



Care Governance Committee

4th August 2022

Perth & Kinross Health and Social Care Partnership (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 Care Governance Committee for:

- Assurance

This report relates to:

- Government policy/directive
- Legal requirement

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

- Safe
- Effective
- Person Centred

This report provides evidence of the following Best Value Characteristic of:

- Equality

2 Report Summary

2.1 Situation

This report is being brought to the meeting to provide assurance on the clinical and care governance activities and arrangements across the Partnership as outlined in the Getting It Right for Everyone (GIRFE) Framework in accordance with the Partnership integration scheme. Clinical Governance is a statutory requirement to report on, at Board level, from Scottish Government as per NHS MEL (1998) 75. The Care Governance Committee is being asked to provide their view on the level of assurance this report provides and therefore the level of assurance regards clinical and care governance within the Partnership. The timescale for the data within this report is from 1st March to 30th June 2022.

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

2.2 Background

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

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

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

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

2.3 Assessment

a. Clinical and Care Risk Management

Title of Risk	Adequacy	Inherent Risk Score (without controls)	Current Risk Score (with current controls in place)	Current Controls
(829 - Health) Challenges in relation to accommodation for clinical and non-clinical staff across P&K	Incomplete	20 (RED)	20 (RED)	Risk last reviewed 11 January 2022 Chief Officer has met with NHST Director Facilities to discuss a commercial premise to lease in P&K Head of Health has briefed NHS Director of Facilities re all options which have currently been explored in NHS and PKC family Interim Chief Exec of PKC has been briefed by Chief Officer re: accommodation needs for the HSCP.

				<p>HSCP Chief Officer and Heads of Service attending PKC-led asset management workshops to plan for future requirement across public services and to work towards one public estate. The requirements of the HSCP have been shared.</p> <p>Premises requirements identified and summarised in a briefing paper for CCATS, IDART, potential relocation of GP premises in Perth City and a multi-disciplinary team supporting young people and adults with a learning disability and/or Autism with complex needs. Shared with NHS Procurement and Estates</p>
<p>(982 – Health) Mental Health Workforce in P&K HSCP</p>	Adequate	20 (RED)	20 (RED)	<p>Risk last reviewed 19 January 2022</p> <p>Exploring additional nursing resource for the CMHTs</p> <p>For POA, we are continuing to secure supplementary staffing via bank and agency</p> <p>Ongoing recruitment to vacant Nursing posts</p> <p>Learning from staff exit interviews</p> <p>Operational Associate Medical Director for Mental Health is currently reviewing and arranging updated recruitment tools</p> <p>P&K service entered contingency , and P&K Mental Health contingency meeting established. As of 26th Nov 21, the service exited contingency.</p> <p>Liaison with Mental Health AMD, Nurse Director and Medical Director</p> <p>Medical contingency team to be based at Murray Royal Hospital commencing 21 June 2021. The team will stand down from 29th Nov 2021</p> <p>Pharmacy resource secured to support contingency team</p> <p>Advanced Nurse Practitioner resource being secured to support contingency team</p> <p>Drafting patient pathways between CMHT and medical contingency team</p>

				<p>NHST is deploying medical resource from Dundee</p> <p>Secured adequate locum psychiatrist cover for the next six months.</p>
<p>(5 – Social Work) Workforce at critical level within the Social Work Access Team</p>			<p>25 (RED)</p>	<p>Risk last reviewed 20 July 2022</p> <p>6 WFTE additional Social work posts agreed to work within the team and proposed implementation of redesign September 2022.</p> <p>Access Team still Red RAG status due to continual long-term absence, vacancies and increase in the volume/demand of work coming into the first point contact. The review that is currently being undertaken should address some of these issues and enable the first point of contact/Access Team to address early intervention and not carry long term case work, as they are currently doing. Case work will be passed to localities at an earlier stage in the process than currently happens.</p>

b. Clinical & Care Governance Arrangements

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

Key risks identified within the exception reports from the CPGF meetings held in March & April 2022:

- Commissioned Services:
 - Rising levels of Covid in the Care Homes, significant spike in numbers of both residents and staff. Although this decreased during April and May, there has been a subsequent increase again during May and June.
 - Workforce shortages being experienced across the Care Home and Care at Home sectors.
- North Locality:
 - Pitlochry Community Hospital inpatient ward was temporarily non-operational from 3rd January 2022. Staffing situation has improved and safe staffing has been possible to allow 4 inpatient beds to become operational from 20 June 2022 and a plan to increase to full capacity (9 beds) in the Autumn.
 - Staffing continued to be a challenge across the locality due to COVID absence and vacancies within Community Nursing in particular. Teams worked flexibly to support until vacancies filled.

