



Care Governance Committee

2 December 2021

Assurance Report: Perth & Kinross Health and Social Care Partnership

Responsible Officer: Dr Hamish Dougall, Associate Medical Director
Jacquie Pepper, Chief Social Work Officer

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1 Purpose

This is presented to the Board for:

- **Assurance**

This report relates to:

- Government policy/directive
- Legal requirement

This aligns to the following NHS Scotland quality ambition(s):

- Safe
- Effective
- Person Centred

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 September to October 2021.

As Lead Officer for P&K HSCP I would suggest that the level of assurance provided is: **Moderate Assurance.**

The Care & Professional Governance activity across the partnership is evolving, and it is acknowledged that further improvements are required to gain comprehensive assurance. Three of the five sections below have a level of Comprehensive Assurance, and two (Mental Health and Adverse Event Management) have a level of Moderate Assurance.

2.2 Background

The role of the P&K CPGF is to provide assurance to the P&K Integration Joint Board, NHS Tayside Board (through the Care Governance Committee) and P&K Council, that there are effective and embedded systems for Clinical, Care & Professional Governance in all services within P&K Health and Social Care Partnership.

The Tayside Getting in Right For Everyone (GIRFE) Framework has been agreed by all three HSCPs and the recent refresh of the document was endorsed at Care Governance Committee. 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 was 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.

Clinical, Care and Professional Governance performance is assessed against an agreed, prioritised framework for each of the six governance domains as detailed below. The 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:

1. Information Governance
2. Professional Regulation and Workforce Development
3. Patient/Service user/Carer and Staff Safety
4. Patient/Service user/Carer and Staff Experience
5. Quality and effectiveness of care
6. Promotion of Equality and Social Justice

There is a clinical governance strategic risk for NHS Tayside - Clinical Governance Risk 16. The current risk exposure rating of this risk considers the Clinical and Care Governance reporting arrangements within the Partnerships and reflects the complexity in moving towards integrated Clinical and Care Governance arrangements within each of the HSCPs. The Interim Evaluation of Internal Control Framework Report No T09/20 identifies the need for greater consistency in reporting of performance and quality by the HSCPs; the provision of pertinent information relating to the situation and; summarisation

of significant issues, any National / Local objectives involved and relevant legislative / Healthcare Standards.

2.3 Assessment

2.3.1 Partnership Risks

The integrated leadership team, including professional leads, within the partnership, are collectively committed to driving forward service improvements to reduce risk. Health related service risks within the partnership are logged on DATIX and Adult Social Work and Social Care (ASWSC) have in place a risk register, and allows for a discussion and scrutiny of all HSCP risks at the CPGF. ASWSC risks are also discussed at Locality Governance Groups and the ASWSC Forum.

A summary of all DATIX risks are presented and discussed at the monthly HSCP Care & Professional Governance Forum. DATIX risks for health and HSCP delegated services are additionally reviewed weekly at the Health Senior Management Team Huddle and Locality Governance Groups. Work continues to ensure that all risks have appropriate scoring, mitigated actions and are updated within timescales.

In addition to the service risks, the HSCP also has in place 14 Strategic risks, and each of the service risks is aligned to one of the HSCP strategic risks.

The partnership has 27 current service risks recorded on DATIX (full list provided within appendix 2). These are risks for health services.

Of these 27 current service risks, 3 are graded “Very High”, 18 as “High”, and 6 as “Medium”.

The three “Very High” graded risks are:

Ref	Locality/Service	Grading and Title of risk	Risk Score & Grading	Last updated
657	North	P&K HSCP Community Hospital Registered Nurse Staffing Levels	20 RED	19-11-21
Exploring local pools to work across P&K HSCP. Implementing a SCN huddle twice a week to review workforce across P&K. Sharing staff across the four sites to manage the risk regarding staffing. Block contract for bank/agency for 3 months requested for Pitlochry and Crieff. Escalation Plans developed and signed off by AND to support escalation processes for agency staff taking charge of ward areas. Contingency plans being developed to consider future options of bed model across Community Hospitals including intermediate care options/skill mix/advanced practice. SLWG for recruitment campaign being developed for Community Hospitals				

829	P&K wide	Challenges in relation to accommodation for clinical and non-clinical staff across P&K	20 RED	18-06-21
All options have been explored in the NHS and PKC family within Perth & Kinross. Premises requirements identified and summarised in a briefing paper for various services.				

