



Council Building
2 High Street
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07/09/2021

Attached is a supplementary agenda for the Virtual Meeting of the **Audit and Performance Committee of the Perth and Kinross Integration Joint Board** being held on **Monday, 13 September 2021 at 09:30**.

If you have any queries please contact Committee Services - Committee@pkc.gov.uk.

Gordon Paterson
Chief Officer/Director – Integrated Health & Social Care

Please note that the meeting will be streamed live via Microsoft Teams, a link to the Broadcast can be found via the Perth and Kinross Council website. A recording will also be made publicly available on the Integration Joint Board pages of the Perth and Kinross Council website following the meeting.

Members

Councillor Callum Purves, Perth and Kinross Council (Chair)
Councillor John Duff, Perth and Kinross Council
Pat Kilpatrick, Tayside NHS Board
Ronnie Erskine, Tayside NHS Board
Bernie Campbell, Carer Public Partner

**Audit and Performance Committee of the Perth and Kinross Integration Joint
Board**
Monday, 13 September 2021

AGENDA

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PERTH AND KINROSS INTEGRATION JOINT BOARD

AUDIT & PERFORMANCE COMMITTEE

13 SEPTEMBER 2021

ASSURANCES RECEIVED FROM PARTNERS

Report by Head of Finance and Corporate Services

PURPOSE OF THE REPORT

In compiling the Integration Joint Board's Annual Governance statement, reference was made to receipt of assurance from NHS Tayside and Perth and Kinross Council regarding their governance arrangements noting that Perth and Kinross Integration Joint Board (IJB) is reliant on both Partners to deliver the IJB's overall aims and objectives. This report provides an update on those assurances.

1. RECOMMENDATIONS

It is recommended that the Integration Joint Board Audit & Performance Committee:-

- (i) Note that the IJB has issued confirmation of the adequacy and effectiveness of the governance arrangements in place within Perth and Kinross IJB for 2020/21 to NHS Tayside, Perth and Kinross Council and the 2 Tayside IJBs.
- (ii) Note the position re confirmation of the assurance from NHS Tayside and Perth and Kinross Council;
- (iii) Note the position re confirmation of the assurance from Dundee and Angus IJB's;
- (iv) Note the specific assurance from NHS Tayside in relation to Clinical Care Governance;
- (v) Note that the status of assurances from NHS Tayside, Perth and Kinross Council, Dundee IJB and Angus IJB is consistent with the contents of the IJB's Governance Statement in the audited Annual Accounts.

2. BACKGROUND

- 2.1 On an annual basis the IJB has to include a Governance Statement within its Annual Accounts. Perth and Kinross IJB Audit and Performance Committee considered Perth and Kinross IJB's Draft 2020/21 Annual Governance Statement at its June 2021 meeting (paper G/21/82). Perth and Kinross IJB had committed

to provide assurances on our governance arrangements to NHS Tayside, Perth and Kinross Council and the other Tayside IJBs (reflecting Perth and Kinross IJB's hosting of Tayside wide delegated services on behalf of these IJBs). This was duly completed in August 2021.

- 2.2 It has been agreed with NHS Tayside that they would share their 2020/21 Annual Governance Statement with Perth & Kinross IJB as the vehicle for providing assurance. NHS Tayside's Annual Governance Statement was considered within Annual Accounts approved at NHS Tayside's Board meeting of on 26th August 2021 along with the External Audit Annual Report 2020/21 which issues an unqualified opinion. The Annual Governance Statement concluded by noting:- "As the appointed Accountable Officer, I am able to conclude with the ongoing improvement work undertaken throughout the year, as evidenced above, the governance framework, the assurances and evidence received from the Board's committees, that corporate governance continues to be strengthened and internal controls were operating adequately and effectively throughout the financial year ended 31 March, 2021." This consequently provides the required assurance to Perth & Kinross IJB regarding governance arrangements in place within NHS Tayside and the effectiveness of internal controls including procurement and fraud.
- 2.3 The Convenor of Perth & Kinross Council's (PKC) Audit Committee has written to the Chair of the Audit and Performance Committee providing assurance on PKC governance arrangements for 2020/21. This is attached at Appendix 1. The correspondence states '...The Annual Governance Statement is audited as part of the 2020/21 Annual Accounts by the Council's external auditors, KPMG. In their Draft Annual Audit Report to Members and the Controller of Audit for the year ended 31 March 2021 KPMG conclude that the "Council's governance arrangements operate effectively" and "the Annual Governance Statement shows an appropriate and accurate reflection of the governance arrangements at the Council".
- The audit of the PKC 2020/21 19/20 Annual Accounts is substantially complete and KPMG plan to issue an unqualified audit opinion following the anticipated approval of the Accounts at the meeting of the Audit Committee on 20 September 2021. This consequently provides the required assurance to Perth & Kinross IJB regarding the effectiveness of governance arrangements within Perth & Kinross Council and the effectiveness of internal controls including procurement and fraud.
- 2.4 Formal correspondence regarding assurance has been received from the Chair of Angus IJB confirming that adequate and effective governance arrangements were in place throughout Angus IJB during 2020/21. This is attached at Appendix 2. Formal correspondence concerning the adequacy of Dundee IJB's systems of internal control is expected to be received by PKIJB after the completion of their External Audit, expected by the end of November 2021. A verbal update on this will be provided to this Committee at its next meeting in December 2021.
- 2.5 Perth & Kinross IJB's 2020/21 Annual Governance Statement was amended following the June Audit and Performance meeting to reflect ongoing work around Clinical Care Governance Assurance to the IJB. This is now marked as an improvement action as follows: "Review and embed a process for ensuring regular assurance is provided to the IJB that NHS Tayside and Perth & Kinross

Council are effectively managing and monitoring clinical care and professional risk.” As such a level of assurance has been received in relation to Care Governance through the receipt of the Annual Report of the Care Governance Committee 2020/2021 attached at Appendix 3.

3 CONCLUSION

- 3.1 The IJB’s Audit and Performance Committee should note the assurance that has been received from all partners confirming the adequacy and effectiveness of the governance arrangements which were in place during 2020/20, including a specific level of assurance in relation to Clinical Care Governance, and that Perth & Kinross IJB has provided assurance to all parties that adequate and effective governance arrangements were in place during 2020/21.

Author(s)

Name	Designation	Contact Details
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APPENDICES

1. Letter of Assurance 2020/21 from Perth & Kinross Council
2. Letter of Assurance from Angus IJB to PKIJB
3. Annual Report of the Care Governance Committee 2020/2021

ED/SR

07 September 2021

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Cllr Callum Purves
Chair – Audit & Performance Committee
Perth & Kinross Integration Joint Board
2 High Street
Perth
PH1 5PH

Dear Cllr Purves

ASSURANCES PROVIDED BY PERTH & KINROSS COUNCIL

At the meeting of Perth & Kinross Council Scrutiny Committee on 9 June 2021, the Annual Governance Statement (AGS) for 2020/21 was approved for inclusion in the 2020/21 Unaudited Annual Accounts. The AGS provides assurance as to the effectiveness of the Council's governance framework and in particular the system of internal control.

The AGS provides an opportunity to review the Council's rules, resources, systems, processes, culture and values to make sure that its governance framework and in particular its system of internal control is:

- Legally compliant;
- Ethically sound; and
- Fit for purpose

Thereby enabling the Council to achieve its strategic objectives and provide high quality services that meet the needs of its communities, in an appropriate, efficient and affordable way. It is important therefore, that governance issues are identified systematically and comprehensively and reported in an open and transparent manner.

The Annual Governance Statement for 2020/21 has been prepared in accordance with the CIPFA Framework: Delivering Good Governance in Local Government and is required to be published as part of the Annual Accounts.

The Annual Governance Statement is audited as part of the 2020/21 Annual Accounts by the Council's external auditors, KPMG. In their Draft Annual Audit Report to Members and the Controller of Audit for the year ended 31 March 2021, KPMG conclude that the "Council's governance arrangements operate effectively" and "the Annual Governance Statement shows an appropriate and accurate reflection of the governance arrangements at the Council".

The audit of the 2020/21 Annual Accounts is substantially complete and KPMG plan to issue an unqualified audit opinion following the anticipated approval of the Accounts at the meeting of the Audit Committee on 20 September 2021.

I trust that this is helpful to your Audit and Performance Committee.

Yours sincerely

Councillor Eric Drysdale
Chair - Perth & Kinross Council Audit Committee
Ward 12 Perth City Centre

Your Ref:

Our Ref: SB/JB/JR



Date: 2 August 2021

Councillor Eric Drysdale
Chair, Perth and Kinross IJB
Perth & Kinross Council Offices
3rd Floor
2 High Street
PERTH
PH1 5PH

Dear Councillor Drysdale

ASSURANCES PROVIDED BY ANGUS INTEGRATION JOINT BOARD

As you will be aware, Angus Integration Joint Board (Angus IJB) has responsibility for delegated services as described in the IJB's Integration Scheme. This includes over-seeing a range of Hosted Services on behalf of all 3 Tayside Integrated Joint Boards. Since its inception the IJB has had an Audit Committee with devolved responsibility for a range of governance issues including assessing the adequacy and effectiveness of systems of internal control. As Chair of the Audit Committee, taking into account the work undertaken by the Audit Committee in the year 2020/21, I can confirm that adequate and effective governance arrangements were in place throughout Angus IJB during the year 2020/21. This is more described in Angus IJB's Annual Governance Statement.

A copy of the IJB's 2020/21 Governance Statement as considered at the IJB's Audit Committee of 23rd June 2021 is attached at Appendix 1.

A copy of Angus IJB's 2020/21 Annual Internal Audit Report can be found at:-

<https://www.angus.gov.uk/sites/default/files/2021-06/IJB%2029.pdf>

https://www.angus.gov.uk/sites/default/files/2021-06/IJB%2029%20APP_0.pdf

I trust the above is of assistance.

Yours sincerely

A handwritten signature in black ink, appearing to read "Julie Bell".

Councillor Julie Bell

Chairperson, on behalf of Angus Integration Joint Board Audit Committee

cc Jane Smith, Chief Finance Officer, Perth & Kinross Integration Joint Board
Alexander Berry, Chief Finance Officer, Angus Integration Joint Board.

Appendix 1: Angus IJB Annual Governance Statement 2020/21

Appendix 1: Annual Governance Statement

Introduction

In October 2015, the Scottish Government approved Angus IJB's Integration Scheme thus formally constituting the Partnership with the intention of it being responsible for services from 1st April 2016. Angus IJB duly assumed responsibility for services from 1st April 2016 and this Governance Statement therefore reflects the responsibilities assumed from 1st April 2016. The IJB's Integration Scheme has been updated since 2015 to allow for amendments to responsibilities. The original Integration Scheme did require to be reviewed after five years (i.e. by September 2020); however while the review did happen within this timeline the IJB expects that any revisions to the Integration Scheme will be agreed by Partners by March 2022.

The Annual Governance Statement explains the IJB's governance arrangements and reports on the effectiveness of the IJB's system of internal control.

Scope and Responsibility

The IJB is responsible for ensuring that its business is conducted in accordance with the law and proper standards, and that public money is safeguarded and properly accounted for and used economically, efficiently and effectively.

To meet this responsibility the IJB has established arrangements for governance which includes a system of internal control. The system is intended to manage risk and to support the achievement of the IJB's policies, aims and objectives. Reliance is also placed on the NHS Tayside and Angus Council systems of internal control that support compliance with both organisations' policies and promotes achievement of each organisation's aims and objectives, as well as those of the IJB. Reliance is similarly placed on Dundee IJB and Perth & Kinross IJB with respect to hosted services.

The system can only provide reasonable and not absolute assurance of effectiveness.

The Governance Framework and System of Internal Control

The Board of the IJB comprises voting members, nominated by either NHS Tayside or Angus Council, as well as non-voting members, including a Chief Officer appointed by the Board. Board membership during 2020/21 is documented in the Angus IJB Remuneration Report within the Annual Accounts.

Angus IJB also has an Audit Committee chaired by a member of the IJB and comprising six further IJB members. During 2020/21, the Audit Committee met three times during the financial year. This was one meeting less than normal due to COVID-19 issues with the cancellation of the April 2020 meeting being agreed after consultation with the IJB's External and Internal Auditors. The Audit Committee's membership at the year-end was as follows:-

Councillor Julie Bell (Chair of Audit Committee, attended 3 of 3 meetings)

Peter Burke (attended 3 of 3 meetings)

Andrew Jack (attended 3 of 3 meetings)

Kathryn Lindsay (attended 3 of 3 meetings)

Graeme Martin (attended 2 of 3 meetings)

Charlie Sinclair (attended 0 of 3 meetings)

Chris Boyle (attended 1 of 1 meeting)

During the financial year, Chris Boyle joined the Audit Committee, and attended his first meeting in December 2020. Following Graeme Martin's resignation from the Angus IJB in April 2021, a vacancy now exists on the Audit Committee. The IJB will be working towards filling that vacancy in due course.

The main features of the ongoing governance framework in existence during 2020/21 were:

- Approved Integration Scheme, Scheme of Delegation, Standing Orders and Financial Regulations.
- Bi-monthly public meetings of the IJB, with one additional meeting in June 2020.
- Code of Conduct and Register of Interests for all IJB members.
- Monthly Executive Management Team and Senior Leadership Team meetings.
- Formal bi-monthly Strategic Planning Group overseeing the IJB's Strategic Plan and its implementation and updating.
- Bi-monthly Clinical, Care and Professional Governance forum.
- Bi-monthly Staff Governance Committee.
- The Audit Committee met three times in 2020/21 with responsibility for agreeing the Annual Internal Audit Plan, considering the results of any external or internal inspections, assessments or audits of the IJB and scrutinising the Annual Accounts and Governance Statement of the IJB.
- Appointment of Fife, Tayside and Forth Valley Management Services as Internal Auditors for the IJB with support from Angus Council Internal Audit.
- Appointment of Audit Scotland as External Auditors originally for financial years 2016/17 to 2020/21, but now with a one-year extension to 2021/22.
- Interim Chief Officer in post for duration of 2020/21, noting an exercise to recruit a permanent Chief Officer was underway at the start of 2021/22.
- Chief Finance Officer in post for the duration of 2020/21 with the Chief Finance Officer having overall responsibility for the IJB's financial arrangements, being professionally qualified and having suitable experience to lead the IJB's finance function and to direct staff. In line with overall Corporate Support arrangements, the Chief Finance Officer is reliant on the finance support (staff and systems) provided by both NHS Tayside and Angus Council. Since 2019/20 responsibility for management of associated NHS finance staff has been devolved to the Chief Finance Officer. Responsibility for management of associated Angus Council finance staff has been retained by Angus Council.
- High-level review of the "Role of the Chief Finance Officer in Local Government".

The governance framework described above operates on the foundation of internal controls, including management and financial information, financial regulations, administration, supervision and delegation. During 2020/21 this included the following:

- review of the IJB's Risk Management Strategy, resulting in approval of a new strategy in April 2021.
- delivery of the IJB's Performance Reporting Framework.
- provision of regular financial monitoring reports to the IJB.
- provision of regular budget settlement reports.
- provision of regular Strategic Financial Planning reports to the IJB.
- approval and delivery of an Annual Internal Audit Plan.
- issuing of high-level Directions to Partner organisations and, reflecting recent Scottish Government guidance, a move to a gradual introduction of Directions to Partners reflecting in-year decisions of the IJB.
- implementation of the IJB's Complaints handling procedure, noting improvement work is now underway.
- implementation of Clinical, Care and Professional Governance monitoring arrangements.
- implementation of the IJB's GDPR (General Data Protection Regulation) protocols.
- reliance on the procedures, processes and systems of Partner organisations for which assurance is received from Partner bodies.

The IJB complies with “The Role of the Head of Internal Audit in Public Organisations” (CIPFA publication) and operates in accordance with “Public Sector Internal Audit Standards” (CIPFA publication). The Head of Internal Audit reports directly to the Audit Committee with the right of access to the Chief Financial Officer, Chief Officer and Chair and members of the IJB Audit Committee on any matter and the right to submit reports directly to the Audit Committee. The annual programme of internal audit work is based on a strategic risk assessment and is approved by the Audit Committee.

COVID-19

During March 2020, the Health and Social Care Partnership initiated rapid changes in its management arrangements to both address COVID-19 planning and operational issues and maintain governance and internal control requirements. This included developing leadership and command structures led by the Angus Leadership Response Team (LRT). These structures in turn interfaced with similar structures in NHS Tayside and Angus Council. The LRT met regularly during 2020/21 with its frequency adjusted to reflect pressures. The group had a Terms of Reference and maintained an Action and Decision Log. The IJB followed guidance as issued by the Scottish Government with implementation overseen by the LRT.

At the end of 2020, the IJB’s Internal Auditors reviewed the functioning of the LRT and the IJB’s overall governance arrangements during the COVID-19 pandemic and the general view of the Internal Auditors was that the IJB had : –

- maintained oversight and scrutiny of key decisions
- maintained an effective relationship with all IJB members
- had clear decision making through the LRT in line with good practice

The Internal Auditors further commented that they formed “an overall positive impression opinion of the culture and leadership of the organisation and how its governance and management arrangements responded to the COVID-19 crisis.”

As the pandemic evolved, the IJB’s focus moved from immediate responses to a combination of response, remobilisation and recovery. All associated plans were developed through the IJB’s LRT and shared with the IJB for information as appropriate. Beyond remobilisation, the IJB has also reviewed its Strategic Commissioning Plan and underlying assumptions. This has not resulted in widespread significant revision but some changes may now happen earlier than envisaged. There will be an increased focus on recovery, reconfiguration and transformation to meet revised population needs, resources and new ways of working.

In response to emerging needs and Scottish Government direction, the IJB has also increased the governance focus within the Care Home and Care at Home sectors. Regular meetings of multi-disciplinary groups were initiated to oversee issues emerging in these sectors during the pandemic, including infection control measures, risk management, provision of PPE, staffing issues, visiting arrangements, quality of care and sustainability of service. These groups have proven to be a successful addition to the clinical and care governance landscape and the IJB will ensure that the learning emerging from these groups is embedded in future service delivery. It is required that these groups continue until at least Spring 2022.

The IJB is also a significant participant in the regional Primary Care Co-ordination and Command Team that has assisted the management and over-sight of Primary Care services during the pandemic response.

Ministerial Strategic Group for Health and Community Care – Review of Progress with Integration of Health and Social Care (2019)

This review, published in February 2019, set a challenging and ambitious agenda for Integration Authorities, NHS Boards and Local Authorities, working with key partners, including the third and independent sectors, to make progress with the implementation of integration over the subsequent 12 months. Following a self-assessment, an Angus action plan was developed with 57 actions. Progress reports were shared with the IJB in August 2020 and April 2021. There remain a small number of outstanding issues. These will continue to be progressed by the IJB and progress will be monitored by the IJB's Audit Committee.

Mental Health – Governance Arrangements

Following the production of the "Independent Inquiry into Mental Health Services in Tayside: Trust and Respect", an action plan "Listen. Learn. Change" was produced with an associated strategy and implementation plan. This issue has been the subject of regular IJB discussion throughout 2020/21. It should be noted that further work is still required regarding developing an associated financial framework.

In March 2020, the Scottish Government confirmed that the operational management for in-patient Mental Health Services in Tayside would transfer from Integration Authorities (Perth and Kinross IJB) to NHS Tayside. This change was accompanied by an increased focus on whole-system working. While operational management arrangements have been revised, strategic responsibility for Mental Health services remains with the IJB. It is reasonable to observe that the new Mental Health governance arrangements (including financial governance) do still need to be refined to ensure a shared collective understanding of remits and responsibilities.

Adult Protection

During 2019/2020, an independent review of Adults with Incapacity/Guardianship work in the AHSCP Community Mental Health under 65's service was undertaken. This review concluded in February 2020 and made a series of recommendations for improvements, some of which were in response to concerns about adult protection. In the early summer of 2020, concerns were expressed about the decision-making of staff and managers in specific cases within the Community Mental Health under 65's teams and in AIDARS. There were concerns that these cases may have had similar themes to those in the independent review.

A large-scale audit of adult protection work in care management was undertaken and the findings, along with those of earlier investigations and recent case reviews, have been incorporated into an Adult Protection Improvement Plan. Subsequently, the IJB and the Angus Adult Protection Committee have received reports setting out the work undertaken in response to adult protection issues. This was reported to the IJB with reports concluding that adult protection work in Angus is of a good standard.

Income Management

During 2019/20 the IJB, in conjunction with Angus Council, initiated a review of its overall income management processes to seek to address some emerging operational issues. This work was delayed due to COVID-19 issues and resource to address this issue were only identified from early 2021. This matter remains under review.

Development Issues

The IJB is required to review the effectiveness of its governance structures regularly. The IJB acknowledges that as an increasingly mature organisation, albeit working in a complicated environment, further development and review of governance structures is still required.

There is no doubt that governance improvements have been deferred due to the impact of COVID-19. This, of course, does not mean current governance standards, as outlined above, have slipped during 2020/21 and some progress has been made in 2020/21 including an update of the Risk Management Strategy, development of hosted service financial reporting and the start of work to review and revise the Integration Scheme.

In both 2018/19 and 2019/20, the IJB's Annual Governance Statement has noted a number of governance "Areas for Improvement". An update is provided as follows:–

Area for Improvement	Lead Officer	Status in 2020/21	Proposals for 2021/22
Development of Large Hospital Set Aside arrangements with NHS Tayside.	Chief Officer/Chief Finance Officer	Limited local progress. Reports to the IJB have reflected on current status and future developments. NHS Tayside had previously set aside resources of £2m to support Shifting the Balance of Care but this was partially withdrawn in 2021/22	Updates provided regularly to IJB Board and continue to progress work with NHS Tayside. Reports to Angus IJB planned re both current status and future developments.
Development of improved Hosted Services arrangements including improved sharing of information between the three Tayside IJBs.	Chief Officer	Partial local progress with sharing improved financial information.	Consolidation of sharing of financial information and development of risk management and performance information sharing.
Review corporate support arrangements.	Chief Officer	IJB accepted that 2020/21 was not an appropriate year for a review of these arrangements but did highlight need for improvement to Partners. Angus Council have made a welcome commitment to extra resource to support Procurement and Finance support.	Continues to be considered as part of MSG response.
Review the overall governance framework that supports the relationship with Partners.	Chief Officer	This is captured under the review and revision of the Integration Scheme noted above. Work is being progressed through a regional working group with revisions expected by March 2022.	Completion of the review of the Integration Scheme and progressions of associated revisions.

All the above issues have been noted in previous Annual Governance Statements. The resolution of these issues remains characterised by their complexity and the requirement to work with other parties. The issue of competing demands (particularly during 2020/21) and varying views across parties does remain a challenge. These issues are highlighted regularly to the IJB and the Audit Committee.

The IJB has noted that it is looking at reviewing the IJB's committee structure to ensure it is fit for purpose going forward and, for example, to ensure it is best able to provide oversight of approved planned interventions.

Review of Effectiveness

As noted, the IJB has responsibility for reviewing the effectiveness of its governance structures regularly. Throughout 2020/21 governance updates have been regularly provided to the IJB's Audit Committee. However, reflecting COVID-19 impact, progress with governance improvement has been difficult. The IJB's general view, however, is that current governance arrangements have not been compromised by the impact of COVID-19.

At the end of 2020/21, the IJB's Chief Internal Auditor reviewed the IJB's governance arrangements and in the IJB's 2020/21 Annual Internal Audit report notes:–

- *As Chief Internal Auditor, this Annual Internal Audit Report to the IJB provides my opinion on the IJB's internal control framework for the financial year 2020/21.*
- *Based on the work undertaken, I have concluded that Reliance can be placed on the IJBs governance arrangements and systems of internal controls for 2020/21*
- *In addition, I have not advised management of any concerns around the following:*
 - *Consistency of the Governance Statement with information that we are aware of from our work;*
 - *The format and content of the Governance Statement in relation to the relevant guidance;*
 - *The disclosure of all relevant issues.*

While there remain a number of challenging areas of governance (described above in "Development Issues" section), it is the opinion of the IJB Chairperson and Chief Officer that at 31 March 2021, reasonable assurance can be placed upon the adequacy and effectiveness of the IJB's governance arrangements. We consider that the internal control environment provides reasonable and objective assurance that any significant risks impacting on the IJB's principal objectives will be identified and actions taken to avoid or mitigate their impact. Additionally, systems are in place to regularly review and improve the internal control environment.

