



Care Governance Committee

07 April 2022

Perth & Kinross HSCP Clinical and Care Governance Assurance Report

Responsible Officer Dr Hamish Dougall, Associate Medical Director

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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 an update regarding areas of existing or emerging risk across P&K HSCP.

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

The Care & Professional Governance activity across the partnership is evolving, and it is acknowledged that further improvements are required to gain comprehensive assurance.

2.2 Background

The role of the P&K Care & Profession Governance Forum (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.

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. This allows for a discussion and scrutiny of all HSCP risks at the CPGF on a monthly basis.

The partnership has 26 current service risks recorded on DATIX. These are risks for health services. Red risk 1133 detailed below is a new risk.

Of these 26 current service risks, 3 are graded “Very High”, 18 as “High”, and 5 as “Medium”.

The three “Very High” graded risks are:

829	P&K wide	Challenges in relation to accommodation for clinical and non-clinical staff across P&K	20 RED	11-01-22
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. These include Community Care & Treatment Centres (CCAT's), Integrated Drug & Alcohol Recovery Team (IDART) , Child & Adolescent mental Health Services (CAMH's), and the potential relocation of GP premises in Perth City and a multi-disciplinary team supporting young people and adults with a learning disability and/or Autism with complex needs. Accommodation secured for the vaccination service in St Johns Centre, Perth.				

982	Mental Health P&K wide	Workforce	20 RED	19-01-22
Significant medical workforce challenges are ongoing, with reliance upon Consultant Locum cover. Each locality has reduced medical cover compared to substantive allocation and the teams are attempting to utilise all available skills sets available to them. ANP's are being deployed to enhance service provision, although this is a scant resource and efforts are being made to recruit additional staff.				

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	15-02-22
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 was implemented Dec 2021. Contractual agreement to be produced and signed up to by providers on an agreed				

2.3.2 Clinical & Care Governance Arrangements - **Substantial 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 **21 January 2022 & 18 February 2022**:

- North Locality:
 - Pitlochry Hospital GP Unit temporarily non-operational from 3rd January 2022. Staff across the locality are working flexibly to cover sickness across all areas due to covid and sharing resources to meet the demand, for example OPCMHT staff are supporting MRH. A workforce engagement group has been set up led by the North Locality Manager supported by HR and staffside colleagues. A working group is also being set up to consider the Highland Perthshire model of care.
- Podiatry
 - Difficulty in 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. The service continues to foster student placements to support future recruitment. Service risk has been recorded on Datix.
 - Patient demand from existing caseload whose care plans have been interrupted due to the Covid pandemic is anticipated to increase as service starts to remobilise. Service capacity has reduced due to; increased complexity of patients; the implementation of safe working practice, such as physical distancing; the time implications to carry out recording patients interventions on new electronic record system; and difficulty in recruiting to vacant posts. Assessment hubs to be established across service areas.
- South Locality
 - Community hospitals unable to support fire evacuation for bariatric patients due to environmental restrictions which require physical adjustment to the facility. Bariatric patients will not be admitted to these premises until a long term solution is put in place.
- Psychiatry of Old Age Inpatients
 - Recent workforce tool showed deficit of WTE staff across all 3 IP areas. Investment required supporting safer staffing and support compliance of safer staffing bill. Additional staff added funded from Covid funding for 22/23 and the service is awaiting the outcome of a wider POA review before making any permanent changes to the ward establishments.

- Access Team
 - Ongoing staff shortage due to vacancies and long term sickness is having an impact upon the Access Team's ability to maintain protected time for development. There has been significant additional investment in additional social work capacity to support mitigating this.
- Prison Healthcare
 - Risk identified re recruitment of staff for female Custody unit due to open in June 2023. Monthly sub group meetings are taking place to ensure that everything is in place as required Staffside invited to attend meetings and plans to be developed for staff engagement. Additional funding has been awarded for the Unit to cover year one.
 - Routine wait time 8 weeks in HMP Perth. Waiting times worsened due to full time GP sickness and difficulties accessing patients due to Covid but improving through locum support. All patients receive health screening on admission to the establishment.
- Commissioned Services
 - Commissioned services are experiencing pressure across the whole of social care, but primarily our Care Home sector. Two thirds of our Care Homes are either closed or being monitored by Health protection, 19 closed at its highest, in the main the Care Homes themselves are managing workforce pressures that self-isolation measures bring. A number of measures have been put in place to support care homes via the local oversight group including the provision of supply staff.