1071	Prison Healthcare	Development of the Female Community Custody Unit (CCU)	20 RED	29-09-21
SBAR presented to NHST ELT to advise Executive team of the development and potential implications. Model and costing supplied to Scottish Government team involved with CCU via SPS lead. Ongoing discussions with SG re funding provision. P&K CFO involved in discussions				

The partnership has 4 current service risks recorded within the Adult Social Work & Social Care risk register. Of these 4 current service risks, 1 is graded "Very High", and the remaining three as "High".

The "Very High" graded risk is:

4	Adult Social Work & Social Care	A lack of Care at Home capacity, especially in rural P&K, is resulting in people not receiving their assessed levels of care	20 RED	27-11-21
<p>HART often provides support until CAH package available. When required, clients are prioritised to free up capacity to support people at greatest risk. When required, staff are re-tasked from other services. All HART vacancies being advertised as permanent posts and permission given to over recruit. Links with Social Care Academy to improve recruitment. Creation of Enhanced Carer posts in Independent Sector as part of developing a career pathway. Creating work experience and shadowing opportunities. Learn to work in Adult Care programme. Implementation of Digital Information post to support recruitment. Creation of training passport.</p> <p>We will introduce a new CAH model, Wellbeing Teams based within existing integrated locality teams initially focussing on unmet need in both the North and South locality April 2022</p> <p>An uplift in External provider employee hourly rate to be implemented Nov 2021.</p> <p>Contractual agreement to be produced and signed up to by providers on an agreed set of pay and conditions, thus reducing movement of the workforce.</p>				

2.3.2 Clinical & Care Governance Arrangements - Comprehensive Assurance

Full details of the Clinical & Care Governance Arrangements in P&K HSCP are provided within appendix 4. 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 on the **24 September & 22 October 2021**:

- Public Dental Service:
 - it was noted that there has been slow progress with essential COVID ventilation modifications in HMP Perth and Springfield and Kings Cross dental clinics, and this continues to impact on the services ability to treat patients safely and efficiently. Scottish Government have confirmed funding for this work as a significant remobilisation priority however NHS Tayside Facilities colleagues have not been able to progress. The reason for this is not clear and this has been escalated to the Director of Facilities given the significant delay.
- Mental Health Officer Team
 - it was noted that due to the current contingency arrangements in place in P&K HSC regarding Consultant Psychiatrist cover, there is a risk of delays in full assessment of patients mental state and therefore the potential for delay in development of care and treatment plans, and admission to hospital.
- Inpatient PRI services
 - It was noted that Inpatient Occupational Therapy staffing have significant mismatch with demand / capacity ratio and this is affecting safe and effective practice, capacity and flow, staff wellbeing and opportunity for professional activities. This has been captured as a red risk on DATIX.
- North Locality
 - It was noted that Advanced Nurse Practitioners are unable to access real time information from EMIS practices, and access is only available within the Practice, not remotely.
 - It was noted that there is still a significant risk regarding staffing levels at Pitlochry Hospital, and the service is still heavily reliant on Bank and Agency staff due to resignations, retirement and maternity. Sickness absence is also still having an impact. The situation is being monitored daily to ensure safety and supported by block booking of agency staff.
- South Locality
 - It was noted that a lack of office capacity at MRH and Kinross is affecting Community Mental Health Team staffs ability to work appropriately and easily access team support. This Issue has

been escalated and included in the P&K HSCP accommodation paper.