Emma Jane Wells	Gail Smith
Chairperson	Interim Chief Officer

TAYSIDE NHS BOARD

ANNUAL REPORT OF THE CARE GOVERNANCE COMMITTEE 2020/2021

1 PURPOSE

In order to assist the Board in conducting a regular review of the effectiveness of the systems of internal control, the Code of Corporate Governance requires that this Standing Committee submits an annual report to the Audit Committee. This report is submitted in fulfilment of this requirement.

2 CARE GOVERNANCE COMMITTEE

2.1 Purpose of Committee

The purpose of the Care Governance Committee is to provide Tayside NHS Board with the assurance that robust governance, management systems and processes are in place and effective throughout the whole system* for NHS Tayside in relation to clinical and care governance.

(* whole healthcare system – NHS Tayside in partnership with the Integration Joint Boards (IJBs)).

During the financial year ended 31 March 2021 the Care Governance Committee membership consisted of:

Chair	Mrs Trudy McLeay, Non-Executive Member, Tayside NHS Board
Vice Chair	Ms Pat Kilpatrick, Non-Executive Member, Tayside NHS Board

Members

Mrs Jenny Alexander	Non-Executive Member, Tayside NHS Board
Professor Rory McCrimmon	Non-Executive Member, Tayside NHS Board
Dr Norman Pratt	Non-Executive Member, Tayside NHS Board
Ms Emma-Jane Wells	Non-Executive Member, Tayside NHS Board
Mr Grant Archibald	Chief Executive, NHS Tayside
Mrs Claire Pearce	Director of Nursing and Midwifery, NHS Tayside
Prof Peter Stonebridge	Medical Director, NHS Tayside

In attendance

Mrs Karen Anderson	Director of Allied Health Professions, NHS Tayside
Mrs Diane Campbell	Associate Director for Patient Safety, Care Governance and Risk Management, NHS Tayside
Mr George Doherty	Director of Workforce, NHS Tayside
Mrs Jane Duncan	Communication and Engagement Team, NHS Tayside
Ms Margaret Dunning	Board Secretary, NHS Tayside
Dr Emma Fletcher	Director of Public Health, NHS Tayside
	Member from 9 November 2020
Rev Alan Gibbon	Head of Spiritual Care

Ex officio attendance

Mrs Lorna Birse-Stewart

Chair of Tayside NHS Board

Committee members whose term of office ceased during the Committee year 2020/2021:

Dr Robert Peat

Non-Executive Member, Tayside NHS Board

1 April to 31 December 2020

Dr Drew Walker

Director of Public Health, NHS Tayside

1 April to 31 August 2020

The Nurse Director and Medical Director are appointed as the Lead Officers to support the functioning of the Care Governance Committee.

Support to the Care Governance Committee is provided by Ms Margaret-Rose Campbell, Committee Support Officer, NHS Tayside.

2.2 Meetings

On 17 March 2020 NHS Scotland was placed on an emergency footing until at least 31 March 2021.

On 26 March 2020 Tayside NHS Board approved revised governance arrangements for the period April to June 2020, designed to ensure NHS Tayside could effectively respond to COVID-19 and discharge its governance responsibilities, to make time available for management and operational staff to deal with Covid-19 and to minimise the need for people to travel to and physically attend meetings.

Tayside NHS Board on 28 May 2020 approved the resumption of Board and Standing Committees with specific measures in place, including use of Microsoft Teams.

The Care Governance Committee met on four occasions during the period 28 May 2020 to 31 March 2021:

- 4 June 2020
- 20 August 2020
- 1 October 2020
- 3 December 2020

Tayside NHS Board at its meeting on 28 January 2021 approved further revised governance arrangements from that date until further notice.

Agenda items scheduled to be reviewed at those meetings which were deferred (2 April 2020 and 4 February 2021) were presented at the next scheduled meeting which took place.

All meetings were undertaken through a hybrid approach of Microsoft Teams and limited staff attending in person observing socially distancing guidance put in place throughout the Covid-19 pandemic.

All business of the Committee was conducted in open session during the year 2020/2021, with 100% being held in open business.

NB: Reference has been made within this Annual Report to Reports being reviewed

within Reserved Business on 22 April 2021. These reports have not been included within the calculations of business conducted in open/reserved session for the financial year 2020/2021, but will be included in the Annual Report for the Care Governance Committee for the financial year 2021/2022.

The Record of Attendance is attached as Appendix 1.

2.3 Business

A function of the Care Governance Committee is to provide assurance to Tayside NHS Board that robust clinical, care and professional governance and clinical risk management systems and processes are in place; and are effective throughout NHS Tayside. To support Standing Committees in providing reliable assurance, work was undertaken with the Board Secretary, Standing Committee Chairs, Lead Officers, Internal Audit colleagues and Committee Support Officers at the beginning of the financial year 2020/2021, with amended report templates being reviewed and adopted as part of the Once for Scotland review.

Through the use of the standardised reporting templates, and agreed levels of assurance, the Committee has sought assurance that internal controls are in place around clinical, care and professional governance and risk management arrangements within NHS Tayside.

The Terms of Reference for the Committee were reviewed and a Committee Assurance Plan and Workplan developed for the year 2020/2021 and these documents were approved at the Committee held on 4 June 2020. The Committee Assurance Plan and Workplan have allowed the Committee to assess whether they were receiving the correct levels of assurance for the functions delegated to it from the Board, thereby improving the overall system of clinical and care governance. The completed Committee Assurance Plan and Workplan covering the items considered during the year 2020/2021 is attached at Appendix 2.

Minutes of each meeting of the Committee held have been timeously submitted to Tayside NHS Board for information, along with Chair's Assurance Reports.

3 OUTCOMES AND ASSURANCES

This report aims to provide assurance to Tayside NHS Board on the extensive remit of clinical, care and professional governance and risk management arrangements.

Draft agendas for the Committee are reviewed at planning meetings by the Chair and Lead Officers and strict criteria employed to ensure that items brought to the Committee are appropriate; based on the decisions and risks which have been delegated to the Committee by Tayside NHS Board. The remit of the Care Governance Committee, however, remains extensive.

For Assurance

- Clinical Quality Forum
The Clinical Quality Forum met for the final time on 2 November 2020.

The Clinical Quality Forum was recommended for dissolution by the Co-Chairs as it

was recognised that there was duplication in reporting and there was a need to strengthen the direct assurance reporting to the Care Governance Committee. Robust reporting from services will continue directly to the Tayside NHS Board Standing Committee of Care Governance.

Work was undertaken to identify outstanding areas of work which had been within the Clinical Quality Forum workplan and scheduled for the meetings 11 January 2021 and 1 March 2021 and outstanding reports identified to be brought into the workplan for the Care Governance Committee, or to be reviewed through local clinical care group pathways of governance. Areas incorporated into the Care Governance Committee workplan inclusive of: Clinical and Care Governance Assurance Reports from the three Health and Social Care Partnerships; Quality and Performance Review Reports from Acute Services Division and Mental Health and Learning Disability Services; Patient Safety, Clinical Governance and Risk Management Update, Area Drug and Therapeutics Committee Annual Report and Minutes.

Representation from the three Health and Social Care Partnerships, Acute Services Division and Mental Health and Learning Disability Services will attend the Care Governance Committee to present regular assurance reports.

- Clinical and Care Governance Strategy (3 December 2020)
The Committee were assured, through the Chair's Assurance Report from the Clinical Quality Forum of 2 November 2020, that whilst areas of work in relation to the Clinical Governance Strategy for NHS Tayside had been suspended during the Covid-19 pandemic, clinical governance activity in relation to adverse event and risk management had continued. The appointment of the Associate Medical Director for Patient Safety, Clinical Governance and Risk Management will support the development of a single document for Clinical and Care Governance, aligning the Clinical and Care Governance Strategy and the Getting it Right for Everyone Framework.
- Health and Social Care Partnership (HSCP) Assurance Reporting
During the period 1 April to 30 November 2020, the Committee received assurance, through the Clinical Quality Forum Minutes and associated Chair's Assurance Reports, on the performance of the three HSCPs within Tayside. Work had continued to establish more robust governance and reporting pathways within HSCPs and the introduction of a common reporting framework, with key quality measures, would provide the Committee with more consistent assurances in future reports.

Assurance reports from the three HSCPs were received at the Clinical Quality Forum on 2 November 2020 for consideration utilising the new standardised reporting template. Feedback on the use of the new template was very positive, and whilst the Forum agreed that there were still areas of reporting to be included within the reports from each of the three HSCPs, there was **Moderate Assurance** gained across all three HSCP from the assurance reports submitted to the Clinical Quality Forum of 2 November 2020. This was fed through to the Committee on 3 December 2020.

Angus Health and Social Care Partnership (HSCP)

From the reports submitted 29 June; 7 September; and 2 November 2020, the Clinical Quality Forum gained **Moderate Assurance** from Angus HSCP. The Clinical Quality Forum had acknowledged that there was a good framework with key controls

in place, however, there were areas where further work was required and information provided to gain a further level of assurance.

Dundee Health and Social Care Partnership

From the reports submitted 29 June; 7 September; and 2 November 2020, the Clinical Quality Forum gained an overall level of **Moderate Assurance** (Moderate – June; Limited – September; and Moderate – November) from Dundee HSCP.

Whilst the Clinical Quality Forum acknowledged that a framework with key controls was in place, there were areas where further work was required to gain a more consistent level of assurance from Dundee HSCP, resulting in limited assurance on one occasion as there remained a significant number of incomplete adverse events and risks which are non-contemporaneous within the system. Dundee HSCP are looking at alternative review methodology; commissioning expertise to help protect time to undertake adverse event review work; and arrange further adverse event training for staff. However, all improvements are being undertaken against the backdrop of the Covid-19 pandemic response.

Perth and Kinross Health and Social Care Partnership

From the reports submitted 29 June; 7 September; and 2 November 2020, the Clinical Quality Forum gained an overall level of **Moderate Assurance** (Limited – June; Moderate – September; and Moderate – November) from Perth and Kinross HSCP.

The Clinical Quality Forum's previous concerns during the financial year 2019/2020 around assurance reporting within Perth and Kinross HSCP prompted a comprehensive review of reporting arrangements within the remit of the Perth and Kinross Care and Professional Governance Forum. The Clinical Quality Forum were encouraged by the increased scrutiny which was evidenced around clinical and care governance process and activities within the Services. However, there was occasion when the Clinical Quality Forum gained limited assurance as there was limited detail contained within the assurance report which could be tracked over time, and there was no designated attendance from Perth and Kinross HSCP at the meeting. This limited assurance prompted Perth and Kinross HSCP to review their arrangements for consistent representation at the Forum.

Following dissolution of the Clinical Quality Forum following the meeting on 2 November 2020, HSCP Assurance Reporting was incorporated in to the workplan of the Care Governance Committee, with regular reporting expected to commence 4 February 2021 (deferred until 22 April 2021 meeting).

The three Health and Social Care Partnerships provided assurance to the Care Governance Committee at its meeting on 22 April 2021, at which time assurance gained was recorded as:

- Angus Health and Social Care Partnership – ***Limited Assurance***
- Dundee Health and Social Care Partnership – ***Limited Assurance***
- Perth and Kinross Health and Social Care Partnership – ***Moderate Assurance***

It was considered that the reports as currently presented encompass a range of information not specifically related to assurance on the clinical governance risk, raising issues out with the scope. The organisation is now working on refining the Health and Social Care Partnership reporting to Care Governance Committee to

ensure the level of assurance provided.

Quality and Performance Reviews

During the period 1 April to 30 November 2020, the Committee received assurance, through the Clinical Quality Forum Minutes and associated Chair's Assurance Reports, from Quality and Performance Reviews undertaken within the Acute Services Division; and the Mental Health and Learning Disability Services. On 22 April 2021, the Committee received Quality and Performance Review reports directly, at which time assurance was recorded as:

- Acute Services Division Quality and Performance Report – ***Moderate Assurance***
- Mental Health Services Quality and Performance Report – ***Moderate Assurance*** for Inpatient, Regional Inpatient, Crisis Resolution and Home Treatment Services; and ***Limited Assurance*** for Mental Health System wide review

It should be noted that both the Health and Social Care Partnership assurance reports and the Quality and Performance Review reports were presented to and reviewed by the Committee on 22 April 2021 in reserved business, supporting the test of change in HSCP reporting; and to ensure that assurance reporting is developed appropriately for the Standing Committee.

The Care Governance Committee were presented and considered the following reports, gaining **Moderate Assurance:**

- Equality and Diversity Assurance Report (4 June 2020)
- Department of Spiritual Care Annual Report: (4 June 2020)
- Spiritual Healthcare Committee Annual Report 2018/19 (4 June 2020)
- NHS Tayside Radiation Safety Committee Annual Report (20 August 2020)
- Safe and Effective Management and Use of Controlled Drugs across Tayside (3 December 2020)

The Care Governance Committee were presented with and considered the following reports, gaining **Limited Assurance:**

- **Race Equality Update (20 August 2020)**
The reported provided an update on the organisation's progress towards establishing networks for Black, Asian and Minority Ethnic (BAME) backgrounds; Lesbian, Gay, Bisexual, Transgender and Questioning (LGBTQ) staff; and staff with other protected characteristics, associated risk assessments and supporting information for staff and managers. The Committee noted that significant events, including Covid-19 and the Black Lives Matter campaign, have brought race equality and health inequalities to the fore nationally; and that while NHS Tayside Board support these significant agenda items there remains a large amount of work to be undertaken to address and take action to advance equality, diversity and inclusion throughout the whole system for NHS Tayside.
- **NHS Tayside Donation Committee Annual Report 2019/20 (1 October 2020)**
The Committee considered that the annual report provided limited detail related to organ donation within the organisation and requested that the content of future reports be reviewed. The Committee did receive information relating to the impending Deemed Consent Legislation introduction; capacity issues within intensive care unit; and the pace of improvement to expand the critical care provision.

For Decision

The Committee were presented with and considered the following reports which were presented "For Decision":

- Thrombectomy: New Interventional Procedure in Tayside (20 August 2020)
The Committee approved the recommendation by the Clinical Quality Forum to endorse the North of Scotland regional Mechanical Thrombectomy Service delivery from Tayside. Mechanical Thrombectomy supplements the effects of clot dissolving medications (thrombolysis), and is a radiological procedure performed by an appropriately training interventional radiology team supported by stroke, anaesthesia and critical care teams. Funding has been secured from Scottish Government and work is being undertaken to provide a single site model with service provision in Dundee. A report will be brought to the Care Governance Committee in October 2021 outlining the impact of the new intervention service.
- Patient Centredness Approach, NHS Tayside (1 October 2020)
The Committee approved the recommendations that: the Person-Centred Board to be stood down; a Leadership Group to oversee the development and coordination of the networks be implemented; networks in line with the proposed framework be developed; performance indicators be developed; development of an event to enable Tayside NHS Board members to consider person-centredness to both strategically inform improvement plans and enable robust governance assurance of the local approach; and the pursuance of resources to support the effective facilitation of the networks. Update reports will be brought to the Care Governance Committee in April and October assuring the Committee on the progress of the sustained and integrated approach to person centredness within NHS Tayside.
- Policy Endorsement
The following Policies were reviewed and endorsed for adoption by the Committee during the year 2020/2021:
 - Remote Prescribing during Covid-19 Pandemic (20 August 2020)
 - NHS Tayside Immunisation Policy (1 October 2020)
 - NHS Tayside Patient Escort Policy (1 October 2020)
 - NHS Tayside Transcribing Medicines Guidance (3 December 2020)
 - Mental Health and Learning Disability Observation Protocol (3 December 2020)

For Awareness

The Committee considered the following reports which were presented "For Awareness":

- Scottish Public Services Ombudsman Reports (Each meeting)
- NHS Tayside Duty of Candour Annual Report (20 August 2020)
- Clinical Negligence Claims (20 August 2020)
- Trust and Respect: Final report of the Independent Inquiry into Mental Health Services (20 August 2020)
- Breast Oncology Service: Acute Services Division (20 August 2020)
- Report of the Inspection Inquiry into the Issues Raised by Paterson (1 October 2020)
- Test Template for Health and Social Care Partnership Reporting (1 October 2020)
- NHS Tayside Annual Feedback Report (3 December 2020)
- Annual Internal Audit Report 2019/20 Report No T06/21 (3 December 2020)

Outstanding Items from Workplan 2020/2021

Reports which were not presented to the Care Governance Committee due to the

deferment of the standing committee on 4 February 2021 as a result of the organisation's continuing Covid-19 pandemic response, but which were reviewed at the next scheduled meeting (22 April 2021):

- Child Protection Annual Report (Assurance) **Moderate Assurance**
- Quality Assurance and Improvement (QAI) arrangements for Child Protection in Tayside (Assurance) **Moderate Assurance**
- Adult Support and Protection in Tayside Annual Assurance Report (Assurance) **Limited Assurance**
- Tayside Academic Science Centre (TASC) Annual Report (Assurance) **Comprehensive Assurance**
- Patient Safety, Clinical Governance and Risk Management Update (Assurance)
- Radiation Safety Committee Interim Report (Assurance) **Comprehensive Assurance**
- Scottish Public Services Ombudsman Annual Report/Annual Letter to NHS Boards (Awareness)
- Annual Report for Volunteering in Tayside (Assurance) **Comprehensive Assurance**

The Academic Health Science Partnership has for the second year running not provided an annual report due to the ongoing review of the partnership arrangements between NHS Tayside and the University of Dundee. The Committee has thereby received no assurance on research and improvement from this area, however, the Tayside Academic Science Centre provided assurance on operational achievements relating to the management of clinical research activity to the Committee through their Annual Report at the meeting on 22 April 2021.

The Patient Safety, Clinical Governance and Risk Management Update was deferred from the meeting on 4 February 2021. This report was not carried forward to the next meeting of the Care Governance Committee held on 22 April 2021, and it was noted within the Assurance Report Strategic Risk 16 Clinical Governance that all important elements from this report would be contained within individual reports from the three Health and Social Care Partnerships, the Operational Unit and Mental Health Services, therefore a collated report is no longer necessary, and will be removed from the Workplan going forward.

All other agenda items, which had been deferred from 4 February 2021, were included within the Agenda for the Care Governance Committee which was held on 22 April 2021. Levels of assurance gained are annotated above.

4 RISK ASSURANCE AND REPORTING

- 4.1 Further to the meeting held on 4 June 2020, where all seven strategic risks delegated to the Care Governance Committee were reviewed, there was agreement that strategic risk assurance reports would be reviewed on a rotational basis, with the intention of reviewing each risk three times per year.

The following table provides the dates when the strategic risks were considered by the Committee:

Risk	Dates Assurance Report Considered						
	02/04/20	04/06/20	20/08/20	01/10/20	03/12/20	04/02/21	22/04/21

Infection Prevention and Control (14)	MEETING DEFERRED	Item 6.3	Item 6.5		Item 3.4	MEETING DEFERRED	Item 6.5
Clinical Governance (16)		Item 6.4	Item 6.6		Item 3.5		Item 6.6
Mental Health Services: (395)		Item 6.1		Item 6.4			Item 6.2 Reserved
Child and Adolescent Mental Health Services (637)		Item 6.2		Item 6.5			Item 6.3
Public Protection (736)		Item 6.5	Item 6.7		Item 3.6		Item 6.7
Corporate Parenting (798)		Item 6.6		Item 6.6			Item 6.4
Care Homes (880)		Item 5.1 Verbal Report	Item 8.5 Verbal Report		Item 3.7		Item 6.8

The Committee received Strategic Risk Assurance Reports at each meeting. The projected target of 100% reporting (three Assurance Reports per year for each strategic risk) over the actual financial year had not been achieved following the deferment of the Standing Committees due to the organisation's response to the Covid-19 pandemic. Those Assurance Reports which were deferred from the meeting on 4 February 2021, were included within the agenda of the meeting held on 22 April 2021.

Strategic Risk 14 Infection Prevention and Control:

The Committee reviewed assurance reports at its meetings on 4 June, 20 August and 3 December 2020 gaining **Limited Assurance** from the three reports presented, recognising that this level of assurance is due to the Covid-19 pandemic being the Infection Prevention and Control Team's primary response and focus.

The assurance report presented to the Committee on 22 April 2021 provided an assurance level of **"Limited"** with the Committee acknowledging that, while there is a wide range of established controls in place, application of and compliance with these is dependent on a large number of variances across the organisation.

Strategic Risk 16 Clinical Governance:

The Committee reviewed assurance reports at its meetings on 4 June, 20 August and 3 December 2020, gaining **Moderate Assurance** from the three reports presented. Slippage had occurred regarding the planned controls which were developed to mitigate against the risk, with new timescales having being put in place. The aim to reduce the risk exposure rating to 12 by 30 April 2020 did not occur, but was reported as achieved at the meeting of 3 December 2020.

The assurance reporting arrangements from Health and Social Care Partnerships to NHS Tayside and Integration Joint Boards continues to be developed and is reflected in the limited to moderate assurance provided by the HSCP assurance reports presented to the Clinical Quality Forum and more recently to the Care Governance Committee. A more consistent process of reporting has been put in place and this will be demonstrated through the routine reporting at Care Governance Committee. Work continues to move to a single framework for clinical and care governance across Tayside health and social care.

The assurance report presented to the Committee on 22 April 2021 provided an assurance level of **“Moderate”** providing an anticipatory statement that the strategic risk exposure rating would be reduced to its planned rate of 9 by 31 August 2021.

Strategic Risk 395: Mental Health Services:

The Committee reviewed assurance reports at its meetings on 4 June and 1 October 2020.

The Committee gained **Moderate Assurance** from the report presented on 4 June 2020 as the report had evidenced a greater stability within the risk and evidenced that the Service was making progress against key actions. However, the Committee gained only **Limited Assurance** from the report presented on 1 October 2020 as the report cited a large number of challenges within the Service.

The complexity of the structure of Mental Health Services continues to present challenges in the management of the strategic risk and the associated mitigating actions. A proposal agreed following the Strategic Risk Management Group (8 December 2020) for alternative ownership and management responsibility of the strategic risk is still to be implemented at the close of the financial year 2020/2021, with the Mental Health Service Executive Leads having a new strategic risk for mental health under early development.

The assurance report presented to the Committee on 22 April 2021 provided an assurance level of **“Moderate”** with the Committee noting the departure of key individuals in senior leadership roles and the difficulties in recruiting to these posts. Please note that this assurance report was taken in Reserved Business.

The assurance report presented on 22 April 2021 was reviewed in Reserved Business due to the confidential nature of report content.

Strategic Risk 637 Child and Adolescent Mental Health:

The Committee reviewed assurance reports at its meetings on 4 June and 1 October 2020.

The Committee gained **Limited Assurance** from the report presented on 4 June 2020 noting that referral rates to CAMHS have continued to increase and, despite some success in service recruitment, there continues to be longstanding vacancies particularly in relation to Consultant Psychiatrist posts; and **Moderate Assurance** from the report presented on 1 October 2020 taking account of the improvements which were ongoing.

The assurance report presented to the Committee on 22 April 2021 provided an assurance level of **“Moderate”** with the Committee acknowledging the sustained improvements evidenced.

Strategic Risk 736 Public Protection:

The Committee reviewed assurance reports at its meetings on 4 June, 20 August and 3 December 2020 gaining **Limited Assurance** from the three reports presented, taking into account key factors impacting on the strategic risk. The Committee noted that during the period of the Covid-19 pandemic there have been regular reports submitted through the NHS Tayside Command Structure (Silver Command to Gold Command) providing assurance around the maintenance of these critical services, and there have been no gaps identified for which additional assurances should be sought.

The assurance report presented to the Committee on 22 April 2021 provided an assurance level of **“Limited”** however, the Committee noted the improvements which had been gained with the approval of the Public Protection Framework for NHS Tayside and the establishment of the Public Protection Executive Group.

Strategic Risk 798 Corporate Parenting:

The Committee reviewed assurance reports at its meetings on 4 June and 1 October 2020 gaining **Limited Assurance** from the two reports presented as there were significant lapses in governance.

The assurance report presented to the Committee on 22 April 2021 suggested an assurance level of **“Limited”** however, the Committee agreed an assurance level of **“Moderate”** as the Public Health Consultant for Child Health was in post; the NHS Tayside Corporate Parenting Plan had been approved at the Executive Leadership Group on 22 March 2021; and recruitment was in progress for the Child Health Commissioner substantive post.

Strategic Risk 880 Care Home Oversight:

Strategic Risk 880 Care Home Oversight was added to the Risk Register on 3 September 2020.