At the **January 2022** meeting of the CPGF, an update to the Public Dental Service annual report was provided, with the following key points noted:

- Covid has had a significant impact on the service; in March 2020 normal service was suspended with four Urgent Dental Care Centres established to manage emergency dental care. Normal services resumed four months later and the service continues to remobilise in accordance with the Scottish Government's plan.
- Additional Covid infection control procedures continue to limit the number of patients and treatments provided. There has been slow progress with essential Covid ventilation modifications and this requires urgent attention as without this appointment times take twice as long.
- Access to general anaesthetic sessions remains reduced, especially for special care adults, placing further pressure on existing waiting lists. Prior to Covid there were 14 sessions in a month, now down to 4. Waiting times are now running in excess of a year for the most complex patients, and waiting times for children with an urgent need for treatment under general anaesthetic has increased fourfold and continues to rise.
- Covid has also had an impact on dental public health functions, the delivery of oral health promotion programmes, and the monitoring of the oral health of primary school children as all members of the oral health promotion team were redeployed to other supporting roles and school dental inspections were paused. School dental inspections resumed in November 2021.
- There have been 44 datix reports between November 2020 and December 2021, with only one graded red. The most common datix report was around cross infection caused by failure to dismantle equipment correctly prior to

sending for decontamination; these were all near miss events and are continually monitored. Where there are specific issues identified these are addressed with the individuals concerned.

- There have been five follow up local adverse event reviews in this period and all action points have been completed and learning shared.
- TURAS was interrupted due to Covid; this resumed in August 2021 and is progressing well.
- The results of the most recent staff i-matter survey showed an average response rate of 89% and engagement score of 80%.
- Annual internal and external inspections and reviews were interrupted by Covid, but where there have been inspections these have all been passed and any action points dealt with quickly. Combined General Dental Service Practice Inspections and Sedation Practice Inspections have been scheduled for the first quarter of 2022.
- The Director of Dentistry, Dr Morag Curnow, will retire in November this year. The arrangements to secure the replacement for this post is now a pressing priority.
- A new Mobile Dental Unit to improve access to dental care for hard to reach patient groups such as patients experiencing homelessness has been successfully commissioned; it is hoped that this will be in use by April this year.

At the **February 2022** meeting of the CPGF, an update to the Perth City Locality annual report was provided, with the following key points noted:

- Infection prevention and control; there are no ongoing concerns regarding infection prevention and control, including mandatory training and hand hygiene compliance.
- Perth City Locality has developed a Dashboard which is used to collect local performance information on a monthly basis which is considered at the Perth City Clinical Governance Meeting. It was noted that collecting comparable data across health and social care teams poses challenges due to differences in IT systems and accessibility. A new social care case management system has now been procured by Perth and Kinross Council which has greater capability.
- Staff wellbeing: Perth City Locality has dedicated time during team forums to provide staff with appropriate support. There is also an appointed wellbeing ambassador.
- Large Scale Inquiries: these include Care at Home inquiries as well as care homes. Trends identified have been around leadership and management, the ability to support front line staff; difficulty around recruitment and providing robust training and induction, communication, and the impact of covid. A significant amount of support has been put into these services to bring them back up to a level where risks are reduced, and to maintain this. Learning and improvement actions from the outcomes of these inquiries are shared with care home provider groups as well as across all care providers. Shared learning is also a standing item on the monthly Adult Social Work and Social Care Forum agenda. Closer links with the Adult Support and Protection Committee has been identified.
- It was confirmed that all new social work posts will be engaged in adult protection work once trained and experienced.
- Upheld complaints; it was suggested that it would be helpful to provide narrative around these complaints and what the issues were for learning purposes. It

was advised that the new P&K complaints system will assist to capture information, create themes and highlight the areas that need to be looked at; reporting next year will hopefully show this information.

- In relation to performance indicators it was suggested that further information and narrative be included to show what the acceptable standards are for greater clarity.