- POA Inpatients:
 - Covid outbreak in both Tummel and Garry ward March 2022, further outbreak in Garry ward April 2022 (Community acquired infection – new admission)

Key risks identified within the annual reports received at the CPGF meetings held in March & April 2022:

- **Prison Healthcare:**
 - The service currently has 5 risks recorded on DATIX (3 amber and 2 yellow). The Amber risks are in relation to :
 - Medication Administration
 - Staffing Levels (Nursing)
 - Medical Cover for HMP Castle Huntly
 - The following pieces of improvement work are ongoing:
 - Medication Administration – Renewed joint SLWG with SPS developing a new model for medicines administration
 - Near Me Tayside – being successfully used for outpatient appointments. Keen to further explore the use of Near Me within the prison – between the Halls and the Health Centre
 - Implementation of telephone appointments using cordless telephone for patients so that they do not have to attend the health centre and can speak to health staff from their own accommodation if appropriate
 - Implementation of telephone booking system for patients in relation to substance use and mental health appointments. To be rolled out for all appointments, giving control to the patient.
- **Mental Health Officer and Wellbeing Support Team:**
 - **Shortage of medical staffing for Psychiatry.** This related to concerns about the critical shortage of General Adult psychiatry affecting Perth and Kinross at that time. Although the responsibility for Psychiatry medical staffing sits with NHS Tayside, this affects our community services. There was concern that due to the shortage of cover there was an organisational and patient safety risk. Patients were not being routinely reviewed and there were delays in urgent assessments being completed. This risk was simultaneously raised by CMHT colleagues and fully discussed in the Contingency Planning Forum which was in operation at that time. The level of cover now appears to have stabilised. MHOs continue to work closely with their colleagues in the CMHTs and in-patient services to ensure that any detriment is minimised and that legal duties are met.
 - **Management capacity in the MHO Team.** The previous Team Leader moved to a new post in April 2021 and there was difficulty with recruitment of a replacement. A new Team Leader has now been appointed. The Assistant Team Leader post is currently being filled on a temporary basis from within the existing staffing complement. Work is ongoing to develop a longer-term solution.
 - **Increase in detention rates in Perth and Kinross, impacting on MHO capacity.** Over the past 5 months there has been an increase in demand for MHO assessments for emergency admissions to hospital. At present the team is able accommodate increased demand within the existing staffing complement. Perth and Kinross has a comparatively positive number of qualified and approved MHO social workers. Nationally there has been

recognition of increased impact on MHO workloads and an anticipated shortfall in available MHOs. There is recognition that this could impact MHO capacity in Perth and Kinross and therefore there is a plan to build capacity with a two-fold approach:

- training of new MHOs (Grant funding has been awarded to backfill social workers selected to complete MHO training), and,
- recruitment of two Mental Health Social Workers, enabling MHOs to be freed up to spend more time on MHO-specific duties, rather than social work tasks.

c. Adverse Event Management

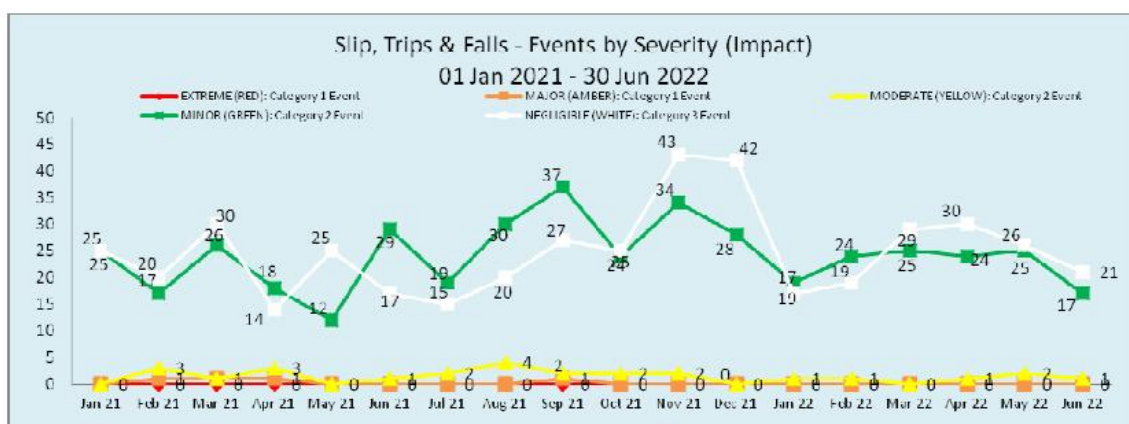
Systems are in place for services/localities to review DATIX incidents. Regarding adverse events, the main themes reported during the months between March and June 2022 were:

Highest frequency events:

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

• **Slip, Trip & Falls**

During the months between March and June 2022, there were **201** incidents recorded, of which 28 involved harm. 87 occurred at MRH, 46 at PRI, 59 in Community Hospitals and the remaining 9 in other areas.

