



Perth & Kinross Health and Social Care Partnership

Audit & Performance Committee

30 November 2020

Care & Professional Governance Forum Annual Report 2019 – 2020 (Report No. G/20/135)

Report by Associate Medical Director & Chief Social Work Officer

PURPOSE OF REPORT

The purpose of this report is to provide an overview of the activity, assurances received, and assurances provided from the P&K Health and Social Care Partnership (HSCP) Care & Professional Governance Forum (CPGF) during the financial year 2019-2020.

1. RECOMMENDATION(S)

The Audit and Performance Committee are asked to note the activity throughout the year by the P&K HSCP Care & Professional Governance Forum.

2. FORUM OVERVIEW

During the financial year ended 31 March 2020, the Forum has met on 6 occasions. The Forum is scheduled to meet every 2 months. The meeting originally due to take place on the 12th December 2019 was rescheduled due to both co-chairs being unavailable.

- 5 April 2019
- 10 June 2019
- 5 August 2019
- 14 October 2019
- 31 January 2020
- 13 February 2020

The forum is co-chaired by Dr Hamish Dougall (Associate Medical Director) and Jacqui Pepper (Chief Social Work Officer).

Throughout the year, the Forum has been supported by Shirley Gunnion (Admin & Business Support Lead).

3. ACTIVITY AND ASSURANCES

3.1 Assurance Updates & Service Exception Reports

During the year, the CPGF has received assurance updates from the existing sub-groups within Health services, Adult Social Work & Social Care and Adult Inpatient Mental Health & Learning Disabilities.

Also during the year, the forum agreed and established a programme of annual reporting, along with more regular exception reporting.

Exception reporting began to be provided by individual HSCP services and localities (including hosted services) at each meeting of the Care & Professional Governance Forum (CPGF) starting at the meeting in February 2020.

Exception reporting are based on the six domains of Clinical, Care & Professional Governance, and if there are no exceptions to report within each of the relevant domains, then colleagues are asked to confirm this via a nil return notation, so that we are assured that the domain components have been fully considered and not omitted in error. This required approach now also supports exception reports submissions from colleagues.

A summary of each service's exception reports for the last year is included in that services annual report, with details of any progress or improvements.

3.2 Service Annual Reporting

Annual reports are provided by all HSCP services and localities (including hosted services) at each meeting of the Care & Professional Governance Forum (CPGF).

The 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.

A 1st cycle programme of annual reporting was established, with the following localities/services reporting during the 19/20 year:

August 2019	Public Dental Service and South Locality
October 2019	Perth City Locality

December 2019	Prison Healthcare and Access Team & MHO Team
February 2020	Commissioned Services and Equipment & TEC

3.3 Service Visits using 15 Step Challenge methodology

A process for visits to services and localities using the “15 Steps Challenge” has been developed as part of the overall assurance framework, and involves members of the Forum visiting service and locality areas to order to gain insight into the overall service user experience of services within the HSCP.

The 15 Steps Challenge uses a variation on mystery shopping observational approaches to understand what service users and carers experience when they first arrive in a care setting.

Verbal feedback is provided at the end of the visit, and a full summary of feedback is subsequently provided to the area being visited, with a request for actions to be identified to progress areas for improvement.

Two inpatient areas were visited during the 2019/20 year, one within Perth Royal Infirmary and one within Murray Royal Hospital. The findings from both visits showed an overall positive service user experience, with some suggested improvements were also identified under the main headings of **Safe, Welcoming, Caring & Involving** and **Well Organised and Calm**.

Visits have since been paused during the pandemic response. It is intended that the next visit will be to one of the Registered Social Work & Social Care Services, followed by a Care Home.

3.4 Assurance and Reporting to the NHST Clinical Quality Forum (CQF)

During the year, the CPGF has provided the minutes of its last meeting, along with an assurance report to the CQF every 2 months. The content of the assurance report has been standardised across all three HSCP’s to allow for consistency of reporting, and covers the key themes of complaints, inspections and adverse events.

During the financial year 2019-2020, the assurance report shows:

- A reduction in the overall number of complaints received regarding partnership services.
- Variation throughout the year of the percentage of complaints partially or fully upheld; for the most recent quarter this was around 53%.
- An improvement in the percentage of complaints responded to within the national timescale (20 days).
- Variation throughout the year regarding the number of adverse events and near missed.

- Variation throughout the year regarding the number of falls that required a community alarm response.
- During inspections of registered services, there were no enforcement notices or requirements identified.

3.4 External Inspections

Throughout the year, the following external inspection to services have taken place (along with details of actions taken and improvements):

HMIPS / HIS visit to HMP Perth in March 2020

The Prison Healthcare service was inspected in October 2018. Following this, the service developed an improvement plan which identified 62 actions to support the issues identified as well as to continue to progress with the ongoing work around wider service improvement. All but one of these actions are now complete; the remaining action relates to reducing the time taken for medicines administration, and the service continues to identify ways of achieving this.

