

Meeting:	Care Governance Committee
Meeting date:	5 August 2021
Title:	Perth & Kinross HSCP Clinical and Care Governance Assurance Report
Responsible Officer	Dr Hamish Dougall, Associate Medical Director Jacquie Pepper, Chief Social Work Officer
Report Authors:	Dr Hamish Dougall, Associate Medical Director Jacquie Pepper, Chief Social Work Officer Mark Dickson, Clinical Governance Coordinator Dawn Wigley, Lead Nurse Angie McManus, AHP Lead



1 Purpose

This is presented to the Board for:

- **Assurance**

This report relates to:

- Government policy/directive
- Legal requirement

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

This report is being brought to the meeting to provide assurance on the clinical and care governance activities and arrangements across the Partnership as outlined in the Getting It Right For Everyone (GIRFE) Framework in accordance with the Partnership integration scheme. Clinical Governance is a statutory requirement to report on, at Board level, from Scottish Government as per NHS MEL (1998) 75. The Care Governance Committee is being asked to provide their view on the level of assurance this report provides and therefore the level of assurance regards clinical and care governance within the Partnership. The timescale for the data within this report is from May to June 2021.

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

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

2.2 Background

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

The Tayside Getting in Right For Everyone (GIRFE) Framework has been agreed by all three HSCPs and the recent refresh of the document was endorsed at Care Governance Committee. To ensure consistency of approach between Local Authorities, Tayside NHS Board and the IJBs for the three HSCPs, quality assurance is assessed against an agreed, prioritised common data set for each of the governance domains as detailed below. A GIRFE Steering Group was established and continues to meet, with representatives from each of the three Partnerships and part of its remit is to support additional common assurance measures and this template.

Clinical, Care and Professional Governance performance is assessed against an agreed, prioritised framework for each of the six governance domains as detailed below. The domains continue to evolve over time and must be adaptable and responsive to the changes in legislation and external support and monitoring. The domains reflect the principles set out in the Health and Social Care Standards, My support, My life; Scottish Government, 2018 and the Quality of Care Approach, HIS and Care Inspectorate, September 2018. The domains are:

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

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

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

2.3 Assessment

2.3.1 Partnership Risks

The integrated leadership team, including professional leads, within the partnership, are collectively committed to driving forward service improvements to reduce risk. Health related service risks within the partnership are logged on DATIX, unfortunately at present Social Work and Social Care Risks are not. Social Work and Social Care have in place a risk register, and this will be further developed to allow for a discussion and scrutiny of all HSCP risks at the CPGF.

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

The partnership has 23 current service risks recorded on DATIX (full list provided within appendix 2).

Of these 23 current service risks, 4 are graded “Very High”, 15 as “High”, and 4 as “Medium”.

The four “Very High” graded risks are:

Ref	Locality/Service	Grading and Title of risk	Risk Score & Grading	Last updated
657	North	GP Unit Pitlochry Staffing Levels	20 RED	15-06-21
MFTE mitigation actions are firmly in place to prevent service contingency. Weekly review meeting with good representation from the HSCP and acute colleagues. New models of care being explored and tests of change planned. Successful recruitment underway.				
886	MFTE, POA / Intermediate Care	Staffing challenges within the OT service at PRI	20 RED	07-07-21
MFTE mitigation actions are firmly in place to prevent service contingency. Weekly review meeting with good representation from the HSCP and acute colleagues. New models of care being explored and tests of change planned. Successful recruitment underway.				

982	Mental Health P&K wide	Workforce	20 RED	18-06-21
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.				

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

2.3.2 Clinical & Care Governance Arrangements - **Comprehensive Assurance**

Full details of the Clinical & Care Governance Arrangements in P&K HSCP are provided within appendix 3. 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 **4 June & 5 July 2021**:

- Prison Healthcare:
 - it was noted that an issue nationally has been raised as a service risk regarding Vision Electronic Patient Record system which does not meet the service need. This is ongoing and requires a national solution.
- Commissioned services:
 - it was noted that after a report to the Care Inspectorate and concerns on unmet care within a Care Home there is a Large Scale Investigation (LSI) being undertaken. Continual monitoring is ongoing through the Local Oversight Group.
 - Standards in one large Care Home group are of concern with Infection Control issues being identified especially with Care Homes who have had outbreaks and significant levels of support. Further work is being undertaken as a result of these concerns with the group across the whole of Tayside.
- MFE In-patient Services:
 - It was noted there are longstanding issues regarding nursing shortages within MFTE Inpatient Services. New models of care are being explored which include implementing the role of a Band 4 rehabilitation HCSW.

