key risks identified within the annual reports from the CPGF meetings held in July, August, & September 2022:

- Registered Services:
 - Within Perth & Kinross Home Care (HART), there is increased demand to support long term Care at Home packages resulting in increased delays in the community. Service has increased staffing capacity but posts still being recruited to. Agency care staff are in place and all staff are offered over-time.
 - Both Parkdale Care Home and New Rannoch Day Centre have a number of unfilled vacancies which creates a risk of not being able to adequately staff the respective areas.
- Commissioned Services:
 - During Dec 2021 and Feb 2022, there was a COVID outbreak within a local Care Home. Approximately 30 residents and 30 staff tested positive, and 8 residents died relating to COVID-19. The care home was closed to admissions, transfers, and readmissions over this time period. After a respectful period of time, a Mortality & Morbidity review was carried out by the P&K HSCP Lead Nurse.

- Podiatry:
 - Ongoing difficulty in recruitment and retention in podiatry which is a national issue; along with increase turnover of staff, there is a risk of the service being unable to treat the increasing number of higher risk patients and to positively address the existing patient waiting times, which may lead to unintended consequences to patients, and deterioration of staff wellbeing.
 - The high percentage of patients requiring wound management is impacting on the clinical capacity, resulting in the service being unable to meet the assessed needs of other patients within the caseload who have an identified need.
 - The Service continues to have a waiting list for those referrals triaged as routine i.e. those referrals which do not indicate any condition which puts the person at immediate risk but meets the service eligibility criteria for assessment with a target time of 18 weeks. The majority of those waiting over 18 weeks are pre pandemic. Referrals triaged as urgent or soon continue to be appointed.

- Joint Equipment Loan Store:
 - No significant risks identified.
 - With the introduction of new scanner technology JELS are now able to capture 'client satisfaction' on completion of all delivery's and collections.

2.3.3 Adverse Event Management

Systems are in place for services/localities to review DATIX incidents.

The Nursing & AHP leads meet along with the Clinical Governance Coordinator on monthly basis to review the top 5 incident categories. This helps to identify any trends or any appropriate action and supports closing the loop.

Regarding adverse events, the main themes reported during the months between March and June 2022 were:

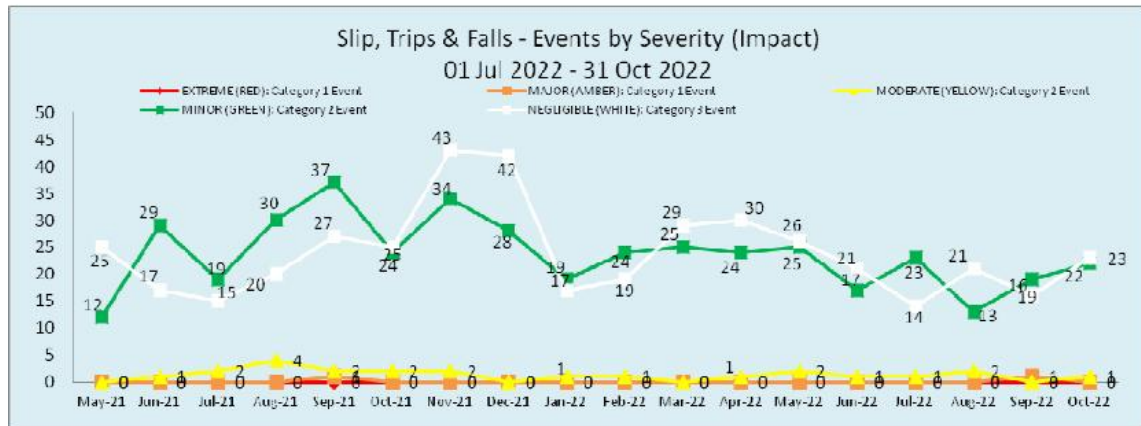
Highest frequency events:

1. Slips, Trips and Falls
2. Medication
3. Violence & Aggression
4. Pressure Ulcer

5. Clinical Challenging behaviour

Slip, Trip & Falls

During the months between July and October 2022, there were **156** incidents recorded, of which 25 involved harm. 74 occurred at MRH, 33 at PRI, 45 in Community Hospitals and the remaining 4 in other areas.



The Psychiatry of Old Age inpatient wards at Murray Royal Hospital experienced a higher than usual number of falls at the end of 2021 due to several patients who had multiple falls (many of which were controlled). Ward staff were doing all they could to manage the falls, and they had support from the Falls coordinator during this time.

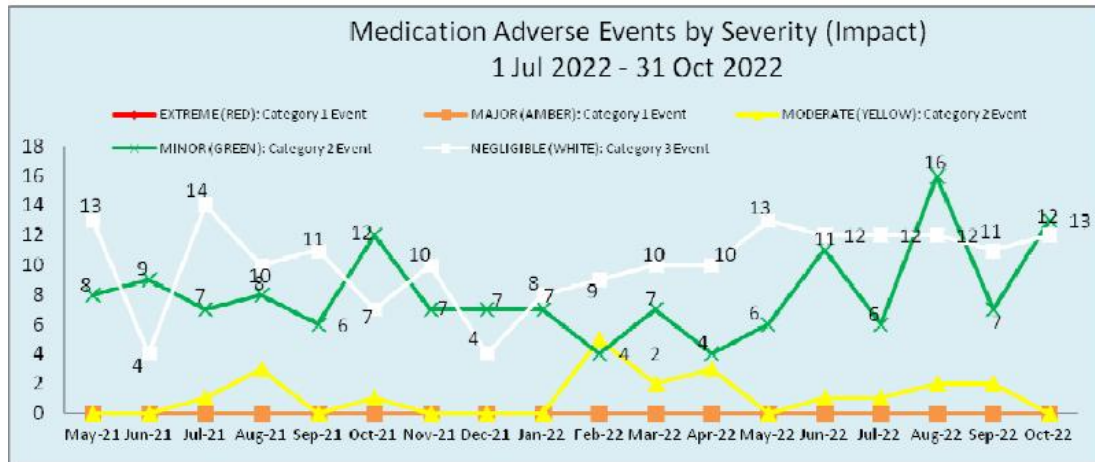
In addition, the Falls Coordinator continues to :

- Review all of the wards in-patient falls Datix reports and provide feedback to the ward with a breakdown of their falls, outlining any trends, highlighting patients who fall repeatedly and enquiring if further information is required
- Supports all of the HSCP wards to have strength and balance exercise panels fitted on their walls and suitable patients also receive a set of strength and balance cue cards which they can take home with them. Along with that they receive a Care About Walking booklet and record charts for recording activity / steps.

Medication

During the months between July and October 2022, there were **94** incidents recorded, of which none involved harm. 5 occurred at MRH, 8 at PRI, 17 in

Community Hospitals, 54 within a Prison Establishment and the remaining 10 in other areas.