2.3.3 Adverse Event Management - Reasonable Assurance

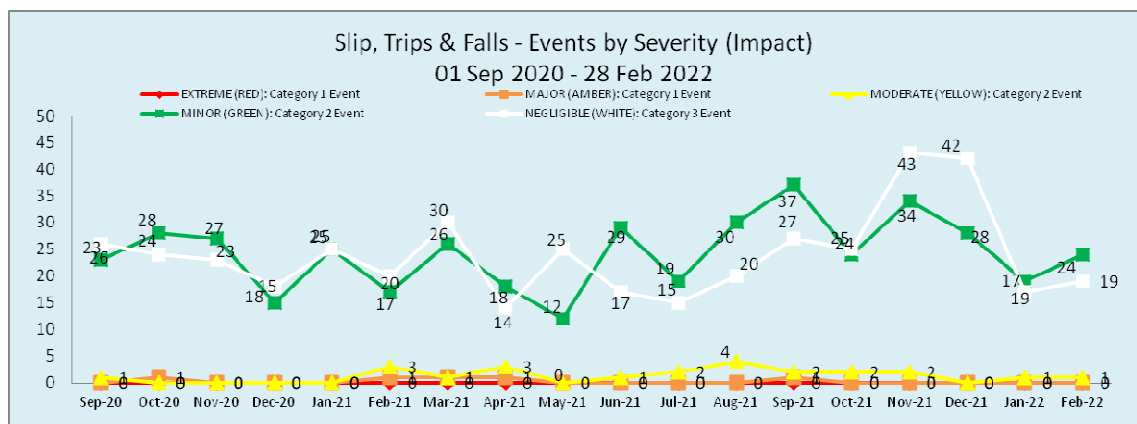
Systems are in place for services/localities to review DATIX incidents. Regarding adverse events with harm, the main themes reported during the months of January and February 2022 were:

Highest frequency events:

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

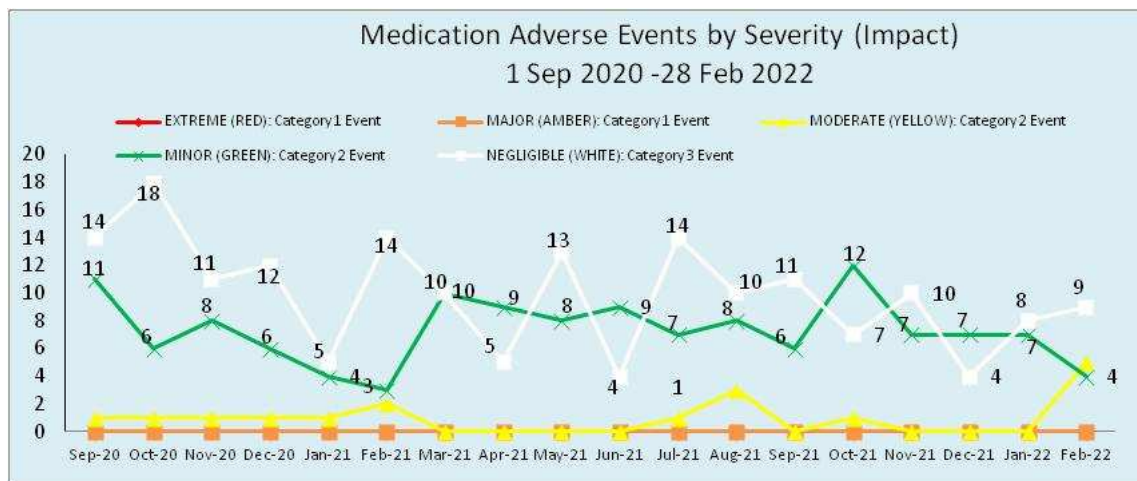
- **Slip, Trip & Falls**

During the months of January and February 2022, there were **81** incidents recorded, of which 17 involved harm. 35 occurred at MRH, 17 at PRI, 27 in Community Hospitals and the remaining 2 in other areas.



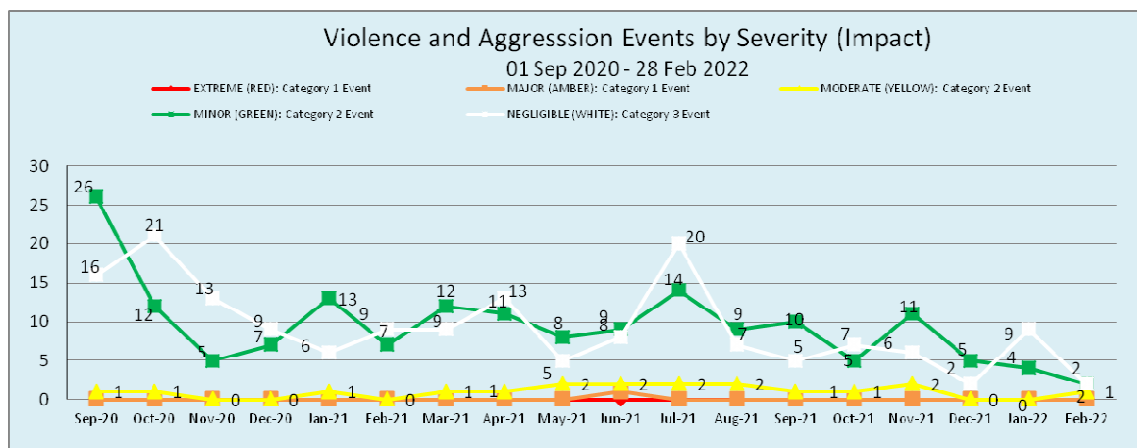
- Medication**

During the months of January and February 2022, there were **33** incidents recorded, of which 3 involved harm. 3 occurred at MRH, 3 at PRI, 8 in Community Hospitals, 14 within a Prison Establishment and the remaining 5 in other areas.



