



Council Building
2 High Street
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04/03/2024

A hybrid meeting of the **Audit and Performance Committee of the Perth and Kinross Integration Joint Board** will be held in the **Council Chamber** on **Monday, 11 March 2024** at **09:30**.

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

Jacquie Pepper
Chief Officer – Health and Social Care Partnership

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 Sheila McCole, Perth and Kinross Council (Chair)
Councillor David Illingworth, Perth and Kinross Council
Beth Hamilton, Tayside NHS Board
Martin Black, Tayside NHS Board
Bernie Campbell, Carer Public Partner
Sandy Watts, Third Sector Forum

**Audit and Performance Committee of the Perth and Kinross Integration Joint
Board**
Monday, 11 March 2024

AGENDA

- 1 WELCOME AND APOLOGIES**

- 2 DECLARATIONS OF INTEREST**
Members are reminded of their obligation to declare any financial or non-financial interest which they may have in any item on this agenda in accordance with the [Perth and Kinross Integration Joint Board Code of Conduct](#).

- 3 MINUTES**
 - 3.1 MINUTE OF MEETING OF THE AUDIT AND PERFORMANCE COMMITTEE OF THE PERTH AND KINROSS INTEGRATION JOINT BOARD OF 11 DECEMBER 2023 FOR APPROVAL** **5 - 10**
(copy herewith)

 - 3.2 ACTION POINTS UPDATE** **11 - 12**
(copy herewith G/24/25)

 - 3.3 MATTERS ARISING**

- 4 PERFORMANCE**
 - 4.1 2023/24 FINANCIAL POSITION** **13 - 28**
Report by Chief Finance Officer (copy herewith G/24/26)

 - 4.2 KEY STRATEGIC PERFORMANCE INDICATOR REPORT - QUARTER THREE** **29 - 56**
Report by Chief Officer (G/24/27)

- 5 GOVERNANCE AND ASSURANCE**
 - 5.1 STRATEGIC RISK MANAGEMENT UPDATE** **57 - 72**
Report by Chief Officer (copy herewith G/24/28)

 - 5.2 INTERNAL AUDIT PLAN PROGRESS UPDATE** **73 - 76**
Report by Chief Internal Auditor (copy herewith G/24/29)

5.3	AUDIT STRATEGY Report by Chief Finance Officer (copy herewith G/24/30)	77 - 90
5.4	EXTERNAL AUDIT FEE FOR 2023/24 Report by Chief Finance Officer (copy herewith G/24/31)	91 - 92
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6.1	CLINICAL AND CARE GOVERNANCE ASSURANCE Report by Chief Officer (copy herewith G/24/32)	93 - 136
7	FOR INFORMATION	
7.1	WORKPLAN 2023-24 (copy herewith G/24/33)	137 - 138
7.2	WORKPLAN 2024-25 (copy herewith G/24/34)	139 - 140
7.3	RECORD OF ATTENDANCE 2023/24 (copy herewith G/24/35)	141 - 142
8	PRIVATE DISCUSSION	
9	DATE OF NEXT MEETING Monday 24 June 2024, 9.30am	

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AUDIT AND PERFORMANCE COMMITTEE OF THE PERTH AND KINROSS INTEGRATION JOINT BOARD

Minute of hybrid meeting of the Audit and Performance Committee of the Perth and Kinross Integration Joint Board (IJB) held in the Council Chambers on Monday 11 December 2023 at 9.00am.

Present: B Hamilton (Chair) and M Black (both Tayside NHS Board), Councillors D Illingworth (Perth and Kinross Council) and S Watts (Third Sector Forum).

In Attendance: D Henderson, L Hunter and S Hope (all IJB Members), J Pepper, Chief Officer – Health and Social Care Partnership, D Mitchell, Interim Chief Financial Officer, M Grant, P Jerrard, C Jolly, Z Robertson, K Ogilvy, C Lamont and Amanda Taylor (all Perth and Kinross Health and Social Care Partnership); J Clark (Chief Internal Auditor), A Brown, Adam Taylor and R Ramsay (all Corporate and Democratic Services, Perth and Kinross Council).

Apologies: Councillor S McCole (Perth and Kinross Council) and B Campbell (Carer Public Partner)

B Hamilton, Chair.

1. WELCOME AND APOLOGIES

B Hamilton welcomed all those present to the meeting and apologies for absence were submitted and noted as above.

2. DECLARATIONS OF INTEREST

There were no Declarations of Interest made in terms of the Perth and Kinross Integration Joint Board Code of Conduct.

3. MINUTES

3.1 MINUTE OF MEETING OF THE AUDIT AND PERFORMANCE COMMITTEE OF 18 SEPTEMBER 2023

The minute of meeting of the Audit and Performance Committee of the Perth and Kinross Integration Joint Board of 18 September 2023 was submitted and approved as a correct record.

3.2 MINUTE OF MEETING OF THE AUDIT AND PERFORMANCE COMMITTEE OF 30 OCTOBER 2023

The minute of meeting of the Audit and Performance Committee of the Perth and Kinross Integration Joint Board of 30 October 2023 was submitted and approved as a correct record.

3.3 ACTION POINTS UPDATE

The Action Points Update (Report G/23/172) was submitted and updates provided thereon.

3.4 MATTERS ARISING

There were no matters arising.

4. PERFORMANCE

4.1 2023/24 FINANCIAL POSITION

There was submitted a report by the Interim Chief Finance Officer (G/23/173) providing an update on the projected financial position based on the period 1 April 2023 to 31 October 2023.

M Black referred to paragraph 4.25 in Report G/23/173, specifically around the staffing underspend of £0.817m in Prisons and queried whether services were still being provided using locum arrangements. In response, D Mitchell confirmed that although there are vacancies within the Prison Healthcare Service they are being partially if not fully mitigated using locum staff. Amanda Taylor also advised that some of the actions in the operational management are being mitigated using tier two support which incurs a cost.

M Black also referred to the operational responsibility for Inpatient Mental Health which the responsibility for sits with NHS Tayside but queried whether the fact that IJB can direct would have any impact on budgets. In response, D Mitchell advised there was a financial recovery plan currently being undertaken by NHS Tayside that will be presented to the IJB or a relevant committee as soon as possible which should provide some reassurance that work is underway to try and reduce the cost pressures.

Resolved:

- (i) The overall projected out-turn for 2023/24 based on financial performance to 31 October 2023, be noted.
- (ii) It be noted that the Chief Officer and Executive Management Team are working on actions to mitigate cost pressures in the current year.
- (iii) The financial risks as detailed in Section 6 of Report G/23/173, be noted.

4.2 KEY STRATEGIC PERFORMANCE INDICATOR REPORT – QUARTER 2

There was submitted a report by the Chief Officer (G/23/174) providing an update on strategic performance when considering the core set of integration indicators and the delivery of approved Strategic Delivery Plan (SDP) outcomes.

M Black queried whether there was a common theme as to why people are being re-admitted. In response, C Jolly advised that it has been a significant challenge technically to get the data on understanding re-admissions into a position that was able to be presented at this meeting due to the large datasets involved. He further advised that the next step in the investigation will be more qualitative analysis

around the actual reasons are for re-admissions which will hopefully provide a greater level of detail.

B Hamilton referred to the Community Mental Health and Wellbeing Strategic Delivery Plan specifically around how far we are away from meeting the targets and queried how these are assessed and who is assessing them. In response, C Lamont confirmed the intention to try and marry up key performance indicators with what is happening nationally so that there is a consistent barometer. He also advised that these are measured by pulling information from a variety of different sources, such as patient satisfaction surveys, Public Health Scotland data and directly from our own Track Care Systems and information that is held by our own services.

Resolved:

- (i) The Health and Social Care Partnership's strategic performance in relation to the core suite of integration indicators, as detailed in Report G/23/174, be noted.
- (ii) The progress made in the delivery of the outcomes defined within the Community Mental Health and Wellbeing Strategic Delivery Plan, be noted.

5. GOVERNANCE AND ASSURANCE

5.1 STRATEGIC RISK MANAGEMENT UPDATE

There was submitted a report by the Chief Officer (G/23/175) providing updates on (1) the Integration Joint Board Strategic Risk Register; (2) the progress of the improvement actions being taken to improve the overall control environment to further mitigate risk; and (3) on new or emerging risks and any material changes to existing risks.

M Black referred to SR06 – Viability of Commissioned Providers, specifically on the recent announcements regarding potential new legislation to be introduced around salary thresholds and the impact this would have on people coming into the country from abroad to work and queried whether this will have a direct impact on the capacity for care homes and ultimately the viability of some care homes in the future. In response, C Jolly advised that as these announcements had only come to light very recently these have not been factored into this report but would be looked at closely and factored into future reports as necessary.

Resolved:

The IJB's Strategic Risk Register and Strategic Risk Improvement Plan as detailed in Report G/23/175, be approved.

5.2 INTERNAL AUDIT PROGRESS REPORT

There was submitted a report by the Chief Internal Auditor (G/23/176) providing an update on progress in relation to Internal Audit's planned activity.

Resolved:

The progress made in the delivery of the 2022/23 and 2023/24 plans, be noted.

6. CLINICAL CARE GOVERNANCE

6.1 CLINICAL AND CARE GOVERNANCE ASSURANCE

There was submitted a report by the Chief Officer (G/23/176) providing assurance in respect of Clinical, Care and Professional Governance arrangements in place for delegated and hosted services managed by Perth and Kinross Health and Social Care Partnership (PKHSCP).

M Black referred to paragraph 4.1 – bullet point 3 and queried where the evidence of effective information systems comes from. In response, K Ogilvy confirmed that the evidence is taken from the Care and Governance Forum minutes, he advised the Forum meet regularly and it gathers and assesses evidence and information from a range of other meetings such as the Care Governance meetings in localities, the Professional Care Governance meetings, information from complaints which are all fed into the Care and Professional Governance Forum which then ensures that appropriate standards are being met from the information provided.

S Watts referred to the MAT Standards 6-10 and queried whether there was any update on these noting it was due in October. In response, K Ogilvy confirmed that further evidence had been gathered on what is required to meet Standards 6-10 and work was continuing.

Resolved:

- (i) The responsibilities of Perth and Kinross Integration Joint Board in respect of Clinical, Care and Professional Governance and those of IJB's partners, as detailed in Report G/23/176, be noted.
- (ii) The arrangements in place for providing the IJB with assurance that effective and robust systems of Clinical, Care and Professional Governance are in place, as detailed in Report G/23/176, be noted.
- (iii) It be noted that Perth and Kinross Council's Scrutiny and Performance Committee received a full report regarding Clinical and Care Governance as detailed in Appendix 1 of Report G/23/176 on 13 September 2023 where it agreed the report presented demonstrated substantial assurance.
- (iv) It be noted that the exception report was presented to the NHS Tayside's Care Governance Committee on 5 October 2023.
- (v) It be noted that the Chief Officer confirms the effectiveness of the above systems in place in the IJB's partner organisations.

7. FOR INFORMATION

There were submitted and noted the following IJB reports for information:

7.1 PERTH AND KINROSS IJB AUDIT AND PERFORMANCE COMMITTEE WORK PLAN 2022/23 (G/23/178)

7.2 PERTH AND KINROSS IJB AUDIT AND PERFORMANCE RECORD OF ATTENDANCE 2022/23 (G/23/179)

8. PRIVATE DISCUSSION

There was no private discussion between members of the Committee and the Chief Internal Auditor or External Auditor.

9. DATE OF NEXT MEETING

Monday 11 March 2024 at 9.30am.

DRAFT



ACTION POINTS UPDATE

Perth & Kinross IJB – Audit and Performance Committee

11 March 2024

(Report No. G/24/25)

Ref.	Min. Ref.	Meeting	Action	Responsibility	Timescale	Revised Timescale	Update/Comments
52	4.1	26/06/23	One off agenda item/presentation on staffing issues to be considered.	Chief Officer	11/12/23	-	Discussion on how to progress this action forward will take place with the new Chair of the Audit and Performance Committee.
54	5.1	26/06/23	Meeting with Chair and Officers to be considered to provide reassurance on risk processes and what should be reported to Committee.	Chief Officer	31/03/24	-	Discussion on how to progress this action forward will take place with the new Chair of the Audit and Performance Committee.
56	5.2	18/09/23	'RAG' status of Partnership Improvement Plan to be updated to reflect all statuses.	Chief Officer	11/03/24	24/06/24	This will be updated when the Partnership Improvement Plan is next considered by Committee in June 2024.



PERTH & KINROSS INTEGRATION JOINT BOARD

AUDIT & PERFORMANCE COMMITTEE

11 MARCH 2024

2023/24 FINANCIAL POSITION

Report by the Chief Finance Officer (Report No. G/24/26)

PURPOSE OF REPORT

This report provides the Audit and Performance Committee with an update on the projected financial position based on the period 1 April 2023 to 31 December 2023 (Month 9).

1. RECOMMENDATIONS

It is recommended that the Audit & Performance Committee;

- (i) Notes the overall projected outturn for 2023/24 based on financial performance to 31 December 2023;
- (ii) Notes the work undertaken by the Chief Officer and Executive Management Team in continuing to mitigate cost pressures in the current year;
- (iii) Notes the financial risks as detailed in section 6.

2. SUMMARY POSITION

- 2.1 The 2023/24 Budget was approved by the IJB in March 2023 (Report G/23/37). The budget was based on several assumptions including demand levels, costs, pay and funding. The recurring budget was deemed as insufficient to meet the expected costs in 2023/24 and the IJB approved £3.842m of reserves to deliver a break-even position across Health and Social Care.
- 2.2 On 27 October 2023, the IJB considered the HSCP Winter Plan (Report G/23/144). Additional expenditure of £1.1m was approved to support whole system resilience over the winter period, through surge beds and an extension of the Early Discharge Project. These costs have been included within the detail in the table below and will be funded from reserves.

- 2.3 The Audit & Performance Committee receives regular reporting on the financial position throughout the year, this report provides the third financial update for 2023/24.
- 2.4 The projected 2023/24 financial position, after the approved use of reserves, is an overspend of £0.660m. This is an improvement of £1.465m from the last report. Further detail on the variance and movement is provided in section 3 below.
- 2.5 The main cause of spend above plan continues to be driven by:
- the provision of additional capacity within Older People Services mainly in Care at Home, Inpatient Community Hospitals and Inpatient Wards at PRI;
 - increased projected expenditure within GP Prescribing;
 - share of overspend against 2C practices in Angus and Dundee;
 - share of overspend within Out of Hours with Angus IJB as the lead partner.

	Approved Budget 2023/24	Forecast Position Month 7	Financial Position Month 9
	Over / (Under) £m	Over / (Under) £m	Over / (Under) £m
Prescribing	2.230	3.132	3.040
Undelivered Savings	0.904	0.904	0.740
Review of Contributions Policy	0.708	0.708	0.708
Older People Services	-	3.025	2.541
Adult Services	-	(0.720)	(1.090)
2C Practices (Dundee & Angus)	-	0.401	0.401
Out of Hours (share)	-	0.431	0.499
Other Areas	-	(0.809)	(1.396)
Sub-Total	3.842	7.072	5.443
Approved Use of Reserves	(3.842)	(4.947)	(4.783)
Forecast Position	-	2.125	0.660

- 2.6 The forecast costs will continue to be reviewed as the year progresses and action taken where possible to contain or minimise the projected overspend. Various financial recovery actions have taken place since the last report to this committee with the purpose of reducing supplementary staffing expenditure and increasing efficiency across the service. Whilst these measures are still ongoing, there remains a significant level of supplementary staffing being utilised across the service.
- 2.7 As per the Integration Scheme, in the event financial recovery actions are unsuccessful, the IJB uncommitted reserves must firstly be used to address any overspend. Should reserves be required to offset the £0.660m projected

overspend, the general reserves balance will fall below the IJB's reserve policy level.

3. MAIN VARIANCES

- 3.1 As detailed at Section 2.4 (above), the overall projected outturn, after approved use of reserves, is an overspend of £0.660m.

	Forecast Position Month 9 Over / (Under) £m
Health Services	0.213
Social Care Services	0.447
Total	0.660

Older People

- 3.2 The forecast overspend, prior to use of reserves, on older people services is £2.541m. This has reduced by £0.484m from the position reported to this committee at Month 7.
- 3.3 Capacity within care at home has been increased in response to whole system pressures. This includes the extension and expansion of the Early Discharge Project to support the HSCP Winter Plan to 31 March 2024, with this plan being approved by the Integrated Joint Board on 27 October 2023 (Report G/23/144 refers). Recruitment challenges across Perth & Kinross have led to higher rates of pay and agency staff being required for most of the financial year to date. The overall capacity is above planned level and is driving a forecast overspend against budget of £2.403m. This has reduced by £0.196m from the position reported at Month 7, mainly due to a decrease in agency usage, with this being replaced by internal care at home capacity.
- 3.4 Medicine for the Elderly inpatient services are forecasting a £1.255m overspend. This is due to supplementary staffing costs and the use of bank and agency to cover vacancies within the core bed model. In addition, due to pressure experienced throughout the financial year, the bed base in Tay and Stroke wards have been temporarily increased to support capacity and flow. Whilst the HSCP Winter Plan approved the extension of the additional beds in Tay Ward to 31 March 2024, Stroke Ward was expected to revert to its substantive bed base of 18 at December 2023. However, the ward is still operating with 4 additional beds. The forecast overspend has been partially offset by Covid-19 funding, carried forward from 2022/23 (£0.642m). The Scottish Government have authorised this to be allocated against costs incurred due to system pressures.
- 3.5 Community Hospitals across P&K are forecasting an overspend of £0.698m. This is largely in line within the position reported at Month 7. However, this continues to be mainly driven by staff costs in St. Margarets (£0.228m) and Crieff Hospital (£0.329m) due to significant use of agency and supplementary staffing to cover vacancies and sickness. Financial recovery measures to explore alternatives to reduce the use of supplementary staffing are ongoing.

- 3.6 Older People Residential and Nursing Placements are forecasting a £0.727m overspend. This is a reduction of £0.131m from the position last reported to this committee in Month 7. The decrease in forecast overspend relates to changes in the balance of free personal care and full cost clients, rather than a reduction in client numbers. The increase in placements throughout 2023/24 is understood to be driven by increasing confidence post covid, an improvement in the Psychiatry of Old Age discharge process resulting in an increase in Nursing EMI placements, and a reduction in the number of people waiting an assessment. It should be noted that an increase in placements is in contrast with the Older People Strategic Plan assumptions. The IJB will therefore be required to reassess previous investment and disinvestment decisions as part of the 2024/25 budget setting process.
- 3.7 The Psychiatry of Old Age (POA) service is forecasting an underspend of £0.245m at Month 9, which is an increase of £0.088m from the position last reported. This underspend is due to income associated with Angus patients being admitted to Perth & Kinross POA wards, due to the non-operational ward in Angus.
- 3.8 There continues to be considerable slippage reported within the Urgent Care and Hospital at Home Services of £0.430m mainly due to continued difficulty in recruiting to vacant posts. The position is also benefitting from one-off Scottish Government funding for Hospital at Home. A request for £0.248m of funding was approved to support Hospital at Home throughout winter and until March 2024, however this was dependant on reaching a certain level of occupied beds. Due to staff shortages, it is unlikely that these targets will be met by 31 March 2024. Therefore, the forecast income to be received from Scottish Government has been revised to £0.100m.
- 3.9 Underspends across several other older people services are partially offsetting the overall position. Community Nursing is reporting a projected underspend on staff costs of £0.273m. Although recruitment is improving, with several posts now having start dates confirmed, there have been a number of vacancies throughout the year. Day Care also continues to report a significant underspend of £0.207m, due to slippage in the early part of this financial year and continued vacancies. Underspends in Public Transport and Respite due to uptake being lower than budgeted equates for a further (£0.200m) forecast underspend.

Adult Services

- 3.10 The forecast on adult services is a £1.090m underspend, which is an increase of £0.370m from the position reported at Month 7.
- 3.11 The underspend on staffing is £0.597m. This is mainly due to vacancies in the early months of the financial year across several services. Recruitment continues to progress, but it is unlikely that all vacancies will be filled this financial year.
- 3.12 The forecast underspend on packages of care and support is £0.493m. This underspend is mainly due to delays in commencement of planned care packages. The transformation of complex care programme continues to

redesign the way services are provided for people with complex needs. This transformation has been further supported in year using one-off Community Living Change Funding.

Other Community Services and Management

- 3.13 The forecast financial position across other community services and management is forecasting a £0.686m underspend.
- 3.14 Locality and Early Intervention and Prevention teams are forecasting a £0.271m underspend on staff costs due to staff turnover and vacancies in the financial year to date. This is an increase of £0.106m from the position last reported. This reflects further vacancies within the service and the latest assumptions on recruitment. Recruitment is ongoing, with some positions expected to be filled in the coming weeks.
- 3.15 The remainder of the forecast underspend is mainly due to delays in recruitment and slippage within support services and within Primary Care Resilience.

Prescribing

- 3.16 The forecast financial position for prescribing is a £3.040m overspend. The IJB's 2023/24 budget planned for a £2.230m overspend and approved the use of general reserves to meet that pressure.
- 3.17 National Services Scotland (NSS) have been working towards delivering a new prescribing management system. As highlighted in previous reports there have been considerable technical issues in the go live phase of the project. This has resulted in longer than normal delays in receiving prescribing cost and volume data. In the last report to this committee, only 3 months of 2023/24 data was available. This has now improved with 5 months data available at Month 9. There are concerns around the robustness of this data and the forecast position remains uncertain and likely to change.
- 3.18 Buvidal is an alternative to methadone and was initially funded by the Scottish Government. This funding ceased and costs are expected to be managed within existing prescribing budgets. The additional expenditure is forecast to be £0.242m at Month 9 and is being met non-recurringly by ADP funding in 2023/24. This cost will require to be met by prescribing budgets from 2024/25.

General Medical Services

- 3.19 The Perth and Kinross IJB continues to be attributed a share of costs associated with the provision of general medical practices in Dundee and Angus, where NHS Tayside is directly managing the practice (2C practices). As noted in previous reports, all 3 Partnerships have now agreed to review financial risk-sharing within Primary Care.

This is currently being progressed through 3 routes:

- Developing an improved understanding of the Scottish Government budgetary allocations for Tayside.
- Developing an improved understanding of the current commitments against the resources – e.g. in terms of GP contractual commitments.
- Developing options for revising the financial risk-sharing arrangements considering both points above.

3.20 Progress has been made on the above outlined routes with intensive work undertaken in relation to:

- furthering understanding of allocations and current commitments,
- working with support teams,
- moving towards a more localised ownership and visibility of GMS.

Reports continue to be developed and will come forward to Primary Care management group meetings in due course. In relation to revised risk sharing, progress is being made with this leading towards a more localised ownership and visibility.

3.21 At present, the forecast financial position includes a share of the projected 2C overspend, at £0.401m for 2023/24. In recognition of the ongoing review of risk share, an interim reduction to the Perth & Kinross IJB has been applied. This reduction reflects the expectation that any future agreement will reduce Perth & Kinross IJB's exposure to financial risk.

Savings

3.22 The table below summarises progress on delivery of approved savings. The 2023/24 IJB Budget anticipated delays in specific savings and these have been detailed below and funded non-recurringly from IJB reserves.

Description	Saving Plan	Non-Recurring Reserve Approved	Projected Delivery 2023/24	Projected Shortfall 2023/24
Transformation of Complex Care	0.765	-	(0.765)	-
Review of Contributions Policy	0.708	(0.708)	-	-
Redesign of Rehabilitation Beds	0.740	(0.740)	-	-
Care Home Placements	0.500	-	(0.500)	-
Prepaid Card Scheme	0.080	-	(0.080)	-
Integrated Management	0.075	-	(0.075)	-
Procurement & Commissioning Efficiencies	0.154	-	(0.154)	-
Deletion of Vacant Posts	0.325	-	(0.325)	-
Total	3.347	(1.448)	(1.899)	-

3.23 Any shortfall in delivery of savings or delay in progress will impact the future financial plan and the IJBs ability to deliver on Strategic Plan objectives. The

above table highlights that 57% of the saving plan is being delivered on a recurring basis in 2023-24. Delivery of savings had been impacted by the need to focus resources in responding to Covid-19. Since the last Audit & Performance Committee, a further £0.164m of savings attached to the Transformation of Complex Care has been delivered.

