PERTH AND KINROSS COUNCIL

Scrutiny and Performance Committee

13 September 2023

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

Jacquie Pepper, Chief Officer, Perth and Kinross HSCP

PURPOSE OF REPORT

This purpose of this report is to provide assurance to Perth & Kinross Council's Scrutiny and Performance Committee on the Clinical Care and Professional Governance of the Perth and Kinross HSCP.

1. REPORT SUMMARY

1.1 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 Scrutiny and Performance 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 March 2023 to 30 June 2023.

As Lead Officer for Perth and Kinross HSCP I would suggest that the level of assurance provided is: **Substantial Assurance**.

1.2 Background

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

Significant staffing challenges within the Integrated Discharge Hub at Perth Royal Infirmary (PRI)

The Integrated Discharge Hub had been operating with reduced staffing due to a combination of long term sickness absence and open vacancies in the Social Work teams (Social Workers and Social Work assistants). The risk was being actively managed through daily reviews of workload and capacity, recruitment to vacant posts and an agency staff member starting within the team in June 2023.

As at the time of this report, the risk had reduced due to a senior practitioner now being in post, and the successful recruitment of 2 Social Workers and 2 Social Work Assistants.

Agency Use

Since the introduction of the agency supplementary staffing controls across NHST on 1st June 2023, there have been a total of 230 agency escalations within P&K HSCP. The vast majority of these agency shifts have been filled, and where they have not been filled, the ward area was required to operate with reduced staffing for that shift. At times, this has meant that the Senior Charge Nurse has required to work clinically to support patient safety and care.

2.3.2 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 provide 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.

The controls listed under each risk are the cumulative efforts being made to mitigate the risk.

P&K HSCP health red risks as at 19th July 2023:

DatixRef	Risk Exposure – No controls			Current Risk Exposure Rating												Planned Risk Exposure			Risk Trend (↑/→/↓)
				*Please include data from previous **four** reporting periods*															
				Aug 2022			Dec 2022			April 2023			Aug 2023						
	L	C	RER	L	C	RER	L	C	RER	L	C	RER	L	C	RER	L	C	RER	
829	4	5	20	4	5	20	4	5	20	4	5	20	4	5	20	2	5	10	→
982	5	4	20	5	4	20	5	4	20	5	4	20	5	4	20	2	4	8	→
1126	5	3	15*	5	3	15	5	4	20	5	4	20	5	4	20	2	3	6	→
701	5	3	15*	3	3	9	3	3	9	5	4	20	5	4	20	1	4	4	→
1267	5	4	20	4	4	16	4	4	16	5	4	20	5	4	20	4	4	16	→
1321	5	4	20	-	-	-	-	-	-	-	-	-	5	4	20	2	4	8	→

L = Likelihood C = Consequence RER = Risk Exposure Rating

**** The current risk score is higher than the inherent score due to exacerbations of the risk by further staffing challenges.***

P&K HSCP Adult Social Work & Social Care red risks as at 19th July 2023:

Risk	Risk Exposure – No controls			Current Risk Exposure Rating												Risk Trend (↑/→/↓)
				*Please include data from previous **four** reporting periods*												
				Aug 2022			Dec 2022			April 2023			Jul 2023			
	L	C	RER	L	C	RER	L	C	RER	L	C	RER	L	C	RER	
1	4	5	20	-	-	-	-	-	-	-	5	20	4	5	20	→
2	4	5	20	-	-	-	1	3	3	4	5	20	4	5	20	→
3	5	5	25	-	-	-	-	-	-	-	-	-	5	5	25	→

4	5	5	25	-	-	-	-	-	-	-	-	-	5	5	25	→

Health Risk 829 - Challenges in relation to accommodation for clinical and non-clinical staff across P&K

Accommodation walkrounds have been completed across Health & Social care sites with a view to mapping sites to accommodate future teams.

A short life working group has been recommenced with NHST support service and Estates in order to review the accommodation needs for CCATS, IDART, Urgent Care and Community AHP's. A consultation paper to be completed in relation to engaging with staff re: accommodation moves. Paper to be written to describe the options going forward (option appraisal) in conjunction with NHST estates and support services. The HSCP has initiated a working group focussing on accommodation requirements across the Partnership and the HSCP is represented on the One Public Estate and PKC Working Smarter working groups.

Health Risk 982 - Mental Health Medical Workforce in P&K HSCP

A meeting has taken place to discuss medical workforce. Current redesign of inpatient services and CMHT is progressing, and this will include medical workforce as well as other professionals in future design.

Services remain reliant on locum agencies to fill consultant psychiatry gaps and regularly advertising substantive positions, but to no avail.

Health Risk 1226 - GP Cover for HMP Perth

Locum GP arranged to cover shifts over the coming months. 11 new GP's now available. There is a documented escalation process in place should shifts remain unfilled.

New ANP model paper under development and request for continued funding to be taken to EMT.

Health Risk 701 - Mental Health Waiting Times within the Prison Healthcare Service

Two additional nurses have been recruited, and start dates are awaited. Mental Health ANP recruitment is also underway. The service has also been seeking agency nursing staff to reduce the time spent by the team administering medication.

Health Risk 1267 - Capacity & Flow – Older Peoples Services

This risk remains at red. A working group has been set up to agree option appraisal and redesign of current service. There is ongoing redesign re: the Integrated Discharge Hub and discharge pathways.

Staffing challenges around SW capacity but actions in place to address this, and the situation now significantly improved. All of the above is connected to the working groups reporting to the Older Peoples strategic group.

Health Risk 1321 - Inadequate environment for the Perth City CCATS service

This risk was added in April 2023, as in relation to the current CCATS service which is located within Beechgrove House, Perth. A recent Infection Prevention and Control team visit to the site found numerous environmental Infection Control concerns. A site visit has taken place from the current cleaning contractor, soft facilities and PKC estates to explore gaps and potential solutions within current provision. As stated, there is in place a Short Life Working Group regarding accommodation across P&K HSCP, and the CCATS service in Perth City is part of this working group.

Adult Social Work and Social Care Risk 1 – Lack of Care at Home Capacity, especially in rural P&K

Recruited 37 care staff in HART since January with 12 leaving over the same time frame. This leaves us with 4 additional staff per month. Application made to Scottish Government for International Recruitment pilot. A Care at Home Transformation group has also been formed.

Adult Social Work and Social Care Risk 2 – Lack of OT capacity

This has resulted in delays getting assessments for clients, increased waiting lists which is currently at 405 people, service not meeting agreed response times. Staff reporting stress. 1 OT going through induction, 1 OT waiting on start date, advert live for further OT.

Adult Social Work and Social Care Risk 3 – Lack of Social Workers and Social Work Assistants capacity in the Integrated Discharge Hub

CCA start dates are 17th July and 1st of August. Social worker start dates are 4th September and 1st October. Improvement officer start date 10th July. Agency worker recruited to cover until end of September. Staffing situation is improving rapidly and could be moved to Amber. I would expect it to be green by end of September. Performance measures now in place, weekly performance meetings being held with staff and management audit of casework. Review of model ongoing.

Adult Social Work and Social Care Risk 4 – Lack of Social Workers and Social Work Assistants and impact on urgent pieces of work and Adult Protection Issues.

Risk for week commencing 31/07/23 will reduce when agency worker returns from A/L on 07/08/23 - but Kinross team will still be short of 2 social workers until recruitment is complete. 3 social work post advertised (one perm. two fixed term) - 1 fixed term appointed to waiting on references - agency worker in place but annual leave booked prior

to commencing. HDT and Perth City have offered support as required over period of shortage. Vacant CCA post to be filled by staff member from Perth City. 20 hour SWA post advertised.

NHST Primary Care Services (DATIX risk 353)

As noted in the paper for the PC sustainability the risk level remains at 25 across Tayside. The paper describes the position and some of the Tayside wide actions. This is not only a Tayside issue but is seen across the UK. There are a number of complex factors which underpin the risk, including recruitment and retention of GPs in particular.

In P&K HSCP, due to a combination of workforce and workload factors, there are several practices who are at higher risk of closure or transition to 2C, which would lead to disruption to the service provision for that practice population.

The occurrence of insufficient GP practice resourcing would disrupt the GP practice ability to deliver a service consistent with the agreed primary care model.

Current controls in place within P&K HSCP (as noted in P&K DATIX risk 1055):

- Sustainability requirements are being reviewed by the Senior Leadership Team
- Escalation processes through Primary Care Improvement Group to the P&K Primary Care Board.
- 3rd Sustainability survey completed, with 23/23 practices responding. Data being collated and themed for an update report,
- Recruitment and Retention increasingly problematic and increasing age of workforce / imminent retirals

HSCP have committed significant recurrent resource to develop a Primary Care Resilience Team. There are now 3 practices with closed lists in P&K, no 2C practices. The Resilience team model is being reviewed and developed. The Strategic Delivery Plan for Primary Care and Premises Strategy which identify the key priorities to support Primary Care was approved by Perth & Kinross IJB in June 2023.

P&K Primary Care have developed a local Sustainability Plan which looks at workload pressures, liability issues, workforce factor and identified mitigating actions at a local, regional and national level. A Sustainability Group involving Cluster leads, Practice Manager, Primary Care and LMC meet bi-monthly to review.

2.3.3 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.

Summary of key exceptions raised at recent CPGF meetings:

Key exceptions identified within the **exception reports** from the CPGF meetings held in March, April, May and June 2023:

- Prison Healthcare:
  - Home Office CD Licences outstanding for all 3 establishments.
  - Staff vacancies across all teams and recruitment is ongoing.

- North Locality:
  - Staffing challenges within the North Locality Social Work Team. This is being operationally managing with prioritisation, ASP, statutory and crisis work.

- South Locality:
  - St Margaret's Hospital registrant vacancy level of 51% combined with changes to supplementary staffing escalation process.
  - OT red due to vacancies and absence resulting in increased waiting times.

- Podiatry
  - Difficulty recruitment and retention of podiatrist in the NHS has been highlighted as national issue across all Health Board areas in Scotland; locally this carries the risk of being unable to provide a safe level of service to the increasing number of higher risk patients and to positively accommodate the assessed needs of the existing patient caseload; which may lead to unintended consequences to patients; and the deterioration of staff wellbeing.
  - Referrals triaged as routine on the podiatry waiting list approx 252 waiting over 18 weeks across Tayside and 378 waiting over the 12 week target for MSK.
  - Insufficient capacity to meet patient demand and provide inclusive access to all that a podiatrist can offer to address public health needs

- POA inpatients
  - Ongoing issues with delayed discharges due to lack of EMI step down and availability.
  - Issues with registered nurse recruitment across all three wards (all above 30%)

Key exceptions identified within the **annual reports** from the CPGF meetings held in March, April, May and June 2023:

- Community Alarm
    - The Telecare Service Authority audit had identified that that the service was under resourced, and funding has been secured for additional SCO staff and management support.
    - 12 additional SCOs and 2 Coordinators have now been recruited

- Joint Equipment Loan Store
    - Admins staff within the service recurrently 25-50% reduced due to long term sickness and resignations. Admin related tasks are prioritised, and admin line manager being recruited.

- Tay and Stroke wards and Intermediate Care
    - OT Hand Therapy Routine Outpatients wait time is currently171 weeks
    - Hand Therapy Urgent Outpatients 359%increase in referrals compared to last year figures limited capacity to meet this demand on top of elective hand surgery remobilised.
    - Hospital Discharge Team continue to receive positive feedback from patients and partners despite workforce challenges within the SW team.

