

Care Governance Committee

3 February 2022



Perth & Kinross HSCP Clinical and Care Governance Assurance Report

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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: **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.

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 25 current service risks recorded on DATIX. These are risks for health services. Red risk 1128 detailed below is a new risk.

Of these 25 current service risks, 3 are graded "Very High", 16 as "High", and 6 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, therefore Mental health mitigating actions are in place with the medical team now centrally based as a team at MRH, supported by administrators, Pharmacy and Advanced Nurse Practitioner. Further developments are required to ensure sustainability of this new model of care delivery. This work is ongoing in collaboration with NHST Mental Health AMD and AND.				

Ref	Locality/Service	Grading and Title of risk	Risk Score & Grading	Last updated
1128	POA Inpatient areas	P&K HSCP POA Inpatient area Staffing Levels	20 RED	21-01-21
<p>The inpatient wards for Psychiatry of Old age at Murray Royal are facing significant staffing pressures. Some of these have been long standing but have been compounded with COVID. An SBAR has been formulated and will be presented to EMT within the next few weeks. This outlines the current issues, skill mix, vacancy factor and measures required to try and address the issues.</p>				

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>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>				

There is an emerging risk regarding an increasing number of Care Homes requiring to close due to COVID outbreaks (20 as of 12th January 2022). This has an effect on the wider HSCP in terms of admissions, capacity, and flow. The local and Tayside-wide oversight groups continue to monitor the situation providing advice and support as necessary.

There has also been a Care Home that has notified PKC of its intention to cease providing services, and 29 residents of this Care Home will require to be re-housed moved to alternative care placements in the next few months. This is diverting operational staff to the review and management of this.

2.3.3 Adverse Event Management - **Moderate Assurance**

No exceptions to report regarding Adverse Event Management during November and December 2021

Ongoing oversight of the overdue red and amber events within Perth & Kinross continues, showing that in January 2022 there are 11 outstanding events

2.3.4 Complaints - Comprehensive Assurance

No exceptions to report regarding complaints received during November and December

2.3.5 External Reports & Investigations - Comprehensive Assurance

No exceptions to report regarding External Reports & Investigations during November and December

2.3.6 Mental Health – Moderate Assurance

As agreed at the Mental Health ILG meeting in December, the P&K Mental health risk with regards to workforce has been further reviewed and returned to a red risk score. This is due to the ongoing fragility of the medical workforce across Mental Health services.

2.3.7 Quality/ Patient Care

Some of the challenges we are encountering:

- Increasing pressures within POA Inpatient services; both with capacity and Nursing workforce.
- Several inpatient areas have required to close over the time period due to outbreaks of COVID and D&V.
- Competing priorities and workload

2.3.8 Workforce

Some of the challenges we are encountering:

- Staff absent due to COVID or self isolating
- Rearrangement of wards at PRI and ensuring staffing in the new COVID ward in Ward 1.
- Nursing workforce within Community Hospital inpatient areas
- Care at Home capacity

2.3.9 Financial

No exceptions to report

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

No exceptions to report

2.3.12 Other impacts

No exceptions to report

2.3.13 Communication, involvement, engagement and consultation

No exceptions to report

2.3.14 Route to the Meeting

This report 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: **Moderate Assurance**

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.