Lead Partner Arrangements (Hosted Services)

- 3.24 Lead Partner arrangements (formerly referred to as Hosted Services) exist across the 3 Tayside IJBs. Each IJB provides lead arrangements for some services on behalf of the other IJBs. The financial outturn of these services is then shared across the 3 IJBs at the end of the financial year.
- 3.25 Detail of the services and the projected financial position is provided in Appendix 2. The overall Perth & Kinross IJB share is a £0.146m overspend, which is a reduction in the forecast overspend reported at Month 7 of £0.170m.
- 3.26 For Perth & Kinross lead services an overall underspend of £0.951m is forecast. Staffing underspend continues to be the main contributing factor. Prison Healthcare, Dental and Podiatry continue to have vacancies due to staff turnover and recruitment challenges. The Prison Healthcare staffing underspend is being partially offset by increased costs for management of the new pharmacy contract, costs related to the roll out of Buvidal and the continued use of agency and bank staff to cover GP provision.
- 3.27 The main area of overspend relates to the Out of Hours service with Angus IJB as the lead partner. The Out of Hours service has seen changes in demand, during and since Covid-19, resulting in increased costs. Whilst the number of clinician-patient contacts is similar post Covid-19 to pre Covid-19, the consultation times are longer due to more complex cases. The associated increased costs were supported by Scottish Government Covid-19 funding until March 2023. Whilst some improvement actions have been completed, the service is forecasting an in year overspend of £1.491m (P&K's share is £0.499m) and a recurring pressure of c£1.4m. The financial recovery plan is being finalised and an update will be provided to the Angus IJB at its next meeting.

4. INPATIENT MENTAL HEALTH

- 4.1 Inpatient Mental Health and Learning Disability Services are delegated to the 3 Tayside IJBs, having previously been hosted by Perth & Kinross. In early, the operational management of these services was returned to NHS Tayside, however under health and social care integration legislation the strategic planning of these services remains delegated to the 3 Tayside IJB's as per the revised integration scheme approved in June 2022.
- 4.2 Currently, there is no budget delegated to the IJB's for 2023/24 and the service is projecting an overspend of c£5.6m across Tayside. However, given the IJB's have strategic planning responsibility for the services, there is a requirement to show a delegated budget and spend position within the IJB annual accounts.

- 4.3 Given the governance position whereby there is a separation between strategic planning and operational delivery of the service, discussions have been ongoing to agree financial risk sharing arrangements amongst the three IJB's and NHS Tayside for the current financial year.
- 4.4 Agreement has been reached by the 3 IJB Chief Officers, Chief Finance Officers, Chief Executives of the 3 local authorities, Chief Executive of NHS Tayside and the NHST Tayside Director of Finance for a funding solution in 2023-24. This was considered by the P&K IJB in February 2024. The IJB gave approval to release funding held within earmarked reserves of £0.650m, originally provided by NHS Tayside, to contribute to the overall service shortfall. The impact of this has been reflected within Section 5 and Appendix 3 to this report.
- 4.5 The funding outlined above will support the financial stabilisation of the service in 2023/24 as work progresses to develop a deliverable financial recovery plan and future financial framework over 2024/25 and beyond, reflecting a shift in the balance of care from inpatient services to community based provision. A potential additional funding commitment of up to £0.125m may also be required should Inpatient Mental Health Services be unable to reduce spend over the remainder of the financial year. This will be included in future reports to this committee should the planned reduction in spend not materialise.

5. RESERVES

- 5.1 The IJB holds both earmarked and unearmarked (general) reserves. In April 2023 the earmarked reserve balance was £7.3m. This is fully committed for future years.
- 5.2 A balance of £0.6m Covid-19 funding was carried forward from 2022/23 into this financial year. The Scottish Government has authorised Perth & Kinross IJB to apply this funding against incurred system pressure costs in 2023/24. As noted in section 3, this has been applied to older people services.
- 5.3 As mentioned in Section 4, the IJB approved the release of funding held within earmarked reserves of £0.650m, originally provided by NHS Tayside, to contribute to the overall Inpatient Mental Health service shortfall. This has been reflected within Appendix 3.
- 5.4 The unearmarked (general) reserve balance in April 2023 was £9.5m. The IJB has approved the use of reserves for specific purposes (amount required c£4.8m). Based on the financial projection in this report, an additional £0.660m of general reserve would be required to balance. This would reduce the IJBs general reserve balance to £4.0m and 1.6% of the IJBs net expenditure budget. This is below the IJB's 2% reserve policy to maintain an adequate reserve to support unanticipated expenditure pressures.
- 5.5 There is considerable likelihood that reserves will be required to support transformation and to balance the IJB Budget in 2024/25. Should this be required, approval will be sought at the IJB on the 20 March 2024.

6. RISKS TO THE 2023/24 POSITION

6.1 Both the 2023/24 Budget and this latest forecast position are based on several assumptions including demand levels, costs, pay and funding. The risks related to these assumptions are summarised below:

- **Prescribing** – There remains uncertainty around volume data in prescribing and a risk the forecast overspend may increase. This is being monitored closely through the National Primary Care Group. The lack of data makes comparison to prior periods difficult. However, as more data becomes available, the likely variability in the financial position reduces.
- **Inpatient Mental Health** – A potential additional funding commitment of up to £0.125m may be required should Inpatient Mental Health Services be unable to reduce spend over the remainder of the financial year. This will be included in future reports to this committee should the planned reduction in spend not materialise.

7. 2024/25 : 2026/27 BUDGET UPDATE

7.1 In March 2023 the IJB approved the budget for 2023/24 and noted the provisional budgets for 2024/25 and 2025/26. The 2023/24 (year 1) budget required the use of reserves to balance and years 2 and 3 identified recurring gaps.

7.2 Considerable work has taken place to fully review all known and emerging pressures, update funding assumptions and develop additional savings. IJB members, through development sessions and the IJB Budget Review Group, have had the opportunity to provide challenge, feedback, and scrutiny on various budget proposals. The IJB will meet to set the budget on 20 March 2024.

8. CONCLUSION

8.1 The overall projected outturn for 2023/24 is an overspend of £0.660m. The Chief Officer and Executive Management Team continue to work on actions to mitigate cost pressures in this financial year.

9. DIRECTIONS

9.1 The Integration Joint Board requires a mechanism to action its strategic commissioning plans and this is provided for in sections 26 to 28 of the Public Bodies (Joint Working) (Scotland) Act 2014. This mechanism takes the form of binding directions from the Integration Joint Board to one or both of Perth & Kinross Council and NHS Tayside.

Direction Required to Perth & Kinross Council, NHS Tayside or Both	Direction to:	
	No Direction Required	X
	Perth & Kinross Council	
	NHS Tayside	
	Perth & Kinross Council and NHS Tayside	

Author(s)

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Appendices

Appendix 1 – Summary Financial Position

Appendix 2 – Summary Lead Partner Financial Position

Appendix 3 – IJB Reserves

NOTE: No background papers, as defined by Section 50D of the Local Government (Scotland) Act 1973 (other than any containing confidential or exempt information), were relied on to any material extent in preparing this report.

P&K Position as at end December 2023

	December Projected Position					
	Health		Social Care		Health & Social Care Partnership	
	Recurring Budget £'000	Projected Out-turn Over / (Under) £'000	Recurring Budget £'000	Projected Out-turn Over / (Under) £'000	Recurring Budget* £'000	Projected Out-turn Over / (Under) £'000
Older People Services	31,008	(44)	57,680	2,585	88,688	2,541
Adult Services	6,337	(448)	31,915	(642)	38,252	(1,090)
Other Community Services	0	0	5,255	(271)	5,255	(271)
Management/Commissioned/Other	23,180	(295)	(13,253)	(120)	9,927	(415)
Undelivered Savings	0	740	0	708	0	1,448
Sub-Total Hospital & Community Health	60,525	(47)	81,597	2,260	142,122	2,213
P&K IJB Lead Partner	9,888	(951)	0	0	9,888	(951)
Dundee & Angus Lead Partner Recharges In/Out	6,929	1,097	0	0	6,929	1,097
Sub-Total Lead Partner Arrangement	16,817	146	0	0	16,817	146
GP Prescribing/Other FHS	27,581	3,040	0	0	27,581	3,040
General Medical Services/ Family Health Services	52,234	44	0	0	52,234	44
Sub-Total Perth & Kinross HSCP	157,157	3,183	81,597	2,260	238,754	5,443
Approved Use of General Reserves in 2023-24	0	(2,970)	0	(1,813)	0	(4,783)
Total Perth & Kinross HSCP	157,157	213	81,597	447	238,754	660

* Total net expenditure budget displayed does not include non-baselined funding c£8m incl. Primary care Improvement Funding, MH Action 15, Alcohol & Drug Partnership

LEAD PARTNER ARRANGEMENT POSITION**Appendix 2**

as at December 2023

	Annual Budget £'000	Projected Variance Over / (Under) £'000
LEAD PARTNER SERVICES PERTH & KINROSS		
Prison Healthcare	4,888	(102)
Podiatry	3,695	(409)
Dental	2,671	(479)
Balance of Savings Target/Uplift Gap	48	39
Grand Total	11,301	(951)
	Annual Budget £'000	Projected Variance Over / (Under) £'000
LEAD PARTNER SERVICES DUNDEE		
Palliative Care	7,818	307
Brain Injury	2,048	75
Homeopathy	39	11
Psychology	6,826	(75)
Psychotherapy (Tayside)	1,302	(230)
Perinatal Infant Mental Health	576	-
Dietetics (Tayside)	4,013	110
Sexual & Reproductive Health	2,558	(120)
Medical Advisory Service	80	(10)
Tayside Health Arts Trust	82	-
Learning Disability (Tay Ahp)	933	(250)
Balance of Savings Target/Uplift Gap	347	(245)
Grand Total	26,623	(428)
	Annual Budget £'000	Projected Variance Over / (Under) £'000
LEAD PARTNER SERVICES ANGUS		
Forensic Service	1,160	129
Out of Hours	9,179	1,491
Tayside Continence Service	1,552	245
Pharmacy	3,044	-
Speech Therapy (Tayside)	1,449	-
Balance of Savings Target/Uplift Gap	107	(47)
Grand Total	16,491	1,818
P&K SHARE OF LEAD PARTNER ARRANGEMENT SERVICES		146

Appendix 3 - Reserves

	2023/24 Opening Balance	Projected Movement 2023/24	Projected Closing Balance 31st March 2024	Future Commitments	Projected Remaining Balance
	£m	£m	£m	£m	£m
<u>Earmarked Reserves</u>					
Alcohol and Drug Partnership	1.1	0.3	0.8	0.8	-
Community Living Change Fund	0.5	0.5	-	-	-
COVID Reserve	0.6	0.6	-	-	-
Primary Care Improvement Fund	0.4	0.4	-	-	-
Primary Care Earmarked Reserve	0.8	0.1	0.7	0.7	-
Mental Health Recovery & Renewal	0.7	0.6	0.1	0.1	-
Mental Health Action 15	0.1	0.1	-	-	-
Winter Resilience Reserve	1.1	1.1	-	-	-
Service Specific Reserve	1.4	0.6	0.8	0.8	-
Health Reserves Fund- NHS Tayside	0.6	0.6	-	-	-
	7.3	4.9	2.4	2.4	-
<u>Unearmarked Reserves</u>					
General Reserves - Social Care	7.5	3.5	4.0	-	4.0
General Reserves - Health	2.0	2.0	-	-	-
	9.5	5.5	4.0	-	4.0
Total IJB Reserves	16.8	10.4	6.4	2.4	4.0



PERTH & KINROSS INTEGRATION JOINT BOARD

AUDIT & PERFORMANCE COMMITTEE

11 March 2024

KEY STRATEGIC PERFORMANCE INDICATOR REPORT - QUARTER THREE

Report by Chief Officer (G/24/27)

PURPOSE OF REPORT

This report provides the Audit and Performance Committee with an update on strategic performance and the delivery of approved outcomes when considering our Learning Disability and Autism Strategy.

1. RECOMMENDATION(S)

- 1.1 The Audit and Performance Committee (A&PC) is asked to:
- (i) Note strategic performance in relation to the core suite of integration indicators.
 - (ii) Note progress in the delivery of the outcomes defined within the Learning Disability and Autism Strategy including the addition of a new outcome (Outcome 8).

2. BACKGROUND/PROPOSAL

- 2.1 This report provides an overview of performance against the key strategic performance indicators (KPIs) up to the end of the third quarter of 2023/24 and follows the publication of our second [Quarterly Performance Update report in December 2023](#).
- 2.2 Appendices 1.1 and 1.2 provide further detail of performance across the indicator set to December 2023 and include comparisons to Tayside.
- 2.3 Appendix 1.3 provides further information with comparisons to Scotland and our peer group of similar Health and Social Care Partnership areas.
- 2.4 The data used to populate this report is provided at an early stage and ahead of national publication. It is useful for management purposes but may be incomplete and will be subject to change through future validation processes.

- 2.5 Care Group Strategic Delivery Plans are reported at each meeting of the Audit and Performance Committee. This quarterly report contains an outcome focussed KPI report for our Learning Disability and Autism Strategy at Appendix 2. A strategic update report for our Learning Disability and Autism Strategy will be considered by the IJB on 20th March.

3. OVERVIEW

National Indicators (Appendix 1)

- 3.1 Performance against the national indicator set is good overall. Within our services, and at Care Group level, improvement work to support capacity and flow continues.

Key messages in performance to the end of Quarter 3:

- Emergency admissions have improved since October 2023 although remain 6.85% above 2022/23.
- Occupied bed days have improved by 2.20% since 2022/23. With emergency admissions rates improving recently, and with further improvements in 'average length of stay' (in hospital), occupied bed days are expected to continue to improve into quarter 4.
- Emergency readmissions have also improved since October 2023 but remain higher than 2022/23 overall. As previously reported to the A&PC actual numbers of readmissions are relatively small. A working group has been established to investigate readmissions and we will report back to the committee in due course.
- The rate of emergency admissions due to a person falling has improved since August 2023 and is stable overall when compared to last year.
- Delayed discharges (lost bed days) have improved significantly by almost 19% compared to last year and remain at an improved level than that seen at the same time last year.

National/Peer Group Comparisons

- 3.2 Appendix 1.3 provides an additional supplementary view of performance across the core set of KPIs with comparisons to Scotland and our Peer Group. Due to the way data is gathered nationally these comparisons come with a significant time delay and so this data covers Quarter 2 only.
- 3.3 Similar to that reported above, performance in Perth and Kinross is good across this indicator set overall when compared to last year. Delayed discharge performance compares particularly well when compared to our peer group of similar HSCPs.

4. CARE GROUP PERFORMANCE OVERALL

- 4.1 At each A&PC a Care Group KPI report will be presented. Appendix 2 sets out in detail the latest performance report for Learning Disability and Autism. In summary, progress is good with most indicators on target. More detail on the actions taken to improve services will be contained in the strategic update report to the IJB on 20th March 2024.

5. CONCLUSION

5.1 Performance to date against the core set of indicators is good overall with notable improvements in occupied bed days and delayed discharges.

Author(s)

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Chris Jolly	Service Manager (Business Planning and Performance)	tay.pkijbbusinesssupport@nhs.scot

Appendices

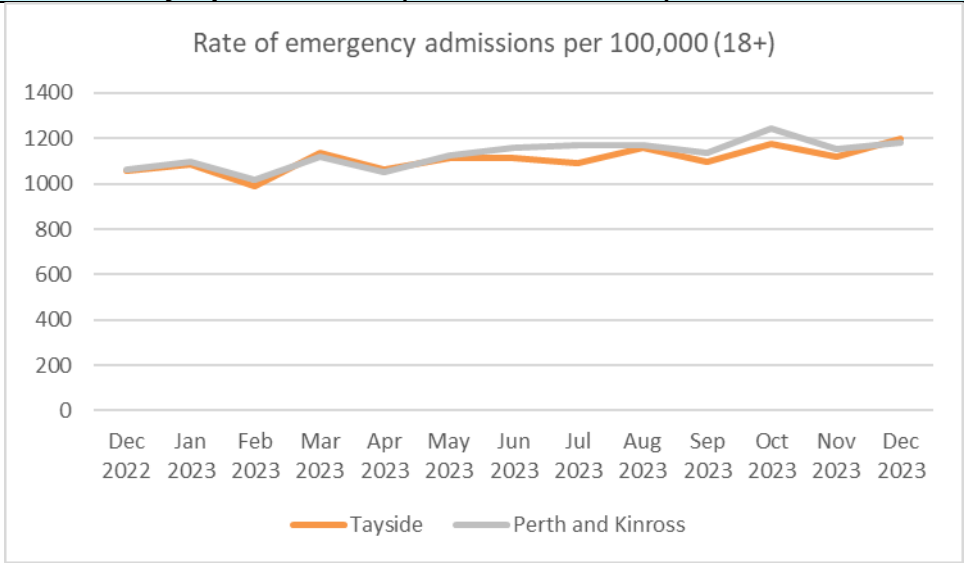
Appendix 1 – National Indicators Key Performance Update

Appendix 2 – Learning Disability and Autism: Performance Management Framework KPI Report.

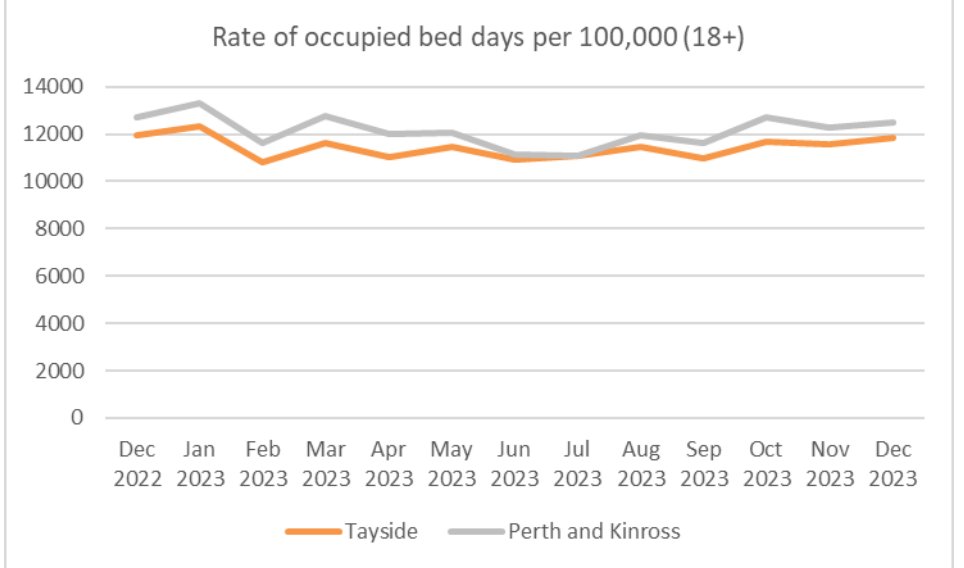
Appendix 1

1.1 Performance Charts

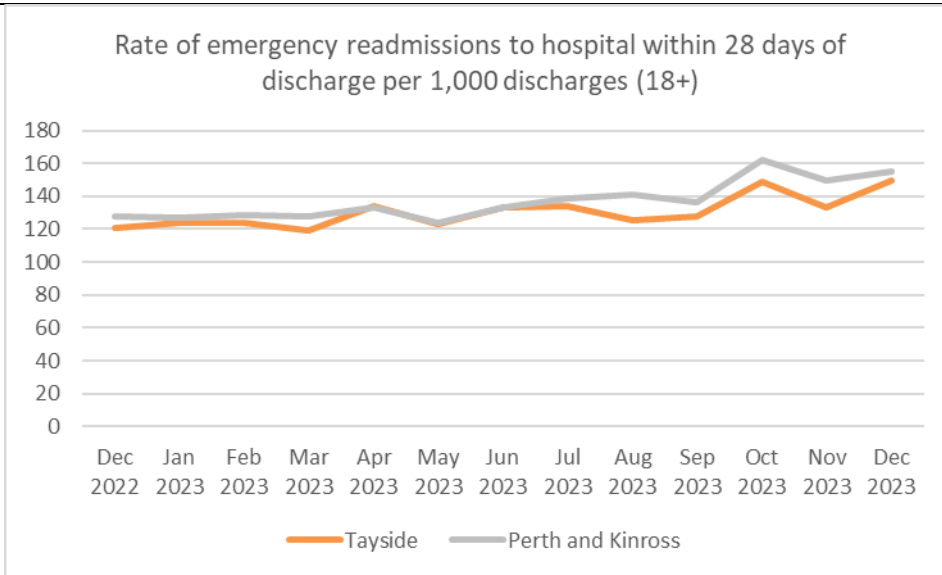
National Indicator Monthly Update Charts (local data sources)



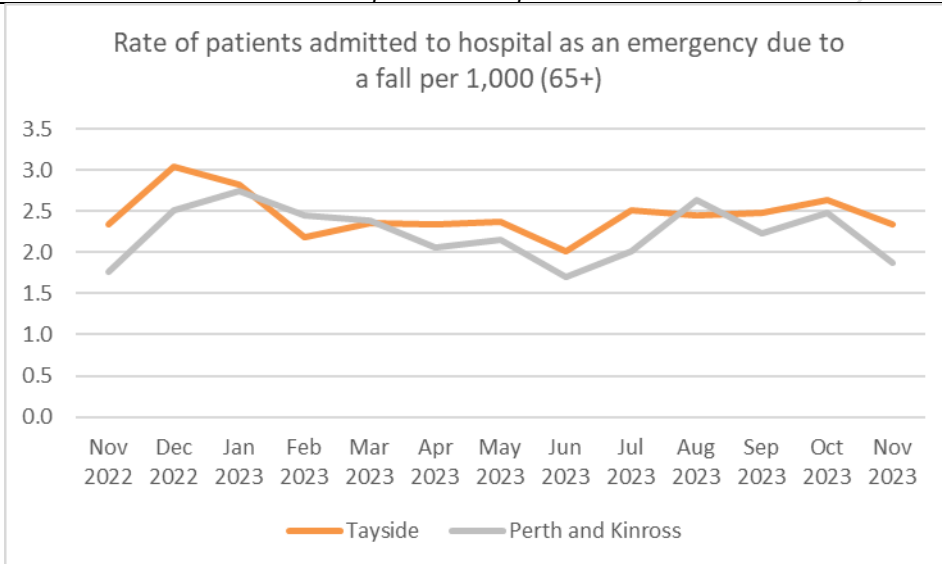
Source: Local Data NHST TAN Report. NI-12 Equivalent



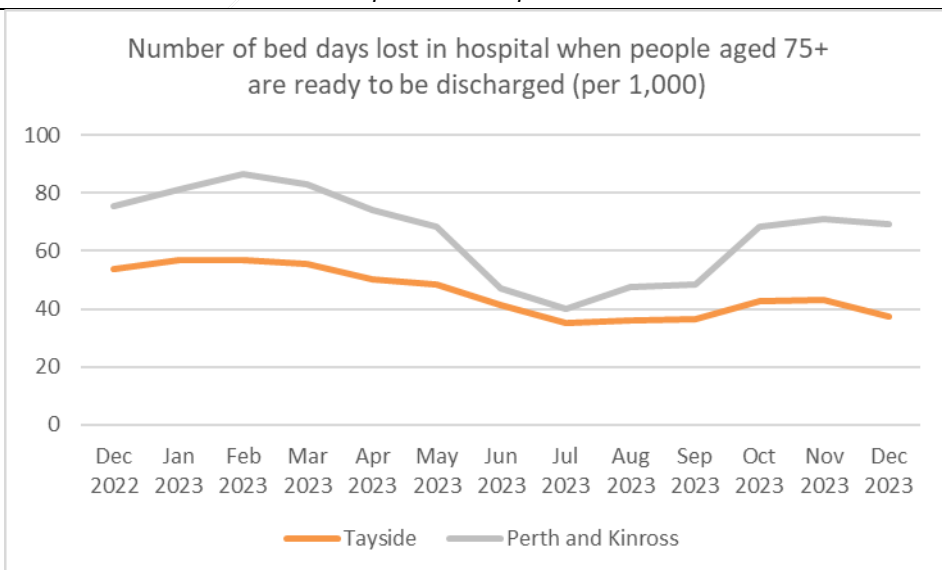
Source: Local Data NHST TAN Report. NI-13 Equivalent



Source: Local Data NHST TAN Report. NI-14 Equivalent



Source: Local Data NHST TAN Report. NI-16 Equivalent



Source: Local Data NHST TAN Report. NI-19 Equivalent

1.2 National Indicators Key Performance: Local Updates

The Scottish Government requires us to measure our performance using the core set of National Indicators (NIs). The table below provides a summary of performance across a rolling twelve months to date against indicators for which data is available, while the charts capture the monthly rates.