- Perth City
    - Lack of clinical accommodation across teams, including CCATS and iDART, on risk register. Work has been undertaken in Drumhar to increase clinic space for IDART. This has reduced but not eliminated impact.. Perth City CCATS accommodation remains a significant risk with no identified solution at present.
    - Within Perth City there has been an increase of Adult Protection Concerns of 87%. This has had an impact on the Perth City Social Work teams in relation to screening and subsequent Inquiries and Investigations undertaken.
    - Recruitment and Retention – vacancies across all teams, ongoing recruitments, difficult to recruit to posts.

- North Locality
    - Recruitment & Retention (Health): Physiotherapy staffing has also been a challenge with failure to recruit to a Full Time Band 6 post, despite several attempts at advert. This post has recently been re-considered as a static Band 5. There have been significant changes within the Leadership structure, with a new Locality Manager and 2 new Clinical & Professional Team Managers within the last year. This has been a steep learning curve but has introduced some capacity and structure within the Locality.
    - Care at Home: There has been ongoing pressure on both HART and Care at Home to support people in relation to discharge from hospital and those already in the community.

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 2023 and June 2023 were:

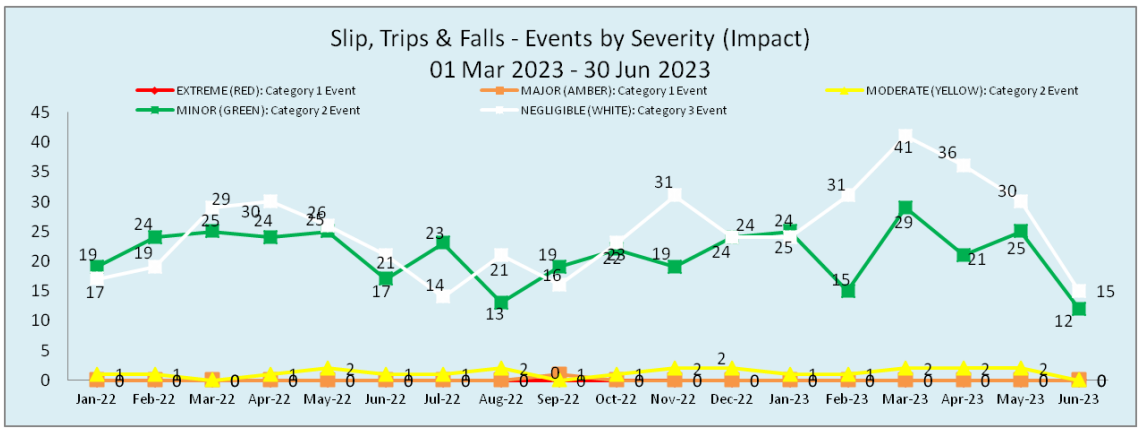
Highest frequency events:

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

Harm is defined as an outcome with a negative effect. Harm to a person or groups of people may result from worsening of a medical condition, the inherent risk of an investigation or treatment, system failure provider performance issues, service disruption, financial loss or adverse publicity.

Slip, Trip & Falls

During the time period between March 2023 and June 2023, there were **215** incidents recorded, of which 39 involved harm. 100 occurred at MRH, 42 at PRI, 64 in Community Hospitals and the remaining 9 in other areas.



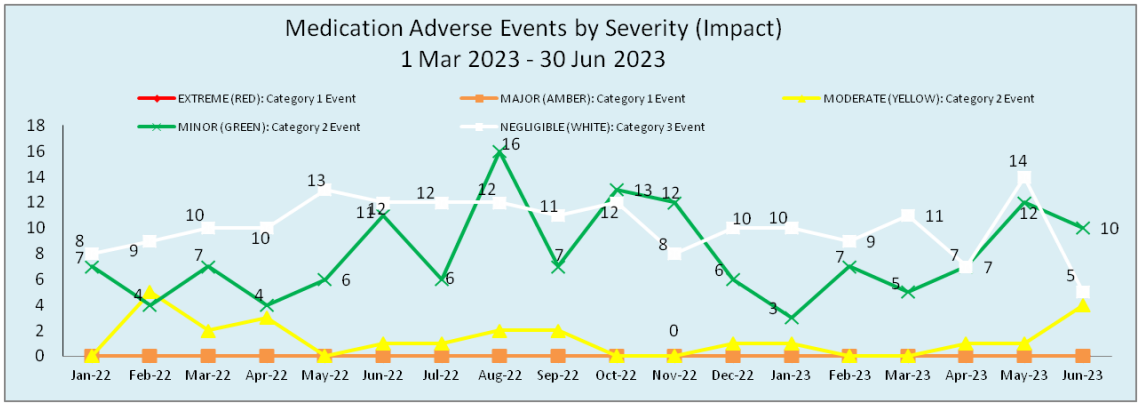
The Psychiatry of Old Age inpatient wards at Murray Royal Hospital experienced a higher than usual number of falls at the end of 2021 due to several patients who had multiple falls (many of which were controlled). Ward staff were doing all they could to manage the falls, and they had support from the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

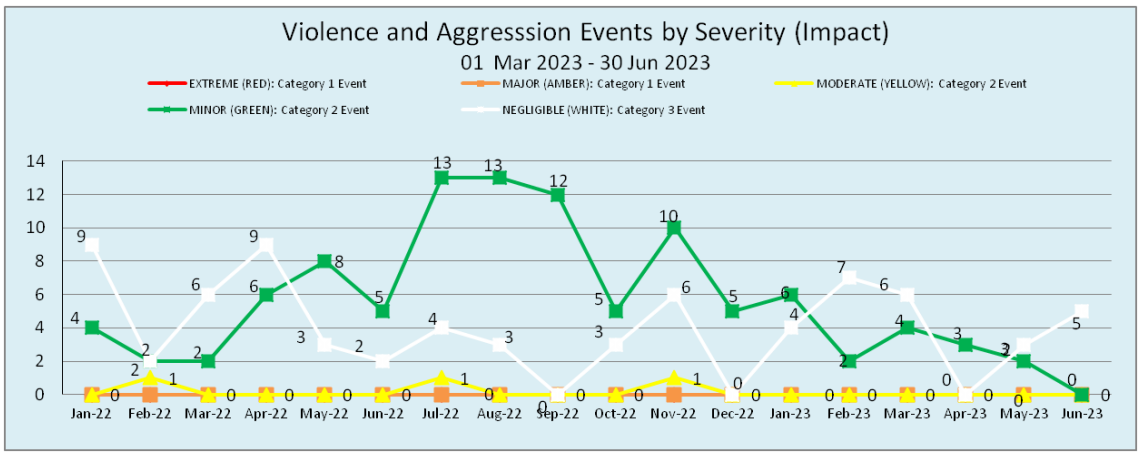
- **Medication**
  During the time period between March 2023 and June 2023, there were **77** incidents recorded, of which 2 involved harm. 1 occurred at MRH, 5 at PRI, 19 in Community Hospitals, 29 within a Prison Establishment and the remaining 29 in other areas.



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.

The four yellow moderate events in June 2023 occurred in HMP Perth (2), Patients Home (1) and St Margarets Hospital (1). These have all been reviewed by the professional leads and guidance offered where required.

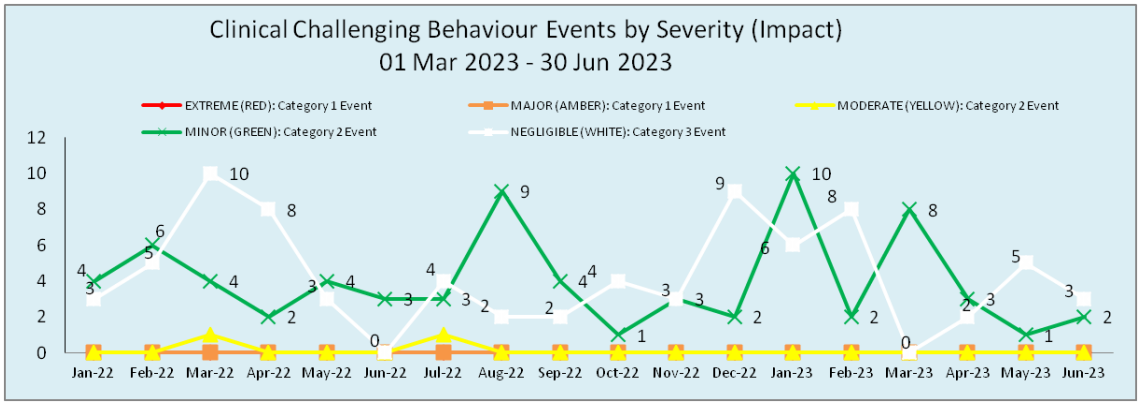
- **Violence & Aggression**
  During the time period between March 2023 and June 2023, there were **23** incidents recorded, of which 1 involved harm. 11 occurred at MRH, 1 at PRI, 2 in Community Hospitals, and the remaining 9 in other areas.



The 11 incidents within Murray Royal Hospital were within the Psychiatry of Old Age wards. The 1 incident which involved harm was with regards to a patient being physically aggressive to another patient, and causing a minor wound.

- **Clinical Challenging Behaviour** *(such as patient unable to understand risks, sexual disinhibition, general agitation)*

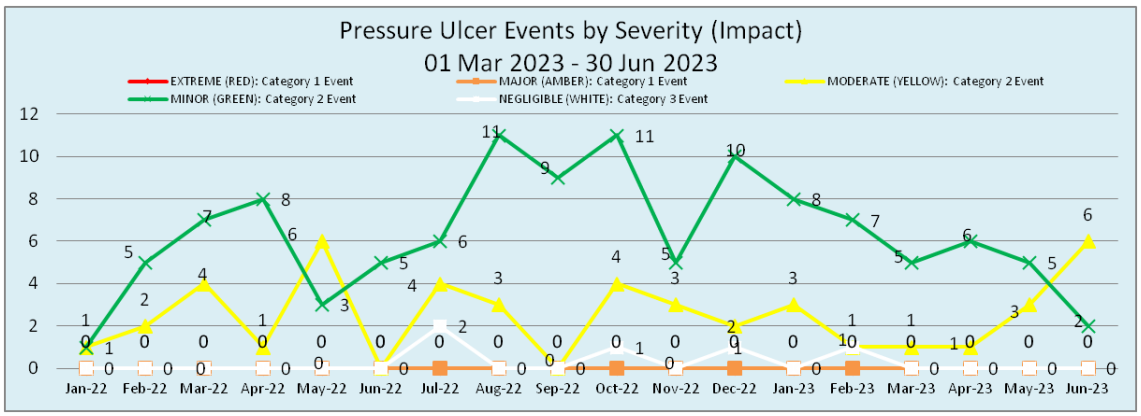
  During the time period between March 2023 and June 2023, there were **24** incidents recorded, of which 3 involved harm. 15 occurred at MRH, 4 at PRI, 2 in Community Hospitals, and the remaining 3 in other areas.



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 time period between March 2023 and June 2023, there were **29** incidents recorded, of which 29 involved harm. 18 were within the patients home, 4 within Care Homes, 3 within Community Hospitals, and the remaining 4 in other areas.



The majority of incidents over the time period with a moderate severity were within the patients home, with the remainder being within Care Homes.

Further exploration on DATIX regarding the recent moderate events, many of which were incorrctly graded as moderate and have since been regraded to minor. verifiers reminded to grade pressure ulcer incidents as per guidance.