- Violence & Aggression**

During the months of January and February 2022, there were **18** incidents recorded, of which 2 involved harm. 12 occurred at MRH, 2 at PRI, 1 in Community Hospitals, and the remaining 3 in other areas.



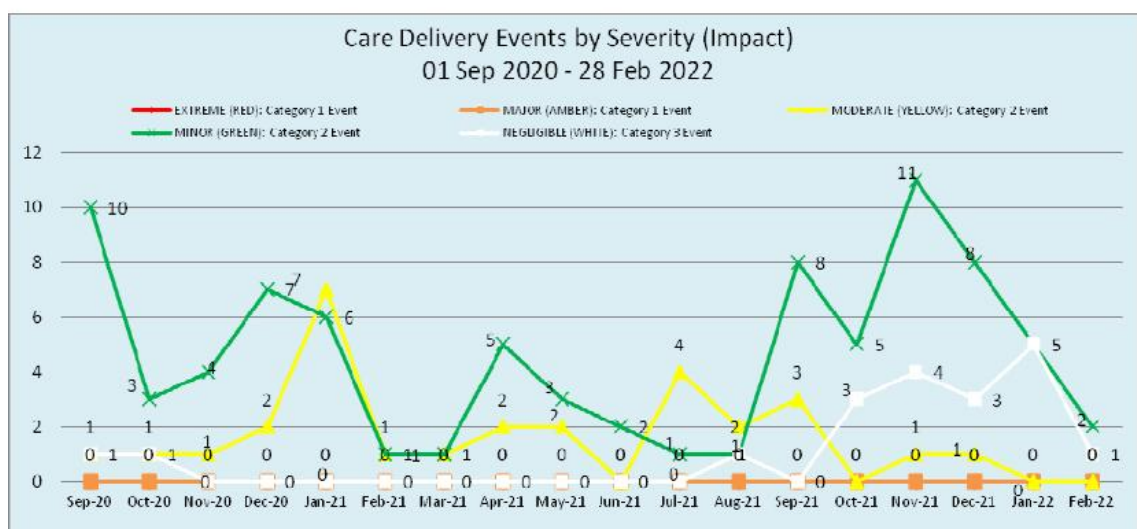
- **Clinical Challenging Behaviour**

During the months of January and February 2022, there were **18** incidents recorded, of which 3 involved harm. 14 occurred at MRH and 4 in Community Hospitals.



- **Care Delivery**

During the months of January and February 2022, there were **13** incidents recorded, of which none involved harm. 10 were within a Prison Establishment, 1 within Community Hospitals, and the remaining 2 in other areas.



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

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

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

Progress has been made throughout the year regarding the outstanding red events, and as of March 2022, there are 8 outstanding which are overdue. The reason for some of these being outstanding relates to complexity of events; delays due in part to the COVID pandemic response; co-ordination across multiple agencies and services etc. Reviews will continue until a further sustained improvement is evident. Further details regarding these incidents are provided within Appendix 5.