National Indicator Equivalents		2022/23			Latest			Comparison	
NATIONAL INDICATORS	Measure	Tayside	Perth & Kinross	Period	Tayside	Perth & Kinross	Period	P&K movement from 2022/23	Tayside movement from 2022/23
Rate of emergency admissions per 100,000 population for adults (18+ all specialities).	Rolling 12-month rate	12,283	12,184	Mar-23	13,337	13,018	Dec-23	6.85%	8.58%
Rate of emergency bed days per 100,000 population for adults (18+).	Rolling 12-month rate	136,610	148,309	Mar-23	136,640	145,040	Dec-23	-2.20%	0.02%
Emergency readmissions to hospital within 28 days of discharge per 1,000 discharges (18+).	Rolling 12-month rate	120.06	125.26	Mar-23	131.34	138.20	Dec-23	10.33%	9.40%
Rate of patients admitted to hospital as an emergency due to a fall per 1,000 (65+).	Rolling 12-month rate	29	27	Mar-23	30	27	Nov -23	0.00%	3.45%
Number of days people aged 75+ spend in hospital when they are ready to be discharged per 1,000 population.	Rolling 12-month rate	689	967	Mar-23	540	784	Dec-23	-18.92%	-21.63%

Within 3%, or are meeting or exceeding our comparator period	Between 3% and 6% away from meeting our comparator period	More than 6% away from meeting our comparator period
--	---	--

Source: Local Data. The data used for this update is unpublished data for management information purposes only. It is subject to change and validation as more information becomes available over time

NOTE: No local or national data is currently available for the following core suite indicators. As this becomes available it will be included in future reports: NI-11 "Premature mortality rate per 100,000 persons", NI-15 "Proportion of last 6 months of life spent at home or in a community setting", NI-17 "Proportion of Care Services rated good or better in Care Inspectorate inspections", NI-18 "Percentage of 18+ with intensive social care needs receiving Care at Home" and NI-20 "Percentage of health and care resource spent on hospital stays where the patient was admitted as an emergency". All rates are calculated using population data sourced via NRS.

1.3 National Indicators - Public Health Scotland Data

NATIONAL INDICATORS	Measure	Scotland	Peer	Perth & Kinross	Period	P&K movement from 2022/23	Scotland movement from 2022/23	Peer movement from 2022/23
Rate of emergency admissions per 100,000 population for adults (18+ all specialities)	Rolling 12-month rate	11,187	9,643	12,884	Sep-23	2.86%	0.05%	0.65%
Rate of emergency bed days per 100,000 population for adults (18+)	Rolling 12-month rate	114,218	97,220	116,345	Aug-23	-4.08%	-3.89%	-4.28%
Emergency readmissions to hospital within 28 days of discharge per 1,000 discharges (18+)	Rolling 12-month rate	93	98	124	Sep-23	-2.43%	-3.18%	-2.25%
Proportion of last 6 months of life spent at home or in a community setting	Rolling 12-month rate	89.34%	89.75%	88.74%	Sep-23	-0.25%	0.25%	0.24%
Rate of patients admitted to hospital as an emergency due to a fall per 1,000 (65+).	Rolling 12-month rate	22	19	27	Sep-23	-3.92%	-3.88%	-4.02%
Number of days people aged 75+ spend in hospital when they are ready to be discharged per 1,000 population.	Rolling 12-month rate	913	954	822	Sep-23	-14.70%	-2.43%	6.50%

Within 3%, or are meeting or exceeding our comparator period	Between 3% and 6% away from meeting our comparator period	More than 6% away from meeting our comparator period
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**Learning Disability and Autism
Performance Management Framework Key Performance Indicator Report
For consideration as at 11 March 2024**

Outcome RAG Summary	GREEN	AMBER	RED	N/A or DNA
Outcome 1: " To support people to remain at home or in a homely setting."	4	0	0	0
Outcome 2: " Services are more cost effective and financially sustainable."	1	0	0	0
Outcome 3: " Service users have access to support by appropriately trained workforce."	1	0	0	0
Outcome 4: " Ensure people can live well in their communities and have access to accommodation which is suitable for their needs and where they are supported to live as independently as possible."	3	0	0	1
Outcome 5: "Ensure people are able to participate in their communities."	1	0	0	0
Outcome 6: "Individuals will have greater opportunities to be involved and participate in decisions that affect their lives."	1	0	0	0
Outcome 7: "Improve access to quality and meaningful employment opportunities."	2	0	0	0
Proposed Outcome 8: "Reduce health inequalities for people with learning disabilities and/or autism."	tbc	tbc	tbc	tbc
TOTAL	13	0	0	1

RAG KEY

Within 3%, or are meeting or exceeding our target	Between 3% and 6% away from meeting our target	More than 6% away from meeting our target
---	--	---

Outcome 1	Key Performance Indicators	Data	Target	RAG																		
1 To support people to remain at home or in a homely setting	1.1 % of service users supported at home who agree that they are able to maximise their health, independence and maintain their quality of life.	<table border="1"> <caption>% of people who agree their support helped them to live as independently as possible and maintain their quality of life</caption> <thead> <tr> <th>Period</th> <th>Yes (%)</th> <th>Target (%)</th> </tr> </thead> <tbody> <tr> <td>NI07 (HACE 2021)</td> <td>~75</td> <td>80</td> </tr> <tr> <td>SUPE 2022/23 (N=117)</td> <td>~70</td> <td>80</td> </tr> <tr> <td>SUPE 2023/24 Q1 (N=7)</td> <td>~70</td> <td>80</td> </tr> <tr> <td>SUPE 2023/24 Q2 (N=6)</td> <td>~65</td> <td>80</td> </tr> <tr> <td>SUPE 2023/24 Q3 (N=11)</td> <td>~80</td> <td>80</td> </tr> </tbody> </table>	Period	Yes (%)	Target (%)	NI07 (HACE 2021)	~75	80	SUPE 2022/23 (N=117)	~70	80	SUPE 2023/24 Q1 (N=7)	~70	80	SUPE 2023/24 Q2 (N=6)	~65	80	SUPE 2023/24 Q3 (N=11)	~80	80	80%	Green
	Period	Yes (%)	Target (%)																			
NI07 (HACE 2021)	~75	80																				
SUPE 2022/23 (N=117)	~70	80																				
SUPE 2023/24 Q1 (N=7)	~70	80																				
SUPE 2023/24 Q2 (N=6)	~65	80																				
SUPE 2023/24 Q3 (N=11)	~80	80																				
1.2 Reduction in occupied bed days	<table border="1"> <caption>LD&A Clients Occupied Bed Days (Rolling 12 Month Average)</caption> <thead> <tr> <th>Period</th> <th>LD&A Total</th> </tr> </thead> <tbody> <tr> <td>2022/23</td> <td>~45</td> </tr> <tr> <td>2023/24 Q1</td> <td>~40</td> </tr> <tr> <td>2023/24 Q2</td> <td>~38</td> </tr> <tr> <td>2023/24 Q3</td> <td>~37</td> </tr> </tbody> </table> <p>Source: Qlikview OBDs Total per quarter (rolling 12-month average).</p>	Period	LD&A Total	2022/23	~45	2023/24 Q1	~40	2023/24 Q2	~38	2023/24 Q3	~37	Trend Down	Green									
Period	LD&A Total																					
2022/23	~45																					
2023/24 Q1	~40																					
2023/24 Q2	~38																					
2023/24 Q3	~37																					

Outcome 1	Key Performance Indicators	Data	Target	RAG																										
	1.3 Reduction in Out of Area Placements.	<p style="text-align: center;">% of people with Learning Disabilities and/or Autism supported out of area</p> <table border="1"> <thead> <tr> <th>Year</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>2018/19</td> <td>6.1%</td> </tr> <tr> <td>2023/24</td> <td>5.6%</td> </tr> </tbody> </table> <p><i>Source: HSCP Finance</i></p>	Year	Percentage	2018/19	6.1%	2023/24	5.6%	Trend Down	Green																				
Year	Percentage																													
2018/19	6.1%																													
2023/24	5.6%																													
	1.4 Reduction in Long Term Hospital Stays. (Days Delayed)	<p style="text-align: center;">Reduction in long term hospital stay</p> <table border="1"> <thead> <tr> <th>Month</th> <th>Days Delayed (Approximate)</th> </tr> </thead> <tbody> <tr><td>Jan-23</td><td>95</td></tr> <tr><td>Feb-23</td><td>85</td></tr> <tr><td>Mar-23</td><td>92</td></tr> <tr><td>Apr-23</td><td>90</td></tr> <tr><td>May-23</td><td>95</td></tr> <tr><td>Jun-23</td><td>90</td></tr> <tr><td>Jul-23</td><td>95</td></tr> <tr><td>Aug-23</td><td>80</td></tr> <tr><td>Sep-23</td><td>60</td></tr> <tr><td>Oct-23</td><td>62</td></tr> <tr><td>Nov-23</td><td>60</td></tr> <tr><td>Dec-23</td><td>62</td></tr> </tbody> </table> <p><i>Source: Qlikview</i></p>	Month	Days Delayed (Approximate)	Jan-23	95	Feb-23	85	Mar-23	92	Apr-23	90	May-23	95	Jun-23	90	Jul-23	95	Aug-23	80	Sep-23	60	Oct-23	62	Nov-23	60	Dec-23	62	Trend Down	Green
Month	Days Delayed (Approximate)																													
Jan-23	95																													
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Sep-23	60																													
Oct-23	62																													
Nov-23	60																													
Dec-23	62																													

Outcome 1 Comments:

Outcome 1 represents our commitment to ensuring that people in Perth and Kinross are supported to remain at home or in a homely setting. Performance in this area is meeting targets, with all 4 KPIs at green. Service user and patient feedback gathered through the Service User Patient Experience Survey, indicates that service user satisfaction rates are meeting our target of 80% for quarter three. It should be noted that the sample size for this survey remains small.

Reduction in out of area placements: Of those people currently placed out of area a very small number (less than 5) are seeking to return to Perth and Kinross and they are being supported to do so.

We also gather feedback from the people that use our services via Care Opinion and the following provides an example of the feedback received.

Care Opinion Story - From first meeting with [Social Prescriber] I felt someone wanted to listen to me and help me and I/we had never been offered that help before, no one had ever taken the time the way that she does, it is like we have been given a lifeline. We know there are people worse off than us, but she is making us believe we are just as important . . . [full story](#).

Outcome 2		Key Performance Indicators	Data	Target	RAG								
2	Services are more cost effective and financially sustainable	2.1 Overall reduction in the average cost of package of care, per person.	<p>Overall reduction in the average cost of package of care, per annum</p> <table border="1"> <thead> <tr> <th>Year</th> <th>Average Cost of Package of Care (per annum)</th> </tr> </thead> <tbody> <tr> <td>Dec 2021</td> <td>~£60,000</td> </tr> <tr> <td>Dec 2022</td> <td>~£60,000</td> </tr> <tr> <td>Dec 2023</td> <td>~£58,000</td> </tr> </tbody> </table> <p>Source: HSCP Finance Calculation adjusts for annual uplift</p>	Year	Average Cost of Package of Care (per annum)	Dec 2021	~£60,000	Dec 2022	~£60,000	Dec 2023	~£58,000	Trend Down	Green
Year	Average Cost of Package of Care (per annum)												
Dec 2021	~£60,000												
Dec 2022	~£60,000												
Dec 2023	~£58,000												
<p>Outcome 2 Comments: Outcome 2 represents our commitment to ensuring that services are cost effective and financially sustainable. When inflation is taken into account the average cost of a package of care, per person, per annum, has decreased.</p>													

Outcome 3		Key Performance Indicators	Data	Target	RAG																																																																
3	Service users have access to support by appropriately trained workforce	3.1 % of staff who have completed mandatory training.	<p>HSCP Health Staff – Mandatory training compliance (as at 14 December 2023) <i>Care Group specific data not currently available, as distinction is not made by NHST training systems.</i></p> <table border="1"> <thead> <tr> <th>Dec 2022</th> <th>Feb 2023</th> <th>Apr 2023</th> <th>Jun 2023</th> <th>Aug 2023</th> <th>Oct 2023</th> <th>Dec 2023</th> <th>eLearning Module (Core Mandatory)</th> </tr> </thead> <tbody> <tr> <td>95%</td> <td>96%</td> <td>96%</td> <td>96%</td> <td>96%</td> <td>96%</td> <td>96%</td> <td>Safe Information Handling - Foundation</td> </tr> <tr> <td>96%</td> <td>96%</td> <td>94%</td> <td>94%</td> <td>94%</td> <td>93%</td> <td>93%</td> <td>Manual Handling - Module A</td> </tr> <tr> <td>95%</td> <td>96%</td> <td>96%</td> <td>96%</td> <td>96%</td> <td>95%</td> <td>94%</td> <td>Adult Support and Protection Essential</td> </tr> <tr> <td>95%</td> <td>94%</td> <td>94%</td> <td>94%</td> <td>95%</td> <td>94%</td> <td>95%</td> <td>Child Protection Level 1 Recognition</td> </tr> <tr> <td>94%</td> <td>96%</td> <td>91%</td> <td>86%</td> <td>89%</td> <td>93%</td> <td>96%</td> <td>Equality, Diversity, Human Rights (Foundation)</td> </tr> <tr> <td>93%</td> <td>93%</td> <td>94%</td> <td>94%</td> <td>95%</td> <td>95%</td> <td>96%</td> <td>Fire Safety</td> </tr> <tr> <td>89%</td> <td>90%</td> <td>88%</td> <td>88%</td> <td>89%</td> <td>92%</td> <td>95%</td> <td>Prevention and Management of Violence and Aggression (PMVA Level 1)</td> </tr> </tbody> </table> <p><i>Information extracted from LearnPro.</i></p> <p><i>Source: LD&A SCOPE Team - ERD – Staff Appraisals, training records</i></p>	Dec 2022	Feb 2023	Apr 2023	Jun 2023	Aug 2023	Oct 2023	Dec 2023	eLearning Module (Core Mandatory)	95%	96%	96%	96%	96%	96%	96%	Safe Information Handling - Foundation	96%	96%	94%	94%	94%	93%	93%	Manual Handling - Module A	95%	96%	96%	96%	96%	95%	94%	Adult Support and Protection Essential	95%	94%	94%	94%	95%	94%	95%	Child Protection Level 1 Recognition	94%	96%	91%	86%	89%	93%	96%	Equality, Diversity, Human Rights (Foundation)	93%	93%	94%	94%	95%	95%	96%	Fire Safety	89%	90%	88%	88%	89%	92%	95%	Prevention and Management of Violence and Aggression (PMVA Level 1)	90%	Green
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Outcome 3 Comments:

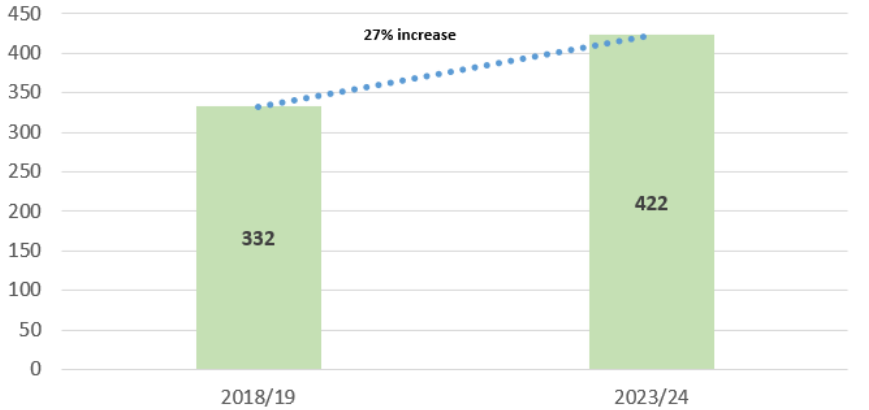
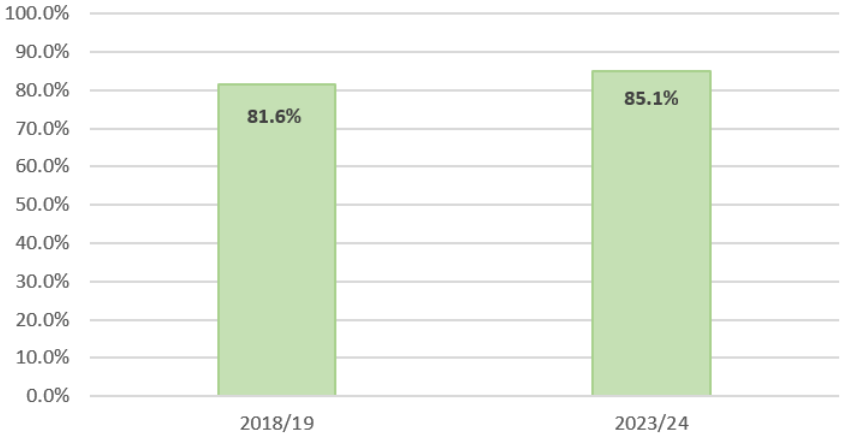
Outcome 3 demonstrates our commitment to having an appropriately trained workforce and how this is essential to ensure people have access to the care and support they need. While performance is above the KPI target of 90%, it should be noted that we cannot currently provide data specific to NHS staff delivering Autism and Learning Disability services. It is important to note however that training goes further than the mandatory elearning courses included in this report and includes specific training on learning disabilities.

Care Opinion Story - Great care and attitude from everyone . . . [full story](#).

Care Opinion Story - We cannot thank them enough for their care. Massive thanks to each and every one of them, they were superstars! . . . [full story](#).

Outcome 4	Key Performance Indicators	Data	Target	RAG																																				
4	Ensure people can live well in their communities and have access to accommodation which is suitable for their needs and where they are supported to live as independently as possible.	<p data-bbox="421 646 465 678">4.1</p> <p data-bbox="504 542 705 790">% of people who agree they live in suitable accommodation at home and are able to live as independently as possible.</p> <div data-bbox="784 95 1713 582"> <p data-bbox="907 127 1635 231">% of people who agree their support helped them to live as independently as possible and maintain their quality of life</p>  <table border="1"> <thead> <tr> <th>Survey</th> <th>Yes (%)</th> <th>Target (%)</th> </tr> </thead> <tbody> <tr> <td>NI07 (HACE 2021)</td> <td>~75</td> <td>80</td> </tr> <tr> <td>SUPE 2022/23 (N=117)</td> <td>~72</td> <td>80</td> </tr> <tr> <td>SUPE 2023/24 Q1 (N=7)</td> <td>~72</td> <td>80</td> </tr> <tr> <td>SUPE 2023/24 Q2 (N=6)</td> <td>~68</td> <td>80</td> </tr> <tr> <td>SUPE 2023/24 Q3 (N=11)</td> <td>~80</td> <td>80</td> </tr> </tbody> </table> <p data-bbox="728 598 952 622">Source: SUPE Survey</p> </div> <div data-bbox="784 630 1713 1197"> <p data-bbox="907 654 1601 726">% of people who agree the way they received support ensured they felt safe and supported</p>  <table border="1"> <thead> <tr> <th>Survey</th> <th>Yes (%)</th> <th>Target (%)</th> </tr> </thead> <tbody> <tr> <td>NI09 (HACE 2021)</td> <td>~78</td> <td>80</td> </tr> <tr> <td>SUPE 2022/23 (N=122)</td> <td>~98</td> <td>80</td> </tr> <tr> <td>SUPE 2023/24 Q1 (N=15)</td> <td>~98</td> <td>80</td> </tr> <tr> <td>SUPE 2023/24 Q2 (N=13)</td> <td>~98</td> <td>80</td> </tr> <tr> <td>SUPE 2023/24 Q3 (N=23)</td> <td>~98</td> <td>80</td> </tr> </tbody> </table> <p data-bbox="728 1204 952 1228">Source: SUPE Survey</p> </div>	Survey	Yes (%)	Target (%)	NI07 (HACE 2021)	~75	80	SUPE 2022/23 (N=117)	~72	80	SUPE 2023/24 Q1 (N=7)	~72	80	SUPE 2023/24 Q2 (N=6)	~68	80	SUPE 2023/24 Q3 (N=11)	~80	80	Survey	Yes (%)	Target (%)	NI09 (HACE 2021)	~78	80	SUPE 2022/23 (N=122)	~98	80	SUPE 2023/24 Q1 (N=15)	~98	80	SUPE 2023/24 Q2 (N=13)	~98	80	SUPE 2023/24 Q3 (N=23)	~98	80	80%	Green
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Outcome 4	Key Performance Indicators	Data	Target	RAG																		
	<p>4.2</p> <p>% of people who agree that their Health and Social Care support helped to maintain their quality of life.</p>	<p data-bbox="913 164 1637 277">% of people who agree their support helped them to live as independently as possible and maintain their quality of life</p>  <table border="1" data-bbox="797 124 1715 679"> <thead> <tr> <th>Period</th> <th>Yes (%)</th> <th>Target (%)</th> </tr> </thead> <tbody> <tr> <td>NI07 (HACE 2021)</td> <td>~75</td> <td>80</td> </tr> <tr> <td>SUPE 2022/23 (N=117)</td> <td>~70</td> <td>80</td> </tr> <tr> <td>SUPE 2023/24 Q1 (N=7)</td> <td>~70</td> <td>80</td> </tr> <tr> <td>SUPE 2023/24 Q2 (N=6)</td> <td>~65</td> <td>80</td> </tr> <tr> <td>SUPE 2023/24 Q3 (N=11)</td> <td>~80</td> <td>80</td> </tr> </tbody> </table> <p data-bbox="730 687 943 711">Source: SUPE Survey</p>	Period	Yes (%)	Target (%)	NI07 (HACE 2021)	~75	80	SUPE 2022/23 (N=117)	~70	80	SUPE 2023/24 Q1 (N=7)	~70	80	SUPE 2023/24 Q2 (N=6)	~65	80	SUPE 2023/24 Q3 (N=11)	~80	80	80%	Green
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	<p>4.3.1</p> <p>Reduction in Out of Area Placements for service users;</p>	<p data-bbox="938 767 1626 820">% of people with Learning Disabilities and/or Autism supported out of area</p>  <table border="1" data-bbox="797 751 1686 1270"> <thead> <tr> <th>Year</th> <th>Percentage (%)</th> </tr> </thead> <tbody> <tr> <td>2018/19</td> <td>6.1%</td> </tr> <tr> <td>2023/24</td> <td>5.6%</td> </tr> </tbody> </table> <p data-bbox="730 1286 954 1310">Source: HSCP Finance</p>	Year	Percentage (%)	2018/19	6.1%	2023/24	5.6%	Trend Down	Green												
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Outcome 4	Key Performance Indicators	Data	Target	RAG												
	<p data-bbox="504 443 696 683">*Reduced timescales for service users successfully transferred into suitable, independent accommodation</p> <p data-bbox="414 678 481 702">4.3.2</p> <p data-bbox="504 719 696 911">(*Alternative indicators are provided which demonstrates the shift in people being supported non-residentially)</p>	<div data-bbox="824 118 1704 651"> <p data-bbox="981 140 1547 204">Increase in the number of LD&A Clients in Non-Residential Care</p>  <table border="1"> <caption>Increase in the number of LD&A Clients in Non-Residential Care</caption> <thead> <tr> <th>Year</th> <th>Number of Clients</th> </tr> </thead> <tbody> <tr> <td>2018/19</td> <td>332</td> </tr> <tr> <td>2023/24</td> <td>422</td> </tr> </tbody> </table> </div> <div data-bbox="824 711 1693 1235"> <p data-bbox="994 734 1518 762">% of all LD&A clients in Non-Residential Care</p>  <table border="1"> <caption>% of all LD&A clients in Non-Residential Care</caption> <thead> <tr> <th>Year</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>2018/19</td> <td>81.6%</td> </tr> <tr> <td>2023/24</td> <td>85.1%</td> </tr> </tbody> </table> </div> <p data-bbox="730 1254 922 1278">Source: HSCP Finance</p>	Year	Number of Clients	2018/19	332	2023/24	422	Year	Percentage	2018/19	81.6%	2023/24	85.1%	<p data-bbox="1816 660 1939 724">Target to be set</p>	
Year	Number of Clients															
2018/19	332															
2023/24	422															
Year	Percentage															
2018/19	81.6%															
2023/24	85.1%															

Outcome 4 Comments:

Outcome 4 highlights our commitment to ensure people have access to appropriate accommodation to enable them to live well and as independently as possible within their own communities. Performance is good when considering the available data, with 3 KPIs meeting our target.

The sample size for the survey remains small, as previously reported but notwithstanding this, performance is good.

It is not possible currently to provide data for “4.3.2 Reduced timescales for service users successfully transferred into suitable, independent accommodation”. It is proposed that the alternative indicators provided in this report are used for future reporting. In this respect we can see there has been a 27% increase in the number of people in non-residential care from 2018-19 with 85.1% of all LD&A clients now in non-residential care.

Care Opinion Story – [Social Prescriber] has really gone the extra mile to ensure that what [Social Prescriber] has offered is relevant, adaptable and safe. This service, although little known, is a fantastic resource within pkc to really help people’s mental health issues who also have additional needs ... [full story](#).