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:

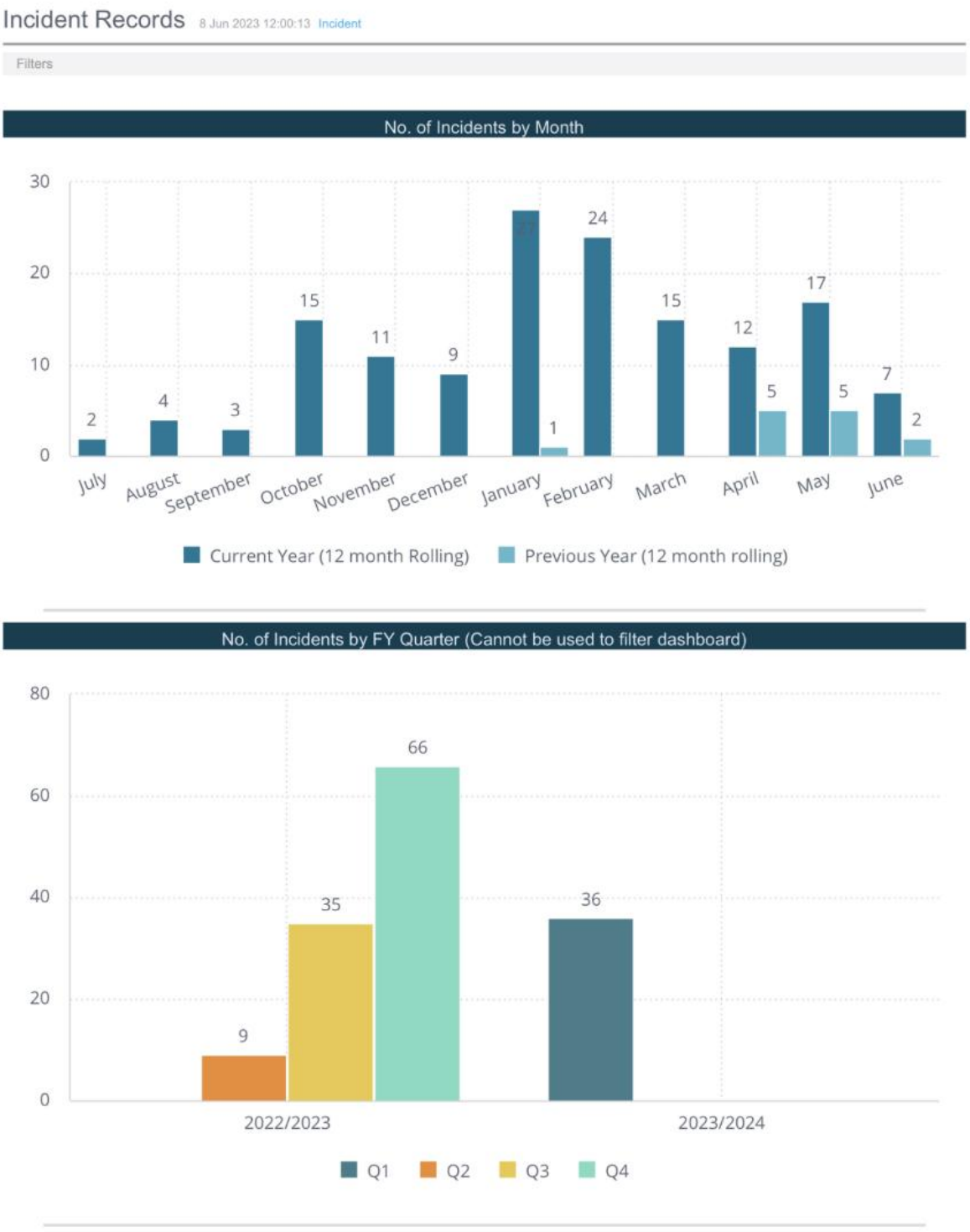
- September 2020 – 24 outstanding events
- January 2021- 19 outstanding events
- May 2021 - 13 outstanding events
- July 2021 – 13 outstanding events
- November 2021 – 11 outstanding events
- March 2022 - 8 outstanding events
- July 2022 - 5 outstanding events
- Oct 2022 – 2 outstanding events
- March 2023 - 1 outstanding event
- July 2023 – No outstanding events

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 continues to be monitored at CPGF meetings.

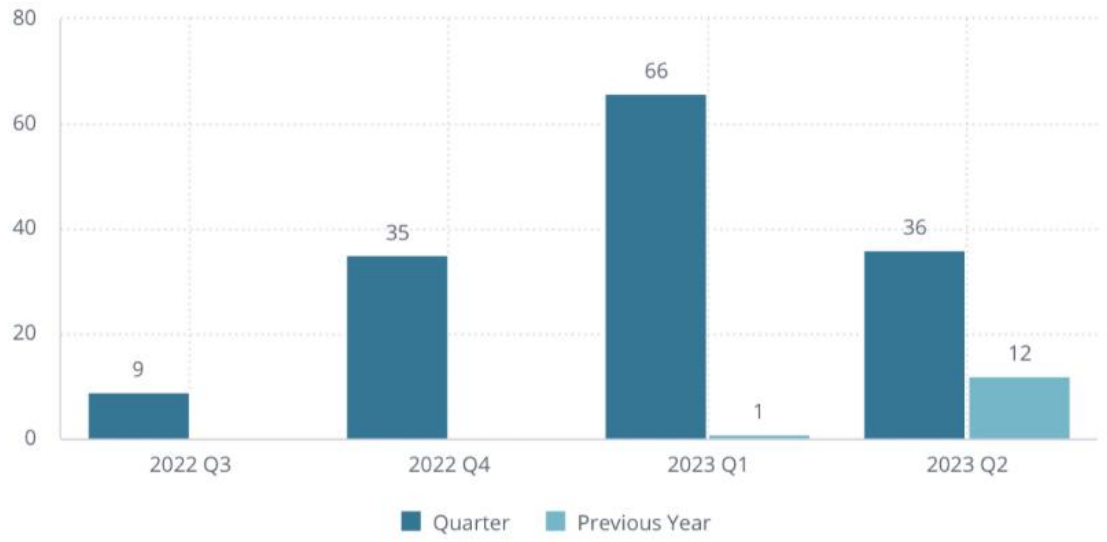
Incident Record Dashboard for Adult Social Work & Social Care:



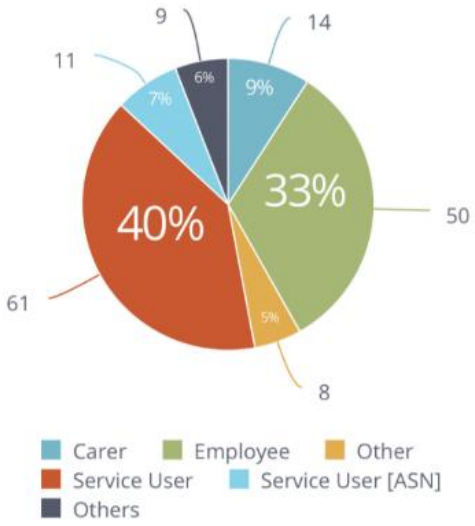
Incident Records 8 Jun 2023 12:00:13 Incident

Filters

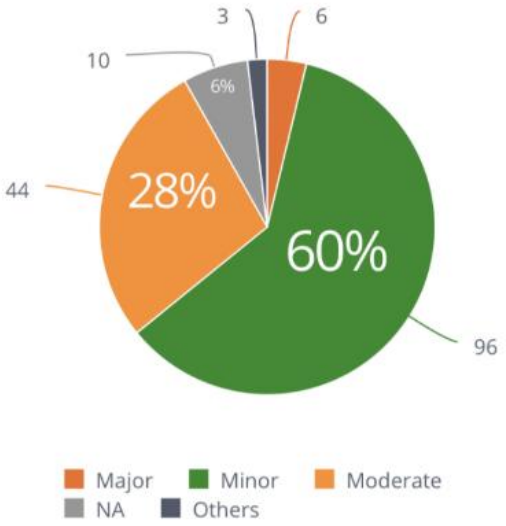
No. of Incidents by Calendar Quarter



Incidents by Injured/Affected Person



Incidents by Severity



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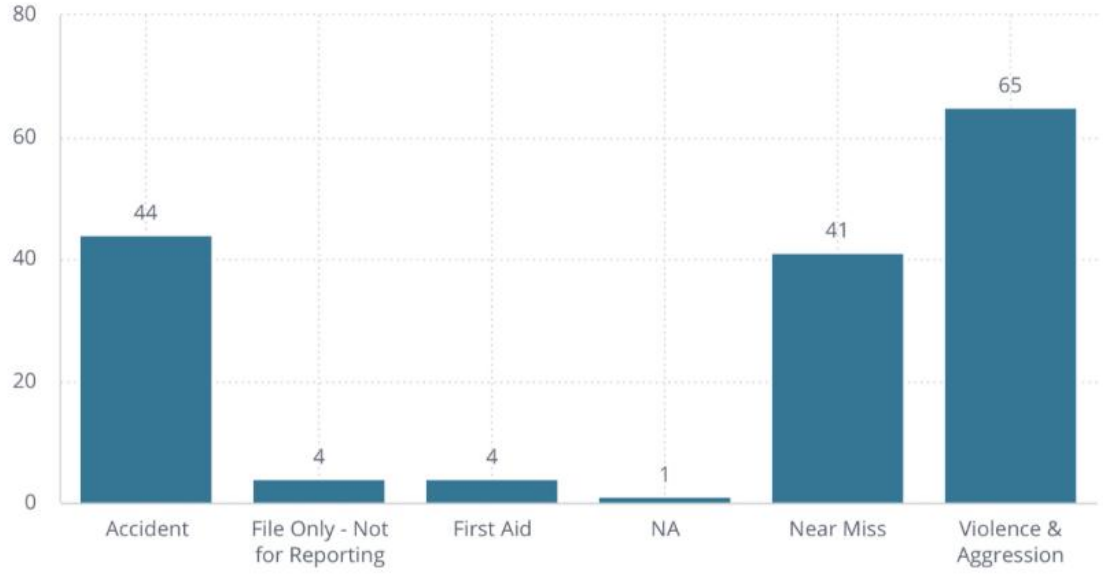
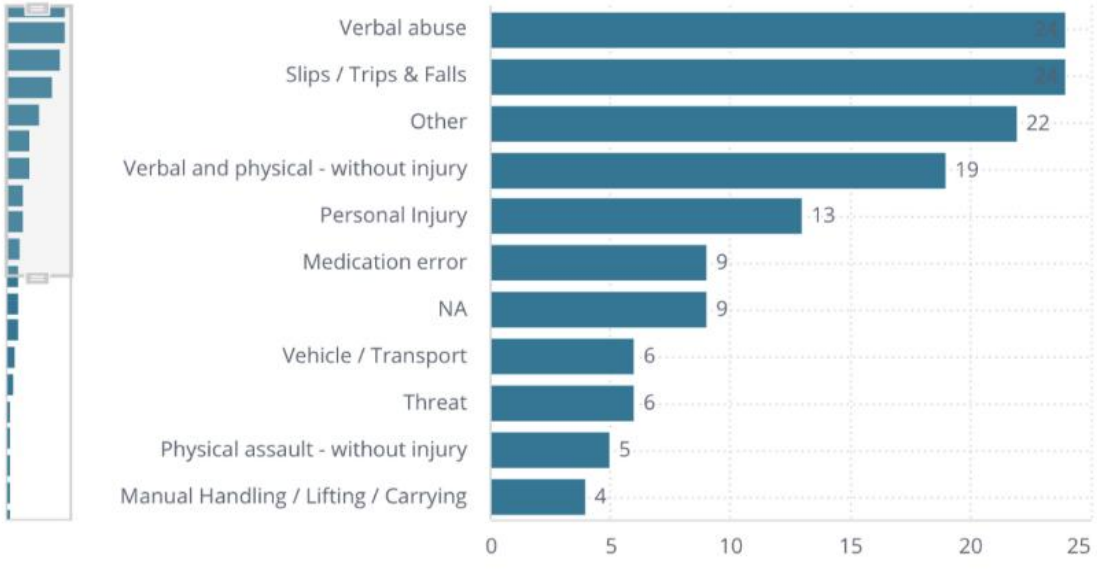
No. of Incidents by Type