The Director of Nursing and Midwifery provided verbal updates to the Committee on 4 June 2020 and 20 August 2020 confirming arrangements for responsibility and accountability for leadership and guidance for care homes and care at home teams within NHS Tayside.

The Committee reviewed a formal assurance report at its meeting of 3 December 2020 and agreed that **Moderate Assurance** had been gained noting the progress made to manage the risk by the Care Home Clinical and Care Professional Oversight Group.

The assurance report presented to the Committee on 22 April 2021 provided an assurance level of **“Moderate”** with the Committee acknowledging that whilst the level of assurance remained constant, there had been significant progress in implementing further controls whilst managing Covid-19 outbreaks.

The reports provided to the Committee over the financial year 2020/2021 have shown a range of levels of assurance from limited to moderate as illustrated in the table below.

Strategic Risk	Assurance Report Considered Financial Year 2020/2021							Overall Assurance
	02/04/20	04/06/20	20/08/20	01/10/20	03/12/20	04/02/21	22/04/21	
Infection Prevention and Control (14)	MEETING DEFERRED	Limited	Limited		Limited	MEETING DEFERRED	Limited	Limited
Clinical Governance (16)		Moderate	Moderate		Moderate		Moderate	Moderate
Mental Health Services: (395)		Moderate		Limited			Moderate (Deferred Report)	Moderate
Child and Adolescent Mental Health Services (637)		Limited		Moderate			Moderate (Deferred Report)	Moderate
Public Protection (736)		Limited	Limited		Limited		Limited	Limited

Corporate Parenting (798)		Limited		Limited			Moderate (Deferred Report)	Limited
Care Homes (880)					Moderate		Moderate	Moderate

5. ISSUES FOR CONSIDERATION IN NHS TAYSIDE'S GOVERNANCE STATEMENT

Following the UK-wide "Stay at Home" order on 23 March 2020 in response to the Covid-19 pandemic, NHS Tayside established emergency response arrangements and implemented escalation-based mobilisation plans, ensuring that NHS Tayside could respond appropriately to Covid-19 and maintain a range of essential critical services and functions.

6. CONCLUSION

I am satisfied as Chair of the Care Governance Committee that the conduct of business, over the four meetings held within the financial year 2020/2021, the breadth of the business undertaken, and the range of attendees at meetings of the Committee has allowed the Committee to fulfil its remit as detailed in the Code of Corporate Governance.

In line with advice received from the Scottish Government advising NHS Board to review their governance arrangements to effectively respond to the Covid-19 pandemic, Tayside NHS Board revised its governance arrangements between April and June 2020 and From February 2021 to date.

Standing Committees of the Board did not meet in April and May 2020; and February and March 2021.

A review was undertaken during February and March 2021 by each of the Standing Committee Chairs, Lead Officers and Committee Support Officers to discuss the impact of this on their Committee's year end assurances.

Given the work undertaken and progressed during the year, I am satisfied that clinical governance arrangements within NHS Tayside are effective in highlighting risks and issues, and lead to detailed scrutiny through governance structures; that clinical and care governance arrangements continue to be developed across integrated health and social care partners; and that more secure and robust governance and reporting arrangements for Mental Health Services are being put in place.

I can confirm as Chair of the Care Governance Committee that adequate and effective clinical and care governance arrangements were in place within NHS Tayside and demonstrated to this Committee during the financial year ended 31 March 2021.

Attendance at the Committee meetings held has been stable throughout the year and this has been supported by the use of Microsoft Teams to conduct meetings.

I wish to acknowledge the contribution and commitment of all the Committee members and attendees, and to thank those who have prepared reports and attended meetings. In addition I wish to express my gratitude and thanks to the Margaret-Rose Campbell, Committee Support Officer for her support of the Committee during the year.

Mrs Trudy McLeay
Chair
Care Governance Committee
31 March 2021

Appendix 1
Care Governance Committee - Record of Attendance

Record of Attendance		02/04/2020 Deferred Covid-19 Pandemic	04/06/2020	20/08/2020	01/10/2020	03/12/2020	04/02/2020 Deferred Covid-19 Pandemic
Members							
Mrs J Alexander	Non-Executive Member, Tayside NHS Board		Present Microsoft Teams	Present	Present Microsoft Teams	Apologies	
Mr G Archibald	Chief Executive, NHS Tayside		Present Microsoft Teams	Apologies	Apologies	Apologies	
Ms P Kilpatrick Vice Chair	Non-Executive Member, Tayside NHS Board		Present Microsoft Teams	Present Microsoft Teams	Present Microsoft Teams	Present Microsoft Teams	
Professor R McCrimmon	Non-Executive Member, Tayside NHS Board		Present Microsoft Teams	Present Microsoft Teams	Present Microsoft Teams	Apologies	
Mrs T McLeay Chair	Non-Executive Member, Tayside NHS Board		Present Microsoft Teams Chair	Present Chair	Present Chair	Present Chair	
Mrs C Pearce Executive Lead	Nurse Director		Present Microsoft Teams	Present	Present	Present	
Dr R Peat 1 April to 31 December 2020	Non-Executive Member, Tayside NHS Board		Apologies	Present Microsoft Teams	Present Microsoft Teams	Present Microsoft Teams	
Dr Norman Pratt	Non-Executive Member, Tayside NHS Board		Present Microsoft Teams	Present Microsoft Teams	Present Microsoft Teams	Present Microsoft Teams	
Prof Peter Stonebridge Executive Lead	Medical Director, NHS Tayside		Dr C Fleming Microsoft Teams	Dr E Henry	Present	Present Microsoft Teams	
Ms Emma Jane Wells	Non-Executive Member, Tayside NHS Board		Present Microsoft Teams	Present Microsoft Teams	Present Microsoft Teams	Apologies	

Record of Attendance		02/04/2020 Deferred Covid-19 Pandemic	04/06/2020	20/08/2020	01/10/2020	03/12/2020	04/02/2020 Deferred Covid-19 Pandemic
Ex-Officio Attendance							
Mrs Lorna Birse-Stewart	Chair of Tayside NHS Board		Present Microsoft Teams	Present Microsoft Teams	Apologies	Present Microsoft Teams	
In Attendance							
Mrs Karen Anderson	Director of Allied Health Professionals		Mrs N Richardson Microsoft Teams	Present Microsoft Teams	Apologies	Present Microsoft Teams	
Mrs Diane Campbell	Associate Director for Patient Safety, Care Governance and Risk Management		Present Microsoft Teams	Mrs T Passway	Present Microsoft Teams	Apologies	
Mrs Jane Duncan	Director of Communications and Engagement		Mrs A Michie Microsoft Teams	Apologies	Mr S Douglas Microsoft Teams	Miss C Longmuir Microsoft Teams	
Mr George Doherty	Director of Workforce		Present Microsoft Teams	Apologies	Apologies	Apologies	
Ms Margaret Dunning	Board Secretary		Present Microsoft Teams	Present Microsoft Teams	Present Microsoft Teams	Apologies	
Reverend Alan Gibbon	Head of Spiritual Care		Present Microsoft Teams	Apologies	Present Microsoft Teams	Present Microsoft Teams	
Dr Drew Walker 1 April to 31 August 2020	Director of Public Health		Apologies	Apologies	Retired		
Dr Emma Fletcher 1 December 2020	Director of Public Health					Apologies	
Ms Margaret-Rose Campbell	Committee Support Officer		Present Microsoft Teams	Present	Present	Present	

Approved at CGC 04/06/2020
Final Sign Off at CGC 01/04/2021

TAYSIDE NHS BOARD





CARE GOVERNANCE COMMITTEE: COMMITTEE ASSURANCE PLAN and WORKPLAN 2020/2021

The completion of the Committee Assurance Plan will be used to inform the development of the Committee's Annual Work Plan.

The Committee Assurance Plan can also be used as a checklist for the development of the Committee's Annual Report.

Levels of Assurance

We have adopted the same level of assurance as Internal Audit:

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

To ensure the effectiveness of an organisation's risk and management framework, the board and senior management need to be able to rely on adequate line functions – including monitoring and assurance functions – within the organisation.

The 'Three Lines of Assurance' model as a way of explaining the relationship between these functions and as a guide to how responsibilities should be divided:

- The first line of assurance – functions that own and manage risk
- The second line of assurance – functions that oversee or specialise in risk management, compliance
- The third line of assurance – functions that provide independent assurance, above all internal audit.

The group looking at a topic is 1st line, telling the committee about having done this and what the outcome was (through a report, not just minutes) is 2nd line.

First line of assurance

Under the first line of assurance, operational management has ownership, responsibility and accountability for directly assessing, controlling and mitigating risks.

Second line of assurance

The second line of assurance consists of activities covered by several components of internal governance (compliance, risk management, quality, IT and other control departments). This line of assurance monitors and facilitates the implementation of effective risk management practices by operational management and assists the risk owners in reporting adequate risk related information up and down the organisation.

Third line of assurance

Internal audit forms the organisation's third line of assurance. An independent internal audit function will, through a risk-based approach to its work, provide assurance to the organisation's board of directors and senior management. This assurance will cover how effectively the organisation assesses and manages its risks and will include assurance on the effectiveness of the first and second lines of assurance. It encompasses all elements of an institution's risk management framework (from risk identification, risk assessment and response, to communication of risk related information) and all categories of organisational objectives: strategic, ethical, operational, reporting and compliance.

COMMITTEE ASSURANCE PLAN

(The completion of this Committee Assurance Plan will be used to inform the development of the Committee's Annual Workplan. This can also be used as a checklist for the development of the Committee's Annual Report

COMMITTEE: Care Governance Committee

FINANCIAL YEAR: 2020/2021

ASSURANCE NEED (Consider the Terms of Reference and breakdown into the areas that require assurance to be provided to the Committee)	SOURCE / EVIDENCE OF ASSURANCE (Considering the component parts of the Terms of Reference what evidence is required to be demonstrated against each component part)	TYPE OF ASSURANCE (1 st Line, 2 nd Line or 3 rd Line of Assurance)	FREQUENCY (When will the assurance be presented to the Committee)	DATE AT COMMITTEE	LEVEL OF ASSURANCE ACHIEVED To be completed after Committee Meeting (Comprehensive, Moderate, Limited, No Assurance)
<i>To provide assurance that there are adequate and effective adverse event and clinical risk management processes in place throughout the organisation to enable learning from adverse events which will reduce the risk of future harm.</i>					
Internal Governance	Care Governance Committee Annual Report	2 nd Line Assurance	Annually	04 June 2020	Comprehensive Assurance
The Committee has a duty to review its own performance and effectiveness, including its terms of reference on an annual basis	Care Governance Committee Terms of Reference	2 nd Line Assurance	Annually	04 June 2020	Comprehensive Assurance
	Care Governance Committee Workplan	2 nd Line Assurance	Annually	04 June 2020	Comprehensive Assurance
	Clinical Quality Forum Annual Report	2 nd Line Assurance	Annually	04 June 2020 – Deferred 20 August 2020	Noted within the CGC Meeting
	Clinical Quality Forum Terms of Reference	2 nd Line Assurance	Annually First Quarter	04 June 2020 - Deferred 20 August 2020	Noted within the CGC Meeting
	Clinical Quality Forum Chair's Assurance Report	2 nd Line Assurance	Each meeting	02 April 2020 04 June 2020 20 August 2020 1 October 2020 3 December 2020 4 February 2021	No Meeting Moderate Assurance (4 May 2020) Agenda template revised and CAR now provided For Noting For noting For noting For noting

ASSURANCE NEED	SOURCE / EVIDENCE OF ASSURANCE	TYPE OF ASSURANCE	FREQUENCY	DATE AT COMMITTEE	LEVEL OF ASSURANCE ACHIEVED
	Clinical Quality Forum Minutes Open and Reserved	1 st Line Assurance	Each meeting	02 April 2020 04 June 2020 20 August 2020 1 October 2020 3 December 2020 4 February 2021	No Meeting No rating provided. Taken in open business. No rating provided. Taken in open business. No rating provided. Taken in open business. No rating provided. Taken in open business. No rating provided. Taken in open business. No Meeting
	Clinical And Care Governance Strategy 2019/2021 Clinical And Care Governance Strategy 2019/2021	2 nd Line Assurance 1 st Line Assurance	Interim Update Bi-Annually (Two yearly) Full Review	Update December 2020 December 2021 (Signed off December 2019)	Assurance was provided as an update within the Chair's Assurance Report from CQF, 2 November 2020.

ASSURANCE NEED	SOURCE / EVIDENCE OF ASSURANCE	TYPE OF ASSURANCE	FREQUENCY	DATE AT COMMITTEE	LEVEL OF ASSURANCE ACHIEVED
Adverse Event and Clinical Risk Management	<i>The aim of this domain is to ensure there are adequate and effective adverse event and risk management processes in place throughout the organisation to enable learning from adverse events which will reduce the risk of future harm. It focuses on the reporting and reviewing of adverse events and near misses, in an open, honest and safe environment; continually highlighting good practice; identifying improvements, ensuring business continuity plans are in place and the implementation of patient safety programmes.</i>				
Overseeing:	<i>Seek assurance through Care Governance Committee, Clinical Quality Forum and Quality and Performance Review processes on all aspects of adverse event and clinical risk management and ensure actions and learning have been identified and shared throughout the organisation.</i>				
Seek assurance that robust clinical and care control arrangements are in place for the effective management of clinical and care risk and that they are working effectively across the whole system.	NHS Tayside Strategic Risk Profile Annual Review Update	1 st Line Assurance	Annual	04 June 2020 – Deferred. Decision by Head of Strategic Risk and Resilience Planning not to provide a Report.	
Seek assurance that strategic risks aligned to the Care Governance Committee are effectively managed.	Assurance Reports on Strategic Risk: Infection Prevention and Control Risk 14 Each strategic risk is also aligned to a Standing Committee of the Board and is reported and monitored as a minimum at every second meeting of the Committee via the NHS Tayside Risk Assurance Template.	1 st Line Assurance	Each meeting	02 April 2020	No Meeting
				04 June 2020	Limited Assurance
				20 August 2020	Limited Assurance
				1 October 2020	Not on agenda
				3 December 2020	Limited Assurance
Seek assurance that strategic risks aligned to the Care Governance Committee are effectively managed.	Assurance Reports on Strategic Risk: Clinical Governance Risk 16 Each strategic risk is also aligned to a Standing Committee of the Board and is reported and monitored as a minimum at every second meeting of the Committee via the NHS Tayside Risk Assurance Template.	1 st Line Assurance	Each meeting	02 April 2020	No Meeting
				04 June 2020	Moderate Assurance
				20 August 2020	Moderate Assurance
				1 October 2020	Not on agenda
				3 December 2020	Moderate Assurance
				4 February 2021	Not on agenda

Seek assurance that strategic risks aligned to the Care Governance Committee are effectively managed.	Assurance Reports on Strategic Risk: Mental Health Services Risk 395 Each strategic risk is also aligned to a Standing Committee of the Board and is reported and monitored as a minimum at every second meeting of the Committee via the NHS Tayside Risk Assurance Template.	1 st Line Assurance	Each meeting	02 April 2020	No Meeting
				04 June 2020	Moderate Assurance
				20 August 2020	Not on agenda
				1 October 2020	Limited Assurance
				3 December 2020	Not on agenda
				4 February 2021	No Meeting
Seek assurance that strategic risks aligned to the Care Governance Committee are effectively managed.	Assurance Reports on Strategic Risk: Child and Adolescent Mental Health Risk 637 Each strategic risk is also aligned to a Standing Committee of the Board and is reported and monitored as a minimum at every second meeting of the Committee via the NHS Tayside Risk Assurance Template.	1 st Line Assurance	Each meeting	02 April 2020	No Meeting
				04 June 2020	Limited Assurance
				20 August 2020	Not on agenda
				1 October 2020	Moderate Assurance
				3 December 2020	Not on agenda
				4 February 2021	No Meeting
Seek assurance that strategic risks aligned to the Care Governance Committee are effectively managed.	Assurance Reports on Strategic Risk: Public Protection Risk 736 Each strategic risk is also aligned to a Standing Committee of the Board and is reported and monitored as a minimum at every second meeting of the Committee via the NHS Tayside Risk Assurance Template.	1 st Line Assurance	Each meeting	02 April 2020	No Meeting
				04 June 2020	Limited Assurance
				20 August 2020	Limited Assurance
				1 October 2020	Not on agenda
				3 December 2020	Limited Assurance
				4 February 2021	Not on agenda
Seek assurance that strategic risks aligned to the Care Governance Committee are effectively managed.	Assurance Reports on Strategic Risk: Corporate Parenting Risk 798 Each strategic risk is also aligned to a Standing Committee of the Board and is reported and monitored as a minimum at every second meeting of the Committee via the NHS Tayside Risk Assurance Template.	1 st Line Assurance	Each meeting	02 April 2020	No Meeting
				04 June 2020	Limited Assurance
				20 August 2020	Not on agenda
				1 October 2020	Limited Assurance
				3 December 2020	Not on agenda
				4 February 2021	No Meeting
Seek assurance that strategic risks aligned to the Care Governance Committee are effectively managed.	Assurance Reports on Strategic Risk: Care Homes Risk 880 Each strategic risk is also aligned to a Standing Committee of the Board and is reported and monitored as a minimum at every second meeting of the Committee via the NHS Tayside Risk Assurance Template.	1 st Line Assurance	Each meeting	02 April 2020	Not a risk at the time.
				04 June 2020	No Assurance gained from update provided
				20 August 2020	Assurance gained, but no level assigned.
				1 October 2020	Not on agenda
				3 December 2020	Moderate Assurance
				4 February 2021	Not on agenda

ASSURANCE NEED	SOURCE / EVIDENCE OF ASSURANCE	TYPE OF ASSURANCE	FREQUENCY	DATE AT COMMITTEE	LEVEL OF ASSURANCE ACHIEVED
Seek assurance that clinical and care governance strategic risks, are being effectively managed by the Integration Joint Boards, and escalated as required.	Chair's Assurance Report from Clinical Quality Forum inclusive of an assurance statement on the reporting from Health and Social Care Partnerships. NB CQF Stood Down. Last meeting 2 November 2020. HSCP reporting to Care Governance Committee as of meeting 4 February 2021.	2 nd Line Assurance	Perth and Kinross Health and Social Care Partnership	02 April 2020 04 June 2020 20 August 2020 1 October 2020 3 December 2020 4 February 2021	No Meeting Assurance provided but no level of assurance given. (04/05/2020) Limited Assurance (29/06/2020) Moderate Assurance (07/09/2020) Moderate Assurance (02/11/2020) No Meeting
Seek assurance that clinical and care governance strategic risks, are being effectively managed by the Integration Joint Boards, and escalated as required.	Chair's Assurance Report from Clinical Quality Forum inclusive of an assurance statement on the reporting from Health and Social Care Partnerships NB CQF Stood Down. Last meeting 2 November 2020. HSCP reporting to Care Governance Committee as of meeting 4 February 2021.	2 nd Line Assurance	Dundee Health and Social Care Partnership	02 April 2020 04 June 2020 20 August 2020 1 October 2020 3 December 2020 4 February 2021	No Meeting Assurance provided but no level of assurance given (04/05/2020) Moderate Assurance (29/06/2020) Limited Assurance (07/09/2020) Moderate Assurance (02/11/2020) No Meeting
Seek assurance that clinical and care governance strategic risks, are being effectively managed by the Integration Joint Boards, and escalated as required.	Chair's Assurance Report from Clinical Quality Forum inclusive of an assurance statement on the reporting from Health and Social Care Partnerships NB CQF Stood Down. Last meeting 2 November 2020. HSCP reporting to Care Governance Committee as of meeting 4 February 2021.	2 nd Line Assurance	Angus Health and Social Care Partnership	02 April 2020 04 June 2020 20 August 2020 1 October 2020 3 December 2020 4 February 2021	No Meeting Assurance provided but no level of assurance given (04/05/2020) Moderate Assurance (29/06/2020) Moderate Assurance (07/09/2020) Moderate Assurance (02/11/2020) No Meeting
Seek assurance that strategic risks aligned to the Care Governance Committee are effectively managed.	Update report on archived risk: Person Centred Care (previously Strategic Risk 121)	1 st Line Assurance	One annual update	20 August 2020	No Assurance Report to the CGC as Strategic Risk archived. Report – "Person Centred Approach, NHS Tayside" to CQF For Decision to replace Person Centred Board with Person Centred Network on 7 September 2020. Approval by CQF.

ASSURANCE NEED	SOURCE / EVIDENCE OF ASSURANCE	TYPE OF ASSURANCE	FREQUENCY	DATE AT COMMITTEE	LEVEL OF ASSURANCE ACHIEVED
Seek assurance that data and measurement systems underpin the delivery of care and that these are monitored through the clinical governance structures and reported at the Clinical Quality Forum.	Acute Services Division Quality and Performance Review Report NB CQF Stood Down. Last meeting 2 November 2020. Reporting to Care Governance Committee as of meeting 4 February 2021.	2nd Line Assurance	Each Meeting	4 February 2021	No Meeting
Seek assurance that data and measurement systems underpin the delivery of care and that these are monitored through the clinical governance structures and reported at the Clinical Quality Forum.	Mental Health and Learning Disability Services Quality and Performance Review Report NB CQF Stood Down. Last meeting 2 November 2020. Reporting to Care Governance Committee as of meeting 4 February 2021.	2nd Line Assurance	Each Meeting	4 February 2021	No Meeting
Seek assurance that data and measurement systems underpin the delivery of care and that these are monitored through the clinical governance structures and reported at the Clinical Quality Forum.	Patient Safety, Clinical Governance and Risk Management Update NB CQF Stood Down. Last meeting 2 November 2020. Reporting to Care Governance Committee as of meeting 4 February 2021.	2nd Line Assurance	Each meeting	4 February 2021	Will not be reported to the Care Governance Committee. Assurance Report Strategic Risk 16 to CGC 22 April 2021 reported that all important elements will be contained within reports from HSCPs, the Operational Unit and Mental Health Services.
Seek assurance that all standards and quality of care and treatment are being met.	Area Drug and Therapeutics Committee Annual Report NB CQF Stood Down. Last meeting 2 November 2020. Annual Report will come to CGC October 2021.	2 nd Line Assurance	Annually	October 2021	
Seek assurance that all standards and quality of care and treatment are being met.	Child Protection Annual Report	2 nd Line Assurance	Annually	4 February 2021	No Meeting
Seek assurance that all standards and quality of care and treatment are being met.	Quality Assurance and Improvement Arrangements for Child Protection in Tayside	2nd Line Assurance	Annually	4 February 2021	No Meeting
Seek assurance that all standards and quality of care and treatment are being met.	Annual Assurance Report on Adult Support and Protection in Tayside	2nd Line Assurance	Annually	4 February 2021	No Meeting
Seek assurance that all standards and quality of care and treatment are being met.	Prisoner Healthcare Service Report	2 nd Line Assurance	As required	4 February 2021	No Meeting This update will be provided as part of the Perth and Kinross HSCP Assurance Report and not a separate report.