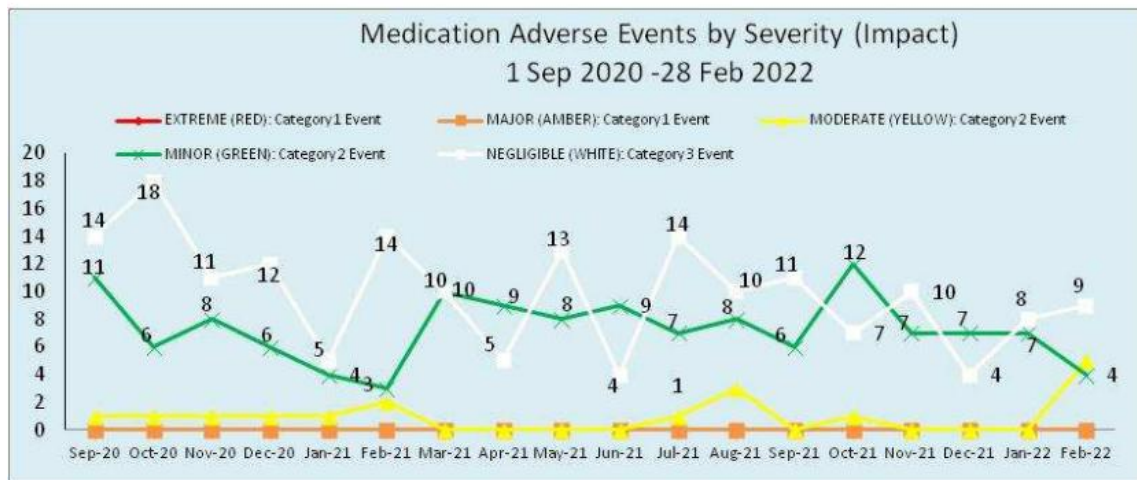


The Psychiatry of Old Age inpatient wards at Murray Royal Hospital experienced a higher than usual number of falls at the end of 2021 due to several patients who had multiple falls (many of which were controlled). Ward staff were doing all they could to manage the falls, and they had support from the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

In addition, the Falls Coordinator:

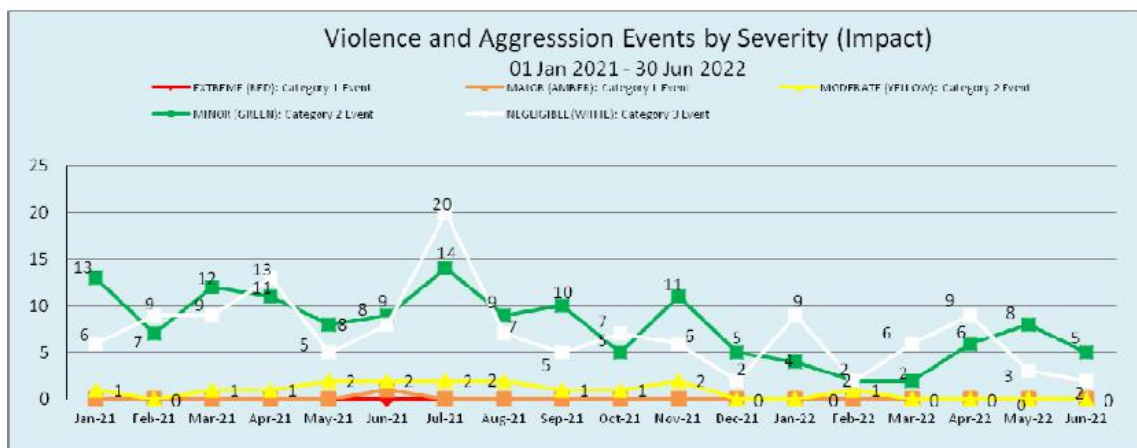
- Reviews all of the wards in-patient falls Datix reports and provide feedback to the ward with a breakdown of their falls, outlining any trends, highlighting patients who fall repeatedly and enquiring if further information is required.

- Has supported all of the HSCP wards to have strength and balance exercise panels fitted on their walls and suitable patients also receive a set of strength and balance cue cards which they can take home with them. Along with that they receive a Care About Walking booklet and record charts for recording activity / steps.
- **Medication**
During the months between March and June 2022, there were **79** incidents recorded, of which 1 involved harm. 6 occurred at MRH, 1 at PRI, 17 in Community Hospitals, 36 within a Prison Establishment and the remaining 19 in other areas.



The incident which involved harm was with regards to a patient in a Care Home who was given a medication regularly, but the prescription was only “as required”. This has progressed to an Adult Protection concern.