No. of Incidents by Incident Category



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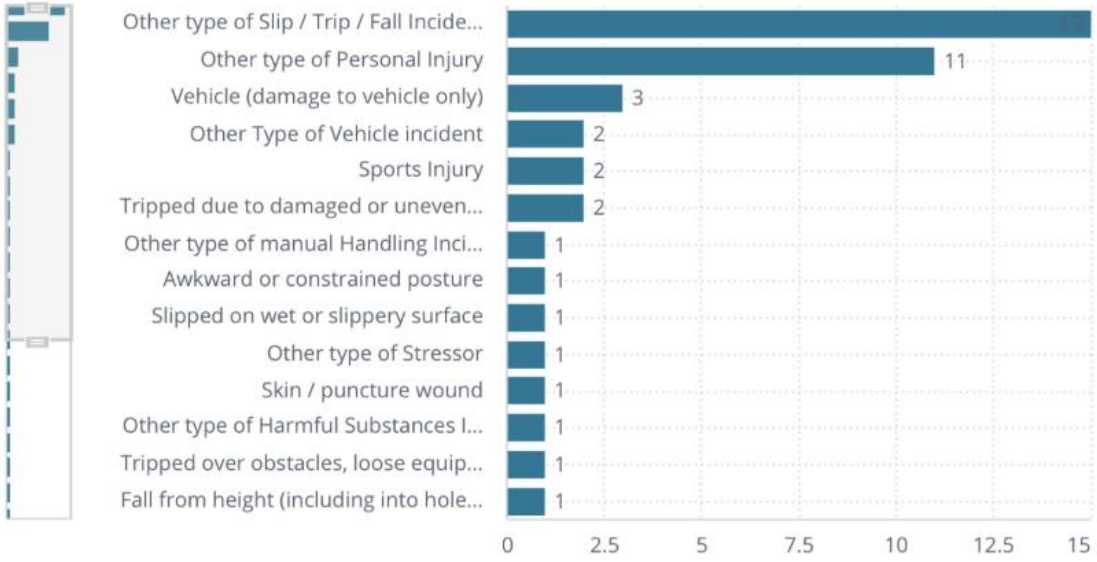
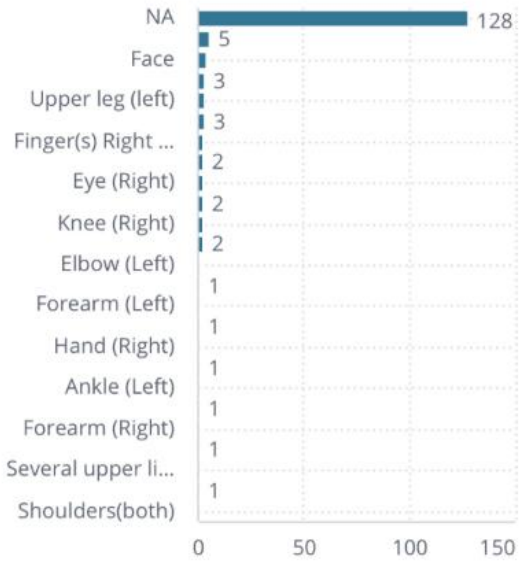
No. of Incidents by Incident Sub-Category



Breakdown of Body Parts Affected



Breakdown of Injury Types

Incident Records

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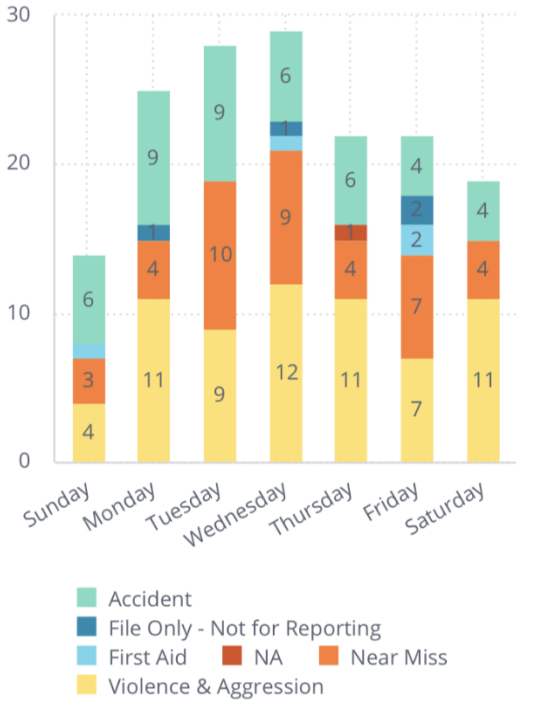
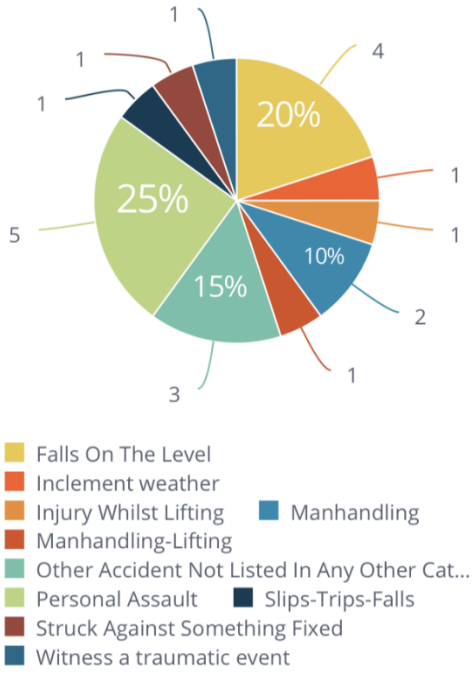
No. of Incidents by Weekday by Incident Type



Incidents by Apparent Cause



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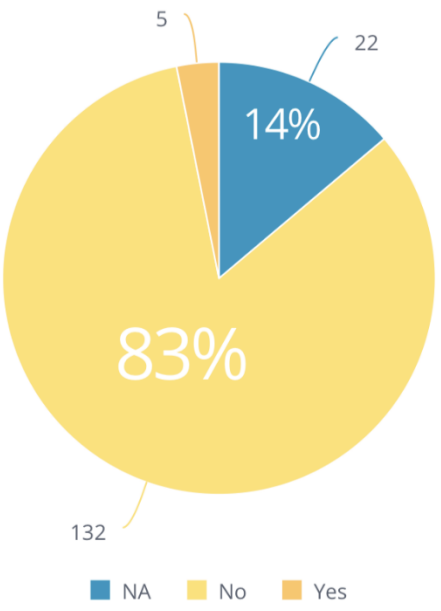
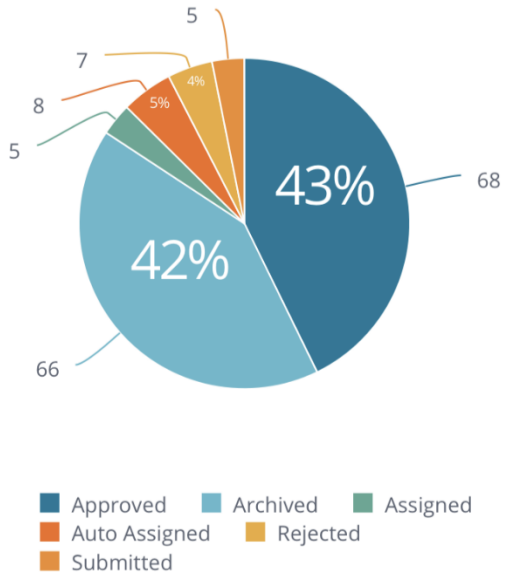
Is a Detailed Investigation Required?



Incidents by Approval Stage



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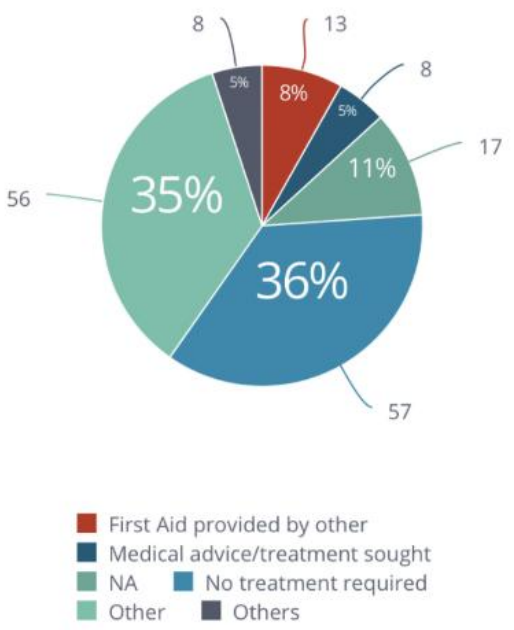
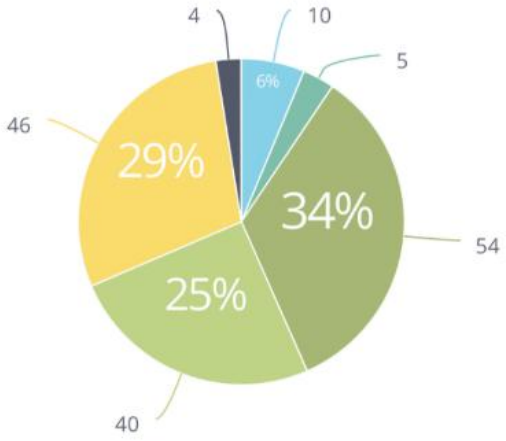
Filters

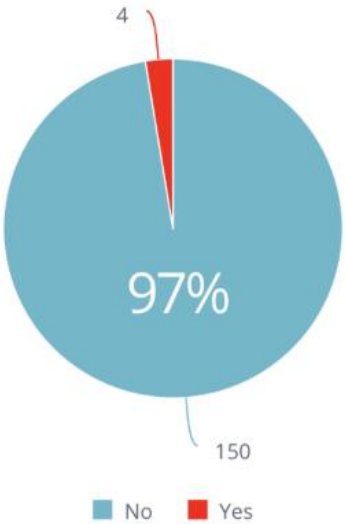
Incidents by Primary Response Category



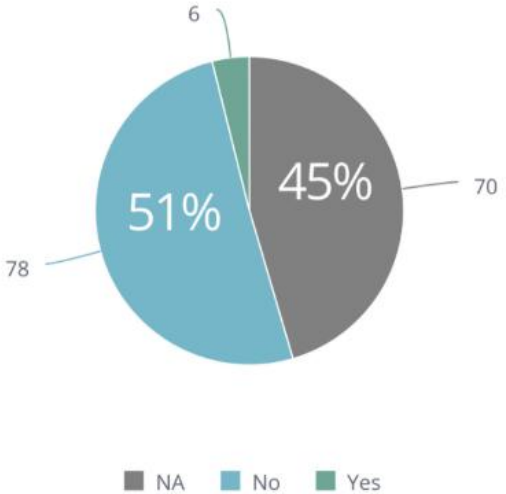
Incidents by Secondary Response Category



Does Duty of Candour Apply?