Clinical Effectiveness	<i>The aim of this domain is to ensure that people who receive care get the right care, at the right time, in the right way. It focuses on ensuring our staff and services are informed and up to date with evidence based practice; research and development and guidelines as well as highlighting the importance of having agreed outcome measures and established clinical audits.</i>				
Overseeing:	<i>Seek assurance through Care Governance Committee, Clinical Quality Forum and Quality and Performance Review processes on all aspects of clinical effectiveness.</i>				
ASSURANCE NEED	SOURCE / EVIDENCE OF ASSURANCE	TYPE OF ASSURANCE	FREQUENCY	DATE AT COMMITTEE	LEVEL OF ASSURANCE ACHIEVED
Seek assurance that where results of inspection are below required standards, appropriate action plans are developed and monitored effectively by the Clinical Quality Forum, and escalated to Care Governance Committee.	Individual reports being requested, where there are external inspections or visits.	Initial Inspection Report when presented to the Committee will be: 3rd Line Assurance Progress Report on Actions will be: 2nd Line Assurance	As required		
	Trust and Respect: The Independent Inquiry into Mental Health Services in Tayside	2 nd Line Assurance		20 August 2020	Provided at meeting For Awareness – No level of assurance provided.
	Breast Oncology Service	2 nd Line Assurance		20 August 2020	Provided at meeting For Awareness – No level of assurance provided.
Seek assurance that appropriate actions are progressed in respect of clinical governance matters which are raised within internal and/or external audit reports relating to NHS Tayside and/or Integration Joint Boards.	Annual Internal Audit Report <ul style="list-style-type: none">2019/20 Report No T06/21 (<u>For awareness</u>)	Initial Inspection Report when presented to the Committee will be: 3rd Line Assurance Any specific progress Report on Actions will be: 2nd Line Assurance	As required	3 December 2020	Provided at meeting For Awareness – No level of assurance provided.
Seek assurance that where performance improvement is necessary for the whole system, the improvements, interventions and outcomes are effective.	Commissioned reports specifically where there are concerns for services which cross whole organisation/partnership boundaries.	2nd Line Assurance	As required		
Seek assurance that effective controls are in place to mitigate against clinical safety risks.	Radiation Safety Committee Annual Report	2 nd Line Assurance	Once per year	04 June 2020 – Deferred to 20 August 2020	Moderate Assurance
Seek assurance that governance arrangements for Research and Development are in place and effective. Evidence shall be provided to the Care Governance Committee in the format of an annual report relating to the quality	Tayside Academic Science Centre Annual Report	2nd Line Assurance	Annual	4 February 2021	No Meeting

of research and processes within the whole system.					
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ASSURANCE NEED	SOURCE / EVIDENCE OF ASSURANCE	TYPE OF ASSURANCE	FREQUENCY	DATE AT COMMITTEE	LEVEL OF ASSURANCE ACHIEVED
Person Centredness	<p><i>The aim of this domain is to enable all practitioners and leaders to develop cultures of person-centredness that positively contribute to patient and staff well-being. It focuses on:</i></p> <ul style="list-style-type: none"> <i>enhancing care experiences</i> <i>sharing decision making</i> <i>enhancing how we engage the public in reviewing and improving our services</i> <i>implementing best person-centred practices as advocated by Scottish Government through 'Excellence in Care' and Healthcare Improvement Scotland; practical examples include person-centred visiting and advocacy</i> <i>developing capability within the system to create environments where staff and therefore evidence based care flourishes.</i> 				
Overseeing:	<i>The elements of person centredness that the Care governance Committee seek assurance on include:</i>				
<u>Feedback and Complaints:</u> The Care Governance Committee shall receive reports to demonstrate that feedback and complaints are handled in accordance with national guidance, lessons are learned and improvements made from complaints investigations and their resolution. Improvements are also made from investigation by the Scottish Public Services Ombudsman (SPSO), Mental Welfare Commission (MWC) and the Equality and Human Rights Commission (EHRC).	Scottish Public Ombudsman Service Report	2 nd Line Assurance	Every meeting	02 April 2020 04 June 2020 20 August 2020 1 October 2020 3 December 2020 4 February 2021	No Meeting Provided at meeting for Awareness, although it was agreed that the report did provide Comprehensive assurance. Provided at meeting For Awareness – No level of assurance provided. Provided at meeting For Awareness – No level of assurance provided. Provided at meeting For Awareness – No level of assurance provided. No Meeting
The Care Governance Committee shall receive an Annual Feedback Report to demonstrate that learning and improvement from feedback, concerns and complaints is being achieved.	Scottish Public Ombudsman Service Annual Report	2 nd Line Assurance	Annually	4 February 2021	No Meeting
	Legal Claims Report	2 nd Line Assurance	Annually	04 June 2020 – Deferred 20 August 2020	Provided at meeting For Awareness – No level of assurance provided.
	NHS Tayside Annual Feedback Report	2 nd Line Assurance	Annually	3 December 2020 2020	Provided at meeting For Awareness – No level of assurance provided.

ASSURANCE NEED	SOURCE / EVIDENCE OF ASSURANCE	TYPE OF ASSURANCE	FREQUENCY	DATE AT COMMITTEE	LEVEL OF ASSURANCE ACHIEVED
<u>Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012:</u> The Care Governance Committee shall receive reports and minutes from the Equality and Diversity Governance Group which demonstrates assurance of compliance with the Equality Act 2010, and evidence robust equality and diversity systems and processes in NHS Tayside.	Equality and Diversity Annual Report	2nd Line Assurance	Annually	04 June 2020	Moderate Assurance
	Equality and Diversity Governance Group Terms of Reference	2nd Line Assurance	Annually	04 June 2020	Moderate Assurance
	Equality and Diversity Governance Group Assurance Plan	2nd Line Assurance	Annually	04 June 2020	Moderate Assurance
	Equality and Diversity Governance Group Workplan	2nd Line Assurance	Annually	04 June 2020	Moderate Assurance
	Equality and Diversity Statutory (Specific Duties) (Scotland) Regulations	2nd Line Assurance	April 2020	04 June 2020	Moderate Assurance
04/06/2020 Level of Assurance: The Care Governance Committee recorded a level of Moderate assurance in relation to the evidence provided within the Assurance Report.					
	Tayside NHS Board's Mainstreaming and Equality Outcomes Report Original published 20 April 2017, review April 2021	2nd Line Assurance	Main Report Every FOUR Years	April 2021	
	Mainstreaming and progress with the Equality Outcomes Report Interim Report published 20 April 2019 Next Interim Report April 2023	2nd Line Assurance	Interim Progress Report Every TWO Years between Main Reports	April 2023	
The organisational duty of candour provisions of The Health (Tobacco, Nicotine etc. and Care) (Scotland) Act 2016 and The Duty of Candour Procedure (Scotland) Regulations (2018): The Care Governance Committee shall receive an Annual Report which demonstrates compliance with the Duty of Candour duties, evidencing NHS Tayside's procedures and actions following any cases identified.	Duty of Candour Annual Report	2nd Line Assurance	Annually	04 June 2020 – Deferred 20 August 2020	Provided at meeting For Awareness – No level of assurance provided.

ASSURANCE NEED	SOURCE / EVIDENCE OF ASSURANCE	TYPE OF ASSURANCE	FREQUENCY	DATE AT COMMITTEE	LEVEL OF ASSURANCE ACHIEVED
<u>Volunteering</u> : The Care Governance Committee shall receive an annual volunteering report providing assurance volunteers are supported within NHS Tayside, and that the volunteer service is provided and developing in line with the NHS Tayside Volunteer Strategy, the refreshed Strategy for Volunteering outlined in the NHS (CEL 10 2008) and the Scottish Government's 'Volunteering For All' framework.	Volunteering Annual Report	2 nd Line Assurance	Annual	4 February 2021	
<u>Organ Donation</u> : The Care Governance Committee shall receive assurance on the framework for the ethical and legal implications of organ donation in NHS Tayside through an Annual Report from the Donation Committee.	Organ Donation Committee Annual Report	2nd Line Assurance	Once per year	1 October 2020	Limited Assurance
<u>Spiritual Care</u> : The Care Governance Committee shall receive an Annual Report from the Spiritual Healthcare Committee and from the Department of Spiritual Care that provides assurance around the role of spiritual care and the effectiveness of the service.	Annual Report Spiritual Healthcare Committee	2nd Line Assurance	Annually	02 April 2020 04 June 2020	No Meeting Moderate Assurance
	Annual Report Department of Spiritual Care	2nd Line Assurance	Annually	02 April 2020 04 June 2020	No Meeting Moderate Assurance

ASSURANCE NEED	SOURCE / EVIDENCE OF ASSURANCE	TYPE OF ASSURANCE	FREQUENCY	DATE AT COMMITTEE	LEVEL OF ASSURANCE ACHIEVED
Continuous Improvement and Professional Standards	<i>The aim of this domain is to ensure that all services learn about what works and what doesn't and supports teams to make improvements. The key policy drivers include the Chief Medical Officer's Annual Report 2014-15, Realistic Medicine and Excellence in Care approach. These reports emphasise the need to put the person receiving health and care at the centre of decision-making and create a personalised approach to their care. They also recognise the importance of valuing and supporting all health and care professionals as vital to improving outcomes for the people in their care.</i>				
Overseeing:	<i>Tayside NHS Board is committed to quality improvement demonstrated by the commitment to NHS Tayside Vision and Values, the Transforming Tayside programme and work on culture. The Clinical Quality Forum supports quality improvement at all levels providing the platform for assurance and the identification and support to key areas of work requiring improvement specifically closing the loop for quality of care.</i>				
There is an environment for continuous and sustainable improvement across NHS Tayside and the Health and Social Care Partnerships.					
There are opportunities for the sharing of good practice and learning throughout NHS Tayside and the Health and Social Care Partnerships.	Safer Management of Controlled Drug	2 nd Line Assurance	Annually	20 August 2020 – Deferred to December 2020	Moderate Assurance
The Committee will receive an Annual Report from the Academic Health Science Partnership (AHSP) which will include improvement and research elements.	Annual Report AHSP	2 nd Line Assurance	Annually		
The Committee will receive an annual report in relation to Medical and Nursing and Midwifery revalidation.	Nursing and Midwifery Revalidation Report	2 nd Line Assurance	Annually	3 December 2020	Mrs Pearce advised this report is not required at CGC. Reported verbally at CQF 2 November 2020. Should be reported at Staff Governance in future.
The Committee will receive an annual report in relation to Medical and Nursing and Midwifery revalidation.	Secondary Care Appraisal and Revalidation Report	2 nd Line Assurance	Annually	3 December 2020	Professor Stonebridge advised this report is not required at CGC. Presented to Staff Governance Committee on 13 October 2020. Duplication of reporting.

This workplan outlines the major items which the Care Governance Committee has to consider as part of its schedule of work for the year.

This should allow the Committee to fulfil its terms of reference. The workplan will continue to be kept under review throughout the year.

CARE GOVERNANCE COMMITTEE WORKPLAN 2020-2021												Item		
			2 April 2020		4 June 2020		20 August 2020		1 October 2020		3 December 2020		4 February 2021	
			Planned	Actual	Planned	Actual	Planned	Actual	Planned	Actual	Planned	Actual	Planned	Actual
INTERNAL GOVERNANCE														
Care Governance Committee Annual Report 2019-2020		Medical/ Nurse Director	✓	Defer - Meeting Cancelled	✓	✓ Item 5.6								
Care Governance Committee Terms of Reference 2020-2021		Medical/ Nurse Director	✓	Defer - Meeting Cancelled	✓	✓ Item 5.7								
Care Governance Committee Assurance and Work Plan 2020-2021		Medical/ Nurse Director	✓	Defer - Meeting Cancelled	✓	✓ Item 5.7	✓	✓ Item 5.1	✓	✓ Item 5.1	✓	✓ Item 7.1	✓	Sign off to occur at 01/04/2021
Clinical Quality Forum Annual Report 2019-2020		Medical/ Nurse Director			✓	Deferred	✓	✓ Item 6.3						
Clinical Quality Forum Terms of Reference and Workplan 2020-2021		Medical/ Nurse Director			✓	Deferred	✓	✓ Item 6.4						
Clinical Quality Forum: Chair’s Assurance Report for Care Governance Committee (Open Business)		Medical/ Nurse Director	✓	Defer - Meeting Cancelled	✓ 04/05/2020	✓ Item 5.5	✓ 29/06/2020	✓ Item 6.1	✓ 07/09/2020	✓ Item 6.2	✓ 02/11/2020	✓ Item 3.1	✓	Carried forward due to deferment
Clinical Quality Forum: Minute		Medical/ Nurse Director	✓	Defer - Meeting Cancelled	✓ 04/05/2020 (Unapproved)	✓ Item 13.1 (Reserved Business)	✓ 29/06/2020 (Unapproved)	✓ Item 6.2 (Open Business)	✓ 07/09/2020 (Unapproved)	✓ Item 6.1 (Open Business)	✓ 02/11/2020 (Unapproved)	✓ Item 3.2		
Clinical and Care Governance Strategy 2019/2021		Ass Dir PS,CG&RM									✓ Update	✓ Update within Item 3.1		
ADVERSE EVENT AND CLINICAL RISK MANAGEMENT														
NHS Tayside Strategic Risk Profile – Annual Review Update		Medical/ Nurse Director/ Head of SR&RP	Strategic Risks not agreed for Organisation											
14	Infection Prevention and Control	IPC Manager	✓	Defer - Meeting Cancelled	✓	✓ Item 6.3	✓	✓ Item 6.5			✓	✓ Item 3.4		
16	Clinical Governance	Ass Dir PS,CG&RM	✓	Defer - Meeting Cancelled	✓	✓ Item 6.4	✓	✓ Item 6.6			✓	✓ Item 3.5		
395	Mental Health Services - Sustainability of Safe and Effective Services across Tayside	Chief Officer/Ass Dir MH	✓	Defer - Meeting Cancelled	✓	✓ Item 6.1			✓	✓ Item 6.4			✓	Carried forward due to deferment
637	Child and Adolescent Mental Health Services	Chief Officer Acute Services	✓	Defer - Meeting Cancelled	✓	✓ Item 6.2			✓	✓ Item 6.5			✓	Carried forward due to deferment
736	Public Protection	Director of AHPs	✓	Defer - Meeting Cancelled	✓	✓ Item 6.5	✓	✓ Item 6.7			✓	✓ Item 3.6		
798	Corporate Parenting	Nurse Director	✓	Defer - Meeting Cancelled	✓	✓ Item 6.6			✓	✓ Item 6.6			✓	Carried forward due to deferment
880	Care Homes	Nurse Director			✓	✓ Item 5.1	✓	✓ Item 8.5			✓	✓ Item 3.7		
Patient Centredness Approach, NHS Tayside		Dir of AHP					✓	Defer	✓	✓ Item 7.3				

		2 April 2020		4 June 2020		20 August 2020		1 October 2020		3 December 2020		4 February 2021	
		planned	actual	planned	actual	planned	actual	planned	Actual	planned	actual	planned	actual
Assurance Reports:													
Angus Health and Social Care Partnership (included following stepping down of CQF)	Clinical Director											✓	Carried forward due to deferment
Dundee Health and Social Care Partnership (included following stepping down of CQF)	Clinical Director											✓	Carried forward due to deferment
Perth and Kinross Health and Social Care Partnership (included following stepping down of CQF)	Clinical Director											✓	Carried forward due to deferment
Quality and Performance Review Reports:													
Acute Services Division (included following stepping down of CQF)	Chief Officer, Acute Services											✓	Carried forward due to deferment
Mental Health and Learning Disability Services (included following stepping down of CQF)	AND MH&LD											✓	Carried forward due to deferment
Patient Safety, Clinical Governance and Risk Management Update (included following stepping down of CQF)	Ass Dir PS,CG&RM											X	See Note in Committee Assurance Plan
Area Drug and Therapeutics Committee Annual Report (went to CQF in September 2020, due to CGC in October 2021, included following stepping down of CQF)	Business Manager Pharmacy Service												
Area Drug and Therapeutics Committee Minutes (included following stepping down of CQF)	Business Manager Pharmacy Service									✓ 20/08/2020	✓ Item 8.5	✓ 29/10/2020 03/12/2020	Carried forward due to deferment
Child Protection Annual Report	Improvement & Performance Manager/ Lead Nurse Child Protection											✓	Carried forward due to deferment
Quality Assurance and Improvement (QAI) arrangements for Child Protection in Tayside	Improvement & Performance Manager/ Lead Nurse Child Protection											✓	Carried forward due to deferment
Annual Assurance Report on Adult Support and Protection in Tayside	Director of AHPs											✓	Carried forward due to deferment
NHS Tayside Adult Protection Strategic Implementation Group Minutes	Interim Strategic Lead, Adult Protection											✓ 06/10/20	Carried forward due to deferment

		2 April 2020		4 June 2020		20 August 2020		1 October 2020		3 December 2020		4 February 2021	
		planned	actual	planned	actual	planned	actual	planned	Actual	planned	actual	planned	actual
Prisoner Healthcare Service Report	Head of PHC, OOH, FMS											✓	Contained within P&K HSCP Rpt
CLINICAL EFFECTIVENESS													
Radiation Safety Committee Annual Report	IRMER Lead & Scientific Lead for Radiation Safety			✓	Deferred	✓	✓ Item 6.8					✓ Interim update on Radon Surveillance	Carried forward due to deferment
Tayside Academic Science Centre (TASC) Annual Report (only comes to CGC, does not go through CQF first)	Tayside R&D Director											✓	Carried forward due to deferment
PERSON CENTREDNESS													
Scottish Public Services Ombudsman (SPSO) Reports	Complaint/ Feedback Team Lead	✓	Defer - Meeting Cancelled	✓	✓ Item 7.1	✓	✓ Item 8.2	✓	Not on agenda	✓	✓ Item 8.1	✓	Carried forward due to deferment
Scottish Public Services Ombudsman (SPSO) Annual Report	Complaint/ Feedback Team Lead											✓	Carried forward due to deferment
Legal Claims (Reserved Business)	Complaint/ Feedback Team Lead/ Claims Officer			✓	Deferred	✓	✓ Item 8.3						
NHS Tayside's Annual Feedback Feedback Report	Complaint/ Feedback Team Lead									✓	✓ Item 8.2		
Equality and Diversity Governance Group Annual Report	Head of Corporate Equalities			✓	✓ Item 5.4								
Equality and Diversity Governance Group Terms of Reference	Head of Corporate Equalities			✓	✓ Item 5.4								
Equality and Diversity Governance Group Assurance Plan	Head of Corporate Equalities			✓	✓ Item 5.4								
Equality and Diversity Governance Group Workplan	Head of Corporate Equalities			✓	✓ Item 5.4								
Equality and Diversity Statutory (Specific Duties) (Scotland) Regulations Report	Head of Corporate Equalities	✓	Defer - Meeting Cancelled	✓	✓ Item 5.4								
Equality and Diversity Governance Group Minutes	Head of Corporate Equalities	✓ 03/12/2019	Defer - Meeting Cancelled	✓ 03/12/2019 21/01/2020	✓ Item 9.2	✓ 21/05/2020	✓ Item 8.6			✓ 21/07/2020 (15/09/2020 cancelled)	x	✓ 21/07/2020 17/11/2020	Carried forward due to deferment
Duty of Candour Annual Report	Ass Dir PS,CG&RM			✓	Deferred	✓	✓ Item 8.4						

		2 April 2020		4 June 2020		20 August 2020		1 October 2020		3 December 2020		4 February 2021	
		planned	actual	planned	actual	planned	actual	planned	Actual	planned	actual	planned	actual
Volunteering Annual Report	Interim Head of CG&RM											✓	Carried forward due to deferment
Volunteer Strategy 2019-2024	Interim Head of CG&RM					✓ Update	This update will form part of the Patient Safety, Clinical Governance and Risk Management Update which is presented to the Clinical Quality Forum on 7 September 2020. The update will be captured within the Chair's Assurance Report to the Care Governance Committee (1 October 2020) from CQF of 07/09/2020.						
Organ Donation Committee Annual Report	Consultant in Anaesthesia and Intensive Care Medicine							✓	✓ Item 6.3				
Spiritual Healthcare Committee Annual Report	Head of Spiritual Care	✓	Defer - Meeting Cancelled	✓	✓ Item 5.3								
Spiritual Care Department Annual Report	Head of Spiritual Care	✓	Defer - Meeting Cancelled	✓	✓ Item 5.2					✓ Interim Update	✓ Item 8.3		
Spiritual Healthcare Committee Minutes	Head of Spiritual Care			✓ 19/09/2019	✓ Item 9.1	✓ 10/03/2020	✓ Item 8.7					✓ 08/09/20	Carried forward due to deferment
Inspection/Review Reports provided to the Committee (to be added to throughout the year):													
Trust and Respect: The Independent Inquiry into Mental Health Services in Tayside	Interim Director of MH Services					✓	✓ Item 8.1						
Breast Oncology Service	Associate Nurse Director					✓	✓ Item 6.10						
Report of the Inspection Inquiry into the issues raised by Paterson								✓	✓ Item 8.1				
CONTINUOUS IMPROVEMENT													
Annual Report from the Academic Health Science Partnership (AHSP)						No report available	There is currently no Academic Health Science Partnership. Work is ongoing to review partnership arrangements. No report will be forthcoming in the financial year 2020/2021.						
Secondary Care Appraisal and Revalidation – Medical Inclusive of DL(2019)22 (31/12/2019) compliance	Consultant in Anaesthesia and Intensive Care Medicine									✓	Not to CGC. Reported to Staff Governance 13/10/2020		
Revalidation – Nursing and Midwifery	Associate Nurse Director for MH									✓	Not to CGC reported Staff Governance Committee if appropriate		
Safer Management of Controlled Drugs	Lead Pharmacist					✓	Deferred	✓	Deferred	✓	✓ Item 3.3		
CLINICAL POLICIES (to be added to throughout the year)		For adoption, following approval by the Clinical Quality Forum, throughout the year.											
Remote Prescribing during Covid-19 Pandemic (for adoption)						✓	✓ Item 7.1						

		2 April 2020		4 June 2020		20 August 2020		1 October 2020		3 December 2020		4 February 2021	
		planned	actual	planned	actual	planned	actual	planned	Actual	planned	actual	planned	actual
NHS Tayside Immunisation Policy (for adoption)								✓	✓ Item 7.1				
NHS Tayside Patient Escort Policy (for adoption)								✓	✓ Item 7.2				
NHS Tayside Transcribing Medicines Guidance (for adoption)										✓	✓ Item 4.2		
Mental Health and Learning Disability Observation Protocol (for adoption)										✓	✓ Item 4.3		
NEW INTERVENTIONAL PROCEDURES (to be added to throughout the year) (An intervention is a combination of program elements or strategies designed to produce behaviour changes or improve health status among individuals or an entire population.)		For endorsement following scrutiny and approval by the Clinical Quality Forum throughout the year.											
Thrombectomy: New Interventional Procedure in Tayside						✓	✓ Item 7.2						
ADDITIONAL ITEMS BROUGHT TO THE COMMITTEE													
Race Equality Update	Board Secretary					✓	✓ Item 6.9						
Test Template for Health and Social Care Partnership Reporting	Interim Head of CG&RM							✓	✓ Item 8.2				
Annual Internal Audit Report 2019/20 Report No T06/21 (for awareness)										✓	✓ Item 8.4		

Perth and Kinross
Integration Joint Board

Audited Accounts 2020/21





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INTRODUCTION

Welcome to Perth and Kinross Integration Joint Board's (IJB) Annual Accounts for 2020/21. This publication contains the financial statements for Perth and Kinross Integration Joint Board (IJB) for the year ended 31 March 2021.

The Management Commentary outlines key messages in relation to the strategy, objectives and the financial performance of the IJB for the year ended 31 March 2021. It also provides an indication of the issues and risks which may impact upon the finances of the IJB in the future and the challenges it faces in meeting the needs of the people of Perth and Kinross.

The Annual Accounts are prepared in accordance with the relevant legislation, regulations and the proper accounting practices which primarily comprise the Code of Practice on Local Authority Accounting in the United Kingdom (the Code) supported by International Financial Reporting Standards (IFRS) and statutory guidance under Section 12 of the Local Government in Scotland Act 2003.

The Management Commentary is intended to provide an effective overview to a complex document allowing the reader to determine the IJB's overall performance for the year. The Management Commentary is structured as follows:

- *Role and Remit*
- *Strategic Objectives*
- *Review of Activities and Impact of COVID-19 Pandemic*

- *Performance Overview*
- *Financial Overview*
- *Strategic Risks and Outlook for future years*

ROLE AND REMIT

The IJB is a legal entity responsible for the strategic planning and commissioning of a wide range of services across Perth and Kinross. This includes social care, primary and community healthcare and unscheduled care for adults. In addition, the IJB plans and commissions specific healthcare services across Tayside by means of hosted services arrangements agreed in the Integration Scheme between NHS Tayside and Perth & Kinross Council. Perth & Kinross Council and NHS Tayside (Health Board), as the parties to the Integration Scheme, each nominate four voting members to sit on the IJB. The Council nominates Elected Members and the Health Board Non-Executive Directors.

The policy ambition is to improve the quality and consistency of services to patients, carers, service users and their families; to provide seamless, joined-up, quality health and social care services in order to care for people in their own homes or a homely setting where it is safe to do so; and to ensure resources are used effectively and efficiently to deliver services that meet the increasing number of people with longer-term and often complex needs, many of whom are older. The IJB has governing oversight whilst Perth and Kinross Health and Social Care Partnership (PKHSCP) has responsibility for the operational delivery of these services.