A return visit to HMP Perth took place in November 2018, where a further 9 actions were identified. All but one of these actions is now complete; the remaining action is regarding securing a Clinical Psychologist, and this is being progressed.

A further meeting was subsequently held in March 2020 at HMP Perth. The inspectors were assured that there was significant improvement made since the initial full inspection in May 2018 and the subsequent follow-up visit in November 2018, and they commended the commitment to improvements demonstrated.

Mental Welfare Commission Visit to Amulree Ward, Murray Royal Hospital (Adult Inpatient Mental Health) in October 2019

Most patients spoke positively about their care and treatment in Moredun Ward and about their interaction with staff. With regard to care plans, the format used has a straightforward and clear layout, and it was noted that the care plans were variable in terms detail and level of person-centeredness.

On the day of the visit staff were observed spending time with individual patients and we saw patients who were engaged in meaningful activities.

There were 4 recommendations made following this visit, and there is now an improved approach to care planning within Amulree and Moredun wards, with care plan audits undertaken routinely to review for person centeredness and involvement of patients and carers. Weekly prescribing audit and monitoring is now in place in both wards. Activity champions have been appointed to plan structured patient activity. In relation to the environment and independent living, the whole estate is being reviewed to optimise the therapeutic environment.

It should be noted that Adult Inpatient Mental Health is no longer a hosted service in P&K HSCP.

Mental Welfare Commission Visit to Moredun Ward, Murray Royal Hospital (Adult Inpatient Mental Health) in November 2019

Staff were observed to be engaging with patients and were clearly enthusiastic about their work. All patients we met spoke highly of nursing staff and said they were friendly and always available to help and listen when needed.

Risk assessment and management plans were present for all patients whose files reviewed and formed the basis of care plans, most of which were well written. However, there were concerns that, although the care plans were well written, they appeared to have been written with little recognition of patient involvement.

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It should be noted that Adult Inpatient Mental Health is no longer a hosted service in P&K HSCP.

Mental Welfare Commission Visit to the Learning Disability Assessment Unit, Carseview Centre, Dundee (Inpatient Learning Disabilities) in November 2019

Very positive feedback was received from inspectors in relation to patients who spoke very highly of the care and support from staff. The range of different professionals involved in the provision of care was positively noted including the Independent Sector.

A total of 3 recommendations were made, and these were in relation to ensuring staffing for the ward is adequate, audit and review of care plans and the review of the environment to enhance space and condition. In relation to staffing levels, recruitment remains a significant issue with supplementary staffing required on a daily basis. In relation to the environment, the whole estate is being reviewed to optimise the therapeutic environment. Quality improvement work is ongoing in relation to Care Plan Review.

It should be noted that inpatient Learning Disability Services are no longer a hosted service in P&K HSCP.

Mental Welfare Commission Visit to Garry and Tummel Wards, Murray Royal Hospital, Perth (Psychiatry of Old Age) in July 2019

Very positive feedback was received from inspectors in relation to all family members who spoke highly of the staff and care their relatives received and that staff were always available and were supportive during difficult periods. Care plans were considered to be detailed, person centred and reviewed regularly.

A total of 3 recommendations were made in relation to consistency of audit of care plans, review of re-admissions to consider adequacy of discharge planning and community follow up care and record keeping in relation to prescribing. Improvements have now been implemented in relation to person centred care planning and record keeping. Robust discharge planning is in place across both Garry and Tummel Wards. Both areas now have a designated Social worker to support discharge planning. Early referral to the Older Peoples Community Mental Health Team ensures there is support for individuals and their carers/relatives.

HIS Review of Adult Community Mental Health Services, Tayside (Jan-Mar 20)

HIS carried out a review on the quality of care in Tayside with a specific focus on adult community mental health services between January – March 2020, the focus of which was to provide assurance as to whether:

'People referred to Community Mental Health Services in Tayside have access to mental health care where and when they need it and are they able to move through the system easily so that those people who need intensive input receive it in the appropriate place and at the right time?'

HIS concluded from their findings that this is not always the case for everyone using

Adult Community Mental Health Services across Tayside. They identified areas of significant concern but also saw examples of practice and encouraging initiatives throughout the area. These were confined to individual areas and pockets of the service rather than being consistent pan Tayside initiatives. This was a recurring theme across the three partnership areas.

HIS made 13 specific recommendations for NHS Tayside., along with three overarching actions. A Tayside wide implementation plan has been created to address these actions and recommendations.