At the **June 2021** meeting of the CPGF, an update to the **Equipment and Technology Enabled Care (TEC)** annual report was provided, with the following key points noted:

- Due to significant increase in demand The Community Alarm service is currently not able to meet key performance indicators, and a plan to mitigate this risk is being taken forward. An SBAR has been submitted to IMT/EMT for consideration to mitigate risks in relation to lack of capacity through increased demand and pressures on existing team with failure to meet key performance indicators.
- The number of service users in Perth and Kinross who are supported to live more independently by Community Alarm has increased by 535 services users during the period April 2020 and April 2021.
- There are no significant risks identified within the Joint Equipment Loan Store (JELS) service.
- With the introduction of new technology the JELS are now able to capture client satisfaction feedback. It is anticipated that the next report to CPGF will include this feedback and meantime if there are significant concerns raised as a result of receiving these then these will be reported in the bi-monthly exception reports to CPGF.

At the **July 2021** meeting of the CPGF, the **North Locality** provided an update to their annual report, with the following key points noted:

- To further strengthen Care Governance, the locality have increased the frequency of their Care Governance meetings.
- In terms of remobilisation, the locality has undertaken a review regarding learning from COVID, and this has identified a series of personal, organisational and system learning within the locality.
- The most significant risk in the North locality is regarding recruitment in Pitlochry Hospital, and this is a red risk recorded on DATIX. Successful recruitment is underway and the service awaits several staff returning from leave.
- Actions from the recent SCR are being implemented within the North locality.

2.3.3 Adverse Event Management - **Moderate Assurance**

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

Highest frequency events with harm:

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

- **Violence & Aggression**

During the months of May & June 2021, there were a total of 35 V&A incidents. Of these, 10 involved incidents with harm. A review of the 35 total incidents showed that the vast majority (20/35) occurred across the three Psychiatry of Old Age (POA) wards at Murray Royal Hospital (MRH), and the majority (21/25) were regarding physical aggression.

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

- **Pressure Ulcers**

During the months of May & June 2021, there were a total of 13 Pressure Ulcer incidents. Of these, 9 involved incidents with harm. A review of the 13 total incidents showed that 5 occurred within an inpatient setting, 6 within the patients home, and 2 within a care home setting.

All identified grade 3 and 4 pressure ulcers have a Local Adverse Event Review (LAER) undertaken to ensure any learning from the adverse event.

- **Slip, Trip & Falls**

During the months of May & June 2021, there were a total of 82 Slips, Trips and Falls incidents. Of these, 7 involved incidents with harm. A review of the 13 total incidents showed that 49 occurred within POA wards at MRH, 26 within Community Hospitals wards, 5 within PRI wards, and 2 in a non-inpatient setting.

- **Accident**

During the months of May & June 2021, there were a total of 12 Accident incidents. Of these, 6 involved incidents with harm. A review of the 12 total incidents showed that 8 of these were in an inpatient setting, 3 in a patients home and 1 in health centre.

- **Fatalities**

Within the months of May and June 2021, there were 5 unexpected fatalities within our community. As these patients were known to an HSCP Community Service, These fatalities will be explored in line with the Adverse Event Management Policy.

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

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

- September 2020 – 24 outstanding events
- January 2021- 19 outstanding events

- May 2021 - 13 outstanding events
- July 2021 – 13 outstanding events

Progress has been made regarding the outstanding red events, and as of July 2021, there are 13 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. Outstanding red events relating to Mental Health services are also summarised and discussed at the NHST Mental Health QPR meetings.

At the last NHST Mental Health QPR meeting, P&K shared that Prison Healthcare have progressed the implementation of a person of concern Multi-Disciplinary Group to support reducing drug related deaths. This initiative follows the positive work undertaken by Dundee Drug & Alcohol services on now fatal overdose management. P&K Integrated Drug & Alcohol Recovery team (IDART) are undertaking a thematic review of drug related deaths to inform future service improvements and will report back to the NHST Mental Health QPR meeting.