- **Violence & Aggression**
During the months between March and June 2022, there were **41** incidents recorded, of which 6 involved harm. 17 occurred at MRH, 5 at PRI, 5 in Community Hospitals, and the remaining 14 in other areas.



The incidents within Murray Royal Hospital were within the Psychiatry of Old Age wards. There has been a gradual reduction in these incident over the past year. The higher numbers around a year ago were due to a number of particularly challenging patients within the Psychiatry of Old Age wards. The

wards have sought input from the NHST PMVA team regarding the ongoing management of Violence & Aggression and Clinical Challenging Behaviour,

- **Clinical Challenging Behaviour**

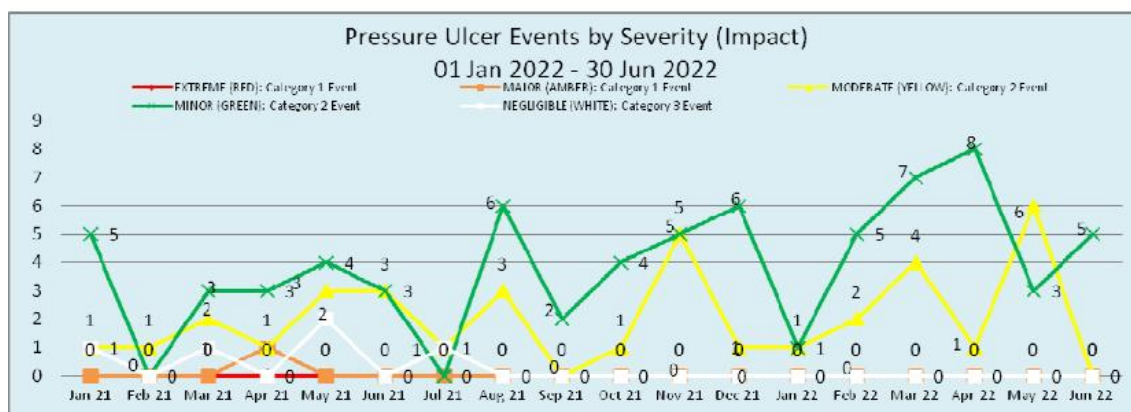
During the months between March and June 2022, there were **35** incidents recorded, of which 6 involved harm. 32 occurred at MRH and the remaining 3 in other areas.



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

- **Pressure Ulcers**

During the months between March and June 2022, there were **34** incidents recorded, of which 23 involved harm. 20 were within the patient's home, 7 within Community Hospitals, and the remaining 7 in other areas.



16 of the 34 total incidents have been recorded as being “avoidable”. a pattern emerged through repots, with three incidents occurring in the same Care Home. This was picked up within a Large Scale Investigation which is ongoing at present. The Tissue Viability Specialist Team, Practice Deveopment Nurse and Enchanced Care Home Team are all involved supporting the Care Home involved. 5 occurred within two different Community Hospital wards, and this is being further explored with the SCN's of those wards to establish any learning or improvements. It is intended to hold a development event with all P&K HSCP inpatient areas regarding pressure Area Care in the coming months.

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

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

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

Progress has been made throughout the year regarding the outstanding red events, and as of July 2022, there are 5 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.

d. Significant Adverse Event Reviews

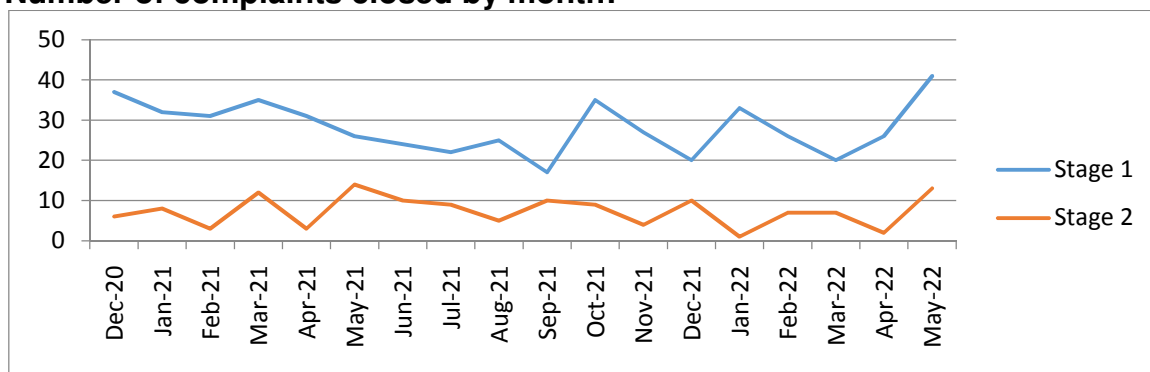
There is one ongoing SAER within P&K HSCP relating to a completed suicide. A draft report has been completed, and this is currently with staff and the family for comment.