Care Inspectorate

Perth and Kinross HSCP has 10 registered services, 6 of which were inspected in 2019/20.

Parkdale Care Home and Day Service, New Rannoch Day Centre and Dalweem Care Home were inspected under the new inspection frameworks; Dalweem were inspected at end of February 2020.

Home Assessment and Recovery Team (HART) and Adults with Learning Disabilities Supported Living were inspected under the older inspection frameworks. Of the quality themes assessed, both services received *Very Good* for the Quality of Care and Support, with HART receiving *Very Good* for Staffing and Adults with Learning Disabilities *Very Good* for Management and Leadership.

No requirements or recommendations were made at the time of inspections.

Care Homes and Day Services

Of the 4 services inspected under the new frameworks, 12 quality themes were assessed in the following key areas: How well do we support people's wellbeing? How good is our leadership? How good is our staff team? and How well is our care and support planned?

Out of the 12 quality themes assessed; 1 received Excellent (Level 6), 7 Very Good (Level 5) and 4 Adequate (Level 3).

Ongoing improvement activity within Care Homes include:

- Ensuring staff should always follow best practice guidelines when administering medications.
- Reviewing the support plan to ensure it follows Health and Social Care Standards and best practice guidelines.
- Continually working on reviewing support plans to they are person centred and ensure they follow Health & Social Care Standards
- Asking the staff/residents for suggestions and ideas on how to move the service forward.

Ongoing improvement activity within Day Services include:

- Ensuring the safe administration of medication with regard to record keeping and storing.
- Use of technology – exploring the potential of virtual day opportunities. Ensuring people are familiar with technology so they will accept it within their homes in the future
- Developing on the existing work around intergenerational support
- Researching how we can support more complex clients ensuring safety of themselves and others to enable carers respite.
- Blended approach to services following Covid-19 to ensure that services fit individuals, rather than individuals fitting into services.
- Service users to be more involved in the review process through the implementation of video reviews.
- Ongoing partnership working with partners such as Perth College, PAMIS etc.

Care Home Providers

A total of 96 quality themes were inspected across Care Home Providers and the majority of gradings were good and above with very small numbers awarded adequate/weak evaluation, no services received unsatisfactory.

Care at Home Providers and Supported Living Services

A total of 56 quality themes were inspected across Care at Home Providers and Supported Living services for Mental Health and Learning Disabilities (inspected under the older frameworks).

The majority of gradings were good and above, no services were awarded weak/adequate or unsatisfactory evaluation

3.5 Key items discussed at the CPGF throughout the year

Throughout the year, the Forum has received reports and assurances regarding the following items:

- **Equality & Diversity.** The Forum received updates twice during the year, providing an overview of activity relating to the Equalities agenda within P&K HSCP. Some of the updates provided throughout the year were in relation to:
 - The completion and publication of the **NHST British Sign Language (BSL) Local Plan for 2018-2024**. The plan outlines the work undertaken in relation to engagement with the deaf community, employment of sign language interpreters and the training of a cohort of staff to BSL Level 1. The plan also describes the actions NHST will take to help achieve the five long term goals of the National BSL action plan. PKC have also produced a [BSL Local Plan](#) for the same period.
 - The establishment of **an Equalities Learning Programme** within PKC, which covers sessions on topics like HIV awareness, Immigration, Asylum and Discrimination, Gypsy/Traveller Awareness and LGBT Awareness. Some of the sessions are now being filmed in order that staff can access them on the PKC intranet Site (eric).
 - **EU Settlement Scheme and Brexit** - Signposting information for EU citizens and businesses employing EU workers had been added to the Council's [website](#), and a community information event took place on 14 February 2019 at North Inch Community Campus at which the Home Office attended to raise awareness of the scheme. A 'myth busting' information awareness raising campaign is also being considered to reduce the risks of any negative behaviour towards EU citizens.
- **Getting it Right for Everyone Framework (GIRFE).** The Forum received updates throughout the year regarding progress with the refresh of the Tayside GIRFE framework. Representatives from P&K HSCP were involved in the discussions regarding the refresh, with GIRFE meetings

being held fortnightly, and several workshop events held throughout the year. The final, refreshed GIRFE framework was published later in 2020.

- **P&K HSCP Clinical, Care & Professional Governance Internal Audit Follow up.** Internal audit conducted an audit of the Clinical, Care and Professional Governance arrangements across all three Tayside IJB's in 2017. Follow-up audits were conducted in 2019 to establish progress with the original recommendations, and it found that progress was still required for these to be completed.

During the year, all but 1 of the 9 recommendations from the follow up Internal Audit report have been completed. The one outstanding action is in relation to the creation of an annual report from the CPGF which should be considered by the Clinical, Care and Professional Governance Committee. A recent development session took place it was agreed that the CO, CSWO and Clinical Director would produce a report to the IJB on the way forward for the CCPGC. In the absence of a CCPGC, the CPGF annual report for 19/20 will come forward for consideration at the Audit & Performance Committee.