Outcome 5		Key Performance Indicators	Data	Target	RAG												
5	Ensure people are able to participate in their communities.	5.1 Increase in the number of service users who access "Day Opportunities" and "Fun Network" Services	<p>Increase in the number of service users who access Day Opportunities and Fun Network Services</p> <table border="1"> <thead> <tr> <th>Year</th> <th>Day Opportunities</th> <th>Fun Network</th> </tr> </thead> <tbody> <tr> <td>2021</td> <td>105</td> <td>105</td> </tr> <tr> <td>2022</td> <td>107</td> <td>113</td> </tr> <tr> <td>at 1-2-24</td> <td>117</td> <td>125</td> </tr> </tbody> </table>	Year	Day Opportunities	Fun Network	2021	105	105	2022	107	113	at 1-2-24	117	125	Trend Up	Green
Year	Day Opportunities	Fun Network															
2021	105	105															
2022	107	113															
at 1-2-24	117	125															

Outcome 5 Comments:

Outcome 5 highlights our commitment to empowering people to remain, participate and thrive within their local communities. Performance in this area is positive, with the total number of people accessing our Day Opportunities and Friends Unlimited Network (FUN) services increasing year on year. The latest measure indicates a 9.3% increase for Day Opportunities and a 10.6% increase for Fun Network.

Care Opinion Story - I had been referred to social prescribing by the Community Mental Health team. Initially, I doubted that this would be the right thing for me as I have social anxiety and therefore find meeting new people, and interacting with those I might encounter during an activity anxiety-inducing and draining . . . [full story](#).

Outcome 6		Key Performance Indicators	Data	Target	RAG																		
6	Individuals will have greater opportunities to be involved and participate in decisions that affect their lives.	6.1 % of service users who agree they had a say in how their Health or Social Care support was provided	<p style="text-align: center;">% of people who agree they had a say in how their support was provided</p> <table border="1"> <thead> <tr> <th>Survey Period</th> <th>Sample Size (N)</th> <th>% Yes</th> </tr> </thead> <tbody> <tr> <td>NI03 (HACE 2021)</td> <td>-</td> <td>73%</td> </tr> <tr> <td>SUPE 2022/23</td> <td>119</td> <td>98%</td> </tr> <tr> <td>SUPE 2023/24 Q1</td> <td>15</td> <td>100%</td> </tr> <tr> <td>SUPE 2023/24 Q2</td> <td>12</td> <td>100%</td> </tr> <tr> <td>SUPE 2023/24 Q3</td> <td>20</td> <td>100%</td> </tr> </tbody> </table> <p style="text-align: center;">Legend: ■ Yes - - - Target</p>	Survey Period	Sample Size (N)	% Yes	NI03 (HACE 2021)	-	73%	SUPE 2022/23	119	98%	SUPE 2023/24 Q1	15	100%	SUPE 2023/24 Q2	12	100%	SUPE 2023/24 Q3	20	100%	80%	Green
Survey Period	Sample Size (N)	% Yes																					
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SUPE 2023/24 Q3	20	100%																					

Source: SUPE Survey

Outcome 6 Comments:

Outcome 6 supports our intention to ensure people have opportunities to be involved and participate in decisions that affect their lives. While the sample size remains small, feedback shows that performance in this area is good, with 100% of respondents in 2023/24, quarters one to three, agreeing they had a say in how their health and social care support is provided. This is an increase from 98% satisfaction in 2022/23.

Care Opinion Story - I recently had to register my disabled granddaughter for Dental treatment/check-up, the staff from my first enquiry were extremely helpful and arranged to have her seen within days . . . [full story](#).

Outcome 7	Key Performance Indicators	Data	Target	RAG													
7	Improve access to quality and meaningful employment opportunities.	7.1 % increase of clients / service users in employment	<div data-bbox="797 132 1715 643"> <table border="1"> <caption>Employment Support Team: LD&ASD Clients</caption> <thead> <tr> <th>Year</th> <th>% In Work</th> <th>% Volunteering</th> </tr> </thead> <tbody> <tr> <td>2021/22</td> <td>73.68%</td> <td>26.32%</td> </tr> <tr> <td>2022/23</td> <td>74.55%</td> <td>25.45%</td> </tr> <tr> <td>2023/24 Q1-3</td> <td>83.00%</td> <td>17.00%</td> </tr> </tbody> </table> </div> <p data-bbox="730 692 1576 718">Source: Employment Support Team (EST) – data relates to those clients open to the EST</p>	Year	% In Work	% Volunteering	2021/22	73.68%	26.32%	2022/23	74.55%	25.45%	2023/24 Q1-3	83.00%	17.00%	75%	Green
		Year	% In Work	% Volunteering													
2021/22	73.68%	26.32%															
2022/23	74.55%	25.45%															
2023/24 Q1-3	83.00%	17.00%															
7.2 Increase in clients / service users involved in Further Education	<div data-bbox="797 794 1715 1310"> <table border="1"> <caption>LD&A Clients in Education</caption> <thead> <tr> <th>Year</th> <th>Number of Clients</th> </tr> </thead> <tbody> <tr> <td>2020-21</td> <td>23</td> </tr> <tr> <td>2021-22</td> <td>31</td> </tr> <tr> <td>2022-23</td> <td>45</td> </tr> </tbody> </table> </div> <p data-bbox="730 1362 992 1388">Source: LDSS Return 2022-23</p>	Year	Number of Clients	2020-21	23	2021-22	31	2022-23	45	Trend Up	Green						
Year	Number of Clients																
2020-21	23																
2021-22	31																
2022-23	45																

Outcome 7 Comments:

Outcome 7 highlights our continued commitment to ensure the people we support can maintain their independence and access meaningful employment opportunities. Performance in this area is strong and we have seen year on year increases against both of the KPIs. The percentage of clients in employment through the Employment Support Service has increased by 8.5% and the number of people in further education rose 45.2% from the previous measure.

The Employment Support Team (EST) offer a Work Skills course, delivered a half day weekly over 7 weeks. This course prepares people for the workplace, informing them of the benefits and expectations of being in a paid job. It allows participants to meet team members aiding the transition of moving into work and also provides valuable information on how well people will be able to transition into work which aids future planning.

New/Proposed Outcome 8		Key Performance Indicators	Data	Target	RAG									
8	Reduce health inequalities for people with learning disabilities and/or autism.	8.1 Increase in number of annual health checks completed	<table border="1"> <caption>Number of annual health checks completed</caption> <thead> <tr> <th>Year</th> <th>Health Check document sent out</th> <th>Health Check document completed</th> </tr> </thead> <tbody> <tr> <td>2022</td> <td>77</td> <td>57</td> </tr> <tr> <td>2023</td> <td>140</td> <td>81</td> </tr> </tbody> </table> <p>Source: EMIS record – data is calendar year.</p>	Year	Health Check document sent out	Health Check document completed	2022	77	57	2023	140	81	TBC	
		Year	Health Check document sent out	Health Check document completed										
		2022	77	57										
2023	140	81												
8.2 Increased in number of people assisted with postural care	<i>The data for this KPI is being developed for baselining ahead of future reporting.</i>	TBC												
8.3 Number of people with Downs Syndrome, supported with health screening	<i>The data for this KPI is being developed for baselining ahead of future reporting.</i>	TBC												

Outcome 8 Comments:

This is a proposed new outcome to demonstrate our progress in seeking to reduce health inequalities for people with learning disabilities and/or autism. Annual health checks have increased by 42.1% from 2022 and this has been assisted by a significant increase (81.8%) in the number of people sent health check documentation. Further baseline data is being collated and a fuller picture of this outcome will be presented in future.

For any further information please email: BIT@pkc.gov.uk

Authors

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Gillian Morrison	Service Manager- Access/SCOPE Teams	GMorrison@pkc.gov.uk
Chris Jolly	Service Manager (Business Planning and Performance)	Christopher.Jolly@nhs.scot

Stories from Care Opinion between April 2023 and 31 December 2023

Story 1 – Published 19 April 2023

I was referred to our area's Social Prescriber. I had never heard of the role before, but it was exactly the type of thing that has been perfect for myself, my mental health and my physical impairment needs.

[Social Prescriber] has suggested and referred me onto the Branching Out scheme in Dundee. [Social Prescriber] has signposted me to someone who was able to provide me with a free tablet, which is really helpful, as I am registered blind. Access to a larger screen means I don't feel so isolated, I can read articles better and stay in touch with friends and family easier. The tablet will also open up the opportunity to access courses and materials to help me with my sight loss transition. We were not in a position to be able to afford this, so it has really helped. [Social Prescriber] has sat down in a more relaxed setting. [Social Prescriber] has listened to my needs and found me a place where I feel confident to be around people, in the outdoor environment, connecting with nature and learning new skills. This type of environment is perfect for me, but I have been finding it increasingly difficult to leave our flat due to feeling low, self-conscious and a bit embarrassed about having to use a cane or relying on my partner to assist me.

[Social Prescriber] has really gone the extra mile to ensure that what [Social Prescriber] has offered is relevant, adaptable and safe. This service, although little known, is a fantastic resource within PKC to really help people's mental health issues who also have additional needs. . . [back](#).

Story 2 – Published 21 April 2023

I had been referred to social prescribing by the Community Mental Health team. Initially, I doubted that this would be the right thing for me as I have social anxiety and therefore find meeting new people, and interacting with those I might encounter during an activity anxiety-inducing and draining.

[Social Prescriber] has the rare quality of inspiring trust in people and is exceptional at building rapport. I don't trust and open up to people easily, but with [Social Prescriber] it felt safe and nurturing to do so from the beginning. This has created an environment where I can talk about myself openly and make a connection with [Social Prescriber].

Due to my Autism Spectrum Disorder, these things as well as aspects of small talk/conversation are difficult for me and practice helps develop them. However, I can only do so in an environment like this one.

In addition, [Social Prescriber] has signposted me to some very good resources that are in line with my, admittedly restricted, interests. For example, I will be starting a pottery course. [Social Prescriber] is kind, funny and easy to talk to. And [Social Prescriber] asks the right questions. Another thing that is important to me to be able to open up and talk about what I want to communicate.

This experience has been only positive and meeting [Social Prescriber] is always the highlight of my week . . . [back](#).

Story 3 – Published 5 July 2023

I was accompanying a service user with learning disabilities to a dental appointment at King's Cross Dental practice and everyone, from the receptionist to the dentist, were great and made my service user feel welcome and relaxed. Great care and attitude from everyone . . . [back](#).

Story 4 – Published 13 July 2023

Over the last ten years we have had to battle through a lot - from myself having a tumour removed, my wife having surgery and then discovering it was an inoperable tumour, our world really came crashing down. We couldn't change it, we had to just get on with things, but it was hard knowing the outcome might have been different if the tumour had not been misdiagnosed a few years before, but we have learned to live with the way things are, we can't change it.

I have really struggled with my weight and finally got the GP to refer me for weight management, I enjoyed going and learning the dos and don'ts and managed to lose 5 stone and was offered surgery, which I decided I would go for but covid hit so it never happened, so I felt a bit abandoned and I know myself that my weight is creeping up again and I want to do something on it. My world came crashing down again in 2019 when my little brother passed away suddenly followed 9 months later by the death of my brother-in-law, then my dad was diagnosed with bowel cancer which they operated on but he ended up in hospital for 4 months which was really hard as my dad had always been a well man, that was then followed in 2020 with dad's diagnosis of dementia and a couple of falls - broken ankle, then broken hip, covid twice, but he kept going.

My dad came to live with us as a family it was really hard work and with my wife's bad health and the arthritis in my knees stopping me from doing things. I had to take the very hard decision to put my dad into care, where he passed away in earlier this year. I still wish I could have cared for him at home till the end. In the last 6 months we have also lost other family members and close friends and it felt I was always booking time off for funerals. It does make you think about your own mortality.

From first meeting with [Social Prescriber] I felt someone wanted to listen to me and help me and I/we had never been offered that help before, no one had ever taken the time the way that [Social Prescriber] does, it is like we have been given a lifeline. We know there are people worse off than us, but [Social Prescriber] is making us believe we are just as important . . . [back](#).

Story 5 – Published 1 August 2023

NHS Tayside Dental service Kingscross Hospital Dundee, I recently had to register my disabled granddaughter for Dental treatment/ check-up, the staff from my first enquiry were extremely helpful and arranged to have her seen within days, she is having follow up appointments and was seen recently by; [staff] and she allowed them to do everything they asked of her and took time to explain to her what was going to happen today, and although she has learning and hearing difficulties she did all that they asked of her, and she has no fear of going to see them, just like to thank them for their time and patience, here's to the next visit in October . . . [back](#).

Story 6 – Published 11 September 2023

My son is autistic and he is 27 years old. He was admitted for dental surgery. From the minute we arrived to going home the staff were exemplary. It was a very calm atmosphere which made him feel relaxed about it all. The staff took note of any possible issues that may have arisen and put everything in place to ensure there were no problems.

The quick and smooth response of the anaesthetist averted a challenging event. We cannot thank them enough for their care. Massive thanks to each and every one of them, they were superstars! . . . [back](#).

Annex 1 – Data Sources

Key Performance Indicator	Data Source
KPI 1.1 “% of service users supported at home who agree that they are able to maximise their health, independence and maintain their quality of life.”	Source – SUPE Survey Q1C “Has your health or social care support supported you to live as independently as possible and maintain your quality of life?”.
KPI 1.2 “Reduction in occupied bed days (Long stay).”	Data source – QlikView. Data is a 12-month rolling average of LD&A occupied bed days. Comparisons are against the rolling 12 months to the last quarter.
KPI 1.3 “Reduction in Out of Area Placements.”	Data Source – Out Of Area (OOA) Data collected for placements as reported in the Learning Disability Statistics Scotland (LDSS Return). OOA Placement definition - A client/service user is in an out of area placement if they are living in a placement which is not within their funding authority.
KPI 1.4 “Reduction in Long Term Hospital Stay.”	Data source – QlikView. Data is a 12-month rolling average of days people are delayed in hospital. Comparisons are against the rolling 12 months to the last quarter.
KPI 2.1 “Overall reduction in the average cost of care per patient package.”	Data source – cost of care package cost adjusted for inflation/annual uplift.
KPI 3.1 “% of staff who have completed mandatory training.”	P&K Health Mandatory Training Compliance Summary Return. PKC SCOPE Team records.
KPI 4.1 “% of people who agree they live in suitable accommodation at home and within their community. Being able to live as independently as possible.”	SUPE Survey Q1C “Has your health or social care support supported you to live as independently as possible and maintain your quality of life?”. Q2 “Did you have a say in how your health or social care support was provided?”. As at December 2023, 47 LD&A clients responded to this question.
KPI 4.2 “% of people who agree that their Health and Social Care support helped to maintain their quality of life.”	Data Source – SUPE Survey Q1C “Has your health or social care support supported you to live as independently as possible and maintain your quality of life?”.
KPI 4.3.1 “Reduction in Out of Area Placements for service users”	Data Source – Out Of Area (OOA) Data collected for placements as reported in the Learning Disability Statistics Scotland (LDSS Return). OOA Placement definition - A client/service user is in an out of area placement if they are living in a placement which is not within their funding authority.
KPI 4.3.2. “Reduced timescales for service users successfully transferred into suitable, independent accommodation”	Has not been possible to source requisite data to report on this KPI. Alternatives proposed in this report relate to people supported non-residentially. This data is collected/recorded for LDSS return
KPI 5.1 “Increase in the percentage of service users who access "Day Opportunities" & "Fun Network" Services”	Data Source – Service Level record – Learning Disabilities Day Opportunities: Current Registered Service Users Numbers.
KPI 6.1 “% of service users who agree they had a say in how their Health or Social Care support was provided”	Data Source – SUPE Survey Q2 “Did you have a say in how your health or social care support was provided?”. As at December 2023.
KPI 7.1 “% increase for clients / service users in employment”	Data Source – Employment Support Team internal service update.
KPI 7.2 “Increase in clients / service users involved in Further Education”	Data Source – LDSS Return
KPI 8.1 “Increase in number of annual health checks completed”	Data Source – patient record (EMIS)
KPI 8.2 – 8.3	Data source in development

Annex 2 – Learning Disability and Autism Strategic Delivery Plan Linkages to National Health and Wellbeing Outcomes

		NATIONAL HEALTH and WELLBEING OUTCOMES								
STRATEGIC OUTCOMES	KPI's	1	2	3	4	5	6	7	8	9
1. To Support People to remain at home or in a homely setting	1) % of service users supported at home who agree that they are able to maximise their health, independence and maintain their quality of life. 2) Reduction in occupied bed days (Long stay) 3) Reduction in Out of Area Placements		✓							
2. Reduce the over reliance on Social Care	Overall reduction in the average cost of care per patient package	✓	✓							✓
3. Service users have access to support by appropriately trained workforce.	1) % of staff who have completed mandatory training. 2) % of staff trained in positive behavioural support.								✓	
4. Ensure people can live well in their communities and have access to accommodation which is suitable for their needs and where they are supported to live as independently as possible.	1) % of people who agree they live in suitable accommodation at home and within their community. Being able to live as independently as possible. 2) % of people who agree that their Health and Social Care support helped to maintain their quality of life. 3) Reduction in OOA placements for service users who wish to remain in P&K.		✓		✓	✓				
5. Ensure people are able to participate in their communities.	Increase in the percentage of service users who access "Day Opportunities" & "Fun Network" Services				✓					
6. Individuals will have greater opportunities to be involved and participate in decisions that affect their lives.	% of service users who agree they had a say in how their Health or Social Care support was provided		✓			✓				
7. Improve access to quality and meaningful employment opportunities.	% increase for clients / service users in employment % of service users in further education				✓	✓				



PERTH AND KINROSS INTEGRATION JOINT BOARD

AUDIT & PERFORMANCE COMMITTEE

11 MARCH 2024

STRATEGIC RISK MANAGEMENT UPDATE

Report by Chief Officer (Report No. G/24/28)

PURPOSE OF REPORT

The purpose of this report is to:

- Provide an update on the Integration Joint Board (IJB) Strategic Risk Register
- Provide an update on the progress of the improvement actions being taken to improve the overall control environment and further mitigate risks
- Update on new or emerging risks and material changes to existing risks.

1. RECOMMENDATION(S)

The Audit and Performance Committee (A&PC) is asked to:

- Note the increase in risk exposure for SR06 Viability of Commissioned providers.
- Note the new narrative as set out at section 3.4 for strategic risk SR11 - Sustainability of Primary Care Services Strategic Risk.
- Note the new strategic risk SR15 as set out at section 3.5 concerning the Whole System Mental Health & Learning Disabilities Change Programme.
- Approve the IJB's Strategic Risk Register and Strategic Risk Improvement Plan.

2. BACKGROUND

2.1 The Audit and Performance Committee has delegated responsibility from the IJB for reviewing the adequacy and effectiveness of the systems and processes in place to manage strategic risks.

2.2 The Strategic Risk Register (SRR) is used to record identified risks which may impact on the IJBs ability to deliver its strategic objectives. The SRR is

supported by a Strategic Risk Improvement Plan which has been developed to improve either the range of controls in place or to improve the effectiveness of existing controls.

- 2.3 Perth and Kinross HSCP's Executive Management Team (EMT) routinely considers and reviews the IJB's strategic risks to make a collective and balanced assessment of the nature, and extent, of the key risks to which the IJB is exposed and is willing to take in pursuit of its objectives. This includes a review of operational and clinical care risks to determine the extent to which they may have a strategic impact on the IJB.

3. ASSESSMENT

- 3.1 The EMT's recent reviews of strategic risks resulted in a number of amendments. These are detailed below:
- The probability of risk SR06 (Viability of Commissioned Providers) occurring has been increased to 4 meaning the new risk score is 16. This would mean this now increases to a red strategic risk from amber.
 - The Sustainable Primary Care Services risk (SR11) has been amended to reflect the narrative of our Tayside partners but with an additional Perth & Kinross element.
 - A new risk (SR15) has been added to the register concerning the Whole System Mental Health & Learning Disabilities Change Programme. Further work is required to determine the inherent and residual scores, the existing controls and any improvement actions which may be required.
- 3.2 A summary of the full strategic risk register is attached at Appendix 1. The Strategic Risk Rating Matrix showing movement of risk exposure over the last 12 months is presented at Appendix 2.
- 3.3 Table 1 below sets out current and previous risk scores following EMT review, provides justification for changes, and includes movement in risk scores since last reported to the A&PC.

Table 1

Table Ref.	Risk Reference	Impact	Probability	Previous Score	Justification	Impact	Probability	Current Score	Change
1	SR01 Financial Resources	5	5	25	The risk score remains at the maximum level of 25. The Scottish Government Budget in December 2023 did not include additional funding for Health or Social Care services delegated to the IJB. The position has worsened from previous financial planning assumptions as no uplift is being provided for non-pay costs.	5	5	25	→

Table Ref.	Risk Reference	Impact	Probability	Previous Score	Justification	Impact	Probability	Current Score	Change
					The existing controls for this risk are deemed to be working effectively. However, these can only partly mitigate this risk. The extent of the cost and demand / need pressures on services, together with a decreasing real terms budget means that the risk remains extreme.				
2	SR02 Workforce	5	4	20	A dedicated Workforce Planning Officer has now commenced in post. Progress has been made in reducing the use of agency for nursing posts and agency use in social care has ceased. There is still a higher than preferred reliance on supplementary staff in hard to recruit areas however. Occupational Therapy positions can be particularly challenging to fill and a review of the AHP (Allied Health Professionals) workforce is being taken forward by the AHP Director at the request of the Chief Officer. There is an emerging issue in relation to visa applications for Social Care staff in the independent sector. Potential impact will be monitored and appropriate mitigations implemented if appropriate. Improvement actions are progressing with all 2 actions at a green status and the other now marked as complete. There is no change to the risk score.	5	4	20	→
3	SR04 Sustainable Capacity and Flow	5	3	15	PKHSCP'S Winter Plan is progressing well and ensuring that capacity and flow is being maintained. The aspiration is to reach a locally set green status, but we remain in amber. We are	5	3	15	→

Table Ref.	Risk Reference	Impact	Probability	Previous Score	Justification	Impact	Probability	Current Score	Change
					<p>performing very well against our national HSCP comparators and delayed discharges having improved by almost 19% compared to 2022/23. We continue to seek further improvements against locally set targets.</p> <p>The improvement action against this risk to recruit a Service Manager for Care at Home is underway. This is anticipated to continue to drive increased efficiency.</p> <p>Efficiency targets for Care at Home have been set and reported to the HSCP transformation board.</p> <p>The existing controls for this risk are deemed to be working effectively and all the improvement actions associated with this risk are either complete or at a green status.</p> <p>The risk exposure level remains at 15 as the situation can change quickly.</p>				
4	SR05 Sustainable Digital Solutions	4	3	12	<p>The status of this risk was recently escalated to amber. This is due to technical difficulties experienced in implementing the new auto-scheduling system which is designed to support increased efficiencies and tackle unmet need in care at home. It is now anticipated that the system will be available from April 2024. Further delays have now also been identified with other IT systems: MOSAIC (3 months and full implementation now due end of June 2024) and MORSE. No change to the risk score.</p>	4	3	12	➔

Table Ref.	Risk Reference	Impact	Probability	Previous Score	Justification	Impact	Probability	Current Score	Change
5	SR06 Viability of Commissioned Providers	4	3	12	<p>Challenges with the National Care Home Contract have the potential to be highly disruptive within our Care Home Market. International recruitment and its associated sponsorship arrangements have begun to create difficulties in the retention of staff already in employment and for the recruitment of new staff.</p> <p>Whilst this risk was reduced to an amber status at the last review, the above challenges mean that this risk has been re-escalated back to red by increasing the likelihood to 4. The new risk score is now 16.</p>	4	4	16	↑
6	SR08 Widening Health Inequalities	3	4	12	<p>The recently completed Joint Strategic Needs Assessment is now being used to inform the refresh of the Strategic Commissioning Plan which is expected to be considered in draft by the IJB in March 2024. Perth and Kinross has achieved accreditation with the age friendly communities network which gives access to global research and resources.</p> <p>The Director of Public Health Annual Report for 2022/23 was considered by the IJB in November 2023. As a result, the IJB is now committed to broader engagement with its strategic partners on how the findings in the report can be best utilised to target resources to reduce inequalities. This will be influential in the refresh of the Strategic Commissioning Plan.</p> <p>There is no change to the risk score at this time.</p>	3	4	12	→

Table Ref.	Risk Reference	Impact	Probability	Previous Score	Justification	Impact	Probability	Current Score	Change
7	SR09 Leadership Team Capacity	4	2	8	Work continues implementing the new leadership structure which is now partially complete with the permanent appointment to the new role of Chief Finance Officer & Head of Governance & Performance from 1 January 2024. The risk score is unchanged and remains a yellow strategic risk.	4	2	8	→
8	SR11 Primary Care	4	4	16	See 3.4 below.	4	4	16	→
9	SR14 Partnership Premises	4	4	16	Progress has been made in identifying suitable premises for our integrated Drug and Alcohol services. Challenges remain however in terms of sourcing appropriate premises for Care and Treatment Services with the current lease arrangements coming to an end. No change is to the risk score.	4	4	16	→
10	SR15 Whole System Mental Health & Learning Disabilities Change Programme	TBC			See 3.5 below	TBC			
→ No change in risk exposure ↑ Increase in risk exposure ↓ Decrease in risk exposure									

3.4 Escalation of Operational Risks

3.4.1 Operational risks are managed by NHS Tayside and Perth & Kinross Council as the employing bodies delivering health and social care services. However, a robust process is in place for systematic review and appropriate escalation of such risks insofar as they may impact on delivery of Perth and Kinross IJB's strategic objectives.