At the **September 2021** meeting of the CPGF, an update to the NHS Tayside Podiatry annual report was provided, with the following key points noted:

- Stepping down the 'routine' podiatry service in early 2020 due to COVID 19 allowed some podiatry staff to be redeployed to support the clinical activity of the community nursing teams who were experiencing staffing challenges resulting from the pandemic. During this period, the Podiatry service prioritised urgent patients only, with high risk patients being contacted to discuss what they could do to self-manage as there was a risk that some of these patients would develop ulceration, or otherwise deteriorate.
- With the continued advent of the Community Care & Treatment Service, the sharing of care with podiatry to ensure safe and effective outcomes was felt to be compromised due to a lack of access to relevant systems. This has been addressed in so far as an agreed quota of staff have received access to Vision Anywhere and CCaTs staff to EMIS further improvement would require all podiatry staff to have access to Vision Anywhere
- Recruitment of podiatrists has been identified as a challenge nationally both in recruitment at undergraduate level and into the NHS following qualification.
- The service is encouraging further use of 'Near Me' in specialist podiatry services where appropriate e.g. Rheumatology, MSK.

2.3.3 Adverse Event Management - **Moderate Assurance**

Systems are in place for services/localities to review DATIX incidents. Regarding adverse events with harm, the main themes reported during the months of September and October 2021 were:

Highest frequency events:

1. Slips, Trips and Falls (further detail below)
2. Violence & Aggression (further detail below)
3. Accident (*mostly minor moving and handling issues; staff burns from handling hot drinks; other relatively minor knocks and bumps*)
4. Pressure Ulcers (further detail below)
5. Fatality (*unexpected death of a patients in the community who were known to an HSCP service*)

- **Violence & Aggression**

During the months of September and October 2021, there were a total of 29 V&A incidents reported. Of these, 8 involved incidents with harm . A

review of the 29 total incidents showed that the majority (19/29) occurred across the three Psychiatry of Old Age (POA) wards at Murray Royal Hospital (MRH), and the majority (19/29) were regarding physical aggression.

The Older Peoples Mental Health In-Patient Teams have been proactively implementing person-centred care activity planning for those with symptoms of dementia, including aggression, agitation, anxiety to reduce stress and distress. This work will continue and in time it is envisaged that it could reduce incidents.

- **Pressure Ulcers**

During the months of September and October 2021, there were a total of 7 Pressure Ulcer incidents reported. A review of the 7 total incidents showed that 2 occurred within an inpatient setting, 2 within the patients home, and 3 within a care home setting.

One of these incidents was a grade 4 pressure ulcer, which occurred in a patients home. All identified grade 3 and 4 pressure ulcers have a Local Adverse Event Review (LAER) undertaken to ensure any learning from the adverse event.

- **Slip, Trip & Falls**

During the months of September and October 2021, there were a total of 119 Slips, Trips and Falls incidents reported. Of these, 26 involved incidents with harm. A review of the 119 total incidents showed that 65 occurred within POA wards at MRH, 38 within Community Hospitals wards, 8 within PRI wards, and 2 in a non-inpatient setting.

- **Accident**

During the months of September and October 2021, there were a total of 13 Accident incidents reported. Of these, 5 involved incidents with harm. A review of the 8 total incidents showed that 8 of these were in an inpatient setting, 3 in a Prison establishment, 1 in a patients home and 1 in a Care Home.

- **Fatalities**

Within the months of September and October 2021, there was 1 unexpected fatality within our community reported. As these patients were known to an HSCP Community Service, these fatalities will be explored in line with the Adverse Event Management Policy.

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.

A review has taken place of the overdue red and amber events within Perth & Kinross, showing that in:

- 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

Progress has been made throughout the year regarding the outstanding red events, and as of November 2021, there are 11 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.

With regards to Adverse Event information in general, each geographical locality in P&K is provided with a summary of adverse events specific for their locality to enable them to identify trends and any learning.