With regards to Adverse Event information in general, it has been identified that it would be useful for each geographical locality in P&K to be provided a summary of adverse events specific for their locality to enable them to identify trends and any learning. Arrangements have been made to provide this information at future locality meetings.

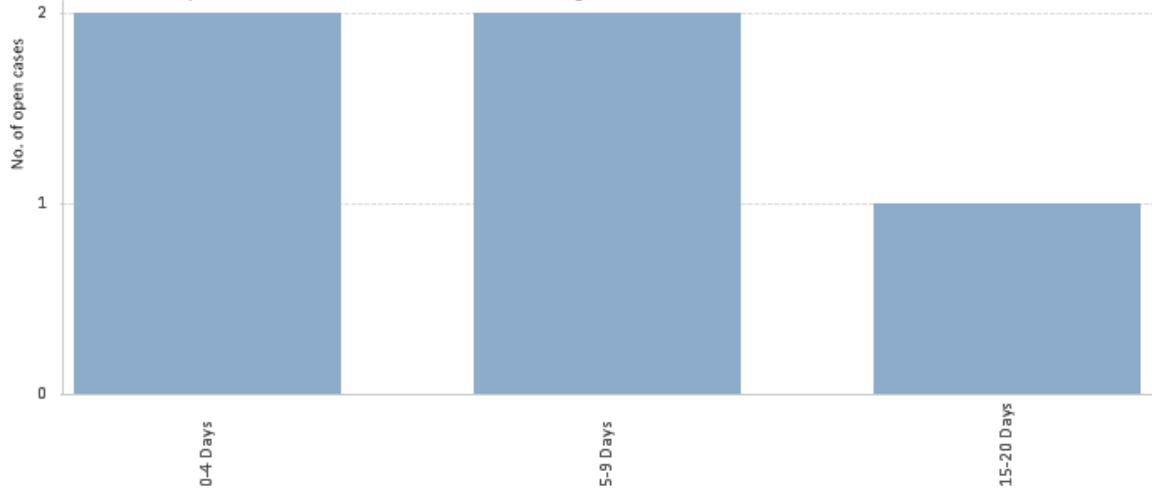
Adverse events are regularly reviewed and form a standing agenda item at the locality governance groups to identify learning, improvements, training needs or themes.

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

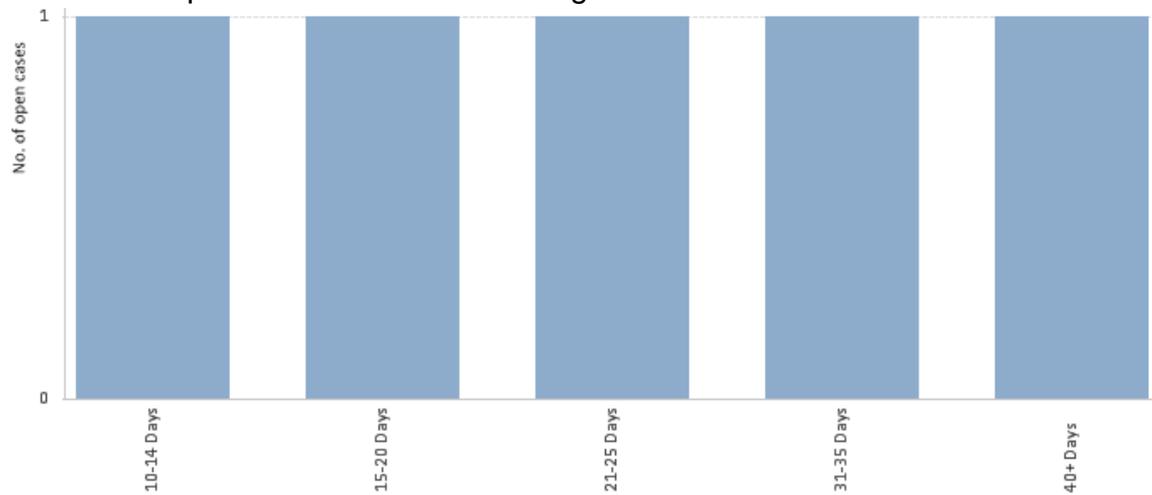
2.3.4 Complaints - Comprehensive Assurance