3.4.2 This process is achieved through the regular review of PKHSCP's Clinical and Care Governance assurance reports which are submitted to PKIJB's partner bodies. These reports identify significant operational risks and any mitigating actions being taken by partner bodies.

3.4.3 Since the last full Audit and Performance Committee meeting held on 11 December 2023, NHS Tayside’s Care Governance Committee and Perth and Kinross Council’s Scrutiny and Performance Committee have each received an assurance report from PKHSCP. Having reviewed the contents of these no further escalation of operational risks is required.

3.4.4 Table 2 below shows the movement in Strategic Risk Exposure since the last time strategic risk was reported to the A&PC.

3.4.5 A summary of the current strategic risk register is attached at Appendix 1.

Table 2



3.5 SR11 Sustainability of Primary Care Services Strategic Risk

3.5.1 Discussions have taken place at NHS Tayside Strategic Risk Management Group concerning the Primary Care Sustainability strategic risk and if the narrative should be replicated across the three Tayside IJBs as well as NHS Tayside. Perth & Kinross currently has strategic risk SR07 in relation to the Sustainability of Primary Care Services which has been on the PKIJB risk register since October 2020. The risk description for SR07 is as follows:

“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.”

3.5.2 PKHSCP Executive Management Team met on 1 February 2024 and agreed that PKIJB risk register should however be updated to replicate the Sustainable Primary Care risk narrative of NHS Tayside and Angus IJB. It was recognised however that there is an additional factor to be considered in Perth and Kinross in relation to rurality and the unique challenges of delivering

primary care in the Perth & Kinross geography and demographic context. The following description has therefore now been adopted:

“Sustainable Primary Care Services - As a result of an inability to:

- Reliably recruit, train and retain workforce,*
- Have appropriate premises to deliver clinical and support services,*
- Have in place adequate digital systems to support clinical care and communication between teams, patients and across the services, and*
- address inequalities of access to services in remote and rural areas.*

There is a risk we will be unable to deliver safe, effective, high quality, person centred primary care services. This could result in inadequate care, reputational damage and failure to meet legal requirements.”

3.6 SR15 Whole System Mental Health & Learning Disabilities Change Programme Strategic Risk

3.6.1 The risks which affect mental health need managed on a pan-Tayside basis. To take this forward the wording of a whole system risk was agreed across all partners and the Mental Health & Learning Disability Whole System Change (MHLDWSC) Programme Board. It is proposed that this risk is held within each statutory partner’s risk register to ensure that a collaborative approach can be taken to the management and control of the risk. The wording is set out below.

3.6.1 *“As a consequence of a lack of workforce capacity, access to suitable estates infrastructure, ambiguity in financial framework, ineffective communication and engagement, there is a strategic risk to the delivery of Tayside’s Mental Health Whole System Change Programme, resulting in failure to deliver improved outcomes, patient harm and benefits of the programme.”*

3.6.2 Collaborative work is ongoing to document the causes and consequences of the risk, to identify the existing controls, the inherent and residual scores of the risk and to identify and implement the necessary improvement actions. The programme risk log is reported monthly to the Executive Leadership Group for the MHLDWSC.

4. STRATEGIC RISK IMPROVEMENT ACTION PLAN

4.1 The Strategic Risk Improvement Plan (Appendix 3) sets out the actions being taken to improve the overall control environment and where possible reduce current levels of risk exposure. Given the risk environment has changed over time it remains our intention to review the action plan as we move forward so as to ensure that all actions are appropriately aligned and that they are effective in seeking to control exposure.

4.2 Table 3 below sets out the most significant developments concerning the Improvement Plan since this was last presented to the Audit and Performance Committee in December 2023 including the addition of 4 new improvement actions.

Table 3

Ref	Strategic Risk	Ref	Improvement Action Description	Narrative
1	SR02 Workforce	2c	Appointment to dedicated Workforce Post to support 3-year workforce plan implementation.	Appointment made - postholder commenced 22/1/24. Action complete.
2	SR04 Sustainable Capacity and Flow	4b	Produce and implement a revised preferred model of delivery for Care at Home services.	
3		4e	Delivery of improvement actions contained with the Whole System Planning Integrated Improvement Plan.	Actions closed off and now reviewing for the year. Action complete.
4		4f	Recruitment of interim Service Manager for MFE/Discharge Planning	Appointment made. Action Complete.
5	SR05 Sustainable Digital Solutions	5f	Deployment and Implementation of Pinpoint GIS mapping system to increase efficiency and significantly reduce unmet need.	Pinpoint GIS mapping system has been implemented. Teething issues are being addressed. Action marked as complete.
6		5g	Implementation of an integrated case management system	New improvement action.
7		5h	Implementation of Pinpoint GIS mapping of unmet need system.	New improvement action.
8	SR06 Viability of Commissioned Providers	6d	Develop a bespoke Complex Care commissioning approach which will increase flexibility and improve recruitment and also ensures that individuals and their families are at the heart of our assessment and planning activity.	Action complete and service continues on an ongoing basis.
9		6f	Development Rural Care and Support Model (scoping and design phase)	New improvement action.
10	SR08 Widening Health Inequalities	8b	Develop an Integrated Resource Framework (IRF) to enable us to understand health and social care inequalities across each locality and enable informed strategic decision making.	The revision of the IJB's Strategic Commissioning Plan and the Joint Strategic Needs Assessment has superseded this action.
11			Approval of revised Strategic Commissioning Plan which will address the health and social care needs of our population and ensure that health inequalities are reduced.	New improvement action.

4.3 Table 4 below sets out the status of the improvement plan actions with 4 new actions added since December 2023. 21 actions are now deemed to be at Green status. This is 60% of the total current actions.

Table 4

5. CONCLUSION

- 5.1 Since last reported to the Audit and Performance Committee in December 2023 there has been an increase of 1 red risk to 5 with SR06 moving from an amber status.
- 5.2 A new risk (SR15) has been added to the register concerning the *Whole System Mental Health & Learning Disabilities Change Programme*. Further work is required to determine the inherent and residual scores, the existing controls and any improvement actions which may be required.
- 5.3 The Executive Management Team continues to work towards reducing risk exposure with improvement actions identified within the action plan.
- 5.4 Risk management continues to be an integral part of our governance procedures which assist the IJB to deliver on its strategic objectives.

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Appendices

- Appendix 1 – Perth & Kinross IJB Strategic Risk Register Summary
- Appendix 2 – Strategic Risk Rating Matrix
- Appendix 3 – Strategic Risk Improvement Action Plan

No.	Risk Ref.	Risk	Risk Owner	Priority		Move-ment
1	SR01	<u>FINANCIAL RESOURCES:</u> There are insufficient financial resources to deliver the objectives of the Strategic Plan.	Chief Finance Officer	1	Very High	↔
2	SR02	<u>WORKFORCE:</u> As a result of our ageing workforce, difficulties in recruiting and retaining sufficient suitably skilled and experienced staff, there is a risk that the Partnership will be unable to maintain its workforce appropriately leading to unsustainable services and ability to deliver key corporate support functions.	Acting Head of Service ASWSC Operations	1	Very High	↔
3	SR04	<u>SUSTAINABLE CAPACITY AND FLOW:</u> As a consequence of the demographics of the Perth and Kinross population and increasing frailty there is a risk to the sustainability of 'capacity and flow' within our services resulting an inability of the wider health and care system to meet needs.	Head of Health	2	High	↔
4	SR05	<u>SUSTAINABLE DIGITAL SOLUTIONS:</u> 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.	Acting Head of Service ASWSC Operations	2	High	↔
5	SR06	<u>VIABILITY OF COMMISSIONED PROVIDERS:</u> As a result of challenging employment conditions, the recession and cost of living crisis, EU Exit, increasing complexity of individuals supported as well as the impact of the pandemic there is a risk that our commissioned providers will be unable to meet the increased demands they are facing resulting in reduced viability of providers across our local health and social care sector.	Interim Head of Adult Social Care (Commissioning)	1	Very High	↑
6	SR08	<u>WIDENING HEALTH INEQUALITIES:</u> As a consequence of increasing levels of poverty, deprivation, and significant rurality there is a risk that health inequalities will increase resulting in poorer outcomes for people.	Chief Officer	2	High	↔
7	SR09	<u>LEADERSHIP TEAM:</u> Without a new permanent and integrated senior management team there is a risk of instability in leadership within the Health and Social Care Partnership	Chief Officer	3	Medium	↔
8	SR11	<u>SUSTAINABLE PRIMARY CARE SERVICES:</u> As a result of an inability to: <ul style="list-style-type: none"> Reliably recruit, train and retain workforce, Have appropriate premises to deliver clinical and support services, Have in place adequate digital systems to support clinical care and communication between teams, patients and across the services, and address inequalities of access to services in remote and rural areas. There is a risk we will be unable to deliver safe, effective, high quality, person centred primary care services. This could result in inadequate care, reputational damage and failure to meet legal requirements.	Clinical / Associate Medical Director	1	Very High	↔
9	SR14	<u>PARTNERSHIP PREMISES:</u> As a result of a lack of sustainable and suitable premises within which Health and Social Care Services can be delivered, there is a risk that safe, consistent and effective care to patients will not be able to be delivered which could result in a reduction in service capacity, reduced outcomes for people and a reduction in staff wellbeing.	Chief Officer	1	Very High	↔
10	SR15	<u>WHOLE SYSTEM MENTAL HEALTH & LEARNING DISABILITIES CHANGE PROGRAMME</u> As a consequence of a lack of workforce capacity, access to suitable estates infrastructure, ambiguity in financial framework, ineffective communication and engagement, there is a strategic risk to the delivery of Tayside's Mental Health Whole System Change Programme, resulting in failure to deliver improved outcomes, patient harm and benefits of the programme	TBC			

↔ No change in risk exposure

↑ Increase in risk exposure

↓ Decrease in risk exposure

Risk Rating Matrix				Inherent Score	Residual Score											
Ref.	Risk	Risk Title	Risk Owner	Risk Exposure – no controls	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sep 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	Mar 24
1	SR01	Financial Resources	Chief Financial Officer	25 (5x5) RED	15 (5x3) AMBER	15 (5x3) AMBER	15 (5x3) AMBER	15 (5x3) AMBER	15 (5x3) AMBER	15 (5x3) AMBER	15 (5x3) AMBER	25 (5x5) RED	25 (5x5) RED	25 (5x5) RED	25 (5x5) RED	25 (5x5) RED
2	SR02	Workforce	Acting Head of Service ASWSC (Operations)	25 (5x5) RED	25 (5x5) RED	25 (5x5) RED	20 (5x4) RED	20 (5x4) RED	20 (5x4) RED	20 (5x4) RED	20 (5x4) RED	20 (5x4) RED	20 (5x4) RED	20 (5x4) RED	20 (5x4) RED	20 (5x4) RED
3	SR04	Sustainable Capacity and Flow	Head of Health	20 (5x5) RED	25 (5X5) RED	25 (5X5) RED	25 (5X5) RED	25 (5X5) RED	15 (5X3) AMBER	15 (5X3) AMBER	15 (5X3) AMBER	15 (5X3) AMBER	15 (5X3) AMBER	15 (5X3) AMBER	15 (5X3) AMBER	15 (5X3) AMBER
4	SR05	Sustainable Digital Solutions	Acting Head of Service ASWSC (Operations)	20 (5x4) RED	12 (4X3) AMBER	12 (4X3) AMBER	8 (4X2) YELLOW	8 (4X2) YELLOW	8 (4X2) YELLOW	8 (4X2) YELLOW	8 (4X2) YELLOW	12 (4x3) AMBER	12 (4x3) AMBER	12 (4x3) AMBER	12 (4x3) AMBER	12 (4x3) AMBER
5	SR06	Viability of Commissioned Providers	Interim Head of Adult Social Care (Commissioning)	25 (5x5) RED	16 (4x4) RED	16 (4x4) RED	16 (4x4) RED	16 (4x4) RED	16 (4x4) RED	16 (4x4) RED	16 (4x4) RED	12 (4x3) AMBER	12 (4x3) AMBER	12 (4x3) AMBER	16 (4x4) RED	16 (4x4) RED
6	SR08	Widening Health Inequalities	Chief Officer	20 (4x5) RED	12 (3X4) AMBER	12 (3X4) AMBER	12 (3X4) AMBER	12 (3X4) AMBER	12 (3X4) AMBER	12 (3X4) AMBER	12 (3X4) AMBER	12 (3X4) AMBER	12 (3X4) AMBER	12 (3X4) AMBER	12 (3X4) AMBER	12 (3X4) AMBER
7	SR09	Leadership Team Capacity	Chief Officer	20 (5x4) RED	12 (4x3) AMBER	12 (4x3) AMBER	12 (4x3) AMBER	12 (4x3) AMBER	12 (4x3) AMBER	12 (4x3) AMBER	12 (4x3) AMBER	8 (4x2) YELLOW	8 (4x2) YELLOW	8 (4x2) YELLOW	8 (4x2) YELLOW	8 (4x2) YELLOW
8	SR11	Primary Care	Clinical / Associate Medical Director	16 (4x4) RED	16 (4x4) RED	16 (4x4) RED	16 (4x4) RED	16 (4x4) RED	16 (4x4) RED	16 (4x4) RED	16 (4x4) RED	16 (4x4) RED	16 (4x4) RED	16 (4x4) RED	16 (4x4) RED	16 (4x4) RED
9	SR14	Partnership Premises	Chief Officer	20 (4x5) RED	16 (4x4) RED	16 (4x4) RED	20 (4x5) RED	20 (4x5) RED	20 (4x5) RED	20 (4x5) RED	20 (4x5) RED	16 (4x4) RED	16 (4x4) RED	16 (4x4) RED	16 (4x4) RED	16 (4x4) RED
10	SR15	Tayside Mental Health Whole System Change Programme	TBC													

PERTH & KINROSS HEALTH AND SOCIAL CARE PARTNERSHIP
STRATEGIC RISK IMPROVEMENT ACTION PLAN



Red	Not on track with major issues	Amber	On track with minor issues
Green	On track	Blue	Complete

ACTION	RESPONSIBLE	STATUS	DATE ACTION ADDED	TARGET COMPLETION DATE	REVISED COMPLETION DATE	IMPROVEMENT TYPE	STATUS	EMT LAST REVIEW DATE	MOVEMENT	
SR01 - FINANCIAL RESOURCES: There are insufficient financial resources to deliver the objectives of the Strategic Plan.										
1d	In partnership with NHS Tayside and the 3 IJB's, develop an outline financial plan for the Mental Health and Learning Disability Whole system Change Programme by 30th June 2023 and a detailed financial framework including agreed financial recovery actions by 30th Sept 2023.	NHST DoF / 3 IJB CFO's	In Progress	-	30/09/23	-	Improve existing control	Red	01/02/24	
1g	Development of options for contraction of Strategic Commissioning Plan that may be required to support recurring financial balance over 2023: 2026	Chief Officer	In Progress	27/10/22	31/03/23	30/06/24	New Control	Green	01/02/24	
1h	Development of refreshed Quality Safety and Efficiency in Prescribing (QSEP) Programme to ensure future growth can be offset by increased efficiency.	Clinical Director	In Progress	27/10/22	31/03/23	31/03/24	New Control	Amber	01/02/24	
1i	Implementation and delivery of transformation programmes at pace with accountability processes in place to ensure that programmes can be delivered and have a clear trajectory and description of impact.	Acting Head of Service ASWSC Operations	In Progress	16/11/23	31/03/24	-	New Control	Green	01/02/24	
SR02 - WORKFORCE: As a result of our ageing workforce, difficulties in recruiting and retaining sufficient suitably skilled and experienced staff, there is a risk that the Partnership will be unable to maintain its workforce appropriately leading to unsustainable services and ability to deliver key corporate support functions.										
2c	Appointment to dedicated Workforce Post to support 3 year workforce plan implementation action plan.	Acting Head of Service ASWSC Operations	Complete	30/03/23	30/06/23	31/12/23	New Control	Blue	01/02/24	
2d	Implementation of 3 year Workforce plan strategic actions.	Acting Head of Service ASWSC Operations	In Progress	30/03/23	31/03/25	-	New Control	Green	01/02/24	
2e	Establishment of a robust overseas recruitment campaign.	Acting Head of Service ASWSC Operations	In Progress	16/11/23	31/03/24	-	New Control	Green	01/02/24	
SR04 - SUSTAINABLE CAPACITY AND FLOW: As a consequence of the demographics of the Perth and Kinross population and increasing frailty there is a risk to the sustainability of 'capacity and flow' within our services resulting in an inability of the wider health and care system to meet needs										
4b	Produce and implement a revised preferred model of delivery for Care at Home services.	Interim Head of Adult Social Care (Commissioning)	In Progress	-	30/11/22	31/05/24	New Control	Green	01/02/24	
4d	Recruitment of Service Manager: Whole System Transformation of Care at Home, who will undertake a Best Value Review and Recommissioning of new model for care at home services.	Interim Head of Adult Social Care (Commissioning)	In Progress	-	30/06/23	31/05/24	New Control	Green	01/02/24	
4e	Delivery of improvement actions contained with the Whole System Planning Integrated Improvement Plan.	Head of Health	Complete	01/06/23	31/12/23	-	New Control	Blue	01/02/24	
4f	Recruitment of interim Service Manager for MFE/Discharge Planning	Head of Health	Complete	16/11/23	30/11/23	-	New Control	Blue	01/02/24	
4g	Implementation of the PKHSCP Winter Plan for 2023/24	Head of Health	In Progress	16/11/23	31/03/24	-	New Control	Green	01/02/24	
SR05 - 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.										
5f	Deployment and Implementation of Pinpoint GIS mapping system to increase efficiency and significantly reduce unmet need.	Acting Head of Service ASWSC Operations	In Progress	16/11/23	31/12/23	-	New Control	Blue	01/02/24	
5g	Implementation of an integrated case management system.	Acting Head of Service ASWSC Operations	In Progress	01/02/24	31/03/25	-	New Control	Green	01/02/24	
5h	Implementation of Pinpoint GIS mapping of unmet need system.	Acting Head of Service ASWSC Operations	In Progress	01/02/24	31/03/24	-	New Control	Green	01/02/24	
SR06 - VIABILITY OF COMMISSIONED PROVIDERS: As a result of challenging employment conditions, the recession and cost of living crisis, EU Exit, increasing complexity of individuals supported as well as the impact of the pandemic there is a risk that our commissioned providers will be unable to meet the increased demands they are facing resulting in reduced viability of providers across our local health and social care sector										
6a	Produce and implement a revised preferred model of delivery for Care at Home services.	Interim Head of Adult Social Care (Commissioning)	In Progress	-	30/11/22	31/05/24	New Control	Green	01/02/24	
6c	Implementation of new Care at Home Contract.	Interim Head of Adult Social Care (Commissioning)	In Progress	01/06/23	30/11/23	30/06/24	New Control	Amber	01/02/24	
6d	Develop a bespoke Complex Care commissioning approach which will increase flexibility and improve recruitment and also ensures that individuals and their families are at the heart of our assessment and planning activity.	Interim Head of Adult Social Care (Commissioning)	Complete	01/06/23	30/11/23	-	New Control	Blue	01/02/24	
6e	Development of a Brokerage Model.	Interim Head of Adult Social Care (Commissioning)	In Progress	01/06/23	30/11/23	-	New Control	Red	01/02/24	
6f	Development Rural Care and Support Model (scoping and design phase)	Interim Head of Adult Social Care (Commissioning)	In Progress	01/02/24	31/08/24	-	New Control	Green	01/02/24	

PERTH & KINROSS HEALTH AND SOCIAL CARE PARTNERSHIP
STRATEGIC RISK IMPROVEMENT ACTION PLAN



Red	Not on track with major issues	Amber	On track with minor issues
Green	On track	Blue	Complete

ACTION	RESPONSIBLE	STATUS	DATE ACTION ADDED	TARGET COMPLETION DATE	REVISED COMPLETION DATE	IMPROVEMENT TYPE	STATUS	EMT LAST REVIEW DATE	MOVEMENT	
SR08 - WIDENING HEALTH INEQUALITIES: As a consequence of increasing levels of poverty, deprivation, and significant rurality there is a risk that health inequalities will increase resulting in poorer outcomes for people										
8b	Develop an Integrated Resource Framework (IRF) to enable us to understand health and social care inequalities across each locality and enable informed strategic decision making.	Chief Officer	Not Commenced	01/03/21	31/03/22	-	New control	Blue	01/02/24	
8c	Review of service management support to ensure sufficient capacity and resilience within Communities Team to ensure Inequalities can be addressed in a targetted needs met manner.	Interim Head of Adult Social Care (Commissioning)	In Progress	-	31/10/22	31/12/25	Improve existing controls	Green	01/02/24	
8d	Prepare a Joint Strategic Needs Assessment which will provide a clear understanding of the health and social care needs of our local population. This will bring together qualitative and quantitative data on the health and care needs of the adult population of Perth & Kinross, to create a picture of service needs now and, in the future, to support the decision-making process and contribute to reducing health inequalities across Perth and Kinross.	Chief Officer	Complete	16/11/23	31/12/23	-	New control	Blue	01/02/24	
8e	Approval of revised Strategic Commissioning Plan which will address the health and social care needs of our population and ensure that health inequalities are reduced.	Interim Head of Adult Social Care (Commissioning)	In Progress	01/02/24	31/03/24	-	Improve existing controls	Green	01/02/24	
SR11 - SUSTAINABLE PRIMARY CARE SERVICES: As a result of an inability to: <ul style="list-style-type: none"> •Reliably recruit, train and retain workforce, •Have appropriate premises to deliver clinical and support services, •Have in place adequate digital systems to support clinical care and communication between teams, patients and across the services, and address inequalities of access to services in remote and rural areas. There is a risk we will be unable to deliver safe, effective, high quality, person centred primary care services. This could result in inadequate care, reputational damage and failure to meet legal requirements.										
11c	Implementation of approved Perth & Kinross Primary Care Premises Strategy 2023-28.	Clinical Director	In Progress	24/08/23	31/03/28	-	New Control	Green	01/02/24	
11d	Implementation of approved Perth & Kinross Primary Care 3 year Strategic Delivery Plan 2023-26 for Primary Care.	Heads of Service	In Progress	24/08/23	31/03/26	-	New Control	Green	01/02/24	
11e	Development of the Tayside Primary Care Strategy 2024-2029 which has been jointly commissioned by the Chief Officer of Angus Health and Social Care Partnership and NHS Tayside Medical Director to support the delivery of excellent, high quality, accessible and sustainable primary care services for the population of Tayside.	Chief Officer Angus HSCP	In Progress	16/11/23	28/02/24	31/03/24	New Control	Green	01/02/24	
11f	Implementation of the Tayside Primary Care Strategy to support the delivery of excellent, high quality, accessible and sustainable primary care services for the population of Tayside.	Chief Officer Angus HSCP	In Progress	16/11/23	31/01/29	-	New Control	Green	01/02/24	
SR14 - PARTNERSHIP PREMISES: Due to a lack of sustainable and suitable premises within which Health and Social Care Services can be delivered, there is a risk that services will be displaced without appropriate alternative accommodation having been developed or identified, resulting in a reduction in service capacity, reduced outcomes of patients and service users and a reduction in staff wellbeing.										
14f	Implementation of approved Perth & Kinross Primary Care Premises Strategy 2023-28.	Clinical Director	In Progress	24/08/23	31/03/28	-	New Control	Green	01/02/24	
14g	Continue to engage with asset management and property teams to affect the team relocations.	Head of Health / Acting Head of Service ASWSC Operations	In Progress	21/11/23	31/07/24	-	New Control	Amber	01/02/24	



AUDIT & PERFORMANCE COMMITTEE

11 March 2024

INTERNAL AUDIT PROGRESS REPORT

Report by Chief Internal Auditor (Report No. G/24/29)

PURPOSE OF REPORT

The purpose of this report is to provide the Audit & Performance Committee with an update on progress in relation to Internal Audit's planned activity.

1. BACKGROUND

The Public Sector Internal Audit Standards (PSIAS) require that the Chief Internal Auditor reports periodically to the Audit and Performance Committee in internal activity and on performance relative to the approved annual plan. This report contains information provided by the Chief Internal Auditor for that purpose.

2. PROGRESS

Since the last report to the Audit and Performance Committee, Internal Audit has continued to work on the assignments from the approved Internal Audit Plans, as detailed in Appendix 1. This includes planning for assignments presented as part of the 2023/24 Internal Audit Plan.