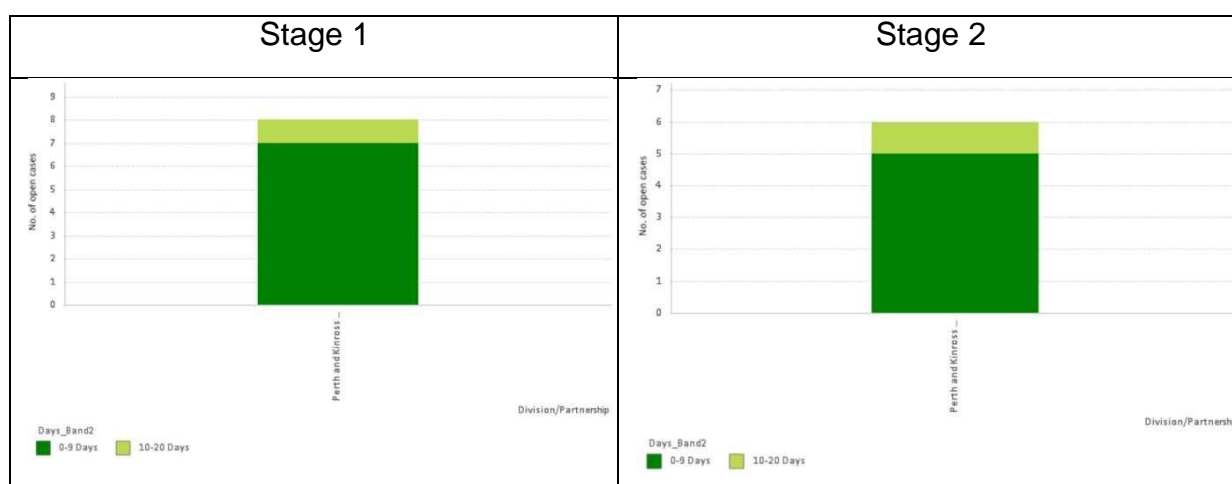
Adverse events are regularly reviewed and form a standing agenda item at the locality governance groups to identify learning, improvements, training needs or themes.

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.

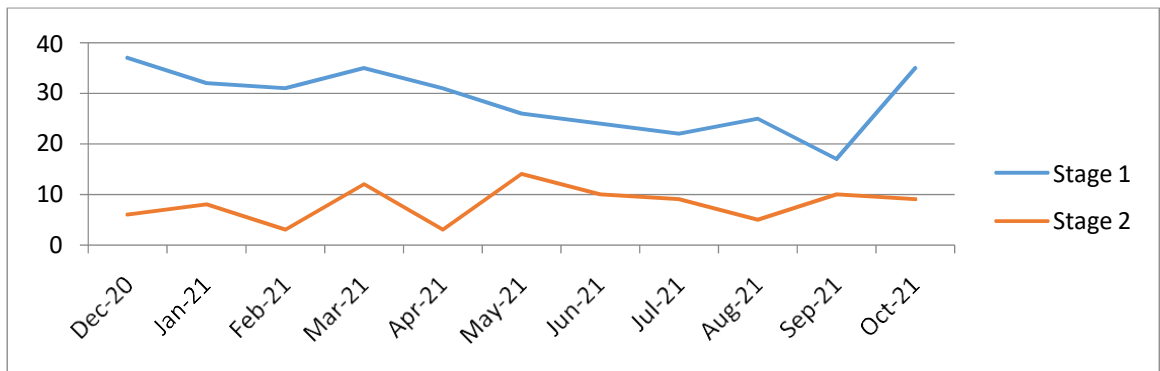
2.3.4 Complaints - Comprehensive Assurance

Complaints summary for HSCP Health Services:

Current Complaints as at 09/11/21 -



Number of complaints closed by month:



- **Total number of complaints received in September 2021 = 32**
- **Total number of complaints closed in September 2021 = 27**
 - Stage 1 = 17 (7 upheld or partially upheld)
 - Stage 2 = 10 (4 upheld or partially upheld)

- **Total number of complaints received in October 2021 = 37**
- **Total number of complaints closed in October 2021 = 44**
 - Stage 1 = 35 (12 upheld or partially upheld)
 - Stage 2 = 9 (5 upheld or partially upheld)

- **Top themes (Prison Healthcare):**
 - **Overall**
 - Disagreement with treatment plan
 - Wait times
 - Error with prescription
 - **Upheld or Partially Upheld complaints**
 - Wait times
 - Disagree with treatment plan

- **Top themes (other HSCP services):**
 - **Overall**
 - Unhappy with treatment plan
 - Unhappy with cancellation of treatment
 - **Upheld or Partially Upheld complaints**
 - Unhappy with treatment plan

Complaints and Feedback are managed by locality/service managers (including hosted services), complaints are signed off by the Head of Health. Professional Leads are additionally sighted on responses, which supports identifying/sharing learning and areas for improvement.