Complaints summary for HSCP Health Services:

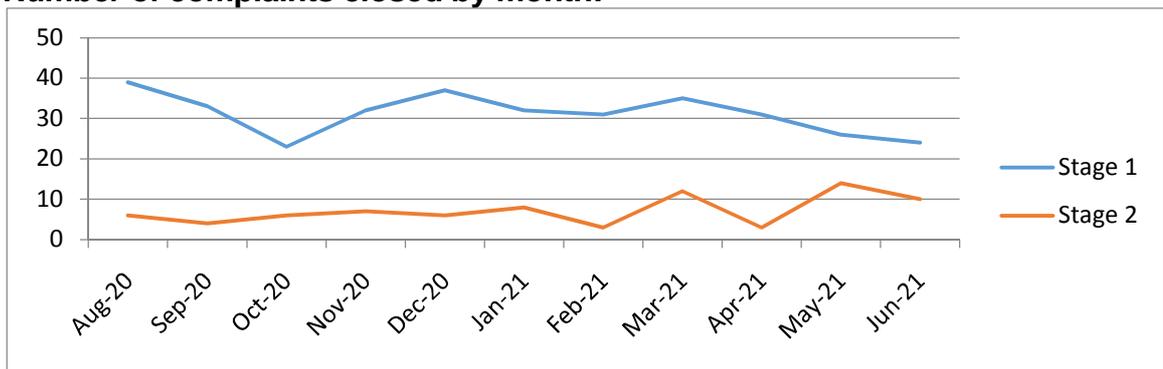
Current Complaints as at 20/07/21 - Stage 1



Current Complaints as at 20/07/21 - Stage 2



Number of complaints closed by month:



- **Total number of complaints received in May 2021 = 35**
- **Total number of complaints closed in May 2021 = 40**
 - Stage 1 = 26 (2 upheld or partially upheld)
 - Stage 2 = 14 (1 upheld or partially upheld)

- **Total number of complaints received in June 2021 = 30**
- **Total number of complaints closed in June 2021 = 34**
 - Stage 1 = 24 (6 upheld or partially upheld)
 - Stage 2 = 10 (2 upheld or partially upheld)
- **Top three themes (Prison Healthcare):**
 - **Overall**
 - Disagreement with treatment plan
 - Wait times
 - Staff attitude / Communication
 - **Upheld or Partially Upheld complaints**
 - Wait times
 - Disagreement with treatment plan
- **Top three themes (services other than Prison Healthcare):**
 - **Overall**
 - Wait Times
 - Communication
 - Staff attitude
 - **Upheld or Partially Upheld complaints**
 - Inaccurate information provided
 - Staff attitude / Communication

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

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

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

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

2.3.5 External Reports & Investigations - Comprehensive Assurance

- No inspections during the time period.

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.

The HIS report regarding the COVID specific visit to HMP Castle Huntly is due to be published on the 27 July 2021, and the findings will be discussed at the CPGF meeting on the 30 July.

Learning from Inspection recommendations/learning summaries across Tayside are considered and reflected by the CPGF and are shared with locality Governance groups for cascading. A recent example of this is the Improvement Action Plan for the unannounced visit to Arbroath Infirmary, which has been shared and discussed at locality CG groups for learning.

2.3.6 Mental Health – Moderate Assurance

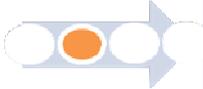
Our Mental Health specific Clinical, Care & Professional Governance Group has now commenced and meets on a monthly basis. This reports directly to P&K CPGF and the Tayside Mental Health Quality & Performance Review. The focus of this group is reviewing performance against Mental health KPI's, progressing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

The data provided for Mental Health QPR, KPI's has been under scrutiny by the P&K Mental Health Governance Group. It was recognised that a number of the KPI's had sub-optimal performance in P&K.