Does this incident need to be reported to the Care Inspec...



2.3.4 Significant Adverse Event Reviews

There is one ongoing SAER within P&K HSCP HSCP relating to a patient who died by 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 been signed off at first and second stage.

2.3.5 Pressure Ulcers & Falls

Details regarding both of the types of Adverse events has been provided above in section 2.3.3.

Pressure ulcers are reviewed on an individual basis to ensure that all mitigating actions are in place and any themes in relation to learning are identified.

2.3.6 Complaints

Current Health Complaints as at 14/07/2023 - Stage 1

Service Area	0-4 Days	5-9 Days	Total
Perth & Kinross HSCP	6	0	5

Current Health Complaints as at 14/07/2023 - Stage 2

Service Area	0-5 days	6-10 days	>20 days	>60 days	Total
Perth & Kinross HSCP	3	1	0	2	6

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

Mental Welfare Commission (MWC) announced visits to Garry and Tummel Wards at Murray Royal Hospital on the 31th and 31st January 2023.

Garry and Tummel wards are both 12 bedded wards and provide assessment, care and treatment for people with dementia. The wards uses a multi-professional approach to ensure person centred, recovery focussed care.

The MWC last visited these wards in July 2019, and made recommendations regarding the auditing of care plans, authority to treat certificates, discharge planning arrangements and improving the décor in Garry ward.

From staff that the inspectors spoke with, they heard how challenging the last two years had been since the start of the Covid-19 pandemic, and the inspectors were pleased to hear that there has been a focus on staff wellbeing throughout the pandemic and this has continued.

The MWC found that on both wards, nursing staff interacted in a kind and supportive way. The patients were not able to engage in a discussion about their care and treatment due to the extent of their cognitive impairment, but relatives were overwhelmingly positive about the care, treatment and support on the wards.

Staff were described as outstanding, exceptionally kind and that the care and attitude of staff was above and beyond.
Relatives fedback that staff kept in contact with them and they felt listened to. Some of the relatives said they had been invited to meetings, others had not, and all the relatives we spoke to had been given copies of care plans.

During the visit, care plans were reviewed and found to be person-centred and it was clear that staff knew patients on the ward very well. There was thorough background personal information in care plans. The care plans inspected addressed a range of needs including mental and physical health needs and outlined goals and interventions required to meet needs.

The inspectors hears that an activity support worker had recently trained in ‘playlist for life’, an evidence-based initiative to support people living with dementia to create a playlist of personally meaningful music, with the aim to reduce stress and distress.

The inspectors also heard about the development of a transitional care nurse who supports discharge planning. This nurse supports patients for a transitional period when they had moved from hospital to long-term care, thereby bridging the gap between hospital and community mental health teams.

The MWC made 6 recommendations from their visit, these being that managers should:

- ensure that staff completing care plans undertake care plan training and refer to NHS Tayside’s person-centred care planning standards.
- ensure that nursing staff include summative evaluations of care plans in patient notes that clearly indicate the effectiveness of the interventions being carried out and any required.
- ensure that patient/relative involvement in care planning is encouraged and recorded.
- ensure that MDT meetings are fully recorded

- ensure that where a patient lacks capacity in relation to medical treatment, S47 certificates and treatment plans must cover all relevant medical treatment the individual is receiving. Treatment should be described in full and abbreviations should not be used.
- explore solutions to ensure patients are able to look out of the ward windows, without their privacy being compromised.

Good progress is being made with recommendations, with one fully complete as of June 2023.

Mental Welfare Commission (MWC) announced visit to Leven Ward at Murray Royal Hospital on the 20th March 2023.

Leven ward is a 14 bedded ward for patients who have a mental health diagnosis and are over 65. The ward uses a multi-professional approach to ensure person centred, recovery focussed care.

We last visited this service on 5 September 2018, along with two other wards, and made recommendations regarding the auditing of care plans, authority to treat certificates and auditing the provision of activities.

The patients the inspectors met with during our visit were very complimentary about the staff on Leven ward. They were described as wonderful, cheery, approachable, kind and friendly.

Staff took the time to get to know the patients on the ward. One patient however was not sure who their named nurse was.

The relatives spoken to were equally positive about staff and told us that staff were concerned not just about patients, but about the wider family also. Relatives told inspectors that they had been linked in with a carer support worker who provided support and had arranged for a carer's assessment to be undertaken.

The inspectors heard from relatives that treatment on the ward was superb and that they were very happy with the care their relative had received. Inspectors were told by relatives that the ward was well staffed, relatives felt listened to and that information and suggestions they provided were acted upon. Relatives told us they felt part of the care team.

Inspectors heard about the work that was taking place in relation to anticipatory care planning (ACP) with a focus on involving patients and their families in drawing up an individualised ACP.

The risk assessments the inspectors saw were comprehensive and of a good standard, showing appropriate interventions to manage risk. Risk management plans were clear and corresponded to risks identified.

Inspectors heard that Leven ward had a full-time activity support worker (ASW) who worked alongside the clinical team, patients, carers and families developing and delivering person-centred activities on a daily basis. During the visit, inspectors saw patient's engaging in activities on the ward with staff and other patients.

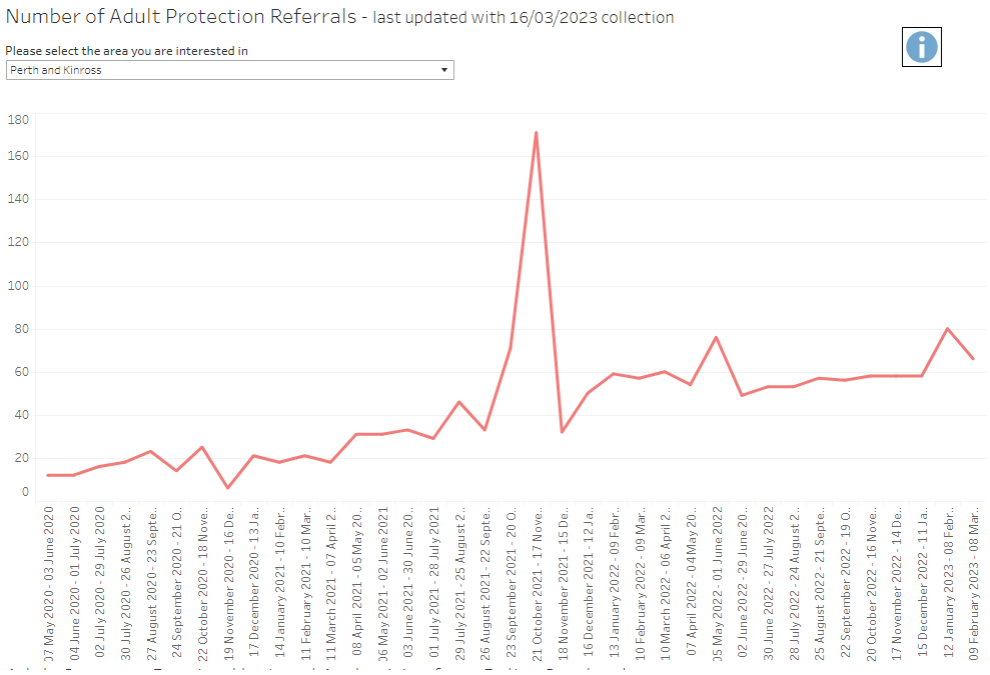
The patients and relatives who we met with during our visit spoke positively about the range of activities on offer on Leven ward and told us that staff encouraged patients to participate in activities.

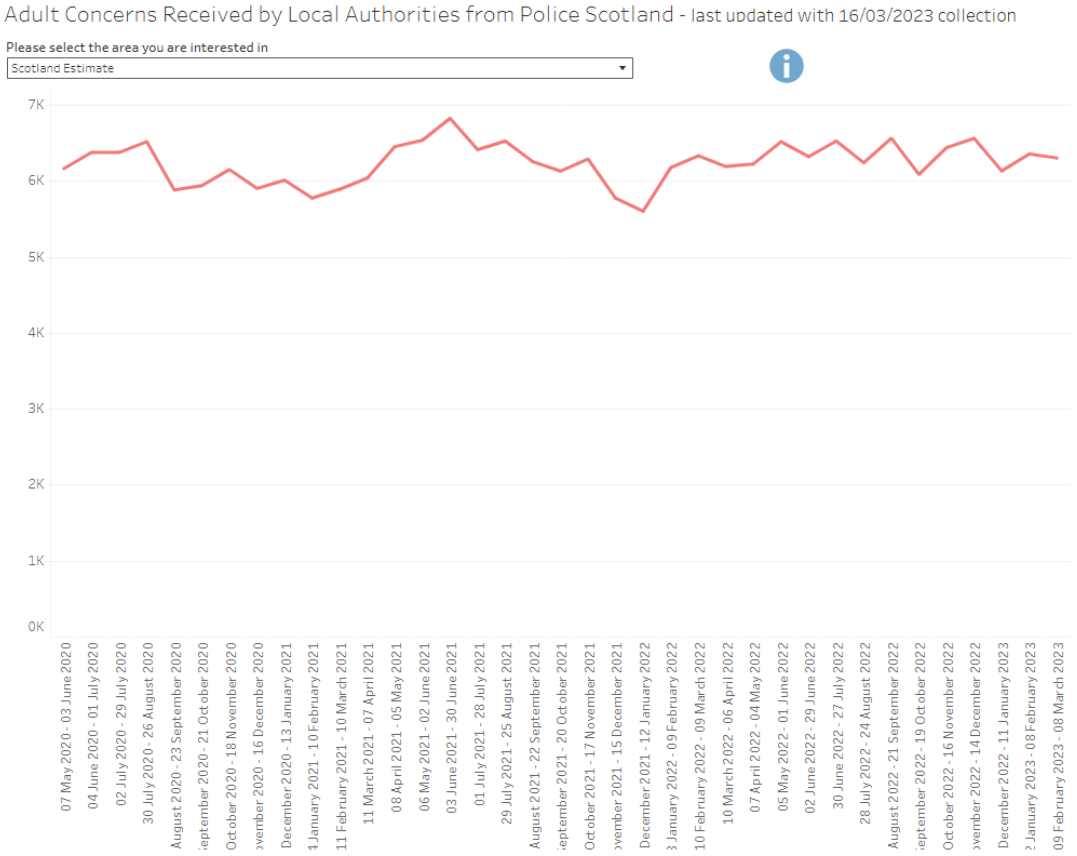
During the visit inspectors saw an up-to-date activities timetable on the ward. In patients' files, inspectors found evidence of daily recordings of activities that had been offered to patients and whether they had participated or declined. All patients had an individualised activity care plan which was very detailed, person-centred and regularly updated. Activities on offer to patients included both one-to-one and group activities.