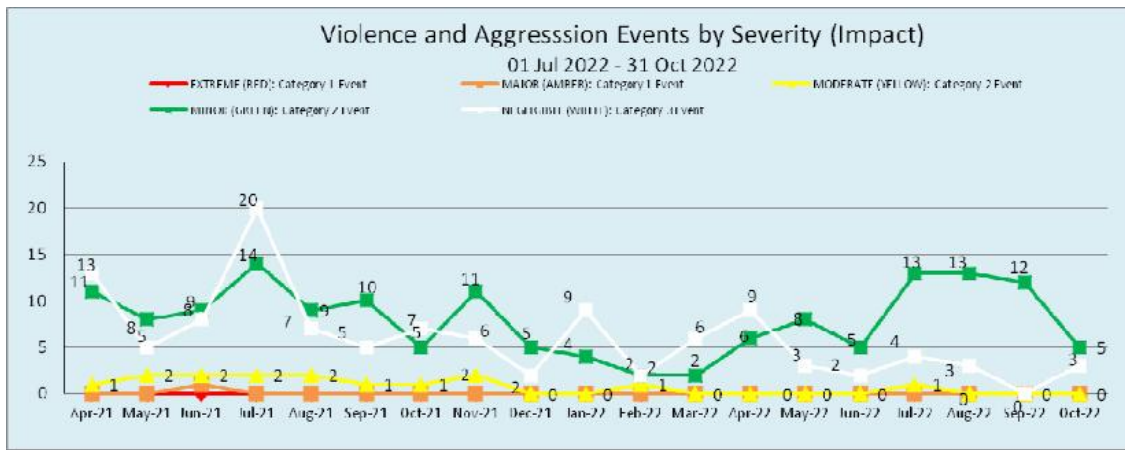


The majority of medication adverse events occurred with the Prison Healthcare service. The prison healthcare service manages and administers a high volume of medication across three sites across Tayside - HMP Perth, HMP Castle Huntly and HMP & YOI Bella, which opened earlier this year. The service has ongoing challenges with regards to the Lloyds pharmacy contract and issues with medication deliveries. This has an impact on the patient population and, as such, has been added to DATIX as a service risk. The Clinical Pharmacist is in discussion with Lloyds and the national prison pharmacy team at NSS with a view to improve the situation. The service is also carrying some vacancies across the teams.

The medication adverse events are varied, ranging from medication being delivered late due to the Lloyds delivery, to rarer CD incidents which are fully investigated and reported through the PHC Medicines Management Group then on to P&K CCPG.

Violence & Aggression

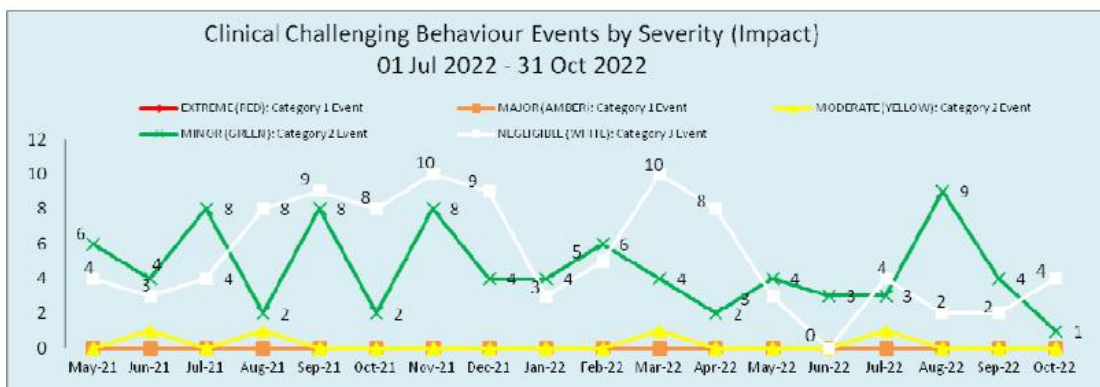
During the months between July and October 2022 there were **54** incidents recorded, of which 14 involved harm. 28 occurred at MRH, 11 at PRI, 6 in Community Hospitals, and the remaining 9 in other areas.



The incidents within Murray Royal Hospital were within the Psychiatry of Old Age wards. In looking at these incidents, the majority were within one particular ward, and the majority of those were with regard to one particular patient.

Clinical Challenging Behaviour

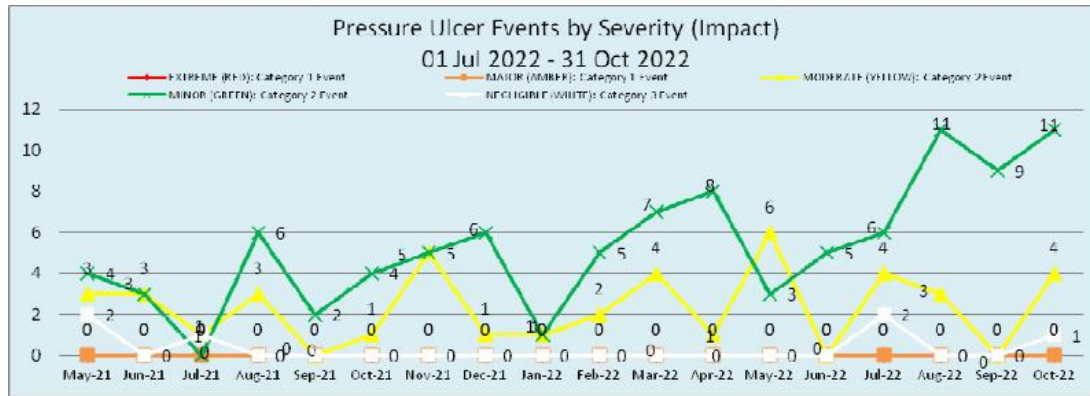
During the months between July and October 2022, there were **30** incidents recorded, of which 11 involved harm. 22 occurred at MRH, 2 in PRI, 4 in Community Hospitals and the remaining 2 in other areas.



The vast majority of these incidents were within the Psychiatry of Old Age wards at Murray Royal Hospital. The wards have sought input from the NHST PMVA team regarding the ongoing management of Violence & Aggression and Clinical Challenging Behaviour.

Pressure Ulcers

During the months between July and October 2022, there were **51** incidents recorded, of which 38 involved harm. 24 were within the patients home, 12 within Community Hospitals, and the remaining 15 in other areas.



For all 'extreme' or 'major' events a Local Adverse Event Review (LAER) is conducted and the outputs are taken to the regular CPGF meetings under the standardised Exception Reporting template, and the learning is discussed and shared for further dissemination.

Overdue red and amber events within P&K HSCP are discussed monthly at the CPGF meeting, and there has been a focus on reducing outstanding reviews:

- September 2020 – 24 outstanding events
- January 2021- 19 outstanding events
- May 2021 - 13 outstanding events
- July 2021 – 13 outstanding events
- November 2021 – 11 outstanding events
- March 2022 - 8 outstanding events
- July 2022 - 5 outstanding events
- Oct 2022 – 2 outstanding events

Progress has been made throughout the year regarding the outstanding red events, and as of October 2022, there are 2 outstanding which are overdue. The reason for some of these being outstanding relates to complexity of events; delays due in part to the COVID pandemic response; co-ordination across multiple agencies and services etc. Reviews will continue until a further sustained improvement is evident. Further details regarding these incidents are provided within Appendix 5.

Each geographical locality in P&K is provided with a summary of adverse events specific to their locality to enable them to identify trends and any learning.

Adverse events are regularly reviewed and form a standing agenda item at the locality governance groups to identify learning, improvements, training needs or themes.

It has been identified and acknowledged by the CPGF that further performance improvement is required regarding the timescales for reporting and verifying DATIX incidents. This is being monitored at CPGF meetings.