From previous years' Internal Audit Plans, fieldwork is ongoing for Assignment 22-03, Premises and Property, and it is anticipated that a draft report will be available for consideration by management shortly.

From the 2023/24 Internal Audit plan, initial discussions have taken place with Services regarding the scoping of assignments, and these will be taken forward in the coming months, based on available resources and anticipated pressures on services during the winter months.

Work to deliver the Plan will be undertaken through a Joint Working Protocol agreed by the Chief Internal Auditors of both statutory partners.

3. RECOMMENDATION

The Audit & Performance Committee is asked to note the progress made in the delivery of the 2022/23 and 2023/24 plans.

4. CONSULTATION

The Interim Chief Finance Officer has been consulted on the content of this paper.

Author(s)

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APPENDICES

1. Internal Audit Plan Progress

Appendix 1

Internal Audit Plans Progress Report December 2023

2022/23								
	Audit	Indicative Scope	Target Audit Committee	Planning commenced	Work in progress	Draft Issued	Completed	Grade
PKIJB 22-01	Leadership Capacity	To provide assurance of the capacity within the leadership team for the delivery of strategic objectives	June 2023	✓	✓	✓	✓	N/A
PKIJB 22/02	Sustainability of Commissioned Service Providers	To review the sustainability of commissioned service providers	Not applicable	✓	Paused for inclusion within the 2023/24 Internal Audit Plan			
PKIJB 22/03	Premises and Property	To provide assurance over the risks arising from premises and property which support the delivery of services on behalf of the IJB.	June 2024	✓	✓			
2023/24								
PKIJB 23-01	Sustainability of Commissioned Service Providers	To review the sustainability of commissioned service providers	June 2024	✓				
PKIJB 23-02	Workforce	To provide assurance over the management of workforce planning risks.	June 2024	✓				
PKIJB 23-03	Joint Equipment Loans Store	To ensure the efficient and effective provision of services which support people in their own homes	June 2024	✓				

Perth and Kinross Integration Joint Board

DRAFT Annual Audit Plan 2023/24



Prepared for Perth and Kinross Integration Joint Board

March 2024

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Introduction

Summary of planned audit work

1. This document summarises the work plan for our 2023/24 external audit of Perth and Kinross Integration Joint Board (the IJB). The main elements of our work include:

- an audit of the financial statements and an opinion on whether they give a true and fair view and are free from material misstatement
- an audit opinion on other statutory information published within the Annual Accounts including the Management Commentary, the Annual Governance Statement, and the Remuneration Report
- consideration of arrangements in relation to wider scope areas: financial management; financial sustainability; vision, leadership and governance; and use of resources to improve outcomes
- consideration of Best Value arrangements
- provision of an Independent Auditor's Report expressing my opinions on the different elements of the annual accounts and an Annual Audit Report setting out conclusions on the wider scope areas.

Respective responsibilities of the auditor and the IJB

2. The [Code of Audit Practice 2021](#) sets out in detail the respective responsibilities of the auditor and the IJB. Key responsibilities are summarised below.

Auditor responsibilities

3. Our responsibilities as independent auditors are established by the Local Government (Scotland) Act 1973 and the [Code of Audit Practice](#) (including [supplementary guidance](#)) and guided by the Financial Reporting Council's Ethical Standard.

4. Auditors in the public sector give an independent opinion on the financial statements and other information within the Annual Accounts. We also review and report on the wider scope arrangements in place within the IJB. In doing this, we aim to support improvement and accountability.

The IJB's responsibilities

5. The IJB is responsible for maintaining adequate accounting records and internal controls and preparing financial statements for audit that give a true and fair view. The IJB is also required to produce other reports in the annual accounts in accordance with statutory requirements.

6. The IJB has primary responsibility for ensuring the proper financial stewardship of public funds, compliance with relevant legislation and establishing effective arrangements for governance, propriety and regularity that enable it to deliver its objectives.

7. The audit of the annual report and accounts does not relieve management or the Audit and Performance Committee, as those charged with governance, of their responsibilities.

Communication of fraud or suspected fraud

8. In line with the ISA (UK) 240 (*The Auditor's Responsibilities Relating to Fraud in an Audit of Financial Statements*), in presenting this plan to the Audit and Performance we seek confirmation from those charged with governance of any instances of actual, suspected, or alleged fraud that should be brought to our attention. Should members of the Committee have any such knowledge or concerns relating to the risk of fraud within the IJB, we invite them to communicate this to us for our consideration.

Adding value

9. We aim to add value to the IJB through tailoring audit work to the circumstances of the IJB and the audit risks identified; by being constructive and forward looking; providing independent conclusions, attending meetings of the Audit and Performance Committee; and by recommending and encouraging good practice. In so doing, we will help the IJB promote improved standards of governance, better management and decision making and more effective use of resources.

Annual Accounts

Introduction

10. The annual accounts are an essential part of demonstrating the IJB's stewardship of resources and its performance in the use of those resources.

11. We are required to perform an audit of the financial statements, consider other information within the Annual Accounts and express a number of audit opinions in an Independent Auditor's Report in accordance with International Standards on Auditing (ISAs) in the UK, Practice Note 10 from the Public Audit Forum which interprets the ISAs for the public sector and guidance from Audit Scotland.

12. We focus our work on the areas of highest risk. As part of our planning process, we perform a risk assessment highlighting the audit risks relating to each of the main financial systems relevant to the production of the financial statements.

Materiality

13. The concept of materiality is applied by auditors in planning and performing the audit, and in evaluating the effect of any uncorrected misstatements on the financial statements. We are required to plan our audit to obtain reasonable assurance about whether the financial statements are free from material misstatement. The assessment of what is material is a matter of professional judgement over both the amount and the nature of the misstatement.

Materiality levels for the 2023/24 audit

14. We assess materiality at different levels as described in [Exhibit 1](#).

Exhibit 1

2023/24 materiality levels for the IJB

Materiality	Amount
Planning materiality: this is the figure we calculate to assess the overall impact of audit adjustments on the financial statements. Materiality has been set based on our assessment of the needs of the users of the financial statements and the nature of the IJB's operations. For the year ended 31 March 2024, we have set our materiality at 2% of gross expenditure based on the audited 2022/23 annual accounts.	£5.500 million
Performance materiality: this acts as a trigger point. If the aggregate of errors identified during the Annual Accounts audit exceeds performance materiality, this could indicate that further audit procedures should be considered. Using our	£4.125 million

professional judgement, we have assessed performance materiality at 75% of planning materiality.

Reporting threshold: we are required to report to those charged with governance on all unadjusted misstatements more than the 'reporting threshold' amount.	£0.275 million
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Source: Audit Scotland

Significant risk of material misstatement to the Annual Accounts

15. Our risk assessment draws on our cumulative knowledge of the IJB, its major transaction streams, key systems of internal control and risk management processes. It is informed by our discussions with management, meetings with internal audit, attendance at committees and a review of supporting information.

16. Audit risk assessment is an iterative and dynamic process. Our assessment of risks set out in this plan may change as more information and evidence becomes available during the progress of the audit. Where such changes occur, we will advise management and where relevant, report them to those charged with governance.

17. Based on our risk assessment process, we identified the following significant risk of material misstatement to the financial statements. This risk has the greatest impact on our planned audit procedures. [Exhibit 2](#) summarises the nature of the risk, the sources of assurance from management arrangements and the further audit procedures we plan to perform to gain assurance over the risk.

Exhibit 2

2023/24 significant risk of material misstatement to the financial statements

Significant risk of material misstatement	Sources of management assurance	Planned audit response
<p>1. Risk of material misstatement due to fraud caused by management override of controls</p> <p>As stated in ISA (UK) 240 (<i>The Auditor's Responsibilities Relating to Fraud in an Audit of Financial Statements</i>), management is in a unique position to perpetrate fraud because of their ability to override controls that otherwise appear to be operating effectively.</p>	<p>Owing to the nature of this risk, assurances from management are not applicable in this instance</p>	<ul style="list-style-type: none"> • Agreement of balances and income to Perth & Kinross Council and NHS Tayside financial reports / ledger / correspondence. • Auditor assurances will be obtained from the auditors of Perth & Kinross Council and NHS Tayside which ensure completeness, accuracy and allocation of income and expenditure. • Review of financial monitoring reports during the year. • Review of year-end consolidation of expenditure reports from Perth &

Significant risk of material misstatement	Sources of management assurance	Planned audit response
		Kinross Council and NHS Tayside including examining any significant adjustments.

Source: Audit Scotland

18. As set out in International Standard on Auditing (UK) 240: *The auditor's responsibilities relating to fraud in an audit of financial statement*, there is a presumed risk of fraud over the recognition of revenue. There is a risk that revenue may be misstated resulting in a material misstatement in the financial statements. We have rebutted this presumed risk in 2023/24 as it is wholly funded by contributions from NHS Tayside and Perth & Kinross Council which are clearly communicated and can be readily agreed to third party confirmations. We have concluded there is limited opportunity and incentive to manipulate the recognition of income in the financial statements.

19. In line with Practice Note 10: *Audit of financial statements and regularity of public sector bodies in the United Kingdom*, as most public-sector bodies are net spending bodies, the risk of material misstatement due to fraud related to expenditure recognition may in some cases be greater than the risk relating to revenue recognition. We have rebutted this risk for the IJB as it does not directly incur expenditure. Perth & Kinross IJB expenditure is incurred and processed through the financial systems of the partner bodies (NHS Tayside and Perth & Kinross Council) and there is limited scope for the IJB to manipulate this.

20. Assurances over the accuracy and completeness of Perth & Kinross IJB transactions will be obtained from the auditors of Perth & Kinross Council and NHS Tayside. We have not, therefore, included any specific work in our audit plan in these areas in addition to our standard audit procedures.

Wider Scope and Best Value

Introduction

21. Reflecting the fact that public money is involved, public audit is planned and undertaken from a wider perspective than in the private sector. The [Code of Audit Practice](#) sets out the four areas that frame the wider scope of public sector audit, and requires auditors to consider and conclude on the effectiveness and appropriateness of the arrangements in place for each wider scope area in audited bodies.

22. In summary, the four wider scope areas are:

- **Financial management:** means having sound budgetary processes. We will consider the arrangements to secure sound financial management including the strength of the financial management culture, accountability, and arrangements to prevent and detect fraud, error, and other irregularities
- **Financial sustainability:** we will look ahead to consider whether the IJB is planning effectively to continue to deliver services, also comment on financial sustainability in the medium (two to five years) to longer term (longer than five years)
- **Vision, leadership and governance:** we conclude on the clarity of plans in place to deliver the vision, strategy and priorities adopted by the IJB. We also consider the effectiveness of the governance arrangements to support delivery
- **Use of resources to improve outcomes:** we will consider how the IJB demonstrates economy, efficiency, and effectiveness through the use of financial and other resources.

Wider scope risks

23. Our planned work on our wider scope responsibilities is risk based and proportionate. We have not identified any wider scope audit risks for the 2023/24 audit of the IJB. Progress on the outstanding recommendations identified in prior years will be followed-up with management during the course of the 2023/24 audit.

Best value

24. Auditors have a duty to be satisfied that bodies that fall within section 106 of the Local Government (Scotland) Act 1973 have made proper arrangements to secure Best Value. We will consider how the IJB demonstrates that it is meeting its Best Value responsibilities, and we will report our findings in our Annual Audit Report.

Reporting arrangements, timetable, and audit fee

Reporting arrangements

25. Matters arising from our audit will be reported on a timely basis and will include agreed action plans. Draft reports will be shared with relevant officers to confirm factual accuracy.

26. We will provide:

- an Independent Auditor's Report to the IJB and the Accounts Commission setting out our opinions on the annual accounts
- the IJB and the Accounts Commission with an Annual Audit Report containing observations and recommendations on significant matters which have arisen during the audits and conclusions on wider scope areas.

27. [Exhibit 3](#) outlines the target dates for our audit outputs set by the Accounts Commission.

Exhibit 3 2023/24 audit outputs

Audit Output	Target date	Audit and Performance Committee date
Annual Audit Plan	31 March 2024	11 March 2024
Independent Auditor's Report	30 September 2024	28 October 2024
Annual Audit Report	30 September 2024	28 October 2024

Source: Audit Scotland

28. The Local Authority Accounts (Scotland) Regulations 2014 require local authorities to 'aim to approve the audited accounts for signature no later than 30 September immediately following the financial year to which the accounts relate' and that the signed accounts 'must be published no later than 31 October'. Due to the legacy of the late completion of prior year audits due to the Covid-19



pandemic and ongoing resourcing challenges within Audit Scotland, we are unable to complete the IJB's audit by 30 September but aim to have it completed in time to publish the audited accounts by 31 October. We acknowledge that this planned timetable is determined by the availability of the audit process and not by the IJB which proposes to present unaudited accounts for audit by the 30 June. We will work towards delivering the audit and audit outputs by the target date over the period of the audit appointment.

29. All Annual Audit Plans and the outputs, as detailed in [Exhibit 3](#), and any other outputs on matters of public interest will be published on our website: www.audit-scotland.gov.uk.

Timetable

30. To support an efficient audit, it is critical that the timetable for producing the Annual Accounts for audit is achieved. We have included a proposed timetable for the audit at [Exhibit 4](#) that has been discussed and agreed with management.

Exhibit 4 Proposed annual accounts timetable

 Key stage	 Date
Consideration of the unaudited Annual Accounts by those charged with governance.	24 June 2024
Latest submission date for the receipt of the unaudited Annual Accounts with complete working papers package.	By 30 June 2024
Latest date for final clearance meeting with the Chief Financial Officer.	14 October 2024
Agreement of audited unsigned annual accounts Issue of Annual Audit report including ISA260 report to those charged with governance	21 October 2024
Audit and Performance Committee meeting to consider the Annual Audit Report and approve the audited annual accounts for signature	28 October 2024
Independent Auditor's Report signed	28 October 2024

Source: Audit Scotland

Audit fee

31. In determining the audit fee for 2023/24 we have taken account of the risk exposure of the IJB and the planned management assurances in place. Fee levels are also impacted by inflation which increases the cost of audit delivery. The proposed audit fee for 2023/24 is £33,360 (2022/23: £31,470).

32. In setting the fee for 2023/24 we have assumed that the IJB has effective governance arrangements and will prepare comprehensive and accurate accounts for audit in line with the agreed timetable for the audit. The audit fee assumes there will be no major change in respect of the scope of the audit during the year and where our audit cannot proceed as planned, a supplementary fee may be levied.

Other matters

Internal audit

33. It is the responsibility of the IJB to establish adequate internal audit arrangements. The internal audit function at the IJB is provided by Perth & Kinross Council's internal audit section. We have reviewed internal audit's plan as part of our planning process. While we are not planning to place formal reliance on the work of internal audit in 2023/24, we will review internal audit reports and assess the impact of the findings on our financial statements and wider scope audit responsibilities.

External audit team

34. There is a change in the engagement lead for the IJB audit this year as Audit Director Brian Howarth is retiring. The engagement lead (i.e. appointed auditor) for the 2023/24 audit of IJB is Rachel Browne, Audit Director. Rachel has over 25 years of public sector audit experience in central government, local government and NHS audits, including the audit of IJBs. The incoming and outgoing engagement leads are holding handover discussions to ensure a smooth transition.

35. Mary O'Connor, Senior Auditor and Maggie Bruce, Senior Audit Manager will continue to lead and manage the external audit team on a day-to-day basis.

Independence and objectivity

36. We are independent of the IJB in accordance with the relevant ethical requirements, including the Financial Reporting Council's Ethical Standard. This standard imposed stringent rules to ensure the independence and objectivity of auditors.

37. Audit Scotland has robust arrangements in place to ensure compliance with these standards including an annual '*fit and proper*' declaration for all members of staff. The arrangements are overseen by the Executive Director of Innovation and Quality, who serves as Audit Scotland's Ethics Partner.

38. The Ethical Standard requires the auditors to communicate any relationships that may affect the independence and objectivity of the audit team. We are not aware of any such relationships pertaining to the audit of Perth & Kinross IJB.

Audit quality

39. Audit Scotland is committed to the consistent delivery of high-quality public audit. Audit quality requires ongoing attention and improvement to keep pace with external and internal changes. A document explaining the arrangements for providing assurance on the delivery of high-quality audits is available from the [Audit Scotland website](#).

40. The International Standards on Quality Management (ISQM) applicable to Audit Scotland for 2023/24 audits are:

- ISQM (UK) 1 which deals with an audit organisation's responsibilities to design, implement and operate a system of quality management (SoQM) for audits. Our SoQM consists of a variety of components, such as: our governance arrangements and culture to support audit quality, compliance with ethical requirements, ensuring we are dedicated to high-quality audit through our engagement performance and resourcing arrangements, and ensuring we have robust quality monitoring arrangements in place. Audit Scotland carries out an annual evaluation of our SoQM and has concluded that we comply with this standard
- ISQM (UK) 2 which sets out arrangements for conducting engagement quality reviews, which are performed by senior management not involved in the audit to review significant judgement and conclusions reached by the audit team, and the appropriateness of proposed opinions of high-risk audit engagements.

41. To monitor quality at an individual audit level, Audit Scotland also carries out internal quality reviews of a sample of audits. Additionally, the Institute of Chartered Accountants of England and Wales (ICAEW) carries out independent quality reviews.

42. Actions to address deficiencies identified by internal and external quality reviews are included in a rolling Quality Improvement Action Plan which is used to support continuous improvement. Progress with implementing planned actions is regularly monitored by Audit Scotland's Quality and Ethics Committee

43. Audit Scotland may periodically seek your views on the quality of our service provision. The team would also welcome feedback more informally at any time.

Perth and Kinross Integration Joint Board

DRAFT Annual Audit Plan 2023/24

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PERTH AND KINROSS INTEGRATION JOINT BOARD

AUDIT & PERFORMANCE COMMITTEE

11 MARCH 2024

EXTERNAL AUDIT FEE FOR 2023/24

Report by Chief Finance Officer (Report No. G/24/31)

PURPOSE OF REPORT

This report requests approval from the Audit and Performance Committee for the proposed 2023/24 External Audit fee.

1. RECOMMENDATIONS

It is recommended that the Audit and Performance Committee:

- i) Note Audit Scotland's explanation for the increase in base fee.
- ii) Approve the proposed External Audit fee for 2023/24.

2. BACKGROUND/OVERVIEW

2.1 Audit fees are based on Audit Scotland's Funding & Fee Strategy. The two key principles for fee setting arrangements are:

- Audit fees should be set with the objective to recover the full cost of audit work in each sector;
- The cost of the audit should be independent of the identity or location of the auditor.

2.2 Each year Audit Scotland set a fee strategy and a base fee to be charged. However, fees can be charged at a higher rate if agreed between the auditor and Integration Joint Board (IJB). The IJB audit fee for last year reflected the Audit Scotland base fee.

2.3 In December 2023, Audit Scotland wrote to IJB Chief Finance Officers to indicate the fee level for 2023/24 audits. It has been confirmed that a rebate will be applied for the reduced travel and subsistence costs incurred during the 2022/23 audits.

2.4 The proposed fee for Perth & Kinross Integration Joint Board (IJB) is £33,360, this is a 6.0% increase on the base fee for last year. Audit Scotland have included an explanation for the increase, citing 3 main reasons:

- A challenging economic environment.
- Scope of audit – increased expectations on the wider audit profession.
- Ongoing process of recovery from the Covid-19 pandemic.

Table 1

	2022/23 Audit (Audit Scotland)	2023/24 Audit (Audit Scotland)	Increase / (Decrease)
Base Fee	£31,470	£33,360	6.0%
Additional Fee	-	-	-
Rebate from prior years	(£1,603)	(£585)	-
Total	£29,867	£32,775	9.74%

3. CONCLUSION

3.1 The Audit & Performance Committee are recommended to:

- Note the reasons Audit Scotland have given to explain the increase in base fee level;
- Approve the proposed External Audit fee for 2023/24.

Author(s)

Name	Designation	Contact Details
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PERTH AND KINROSS INTEGRATION JOINT BOARD

AUDIT & PERFORMANCE COMMITTEE

11 MARCH 2024

CLINICAL AND CARE GOVERNANCE ASSURANCE

Report by Chief Officer (Report No. G/24/32)

PURPOSE OF REPORT

The purpose of this report is to provide assurance to the Perth and Kinross HSCP's Audit and Performance Committee in respect of Clinical, Care and Professional Governance arrangements in place for delegated and hosted services managed by Perth and Kinross Health and Social Care Partnership (PKHSCP).

1. RECOMMENDATIONS

The Audit and Performance Committee is asked to:

- i) Note the responsibilities of Perth and Kinross Integration Joint Board in respect of Clinical, Care and Professional Governance and those of the IJB's partners;
- ii) Note the arrangements in place for providing the IJB with assurance that effective and robust systems of Clinical, Care and Professional Governance are in place;
- iii) Note that NHS Tayside's Care Governance Committee received a full report regarding Clinical & Care Governance (appendix 1) on 5th December 2023, where it was agreed as providing "Reasonable Assurance".
- iv) Note that Perth and Kinross Council's (PKC) Scrutiny & Performance Committee received the same full report as the above regarding Clinical & Care Governance on the 31st January 2024, where it was agreed as providing "Reasonable Assurance".
- v) Note that the Chief Officer confirms the effectiveness of the above systems in place in the IJB's partner organisations.

2. BACKGROUND

- 2.1 Perth and Kinross Integration Joint Board has a strategic commissioning role with the operational responsibility for delegated and hosted services resting with the Health and Social Care Partnership which brings together NHS Tayside and Perth and Kinross Council as the employing bodies of the staff delivering these services and for the fulfilment of their respective statutory duties.
- 2.2 The Perth & Kinross Health & Social Care Partnership (PKHSCP) Care & Professional Governance Forum (CPGF) was established at the inception of integration and has met regularly. It is chaired jointly by the Clinical Director and the Chief Social Work Officer who has delegated the role to the Interim Head of Service Adult Social Work and Social Care (Operations). The Forum provides assurance on the quality, safety and effectiveness of all services delegated to the P&K IJB. This is achieved through detailed annual reporting on all aspects of service delivery which is linked to the domains for effective clinical and care governance and the Health and Social Care Standards; along with a monthly process for the escalation of factors which are inhibiting safe care, issues and concerns; risk management; adult protection; and complaints.
- 2.3 The CPGF reports to NHS Tayside's Care Governance Committee with regular assurance and exception reports. The CPGF also reports to PKC's Scrutiny & Performance Committee with regular assurance reports. These reports seek to provide assurance to NHS Tayside and PKC that there are effective and embedded systems for Clinical, Care and Professional Governance in all services delegated to or hosted by PKIJB.
- 2.4 It should be noted that Inpatient Mental Health & Learning Disability Services and all General Adult Psychiatry medical workforce report directly to the NHS Tayside Care Governance Committee as operational responsibility is not delegated and is retained by NHS Tayside. Further, services hosted by Angus IJB and Dundee IJB also report directly to the NHS Tayside Care Governance Committee. This provides a formal mechanism for NHS Tayside to provide assurance to PKIJB that appropriate arrangements and systems are in place in respect of operational health services being managed by PKHSCP.

3. SITUATION

- 3.1 To fulfil its obligations as set out in the PKIJB Integration Scheme, the IJB requires assurance that:
- Arrangements are in place to provide assurance regarding the delivery of safe and effective services;
 - Arrangements are in place for professional supervision, learning, support and continuous improvement for all staff;
 - There is evidence of effective information systems and that relevant professional and service user networks or groups feed into the agreed Clinical and Care Governance and Professional Governance framework;

- Arrangements are in place for embedding mechanisms for continuous improvement of all services through application of a Clinical and Care Governance and Professional Governance Framework;
- Arrangements are in place for ensuring effective mechanisms for service user and carer feedback and for complaints handling.

4. ASSESSMENT

- 4.1 The Chief Officer can confirm that the Clinical Care Governance Reporting Framework, overseen by the PKHSCP Clinical and Professional Governance Forum, supports regular review of all services to ensure that effective and embedded Clinical, Care and Professional Governance arrangements are in place and that these arrangements can evidence continuing improvements.
- 4.2 P&K HSCP’s assurance report to NHS Tayside’s Care Governance Committee on the 5th December 2023 and PKC’s Scrutiny & Performance Committee on the 31st January 2024 is attached at appendix 1 to evidence the above. The level of assurance recommended and accepted by both Committees was “Reasonable Assurance”.

5. CONCLUSION

- 5.1 The Audit and Performance Committee will continue to be provided with assurance that effective Clinical, Care and Professional Governance arrangements are in place for operational services commissioned by the IJB and managed by PKHSCP.
- 5.2 This will be accomplished by the regular sharing of approved relevant extracts from minutes from the IJB’s partners and any assurance and exception reports from PKHSCP in relation to Clinical, Care and Professional Governance submitted to NHS Tayside and Perth and Kinross Council.