Summary of recommendations:

- Managers should ensure that when a welfare proxy is in place for a patient, a copy of the document stating the powers of the proxy should be held within the case notes.
- Managers should ensure that staff completing care plans undertake care plan training and refer to NHS Tayside's person-centred care planning standards.
- Managers should ensure that nursing staff include summative evaluations of care plans in patient notes that clearly indicate the effectiveness of the interventions being carried out and any required changes to meet care goals.
- Managers should ensure that patient/relative involvement in care planning is encouraged and recorded.
- Managers should ensure that communication between the MDT and patients/relatives is formalised and that MDT meetings are fully recorded including patient/relative involvement.

2.3.9 Adult Support & Protection





This above shows a significant increase in both AP concerns and VPRs. This is, at least partly, a result of increased awareness due to ongoing information campaigns and improved multi-agency working. Extra social worker posts have been recruited to respond to this increased demand.

Responding to concerns about adults at risk of harm is prioritised and, despite this increase in referrals, 97% of all concerns are screened within 24-hours. This indicator, together with the wider performance framework, is monitored at locality governance meetings, the Public Protection Group, Chief Officers Group and the Adult Protection Committee.

MAT Standards

Current RAG scores as at June 2023 are:

	Standard 1	Standard 2	Standard 3	Standard 4	Standard 5	Standard 6	Standard 7	Standard 8	Standard 9	Standard 10
RAG Score			PROV	PROV	PROV	PROV			PROV	PROV

Standard 1 – All people accessing services have the option to start MAT from the same day of presentation.

AMBER because we are offering same day prescribing one day a week. To supplement the existing Tuesday all-day clinic, from Monday 5th June, one slot a day has been made available on Mondays, Wednesday, Thursday and Friday which MIST

(MATS Implementation Support Team) has confirmed is sufficient to achieve a green RAG.

Standard 2 – All people are supported to make an informed choice on what medication to use for MAT, and the appropriate dose.

AMBER because we have an evidence gap for a process for people out with Perth City to enable them to commence OST where they live, and that long-acting injectable buprenorphine can be used. To fill this gap and meet the requirements of the standards, a process has been devised and a named patient SOP. This document is being reviewed with an intention to submit this to MIST by the end of June to enable a green RAG to be achieved for this standard.

Standard 3 – All people at high risk of drug-related harm are proactively identified and offered support to commence or continue MAT.

PROVISIONAL GREEN

Standard 4 – All people are offered evidence based harm reduction at the point of MAT delivery.

PROVISIONAL GREEN

Standard 5 – All people will receive support to remain in treatment for as long as requested.

PROVISIONAL GREEN

Standard 6 – The system that provides MAT is psychologically informed (tier 1); routinely delivers evidence-based low intensity psychosocial interventions (tier 2); and supports individuals to grow social networks.

PROVISIONAL AMBER

Standard 7 – All people have the option of MAT shared with Primary Care.

AMBER

Standard 8 – All people have access to advocacy and support for housing, welfare and income needs.

AMBER

Standard 9 – All people with co-occurring drug use and mental health difficulties can receive mental health care at the point of MAT delivery.

PROVISIONAL AMBER

Standard 10 – All people receive trauma informed care.

PROVISIONAL AMBER

Note: The acceptance criteria for standards 6 to 10 has not been finalised and so green ratings have not been available for these. The current expectation is that MIST will release this information in October 2023.

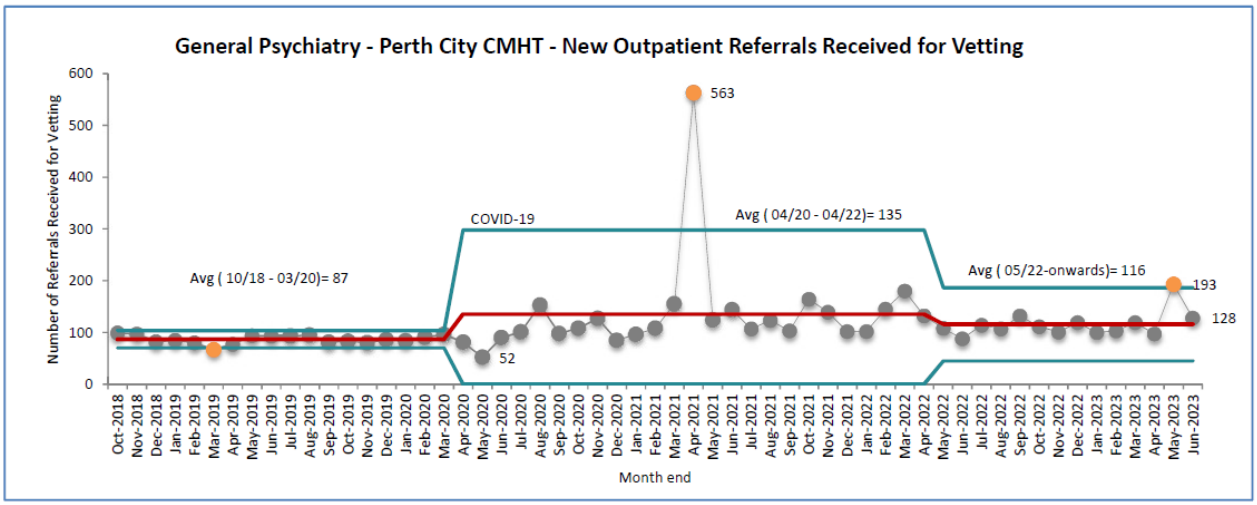
Practical changes that have been introduced as part of the MAT standards implementation include:

- Same day prescribing available via a Tuesday clinic, but now expanded to be available five days a week (standard 1)
- Information about treatment options provided to service users to enable informed decisions to be taken (standard 2)
- Linkages to other supports developed or strengthened to identify individuals at risk and enable support to be offered (standard 3)
- All staff trained in harm reduction and equipped with carry packs containing necessary supplies to support harm reduction delivery. IDART rooms in Drumhar Health Centre also appropriately stocked (standard 4)
- Deeper review of IDART worker caseloads undertaken as part of supervision with agreement on any necessary actions to ensure individuals remain engaged with service whenever possible (standard 5)
- A working group established to review and reconfigure referral routes and resources between substance use services, general practice and community mental health teams (stands 7and 9)
- Training delivered to staff on independent advocacy and social supports to increase the awareness of these supports and increase referrals (standard 8)

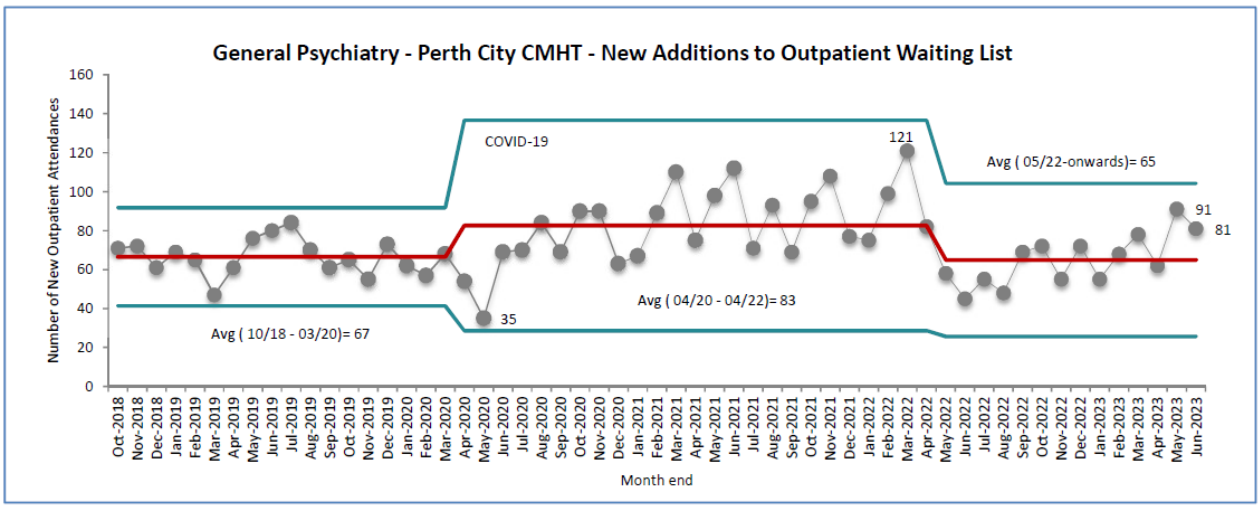
2.3.10 Mental Health

Community Mental Health Service Activity (PERTH CITY)

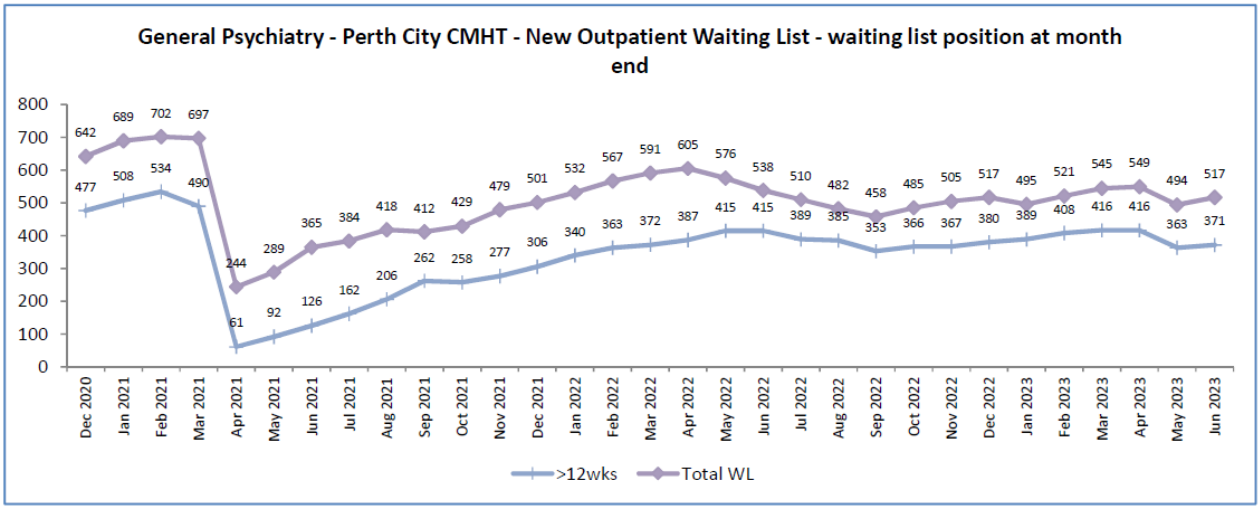
Volume of referrals received for vetting, including those vetted and returned, grouped by referral received month:



Volume of referrals added to the waiting list for a new appointment, grouped by referral month:

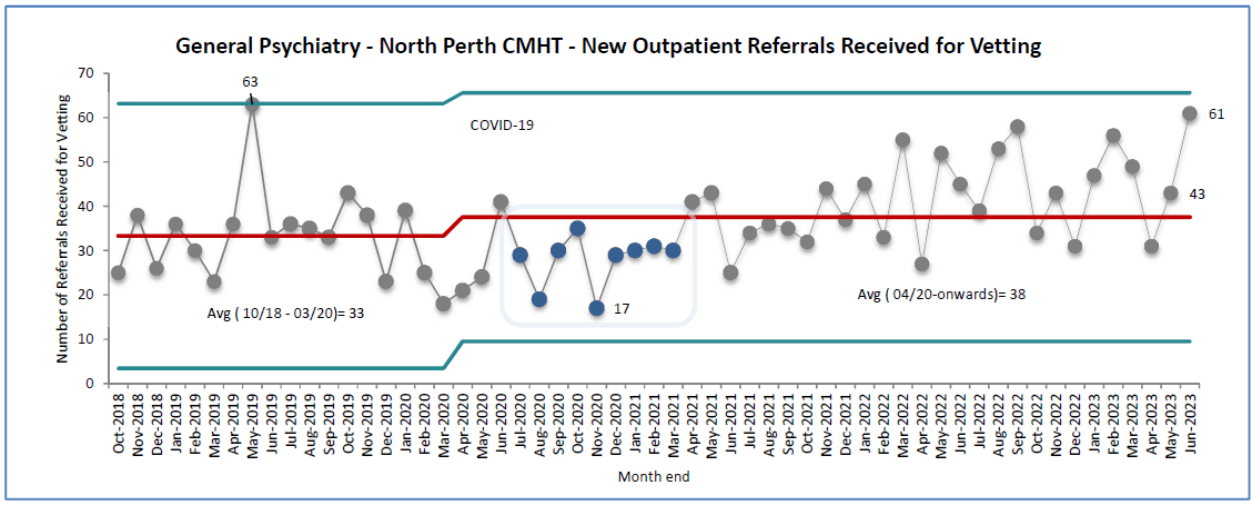


Snapshot of waiting list position at month end; total volume on waiting list and volume waiting over 12 weeks:

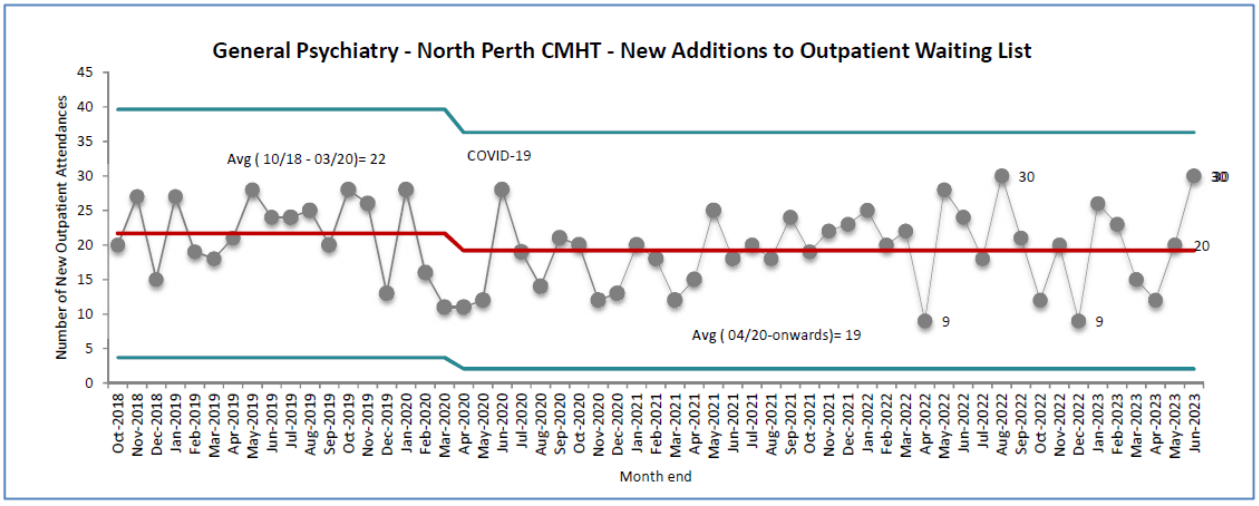


Community Mental Health Service Activity (NORTH)

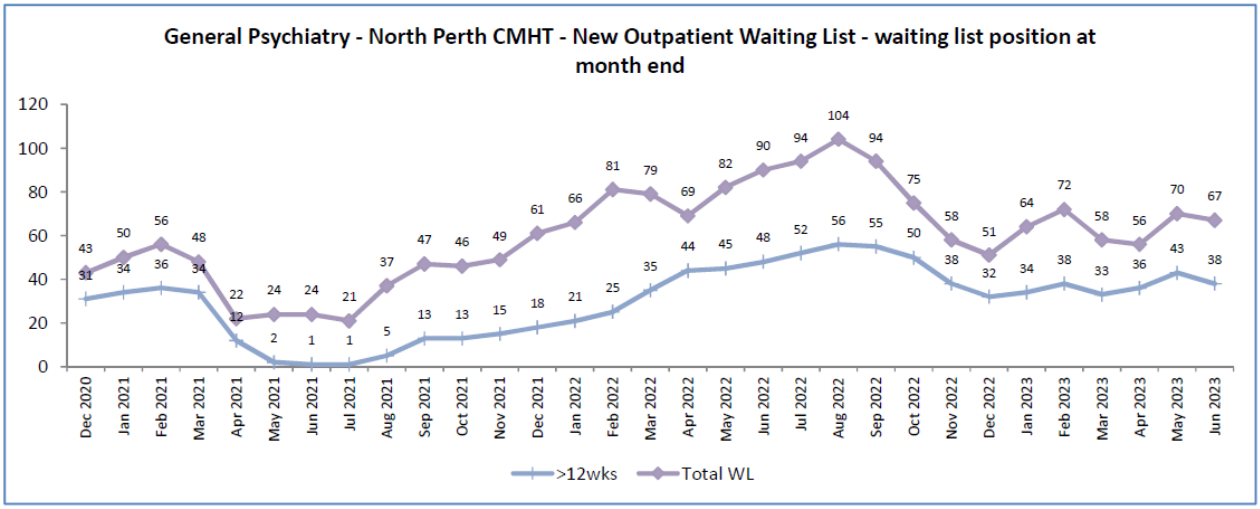
Volume of referrals received for vetting, including those vetted and returned, grouped by referral received month:



Volume of referrals added to the waiting list for a new appointment, grouped by referral month:

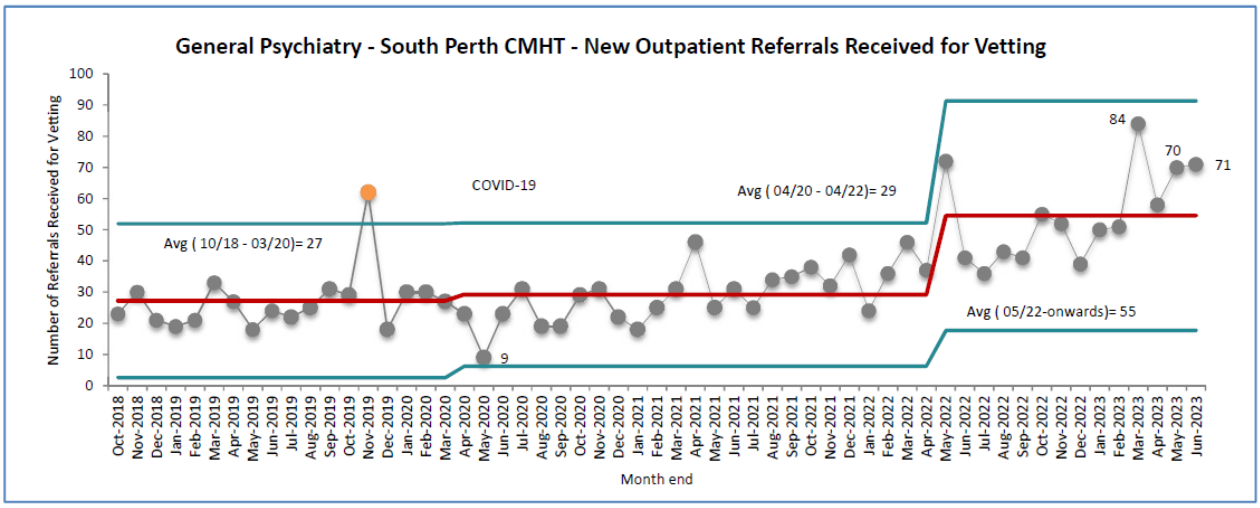


Snapshot of waiting list position at month end; total volume on waiting list and volume waiting over 12 weeks:

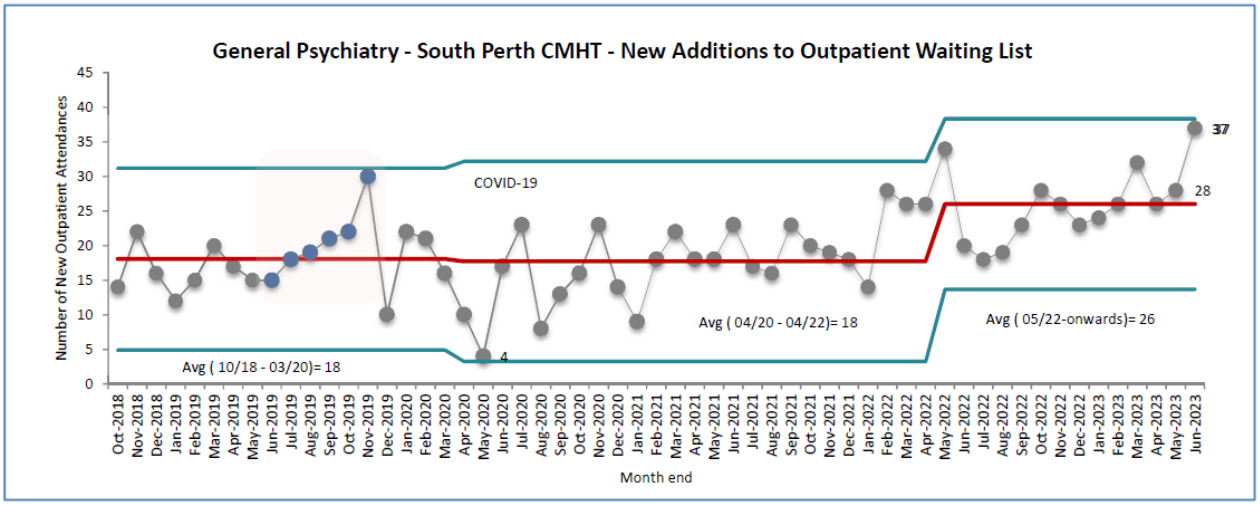


Community Mental Health Service Activity (SOUTH)

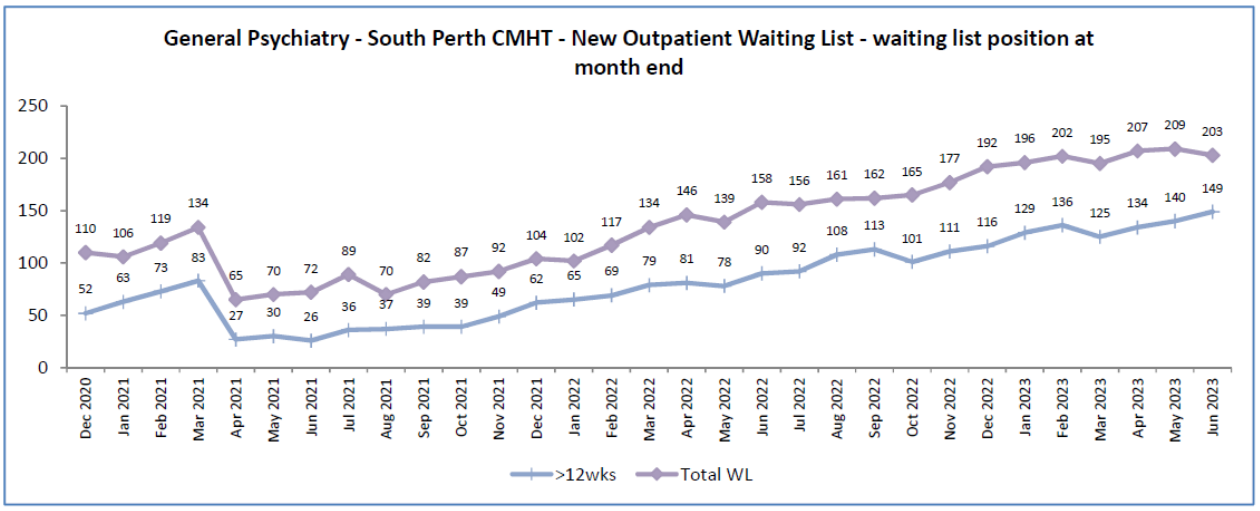
Volume of referrals received for vetting, including those vetted and returned, grouped by referral received month:



Volume of referrals added to the waiting list for a new appointment, grouped by referral month:



Snapshot of waiting list position at month end; total volume on waiting list and volume waiting over 12 weeks:



The above data is provided to HSCP's routinely by the NHS Health & Business Intelligence Team. Some further improvement activity is ongoing within the CMHT's to improve the consistency of recording within the source system (Trakcare). This will improve the accuracy of this data for future reports.