To aid understanding and support service improvements, a deep dive into the data regarding the KPI '*patients followed up by CMHT within 7 days of discharge*' has been undertaken. This demonstrated that for the month of May 2021, 100% of appropriate patients were followed up by the P&K CMHT's within 7 days. It was noted that the information being entered/extracted from Trakcare does not provide accurate data regarding this measure, this spans HSCP teams and NHST Mental Health teams. Following this deep dive, a number of actions have been agreed, which include further exploring with colleagues locally and across NHS Tayside.

A further deep dive is now planned to further understand the KPI for readmissions. Mental Health Quality Performance data will continue to be under scrutiny by locality managers and the cleansing process on Trakcare will continue.

The level of assurance should be provided for each heading under assessment (2.3).

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

2.3.7 Quality/ Patient Care

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

- P&K has been successful in its HIS bid to progress Hospital at Home model
- An in-depth AHP modelling paper presented to EMT to shape future AHP workforce.

Some of the challenges we are encountering:

- Increase in Mental Health Referrals
- Competing priorities and workload
- Two of our services are currently working within contingency as described previously in this report.

2.3.8 Workforce

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

- Locality and Service Managers focusing on supporting their staff to recover
- Work commenced to review HSCP structure recognising received feedback
- Reviewing roles in response to staff exit interviews

Challenges:

- Delays in Recruitment
- Competing Priorities and Workload
- Impact on Workforce normal availability through Covid impact

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

Staff responded to pulse survey and localities/services have developed improvement plans. The HSCP recognises that further work is required to fulfil improvement staff feedback.

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: **Moderate Assurance**

Appendix 1 – List of services within P&K HSCP

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

Perth City Locality	Community Nursing, Community Mental Health Teams (Adult and Older Peoples), Community Allied Health Profession Teams	Delegated
North Locality	Integrated Drug & Alcohol Recovery Team, Advanced Nurse Practitioners, Community Hospitals (x4),	Delegated
South Locality	Community Care & Treatment Teams, Community Learning Disability Services, Adult Social Work Teams Respiratory Team Care Home Liaison (Mental Health)	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 (as at 20th July 2021)

Current service risks within health services (23):

Ref	Locality/Service	Grading and Title of risk	Risk Score & Grading	Last updated / Manager
657	North	GP Unit Pitlochry Staffing Levels	20 RED	15-06-21
886	MFTE, POA / Intermediate Care	Staffing challenges within the OT service at PRI	20 RED	07-07-21
982	Mental Health P&K wide	Workforce	20 RED	18-06-21
829	Perth City	Challenges in relation to accommodation for clinical and non-clinical staff across P&K	20 RED	18-06-21
981	Mental Health P&K wide	Pathways of Care	16 AMBER	26-05-21
664	Perth City	Care & treatment hub accommodation within Perth City	16 AMBER	25-03-21
983	Mental Health P&K wide	Ligature Anchor Points	15 AMBER	25-05-21
272	MFTE, POA / Intermediate Care	Tay & Stroke wards - workforce	15 AMBER	16-04-21
563	Prison Healthcare	Risk to patient safety within the Prison Healthcare Service due to the hazards of New Psychoactive Substances (NPS)	15 AMBER	06-07-21
321	Public Dental Service	IT Failure - Public Dental Service	12 AMBER	10-08-20
468	Prison Healthcare	VISION health record system does not meet service need	12 AMBER	06-07-21
565	Prison Healthcare	Prison Healthcare Staffing levels (nursing)	12 AMBER	06-07-21
613	Perth City	Excessive wait times for Adult Mental Health OT intervention	12 AMBER	09-04-21
827	Perth City	Provision of Dialectical Behaviour Therapy(DBT) within P&K Community Mental Health Teams	12 AMBER	12-08-20
911	Prison Healthcare	Medical Cover for HMP Castle Huntly	12 AMBER	02-07-21
980	Mental Health P&K wide	Environment and Infrastructure	12 AMBER	25-05-21
984	Mental Health P&K wide	Doctors in Training	12 AMBER	16-06-21

1010	Older Peoples Services	Lack of clarity from NHST of operational delivery model for Flu Vaccination and CV-19 booster	12 AMBER	22-06-21
569	Prison Healthcare	Medication administration within HMP Perth	10 AMBER	06-07-21
701	Prison Healthcare	Mental Health Waiting Times within the Prison Healthcare Service	9 YELLOW	06-07-21
780	Prison Healthcare	No available drug testing for street Benzodiazepines	8 YELLOW	06-07-21
978	Mental Health P&K wide	Mental Health Strategy	8 YELLOW	26-05-21
985	Mental Health P&K wide	Stakeholder and Partnership Engagement	6 YELLOW	26-05-21

Appendix 3– 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.