Feedback and positive reports from patients, carers etc are also being promoted for reporting at Locality Governance Meetings as part of performance and learning focus.

Learning from service complaints / service-user experiences are expected to be reported via the exception reporting template system.

Further work is underway to better understand where and why responses to some complaints take longer than the standard 20 days. The CPGF monitor response times, themes and support the sharing of learning from complaints.

Summary information for complaints within Adult Social Work & Social Care services is not currently available due to a change in IT systems, but it is intended that this is included in future reports.

2.3.5 External Reports & Investigations - Comprehensive Assurance

- No inspections during the time period to delegated HSCP services. Inspections continue to our Commissioned Care Homes by the Care Inspectorate.

There is an expectation from the HSCP that following any external inspection, a copy of the report and drafted improvement plan would be presented to the Care & Professional Governance Forum and ongoing updates provided within exception reports.

Learning from Inspection recommendations/learning summaries across Tayside are considered and reflected by the CPGF and are shared with locality Governance groups for cascading.

2.3.6 Mental Health – Moderate Assurance





Our Mental Health specific Clinical, Care & Professional Governance Group has now commenced and meets on a monthly basis. This reports directly to P&K CPGF and the Tayside Mental Health Quality & Performance Review. The focus of this group is reviewing performance against Mental health KPI's, progressing mitigating actions in respect of Mental Health service risks and monitoring progress against HIS and Listen, Learn, Change improvement plans.

The Group will be provide a summary of learning to NHS Tayside, as per the

new process in place for NHST Mental Health Quality Performance Review.

As per the risk section of this report, note that P&K have now added to DATIX the operational Mental Health risks associated with NHS strategic Mental Health risks.

Mental Health Quality Performance data will continue to be under scrutiny by locality managers and the cleansing process on Trakcare will continue.

Level of Assurance		System Adequacy	Controls
Comprehensive Assurance		Robust framework of key controls ensures objectives are likely to be achieved.	Controls are applied continuously or with only minor lapses.
Moderate Assurance		Adequate framework of key controls with minor weaknesses present.	Controls are applied frequently but with evidence of non-compliance.
Limited Assurance		Satisfactory framework of key controls but with significant weaknesses evident which are likely to undermine the achievement of objectives.	Controls are applied but with some significant lapses.
No Assurance		High risk of objectives not being achieved due to the absence of key internal controls.	Significant breakdown in the application of controls.

2.3.7 Quality/ Patient Care

The following are examples of where we are working to support improved quality since the last report:

- Prison Healthcare Person of Concern Review Group – Prison Healthcare have a daily meeting with SPS, including hall managers, chaplaincy, Recovery staff and prison based social work to discuss and agree actions to support any person who is raised. Concerns may be due to mental health, substance use or physical health issues. Over 500 cases have been discussed since April 2021
- In response to the capacity and flow being significantly affected over recent weeks, P&K HSCP, in collaboration with senior clinicians and operational managers across NHS Tayside Unscheduled Care, has developed a resilience plan to support capacity and flow across the whole system over the winter months. Central to the resilience plan is the increase to the workforce capacity of our Locality Integrated Care Services to provide alternatives to hospital admission and / or earlier discharge from hospital to incorporate assistant practitioners and clinical coordinators.

Some of the challenges we are encountering:

- Increase in Mental Health Referrals
- Competing priorities and workload
- One of our services are currently working within contingency as described previously in this report
- Availability of suitable accommodation across P&K HSCP
- Increasing pressures within POA Inpatient services; both with capacity and Nursing workforce.

2.3.8 Workforce

Remobilising is challenging for staff in the HSCP who are tired and feeling the impact of the past year working through a pandemic.

- Locality and Service Managers focusing on supporting their staff to recover
- Workforce modelling is collaboration with service managers regarding specific staff shortages.