- **HMP Perth Inspection Improvement Plan.** Following the HMIPS/HIS inspection to HMP Perth in May 2018 and return visit in November 2018, updates regarding the subsequent Prison Healthcare service improvement plan were discussed at the Forum. Good progress regarding the improvement plan was noted, and the inspectors were due to return for a further follow up visit to the establishment. The Forum also heard that the service annual self evaluation was due to be completed and submitted by the end of June.

It was also agreed that a visit to HMP Perth be arranged for the co-chairs of the CPGF in June 2020.

- **Tayside Drug Deaths Report – 2018 (The P&K perspective).** The Forum heard from Dr Emma Fletcher (Consultant in Public Health Medicine), and Laura Kerr (Lead Officer for the Angus and P&K Alcohol & Drug Partnership regarding the findings from this report and improvements and investments locally.

Some of the key findings from the report show that 60% of deaths were of people living in the most deprived areas, 80% recorded as having at least one adverse event in life, 73% known to have suffered from a mental health issue, and 46% has been in prison or on remand at least once.

The recommendations from the report concern opportunities for prevention, use of intelligence, holistic healthcare provision and harm reduction approaches. The P&K Alcohol & Drug Partnership (ADP) have developed a non-fatal overdose pathway, invested in a peer naloxone programme, put of hours support and in prevention activity, as well as enhancing injecting equipment provision. The P&K ADP has also been informed by the recent

Dundee Drug Commission report, which had 16 recommendations within its report.

- **Dundee Drug Commission report (2019).** The Forum heard that an independent commission was appointed to investigate the consistent high level of drugs deaths within Dundee. The Commission ran for a period of one year and was chaired by Robert Peat with membership consisting of a broad range of individuals including academics, those in national positions, representatives from Scottish recovery, etc. Each meeting had an element of both private and public sessions.

The Commission were focussed on Dundee however some services are Tayside wide and there was a commitment to look at findings and learnings that have implications across Scotland and beyond. The Commission were told of major issues with leadership including Alcohol and Drug Partnership and that services were difficult to access and not doing well holding on to people. Service users can feel the service is punitive as, in line with national guidance if anyone is identified as topping up with drugs, then methadone is stopped.

Discussion took place in respect of the non fatal overdose group and it was noted that a multi-agency daily huddle commenced in November 2019. Early indications are that this assertive outreach approach has enabled engagement with very vulnerable individuals with approx 96 now in service.

- **Alcohol and Drug Partnership (ADP) Update.** The Forum was provided with an overview of the P&K Alcohol & Drug Partnership Self-Evaluation which follows on the recommendations from Dundee Drugs Commission report. It was noted that HEAT targets have not been met in relation to waiting times for last two quarters and that there are reasons for this. It was highlighted that although there is a variety of support available in relation to substance misuse, this requires to be more joined up and an overarching awareness of all organisations. The Partnership is exploring developing wellbeing hubs which will incorporate specialist substance misuse. It was noted that the overdose pathway is a priority and there is a need to improve supporting and engaging with those who have no history of contact.
- **Stroke Bundle Update.** The NHS Tayside Hyperacute Stroke pathway changed in November 2019 and the clinical team have identified that the data collation process is no longer suitable for patients across the service and in particular Perth and Kinross patients. The team across NHS Tayside are working with the Scottish Government National Stroke Team to review this; it is likely that the data this year will falsely make it look like PRI is not doing well; however Tayside were congratulated on improvements at the recent national meeting and are mainly above the Scottish average on the standards looking at the Tayside overall data (All P&K patients are now admitted to Ninewells for their hyperacute stroke care which is where the core elements of the stroke bundle would be delivered).

However, there is a very small cohort of patients from Perth and Kinross who transfer to the Stroke Unit in PRI following a stroke diagnosis secondary to their admission diagnosis and this can often be several days after initial admission. Therefore the team are considering the compliance with the stroke bundle for these patients and how to monitor this. It is important to note this is a very small number of patients.

Discussions are also ongoing about the possibility to separate the Tayside figures out in order that a compliance figure specifically for PRI can be reported and tracked over time. There is an overall stroke improvement plan which is part of our government audit responsibilities.

- **Other annual reports.** The Forum has also considered the annual reports from the Adult Support & Protection Committee, Child Protection Committee and the Chief Social Work Officer report.

4. Annual Report Sign-off

The authors of this annual report for 2019-20 can give assurances that there are arrangements in place to ensure effective reporting and assurances from HSCP localities and services with regards to Clinical, Care & Professional Governance.

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