e. Pressure Ulcers & Falls

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

f. Complaints

Number of complaints closed by month:



Current Complaints as at 13/07/2022 - Stage 1

Service Area	0-5 Days	6-10 Days	Total
Perth & Kinross HSCP	9	0	9

Current Complaints as at 13/07/2022 - Stage 2

Service Area	0-5 days	6-10 days	11-15 days	15-20 days	>20 days	>40 days	>60 days	>60 days	>100 days	TOTAL
Perth & Kinross HSCP	0	2	2	0	11	2	1	2	2	0

Services have been receiving feedback via Care Opinion, and the content of these are discussed at locality Care Governance meetings, with any key feedback included as part of exception and annual reporting to the CPGF.

g. Scottish Public Services Ombudsman reports

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

The last complaint which was referred to the SPSO was from October 2010, and further information has recently been provided to the SPSO regarding this complaint.

h. External Reports & Inspections

A planned inspection to HMP Castle Huntly as part of the HMIPS Inspection took place in June 2022, with healthcare scrutinised by the HIS team. The initial verbal feedback was very positive, highlighting many areas of good practice and identifying improvements around long term condition care planning. The final inspection report will provide more detail when published in August 2022

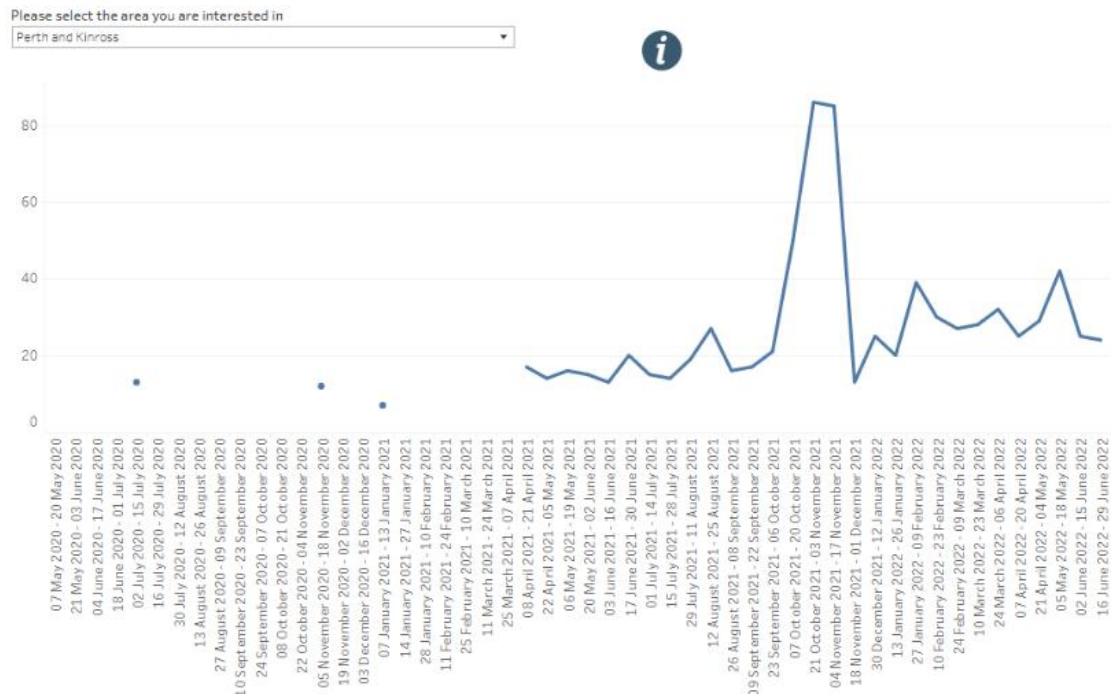
There have been several inspections to our Commissioned Care Homes over the past several months, these being:

- Dalweem Care Home was inspected on 27th May 2022 and received all Grade 5's (Very Good)
- Parkdale Care Home was inspected on 12th May 2022 and received all Grade 5's (Very Good)

Infection, Prevention & Control management walkrounds have recommenced within the HSCP, with involvement and attendance from senior managers within P&K HSCP.

i. Adult Support & Protection

Number of Adult Protection Referrals



Adult Concerns Received by Local Authorities from Police Scotland



PKC are in the process of analysing annual data from Apr 21 – March 22 which will inform our APC annual report. Early indication would suggest that APC's received within this reported period have increased by 31%. Early analysis shows that 96.5%

of all Adult Protection referrals were screened within 24 hours. This includes vulnerable person reports from Police Scotland.