SECTION 1: MANAGEMENT COMMENTARY

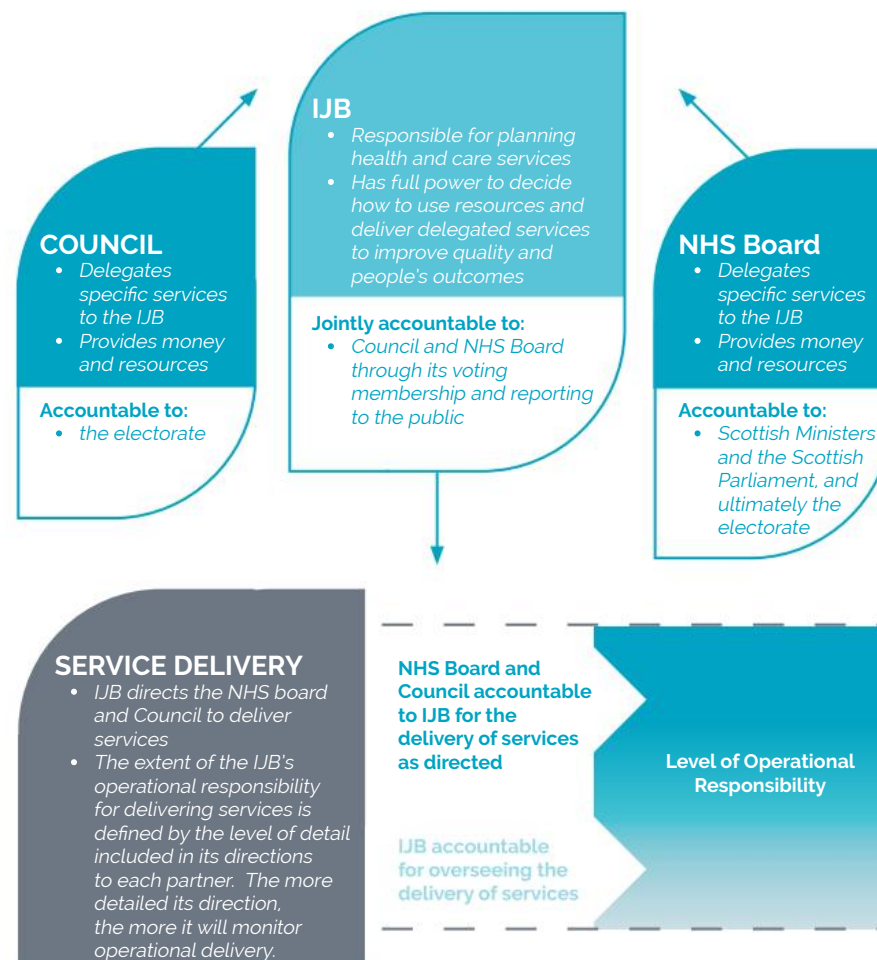
The IJB sets the direction of PKHSCP via the preparation and implementation of the Strategic Commissioning Plan and seeks assurance on the management and delivery of integrated services through appropriate scrutiny and performance monitoring, whilst ensuring the effective use of resources.

Exhibit 1 opposite sets out the governance arrangements that support delivery of Perth and Kinross IJB's strategic priorities. The IJB's strategic ambitions sit alongside operational imperatives across a wide range of services.

Exhibit 1 *Integration Joint Boards*

There are 30 Integration Joint Boards across Scotland.

Source: Audit Scotland



SECTION 1: MANAGEMENT COMMENTARY

The services delegated by NHS Tayside and Perth & Kinross Council to Perth and Kinross IJB for strategic planning and commissioning are set out in [Table 1](#) below.

Table 1

Delegated Partnership Services			Services Hosted by PKHSCP
Community Care	Health	Hospital	
<ul style="list-style-type: none"> ■ <i>Services for adults with a physical disability</i> ■ <i>Services for older people</i> ■ <i>Services for adults with a learning disability (including Autism Services)</i> ■ <i>Mental health services</i> ■ <i>Drug and alcohol services</i> ■ <i>Adult protection and domestic abuse services</i> ■ <i>Carers' support services</i> ■ <i>Health improvement services</i> ■ <i>Equipment, adaptations and technology-enabled care</i> ■ <i>Residential and nursing care home placements</i> ■ <i>Care at home</i> ■ <i>Reablement services</i> ■ <i>Respite and day care</i> 	<ul style="list-style-type: none"> ■ <i>District nursing services</i> ■ <i>Substance misuse services</i> ■ <i>Primary medical services</i> ■ <i>General dental services</i> ■ <i>Ophthalmic services</i> ■ <i>Community geriatric medicine</i> ■ <i>Primary medical services to patients out-of-hours</i> ■ <i>Community palliative care services</i> ■ <i>Community learning disability services</i> ■ <i>Community mental health services</i> ■ <i>Community continence services</i> ■ <i>Community kidney dialysis services</i> ■ <i>Public Health promotion</i> ■ <i>Allied health professionals</i> ■ <i>Community hospitals</i> 	<ul style="list-style-type: none"> ■ <i>Accident and Emergency services provided in a hospital</i> ■ <i>Inpatient hospital services: General medicine; Geriatric medicine; Rehabilitation medicine; Respiratory medicine; Psychiatry of Learning Disability.</i> ■ <i>Palliative care services provided in a hospital</i> ■ <i>Inpatient hospital services provided by GPs</i> ■ <i>Services provided in a hospital in relation to an addiction or dependence on any substance</i> ■ <i>Mental health hospital services except secure forensic mental health services</i> ■ <i>Pharmaceutical services</i> 	<ul style="list-style-type: none"> ■ <i>Learning disability inpatient services*</i> ■ <i>Substance misuse inpatient services*</i> ■ <i>Public Dental Services/ Community Dental Services</i> ■ <i>General Adult Psychiatry Inpatient Services*</i> ■ <i>Prison Healthcare</i> ■ <i>Podiatry</i>

SECTION 1: MANAGEMENT COMMENTARY

** On 12 March 2020, the Minister for Mental Health wrote to the Chief Executive of NHS Tayside and advised that 'the operational management of inpatient general adult psychiatry services must now be led by NHS Tayside. This led to the responsibility for these services transferring from the Chief Officer of Perth and Kinross HSCP to an Interim Director for Mental Health in NHS Tayside. It was therefore agreed that the overspend in relation to IPMH Services would transfer from the 3 Tayside IJBs to NHS Tayside with immediate effect. The full planning and commissioning implications for these services are being considered as part of the review of the IJB Integration Schemes across Tayside.*

STRATEGIC OBJECTIVES

The Strategic Commissioning Plan approved in December 2019 sets out the vision and priorities for Perth and Kinross IJB. The vision as a Health and Social Care Partnership is to work together to support people living in Perth and Kinross to lead healthy and active lives and to live as independently as possible, with choice and control over their care and support. Our aim is to improve the wellbeing and outcomes of people living in Perth and Kinross, to intervene early and to work with the third and independent sectors and communities, to prevent longer-term issues arising.

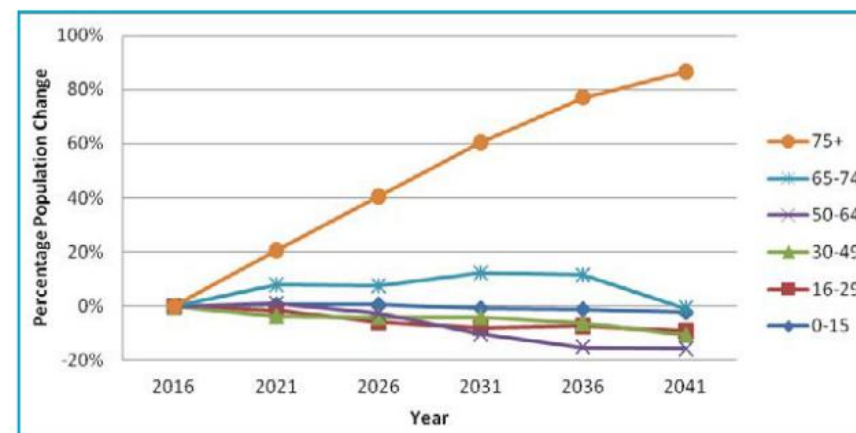
The services and support we offer people will be developed locally, in partnership with communities, the third and independent sectors. As a partnership we will be integrated from the point of view of individuals, families and communities

and responsive to the particular needs of individuals and families in our different localities. We will make the best use of available facilities, people and resources ensuring we maintain quality and safety standards as the highest priority.

The population of Perth and Kinross live and work across its expansive 5,300 square kilometres. Over the coming decades the area is expected to experience significant demographic change, especially in relation to the projected increase in older people, the majority of whom are increasingly fit and active until much later in life and are an important and significant resource, with a great contribution to make in their local communities.

The diagram below shows the projected population change for Perth and Kinross by age band. Between 2016 and 2041 the number of those aged over 65 (particularly those aged over 75) is set to increase significantly according to projections.

Projected percentage population change for Perth and Kinross (2016-2041)

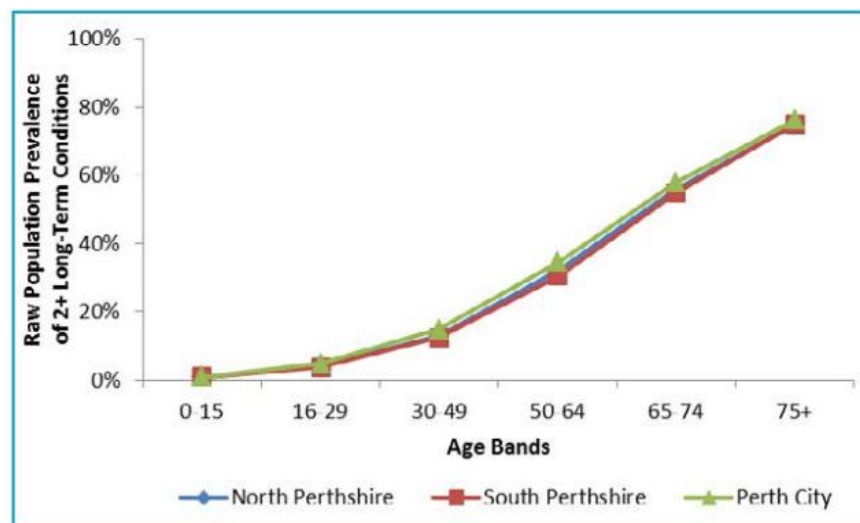


SECTION 1: MANAGEMENT COMMENTARY

We know that the need for support from health and social care services increases with age and the challenge for services and communities will be to ensure that people are supported to be able to lead healthy, fulfilling lives at home for as long as possible.

The following diagram presents the population prevalence of people with two or more long-term conditions for North Perthshire, South Perthshire and Perth City. This shows that in each Perth and Kinross locality, multi-morbidities become more common with age. Indeed, over half of residents age 75+ have two or more long-term conditions, compared with just under 4% of people aged 16-29 years.

Crude population prevalence of people with 2+ long-term conditions by age band for each locality



Source: Perth and Kinross IJB 2019-2024 Strategic Commissioning Plan

Across Perth and Kinross the proportion of people living with complex need increases as the number of long-term conditions increases.

The scale of increased demand and increasing complex needs means that we cannot provide services in the way we have before - we don't have enough money to do so. With growing demand for support and less money available we want to work with individuals and communities to find ways to better support people in their local areas. A significant programme of change is set out in the Strategic Commissioning Plan with targets to measure success. The 3-Year Financial Plan approved by the IJB for 2020/21 to 2022/23 is fully linked to the Strategic Commissioning Plan objectives.

REVIEW OF ACTIVITIES AND IMPACT OF COVID-19 PANDEMIC

For 2020/21 PKHSCP committed to:

- progress and deliver a range of commitments and priorities set out in the IJB's Strategic Commissioning Plan Action Plan;
- undertake a number of strategic commissioning projects to transform service delivery;
- develop and implement a new organisational structure;
- continue to focus on delivering the Medium-Term Financial Framework;
- increase the effectiveness of delivery through implementation of the Partnership Improvement Plan.

SECTION 1: MANAGEMENT COMMENTARY

Many of our Strategic Commissioning Plan and Service Transformation commitments and priorities were paused during our response to the COVID-19 pandemic. We developed COVID-19 Mobilisation and Remobilisation Plans which set out key priorities. Many of our activities have continued to deliver on the core strategic ambitions of Perth and Kinross IJB. Areas where we were able to make significant progress despite, or perhaps because of, the pandemic were digital innovations, shifting the balance of care, preventing admissions, community asset building and development of our complex care services:

- *PKHSCP fully embraced the roll out of Technology-Enabled Care including the expanded use of 'Near Me' enabling online video consultations with GPs. This is now available to all services. It continues to be a feature of service delivery and will remain an option going forward allowing us to consider rationalisation and downsizing of the estate we use which will hopefully result in some cost savings.*
- *We have continued the expansion of other Technology-Enabled Care which supports vulnerable people to live as independently as possible in their own homes for as long as possible. The use of this technology reduces the need for the provision of Care at Home and Care Home placements which would otherwise be necessary.*
- *The Frailty Pathway describes the journey of frail, mainly elderly, clients from home to hospital and back again, perhaps with the use of step up or step-down facilities in between. The Pathway was developed using a multi-disciplinary approach with resource flexing to where it*

was needed most. The focus was to keep people out of hospital as far as possible or, if they were admitted, to make their stay as short as possible. The embedding of our Locality Integrated Care Service (LiNCs) was key to increasing capacity of the pathway and reducing emergency admissions. Through our Remobilisation Plan we also expanded our District Nursing evening service to assist with the rapid triage, assessment, and support of deteriorating patients and reducing the need for out of our admission to hospital. A critical success factor was the close, collaborative working and improved communication channels which put the person at the centre of decision making and improved their experience of services overall.

- *Our Care at Home Resilience Project is working to ensure that we continue to have the capacity and plans in place to deal with surges in demand. We have implemented a range of responses to ensure service delivery is maintained throughout the pandemic and further work is now ongoing to develop new, sustainable models of service delivery. This new approach will work in a community-focussed manner, learning from best practice elsewhere, to provide greater choice and improved access to services. This will be advanced, subject to the demands of the pandemic, in the course of the year.*
- *In line with Scottish Government direction on Urgent Care, we have significantly developed our Urgent Care pathway, which defines how patients can best access service within Perth and Kinross. This work builds on the work of our Locality Integrated Care Service, our community-based Advanced Nurse Practitioners and our MIUs (Minor Injury Units).*

SECTION 1: MANAGEMENT COMMENTARY

- *We have begun work recommissioning Respite and Day Care services.*
- *Although paused for a while due to the pandemic, the 3-5 Year transformation programme for Complex Care has made significant progress with several work streams including Transitions, Independent Living, Behavioural Support and Technology-Enabled Care making progress during the year.*

We had begun to take forward the development of a new integrated organisational structure although this has been delayed for a full 12 months due to the pandemic.

The 3-Year Financial Plan approved by the IJB in March 2020 contained a significant programme of transformation that has been delayed due to the pandemic. Due to the level of planning uncertainty created by the COVID-19 pandemic, the IJB approved a 1-Year Balanced Budget for 2021/22 linked to the 2021/22 Remobilisation Plan. However, it is fully committed to the further development of a 3-Year Financial Plan 2022/23: 2024/25 which will deliver both on its agreed ambitions as well as refreshed strategic delivery ambitions learning from COVID-19.

Despite the pressures of COVID-19 response, we have been able to take forward many of the planned improvements set out in the Partnership Improvement including the development of a 1-Year Workforce Plan, continued development of our Performance Reporting Framework and the Pan Tayside Review of the Integration Scheme. During the pandemic, transformational activity was driven by the priorities of

the contingency level phases and significantly influenced by Scottish Government direction. This was delivered via our Command Structure and huddle arrangements which supported rapid decision-making and alignment of staff to critical priorities. We are learning the lessons of this approach and enhancing our decision making arrangements moving forward. Lessons are being learnt from our success in rapid development of Remobilisation Plans over 3 phases in increasing the effectiveness of our strategic planning arrangements.

PERFORMANCE OVERVIEW

During 2020/21, the COVID-19 pandemic fundamentally changed the demand for services as well as the way in which services could be safely provided. These significant changes in demand, activity and capacity must be borne in mind when considering performance during 2020/21 compared to previous years. Making comparisons to Scotland remains valuable however as with any other year, the unique demographic and geographic challenges facing Perth and Kinross means that a more specific benchmarking group would provide a more useful comparison. The work to identify and benchmark with appropriate partners is ongoing, although this was delayed in 2020/21 as we prioritised our pandemic response.


Table 4 summarises our performance compared to the rest of Scotland. Overall, our performance is in line with or better than the Scottish average.


SECTION 1: MANAGEMENT COMMENTARY


Table 4

Indicator Overview in comparison to Scotland	17
	2
	1

Performance Key used throughout this report

 We are within 3%, or are meeting or exceeding the number we compare against

 We are between 3% and 6% away from meeting the number we compare against

 We are more than 6% away from meeting the number we compare against

Compared to Scotland, our performance against these indicators is good. Despite a marginal decline in year-on-year performance, we have consistently outperformed Scotland overall. Only one indicator, NI 04 sits marginally below the performance of that achieved across Scotland.

Table 5 sets out our performance in respect of core indicators 11 to 20.

Table 5

ID	Indicator	2019/20 Perth and Kinross	2020/21 Perth and Kinross	Reporting Period Year up to	How we compared to 2019/20	Latest Scotland 2020/21	How we compared to Scotland
NI 11	Premature mortality rate per 100,000 persons	333	365	Dec 2020	9.61%	457	-25.21%
NI 12	Rate of emergency admissions per 100,000 population for adults (18+)	11,482	10,693	Dec 2020	-6.87%	11,100	-3.81%
NI 13	Rate of emergency bed day per 100,000 population for adults (18+)	110,547	95,692	Dec 2020	-13.44%	101,852	-6.44%
NI 14	Emergency readmissions to hospital for adults (18+) within 28 days of discharge (rate per 1,000 discharges)	116	131	Dec 2020	12.93%	114	12.98%
NI 15	Proportion of last 6 months of life spent at home or in a community setting	89.60%	90.10%	Dec 2020	0.50%	90.10%	0.00%

SECTION 1: MANAGEMENT COMMENTARY

ID	Indicator	2019/20 Perth and Kinross	2020/21 Perth and Kinross	Reporting Period Year up to	How we compared to 2019/20	Latest Scotland 2020/21	How we compared to Scotland
NI 16	Rate per 1,000 population of falls that occur in the population (aged 65+) who were admitted as an emergency to hospital	22.50	22.90	Dec 2020	1.78%	21.70	5.24%
NI 17	Proportion of care and care services rated 'good' (4) or better in Care Inspectorate inspections	86.40%	88.50%	Mar 2021	2.10%	82.50%	6.00%
NI 18	Percentage of 18+ with intensive social care needs receiving care at home	59.30%	59.53%	Dec 2020	0.23%	62.90%	-3.37%
NI 19	Number of days people aged 75+ spend in hospital when they are ready to be discharged, per 1,000 population	502	199	Mar 2021	-60.36%	488	-145.23%
NI 20	Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency	26.63%	23.93%	Dec 2020	-2.70%	21.04%	2.89%
MSG 3	A&E Attendances per 100,000 population	22,740	14,021	Mar 2021	-38.34%	20,371	-45.29%

Note on Indicators: 2020/21 Data provided for NI 11, 12, 13, 14, 15, 16, 18 & 20 is based on Calendar Year January to December 2020. NI 17, NI 19 and MSG 3 is based on Financial Year April 2020 to March 2021.

Premature Mortality Rate (NI 11)

This indicator helps to monitor the overall health of the population and is particularly important given Scotland's historically poor performance in this regard. Delivering significant and sustained improvement in health requires a focus on the underlying causes of poor health and the inequalities that exist. We have committed to develop an Integrated Resource Framework that will play a key role in ensuring our resources are aligned to areas of greatest need across our localities.

The premature mortality rate in Perth and Kinross has increased by 9.61% in the reporting year. This reverses a downward trend in recent years but the reasons behind this are not fully known. It is possible that the COVID-19 pandemic has influenced this to at least some extent. It is however notable that despite this increase, the rate for Perth and Kinross is 25.21% lower than that for Scotland.

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Emergency Admissions Rate (NI 12)

The rate of emergency admissions provides an indication of the extent to which the health and wellbeing needs of the population are being well managed and provided for. Many people who attend hospital on an emergency basis could potentially have been supported earlier, preventing their deterioration and preventing the emergency situation.

A reduction in the rate of emergency admissions normally indicates an improvement in partnership working as fewer people requiring emergency treatment in hospital suggests that their health and wellbeing needs are being managed in a planned way rather than reactively. In Perth and Kinross the rate of emergency admissions declined by 789 per 100,000 in the 12 months to 2020 when compared to 2019/20. This is a reduction of 6.87% over the period.

The COVID-19 pandemic directly reduced the number of emergency admissions during lengthy periods of lockdown in 2020/21. Against this however there was significant increase in demand for community-based services. With large-scale investment in these services in recent years, and the effective mobilisation of staff from across Health and Social Care to support our most critical services, we have been able to support people to remain at home or in a community setting. Of particular note in assisting to improve performance against this measure is the investment made in our Locality Integrated Care Service (LInCS) which is now established as an effective multidisciplinary model of working and continues to expand and streamline patient pathways. By engaging a multidisciplinary team of professionals early in a

patient's journey we have been able to address their needs without further deterioration and prevent emergency hospital admissions. We have also invested in a Community Respiratory Service which has increased our ability to support patients at home.

Emergency Bed Days Rate (NI 13)

Following any admission to hospital it is important that people are supported to return home as quickly as possible once they are fit to be discharged. This indicator is linked to NI 12 above and NI 19 below.

The number of emergency bed days reduced from a rate of 110,547 per 100,000 population in 2019/20 to 95,692 for the 12 months to December 2020. This represents a 13.44% reduction compared to the previous year.

Similar to NI 12 '*Emergency Admissions*' above and NI 19 '*Delayed Discharges*' below, the COVID-19 pandemic has had a significant impact on bed days occupied in 2020/21. However investments we have made in community-based services in recent years, combined with the effectiveness of our hospital discharge team has ensured that we have performed well compared to the rest of Scotland.

Emergency Readmissions to Hospital Within 28 Days of Discharge (NI 14)

The rate of readmission to hospital after discharge reflects the effectiveness of a range of integrated health and care services including discharge arrangements and the co-ordination and the follow-up care provided.

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Performance against this indicator appears to be below the levels that could be expected when compared to previous years or indeed against Scotland overall. During 2020/21 this has been investigated by our colleagues in the Public Health Scotland Local Intelligence Service Team (LIST). The outcome of this investigation was reported to the IJB Audit & Performance Committee on 21 June 2021.

In summary, when considering the underlying data it can be seen that recording practices in NHS Tayside differ from much of the rest of Scotland. When these factors are excluded, readmissions performance compares favourably with Scotland as a whole.

In relation to performance compared to previous years, the apparent increase is not out with that which could be expected when considering the high proportion of elderly residents, particularly those over 75 year old, in Perth and Kinross. It is understandable that readmissions to hospital within 28 days will be at a higher rate when a local population contain an unusually high proportion of elderly residents. However, despite these data and demographic considerations, the HSCP is committed to bringing forward actions to mitigate the likelihood of people being readmitted to hospital soon after discharge.

Proportion of Last 6 Months of Life Spent at Home or in a Community Setting (NI 15)

This indicator provides an insight into the extent to which palliative and end of life care is being provided in a planned way, reflecting best practice and taking account of the wishes of patients and their family, as far as is practicable. In

interpreting this indicator it is important to acknowledge that the suitability and the appropriateness of the location of the care provided may alter throughout the period of care, as may the wishes of patients and families.

In the year to December 2020 the proportion of the last 6 months of life spent at home or in a community setting has increased in Perth and Kinross from 89.6% to 90.1%. It is difficult to determine the most material factors impacting on performance against this high level indicator. However, our sustained investment in community services, along with the effectiveness of our COVID-19 response, has undoubtedly assisted to improve outcomes for patients and service users in relation to end of life care.

Emergency Admission Rate Related to Falls in 65+ Population (NI 16)

Falls can have a significant and lasting impact on an older person's independence and quality of life and can lead to reductions in confidence and mobility. This indicator is designed to measure the effectiveness of organised community-based health and social care services to support older people and reduce the likelihood of falls occurring.

Performance against this indicator has remained stable when compared to 2019/20. More broadly however, we can see that our performance is now 5.2% below the Scotland overall value. The reasons for this are not yet fully understood but we are investigating, with the assistance of the Public Health Scotland LIST team.