Following a Short Life Working Group to strengthen Mental Health Governance, the decision has been made by the Partnership to commence a Mental Health Specific Clinical Care & Professional Governance Group, which will report 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:

	MAY 2020	JUNE 2020	JULY 2020	SEPT 2020	NOV 2020	MAR 2021	APR 2021	MAY 2021	JUNE 2021	JULY 2021
ACCESS TEAM & MHO		✓	✓	✓	✓	✓	NOT RECEIVED	NOT REQUIRED	✓	NOT REQUIRED
COMMISSIONED SERVICES	✓	✓	✓	✓	✓	✓	✓	NOT REQUIRED	✓	NOT REQUIRED
EQUIPMENT & TEC		✓	✓	✓	✓	✓	NOT REQUIRED	✓	NOT REQUIRED	NOT RECEIVED
NORTH LOCALITY	✓	✓	✓	✓	✓	✓	NOT REQUIRED	✓	NOT REQUIRED	✓
PERTH CITY LOCALITY	✓	✓	✓	✓	✓	✓	NOT REQUIRED	NOT RECEIVED	NOT REQUIRED	✓

MFTE/POA IN-PATIENTS & INTERMEDIATE CARE	✓	✓	✓	✓	✓	✓	✓	NOT REQUIRED	✓	NOT REQUIRED
PODIATRY		✓	✓	✓	✓	✓	NOT REQUIRED	✓	NOT REQUIRED	✓
PRISON HEALTHCARE	✓	✓	✓	✓	✓	✓	✓	NOT REQUIRED	✓	NOT REQUIRED
PUBLIC DENTAL SERVICES	✓	✓	✓	✓	✓	✓	✓	NOT REQUIRED	✓	NOT REQUIRED
REGISTERED SERVICES		✓	✓	✓	✓	✓	NOT REQUIRED	✓	NOT REQUIRED	NOT RECEIVED
SOUTH LOCALITY	✓	✓	✓	✓	✓	✓	✓	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 are now on cycle two and has received the following so far:

	1 st Cycle	2nd Cycle
ACCESS TEAM & MHO	January 2020	November 2020
COMMISSIONED SERVICES	February 2020	not yet due
EQUIPMENT & TEC	February 2020	June 2021
NORTH LOCALITY	June 2020	July 2021
PERTH CITY LOCALITY	October 2019	April 2021
MFTE/POA IN-PATIENTS & INTERMEDIATE CARE	May 2020	May 2021
PODIATRY	June 2020	not yet due
PRISON HEALTHCARE	January 2020	March 2021
PUBLIC DENTAL SERVICES	August 2019	November 2020
REGISTERED SERVICES	July 2021	not yet due
SOUTH LOCALITY	August 2019	September 2020

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

15 step challenge site visits were stood down during COVID, however it is planned for these to be re-implemented in June 2021 and will be progressed by the Lead Nurse, Associate Nurse Director and Infection Prevention & Control Team. Initially the site visits will be 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)



Care Governance Committee

7 October 2021

Perth & Kinross HSCP Clinical and Care Governance Update Report

Responsible Officer Dr Hamish Dougall, Associate Medical Director

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1 **Situation**

The partnership has 25 current service risks recorded on DATIX . Of these, four are graded “Very High”. Two of these risks have become more significant since the last report provided to this Committee in August 2021, and further details regarding these risks are contained within the Assessment section.

In addition, there have been several emerging risks identified since the last report, and further details regarding these three risks are also provided.

2 **Background**

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 have also have in place a risk register which allows for a discussion and scrutiny of all HSCP risks at the HSCP Care & Professional Governance Forum (CPGF).

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

Whilst operational risks within P&K IJB are managed by the partners (NHST and PKC) providing the services, P&K IJB need to be assured that a robust process is in place and that there is an appropriate escalation process for operational risks which create a risk to the ability of the IJB to deliver its strategic objectives.