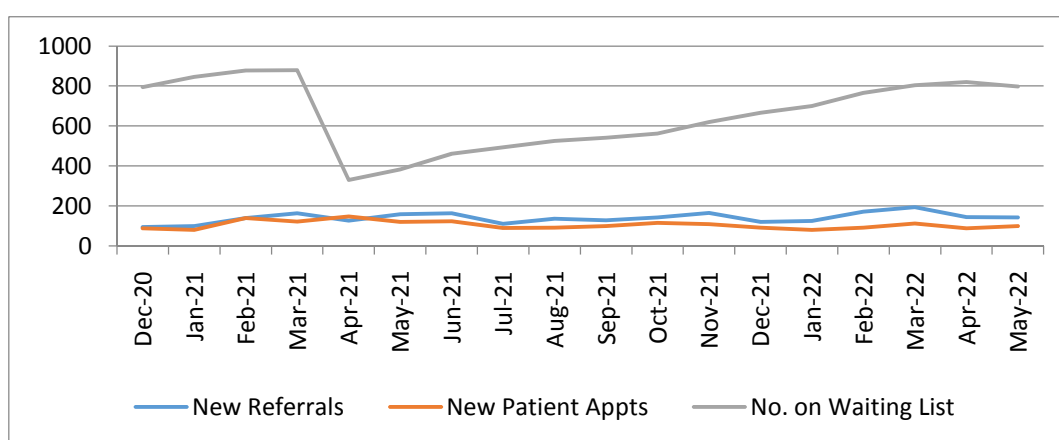
We receive a regular ASP report at our CPGF, and are provided with assurances regarding any thematic concerns.

P&K Council is currently undergoing an inspection of its Adult Support and Protection arrangements.

The P&K Adult Support & Protection position statement was approved by Chief Officers Group for Public Protection and shared with IJB members in advance of submission to the Care Inspectorate.

j. Mental Health

i) **Community Mental Health Service Activity**



Perth & Kinross Community Mental Health Service – New Referrals & New Appointments on Waiting List																		
	Dec 20	Jan 21	Feb 21	Mar 21	Apr 21	May 21	Jun 21	Jul 21	Aug 21	Sep 21	Oct 21	Nov 21	Dec 21	Jan 22	Feb 22	Mar 22	Apr 22	May 22
New Referrals	95	99	140	164	127	159	164	111	136	129	143	166	121	126	171	194	144	143
New Patient Appointments	88	81	140	122	147	120	124	90	92	99	116	109	91	81	91	113	89	99
No. on Waiting List	795	845	877	879	331	383	461	494	525	541	562	620	666	700	765	804	820	797

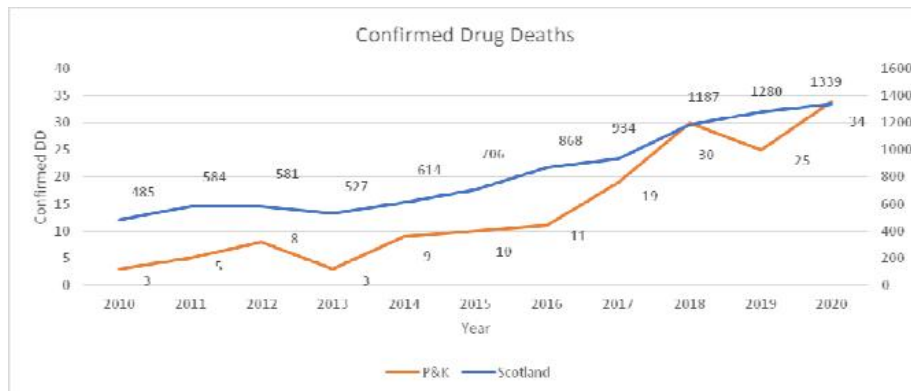
Further work is required to gain a more comprehensive understand of the above data and the extent to which it has been cleansed.

k. Drug related deaths

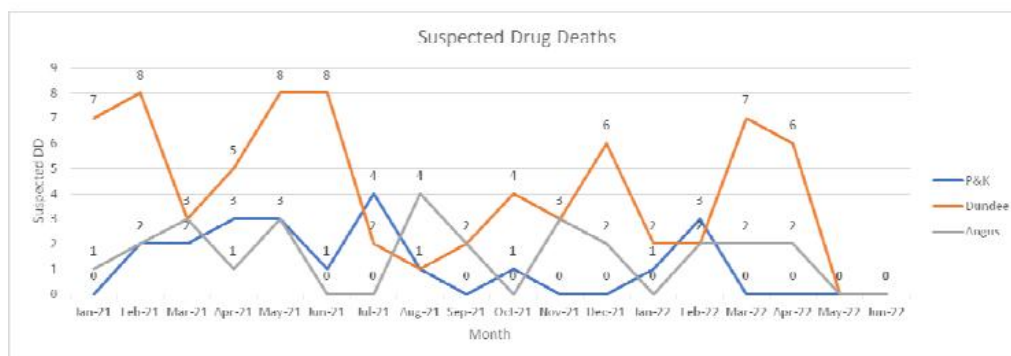
In P&K HSCP, Hillcrest Futures Harm reduction has provided Naloxone training and kits to a range of services across health, social care and third sector.