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Proportion of Care and Care Services Rated Good or Better in Care Inspectorate Inspections (NI 17)

This indicator provides a measure of assurance that adult care services in Perth and Kinross, whether provided directly or commissioned externally, meet the standards expected. It is important to note that when considering commissioned services, the responsibility for the quality of care provided rests with the provider. Nonetheless we provide an important and valuable role in collaborating with statutory partners and providers to support service users.

Performance against this indicator is good. In an extremely difficult and challenging year for the sector, performance against this indicator has improved year on year and significantly against Scotland overall.

Percentage 18+ with Intensive Social Care Needs Receiving Care at Home (NI 18)

There is significant evidence that living at home for longer improves outcomes by maintaining independence as much as possible. This indicator measures the extent to which our population is enabled to live independently with supportive care being provided in the home rather than in institutional settings.

Our performance against this indicator is broadly stable with a small increase of 0.23% over the reporting period. When compared to Scotland our rate is 3.37% lower. This is however likely to have been influenced by data issues which have now been resolved and should lead to improvement in future years.

Number of Days People Aged 75+ Spend in Hospital When They Are Ready to be Discharged (Delayed Discharges) (NI 19)

If people have to wait in hospital once they are fit to be discharged it can result in poor outcomes and is an ineffective use of limited resources. Reductions in this indicator represent improvements in the effectiveness of Health and Social Care services to mobilise quickly to meet people's needs as they transition from hospital to community-based services.

In recent years we have improved performance against this indicator year on year. For 2020/21, the rate of delayed discharge per 1,000 population has reduced from 502 in 2019/20 to 199 in the 12 months to March 2021, a 60.36% reduction. It is notable that the reduction against Scotland as a comparator is significantly greater at 145.23%.

The COVID-19 pandemic has had a significant impact in terms of the overall level of unplanned admissions to hospital, as well as a significant reduction in planned care. Nonetheless the pandemic brought additional pressures in terms of delivery of the scale and shape of community services required to support people at home. Our performance against this measure indicates that services have indeed been mobilised effectively in response to these pressures.

In response to these pressures we initiated our 'SWITCH Team', which provides short-term in-house Care at Home. This provides early supported discharge out of hospital prior to the involvement of external care providers. The success of this team has been contingent on the continued expansion of LInCS, our locality-based integrated model of care, which has

SECTION 1: MANAGEMENT COMMENTARY

created a robust multi-disciplinary way of working which sees the right health and care professionals engage with patients at the right time, in the right setting.

A&E Attendances (Ministerial Strategic Group Indicator, MSG 3)

The number of A&E attendances provides a further measure of the effectiveness of services in planning and providing care for those that need it earlier, and in the most appropriate setting and in doing so reducing the need for attendance at accident and emergency.

The number of A&E attendances has reduced from 22,740 per 100,000 in 2019/20 to 14,021. This is a reduction of 38.34% year-on-year with a greater reduction of 45.29% seen when compared to Scotland. In line with other related indicators (above) this measure needs to be considered in the context of the COVID-19 pandemic on overall activity levels.

As non-COVID-19 health services recommence it will be important to assess the impact that our LInCS approach, the contribution of our Community Respiratory Service and the expansion of support to GP Practices via Advance Nurse Practitioners, have on our performance against this indicator. With the wider effects of the Pandemic not fully understood it is anticipated that A&E attendances may be affected in different ways and this may impact on how performance is reported against this indicator.

FINANCIAL OVERVIEW

Financial Performance

The 3 Year Financial Plan, approved by the IJB in March 2020, contained a significant programme of transformation to bring a balanced position over a 3 year period. Our financial performance compared to the Financial Plan for 2020/21 is summarised in the table below.

	2020/21 Financial Plan Position Over/(Under)	2020/21 Year-End Out-Turn Over/(Under)	Movement from Plan Over/(Under)
	£m	£m	£m
Core	1.665	0.035	(1.630)
Hosted Services	0.098	(0.302)	(0.400)
Prescribing	(0.588)	(0.588)	0.000
GMS	0.000	(0.106)	(0.106)
Health	1.175	(0.961)	(2.136)
Social Care	0.000	(2.926)	(2.926)
Total	1.175	(3.887)	(5.062)

SECTION 1: MANAGEMENT COMMENTARY

Finance Update reports have been presented to the IJB throughout 2020/21, reporting on the projected in year position and the impact of COVID-19. Expenditure incurred as a direct result of COVID-19 was fully funded by additional Scottish Government income, with no impact on year-end out-turn. However, for many operational variances it proved challenging to differentiate those resulting from COVID-19 and those not, as nearly all services were affected directly or indirectly. It is clear the COVID-19 pandemic and the PKHSCP mobilisation response has been a significant cause for the financial position to move from plan and, mirroring the performance indicators, the financial position reflects shifts in demand for services.

In Social Care, the reduction in demand for care home placements shifted to an increased demand for care at home. However, much of this demand was met through the effective re-tasking of staff from across Health and Social Care. Some significant delays in the provision of adult care packages due to a lack of carers led to an underspend that was not directly a result of COVID-19.

In Health, the delay in the programme of transformation resulted in planned investment monies slippage and a subsequent underspend. This will now be carried forward as part of IJB reserves to invest in 2021/22. Planned spend of uncommitted monies and planned recruitment was also delayed, resulting in additional unanticipated underspend. Where vacancies arose during the year, the change in service demand meant critical vacancies were covered through staff deployment, whilst others were not immediately filled. Again, this led to unanticipated underspends across services.

Savings plans attributed to the Health and Social Care transformation programme have been affected. In line with the COVID-19 local mobilisation plan, supported by the Scottish Government, these unachieved savings were included within the costs of the plan and were part of the additional funding allocation made by the Scottish Government and therefore had no impact on the out-turn position.

As part of the development of the 3-Year Financial Plan 2022/23 to 2024/25, we will seek to better understand changes to expenditure patterns and potential implications for future years.

FINANCIAL STATEMENTS

Background

The IJB's finances are overseen by the IJB's Head of Finance & Corporate Services. The Head of Finance & Corporate Services is supported by finance staff from both Perth & Kinross Council and NHS Tayside.

Analysis of Financial Statements

The main objective of the Annual Accounts is to provide information about the financial position of the IJB that is useful to a wide range of users in making and evaluating decisions about the allocation of resources.

SECTION 1: MANAGEMENT COMMENTARY

The 2020/21 Annual Accounts comprise:

- (a) **Comprehensive Income and Expenditure Statement** - *This shows a surplus of £12.741m. The underlying operational out-turn is a £3.887m underspend of which Health Services are £0.961m and Social Care £2.926m. In line with the Integration Scheme, this surplus has been added to the IJB reserve to carry forward into 2021/22. The remaining surplus of £8.854m relates to the movement and increase in reserves. Further detail is provided in section (b) and (c) below and in Note 6.*
- (b) **Movement in Reserves** - *In 2020/21, earmarked reserves had an opening balance of £1.159m, this has increased by £12.741m, providing a closing balance of £13.900m. During 2020/21, a significant level of funding has been provided by the Scottish Government to the IJB via NHS Tayside. In addition to the underlying operational underspends, the most significant balances held are for COVID-19 and Primary Care Improvement Funding.*
- (c) **Balance Sheet** - *In terms of routine business the IJB does not hold assets, however the balance of £13.900m reserves is reflected in the year-end balance sheet.*
- (d) **Notes** - *comprising a summary of significant accounting policies, analysis of significant figures within the Annual Accounts and other explanatory information.*

The Annual Accounts for 2020/21 do not include a Cash Flow Statement as the IJB does not hold any cash or cash equivalents.

MEDIUM-TERM FINANCIAL STRATEGY

Building on the significant progress and lessons learned through our response to the COVID-19 pandemic, the 2021/22 Remobilisation Plan prioritises support and investment where it is most required. The 2021/22 one year balanced budget, approved at the IJB in March 2021, builds on the indicative budget approved by the IJB last March 2020. This has been updated significantly to reflect COVID-19 Remobilisation Plan priorities.

The setting of a 1-Year Financial Plan for 2021/22 was agreed by the IJB in recognition of the level of planning uncertainty. However, the IJB and its Executive Management Team are fully committed to developing a 3-Year Financial Plan for the years 2022/23 to 2024/25. This will incorporate the direction set out in the previously approved 3-Year Financial Plan; the lessons learned from 2020/21; and the predicted and unforeseen pressures as a result of COVID-19. Other key factors in its development will be the funded Scottish Government service development priorities including the Primary Care Improvement Plan; Mental Health Action 15; Mental Health Recovery and Renewal; Alcohol and Drug Partnership; Drug Deaths, the Community Living Change Fund for complex care and District Nursing.

In addition, the Scottish Government have identified some early priorities for the implementation of recommendations within the Independent Review of Adult Social Care. These will require to be considered.

SECTION 1: MANAGEMENT COMMENTARY

STRATEGIC RISKS AND OUTLOOK FOR FUTURE YEARS

The IJB's key strategic risks are contained in the Strategic Risk Register, along with an assessment of level of risk facing the IJB. The Strategic Risk Register is monitored and updated frequently by the PKHSCP Executive Management Team who in turn report to the IJB Audit & Performance Committee and the IJB on a regular basis. At the Audit & Performance Committee in February 2021 the revised Strategic Risk Register was approved. Strategic Risks had been reviewed and refreshed to consider the implications of COVID-19. It was agreed that the Risk Improvement Plan be developed and brought back for consideration. The IJB approved the revised Tayside Strategic Risk Management Strategy Register at its meeting in April 2021 and agreed to hold a workshop on the strategic risks and the IJB's risk appetite during 2021/22. A summary of the Strategic Risk Register is set out in the following table.

Risk	Priority
1 Financial Resources There are insufficient financial resources to deliver the objectives of the Strategic Plan.	Very High
2 Workforce As a result of our ageing workforce, difficulties in recruiting suitably skilled and experienced staff in some areas, and the impact of COVID-19, there is a risk that the Partnership will be unable to maintain its workforce appropriately leading to unsustainable services.	Very High
3 Safe Working There is a risk that COVID-19 restrictions on safe working practice and social distancing leads to a reduction in service provision inhibiting the ability of the Partnership to achieve its strategic aims.	Very High
4 Sustainable Capacity and Flow As a result of the demographics of the people who use our services in Perth and Kinross and the impact of COVID-19 on our population there is a risk of ' <i>capacity and flow</i> ' within our services being unsustainable.	High
5 Sustainable Digital Solutions As a result of being insufficiently digitally enabled or integrated there is a risk that the Partnership will not to be able to adapt effectively and efficiently to deliver new models of working.	High

SECTION 1: MANAGEMENT COMMENTARY

Risk	Priority
6 Viability of External Providers As a result of social care market conditions, availability of services, and COVID-19, there is a risk that external providers of care will not be able to meet people's assessed needs in the most appropriate way.	Medium
7 Insufficient Preparedness for Future COVID-19 (or Other Pandemic) Pressures Due to the scale of future COVID-19 outbreaks being unknown, there is a risk that preparations to sustain service provision will be insufficient.	Low
8 Widening Health Inequalities As a consequence of COVID-19 there is a risk that health inequalities widen significantly.	High
9 Leadership Team Capacity As a result of insufficient capacity in the Leadership Team there is a risk that the clear direction and leadership required to achieve the vision for integration is not achieved.	High
10 Corporate Support As a result of insufficient Corporate staff resource there is a risk that functions (such as improvement and project support, robust administration as well as core corporate duties such as performance, risk management, strategic planning, governance and audit) will be unable to deliver as required to achieve strategic objectives.	High
11 Primary Care As a result of insufficient suitable and sustainable premises, and a lack of available national and cross-system flow of financial support, there is a risk that we will not be able to provide, within the legislative timeframe, the necessary services as defined within the 2018 General Medical Services Contract.	Very High
12 EU Withdrawal There is a risk that the UK will leave the EU without the necessary provisions in place to safeguard supplies, protect staff and reduce the effects of vulnerable UK citizens returning to the area, impacting on the ability of the IJB to ensure the sustainable delivery of Health and Care Services.	Low
13 Inpatient Mental Health Services There is a risk that due to the complexity of the governance arrangements for Inpatient Mental Health Services Perth and Kinross IJB will not be able to meet its Strategic Planning responsibilities.	Medium

SECTION 1: MANAGEMENT COMMENTARY

The COVID-19 pandemic and its long-term impact creates an increased level of uncertainty both in terms of the shape and scale of the future services required to meet the needs of our population but also in terms of resources that can be made available by the Scottish Government. Further, the Independent Review of Adult Social Care and its recommendations will fundamentally change the planning landscape moving forward and delivery of the ambitions within the review will require legislative change as well as significant additional investment.

SECTION 2: STATEMENT OF RESPONSIBILITIES

This statement sets out the respective responsibilities of the IJB and the Head of Finance & Corporate Services, as the IJB's Section 95 Officer, for the Annual Accounts.

RESPONSIBILITIES OF THE INTEGRATION JOINT BOARD

The Integration Joint Board is required to:

- *make arrangements for the proper administration of its financial affairs and to secure that the proper officer of the board has responsibility for the administration of those affairs (Section 95 of the Local Government (Scotland) Act 1973). In this authority, that officer is the Head of Finance & Corporate Services;*
- *manage its affairs to secure economic, efficient and effective use of resources and safeguard its assets;*
- *ensure the Annual Accounts are prepared in accordance with legislation (The Local Authority Accounts (Scotland) Regulations 2014), and so far as is compatible with that legislation, in accordance with proper accounting practices (Section 12 of the Local Government in Scotland act 2003);*
- *approve the Annual Accounts.*

I confirm that these Annual Accounts were approved for signature at a meeting of the Integration Joint Board's Audit & Performance Committee on 13 September 2021.

Signed on behalf of the Perth and Kinross IJB

Councillor Eric Drysdale
IJB Chair

SECTION 2: STATEMENT OF RESPONSIBILITIES

RESPONSIBILITIES OF THE HEAD OF FINANCE & CORPORATE SERVICES

The Head of Finance & Corporate Services is responsible for the preparation of the IJB's Annual Accounts in accordance with proper practices as required by legislation and as set out in the CIPFA/LASAAC Code of Practice on Local Authority Accounting in the United Kingdom (the Accounting Code).

In preparing the Annual Accounts, the Head of Finance & Corporate Services has:

- *selected suitable accounting policies and then applied them consistently;*
- *made judgements and estimates that were reasonable and prudent;*
- *complied with legislation;*
- *complied with the local authority Code (in so far as it is compatible with legislation).*

The Head of Finance & Corporate Services has also:

- *kept proper accounting records which were up-to-date;*
- *taken reasonable steps for the prevention and detection of fraud and other irregularities.*

I certify that the financial statements give a true and fair view of the financial position of the Perth and Kinross Integration Joint Board as at 31 March 2021 and the transactions for the year then ended.



Jane Smith

Head of Finance & Corporate Services

SECTION 3: REMUNERATION REPORT

INTRODUCTION

This Remuneration Report is provided in accordance with the Local Authority Accounts (Scotland) Regulations 2014. It discloses information relating to the remuneration and pension benefits of specified IJB members and staff.

The information in the tables following is subject to external audit. The explanatory text in the Remuneration Report is reviewed by the external auditor to ensure it is consistent with the financial statements.

BOARD MEMBERS

The Perth and Kinross IJB comprises of 8 voting and 11 non-voting members. At 31 March 2021, Perth and Kinross IJB had 7 voting members and 11 non-voting members. A Non-Executive voting member position was vacant as at 31 March 2021, although this position was filled on 28 April 2021 by Beth Hamilton. The position as at 31 March is as follows:

Voting Members:

Councillor Eric Drysdale (Chair)

Bob Benson (Vice-Chair) (Non-Executive Member)

Councillor Callum Purves

Councillor John Duff

Councillor Xander McDade

Pat Kilpatrick (Non-Executive Member)

Ronnie Erskine (Non-Executive Member)

Vacant (Non-Executive Member)

Non-Voting Members:

Gordon Paterson (Chief Officer)

Jane Smith (Head of Finance & Corporate Services)

Jacqueline Pepper (Chief Social Work Officer)

Dr Lee Robertson (Secondary Medical Care Practitioner Representative)

Sarah Dickie (Associate Nurse Director)

Bernie Campbell (Carer Public Partner)

Sandra Auld (Service User Public Partner)

Allan Drummond (Staff Representative)

Stuart Hope (Staff Representative)

Sandy Watts (Third Sector Representative)

Lynn Blair (Independent Sector Representative)

During 2020/21, the position of Chair was held by Councillor Eric Drysdale.

During 2020/21, the position of Vice-Chair was held by Bob Benson, Non-Executive.

SECTION 3 REMUNERATION REPORT

IJB CHAIR AND VICE-CHAIR

The voting members of the IJB are appointed through nomination by Perth & Kinross Council and NHS Tayside. Nomination of the IJB Chair and Vice-Chair postholders alternates between a Councillor and a Health Board representative.

The IJB does not provide any additional remuneration to the Chair, Vice-Chair or any other board members relating to their role on the IJB. The IJB does not reimburse the relevant partner organisations for any voting board member costs borne by the partner. There were no taxable expenses paid by the IJB to either the Chair or the Vice-Chair in 2020/21.

The IJB does not have responsibilities, either in the current year or in future years, for funding any pension entitlements of voting IJB members. Therefore no pension rights disclosures are provided for the Chair or Vice-Chair.

OFFICERS OF THE IJB

The IJB does not directly employ any staff in its own right; however specific post-holding officers are non-voting members of the Board.

OTHER OFFICERS

The IJB requires to appoint a proper officer who has responsibility for the administration of its financial affairs in

terms of Section 95 of the 1973 Local Government (Scotland) Act. The employing contract for the Head of Finance & Corporate Services adheres to the legislative and regulatory governance of the employing partner organisation. The Head of Finance & Corporate Services is included in the disclosures below.

Total 2019/20 £	Senior Employees	Salary, Fees & Allowances £	Total 2020/21 £
7,706	Rob Packham Chief Officer	0	0
108,024	Gordon Paterson Chief Officer	120,426	120,426
74,952	Jane Smith Head of Finance & Corporate Services	87,487	87,487
190,682		207,913	207,913

Gordon Paterson was appointed to the position of Chief Officer on 1 April 2019. Rob Packham retired on 30 April 2019, there was an overlapping handover period of one month.

In respect of officers' pension benefits the statutory liability for any future contributions to be made rests with the relevant employing partner organisation. On this basis there is no pensions liability reflected on the IJB balance sheet for the Chief Officer or any other officers.

SECTION 3: REMUNERATION REPORT

The IJB however has responsibility for funding the employer contributions for the current year in respect of the officer time spent on fulfilling the responsibilities of their role on the IJB. The following table shows the IJB's funding during the year to support officers' pension benefits. The table also shows the total value of accrued pension benefits which may include benefits earned in other employment positions and from each officer's own contributions.

Senior Employee	In-Year Pension Contributions		Accrued Pension Benefits		
	For Year to 31/03/20 £	For Year to 31/03/21 £		Difference from 31/03/20 £	As at 31/03/21 £
Rob Packham <i>Chief Officer</i>	1,579		Pension	n/a	n/a
			Lump sum	n/a	n/a
Gordon Paterson <i>Chief Officer</i>	18,364	20,472	Pension	7,296	56,381
			Lump sum	10,557	102,507
Jane Smith <i>Head of Finance & Corporate Services</i>	15,614	16,125	Pension	2,182	27,256
			Lump sum	1,722	54,323
Total	35,557	36,597	Pension	9,478	83,637
			Lump Sum	12,279	156,830

DISCLOSURE BY PAY BANDS

As required by the regulations, the following table shows the number of persons whose remuneration for the year was £50,000 or above, in bands of £5,000.

Number of Employees in Band 2019/20	Remuneration Band	Number of Employees in Band 2020/21
1	£70,000 - £74,999	0
0	£85,000 - £89,999	1
1	£105,000 - £109,999	0
0	£120,000 - £124,999	1

EXIT PACKAGES

No exit packages were paid to IJB staff during this period or the previous period.

Councillor Eric Drysdale
IJB Chair

Gordon Paterson
Chief Officer

SECTION 4: ANNUAL GOVERNANCE STATEMENT

INTRODUCTION

The Annual Governance Statement explains Perth and Kinross Integration Joint Board's (IJB) governance arrangements and reports on the effectiveness of the IJB's system of internal control.

SCOPE OF RESPONSIBILITY

Perth and Kinross IJB is responsible for ensuring that its business is conducted in accordance with the law and proper standards, and that public money is safeguarded and properly accounted for and used economically, efficiently and effectively.

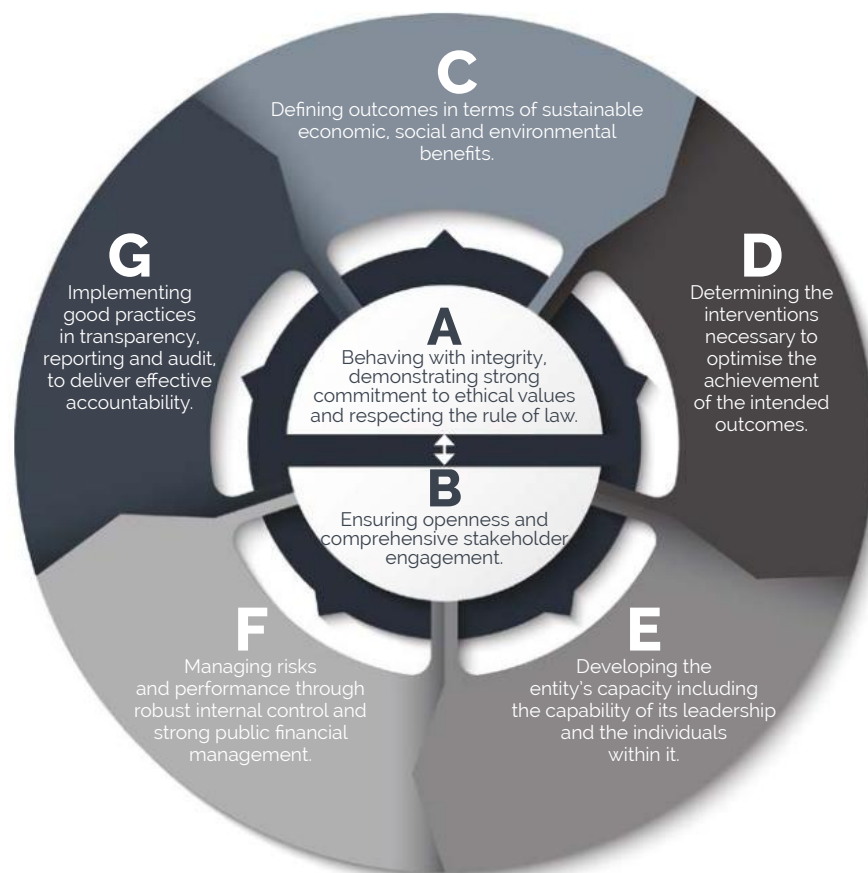
To meet this responsibility the IJB has established arrangements for governance that includes a system of internal control. The system is intended to manage risk to support achievement of the IJB's policies, aims and objectives. Reliance is also placed on the NHS Tayside and Perth & Kinross Council systems of internal control that support compliance with both organisations' policies and promotes achievement of each organisation's aims and objectives including those of the IJB. Assurance has been received from both NHS Tayside and Perth & Kinross Council as to the effectiveness and adequacy of those systems. The systems can only provide reasonable and not absolute assurance of effectiveness.

PURPOSE OF THE GOVERNANCE FRAMEWORK

The governance framework comprises the systems and processes, and culture and values by which the IJB is directed and controlled and the activities through which it accounts to, engages with and leads the community. It enables the IJB to monitor the achievement of its strategic priorities and to consider whether those priorities have led to the delivery of appropriate, cost-effective services. The system of internal control is a significant part of that framework and is designed to manage risk to a reasonable level. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of Perth and Kinross IJB's policies, aims and objectives, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically.

SECTION 4: ANNUAL GOVERNANCE STATEMENT

The core principles of good governance are set out in the diagram below:



The IJB supported by the HSCP Team have worked hard to develop an effective governance framework underpinned by these principles and to ensure that it operates effectively in practice. We have been supported by our partner bodies but have also sought to identify best practice systems and processes from elsewhere.

Further we have developed a comprehensive improvement plan that brings together improvements identified in our annual review of governance, the findings of the External Joint Inspection and as part of that the MSG Review of Integration undertaken in collaboration with both Partner bodies.