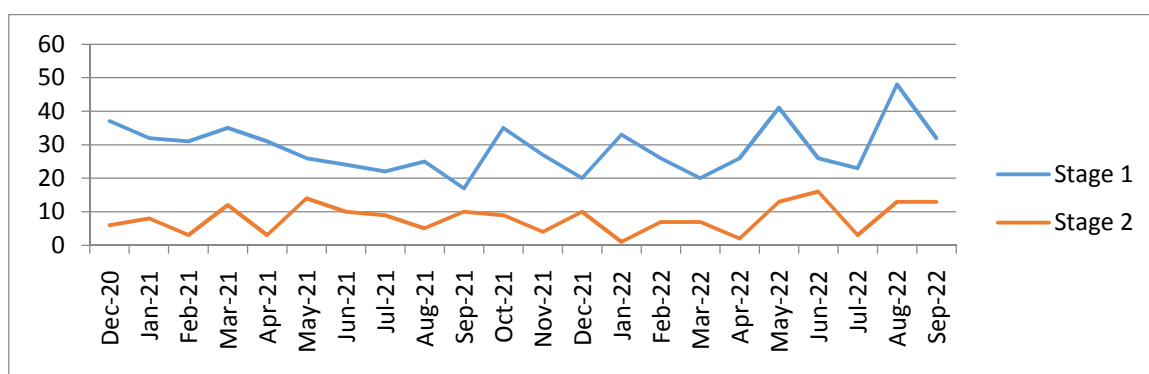
2.3.4 Significant Adverse Event Reviews

There is one ongoing SAER within P&K HSCP relating to a completed suicide. A draft report has been completed, and comments received back from the family and those involved in the review. An action plan based on the recommendations has been created, and both the report and action plan have had first stage sign-off. They are now awaiting sign-off at the second stage.

2.3.5 Pressure Ulcers & Falls

Details regarding both of the types of Adverse events has been provided above in section c.

2.3.6 Complaints



Current Complaints as at 15 November 2022 - Stage 1

Service Area	0-5 Days	6-10 Days	Total
Perth & Kinross HSCP	8	2	10

Current Complaints as at 15 November 2022 - Stage 2

Service Area	0-5 days	6-10 days	16-20 days	>20 days	>40 days	>60 days	Total
Perth & Kinross HSCP	1	1	2	7	1	1	13

2.3.7 Scottish Public Services Ombudsman Reports

There have been no complaints referred to the SPSO during the time period.

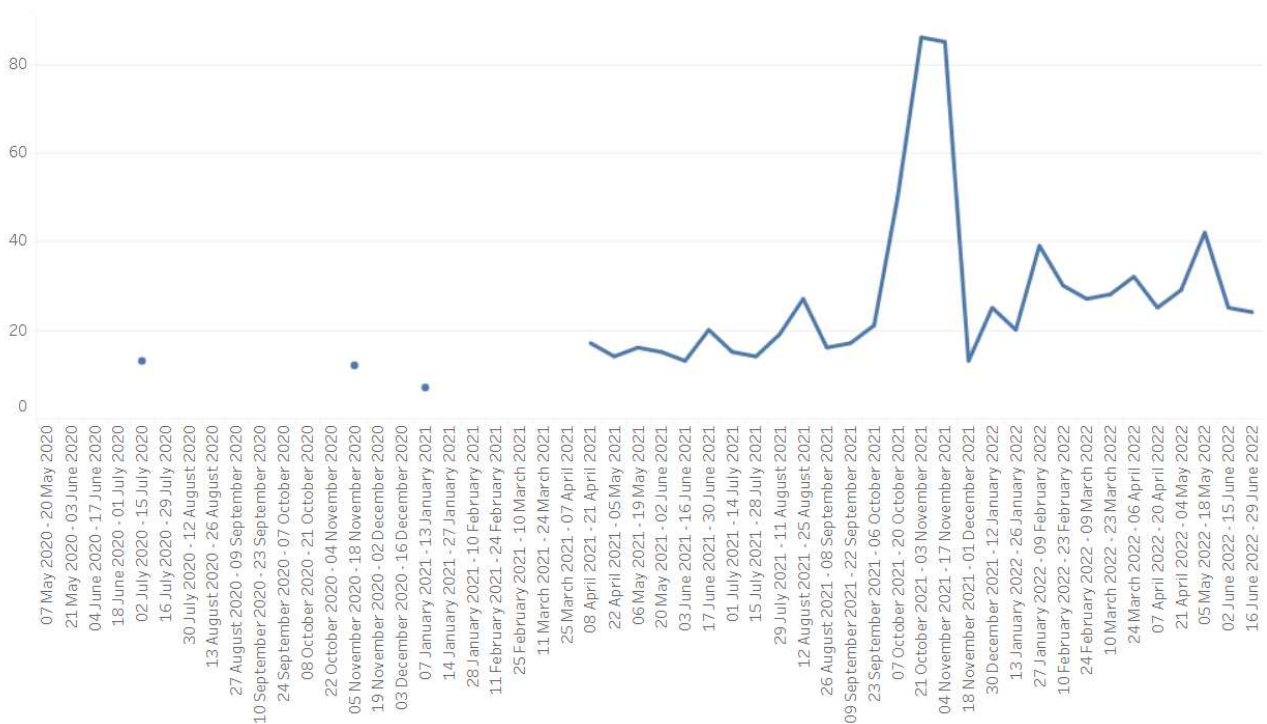
The last complaint which was referred to the SPSO was from October 2020, and further information has recently been provided to the SPSO regarding this complaint.

2.3.8 External Reports & Inspections

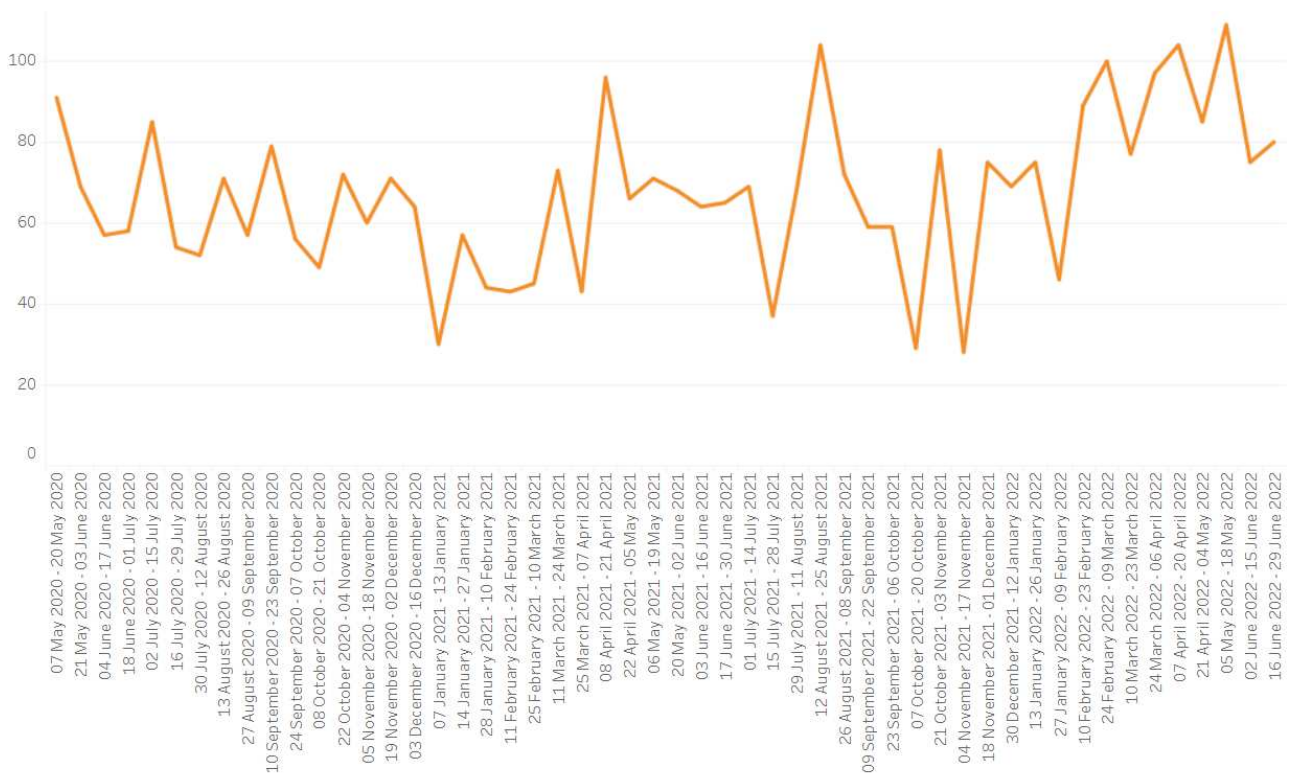
There have been no external inspections to our NHS services during the time period. Adult Social Work and Social Care had an inspection to their Adult Support and Protection arrangements, and further information regarding this is contained within the section below.