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

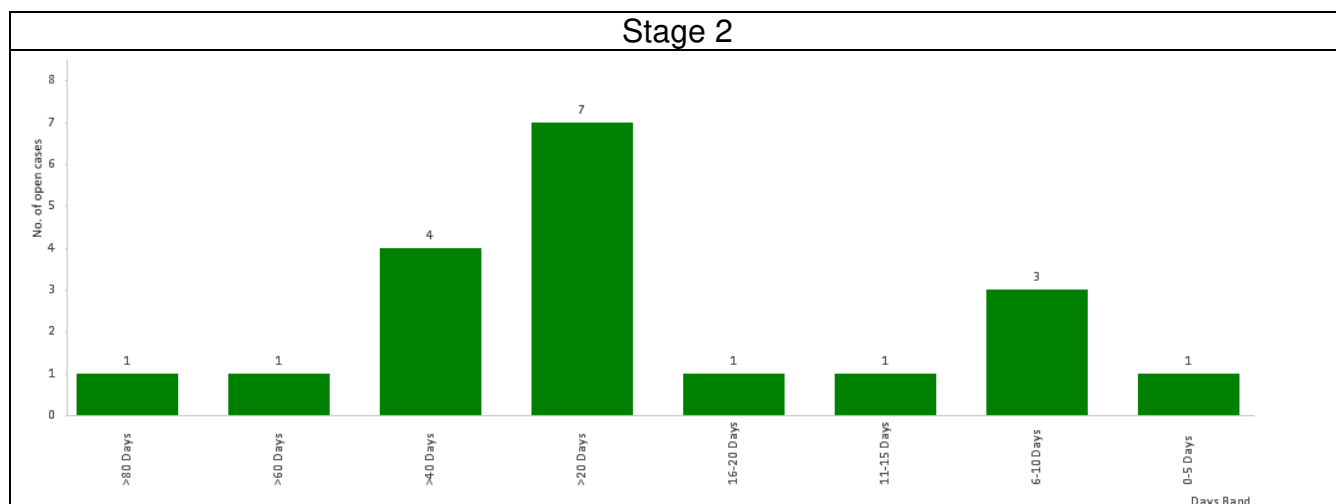
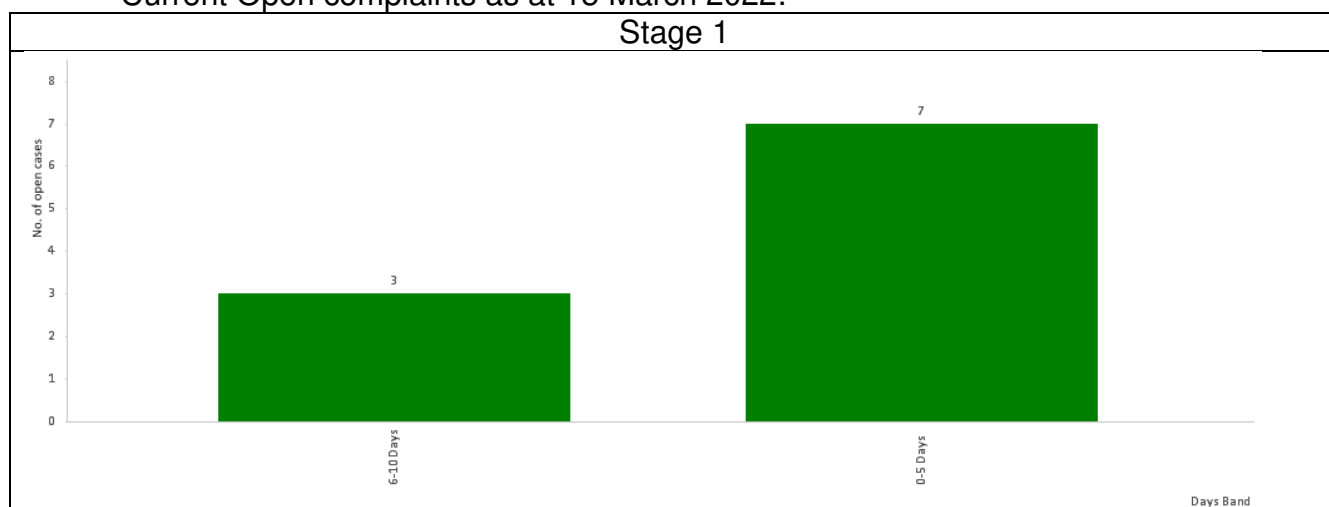
Adverse events are regularly reviewed and form a standing agenda item at the locality governance groups to identify learning, improvements, training needs or themes.

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

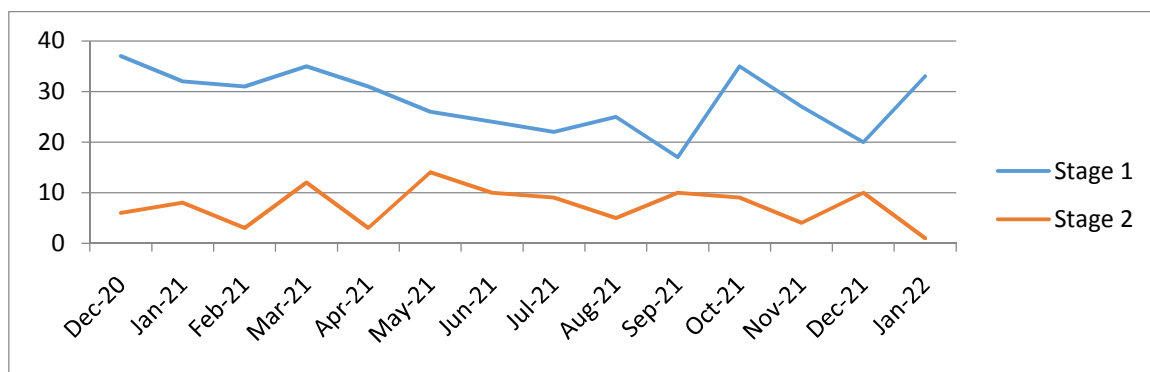
2.3.4 Complaints - **Substantial Assurance**