The key features of the governance framework that was in place during 2020/21 are summarised below along with the improvement activity that has been undertaken during the year to increase. This includes the additional governance arrangements required to respond to the COVID-19 pandemic.

COVID-19 ARRANGEMENTS

In relation to the pandemic the Partnership reduced its service delivery and prioritised services to allow it to deal with the implications of the Coronavirus and support a reduction in the spread of the virus by undertaking social distancing and reducing contact with service users. In terms of the pandemic governance arrangements, the Partnership has reported through the business continuity arrangements of both the Council and the NHS. Governance arrangements have also been established in the Partnership where the status of service delivery is assessed regularly during the week at Gold

SECTION 4: ANNUAL GOVERNANCE STATEMENT

Command Meetings. At this meeting it is agreed what needs to be escalated and what can be agreed using the delegated authority of either the Chief Officer or Chief Finance Officer. These arrangements have continued throughout the financial year, however, were particularly important during the first wave where decisions were required to be made quickly. The IJB has been operating throughout the pandemic, but with light agendas during the first wave. Since then, the IJB agendas have returned to normal.

The COVID-19 pandemic response by PKHSCP has resulted in a dramatic and unprecedented level of change in how day-to-day services are delivered. The financial and service implications have been captured through the development and regular submission of PKHSCP's Mobilisation Plan to Scottish Government. Oversight of the Mobilisation Plan has been through the PKHSCP Command Structure and directly by the Chief Officer, as delegated by the IJB. The IJB have received regular updates and the 2021/22 Remobilisation Plan will be considered by the IJB in June 2021.

A COVID-19 Risk Register has been integrated with the IJB's Strategic Risk Register ensuring a consolidated understanding of key risks including the ongoing challenges of pandemic response.

As part of our Strategic Planning Framework we are identifying which changes should now be embedded in service models and practice moving forward, seizing the good practice and innovation that has emerged and supporting accelerated delivery of strategic plan objectives.

Improvement activity during the year:

- *A review of the effectiveness of the PKHSCP COVID-19 command structure has been undertaken.*

LEADERSHIP, CULTURE AND VALUES

A Code of Conduct for members and employees is in place along with a register of interest. A Standards Officer has been appointed and standing orders are in place. The development programme for IJB members has been in place since inception and this has been a key feature in developing working relationships between the Chair, members and officers. This would normally include visits to our Health and Social Care services in the community, in hospitals and in the prison. It also includes the provision of induction sessions/refreshers at regular intervals. This has been particularly important in the face of ongoing changes to membership.

The Chair and Chief Officer meet regularly, and the Head of Finance & Corporate Services and Chair of the Audit & Performance Committee meet on a monthly basis. The Strategic Commissioning Plan has provided a clear sense of shared direction and purpose across the IJB membership and PKHSCP Team and the refresh which has been completed fully aligns our collective and collaborative activity.

The IJB Chair is supported effectively to carry out his role with independent legal and governance support and effective committee services. The Chief Officer is a Director in the

SECTION 4: ANNUAL GOVERNANCE STATEMENT

partner organisations, a member of the Executive Teams, attends the Board and Council and is directly accountable to both Chief Executives, who provide regular one-to-ones. As well as the support from both partner bodies' Executive Group, the Chief Officer benefits from the support of the Council's Chief Social Work Officer, who is a member of the IJB and the Clinical and Professional Governance Forum. Health Care Professionals who are members of the board also provide a level of support to the IJB, helping to align oversight and assurance.

Improvement activity during the year:

- *The Executive Management Team carried out a self-evaluation of performance against the Integration Scheme which supported the shape of the Tayside-wide review. Regular reports have been provided to the IJB on progress of the review. An Induction Guide for new members has been developed and a review of the Standing Orders has been undertaken.*

STAKEHOLDER ENGAGEMENT

The IJB meetings are public meetings and membership includes wide stakeholder representation including carers, service users and the Third Sector. A Communication Strategy and Participation and Engagement Strategy have been agreed by the IJB at inception and both are now being refreshed to learn from our experience thus far.

The refreshed Strategic Commissioning Plan 2020-2025 was published following engagement with local people. The membership of the Strategic Planning Group has been refreshed to ensure wide stakeholder involvement.

The Communication, Participation and Engagement group terms of reference and remit and membership are under review and will provide a forum for co-ordinating all future engagement activity within the Partnership. We have appointed a dedicated Communication Team Leader.

A number of forums including the Third Sector Interface, the Third Sector Forum, Local Involvement Network, the Area Drugs Partnership and our Adult Provider Forum ensure a strong contribution to joint strategic planning and commissioning. Over the COVID-19 pandemic enhanced engagement has taken a variety of forms.

The HSCP fund an Independent Sector Lead role that supports the Integration of Health and Social Care in Perth and Kinross.

The HSCP Community Engagement Team play a key role in delivering community engagement and participation across the Partnership, with each of our three localities having a

SECTION 4: ANNUAL GOVERNANCE STATEMENT

Participation and Engagement Plan that is overseen by the Locality Management Group. We maintain close links with the Community Planning Partnership and Local Action Partnerships.

The Partnership works closely with Independent Contractors such as Care Providers, GPs, Dentists, Optometrists and Pharmacists in the delivery of Health and Care Services across Perth and Kinross.

The Partnership has engaged regularly with all elected members of Perth & Kinross Council around the challenges and opportunities and Financial Plan.

Improvement activity during the year:

- *Additional dedicated communications resource was recruited by PKHSCP to enhance communication with staff and stakeholders; a review of IJB membership has also been undertaken to ensure that there is appropriate level of stakeholder representation; the role, remit and terms of reference for the Strategic Planning Group have been refreshed; strong engagement and collaborative relationships with Third and Independent Sector to support Care Homes and wider sustainable service provision in response to the pandemic.*

DIRECTION AND PURPOSE

The refreshed Strategic Commissioning Plan 2020-2025 provides a clear vision and the Performance Strategy approved by the IJB set out the commitment to ensure we have the framework in place to measure our success. The Chief Officer is leading a review of the current structures and systems for strategic planning and commissioning and ensure connections into localities, clear leadership arrangements and supporting capacity.

Improvement activity during the year:

- *We have developed our Remobilisation Plan 2021/22 in response to the pandemic which has clear links to the Strategic Commissioning Plan and have established a systematic approach to monitoring the implementation of the plan with clear reporting arrangements to the management team, IJB and Scottish Government. Over the last year our Performance Framework has been embedded with regular reporting to the Audit & Performance Committee. Performance reporting at locality level has been rolled out. We have worked with the IJB to ensure a robust understanding of the recommendations of the Independent Review of Adult Social and its potential implications.*

SECTION 4: ANNUAL GOVERNANCE STATEMENT

DECISION-MAKING

All reports to the IJB are in an agreed format that supports effective decision-making. The IJB Annual Work plan ensures regular opportunity for review and scrutiny of progress in delivering strategic priorities. The Executive Management Team meets regularly to ensure robust review and scrutiny of progress in delivering our transformation and service redesign priorities at locality level and for escalation of operational risk that will impact on strategic delivery.

The development of integrated financial planning ensures a consistent approach across health and social care services. The IJB Budget Review Group along with development sessions throughout the year have provided IJB members with the forum for ensuring detailed understanding of the pressures and opportunities and has ensured that our members are informed to make the difficult decisions that are inevitable in the current financial climate.

Improvement activity during the year:

- *Programme and Project Management resources have been increased and been closely prioritised to Older People and Mental Health in particular in support of Service Managers.*

ORGANISATIONAL DEVELOPMENT

The IJB Members are supported by a programme of training and development throughout the year. PKHSCP has a formal leadership structure that has been endorsed by the IJB, however the Chief Officer is considering the future organisational structure to achieve greater integration and improved effectiveness. PKHSCP relies heavily on the Corporate Support arrangements in place with NHS Tayside and Perth & Kinross Council across a range of key areas including HR, Finance, Strategic Planning and Organisational Development. As part of the wider review of organisational structure, the Chief Officer will look to address key gaps which will ensure sufficient capacity, in particular around planning and performance, workforce and organisational development, communications and premises development.

Improvement activity during the year:

- *A 1-Year Workforce Plan has been developed.*

SECTION 4: ANNUAL GOVERNANCE STATEMENT

SCRUTINY AND ACCOUNTABILITY

Accountability is about ensuring that those making decisions are answerable for them. We have learned from best practice elsewhere to ensure transparent reporting of our actions, but also to ensure that in this complex landscape our stakeholders can understand our intentions. We have particularly tried to ensure reports to the IJB are clear and concise with the audience in mind.

In order to comply with regulations outlined by the Scottish Government's Integrated Resources Advisory Group, the IJB established an Audit & Performance Committee in July 2016. The role of the IJB Audit & Performance Committee ensures that good governance arrangements are in place for the IJB. It is the responsibility of this committee to ensure that proportionate audit arrangements are in place for the IJB and that annual financial statements are compliant with good practice standards.

We report at regular intervals on financial performance and we are required to publish externally audited Annual Accounts each year. We are drafting our fourth Annual Performance Report which will account for our activity, report on our success and outline further areas for improvement and development.

We have provided regular reports to the IJB Audit & Performance Committee on our progress in implementing all external and internal audit recommendations and we have included a transparent assessment of how we are delivering against our Best Value responsibilities within the Annual Performance Report.

Improvement activity during the year:

- *Performance reporting has been embedded over the last year with quarterly reports being presented to the Audit & Performance Committee. Locality Reports have been provided to the Audit & Performance Committee; both the IJB and the Audit & Performance Committee now have Annual Work Plans.*

INTERNAL CONTROL FRAMEWORK

The governance framework above operates on the foundation of internal controls including management and financial information, financial regulations, administrative procedures, management supervision and a system of delegation and accountability.

The IJB uses the systems in NHS Tayside and Perth & Kinross Council to manage its financial records. Development and maintenance of these systems is undertaken by both partner bodies as part of the operational delivery of the Health and Social Care Partnership. In particular, the systems include:

- *comprehensive budgeting systems;*
- *setting of targets to measure financial performance;*
- *regular reviews of periodic and annual financial reports that indicate financial performance against the forecasts.*

SECTION 4: ANNUAL GOVERNANCE STATEMENT

The Head of Finance & Corporate Services has implemented a three-year budgeting process which facilitates the prioritisation of resources in the face of competing demands in line with Strategic Priorities. However, for 2020/21, the IJB agreed to the setting of a one-year budget recognising the extreme level of planning uncertainty and the impact of COVID-19 response and remobilisation on the capacity of officers. Work is already underway however to develop the 3-Year Financial Plan 2022/23 to 2024/25.

During 2020/21 the Audit & Performance Committee has overseen the ongoing development of the Strategic Risk Register.

The annual work plan for the IJB sets out clear timescales for reporting on key aspects of strategy implementation and transformation.

Regular review of service quality against recognised professional clinical and care standards is provided by the PKHSCP Clinical Governance Forum to NHS Tayside Clinical Care Governance Committee. The NHS Tayside Clinical Care Governance Committee provides assurance to the IJB.

We have an agreed Internal Audit Service from Perth & Kinross Council Internal Audit Services and Fife, Tayside and Forth Valley Internal Audit Services (FTF).

We have agreed with Perth & Kinross Council to the appointment of their Data Protection Officer to the IJB to ensure our GDPR requirements are met. In parallel we have ensured effective arrangements are in place with Perth & Kinross Council and NHS Tayside for the sharing of data.

We continue to work with our NHS Tayside colleagues to set up an effective forum for ensuring that the planning of services that fall within our large hospital set-aside budget is undertaken in a way that enables the IJB's intentions to shift the balance of care to be effectively progressed. This has been delayed over the Pandemic.

We are working hard with the other IJBs in Tayside to ensure strong and effective arrangements are in place to support the strategic planning and delivery of hosted services. These arrangements need to carefully consider the responsibilities of the hosting partnership alongside the wider obligation of each IJB to the strategic planning of all services to their population.

The wider internal control framework also includes:

- *complaints handling procedures;*
- *Clinical Care Governance monitoring arrangements;*
- *procedures for whistle-blowing;*
- *Data Sharing arrangements;*
- *Code of Corporate Governance including Scheme of Delegation, Standing Financial Instructions, standing orders, scheme of administration;*
- *reliance on procedures, processes and systems of partner organisations.*

Perth and Kinross IJB's relationship with both partner bodies has meant that the controls in place in one body inevitably affect those in the other. The draft NHS Tayside Governance Statement 2020/21 was considered at its Audit & Risk

SECTION 4: ANNUAL GOVERNANCE STATEMENT

Committee on 20 May 2021. No material weaknesses were found. Perth & Kinross Council has approved a Governance Statement which also concludes positively on the adequacy and effectiveness of internal controls, accompanied by an Annual Internal Audit Report which concludes that reasonable reliance can be placed on the Council's risk management and governance arrangements, and systems of internal control for 2020/21, subject to management implementation of the agreed actions detailed in Internal Audit reports.

Improvement activity during the year:

- *The Strategic Risk Register has been fully refreshed including implications of COVID-19. A supporting Risk Improvement Plan has been developed. The Tayside Risk Management Strategy has been fully refreshed and approved by the IJB.*

ONGOING REVIEW AND FURTHER DEVELOPMENTS

To support the annual review of governance, we have undertaken a full self-assessment using the Governance Self-Assessment Tool provided by Internal Audit. The annual self-assessment has been supported by a full progress update of our Partnership Improvement Plan. The areas of progress through our ongoing improvement activity have been highlighted above.

Those areas identified which still require further development are highlighted in the refreshed Partnership Improvement Plan which includes new areas identified by local self-assessment and any other external audit recommendations received during 2020/21. Progress updates on the Partnership Improvement Plan have been provided during the year to the IJB's Audit & Performance Committee.

REVIEW OF ADEQUACY AND EFFECTIVENESS

Perth and Kinross IJB has responsibility for conducting, at least annually, a review of the effectiveness of its governance framework including the system of internal control.

The review of the effectiveness of the framework has been informed by:

- *the work of the Executive Management Team who have responsibility for development and maintenance of the governance environment;*
- *the Annual Report by the Chief Internal Auditor; reports from Audit Scotland and other review agencies including the Audit Scotland Report on the Review of Health and Social Care Integration;*
- *self-assessment against the FTF Internal Audit Service's Governance Self-Assessment Tool 2020/21;*
- *self-assessment against the Ministerial Strategic Group recommendations;*
- *the draft Annual Governance Statements for Perth & Kinross Council and NHS Tayside.*

SECTION 4: ANNUAL GOVERNANCE STATEMENT

The Chief Internal Auditor reports directly to the IJB Audit & Performance Committee on all audit matters, with the right of access to the Chief Officer, Head of Finance & Corporate Services and Chair of the Audit & Performance Committee on any matter.

In addition to regular reports to the IJB's Audit & Performance Committee during 2020/21, the Chief Internal Auditor prepares an annual report to the Audit & Performance Committee including an assurance statement containing a view on the adequacy and effectiveness of the systems of internal control.

The Internal Audit Annual Report 2020/21 received by the Audit & Performance Committee on 21 June 2021 highlights findings which indicate some weaknesses in the internal control environment. None of these are considered material enough to have a significant impact on the overall control environment and it is the opinion of the Chief Internal Auditor that the systems of internal control relied upon by the IJB provide reasonable assurance against loss.

ACTION PLAN FOR 2021/22

The key areas where further progress is required to further strengthen governance arrangements are set out in detail in the Partnership Improvement Plan and are summarised below.

Leadership, Culture and Values

- *Develop a Leadership Development Programme focused on collaborative practice.*

Stakeholder Engagement

- *Review the role of the Participation and Engagement Group.*
- *Ensure resources are in place through organisational restructuring to support a strong focus on Communities, ensuring a co-ordinated and consistent approach to consultation, engagement and participation in the design and delivery of public services.*

Vision, Direction and Purpose

- *Develop 3-Year Strategic Delivery Plans across 5 key priority work streams with supporting investment and disinvestment plans.*
- *Develop a framework for evaluating the impact of Strategic Plans including Patient/User/Stakeholder feedback.*
- *Develop a Strategic Needs Assessment Framework to support long-term strategic planning to ensure that the approach across the partnership is consistent and systematic.*
- *Ensure resources are in place to ensure we can better contribute to the Community Planning Partnership.*

Decision-Making

- *Develop a 3 Year Workforce and Organisational Development Plan.*

Scrutiny & Accountability

- *Further enhancement of performance and reporting of Tayside-wide Hosted Services.*

SECTION 4: ANNUAL GOVERNANCE STATEMENT

Internal Controls

- Further embed process to ensure the routine issue of Directions.
- Review and embed a process for ensuring regular assurance is provided to the IJB that NHS Tayside and Perth & Kinross Council are effectively managing and monitoring clinical care and professional risk and that significant risks that may impact on the strategic objectives of the IJB are effectively escalated.

For a number of further improvements we are reliant on the leadership of NHS Tayside and Perth & Kinross Council as partners to the Integration Scheme:

- Revision of the Perth and Kinross IJB Integration Scheme including:
 - Financial Risk Sharing Arrangements;
 - Inpatient Mental Health Governance and Accountability;
 - Corporate Support Arrangements and Responsibilities;
 - Care Governance Arrangements and Accountability;
 - Large Hospital Set Aside planning responsibilities;
 - Governance and accountability streamlining.
- Progress the review and implementation of the revised PKHSCP integrated organisational structure.
- Improve the effectiveness of links between Partner bodies in relation to Strategic Planning.

- To support Financial Sustainability, establish a timetable of Joint Engagement meetings with key stakeholders in NHS Tayside and Perth & Kinross Council.

The above areas will form the key elements of the Partnership Improvement Plan as it rolls forward to 2021/22.

CONCLUSION AND OPINION ON ASSURANCE

Whilst recognising that improvements are required, as detailed above, it is our opinion that reasonable assurance can be placed upon the adequacy and effectiveness of the IJB's governance arrangements.

We consider that internal control environment operating during 2020/21 to provide reasonable and objective assurance that any significant risks impacting on the achievement of our objectives will be identified and actions taken to avoid or mitigate their impact. Systems are in place to continually review and improve the governance and internal control environment.

Councillor Eric Drysdale
IJB Chair

Gordon Paterson
Chief Officer

SECTION 5: ANNUAL ACCOUNTS

COMPREHENSIVE INCOME AND EXPENDITURE STATEMENT

This statement shows the cost of providing services for the year according to accepted accounting practices.

2019/20		2020/21
Net Expenditure £000		Net Expenditure £000
33,036	Community and Hospital Health Services	36,412
22,587	Hosted Health Services	24,534
27,008	GP Prescribing	26,413
44,080	General Medical/Family Health Services	48,255
16,280	Large Hospital Set-Aside	16,177
282	IJB Operating Costs	301
72,336	Community Care	78,796
215,609	Cost of Services	230,888
(214,298)	Taxation and Non-Specific Grant Income (Note 4)	(243,629)
1,311	(Surplus) or Deficit on Provision of Services	(12,741)
1,311	Total Comprehensive (Income) and Expenditure (Note 3)	(12,741)

This statement shows a surplus of £12.741m, which includes the balances remaining on various Scottish Government and Partnership funds and constitutes the Movement on Reserves in year. This balance has been included within earmarked reserves at 31 March 2021 (as per Movement in Reserves Statement and Note 6 below).

SECTION 5: ANNUAL ACCOUNTS

MOVEMENT IN RESERVES STATEMENT

This statement shows the movement in the year on the IJB's reserves. The movements which arise due to statutory adjustments which affect the General Fund balance are separately identified from the movements due to accounting practices.

There are no statutory or presentation adjustments which affect the IJB's application of the funding received from partners. The movement in the General Fund Balance is therefore solely due to the transactions shown in the Comprehensive Income & Expenditure Statement. Consequently, an Expenditure and Funding Analysis is not shown in these annual accounts.

Movements in Reserves During 2020/21	General Fund Balance £000
Opening Balance at 31 March 2020	(1,159)
Total Comprehensive Income & Expenditure	(12,741)
(Increase) or Decrease in 2020/11	(12,741)
Closing Balance at 31 March 2021	(13,900)

Movements in Reserves During 2019/20	General Fund Balance £000
Opening Balance at 31 March 2019	(2,470)
Total Comprehensive Income & Expenditure	1,311
(Increase) or Decrease in 2019/20	1,311
Closing Balance at 31 March 2020	(1,159)

SECTION 5: ANNUAL ACCOUNTS

BALANCE SHEET

The Balance Sheet shows the value of the IJB's assets and liabilities as at the balance sheet date. The net assets of the IJB (assets less liabilities) are matched by the reserves held by the IJB.

31 March 2020 £000		Notes	31 March 2021 £000
1,159	Short Term Debtors	5	13,900
1,159	Current Assets		13,900
-	Short-Term Creditors		-
-	Current Liabilities		-
-	Provisions		-
-	Long-Term Liabilities		-
1,159	Net Assets		13,900
(1,159)	Usable Reserve: General Fund	6	(13,900)
(1,159)	Total Reserves		(13,900)

The unaudited annual accounts were issued on 21 June 2021, and the audited annual accounts were authorised for issue on 13 September 2021.



Jane Smith
Head of Finance & Corporate Services

Authorised for issue on 14 September 2021

SECTION 6: NOTES TO THE FINANCIAL STATEMENTS

NOTE 1: SIGNIFICANT ACCOUNTING POLICIES

A GENERAL PRINCIPLES

The Financial Statements summarise the Integration Joint Board's transactions for the 2020/21 financial year and its position at the year-end date of 31 March 2021.

The IJB was established under the requirements of the Public Bodies (Joint Working) (Scotland) Act 2014 and is a Section 106 body as defined in the Local Government (Scotland) Act 1973.

The Financial Statements are therefore prepared in compliance with the Code of Practice on Local Authority Accounting in the United Kingdom 2020/21, supported by International Financial Reporting Standards (IFRS), unless legislation or statutory guidance requires different treatment.

The Head of Finance & Corporate Services is responsible for making an annual assessment of whether it is appropriate to prepare the accounts on a going concern basis. In accordance with the Code of Practice on Local Authority Accounting in the United Kingdom, an authority's financial statements shall be prepared on a going concern basis; that is, the accounts should be prepared on the assumption that the functions of the authority will continue in operational existence for at least twelve months from the date of approval of the financial statements and it can only be discontinued under statutory prescription.

B ACCRUALS OF INCOME AND EXPENDITURE

Activity is accounted for in the year that it takes place, not simply when settlement in cash occurs. In particular:

- *expenditure is recognised when goods or services are received and their benefits are used by the IJB;*
- *income is recognised when the IJB has a right to the income, for instance by meeting any terms and conditions required to earn the income, and receipt of the income is probable;*
- *where income and expenditure have been recognised but settlement in cash has not taken place, a debtor or creditor is recorded in the Balance Sheet;*
- *where debts may not be received, the balance of debtors is written down.*

C FUNDING

The IJB is funded through funding contributions from the statutory funding partners, Perth & Kinross Council and NHS Tayside. Expenditure is incurred as the IJB commission's specified health and social care services from the funding partners for the benefit of service recipients in Perth and Kinross.

D CASH AND CASH EQUIVALENTS

The IJB does not operate a bank account or hold cash. Transactions are settled on behalf of the IJB by the funding partners. Consequently the IJB does not present a 'Cash and Cash Equivalent' figure on the balance sheet.

SECTION 6: NOTES TO THE FINANCIAL STATEMENTS

The funding balance due to or from each funding partner as at 31 March is represented as a debtor or creditor on the IJB's Balance Sheet.

E EMPLOYEE BENEFITS

The IJB does not directly employ staff. Staff are formally employed by the funding partners who retain the liability for pension benefits payable in the future. The IJB therefore does not present a pensions liability on its Balance Sheet.

The IJB has a legal responsibility to appoint a Chief Officer and a Head of Finance & Corporate Services. More details on the arrangements are provided in the Remuneration Report. The charges from the employing partner are treated as employee costs.

Charges from funding partners for other staff are treated as administration costs.

F PROVISIONS, CONTINGENT LIABILITIES AND CONTINGENT ASSETS

Provisions are liabilities of uncertain timing or amount. A provision is recognised as a liability on the balance sheet when there is an obligation as at 31 March due to a past event; settlement of the obligation is probable; and a reliable estimate of the amount can be made. Recognition of a provision will result in expenditure being charged to the Comprehensive Income and Expenditure Statement and will normally be a charge to the General Fund.