Adult Support & Protection

Number of Adult Protection Referrals:



Adult Concerns received by Local Authority from Police Scotland:



A joint inspection of Adult Support & Protection arrangements in Perth & Kinross took place between April and August 2022. The Care Inspectorate led the inspections, in collaboration with Healthcare Improvement Scotland and Her Majesty's Inspectorate of Constabulary in Scotland.

The report and findings were positive, with the inspection report highlighting the following:

Strengths

- The partnership had strong self-evaluation and quality assurance processes, which determined the performance and impact of adult support and protection arrangements across Perth & Kinross.
- The partnership provided opportunities for collaborative involvement of partner agencies and information sharing through specialist screening and triage arrangements and interagency referral discussions.
- The Council recently procured an electronic case management system to enhance current methods of recording social care information including adult support and protection.

- The partnership had developed initial referral discussion processes, which improved the quality of inquiries and outcomes for adults at risk of harm.
- Strategic leadership, and oversight of adult support and protection arrangements, were very effective. Social work teams, a dedicated adult support and protection lead detective officer, and an NHS team strengthened public protection.
- The partnership provided a number of support groups for adults living in the partnership area, to promote community engagement and reduce risks associated with harm. This further endorsed the partnership's vision and improvement plan.
- The partnership established a Care Home Oversight Group to support outcomes for large scale investigations, and to provide additional guidance and support to staff in care homes at the height of the pandemic. The support remained in place to help meet the needs of adults living in care homes.

Priority areas for improvement

- Medical examinations were not always carried out when they should have been. For a few cases, this impacted negatively on the adult at risk of harm. A more consistent approach was needed to ensure medical examinations were requested and undertaken in a timely manner.
- Some aspects of adult protection practice within the Divisional Concern Hub were inconsistent. The partnership should maximise opportunities to escalate, share and record information more robustly.
- Adults at risk of harm and unpaid carers should be invited and, where necessary, supported to attend case conference. Information regarding attendance and engagement should be clearly recorded to demonstrate the partnership's interventions

The full report is available to view on the Care Inspectorate website [here](#).

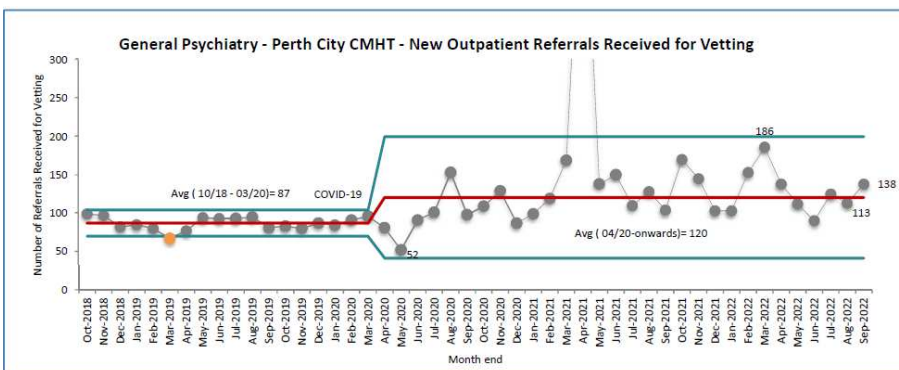
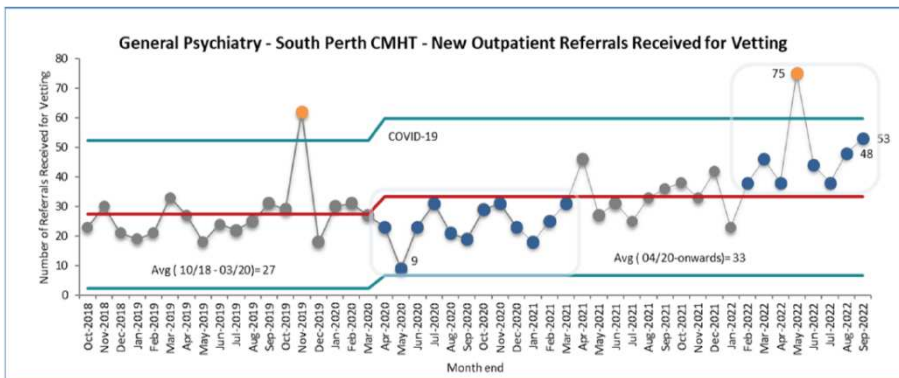
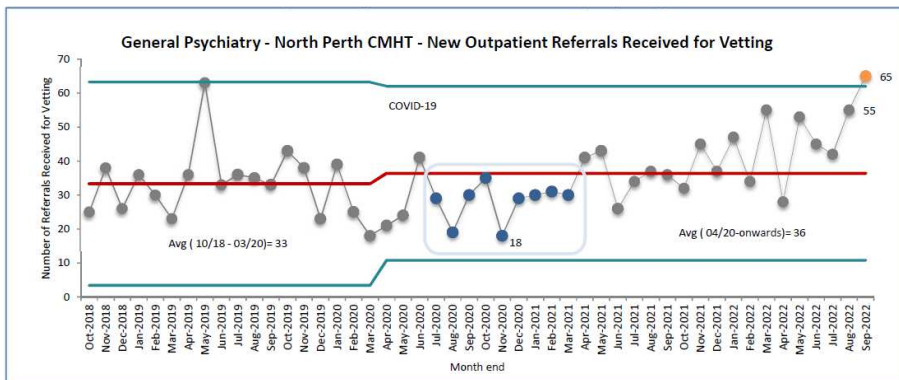
Within our previous report to this Committee, reference was made to a particular adverse event that occurred within one of our Commissioned Care Homes regarding a medication error. This adverse was reported as a Adult protection concern by the member of Adult Social Work and Social Care staff who discovered the error. The Committee requested some additional information regarding this event and any follow up. The individual involved in the adverse event had been routinely administered several doses of a medication for which the prescription was “as

required". Because the individual met the criteria for being an adult at risk, this was reported as an adult protection concern. The investigation found several issues which appear to have contributed to the error occurring, and this allowed the Care Home Oversight group the opportunity to support the Care Home on an informal basis to address these.