Complaints summary for HSCP Health Services:

Current Open complaints as at 15 March 2022:



Number of complaints closed by month:



- **Total number of complaints received in January 2022 = 48**
- **Total number of complaints closed in January 2022 = 34**
 - Stage 1 = 33 (18 upheld or partially upheld)
 - Stage 2 = 1 (1 upheld or partially upheld)
- **Total number of complaints received in February 2022 = 31**
- **Total number of complaints closed in February 2022 = 33**
 - Stage 1 = 26 (4 upheld or partially upheld)
 - Stage 2 = 7 (6 upheld or partially upheld)
- **Top themes (Prison Healthcare):**
 - **Overall**
 - Wait times
 - Disagreement with treatment plan
 - Communication
 - **Upheld or Partially Upheld complaints**
 - Wait times
 - Communication
 - Disagreement with treatment plan
- **Top themes (other HSCP services):**
 - **Overall**
 - Staff attitude
 - Wait times
 - Difficulty accessing service
 - **Upheld or Partially Upheld complaints**
 - Staff attitude
 - Wait times
 - Difficulty accessing service

Complaints and Feedback are managed by locality/service managers (including hosted services), complaints are signed off by the Head of Health and Head of Adult Social Work & Social Care as appropriate. 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 and 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 - Substantial 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 – Reasonable Assurance

The PKHSCP Mental Health Clinical, Care & Professional Governance Group 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 to review 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 P&K MH service covers Adult, LD and POA MH community teams; iDART service and POA in-patient services (Garry, Tummel and Leven Wards at MRI)

The MH leads in P&K are currently focussing on:

- A. Progressing 29 key actions from Trust & Respect Report from 2020
- B. Working with the Demand Capacity Activity & Queue (DCAQ) data now being provided by the Tayside Business Unit to better understand, improve and monitor service provision and how it relates to individual patient experience. Initial data suggests a fairly stable number of patients being referred to the services.
- C. The current six risks sitting with the service –
 - a. Doctors in training

- b. Prescribing in MH (ability of community service to prescribe and the increasing prescribing spend within the service)
 - c. Workforce (initially this related to medical workforce where almost 100% of medical cover now delivered by relatively short-term agency locums) but now extends to broader team especially nursing in the POA in-patient team)
 - d. Ligature anchor points (ongoing estates work to remove)
 - e. Environment & accommodation (especially iDART accommodation at Drumhar HC and the uncertainty surrounding the Cairnwell unit on the PRI site)
 - f. Capacity and flow (relating to DD and discharge planning)
- Of the above noted risks the Workforce risk is scored highest and has least robust controls in place.

D. Primary Care Mental Health – developing enhanced teams to support GP practices who manage the majority of MH care for P&K patients

Recent data suggests that although the levels of out-patient referrals remain fairly stable it continues to exceed the available capacity to see new patients and therefore there are a rising number of patients sitting on the OPC waiting list. DD's in MRI are sitting around 10 (six in POA and four in GAP) including a number of 'complex' delays.

Recent positive developments include identification of significant new SG funding to significantly enhance Primary Care MH capacity in GP practices; the appointment of a new senior suicide awareness co-ordinator and significant interest from a number of GP's in developing specialist interest roles integrated in our current MH medical workforce.

The PKHSCP Mental Health Clinical, Care & Professional Governance Group will 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.

2.3.7 Quality/ Patient Care

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

2.3.8 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.

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.


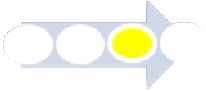
- Care & Professional Governance Forum members
- Executive Management Team

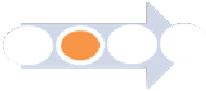

2.4 Recommendation

This report is being presented for:

- **Assurance** – Examine and state level of assurance.