Accordingly it was proposed that the following will be reported to the PKIJB Audit & Performance Committee throughout the year:-

- Minutes of the NHS Tayside Care Governance Committee (for noting);
- The PKHSCP Clinical Care Governance Report to the NHS Tayside Care Governance Committee (for noting);
- Risk Escalation Report from the Chief Officer identifying those significant operational clinical care governance risks which are likely to impact on PKIHB's Strategic Objectives and which therefore requires to be included in the IJB Strategic Risk Register, together with mitigating actions aligned to the strategic planning responsibilities of the IJB;
- The NHS Tayside Care Governance Committee Annual Report will be provided to PKIJB each year to provide assurance that robust systems and processes have been in place and are effective;
- The Chief Officer and Chief Social Work Officer will work with the Convener of PKC Scrutiny Committee to develop the necessary arrangements that will ensure PKC can fulfil its responsibility and the necessary assurance can be provided to PKIJB including an Annual Report.

These arrangements are fully consistent with the Tayside Risk Management Strategy approved by Perth & Kinross IJB in April 2021. The arrangements follow the advice of the PKIJB Legal Advisor and are fully supported by PKIJB's Chief Internal Auditor and External Auditor. The arrangements are also considered to maximise openness and transparency.

These new operational arrangements are the most appropriate mechanism to provide the necessary assurance to the IJB as to the management of risk and the quality of clinical and care services. A [paper](#) outlining these proposed arrangements was discussed and agreed at the P&K IJB meeting on the 29th September 2021.

3 Assessment

3.1 New Emerging risks:

- **Access to assessment beds within Psychiatry of Old Age (POA).** There is currently a delay with timely access to POA admission beds (mainly within the organic assessment wards). This is due to the high level of delayed discharges within those wards. Reason for delays are in finding appropriate placements for patients with significant behaviour and psychological symptoms of dementia, and the legal framework pertaining to deprivation of liberty and the ability to discharge to long term care in a timely manner. The POA service have introduced a transitional care nurse who works collaboratively with the inpatients and Care Homes throughout P&K providing support to Care Home staff, patients and relatives on discharge.
- **Winter Pressures.** This risk is currently archived and has been in place in past years over the winter period. The upcoming winter period is expected

to be a challenging time for services within the HSCP, especially for those which are experiencing existing pressures. This risk will be updated with the mitigation in place and planned for the 2021/22 winter period and set to “Current”.

- **Prison Healthcare Female Custody unit.** As a result of the development of a female CCU in Dundee, NHS Tayside, Prison Healthcare must deliver healthcare to the women in the unit. This has financial implications for P&K HSCP / NHS Tayside. Should funding not be available to staff the CCU, the women residing there would not have access to GP services; receive supervised medication or have access to PHC mental health or substance misuse services, which would lead to increased risk of harm to these patients. There is also a risk of significant reputational damage for NHS Tayside.

3.2 Key risks that are becoming increasingly significant:

- **P&K HSCP Community Hospital Registered Nurse Staffing Levels (DATIX risk 657).** This risk continues, and a series of mitigation actions are firmly in place to prevent service contingency. The risk has broadened to all four Community Hospitals, which are experiencing significant workforce challenges due to an inability to recruit to a number of posts. Further difficulties are being managed due to staff being required to self-isolate whilst CV-19 test results are processed. There is a risk that there will not be sufficient staff to safely keep all four Community Hospital wards operational.
- **Workforce within Mental Health Services (DATIX risk 982).** Significant medical workforce challenges are ongoing, and the risk is becoming more significant as more patients are referred Community mental health but whom cannot be allocated to a Consultant Psychiatrist. The Nursing staff within the CMHT's are also uncomfortable with the current situation of having minimal access to medical staff, and there has been an increase in patient complaints. There are a series of Mental Health mitigating actions in place, but at present there is no clear path to this risk being reduced, and the risks to the safety of patient remains.

3.3 Main concerns or issues:

- The two red risks described within section 3.2 are the main concern due to both of these risk increasing over time, and there being limited additional mitigations which the HSCP can put in place to control the risks.