Challenges:

- Winter and contingency
- Competing Priorities and Workload
- Impact on Workforce normal availability through Covid impact
- Nursing workforce at Pitlochry Community Hospital
- Care at Home capacity

2.3.9 Financial

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

2.3.10 Risk Assessment/Management

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

2.3.11 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.

2.3.12 Other impacts

N/A

2.3.13 Communication, involvement, engagement and consultation

HSCP Staff have recently completed the latest iMatter survey, and feedback provided to individual teams.

The HSCP are recommencing both the Strategic Planning and Communication and Engagement Groups to support more effective consultation moving forward.

2.3.14 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.

- Care & Professional Governance Forum members
- Executive Management Team

2.4 Recommendation

This report is being presented for:

- **Assurance**

As Lead Officers for Perth & Kinross HSCP we would suggest that the level of assurance provided is: **Moderate Assurance**

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 – DATIX service risks within P&K HSCP health services
(as at 22nd November 2021)**

Current service risks within health services (27):

Ref	Locality/Service	Grading and Title of risk	Risk Score & Grading	Last updated / Manager
657	North	P&K HSCP Community Hospital Registered Nurse Staffing Levels	20 RED	19-11-21 Amanda Taylor
829	Perth City	Challenges in relation to accommodation for clinical and non-clinical staff across P&K	20 RED	18-06-21 Evelyn Devine
1071	Prison Healthcare	Development of the Female Community Custody Unit (CCU)	20 RED	29-09-21 Angela Cunningham

982	Mental Health P&K wide	Workforce	16 AMBER	22-11-21 Chris Lamont
886	MFTE, POA / Intermediate Care	Staffing challenges within the OT service at PRI	16 AMBER	19-11-21 Morag Ottley
981	Mental Health P&K wide	Pathways of Care	16 AMBER	22-11-21 Chris Lamont
664	Perth City	Care & treatment hub accommodation within Perth City	16 AMBER	19-08-21 Alisson McPherson
1055	Primary Care	Risk regarding long term GP Practice sustainability	16 AMBER	17-09-21 Ruth Buchan
983	Mental Health P&K wide	Ligature Anchor Points	15 AMBER	19-08-21 Shelley Milligan
563	Prison Healthcare	Risk to patient safety within the Prison Healthcare Service due to the hazards of New Psychoactive Substances (NPS)	15 AMBER	06-07-21 Angela Cunningham
321	Public Dental Service	IT Failure - Public Dental Service	12 AMBER	10-08-20 Michelle Hamilton-Smith
468	Prison Healthcare	VISION health record system does not meet service need	12 AMBER	06-07-21 Rachel Bennison
565	Prison Healthcare	Prison Healthcare Staffing levels (nursing)	12 AMBER	06-07-21 Angela Cunningham
613	Perth City	Excessive wait times for Adult Mental Health OT intervention	12 AMBER	23-07-21 Lindsey Griffin
827	Perth City	Provision of Dialectical Behaviour	12	12-08-20

		Therapy(DBT) within P&K Community Mental Health Teams	AMBER	Chris Lamont
911	Prison Healthcare	Medical Cover for HMP Castle Huntly	12 AMBER	02-07-21 Angela Cunningham
980	Mental Health P&K wide	Environment and Infrastructure	12 AMBER	22-11-21 Chris Lamont
984	Mental Health P&K wide	Doctors in Training	12 AMBER	22-11-21 Chris Lamont
1038	Podiatry	Excessive patient waiting times within Tayside Podiatry service	12 AMBER	02-08-21 Mark Fannon
272	MFTE, POA / Intermediate Care	Tay & Stroke wards - workforce	10 AMBER	25-10-21 Anne Davidson
569	Prison Healthcare	Medication administration within HMP Perth	10 AMBER	06-07-21 Airlie Dewar