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

Level of Assurance		System Adequacy	Controls	✓
Substantial Assurance		A sound system of governance, risk management and control exists, with internal controls operating effectively and being consistently applied to support the achievement of objectives in the area audited	Controls are applied continuously or with only minor lapses.	
Reasonable Assurance		There is a generally sound system of governance, risk management and control in place. Some issues, non-compliance or scope for improvement were identified which may put at risk the achievement of objectives in the area audited.	Controls are applied frequently but with evidence of non-compliance.	✓

Limited Assurance		Significant gaps, weaknesses or non-compliance were identified. Improvement is required to the system of governance, risk management and control to effectively manage risks to the achievement of objectives in the area audited.	Controls are applied but with some significant lapses.	
No Assurance		Immediate action is required to address fundamental gaps, weaknesses or non-compliance identified. The system of governance, risk management and control is inadequate to effectively manage risks to the achievement of objectives in the area audited.	Significant breakdown in the application of controls.	

Appendix 1 – List of services within P&K HSCP

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

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

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

Current service risks within health services (25):

Ref	Locality/Service	Grading and Title of risk	Risk Score & Grading	Last updated / Manager
829	Perth City	Challenges in relation to accommodation for clinical and non-clinical staff across P&K	20 RED	11-01-22 Evelyn Devine
982	Mental Health P&K wide	Workforce	20 RED	19-01-22 Chris Lamont

657	P&K wide	P&K HSCP Community Hospital Registered Nurse Staffing Levels	16 AMBER	25-01-22 Tia Dixon
1128	Psychiatry of Old Age	Reduced Staffing within the 3 POA in-patients areas in P&K HSCP	16 AMBER	28-01-22 Shelly Milligan
886	MFTE, POA / Intermediate Care	Staffing challenges within the OT service at PRI	16 AMBER	01-02-21 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	18-02-21 Alisson McPherson
1055	Primary Care	Risk regarding long term GP Practice sustainability	16 AMBER	09-03-22 Ruth Buchan
983	Mental Health P&K wide	Ligature Anchor Points	15 AMBER	24-11-21 Shelley Milligan
1139	North	Heating system at Pitlochry Hospital unable to be accessed/controlled by estates	15 AMBER	16-02-22 Amanda Taylor
321	Public Dental Service	IT Failure - Public Dental Service	12 AMBER	10-08-20 Michelle Hamilton-Smith
984	Mental Health P&K wide	Doctors in Training	12 AMBER	19-01-22 Chris Lamont
565	Prison Healthcare	Prison Healthcare Staffing levels (nursing)	12 AMBER	29-12-21 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 Therapy(DBT) within P&K Community Mental Health Teams	12 AMBER	12-08-20 Chris Lamont
911	Prison Healthcare	Medical Cover for HMP Castle Huntly	12 AMBER	23-12-21 Angela Cunningham

980	Mental Health P&K wide	Environment and Infrastructure	12 AMBER	22-11-21 Chris Lamont
1038	Podiatry	Excessive patient waiting times within Tayside Podiatry service	12 AMBER	02-08-21 Mark Finnon
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	18-11-21 Airlie Dewar

1087	iDART	iDART recruitment and retention and increasing caseload challenges	9 YELLOW	18-02-21 Alisson McPherson
701	Prison Healthcare	Mental Health Waiting Times within the Prison Healthcare Service	9 YELLOW	29-12-21 Airlie Dewar
1071	Prison Healthcare	Development of the Female Community Custody Unit (CCU)	8 YELLOW	20-01-22 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

Pending service risks within health services (2):

Ref	Locality/Service	Grading and Title of risk	Risk Score & Grading	Last updated
979	Mental Health P&K wide	Prescribing	-	29-04-21 Chris Lamont
1085	Prison Healthcare	GP Waiting Times in HMP Perth	20 RED	06-10-21 Rachel Bennison

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

Perth & Kinross Health & Social Care Partnership

SERVICE RISK PROFILE - Adult Social Work and Social Care

Last updated: 15th Feb 2022

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. Funding for additional Social Workers approved. 6 posts are being recruited into.	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	4	4	16	funding to be sought to continue fixed term OTA posts to be requested.	A waiting list continues within the locality teams.	Shona Maclean