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

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



And suspected drug related deaths within Tayside:



The P&K HSCP Integrated Drug & Alcohol Recovery Team (iDART) has the following waiting times as at June 2022:

Wait time	Number of people waiting in NHS iDART service	Number of people waiting in PKC Social Work iDART service
0 – 3 weeks	11	30
3-4 weeks	3	3
4-6 weeks	23	0
6-12 weeks	14	0
>12 weeks	0	0

2.3.1 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.

Services across the HSCP are currently experiencing increasingly acute staffing difficulties due to staff being off work with COVID. This is being proactively managed, but is causing additional strain on service delivery.

2.3.2 Workforce

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

P&K HSCP ensures alignment with NHS Tayside's approved 3-year workforce strategy.

Within the Community Nursing service, it is intended to utilise workload tools in October 2022. Workload tools have also been used in the past within services such as POA, and these requires to be conducted again. There are a number of workload tools which can be used, and the purpose of each tool is to provide information and recommendations on staffing levels based on patient workload.

2.3.3 Financial

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

2.3.4 Risk Assessment/Management

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

2.3.5 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.

2.3.6 Other impacts

N/A

2.3.7 Communication, involvement, engagement and consultation

All HSCP Staff have been invited to complete the latest iMatter survey.

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

2.3.8 Route to the Meeting





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

- P&K HSCP Care & professional Governance Forum members
- P&K HSCP Executive Management Team (final draft)

2.4 Recommendation

This report is being presented for:

Assurance and as lead officer for P&K HSCP I would propose that the level of assurance provided is: **Reasonable**.

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 21st July 2022)**

Current service risks within health services (29):

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	02-02-22 Evelyn Devine
982	Mental Health P&K wide	Workforce	20 RED	19-01-22 Chris Lamont
1170	MFTE & Intermediate Care	P&K HSCP Hand Therapy Service - Waiting Times	16 AMBER	01-06-22 Morag Ottley
1157	Public Dental service	Failure to meet statutory levels of ventilation within Dental Surgeries in Angus & Dundee	16 AMBER	29-04-22 Heather Ballantyne
1151	P&K wide	Mental Health - Capacity & Flow	16 AMBER	28-03-22 Chris Lamont
657	P&K wide	P&K HSCP Community Hospital Registered Nurse Staffing Levels	16 AMBER	09-05-22 Tia Dixon
1128	Psychiatry of Old Age	Reduced Staffing within the 3 POA in-patients areas in P&K HSCP	16 AMBER	28-01-22 Shelly Milligan
886	MFTE & Intermediate Care	Staffing challenges within the OT service at PRI	16 AMBER	01-02-22 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	11-04-22 Chris Lamont
1055	Primary Care	Risk regarding long term GP Practice sustainability	16 AMBER	27-05-22 Ruth Buchan
983	Mental Health P&K wide	Ligature Anchor Points	15 AMBER	24-05-22 Shelley Milligan
979	Mental Health P&K wide	Mental Health - Prescribing	12 AMBER	28-03-22 Chris Lamont
984	Mental Health P&K wide	Doctors in Training	12 AMBER	19-01-22 Chris Lamont
565	Prison Healthcare	Prison Healthcare Staffing levels (nursing)	12 AMBER	21-06-22 Angela Cunningham
613	Perth City	Excessive wait times for Adult Mental Health OT intervention	12 AMBER	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 & Intermediate Care	Tay & Stroke wards - workforce	10 AMBER	24-03-22 Anne Davidson
569	Prison Healthcare	Medication administration within HMP Perth	10 AMBER	21-06-22 Airlie Dewar
1139	North	Heating system at Pitlochry Hospital unable to be accessed/controlled by estates	6 YELLOW	15-06-22 Angela Milne
1087	iDART	iDART recruitment and retention and increasing caseload challenges	9 YELLOW	11-04-22 Chris Lamont
701	Prison Healthcare	Mental Health Waiting Times within the Prison Healthcare Service	9 YELLOW	21-06-22 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
321	Public Dental Service	IT Failure - Public Dental Service	6 YELLOW	30-06-21 Michelle Hamilton-Smith