1087	iDART	iDART recruitment and retention and increasing caseload challenges	9 YELLOW	08-11-21 Alisson McPherson
1010	P&K HSCP wide	Lack of clarity from NHST of operational delivery model for Flu Vaccination and CV-19 booster	9 YELLOW	17-09-21 Caitlin Charlton
701	Prison Healthcare	Mental Health Waiting Times within the Prison Healthcare Service	9 YELLOW	06-07-21 Airlie Dewar
780	Prison Healthcare	No available drug testing for street Benzodiazepines	8 YELLOW	06-07-21 Angela Cunningham
978	Mental Health P&K wide	Mental Health Strategy	8 YELLOW	22-11-21 Chris Lamont
985	Mental Health P&K wide	Stakeholder and Partnership Engagement	6 YELLOW	22-11-21 Chris Lamont

Appendix 3 – Service risks within P&K HSCP Adult Social Work & Social Work Services (as at 19th November 2021)

Perth & Kinross Health & Social Care Partnership

SERVICE RISK PROFILE - Adult Social Work and Social Care

Last updated: **22nd Nov 2021**

Ref	Risk Description	Likelihood Score (1-5)	Consequence Score (1-5)	Overall risk Score and rating	Current controls and mitigation in place	Further mitigation or action required.	Risk Manager
1	WORKFORCE Limited number of Adult Protection trained social workers, may result inability to meet demand of ASP inquiries/investigations and on-going ASP Work.	3	5	15	ASP training is to commence shortly but due to developing an on-line platform training in this area has been delayed. To try and ensure this demand is met, there has been an offer of support from all Adult SW teams. However, it is recognised that they too are under pressure with number of AP inquiries and investigations. Resources in this area are scarce. ASP council officer training has been changed to provide more in-depth learning and practice experience for social workers. This training involves 10-week course spread out a period of several months. This training is to be facilitated across Tayside. Permanent funding for Social Work posts to be requested.	The following factors have been discussed with all Team Leaders and Service Manager to be addressed: - Length of time to arrange training and to complete. - Number of participants that can attend is limited due to demand. - Ensuring all workforce have opportunity to access more in-depth training, including existing council officers. Confirmation given that Social Workers doing the ASP course are able to carry out lead worker role if they are post 1 year qualified	Alison Fairlie
2	OT CAPACITY As a result of historical demand and various service challenges, there is a significant backlog in referrals/waiting list. This has	4	4	16	OT capacity issues have been escalated to all Locality Governance and Management Meetings. Efforts are being made to support staff off sick back to work.	Although permission has now been given for visits to resume; a significant waiting list has built up within the locality teams. Due to new referrals coming in	Shona Maclean

	resulted in significant delays in service users receiving assessments.				<p>Extra funding for OT posts to be requested.</p> <p>OT Integration Project to be resumed.</p>	<p>all the time there is a risk that people will not be assessed within the timeframes set out by PKC.</p> <ul style="list-style-type: none"> • Full Waiting list review every 3 months – all clients contacted by phone. • 2 x part time staff accepted additional hours till March 22 • OTA (24hrs week) post recruited from Covid Monies. Commenced on 10th May until March 22 • OT admin part time post has been recruited to. Awaiting employment checks. They will assist with systems, processes and admin support. 	
3	<p>TRAINING & LEARNING</p> <p>As a result of there being limited availability of Practice Educator support in ASW&SC to support student placements, this may result in being unable to provide Social Worker training.</p>	4	3	12	<ul style="list-style-type: none"> • Limited availability of practice educator in ASW & SC to support student placement • Reduced income - generated by number of students we can offer placements to • Reduced ability to identify students for future workforce • The Newly Qualified SW experience – Induction and retention 	<ul style="list-style-type: none"> • Exploring and developing different models of Practice and tools • Working with Universities • SBAR completed – Releasing survey about PL to workforce • Understanding following the survey 	Zoe Robertson