Author(s)

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Appendices

Appendix 1 – Clinical & Care Governance Assurance report

CGC/2023



Meeting: Care Governance Committee
Meeting date: 5th December 2023
Title: Perth & Kinross Health and Social Care Partnership
(HSCP) Clinical and Care Governance Assurance
Report

Responsible Officer: Dr Hamish Dougall, Associate Medical Director

Report Authors: Dr Hamish Dougall, Associate Medical Director
Kenny Ogilvy, Head of Service, Adult Social Work & Social Care
Mark Dickson, Clinical Governance Coordinator
Angie McManus, AHP Lead
Valerie Davis, Lead Nurse

1 Purpose

This is presented to the Care Governance Committee for:

- Assurance

This report relates to:

- Government policy/directive
- Legal requirement

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

- Safe
- Effective
- Person Centred

This report provides evidence of the following Best Value Characteristic(s):

(delete those that do not apply):

- Equality
- Governance and Accountability

2 Report Summary

2.1 Situation

This report is being brought to the meeting to provide assurance on the clinical and care governance activities and arrangements across the Partnership as outlined in the Getting It Right For Everyone (GIRFE) Framework in accordance with the Partnership integration scheme. Clinical Governance is a statutory requirement to report on, at Board level, from Scottish Government as per NHS MEL (1998) 75.

The Care Governance Committee is being asked to provide their view on the level of assurance this report provides and therefore the level of assurance regards clinical and care governance within the Partnership. The timescale for the data within this report is from 1st July 2023 to 31 October 2023.

As Lead Officer for Perth & Kinross HSCP I would suggest that the level of assurance provided is: **Reasonable Assurance**; due to the following factors:

- Several recent annual reports received from P&K HSCP services at the P&K HSCP CPGF which demonstrated reasonable levels of assurance.

2.2 Background

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

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

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

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

2.3 Assessment

2.3.1 Exceptions

A risk has been identified and recently added to DATIX regarding the ageing decontamination equipment at Broxden Dental Centre, and the resultant risk of failure.

The current washers and disinfectors at Broxden Dental Centre were brought into service some time ago, and are now reaching end of life. The equipment also serves as a contingency for CSSD at Ninewells, as part of a reciprocal arrangement.

There is a risk of equipment failure, resulting in the service being unable to provide dental care to patients. In the event of a failure, securing spare parts may also be challenging due to the age of the equipment.

The Public Dental service will complete and submit a capital equipment replacement plan, which, if accepted and progressed, would result in replacement equipment being installed. This equipment would also be easier to service due to accessibility of spare parts.

Preventative planned maintenance is ongoing by estates engineers, and there are daily checks made by staff. A reciprocal arrangement is in place with CSSD at Ninewells regarding use of equipment at either site in the event of disruption.

The service intends to submit a capital replacement plan in the near future.

Home Office Controlled Drug Licence is outstanding for The Bella Centre.

The Bella Centre is a recently opened Community Custody Unit and houses low supervision women and young people. The Prison Healthcare service (hosted in P&K HSCP) provide healthcare to the population of the Centre. Due to a processing delay, the Controlled Drug licenses for HMP Perth, HMP Castle Huntly and The Bella Centre lapsed. Licences for HMP Perth and HMP Castle Huntly have since been successfully renewed.

Due to a processing delay, the Controlled Drug licence is outstanding for The Bella Centre. The majority of patients at the Centre are prescribed medication via “named patient”, so no stock is required to be held at the Centre.

2.3.2 Clinical and Care Risk Management

The risk registers for Health and for Adult Social Work and Social Care (appendices 2 & 3) are discussed monthly at the P&K HSCP Care & Professional Governance Forum.

Managers of red risks provide a written update at every meeting, and managers of amber risks are asked for update at every other meeting.

This supports assurances that the relevant risks are being regularly monitored; what measures are in place to minimise the risk; what alternative mitigations plans and actions are in place to minimise the risk; that where the risk affects, or is impacted by, other parts of the health or social care system, or indeed other agency, we are assured that they are fully informed and engaged in the process.

P&K HSCP red risks as at 15th Nov 2023:

DatixRef	Risk Exposure – No controls			Current Risk Exposure Rating												Planned Risk Exposure			Risk Trend (↑/→/↓)
				<i>Please include data from previous four reporting periods</i>															
				Dec 2022			April 2023			Aug 2023			Nov 2023						
L	C	RER	L	C	RER	L	C	RER	L	C	RER	L	C	RER	L	C	RER		
829	4	5	20	4	5	20	4	5	20	4	5	20	4	5	20	2	5	10	→
982	5	4	20	5	4	20	5	4	20	5	4	20	5	4	20	2	4	8	→
701	5	3	15	3	3	9	5	4	20	5	4	20	5	4	20	1	4	4	→
1321	5	4	20	-	-	-	-	-	-	5	4	20	5	4	20	2	4	8	→

L = Likelihood C = Consequence RER = Risk Exposure Rating

Risk 829 - Challenges in relation to accommodation for clinical and non-clinical staff across P&K

Accommodation walkrounds have been completed across Health & Social care sites with a view to mapping sites to accommodate future teams.

A short life working group has been recommenced with NHST support service and Estates in order to review the accommodation needs for CCATS, IDART, Urgent Care and Community AHP's. A consultation paper to be completed in relation to engaging with staff re: accommodation moves. Paper to be written to describe the options going forward (option appraisal) in conjunction with NHST estates and support services.

Smartsheet is being used to capture the current situation at each site where accommodation required review, and supporting SBAR's being used.

Risk 982 - Mental Health Medical Workforce in P&K HSCP

A meeting has taken place to discuss medical workforce. Current redesign of inpatient services and CMHT is progressing, and this will include medical workforce as well as other professionals in future design.

Services remain reliant on locum agencies to fill consultant psychiatry gaps and regularly advertising substantive positions, but to no avail.

Nursing workforce situation has improved recently in terms of recruitment. There continue to be challenges with Medical and AHP recruitment however.

Risk 701 - Mental Health Waiting Times within the Prison Healthcare Service

Two additional nurses have been recruited, and start dates are awaited. Mental Health ANP recruitment is also underway. The service has also been seeking agency nursing staff to reduce the time spent by the team administering medication.

It is anticipated that the listening service will be able to support appointments categorised as green. It is also noted that staffing levels within the Mental Health team are beginning to improve.

Risk 1321 - Inadequate environment for the Perth City CCATS service

This risk was added in April 2023, as in relation to the current CCATS service which is located within Beechgrove House, Perth. A recent Infection Prevention and Control team visit to the site found numerous environmental Infection Control concerns. A site visit has taken place from the current cleaning contractor, soft facilities and PKC estates to explore gaps and potential solutions within current provision. There is in place a Short Life Working Group regarding accommodation across P&K HSCP, and the CCATS service in Perth City is part of this working group.

CCATS continue to undertake risk mitigation such as additional cleaning and handwashing. Property application for CCATS submitted to short life working group.

2.3.3 Clinical & Care Governance Arrangements

Lead Partners Services

Each HSCP is a Lead Partner for a number of services. These services report through to the Clinical Care and Professional Governance Forum for that HSCP. At the Clinical Care and Professional Governance Forum the Lead Partner Service reports receive the relevant level of scrutiny as other reports.

Systems and processes are being established to ensure that all three HSCPs receive copies of reports from other Lead Partner Services to support integration, and effective whole system working.

Full details of the Clinical & Care Governance Arrangements in P&K HSCP are provided within appendix 1.

Summary of key exceptions raised at recent CPGF meetings:

Key exceptions identified within the **exception reports** from the CPGF meetings held in August, September and October 2023:

- Prison Healthcare:
 - Mental Health Waiting Times within the Prison Healthcare Service. There are plans in place to address Green list including Listening Service and Safety & Stabilisation groups, as well as ongoing recruitment.
 - Non Emergency Transfer of Patients to Hospital. This is being monitored locally and nationally and escalated regularly. Cancellations have been increasing

- North Locality:
 - Some examples of poor planning / communication from acute sites on discharge to P&K have been noted. Datix linked to NWH EM Consultant for review. CPTM North collating information from LInCS to understand issues and provide evidence to share with acute sites and discharge teams. Current individual cases being wrapped around by the LInCS team to ensure immediate safety, assurance and care.
 - National issues with HEPMA. Additional transmitters added to the service have now resolved this problem. Locally the WiFi in Blairgowrie has also been problematic. IT attending site on 2nd of October to upgrade the system and signal (this will take approx one week Ongoing issues with generator testing knocking out IT systems – ongoing discussions with IT and Estates to find solution or mitigate risk.

- South Locality:
 - Ongoing Social Work vacancies impacting availability of AP trained capacity and general service delivery.

- Perth City Locality:
 - Within the CCATS service, additional Asylum assessments proving challenging to support timely given staffing pressures, sickness and vacancies in the service. North Locality supporting from CCATS.
 - There are limited Care Home placements due to care homes being at full capacity especially in nursing and EMI units. The service is reviewing officers and staff are ensuring only clients that require EMI care are in EMI beds. Staff are checking during reviews that the level of care is suitable for client needs.

- Public Dental service
 - Awaiting input from Property Department to progress essential ventilation and building works. Work has been approved in principle by AMG and funding in place.

- Tay & Stroke wards and Intermediate Care
 - Hospital Discharge Team – Discharge Coordinator shortage. Service Manager has escalated to ‘Hot Red’ staffing status. Recruitment is ongoing – poor applicant uptake due to temporary posts. 1 part time post has been filled. Service Manager and Senior Nurse providing operational support to maintain HDT service and support patient discharge planning and flow.

Key exceptions identified within the **annual reports** from the CPGF meetings held in August, September and October 2023:

- Podiatry
 - Ongoing DATIX risks regarding the staffing recruitment challenges nationally, along with recent unexpected resignations. This has created a risk of the Podiatry service being unable to treat higher risk patients, and to positively address the existing patient waiting times.
 - The transition from paper records onto EMIS has provided a more secure clinical record keeping system. The improved quality of note keeping and allows improved communication with other healthcare professionals supporting better patient outcomes.
 - There is currently insufficient capacity to meet patient demand for Podiatry within Justice Healthcare

- Registered Services
 - Kinnoull Community Day Opportunities and Gleneagles Day Opportunities both retain staff well, but struggle to recruit to many vacant social care posts.

- Mental Health Services
 - With an increasing understanding of ADHD as a lifelong condition, services have seen a significant increase in referral for people with potential ADHD and are overwhelmed by the demand.
 - Red DATIX risk regarding an NHST inability to recruit and retain Consultant Psychiatrists.
 - Amber DATIX risk regarding ligature anchor points in P&K POA wards.
 - Mental Welfare Commission visits to the P&K POA wards in early 2023, which was overall positive. Several recommendations were made, and good progress is being made with these.

- Urgent Care
 - Hospital at Home experienced IT issues affecting the ability of the team to use eKORA. This delayed the service's soft launch date and required an alternative way of recording patient information to support escalation and safety netting in both the in hours and the out of hours periods. This issue is now resolved and the team are able to utilise Trakcare and eKORA in the management of patients within the community.

- Primary Care
 - DATIX risk regarding seven practices who are at high risk of closure or transition to 2C, which would lead to disruption to service provision for that practice population. This is a result of a combination of workforce and workload factors.

Adverse Events:

Systems are in place for services/localities to review DATIX incidents. The Nursing & AHP leads meet along with the Clinical Governance Coordinator on monthly basis to review the top 5 incident categories. This helps to identify any trends or any appropriate action and supports closing the loop.

Regarding adverse events, the main themes reported during the months between July 2023 and October 2023 were:

Highest frequency events:

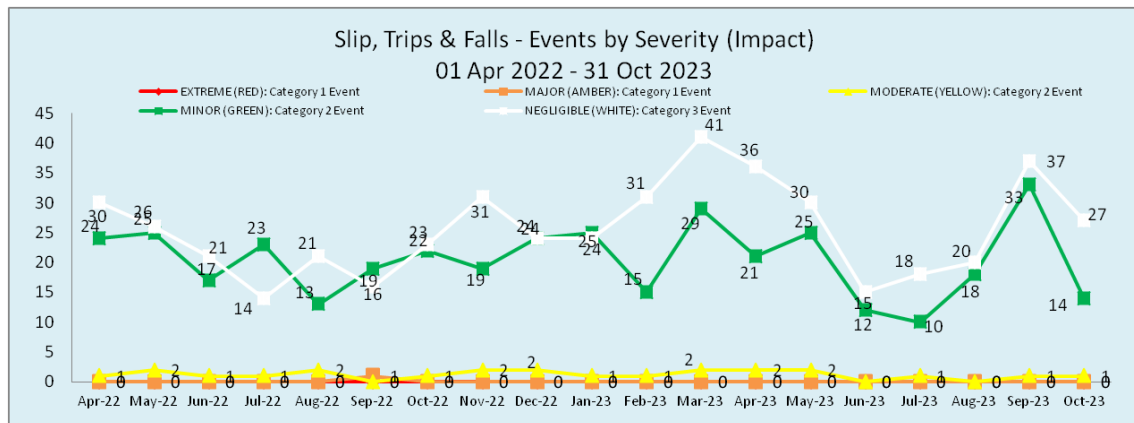
1. Slips, Trips and Falls
2. Medication
3. Clinical Challenging behaviour
4. Violence & Aggression

5. Pressure Ulcer

Harm is defined as an outcome with a negative effect. Harm to a person or groups of people may result from worsening of a medical condition, the inherent risk of an investigation or treatment, system failure provider performance issues, service disruption, financial loss or adverse publicity.

Slip, Trip & Falls

During the time period between July 2023 and October 2023, there were **180** incidents recorded, of which 24 involved harm. 82 occurred at MRH, 29 at PRI, 58 in Community Hospitals and the remaining 11 in other areas.



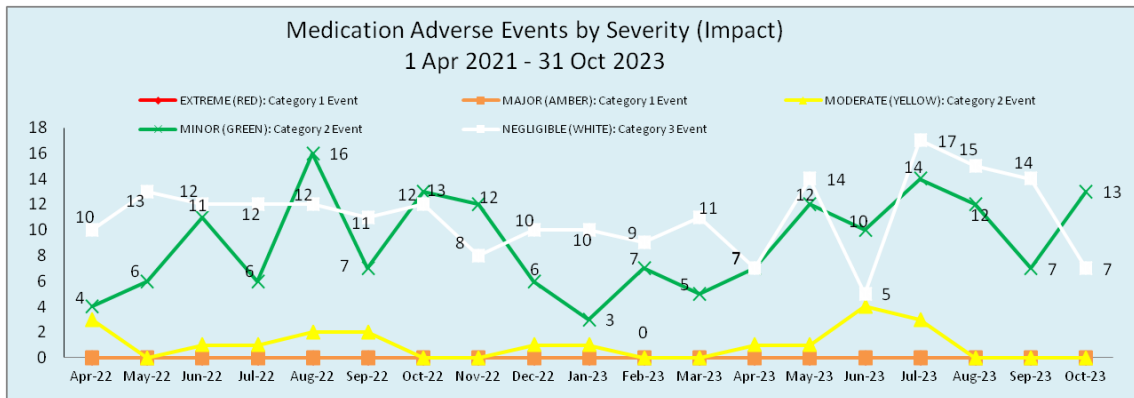
The Psychiatry of Old Age inpatient wards at Murray Royal Hospital experienced a higher than usual number of falls at the end of 2021 due to several patients who had multiple falls (many of which were controlled). Ward staff were doing all they could to manage the falls, and they had support from the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

In addition, the Falls Coordinator continues to:

- review all of the wards in-patient falls Datix reports and provide feedback to the ward with a breakdown of their falls, outlining any trends, highlighting patients who fall repeatedly and enquiring if further information is required
- Supports all of the HSCP wards to have strength and balance exercise panels fitted on their walls and suitable patients also receive a set of strength and balance cue cards which they can take home with them. Along with that they receive a Care About Walking booklet and record charts for recording activity / steps.

- **Medication**

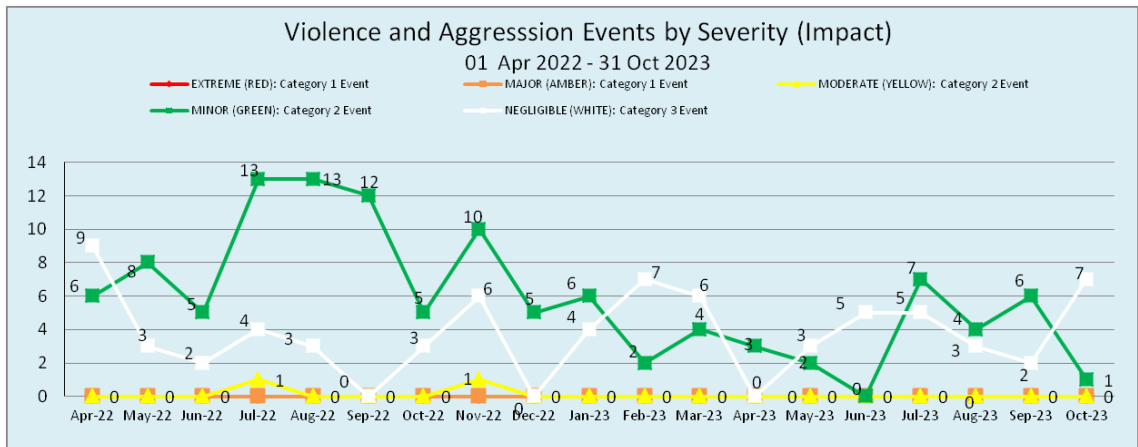
During the time period between March July 2023 and October 2023, there were **102** incidents recorded, of which 5 involved harm. 10 occurred at MRH, 7 at PRI, 27 in Community Hospitals, 42 within a Prison Establishment and the remaining 16 in other areas.



The majority of medication adverse events occurred with the Prison Healthcare service. The prison healthcare service manages and administers a high volume of medication across three sites across Tayside - HMP Perth, HMP Castle Huntly and HMP & YOI Bella.

- Violence & Aggression**

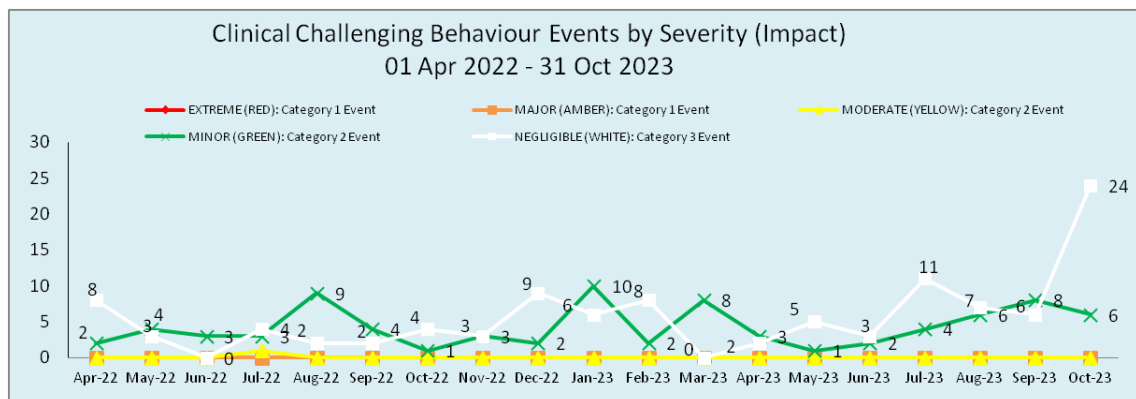
During the time period between July 2023 and October 2023, there were **35** incidents recorded, of which 3 involved harm. 15 occurred at MRH, 9 at PRI, 4 in Community Hospitals, and the remaining 7 in other areas.



The 15 incidents within Murray Royal Hospital were within the Psychiatry of Old Age wards. The 3 incidents which involved harm were all in different inpatient wards, 2 of which were physical and one verbal. All three incidents are graded green.

- Clinical Challenging Behaviour** (such as patient unable to understand risks, sexual disinhibition, general agitation)

During the time period between July 2023 and October 2023, there were **72** incidents recorded, of which 5 involved harm. 64 occurred at MRH, 4 at PRI and 4 in Community Hospitals.

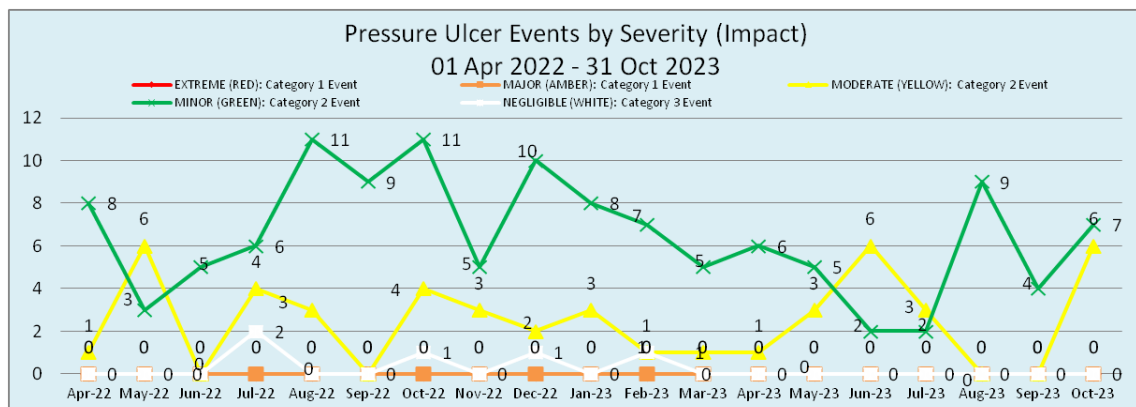


The vast majority of these incidents were within the Psychiatry of Old Age wards at Murray Royal Hospital. The rise in incidents (albeit of negligible grading) in October 2023 have been noted by the service. This appears to be attributable to a small group of patients in one particular POA ward who are exhibiting these behaviours.

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

- Pressure Ulcers**

During the time period between July 2023 and October 2023, there were **31** incidents recorded, of which 28 involved harm. 15 were within the patients home, 3 within Care Homes, 5 within Community Hospitals, and the remaining 8 in other areas.



Further exploration on DATIX regarding the recent moderate events taken place. 3 of these were recorded by the Community Nursing service regarding patients in their own home, and 3 by Podiatry. Each geographical locality in P&K is provided with a summary of adverse events specific to their locality to enable them to identify trends and any learning.

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

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

2.3.4 Significant Adverse Event Reviews

Report and action plan for DATIX 136987 fully signed off. Action plan being progressed through the P&K HSCP Mental Health Care Governance Group. 5/15 actions completed at present.

2.3.5 Pressure Ulcers & Falls

Details regarding both of the types of Adverse events has been provided above in section 2.3.3.

Pressure ulcers are reviewed on an individual basis to ensure that all mitigating actions are in place and any themes in relation to learning are identified.

2.3.6 Complaints

Current Complaints as at 06/11/2023 - Stage 1

Service Area	0-4 Days	5-9 Days	Total
Perth & Kinross HSCP	2	0	2

Current Complaints as at 06/11/2023 - Stage 2

Service Area	0-5 days	6-10 days	11-15	Total
Perth & Kinross HSCP	5	4	2	11

2.3.7 Scottish Public Services Ombudsman Reports

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

The last complaint which was referred to the SPSO was from October 2020, and further information has recently been provided to the SPSO regarding this complaint.

2.3.8 External Reports & Inspections

HM Inspectorate of Prisons for Scotland undertook a full inspection at HMP Perth between 22-26 May 2023. The published report was made available in September 2023.

The visit has a focus on 9 standards, and standard 9 (Health & Wellbeing), is the only standard which is relevant to the Prison Healthcare Service. This standard received a grading of **Generally acceptable performance**.