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: 20th
July 2022

Risk Number	Risk Category	Cause (Trigger) (Because of...) Event (There is a risk of...)	Risk Owner	Impact Value	Probability Value	Inherent Risk		Controls	Impact Value	Residual Risk		Mitigating Actions	
		Effect (Impacting on...)				Inherent Score	Probability Value			Residual Score			
WORKFORCE													
1	Operational	Because of a reduced number of Adult Protection trained social workers; workforce depleted due to sickness and covid related issues	Alison Fairlie	5	4		20	1 ASP Council Officer Training	5	3		15	As at 14 April 2022 - 7 SWs successfully completed the Council Officer training programme. Funding for additional Social Workers approved. 6 posts are being recruited into. The date for their start and/or their Council officer status is unknown. Update - 20th July 2022 - Additional social workers have been recruited, however, many are newly qualified and unable to undertake ASP duties until they have completed Council Officer Training. Training dates dates to be confirmed. Covid and other sickness continues to impact on capacity.
		2 There are AP trained SW within the Locality Teams.											
		3 Funding for additional SW posts											
OT CAPACITY													
2	Operational	Because of historical demand and various service challenges	Shona MacLean	4	3		12	1 Current OT Posts	3	2		6	As at 28 April 2022 – 2 new Staff to appointed, start date to be confirmed; Revisited OT Integration Revisiting OT equipment training for all sw and sc staff
		There is a risk around a lack of OT capacity											
		Impacting on delays in service users receiving assessments; backlogs in referrals and increased waiting lists within localities.											
TRAINING & LEARNING													
3	Operational	Because of: •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	Moyra Gill	4	3		12	1 Exploring and developing different models of Practice and tools	4	3		12	As at 24th March 2022 – Funding approved by EMT through remobilisation monies to support resources around practice educators. Work to be completed before risk score can reduce
		There is a risk of ASWSC being unable to provide Social Worker training as there is limited availability of Practice Educator support in ASW&SC to support student placements; Impacting on delivery of care resulting in potential risk and harm to adults											
CARE AT HOME													
4	operational	Because of increased demand	Shona MacLean	5	4		20	1 CAH Packages	5	3		15	As at 28 April 2022 1) Improved pathway from employability, youth services and education for Social Care staff 2) Recruitment and retention - marketing campaign for Social Care 3) Discharge without delay procedures for staff to follow 4) Development of Wellbeing Team - 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. 5) 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.
		2 HART											
		3 Recruitment of Agency Staff											
		4 Overtime of SC staff to increase workforce											
ACCESS TEAM													
5	Operational	Because of staff shortages, through Covid, Long-Term sickness, performance issues and holidays Currently support is being provided from other	Alison Fairlie	5	5		25	1 Access Team	5	5		25	•Access Team is currently being reviewed to decide on new model of operation. Update 20th July 2022 - Access Team still Red RAG status due to continual long-term absence, vacancies and increase in the volume/demand of work coming into the first point contact. The review that is currently being undertaken should address some of these issues and enable the first point of contact/Access Team to address early intervention and not carry long term case work, as they are currently doing. Case work will be passed to localities at an earlier stage in the process than currently happens.
		There is a risk that the current Access Team workforce is at a critical level to meet the demands of Statutory Duties, especially in relation to Adult Support and Protection.											
		Impacting on our ability to deliver first point of contact resulting in a waiting list for assessment and review; our ability to provide an early intervention and prevention service which could result in harm and crisis situations eg care breakdown or hospital admissions.											

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:

[illegible]

PUBLIC DENTAL SERVICES	✓	NOT REQUIRED	✓	NOT REQUIRED	✓	NOT REQUIRED	✓	NOT REQUIRED	✓	NOT REQUIRED
REGISTERED SERVICES	✓	NOT REQUIRED	NOT REQUIRED	✓	NOT REQUIRED	✓	NOT REQUIRED	✓	NOT REQUIRED	✓
SOUTH LOCALITY	NOT REQUIRED	NOT REQUIRED	NOT REQUIRED	✓	NOT REQUIRED	✓	NOT REQUIRED	✓	NOT REQUIRED	✓

* non submission of reports highlighted to manager for action

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

The structured annual reporting template brings together the six domains of Clinical, Care & Professional Governance outlined in the Getting it Right Framework, and also seeks to incorporate the new Health & Social Care Standards. Managers submit report and attend Care Governance Forum to present report, give assurance and answer questions. The HSCP have 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
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.
145810	01/03/21	01/03/21	Prison Healthcare	Attempted Suicide	LAER held, report being finalised
153199	11/07/21	11/07/21	Prison Healthcare	Death in Custody	LAER held, report being finalised
153733	13/05/21	21/07/21	Community LD	Unplanned Admission	Review required.
162938	13/01/22	13/01/22	Prison Healthcare	Death in Custody	LAER held, report being finalised