	<p>backlog in referrals/waiting list. This has resulted in delays in service users receiving assessments.</p> <p>Access Team OTs will transfer to locality OT teams on 1st February without the 0.5 admin support currently provided by Access Team. This will cause delays in responding to initial enquires and general admin tasks that occurs within current duty system.</p>				<p>Access Team will continue to provide admin support until March 22 until Adult Disability Payment process starts within Access team and absorbs this capacity.</p>	<ul style="list-style-type: none"> • Full Waiting list review every 3 months – all clients contacted by phone. • 2 x OTA fixed term contracts end in March 22. No funding within staffing budget. Alternative funding to be identified • 0.5 GE3 admin required and no funding within OT staffing budget. Alternative funding to be identified. 	
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 to influence next steps 	Zoe Robertson
4	<p>CARE AT HOME</p> <p>A lack of Care at Home capacity, especially in rural P and K, is resulting in people not receiving their assessed levels of care</p>	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 	<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 	Shona MacLean

					<p>given to over recruit</p> <ul style="list-style-type: none"> • Creating work experience and shadowing opportunities through new pathways in to care • Implementation of Digital Information post to support recruitment • Block booked 18 Care Home beds which in all three localities, thus reducing demands across the system and supporting hospital discharges. 	<ul style="list-style-type: none"> • An uplift in External provider implemented Dec 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 May 2022. 	
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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:

	JUNE 2021	JULY 2021	JULY 2021	AUG 2021	SEPT 2021	OCT 2021	NOV 2021	DEC 2021	JAN 2022	FEB 2022
ACCESS TEAM & MHO	✓	NOT REQUIRED	✓	NOT REQUIRED	✓	NOT REQUIRED	✓	NOT REQUIRED	✓	NOT REQUIRED
COMMISSIONED SERVICES	✓	NOT REQUIRED	NOT REQUIRED	NOT REQUIRED	NOT REQUIRED	NOT REQUIRED	NOT REQUIRED	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	✓
MFTE/POA IN-PATIENTS & INTERMEDIATE CARE	✓	NOT REQUIRED	✓	NOT REQUIRED	✓	✓	✓	✓	✓	✓

PODIATRY	NOT REQUIRED	✓	NOT REQUIRED	✓	NOT REQUIRED	✓	NOT REQUIRED	✓	NOT REQUIRED	✓
PRISON HEALTHCARE	✓	NOT REQUIRED	NOT RECEIVED	✓	NOT REQUIRED	NOT REQUIRED	NOT REQUIRED	NOT REQUIRED	NOT REQUIRED	NOT REQUIRED
PUBLIC DENTAL SERVICES	✓	NOT REQUIRED	✓	NOT REQUIRED	✓	NOT REQUIRED	✓	NOT REQUIRED	✓	NOT REQUIRED
REGISTERED SERVICES	NOT REQUIRED	NOT RECEIVED	✓	NOT REQUIRED	NOT REQUIRED	✓	NOT REQUIRED	✓	NOT REQUIRED	✓
SOUTH LOCALITY	✓	✓	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 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	April 2022
COMMISSIONED SERVICES	February 2020	July 2021	July 2022
EQUIPMENT & TEC	February 2020	June 2021	May 2022
NORTH LOCALITY	June 2020	July 2021	June 2022
PERTH CITY LOCALITY	October 2019	April 2021	February 2022
MFTE/POA IN-PATIENTS & INTERMEDIATE CARE	May 2020	May 2021	April 2022
PODIATRY	June 2020	September 2021	September 2022
PRISON HEALTHCARE	January 2020	March 2021	March 2022
PUBLIC DENTAL SERVICES	August 2019	November 2020	January 2022
REGISTERED SERVICES	July 2021	August 2021	August 2022
SOUTH LOCALITY	August 2019	September 2020	November 2021
POA Inpatients (added in cycle 3)			November 2021

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

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

focussed on inpatient areas, however visits to Community bases is additionally being explored.

Wider governance arrangements:

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

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

DATIX reference	Date reported	Date of event	Service	Event Type	LAER Status
99587	30/08/18	15/06/18	Perth City - CMHT	Suspected Drug related Death	Mental Health operational Medical Director has agreed to review this case. Emailed 15 March for update.
115070	10/07/19	07/07/19	Perth City - CMHT	Suspected Suicide	Mental Health operational Medical Director has agreed to review this case. Emailed 15 March for update.
143467	18/01/21	18/01/21	Prison Healthcare	Death in Custody	LAER held, report being finalised
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. Meeting with family to take place regarding LAER questions.
152271	24/06/21	24/06/21	IDART	Unexpected Death	Mortality & Morbidity review in progress; further review being considered.
154751	09/08/21	06/08/21	South Locality	Suspected Suicide	Meetings with spouse completed and meeting with friend planned to inform the LAER process.
155873	31/08/21	31/08/21	IDART	Fatality	Mortality & Morbidity review to being undertaken.