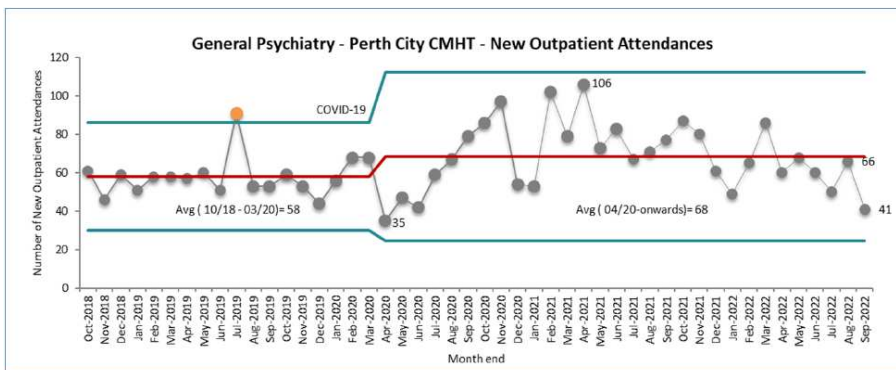
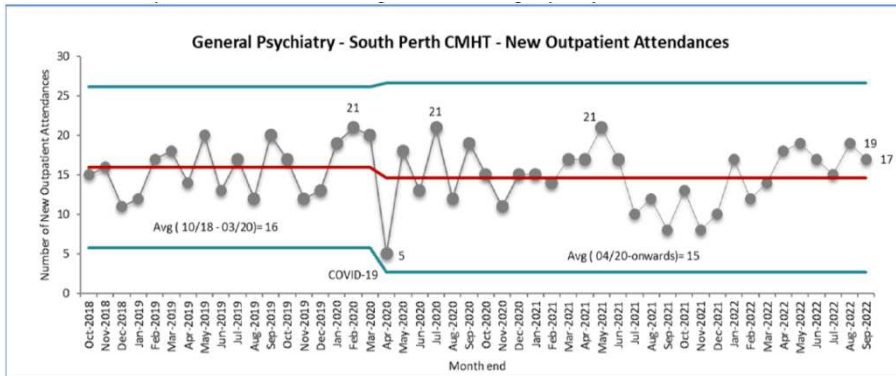
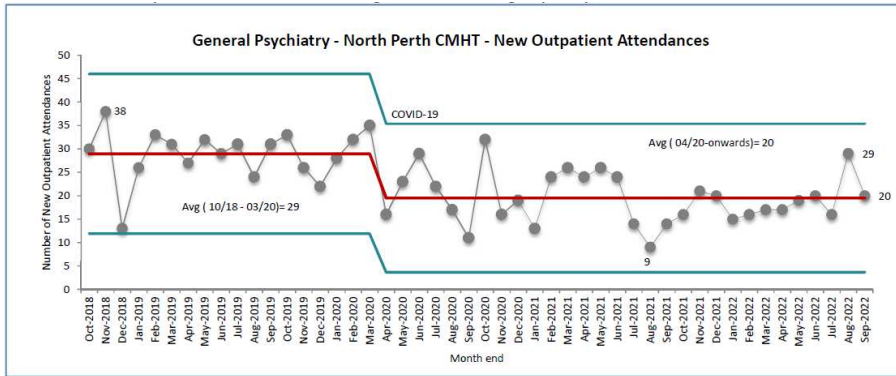
2.3.10 Mental Health

Community Mental Health Service Activity:

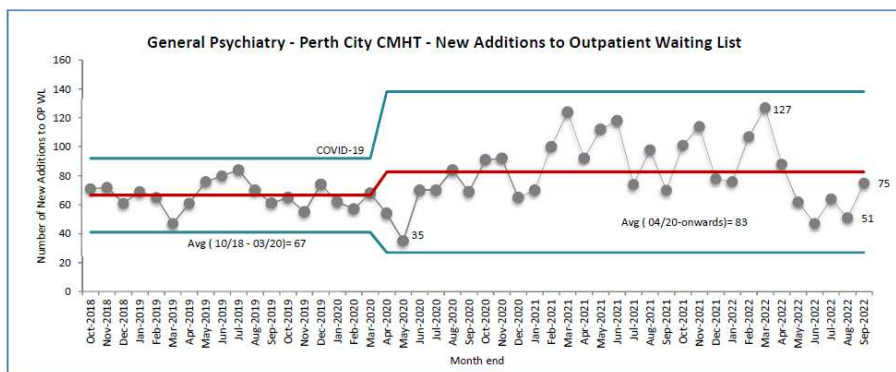
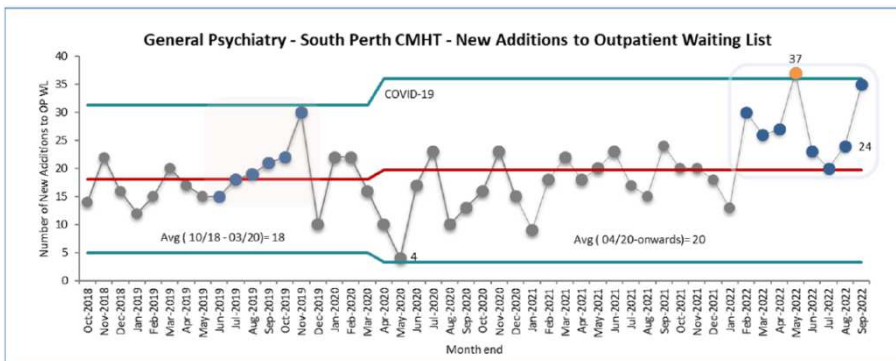
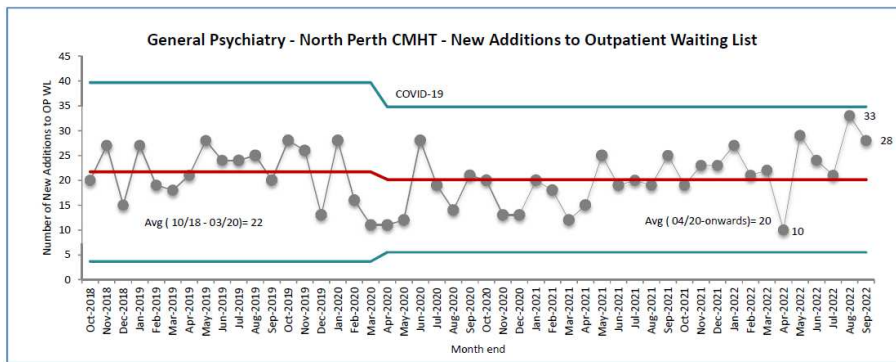
Number of New Referrals received:



Number of New Appointments:



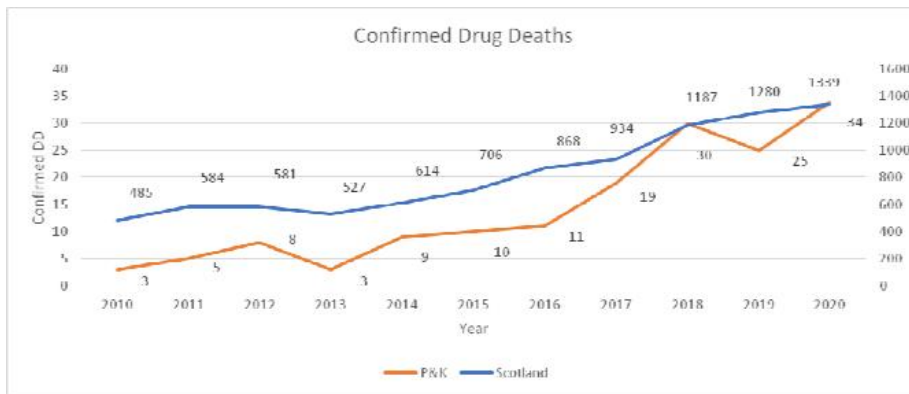
Total New Patient Waiting List:



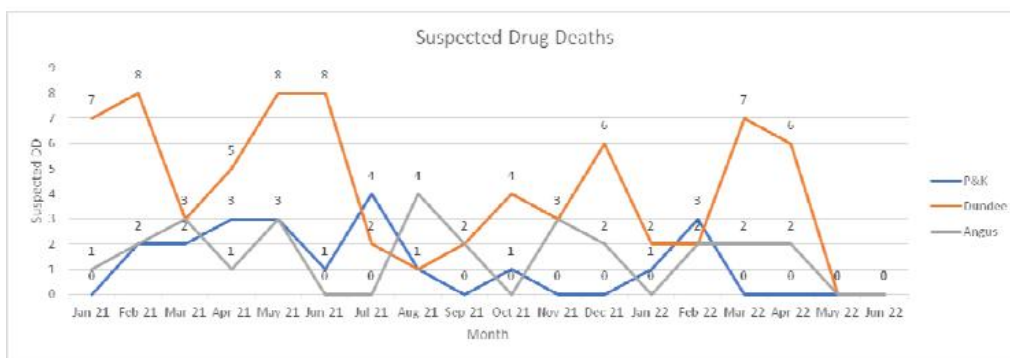
Drug related deaths:

Numbers of suspected drug related deaths are recorded across the three HSCP's, and is used to inform learning and context within and across the HSCP's.

The following shows data regarding confirmed drug deaths in P&K as compared to across Scotland (please note the two y-axes):



And suspected drug related deaths within Tayside:



2.4 Quality/Patient Care

There are a number of ongoing risks (summarised within Appendices 2 &3) which, if not mitigated, pose a risk to the provision of safe care which is of high quality. The HSCP continues to manage these risks proactively.

2.4 Workforce

There are a number of ongoing risks regarding workforce challenges (summarised within Appendices 2 &3) which, if not mitigated, pose a risk to the provision of safe care which is of high quality. The HSCP continues to manage these risks proactively.

P&K HSCP ensures alignment with NHS Tayside’s approved 3-year workforce strategy and PKC workforce plan.

Workload tools are in use within the Community Nursing service, and workload tools have also been used in the past within services such as POA, and these requires to be conducted again. There are a number of workload tools which can

be used, and the purpose of each tool is to provide information and recommendations on staffing levels based on patient workload.

2.5 Financial

The composition of the Executive Management Team allows for a discussion of any financial issues from the perspective of Care & Professional Governance.

2.6 Risk Assessment/Management

Key risks and risk assurance process is detailed under section 2.3a.

2.7 Equality and Diversity, including health inequalities

Equality, diversity and health inequalities are core to the Getting it Right Framework and the domains within. Each service provides exception reports which include this aspect. Currently there are no exceptions requiring to be escalated to CGC.

2.8 Other impacts

N/A

2.9 Communication, involvement, engagement and consultation

All HSCP Staff have been invited to complete the latest iMatter survey, and teams have met to discuss the results of these and actions to take forward.

The HSCP is working with the Strategic Planning and Communication and Engagement Groups to support more effective communication, engagement and involvement.

2.10 Route to the Meeting

This has been previously considered by the following groups as part of its development. The groups have either supported the content, or their feedback has informed the development of the content presented in this report.





- P&K HSCP Care & Professional Governance Forum members
- P&K HSCP Professional Leads and Heads of Service
- P&K HSCP Executive Management Team (final draft)

3 Recommendation

This report is being presented for:

- **Assurance**

As lead Officer for Perth & Kinross HSCP I would suggest that the level of assurance provided is: **Reasonable Assurance**

Level of Assurance		System Adequacy	Controls	✓
Substantial Assurance		A sound system of governance, risk management and control exists, with internal controls operating effectively and being consistently applied to support the achievement of objectives in the area audited	Controls are applied continuously or with only minor lapses.	
Reasonable Assurance		There is a generally sound system of governance, risk management and control in place. Some issues, non-compliance or scope for improvement were identified which may put at risk the achievement of objectives in the area audited.	Controls are applied frequently but with evidence of non-compliance.	✓
Limited Assurance		Significant gaps, weaknesses or non-compliance were identified. Improvement is required to the system of governance, risk management and control to effectively manage risks to the achievement of objectives in the area audited.	Controls are applied but with some significant lapses.	
No Assurance		Immediate action is required to address fundamental gaps, weaknesses or non-compliance identified. The system of governance, risk management and control is inadequate to effectively manage risks to the achievement of objectives in the area audited.	Significant breakdown in the application of controls.	

Appendix 1 – List of services within P&K HSCP

The P&K HSCP works within a locality model to deliver the following delegated services and hosted services:

Perth City Locality	Community Nursing, Community Mental Health Teams (Adult and Older Peoples), Community Allied Health Profession Teams	Delegated
North Locality	Integrated Drug & Alcohol Recovery Team, Advanced Nurse Practitioners, Community Hospitals (x4), Community Care & Treatment Teams, Community Learning Disability Services, Adult Social Work Teams	Delegated
South Locality	Respiratory Team Care Home Liaison (Mental Health) Access Team Mental Health Officer Team Wellbeing Team Hospital Discharge Team Discharge Hub	Delegated
Perth Royal Infirmary	Stroke Ward Medicine for the Elderly Ward Discharge Liaison Team Allied Health Profession Team (Inpatients) Allied Health Professions (Outpatient Teams)	Delegated
Murray Royal Hospital	3 Older Peoples Mental Health Inpatient Wards	Delegated
Commissioned Services	Care at Home, 42 Care Homes, Supported Accommodation	Delegated
Registered Services	Dalweem & Parkdale Care Homes, Day Care, HART	Delegated
Equipment & TEC	Joint Equipment Loan Store, Community Alarm	Delegated
Mental Health Officer Team	Mental Health Officers across P&K	Delegated
Prison Healthcare	Across 2 sites – HMP Perth and HMP Castle Huntly Pharmacy Team Primary Care Medical & Nursing Team Integrated Mental Health & Substance Misuse Team Occupational Therapy Team Physiotherapy Clinical Psychology In-reach Podiatry In-reach Dental In-reach Blood Borne Virus	Hosted
Public Dental Service	Tayside wide Services	Hosted
Podiatry	Tayside wide Services	Hosted