A contingent liability is a possible liability arising from events on or before 31 March, whose existence will only be confirmed by later events. A provision that cannot be reasonably estimated, or where settlement is not probable, is treated as a contingent liability. A contingent liability is not recognised in the IJB's Balance Sheet but is disclosed in a note where it is material.

A contingent asset is a possible asset arising from events on or before 31 March, whose existence will only be confirmed by later events. A contingent asset is not recognised in the IJB's Balance Sheet, but is disclosed in a note only if it is probable to arise and can be reliably measured.

A review for contingent assets and liabilities has been undertaken for the IJB and none have been identified at 31 March 2021.

G RESERVES

The IJB's reserves are classified as either Usable or Unusable Reserves.

The IJB's only Usable Reserve is the General Fund. The balance of the General Fund as at 31 March shows the extent of resources which the IJB can use in later years to support service provision.

SECTION 6: NOTES TO THE FINANCIAL STATEMENTS

H INDEMNITY INSURANCE

The IJB has indemnity insurance for costs relating primarily to potential claim liabilities regarding Board member and officer responsibilities. NHS Tayside and Perth & Kinross Council have responsibility for claims in respect of the services that they are statutorily responsible for and that they provide.

Unlike NHS Boards, the IJB does not have any 'shared risk' exposure from participation in Clinical Negligence and Other Risks Indemnity Scheme (CNORIS). The IJB participation in the CNORIS scheme is therefore analogous to normal insurance arrangements.

Known claims are assessed as to the value and probability of settlement. Where it is material the overall expected value of known claims taking probability of settlement into consideration is provided for in the IJB's Balance Sheet.

The likelihood of receipt of an insurance settlement to cover any claims is separately assessed and, where material, presented as either a debtor or disclosed as a contingent asset.

I CRITICAL JUDGEMENTS AND ESTIMATION UNCERTAINTY

In applying the accounting policies set out above, the Integration Joint Board has had to make certain judgments about complex transactions or those involving

uncertainty about future events. The critical judgments made in the Annual Accounts are:

The Integration Scheme sets out the process for determining the value of the resources used in Large Hospitals, to be Set-Aside by NHS Tayside and made available to the IJB. The value of the Large Hospital Set-Aside expenditure reported in 2019/20 was £16.280m. The total expenditure in 2020/21 of £16.177m is based on the most recently available activity levels for hospital inpatient and day case activity as provided by NHS Services Scotland's Information Services Division and direct cost information provided by NHS Tayside. This is a transitional arrangement for 2020/21 agreed locally between NHS Tayside and the three Tayside Integration Joint Boards and with the Scottish Government. Work is progressing at a national and local level to refine the methodology for calculating and planning the value of this in the future.

J RELATED PARTY TRANSACTIONS

Related parties are organisations that the IJB can control or influence or who can control or influence the IJB. As partners in the Joint Venture of Perth and Kinross Integration Joint Board, both Perth & Kinross Council and NHS Tayside are related parties and material transactions with those bodies are disclosed in Note 8 in line with the requirements of IAS 24 Related Party Disclosures.

SECTION 6: NOTES TO THE FINANCIAL STATEMENTS

K SUPPORT SERVICES

Support services were not delegated to the IJB and are provided by the Council and the Health Board free of charge as a 'service in kind'. These arrangements were outlined in the report of Corporate Supporting Arrangements to the IJB on 23 March 2016.

NOTE 2: EVENTS AFTER THE REPORTING PERIOD

The Annual Accounts were authorised for issue by the Head of Finance & Corporate Services on 13 September 2021. Events taking place after this date are not reflected in the financial statements or notes. Where events taking place before this date provided information about conditions existing at 31 March 2021, the figures in the financial statements and notes have been adjusted in all material respects to reflect the impact of this information.

NOTE 3: EXPENDITURE AND INCOME ANALYSIS BY NATURE

2019/20 £000		2020/21 £000
72,336	Services commissioned from Perth & Kinross Council	78,796
142,992	Services commissioned from NHS Tayside	151,791
249	Other IJB Operating Expenditure	268
3	Insurance and Related Expenditure	3
29	External Audit Fee	30
(214,298)	Partner Funding Contributions and Non-Specific Grant Income	(243,629)
1,311	(Surplus) or Deficit on the Provision of Services	(12,741)

Costs associated with the Chief Officer and Head of Finance & Corporate Services are included within "other IJB operating expenditure". The insurance and related expenditure relates to CNORIS costs (see note 1,H). Auditor fees related to fees payable to Audit Scotland with regard to external audit services carried out by the appointed auditor.

SECTION 6: NOTES TO THE FINANCIAL STATEMENTS

NOTE 4: TAXATION AND NON-SPECIFIC GRANT INCOME

2019/20 £000		2020/21 £000
(54,077)	Funding Contribution from Perth & Kinross Council	(56,743)
(160,221)	Funding Contribution from NHS Tayside	(186,886)
(214,298)	Taxation and Non-specific Grant Income	(243,629)

The funding contribution from NHS Tayside shown above includes £16.177m in respect of 'set-aside' resources relating to acute hospital and other resources. These are provided by the NHS which retains responsibility for managing the costs of providing the services. The IJB however has responsibility for the consumption of, and level of demand placed on, these resources.

The funding contributions from the partners shown above exclude any funding which is ring-fenced for the provision of specific services. Such ring-fenced funding is presented as income in the Cost of Services in the Comprehensive Income and Expenditure Statement.

NOTE 5: DEBTORS

2019/20 £000		2020/21 £000
1,159	NHS Tayside	10,974
0	Perth & Kinross Council	2,926
1,159	Debtors	13,900

Amounts owed by the funding partners are stated on a net basis. Creditor balances relating to expenditure obligations incurred by the funding partners but not yet settled in cash terms are offset against the funds they are holding on behalf of the IJB.

NOTE 6: USABLE RESERVE: GENERAL FUND

The IJB holds a balance on the General Fund for two main purposes:

- *to earmark, or build up, funds which are to be used for specific purposes in the future, such as known or predicted future expenditure needs. This supports strategic financial management;*
- *to provide a contingency fund to cushion the impact of unexpected events or emergencies. This is regarded as a key part of the IJB's Risk Management Framework.*

SECTION 6: NOTES TO THE FINANCIAL STATEMENTS

As at March 2021, the IJB's Annual Accounts showed that Perth and Kinross IJB had reserves totalling £13.900m. The following table sets out the earmarked reserve balances as at 31 March 2021 which are required for specific commitments in future years.

	Balance as at 1 April 2020 £000	Transfers (In)/Out £000	Balance as at 31 March 2021 £000
Primary Care Improvement Fund	66	1,608	1,674
Mental Health Action 15 Fund	19	152	171
Primary Care Transformation Fund	355	(27)	328
Alcohol and Drug Partnership Fund	206	316	522
Partnership Transformation Fund	431	(23)	408
GP Premises Improvement Fund	82	(18)	64
Community Living Change Fund	0	505	505
Winter Planning Fund	0	188	188

	Balance as at 1 April 2020 £000	Transfers (In)/Out £000	Balance as at 31 March 2021 £000
District Nursing Fund	0	61	61
Reduce Drugs Death Fund	0	67	67
Drugs Death Task Force	0	78	78
COVID-19 Fund	0	4,547	4,547
Health Reserves Fund (NHS Tayside)	0	1,400	1,400
2020/21 Health Operational Underspend	0	961	961
2020/21 Social Care Operational Underspend	0	2,926	2,926
Closing Balance at 31 March 2021	1,159	12,741	13,900

The above table shows the remaining balance of each funding stream as at 31 March 2021. The Transfers (In)/Out column represents the movement in funding, ie the net of budget received and expenditure incurred in 2020/21.

SECTION 6: NOTES TO THE FINANCIAL STATEMENTS

In 2020-21, materially significant Grant funding for COVID-19-related activities and the Primary Care Improvement Fund (PCIF) were received by way of a budget increase. The remaining balance at 31 March 2021 was then recognised as an earmarked reserve.

The COVID-19 Fund reserve includes receipts of £12.254m and expenditure of £7.707m in respect of COVID-19 Integration Authority Funding in 2020-21, whilst the PCIF Reserve includes receipts of £3.981m and expenditure of £2.307m in relation to the Primary Care Improvement Fund 20-21.

NOTE 7: AGENCY INCOME AND EXPENDITURE

On behalf of all IJBs within the NHS Tayside area, Perth and Kinross IJB acts as the host partnership for Public Dental services/Community Dental services, Prison Healthcare and Podiatry.

The IJB directs services on behalf of Dundee and Angus IJBs and reclaims the full costs involved. The payments that are made on behalf of the other IJBs, and the consequential reimbursement, are not included in the Comprehensive Income and Expenditure Statement (CIES) since the IJB is not acting as principal in these transactions.

Perth and Kinross IJB previously hosted Inpatient Mental Health on behalf of Angus and Dundee and as such, recharged the costs associated to the relevant IJB. As detailed at Note 10 to the accounts, the Scottish Government actioned the transfer of operational management responsibility for Inpatient Mental Health Services in Tayside from the Integration Joint Boards (previously hosted by Perth and Kinross) to NHS Tayside. This

means there is no recharge from Perth and Kinross IJB to Angus or Dundee in 2020/21.

The amount of expenditure and income relating to the agency arrangement is shown below.

2019/20 £000		2020/21 £000
22,908	Expenditure on Agency Services	6,207
(22,908)	Reimbursement for Agency Services	(6,207)
-	Net Agency Expenditure excluded from the CIES	-

In addition, PKHSCP received £0.297m for Coronavirus (COVID-19) £500 payment for Health and Social Care Staff in relation to 2020/21. In line with CIPFA/LASAAC guidance, this income and expenditure is deemed to be an 'Agency', ie where the IJB is acting as an intermediary, and does not impact upon the figures in the Comprehensive Income and Expenditure Statement.

Finally, National Services Scotland (NSS) has been supplying PPE to Scottish Health Boards free of charge during the financial year 2020/21. The value of this PPE issued to PKHSCP in 2020/21 was £0.283m. The IJB is acting as an agent regarding these PPE transactions and therefore there is no impact on the figures within the Comprehensive Income and Expenditure Statement.

SECTION 6: NOTES TO THE FINANCIAL STATEMENTS

NOTE 8: RELATED PARTY TRANSACTIONS

The IJB has related party relationships with NHS Tayside and Perth & Kinross Council. In particular the nature of the partnership means that the IJB may influence, and be influenced by, its partners. The following transactions and balances included in the IJB's accounts are presented to provide additional information on the relationships.

Income - Payments for integrated functions

2019/20 £000		2020/21 £000
54,077	Perth & Kinross Council	56,743
160,221	NHS Tayside	186,886
214,298	Total	243,629

Expenditure - Payments for delivery of integrated functions

2019/20 £000		2020/21 £000
72,368	Perth & Kinross Council	78,831
142,992	NHS Tayside	151,791
249	NHS Tayside: Key Management Personnel Non-Voting Board Members	266
215,609	Total	230,888

This table shows that expenditure within Perth & Kinross Council is £22.088m greater than Perth & Kinross Council funding contributions. This represents IJB funding received from NHS Tayside being directed into Perth & Kinross Council and also the transfer to general fund balances of £2.926m.

Key Management Personnel: The non-voting Board members employed by the NHS Board and recharged to the IJB include the Chief Officer; the Head of Finance & Corporate Services. Details of the remuneration for some specific postholders are provided in the Remuneration Report.

Perth & Kinross Council employs the Council staff and Chief Social Work Officer representatives on the IJB Board but there is no discrete charge for this representation.

Balances with Perth & Kinross Council

2019/20 £000		2020/21 £000
-	Debtor balances: Amounts due from Perth & Kinross Council	2,926
-	Creditor balances: Amounts due to Perth & Kinross Council	-
-	Total	2,926

SECTION 6: NOTES TO THE FINANCIAL STATEMENTS

Balances with NHS Tayside

2019/20 £000		2020/21 £000
1,159	Debtor balances: Amounts due from NHS Tayside	10,974
-	Creditor balances: Amounts due to NHS Tayside	-
1,159	Total	10,974

NOTE 9: VAT

The IJB is not VAT registered and as such the VAT is settled or recovered by the partner agencies.

The VAT treatment of expenditure in the IJB's accounts depends on which of the partner agencies is providing the service as these agencies are treated differently for VAT purposes.

Where the Council is the provider, income and expenditure excludes any amounts relating to VAT, as all VAT collected is payable to HM Revenue and Customs and all VAT paid is recoverable from it. The Council is not entitled to fully recover VAT paid on a very limited number of items of expenditure and for these items the cost of VAT paid is included within service expenditure to the extent that it is recoverable from HM Revenue and Customs.

Where the NHS is the provider, expenditure incurred will include irrecoverable VAT as generally the NHS cannot recover VAT paid as input tax and will seek to recover its full cost as income from the commissioning IJB.

NOTE 10: INPATIENT MENTAL HEALTH

During 2020-21, the Scottish Government actioned the transfer of operational management responsibility for Inpatient Mental Health Services in Tayside from the Integration Joint Boards (previously hosted by Perth and Kinross) to NHS Tayside. This meant that NHS Tayside managed the budget and associated variances in 2020/21.

The IJB retains responsibility for the consumption of, and level of demand placed on these resources. This means that £9.072m has been included within the Hosted Services line in the CIES in 2020/21, which constitutes Perth and Kinross IJB's share of Inpatient Mental Health.

2019/20 £000		2020/21 £000
14,047	Expenditure on Hosted Services	15,462
8,540	Expenditure on Inpatient Mental Health	9,072
22,587	Total Expenditure on Hosted Services	24,534

SECTION 7: INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF PERTH AND KINROSS INTEGRATION JOINT BOARD AND THE ACCOUNTS COMMISSION

REPORTING ON THE AUDIT OF THE FINANCIAL STATEMENTS

Opinion on Financial Statements

We certify that we have audited the financial statements in the annual accounts of Perth and Kinross Integration Joint Board for the year ended 31 March 2021 under Part VII of the Local Government (Scotland) Act 1973. The financial statements comprise the Comprehensive Income and Expenditure Statement, Movement in Reserves Statement and Balance Sheet and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and International Financial Reporting Standards (IFRSs) as adopted by the European Union, and as interpreted and adapted by the Code of Practice on Local Authority Accounting in the United Kingdom 2020/21 (the 2020/21 Code).

In our opinion the accompanying financial statements:

- *give a true and fair view in accordance with applicable law and the 2020/21 Code of the state of affairs of the body as at 31 March 2021 and of its income and expenditure for the year then ended;*
- *have been properly prepared in accordance with IFRSs as adopted by the European Union, as interpreted and adapted by the 2020/21 Code; and*

- *have been prepared in accordance with the requirements of the Local Government (Scotland) Act 1973, The Local Authority Accounts (Scotland) Regulations 2014, and the Local Government in Scotland Act 2003.*

Basis for Opinion

We conducted our audit in accordance with applicable law and International Standards on Auditing (UK) (ISAs (UK)), as required by the **Code of Audit Practice** approved by the Accounts Commission for Scotland. Our responsibilities under those standards are further described in the auditor's responsibilities for the audit of the financial statements section of our report. We were appointed under arrangements approved by the Accounts Commission on 31 May 2016 and extension on 8 October 2020. The period of total uninterrupted appointment is five years. We are independent of the body in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK including the Financial Reporting Council's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. Non-audit services prohibited by the Ethical Standard were not provided to the body. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions Relating to Going Concern Basis of Accounting

We have concluded that the use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

SECTION 7: INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF PERTH AND KINROSS INTEGRATION JOINT BOARD AND THE ACCOUNTS COMMISSION

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the body's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from when the financial statements are authorised for issue.

Risk of Material Misstatement

We report in a separate Annual Audit Report, available from the [Audit Scotland website](#), the most significant assessed risks of material misstatement that we identified and our judgements thereon.

Responsibilities of the Head of Finance and Corporate Services and Board for the Financial Statements

As explained more fully in the Statement of Responsibilities, the Head of Finance and Corporate Services is responsible for the preparation of financial statements that give a true and fair view in accordance with the financial reporting framework, and for such internal control as the Head of Finance & Corporate Services determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Head of Finance & Corporate Services is responsible for assessing the body's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless deemed inappropriate.

The Board is responsible for overseeing the financial reporting process.

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists.

Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities outlined above to detect material misstatements in respect of irregularities, including fraud. Procedures include:

- *obtaining an understanding of the applicable legal and regulatory framework and how the body is complying with that framework;*
- *identifying which laws and regulations are significant in the context of the body;*

SECTION 7: INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF PERTH AND KINROSS INTEGRATION JOINT BOARD AND THE ACCOUNTS COMMISSION

- *assessing the susceptibility of the financial statements to material misstatement, including how fraud might occur; and*
- *considering whether the audit team collectively has the appropriate competence and capabilities to identify or recognise non-compliance with laws and regulations.*

The extent to which our procedures are capable of detecting irregularities, including fraud, is affected by the inherent difficulty in detecting irregularities, the effectiveness of the body's controls, and the nature, timing and extent of the audit procedures performed.

Irregularities that result from fraud are inherently more difficult to detect than irregularities that result from error as fraud may involve collusion, intentional omissions, misrepresentations, or the override of internal control. The capability of the audit to detect fraud and other irregularities depends on factors such as the skilfulness of the perpetrator, the frequency and extent of manipulation, the degree of collusion involved, the relative size of individual amounts manipulated, and the seniority of those individuals involved.

A further description of the auditor's responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website www.frc.org.uk/auditorsresponsibilities  This description forms part of our auditor's report.

REPORTING ON OTHER REQUIREMENTS

Opinion Prescribed by the Accounts Commission on the Audited Part of the Remuneration Report

We have audited the part of the Remuneration Report described as audited. In our opinion, the audited part of the Remuneration Report has been properly prepared in accordance with The Local Authority Accounts (Scotland) Regulations 2014.

Statutory Other information

The Head of Finance & Corporate Services is responsible for the statutory other information in the annual accounts. The statutory other information comprises the Management Commentary, Annual Governance Statement, Statement of Responsibilities, and the unaudited part of the Remuneration Report.

Our responsibility is to read all the statutory other information and, in doing so, consider whether the statutory other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether this gives rise to a material misstatement in the financial statements themselves. If, based on the work we have performed, we conclude that there is a material misstatement of this statutory other information, we are required to report that fact. We have nothing to report in this regard.

SECTION 7: INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF PERTH AND KINROSS INTEGRATION JOINT BOARD AND THE ACCOUNTS COMMISSION

Our opinion on the financial statements does not cover the statutory other information and we do not express any form of assurance conclusion thereon except on the Management Commentary and Annual Governance Statement to the extent explicitly stated in the following opinions prescribed by the Accounts Commission.

Opinions Prescribed by the Accounts Commission on Management Commentary and Annual Governance Statement

In our opinion, based on the work undertaken in the course of the audit:

- *the information given in the Management Commentary for the financial year for which the financial statements are prepared is consistent with the financial statements and that report has been prepared in accordance with statutory guidance issued under the Local Government in Scotland Act 2003; and*
- *the information given in the Annual Governance Statement for the financial year for which the financial statements are prepared is consistent with the financial statements and that report has been prepared in accordance with the Delivering Good Governance in Local Government: Framework (2016).*

Matters on Which We Are Required to Report by Exception

We are required by the Accounts Commission to report to you if, in our opinion:

- *adequate accounting records have not been kept; or*

- *the financial statements and the audited part of the Remuneration Report are not in agreement with the accounting records; or*
- *we have not received all the information and explanations we require for our audit; or*
- *we have nothing to report in respect of these matters.*

Conclusions on Wider Scope Responsibilities

In addition to our responsibilities for the annual accounts, our conclusions on the wider scope responsibilities specified in the Code of Audit Practice, including those in respect of Best Value, are set out in our Annual Audit Report.

USE OF OUR REPORT

This report is made solely to the parties to whom it is addressed in accordance with Part VII of the Local Government (Scotland) Act 1973 and for no other purpose. In accordance with paragraph 120 of the Code of Audit Practice, we do not undertake to have responsibilities to members or officers, in their individual capacities, or to third parties.

Michael Wilkie (for and on behalf of KPMG LLP)

319 St Vincent Street
Glasgow
G2 5AS

SECTION 8: GLOSSARY OF TERMS

While the terminology used in this report is intended to be self-explanatory, it may be useful to provide additional definition and interpretation of the terms used.

Accounting Period

The period of time covered by the Accounts normally a period of twelve months commencing on 1 April each year. The end of the accounting period is the Balance Sheet date.

Accruals

The concept that income and expenditure are recognised as they are earned or incurred not as money is received overpaid.

Asset

An item having value to the IJB in monetary terms. Assets are categorised as either current or non-current. A current asset will be consumed or cease to have material value within the next financial year (e.g. cash and stock). A non-current asset provides benefits to the IJB and to the services it provides for a period of more than one year.

Audit of Accounts

An independent examination of the IJB's financial affairs.

Balance Sheet

A statement of the recorded assets, liabilities and other balances at the end of the accounting period.

CIPFA

The Chartered Institute of Public Finance and Accountancy.

Consistency

The concept that the accounting treatment of like terms within an accounting period and from one period to the next is the same.

Contingent Asset/Liability

A Contingent Asset/Liability is either:

- *a possible benefit/obligation arising from past events whose existence will be confirmed only by the occurrence of one or more uncertain events not wholly within the IJB's control; or*
- *a present benefit/obligation arising from past events where it is not probable that a transfer of economic benefits will be required, or the amount of the obligation cannot be measured with sufficient reliability.*

Creditor

Amounts owed by the IJB for work done, goods received or services rendered within the accounting period, but for which payment has not been made by the end of that accounting period.

Debtor

Amount owed to the IJB for works done, goods received or services rendered within the accounting period, but for which payment has not been received by the end of that accounting period.

Defined Benefit Pension Scheme

Pension scheme in which the benefits received by the participants are independent of the contributions paid and are not directly related to the investments of the scheme.

SECTION 8: GLOSSARY OF TERMS

Entity

A body corporate, partnership, trust, unincorporated association or statutory body that is delivering a service or carrying on a trade or business with or without a view to profit. It should have a separate legal personality and is legally required to prepare its own single entity accounts.

Post Balance Sheet Events

Post Balance Sheet events are those events, favourable or unfavourable, that occur between the Balance Sheet date and the date when the Annual Accounts are authorised for issue.

Exceptional Items

Material items which derive from events or transactions that fall within the ordinary activities of the IJB and which need to be disclosed separately by virtue of their size or incidence to give a fair presentation of the accounts.

Government Grants

Grants made by the Government towards either revenue or capital expenditure in return for past or future compliance with certain conditions relating to the activities of the IJB. These grants may be specific to a particular scheme or may support the revenue spend of the IJB in general.

IAS

International Accounting Standards.

IFRS

International Financial Reporting Standards.

IRAG

Integration Resources Advisory Group

LASAAC

Local Authority (Scotland) Accounts Advisory Committee

Liability

A liability is where the IJB owes payment to an individual or another organisation. A current liability is an amount which will become payable or could be called in within the next accounting period, eg creditors or cash overdrawn. A non-current liability is an amount which by arrangement is payable beyond the next year at some point in the future or will be paid off by an annual sum over a period of time.

Provisions

An amount put aside in the accounts for future liabilities or losses which are certain or very likely to occur but the amounts or dates of when they will arise are uncertain.

PSIAS

Public Sector Internal Audit Standards

Related Parties

Bodies or individuals that have the potential to control or influence the IJB or to be controlled or influenced by the IJB. For the IJB's purposes, related parties are deemed to include voting members, the Chief Officer, the Chief Finance Officer, the Heads of Service and their close family and household members.

Remuneration

All sums paid to or receivable by an employee and sums due by way of expenses allowances (as far as these sums are chargeable to UK income tax) and the monetary value of any other benefits received other than in cash.

SECTION 8: GLOSSARY OF TERMS

Reserves

The accumulation of surpluses, deficits and appropriation over past years. Reserves of a revenue nature are available and can be spent or earmarked at the discretion of the IJB.

Revenue Expenditure

The day-to-day expenses of providing services.

Significant Interest

The reporting authority is actively involved and is influential in the direction of an entity through its participation in policy decisions.

SOLACE

Society of Local Authority Chief Executives.

The Code

The Code of Practice on Local Authority Accounting in the United Kingdom.

If you or someone you know would like a copy of this document in another language or format, (on occasion only a summary of the document will be provided in translation), this can be arranged by contacting the Customer Service Centre on 01738 475000

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