						to influence next steps	
4	CARE AT HOME A lack of Care at Home capacity, especially in rural P and K, is resulting in people not receiving their assessed levels of care	5	4	20	<ul style="list-style-type: none"> • HART often provides support until CAH package available • When required, clients are prioritised to free up capacity to support people at greatest risk • When required, staff are re-tasked from other services • All HART vacancies being advertised as permanent posts and permission given to over recruit • Links with Social Care Academy to improve recruitment • Creation of Enhanced Carer posts in Independent Sector as part of developing a career pathway • Creating work experience and shadowing opportunities • Learn to work in Adult Care programme • Implementation of Digital Information post to support recruitment • Creation of training passport • Block booked 18 Care Home beds which in all three localities, thus reducing demands across the system. 	<ul style="list-style-type: none"> • We will introduce a new CAH model, Wellbeing Teams based within existing integrated locality teams initially focussing on unmet need in both the North and South locality April 2022 • An uplift in External provider employee hourly rate to be implemented Nov 2021. • Contractual agreement to be produced and signed up to by providers on an agreed set of pay and conditions, thus reducing movement of the workforce. 	Zoe Robertson

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:

	NOV 2020	MAR 2021	APR 2021	MAY 2021	JUNE 2021	JULY 2021	JULY 2021	AUG 2021	SEPT 2021	OCT 2021
ACCESS TEAM & MHO	✓	✓	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 RECEIVED	✓	NOT REQUIRED	NOT REQUIRED	✓
NORTH LOCALITY	✓	✓	NOT REQUIRED	✓	NOT REQUIRED	✓	NOT REQUIRED	✓	NOT REQUIRED	✓
PERTH CITY LOCALITY	✓	✓	NOT REQUIRED	NOT RECEIVED	NOT REQUIRED	✓	NOT REQUIRED	✓	NOT REQUIRED	✓

MFTE/POA IN-PATIENTS & INTERMEDIATE CARE	✓	✓	✓	NOT REQUIRED	✓	NOT REQUIRED	✓	NOT REQUIRED	✓	✓
PODIATRY	✓	✓	NOT REQUIRED	✓	NOT REQUIRED	✓	NOT REQUIRED	✓	NOT REQUIRED	✓
PRISON HEALTHCARE	✓	✓	✓	NOT REQUIRED	✓	NOT REQUIRED	NOT RECEIVED	✓	NOT REQUIRED	NOT REQUIRED
PUBLIC DENTAL SERVICES	✓	✓	✓	NOT REQUIRED	✓	NOT REQUIRED	✓	NOT REQUIRED	✓	NOT REQUIRED
REGISTERED SERVICES	✓	✓	NOT REQUIRED	✓	NOT REQUIRED	NOT RECEIVED	✓	NOT REQUIRED	NOT REQUIRED	✓
SOUTH LOCALITY	✓	✓	✓	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 just started begun cycle three and has received the following reports thus far (items in grey are scheduled reporting dates):

	1 st Cycle	2nd Cycle	3 rd Cycle
ACCESS TEAM & MHO	January 2020	November 2020	December 2021
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 in June 2021 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
99587	30/08/18	15/06/18	Perth City - CMHT	Suspected Drug related Death	Review to be completed; last update noted on 1st March 2021 is that Clinical Lead to use RPsych tool to look at previous 12 months of contact.
115070	10/07/19	07/07/19	Perth City - CMHT	Suspected Suicide	Review to be completed; last update noted on 1st March 2021 is that Clinical Lead to undertake LAER and involve family.
131988	25/06/20	25/06/20	North	Unexpected Death	LAER underway and seeking medical input
141016	07/12/20	04/12/20	IDART	Suspected Drug related Death	Mortality & Morbidity undertaken and no issues found. Second review to be carried out.
143314	15/01/21	15/01/21	Prison Healthcare	Death in Custody	LAER to be carried out
143467	18/01/21	18/01/21	Prison Healthcare	Death in Custody	LAER completed, summary to be finalised and incident will then be completed.
145810	01/03/21	01/03/21	Prison Healthcare	Attempted Suicide	LAER held, report being finalised
149731	11/05/21	05/04/21	South	Fatality – suspected overdose	Review underway but delayed due to inability to clarify if a suspected suicide and inability to contact family members
151582	11/06/21	07/06/21	POA	Unexpected Death	LAER meeting held and draft report shared with family. Further meeting with family to take place.
152271	24/06/21	24/06/21	IDART	Unexpected Death	Mortality & Morbidity review to be undertaken in the first instance.
153199	11/07/21	11/07/21	Prison Healthcare	Death in Custody	Date for LAER being set