**Appendix 2 – DATIX service risks within P&K HSCP health services
(as at 15th November 2022)**

DATIX RISK SUMMARY (HEALTH)

Current service risks within health services (31):

Ref	Locality/Service	Grading and Title of risk	Risk Score & Grading	Last updated / Manager
829	Perth City	Challenges in relation to accommodation for clinical and non-clinical staff across P&K	20 RED	16-08-22 Evelyn Devine
982	Mental Health P&K wide	Workforce	20 RED	07-11-22 Chris Lamont
1170	MFTE & Intermediate Care	P&K HSCP Hand Therapy Service - Waiting Times	16 AMBER	01-06-22 Morag Ottley
1157	Public Dental service	Failure to meet statutory levels of ventilation within Dental Surgeries in Angus & Dundee	16 AMBER	29-04-22 Heather Ballantyne
1151	P&K wide	Mental Health - Capacity & Flow	16 AMBER	28-03-22 Chris Lamont
657	P&K wide	P&K HSCP Community Hospital Registered Nurse Staffing Levels	16 AMBER	09-05-22 Tia Dixon
1128	Psychiatry of Old Age	Reduced Staffing within the 3 POA in-patients areas in P&K HSCP	16 AMBER	10-02-22 Shelly Milligan
886	MFTE & Intermediate Care	Staffing challenges within the OT service at PRI	16 AMBER	05-04-22 Morag Ottley
981	Mental Health P&K wide	Pathways of Care	16 AMBER	14-12-21 Chris Lamont
664	Perth City	Care & treatment hub accommodation within Perth City	16 AMBER	27-09-22 Chris Lamont
1055	Primary Care	Risk regarding long term GP Practice sustainability	16 AMBER	11-08-22 Ruth Buchan
1226	Prison Healthcare	GP cover for HMP Perth	15 AMBER	12-10-22 Angela Cunningham
983	Mental Health P&K wide	Ligature Anchor Points	15 AMBER	24-05-22 Shelley Milligan
1254	Prison Healthcare	Non Emergency Transfer of Patients to Hospital	12 AMBER	16-11-22 Angela Cunningham
1174	North	Community Nursing staffing challenges within the North Locality	12 AMBER	15-08-22 Angela Milne
979	Mental Health P&K wide	Mental Health - Prescribing	12 AMBER	28-03-22 Chris Lamont
984	Mental Health P&K wide	Doctors in Training	12 AMBER	19-01-22 Chris Lamont

565	Prison Healthcare	Prison Healthcare Staffing levels (nursing)	12 AMBER	21-06-22 Angela Cunningham
613	Perth City	Excessive wait times for Adult Mental Health OT intervention	12 AMBER	01-08-22 Lindsey Griffin
827	Perth City	Provision of Dialectical Behaviour Therapy(DBT) within P&K Community Mental Health Teams	12 AMBER	06-09-21 Chris Lamont
980	Mental Health P&K wide	Environment and Infrastructure	12 AMBER	14-12-21 Chris Lamont
1038	Podiatry	Excessive patient waiting times within Tayside Podiatry service	12 AMBER	08-08-22 Mark Fannon
272	MFTE & Intermediate Care	Tay & Stroke wards - workforce	10 AMBER	20-07-22 Anne Davidson
569	Prison Healthcare	Medication administration within HMP Perth	10 AMBER	21-06-22 Airlie Dewar

1087	iDART	iDART recruitment and retention and increasing caseload challenges	9 YELLOW	11-04-22 Chris Lamont
701	Prison Healthcare	Mental Health Waiting Times within the Prison Healthcare Service	9 YELLOW	31-08-22 Airlie Dewar
1242	Prison Healthcare	Delays in Pharmacy Order Deliveries	8 YELLOW	06-10-22 Angela Cunningham
978	Mental Health P&K wide	Mental Health Strategy	8 YELLOW	14-12-21 Chris Lamont
985	Mental Health P&K wide	Stakeholder and Partnership Engagement	6 YELLOW	14-12-21 Chris Lamont
321	Public Dental Service	IT Failure - Public Dental Service	6 YELLOW	30-06-21 Michelle Hamilton-Smith
1139	North	Heating system at Pitlochry Hospital unable to be accessed/controlled by estates	6 YELLOW	15-06-22 Angela Milne

Appendix 3 – Service risks within P&K HSCP Adult Social Work & Social Work Services

Perth & Kinross Health & Social Care Partnership

SERVICE RISK PROFILE - Adult Social Work and Social Care

Last updated: 16th September 2022

Risk Number	Risk Category	Cause (Trigger) (Because of...) Event (There is a risk of...) Effect (Impacting on...)	Inherent Risk					Residual Risk			Mitigating Actions
			Risk Owner	Impact Value	Probability Value	Inherent Score	Controls	Impact Value	Probability Value	Residual Score	
WORKFORCE											
1	Operational	<p>Because of a reduced number of Adult Protection trained social workers; workforce depleted due to sickness and covid related issues</p> <p>There is a risk of an inability to meet demand of ASP inquiries/investigations and on-going ASP Work.</p> <p>Impacting on our ability to ensure that Adults are safe from harm.</p>	Alison Fairlie	5	4	20	<p>1 ASP Council Officer Training</p> <p>2 There are AP trained SW within the Locality Teams.</p> <p>3 Funding for additional SW posts</p>	5	2	15	<p>Up-date from 9th September 2022. New Social Work staff have been recruited to manage this risk but currently the new staff are undertaking their Council Officer Training which been arranged for later in September. This risk removed following the completion of training.</p>
OT CAPACITY											
2	Operational	<p>Because of historical demand and various service challenges</p> <p>There is a risk around a lack of OT capacity</p> <p>Impacting on delays in service users receiving assessments; backlogs in referrals and increased waiting lists within localities.</p>	Shona MacLean	4	3	12	<p>1 Current OT Posts</p> <p>Agreed prioritisation criteria for OT assessments. Meeting P1 timelines. P2 should be seen within 1 week but all seen within 2 weeks. Currently 231 on waiting list with longest wait being a P4 from February</p>	3	2	6	<p>Update from the 9th September 2022 - Risk to be removed following the recruitment and induction of new OT's. Risk will be removed and archived.</p>
CARE AT HOME											
4	operational	<p>Because of increased demand</p> <p>There is a risk around a lack of Care at Home capacity, especially in rural P and K,</p> <p>Impacting on people not receiving their assessed levels of care</p>	Shona MacLean	5	4	20	<p>1 CAH Packages</p> <p>2 HART</p> <p>3 Recruitment of Agency Staff</p> <p>4 Overtime of SC staff to increase workforce</p>	5	3	15	<p>Up-dated from 9th September 2022 – following the success of a recruitment drive, new staff have still appointed to the new Living Well Teams.</p>
ACCESS TEAM											
5	Operational	<p>Because of staff shortages, through Covid, Long-Term sickness, performance issues and holidays</p> <p>Currently support is being provided from other Locality</p> <p>There is a risk that the current Access Team workforce is at a critical level to meet the demands of Statutory Duties, especially in relation to Adult Support and</p> <p>Impacting on our ability to deliver first point of contact resulting in a waiting list for assessment and review; our ability to provide an early intervention and prevention service which could result in harm and crisis situations eg care breakdown or hospital admissions.</p>	Alison Fairlie	5	4	20	<p>1 Access Team</p>	5	4	20	<p>Up-dated from 9th September 2022 – The review of the service has been undertaken and has been implemented. The new criteria commenced on the 1st September.</p>

Appendix 4– Clinical & Care Governance Arrangements

The P&K Care & Professional Governance Forum (CPGF) has responsibility to ensure that there are effective and embedded systems for Clinical, Care & Professional Governance in all services within the partnership. This includes seeking assurances from all partnership localities and hosted services within the context of the six domains of Clinical, Care & Professional governance. Localities and Hosted Services have regular Governance Forums within their own services attended where appropriate by HSCP professional leads.