Development of HSCP Mental Health KPIs

Work continues across the three HSCP's to agree a series of Mental Health KPI's which can be used for consistent reporting within HSCP's and for onward reporting to this Committee and others where appropriate.

The mapping undertaken thus far has shown that there is commonality in the data set across the three HSCP's , with P&K and Angus using the same data set and Dundee using a slightly different set.

A draft set of proposed indicators which are common across all three HSCP's will be created and shared with a view to having these agreed and finalised.

Public Health Scotland (PHS) now produces national data sets quarterly rather than monthly, and we will look to work with the Business Unit to ensure accessibility and supply of the relevant data.

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.

Hospital at Home

Hospital at home is a team of healthcare professionals who provide hospital level treatment at home as an alternative to hospital admission. Hospital at home is proven to be a safe cost-effective and patient centred approach which started looking after patients within Perth City on 17th July 2023. The service in Perth City is currently available between 0800 – 1800 (Mon-Fri), but P&K HSCP ultimately plans to offer hospital at home as an option to patients across Perth & Kinross, 7 days per week.

Public Consultation in Bridge of Earn

The healthcare needs assessment went live from Monday 15th May and ran until 25th June 2023. It invites patients to complete a survey to give feedback about health and care services in their local areas and was targeted at Bridge of Earn and surrounding area. The responses will help P&K HSCP understand what patients need locally and if the current service provision are meeting those needs.

The survey was available online on the Your Community Perth and Kinross Facebook page, and on Practice websites, NHS Tayside also promoting this through their Facebook page.

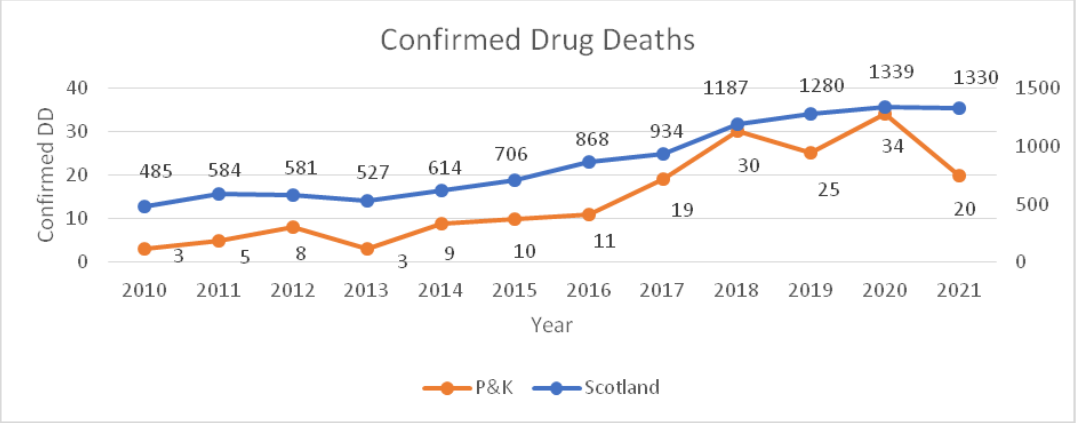
Paper copies were available at all local GP practices that Bridge of Earn patients were dispersed to, Community Care and Treatment centres, pharmacies, and identified community venues and noticeboards. P&K Community and Engagement workers attended many local events and were able to support people complete a submission. The recent Stronger Communities event was attended by several HSCP representatives and approximately 35 community members and was positively received.

Earn Community Council was fully involved and supported the engagement process. A total of 600 responses were received and are currently being reviewed. An evaluation report with recommendations will be undertaken and the results widely publicised.

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):



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

- Local actions to mitigate risks in Perth and Kinross include:
- Implementation of Medication Assistant Treatment (MAT) Standards 1-5 by April 2023
- Implementation of MAT Standards 6-10 by April 2024
- National Mission to reduce drug deaths funding utilised to increase IDART staff compliment to reduce waiting times and enhance service provision e.g. – provision of an OT service and the creation of a new psychology assistant post to provide low level psychological interventions.

- Creation of a multiagency referral pathway for all new substance use referrals.
- Creation of a near fatal overdose pathway and multiagency group to review all reported near fatal overdoses with funding provided to third sector partners to employ assertive outreach workers to actively engage with service users.
- Creation of a residential rehabilitation pathway and funding panel to facilitate access to rehabilitation services for service users.

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. AHP staff have also been engaging in testing Workforce Templates in some of our services in conjunction with Healthcare Improvement Scotland (HIS) colleagues, as part of the Common Staffing Method approach.

A Workforce Steering Group has been established to oversee the implementation of the P & K HSCP Workforce Plan.

2.6 Financial

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

2.7 Risk Assessment/Management

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

2.8 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.

2.9 Other impacts

N/A

2.10 Communication, involvement, engagement and consultation

All HSCP Staff have been invited to complete the latest iMatter survey, and teams will meet to discuss the results of these and create 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, and exploring the most appropriate way to respond to the feedback we have received. The North Locality is also trialling a 'you said, we did' approach to a recent community consultation.

The HSCP took out a subscription to Care Opinion in May 2022, following a Test period. We continue to receive feedback from people who use our services from this public platform. To date we have had over 150 feedback stories submitted with 96% of the feedback received being positive. We are rolling Care Opinion out across all of our services in a cumulative approach and teams are now using its performance generated reporting data within their business activities. We are currently one of the best performing HSCPs in Scotland with regards to utilisation and growth of Care Opinion.

2.11 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

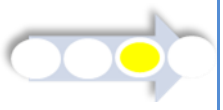
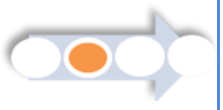
This report is being presented for:

- **Substantial Assurance**

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

Please ✓ the level of assurance you are providing:

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	Controls are applied continuously or with only minor lapses.	✓

		the achievement of objectives in the area audited		
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 Integrated Drug & Alcohol Recovery Team, Advanced Nurse Practitioners, Community Hospitals (x4), Community Care & Treatment Teams, Community Learning Disability Services, Adult Social Work Teams Respiratory Team Care Home Liaison (Mental Health) Access Team Mental Health Officer Team Wellbeing Team Hospital Discharge Team Discharge Hub	Delegated
North Locality		Delegated
South Locality		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– 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:

	SEP 2022	OCT 2022	NOV 2022	DEC 2022	JAN 2023	FEB 2023	MAR 2022	APR 2022	MAY 2023	JUN 2023
ACCESS TEAM & MHO	✓	NOT REQUIRED	✓	NOT REQUIRED	✓	NOT REQUIRED	✓	NOT REQUIRED	✓	NOT REQUIRED
COMMISSIONED SERVICES	✓	NOT REQUIRED	✓	NOT REQUIRED	NOT RECEIVED	NOT REQUIRED	✓	NOT REQUIRED	✓	NOT REQUIRED
EQUIPMENT & TEC	NOT REQUIRED	NOT RECEIVED	NOT REQUIRED	✓	NOT REQUIRED	✓	NOT REQUIRED	✓	NOT REQUIRED	✓
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	✓	NOT REQUIRED	NOT REQUIRED
MFTE/POA IN-PATIENTS & INTERMEDIATE CARE	NOT REQUIRED	NOT RECEIVED	✓	NOT REQUIRED	✓	NOT REQUIRED	✓	NOT REQUIRED	✓	NOT REQUIRED
PODIATRY	NOT REQUIRED	✓	NOT REQUIRED	✓	NOT REQUIRED	✓	NOT REQUIRED	✓	NOT REQUIRED	✓

PRISON HEALTHCARE	✓	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 RECEIVED**	NOT REQUIRED	✓	NOT REQUIRED	✓	NOT REQUIRED	✓	NOT REQUIRED	✓
SOUTH LOCALITY	NOT REQUIRED	**NOT RECEIVED**	NOT REQUIRED	NOT REQUIRED	NOT REQUIRED	✓	NOT REQUIRED	NOT REQUIRED	NOT REQUIRED	✓

* 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 begun cycle four and has now received all annual reports from the 3rd cycle.

	2nd Cycle	3rd Cycle	4TH Cycle
ACCESS TEAM & MHO	November 2020	April 2022	
COMMISSIONED SERVICES	July 2021	July 2022	
EQUIPMENT & TEC	June 2021	May 2022	Jun 2023
NORTH LOCALITY	July 2021	June 2022	May 2023
PERTH CITY LOCALITY	April 2021	February 2022	Apr 2023
MFTE/POA IN-PATIENTS & INTERMEDIATE CARE	May 2021	April 2022	Jun 2023
PODIATRY	September 2021	September 2022	
PRISON HEALTHCARE	March 2021	March 2022	Mar 2023
PUBLIC DENTAL SERVICES	November 2020	January 2022	
REGISTERED SERVICES	August 2021	August 2022	
SOUTH LOCALITY POA Inpatients (added in cycle 3)	September 2020	November 2021 November 2021	

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 3 – Glossary

ADP	Alcohol & Drug Partnership
AHP	Allied Health Professions
AMD	Associate Medical Director
AP	Adult Protection
CAMHS	Child & Adolescent Mental Health Services
CCATS	Community Care And Treatment Service
CMHT	Community Mental Health Team
CN	Charge Nurse
DD	Delayed Discharge
EMT	Executive Management Team
GAP	General Adult Psychiatry
GIRFE	Getting It Right For Everyone
HART	Home Assessment Recovery Team
IDART	Integrated Drug & Alcohol Recovery Team
LAER	Local Adverse Event Review
LD	Learning Disabilities
MAT	Medicine Assisted Treatment
MFE	Medicine for the Elderly
MRH	Murray Royal Hospital
OOH	Out of Hours
OT	Occupational Therapy
PDD	Planned Date of Discharge
PHC	Prison Healthcare
PMVA	Prevention & Management of Violence & Aggression
POA	Psychiatry of Old Age
PRI	Perth Royal Infirmary
RN	Registered Nurse
SCN	Senior Charge Nurse
SPSO	Scottish Public Services Ombudsman
VPR	Vulnerable Persons Report