The HSCP remain committed to improving Care & Professional Governance. Work is progressing to develop governance and performance dashboards to support Care Assurance across agreed professional standards. Although delayed due to the Covid response, work to progress this has now resumed and is being tested in one of the localities. Additionally, work is underway to improve availability of locality performance data.

The HSCP has also commenced a Mental Health Clinical Care & Professional Governance Group, which reports directly to P&K CPGF and the Tayside Mental Health Quality & Performance Review. This will allow targeted improvement to improve Mental Health performance data, mitigation of Mental Health risks and to support scrutiny on progress made in respect of HIS Improvement Plan and Listen, Learn, Change work streams.

Exception reporting is a mechanism for services to quickly and easily flag up where work or events vary significantly from that which would be expected.

Exception reports were provided by all HSCP service grouping and localities (including hosted services) at each meeting of the previous bi-monthly Care & Professional Governance Forum (CPGF). Now that these meetings are occurring monthly such exception reports are now expected from half the services at each meeting, thus continuing the service reporting every 2-months.

Exception reports received during the previous year have been:

	JAN 2022	FEB 2022	MAR 2022	APR 2022	MAY 2022	JUN 2022	JUL 2022	AUG 2022	SEP 2022	OCT 2022
ACCESS TEAM & MHO	✓	NOT REQUIRED	NOT RECEIVED	NOT REQUIRED	✓	NOT REQUIRED	✓	NOT REQUIRED	✓	NOT REQUIRED
COMMISSIONED SERVICES	NOT REQUIRED	NOT REQUIRED	✓	NOT REQUIRED	✓	NOT REQUIRED	✓	NOT REQUIRED	✓	NOT REQUIRED
EQUIPMENT & TEC	NOT REQUIRED	✓	NOT REQUIRED	✓	NOT REQUIRED	✓	NOT REQUIRED	✓	NOT REQUIRED	NOT RECEIVED
NORTH LOCALITY	NOT REQUIRED	✓	NOT REQUIRED	✓	NOT REQUIRED	✓	NOT REQUIRED	✓	NOT REQUIRED	✓
PERTH CITY LOCALITY	NOT REQUIRED	✓	NOT REQUIRED	✓	NOT REQUIRED	✓	NOT REQUIRED	✓	NOT REQUIRED	✓
MFTE/POA IN-PATIENTS & INTERMEDIATE CARE	✓	✓	✓	✓	NOT REQUIRED	✓	NOT REQUIRED	✓	NOT REQUIRED	NOT RECEIVED
PODIATRY	NOT REQUIRED	✓	NOT REQUIRED	✓	NOT REQUIRED	✓	NOT REQUIRED	✓	NOT REQUIRED	✓

PRISON HEALTHCARE	NOT REQUIRED	NOT REQUIRED	NOT REQUIRED	NOT REQUIRED	✓	NOT REQUIRED	✓	NOT REQUIRED	✓	NOT REQUIRED
PUBLIC DENTAL SERVICES	✓	NOT REQUIRED	✓	NOT REQUIRED	✓	NOT REQUIRED	✓	NOT REQUIRED	✓	NOT REQUIRED
REGISTERED SERVICES	NOT REQUIRED	✓	NOT REQUIRED	✓	NOT REQUIRED	✓	NOT REQUIRED	✓	NOT REQUIRED	NOT RECEIVED
SOUTH LOCALITY	NOT REQUIRED	✓	NOT REQUIRED	✓	NOT REQUIRED	✓	NOT REQUIRED	✓	NOT REQUIRED	NOT RECEIVED

* non submission of reports highlighted to manager for action

Annual reports are provided by all HSCP services and localities (including hosted services).

The structured annual reporting template brings together the six domains of Clinical, Care & Professional Governance outlined in the Getting it Right Framework, and also seeks to incorporate the new Health & Social Care Standards. Managers submit report and attend Care Governance Forum to present report, give assurance and answer questions. The HSCP have just begun cycle four and has now received all annual reports from the 3rd cycle.

	1 st Cycle	2nd Cycle	3 rd Cycle
ACCESS TEAM & MHO	January 2020	November 2020	April 2022
COMMISSIONED SERVICES	February 2020	July 2021	July 2022
EQUIPMENT & TEC	February 2020	June 2021	May 2022
NORTH LOCALITY	June 2020	July 2021	June 2022
PERTH CITY LOCALITY	October 2019	April 2021	February 2022
MFTE/POA IN-PATIENTS & INTERMEDIATE CARE	May 2020	May 2021	April 2022
PODIATRY	June 2020	September 2021	September 2022
PRISON HEALTHCARE	January 2020	March 2021	March 2022
PUBLIC DENTAL SERVICES	August 2019	November 2020	January 2022
REGISTERED SERVICES	July 2021	August 2021	August 2022
SOUTH LOCALITY	August 2019	September 2020	November 2021
POA Inpatients (added in cycle 3)			November 2021

Service / site visits to all HSCP services and localities (including hosted services).

15 step challenge site visits were stood down during COVID, however it is planned for these to be re-implemented and will be progressed by the Lead Nurse, Associate Nurse Director and Infection Prevention & Control Team. Initially the site visits will focussed on inpatient areas, however visits to Community bases is additionally being explored.

Wider governance arrangements:

- Integrated Locality Care Governance Groups (bi monthly)
- Prison Healthcare Medicines Management Governance Group (monthly)
- Prison Healthcare Business & Governance Group (monthly)
- Nursing and Allied Health Profession Forum (bi-monthly) to explore pertinent professional issues with CPTMs and other relevant colleagues.
- Senior Nurses, AHP Professional Leads, and the Clinical & Professional Team Managers meet regularly on an individual 1:1 basis with the Lead Nurse and also the AHP Lead to discuss relevant professional and governance issues.
- Mental Health Portfolio Lead contributes to the Mental Health QPR Forum
- Partnership Short Life Working Group commenced to improve care governance for mental health services
- Health Senior Management Team Huddle weekly to review Datix risks and red adverse events
- Clinical Governance Coordinator supports locality groups to undertake Local Adverse Event Reviews (LAER's) where required. All LAER's are signed off by a senior manager.
- Care Home Oversight Group meeting at times daily to monitor and provide support to Care Home resident and staff safety wellbeing.
- The P&K CPGF co-chairs contribute to the NHST Getting It Right For Everyone (GIRFE) group.
- Adult Social Work and Social Care Forum (monthly)

Appendix 5 – Outstanding LAER's for red and amber events

DATIX reference	Date reported	Date of event	Service	Event Type	LAER Status
153733	13/05/21	21/07/21	Community LD	Unplanned Admission	Review required.
162938	13/01/22	13/01/22	Prison Healthcare	Death in Custody	LAER held, report being finalised