A total of 17 recommendations and 5 good practice points were identified within standard 9. These are:

Good Practice points:

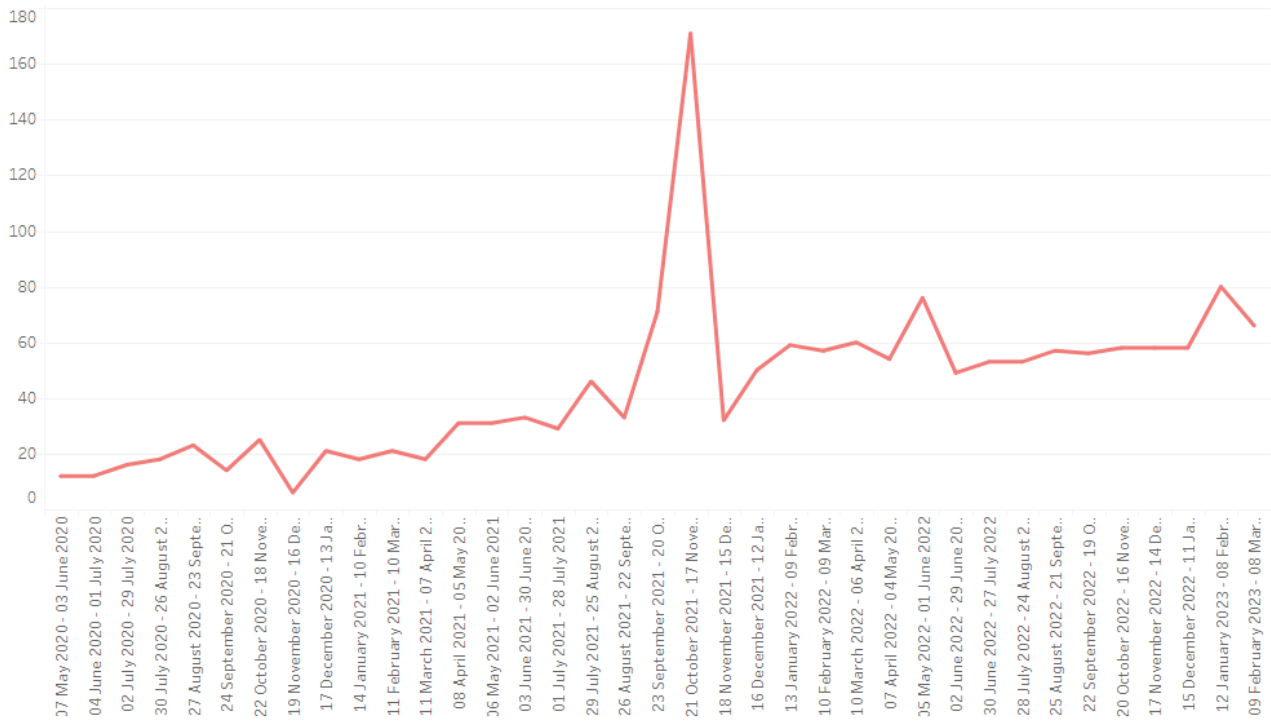
- Patients with immediate complex needs, found under the influence or where the reception nurse raised a concern, would be discussed at the multidisciplinary/multi-agency Person of Concern Group (POCG) the following morning (Monday to Friday).
- The OT service provided a wide range of support for patients across many services. It works closely with patients to improve access to services, supporting transitions to and from HMP Perth. There was clear multidisciplinary engagement with the wider healthcare team and SPS.
- Patients could be referred to the Pharmacy Team to discuss medication by another member of the Multidisciplinary Team or patients could self-refer.
- Inspectors saw evidence of good relationships between healthcare staff and SPS.
- Some healthcare teams had individual processes for seeking feedback from patients following treatment to help influence improvements to individuals' practice.

Recommendations:

- Perth and Kinross HSCP must provide referral forms in alternative languages and formats that are accessible for patients in residential areas.
- Perth and Kinross HSCP must develop a process to record missed appointments to the health centre and the impact of this.
- Perth and Kinross HSCP should consider reviewing the delivery of health improvement, prevention and promotion activities in HMP Perth to cover all the healthcare needs of the prison population.
- Perth and Kinross HSCP should facilitate the introduction of nasal Naloxone to HMP Perth and ensure that all prisoners are offered this on liberation.
- Perth and Kinross HSCP must ensure that personalised care plans are in place for all patients on the mental health caseload.
- Perth and Kinross HSCP must ensure that standardised individual risk assessments are used and updated regularly for all patients on the mental health caseload.

- Perth and Kinross HSCP must ensure that links between the prison healthcare team with specialists in intellectual disabilities, autistic spectrum disorder, neuropsychiatric disorders and cognitive impairment in NHS Tayside is formalised, to ensure that staff are aware of the correct referral pathways to follow for patients.
- Perth and Kinross HSCP must ensure that all patients with a long-term condition have person-centred and outcome-focussed care plans in place, which have been agreed with the patient.
- Perth and Kinross HSCP must ensure that patients with long-term conditions have access to a review of their conditions equitable with community provision. All reviews and patient interventions must be accurately documented into the care records in the Vision care system.
- Perth and Kinross HSCP must ensure that personalised care plans are in place for all patients on the Substance Use Team caseload.
- Perth and Kinross HSCP and SPS must collaborate to ensure that patients receive all their medications in a timely manner and that these are administered with therapeutic timeframes.
- Perth and Kinross HSCP must ensure that controlled drugs are administered in line with best practice of controlled drugs.
- Perth and Kinross HSCP must ensure that accurate dental waiting times are kept for patients in HMP Perth.
- Perth and Kinross HSCP should consider the introduction of oral health promotion and support to patients in HMP Perth.
- SPS must ensure dental treatment for those patients who were on remand beyond six months was provided and equitable to those who are convicted.
- Perth and Kinross HSCP must be able to evidence the provision of specific training on how to manage complaints to support staff in this role.
- In the hall identified, SPS must provide a suitable area for staff to administer medication, the room must be fit-for-purpose and meet infection control standards.

2.3.9 Adult Support & Protection

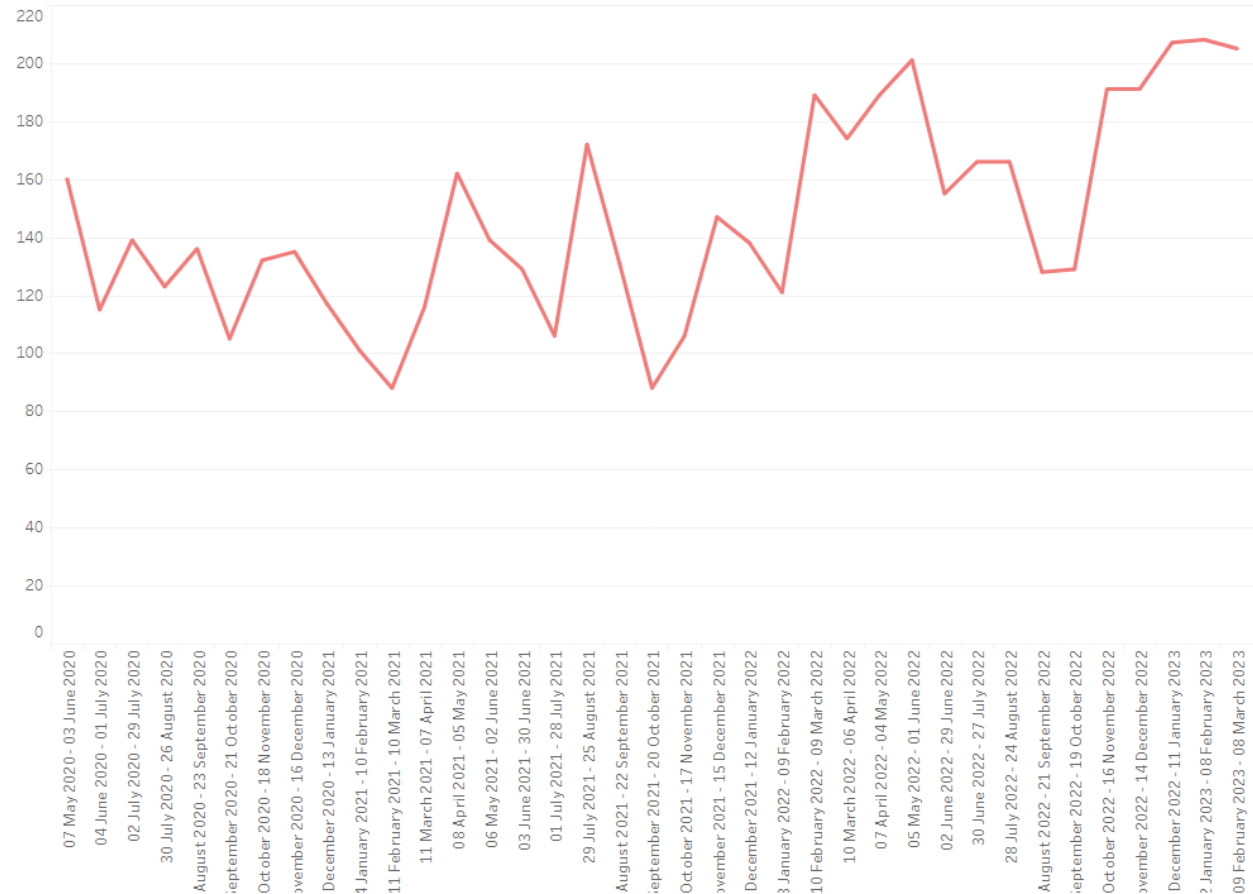


Adult Concerns Received by Local Authorities from Police Scotland - last updated with 16/03/2023 collection

Adult Concerns Received by Local Authorities from Police Scotland - last updated with 16/03/2023 collection

Please select the area you are interested in

Perth and Kinross



This above shows a significant increase in both AP concerns and VPRs. This is, at least partly, a result of increased awareness due to ongoing information campaigns and improved multi-agency working. Extra social worker posts have been recruited to respond to this increased demand.

Responding to concerns about adults at risk of harm is prioritised and, despite this increase in referrals, 97% of all concerns are screened within 24-hours. This indicator, together with the wider performance framework, is monitored at locality governance meetings, the Public Protection Group, Chief Officers Group and the Adult Protection Committee.

MAT Standards

Current RAG scores as at Nov 2023 are:

	Standard 1	Standard 2	Standard 3	Standard 4	Standard 5	Standard 6	Standard 7	Standard 8	Standard 9	Standard 10
RAG Score	Green	Green	Green	Green	Green					

Standard 1 – All people accessing services have the option to start MAT from the same day of presentation.

GREEN

Standard 2 – All people are supported to make an informed choice on what medication to use for MAT, and the appropriate dose.

Standard 3 – All people at high risk of drug-related harm are proactively identified and offered support to commence or continue MAT.

GREEN

Standard 4 – All people are offered evidence based harm reduction at the point of MAT delivery.

GREEN

Standard 5 – All people will receive support to remain in treatment for as long as requested.

GREEN

Standard 6 – The system that provides MAT is psychologically informed (tier 1); routinely delivers evidence-based low intensity psychosocial interventions (tier 2); and supports individuals to grow social networks.

AWAITING ASSESSMENT

Standard 7 – All people have the option of MAT shared with Primary Care.

AWAITING ASSESSMENT

Standard 8 – All people have access to advocacy and support for housing, welfare and income needs.

AWAITING ASSESSMENT

Standard 9 – All people with co-occurring drug use and mental health difficulties can receive mental health care at the point of MAT delivery.

AWAITING ASSESSMENT

Standard 10 – All people receive trauma informed care.

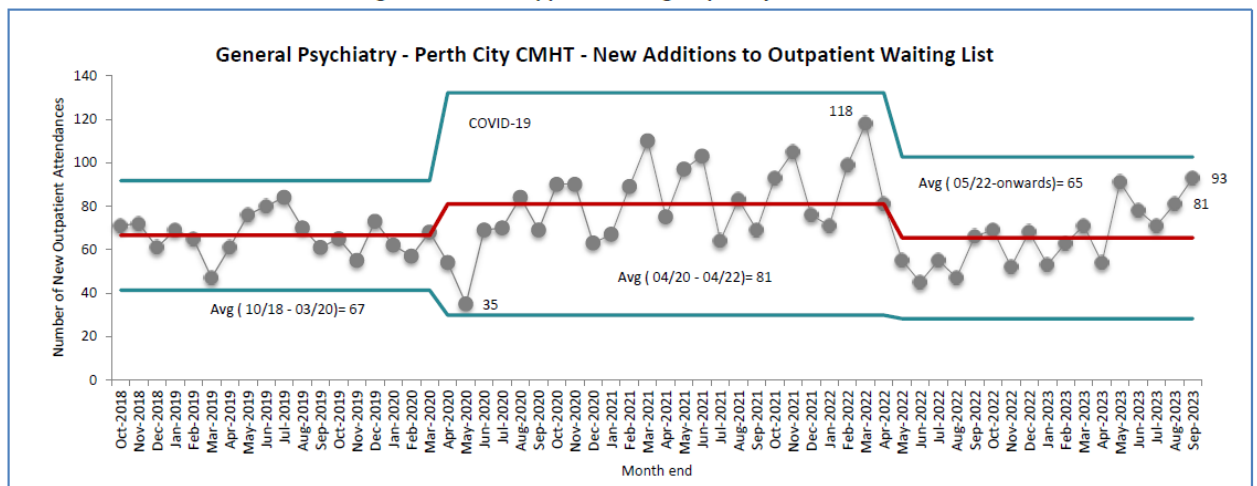
AWAITING ASSESSMENT

Note: The acceptance criteria for standards 6 to 10 has not been finalised and so green ratings have not been available for these.

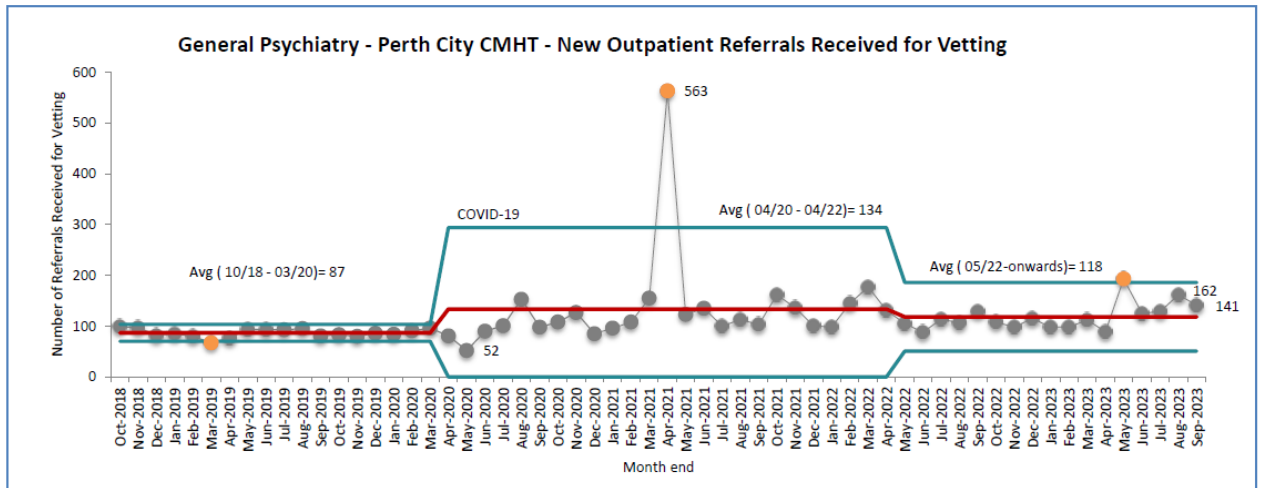
2.3.10 Mental Health

Community Mental Health Service Activity (PERTH CITY)

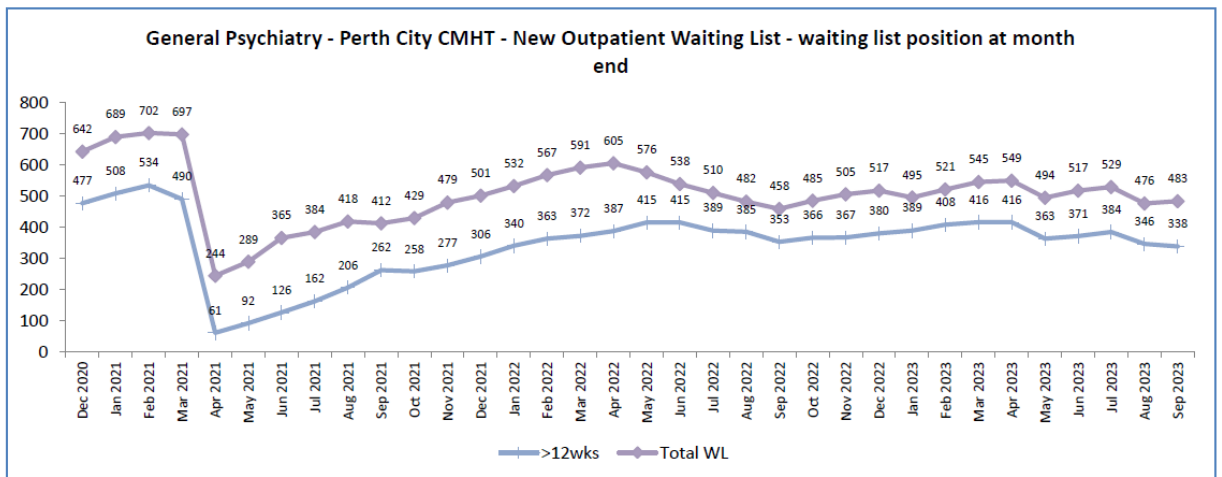
Volume of referrals added to the waiting list for a new appointment, grouped by referral month:



Volume of referrals received for vetting, including those vetted and returned, grouped by referral received month:

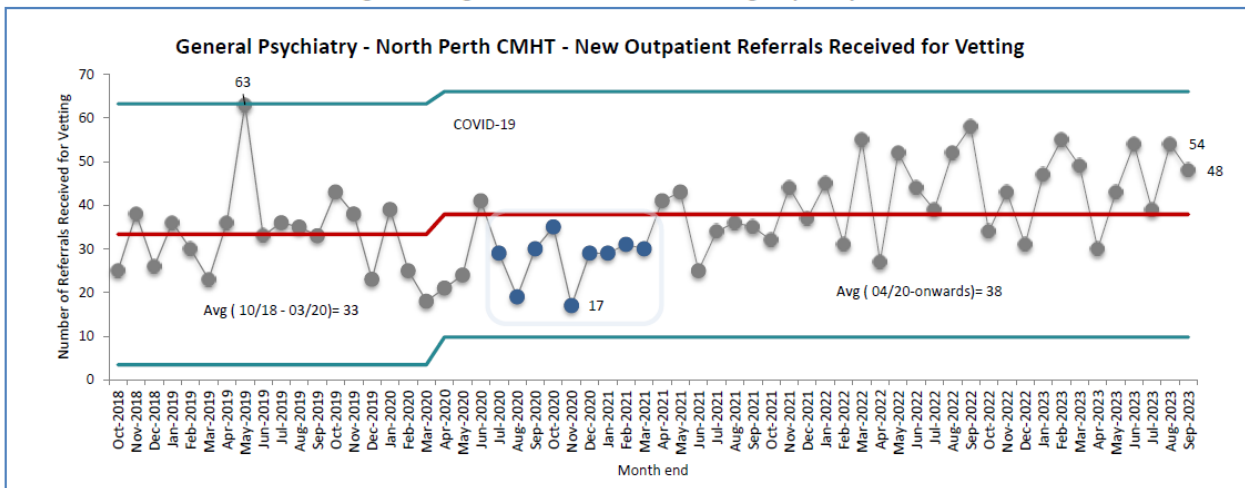


Snapshot of waiting list position at month end; total volume on waiting list and volume waiting over 12 weeks:

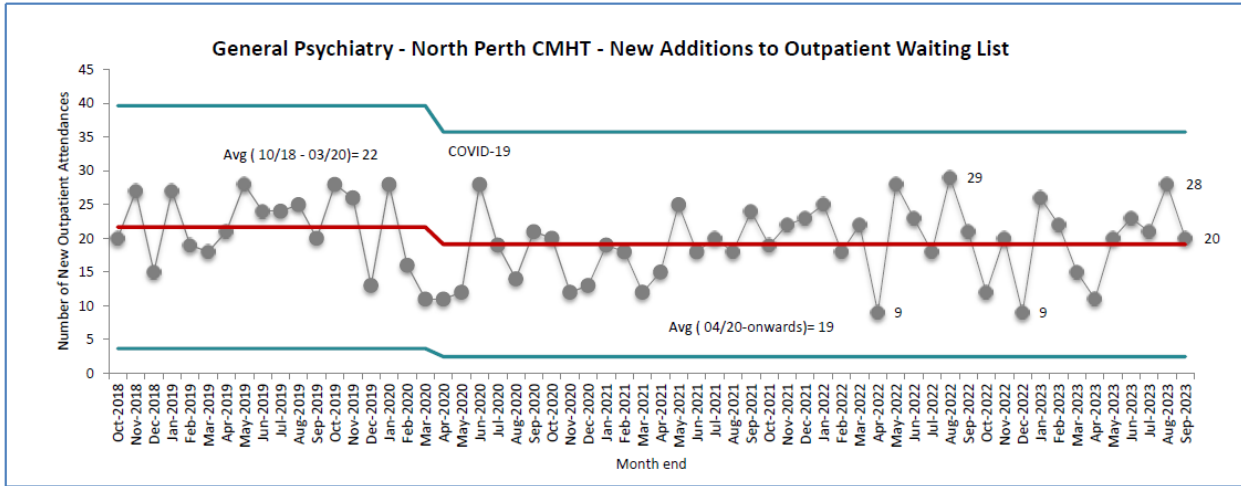


Community Mental Health Service Activity (NORTH)

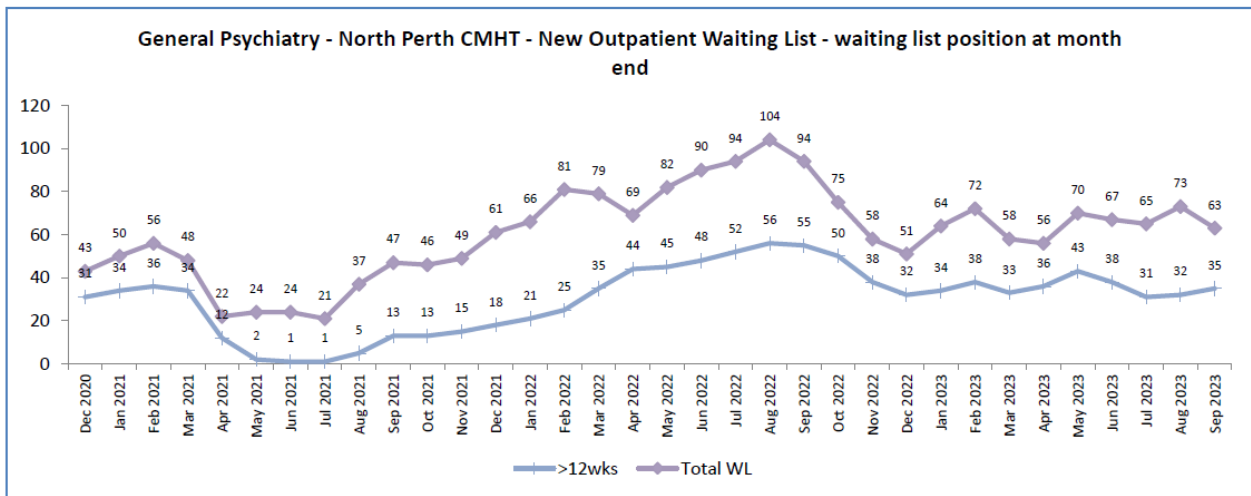
Volume of referrals received for vetting, including those vetted and returned, grouped by referral received month:



Volume of referrals added to the waiting list for a new appointment, grouped by referral month:

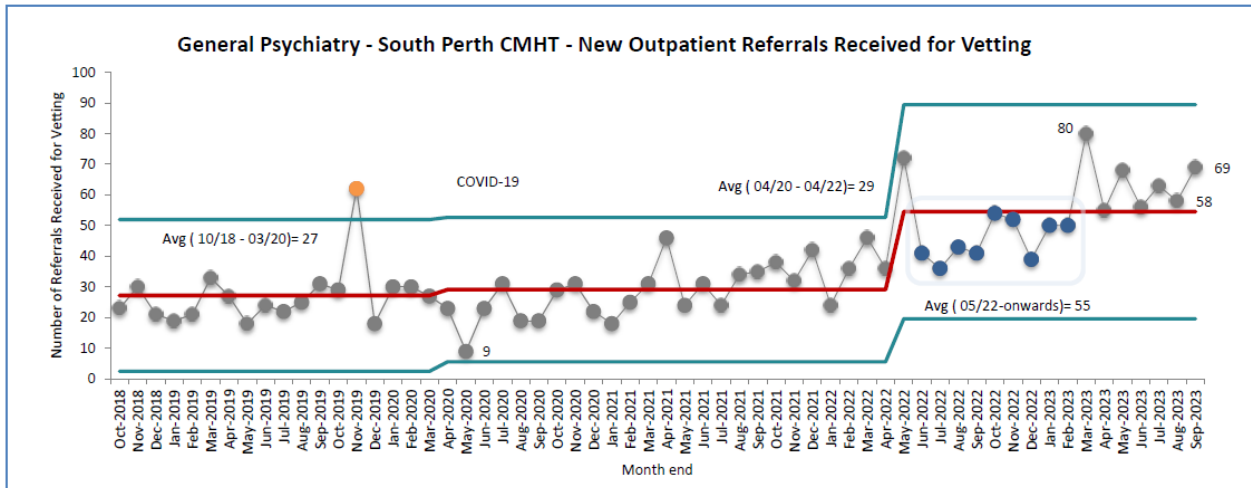


Snapshot of waiting list position at month end; total volume on waiting list and volume waiting over 12 weeks:

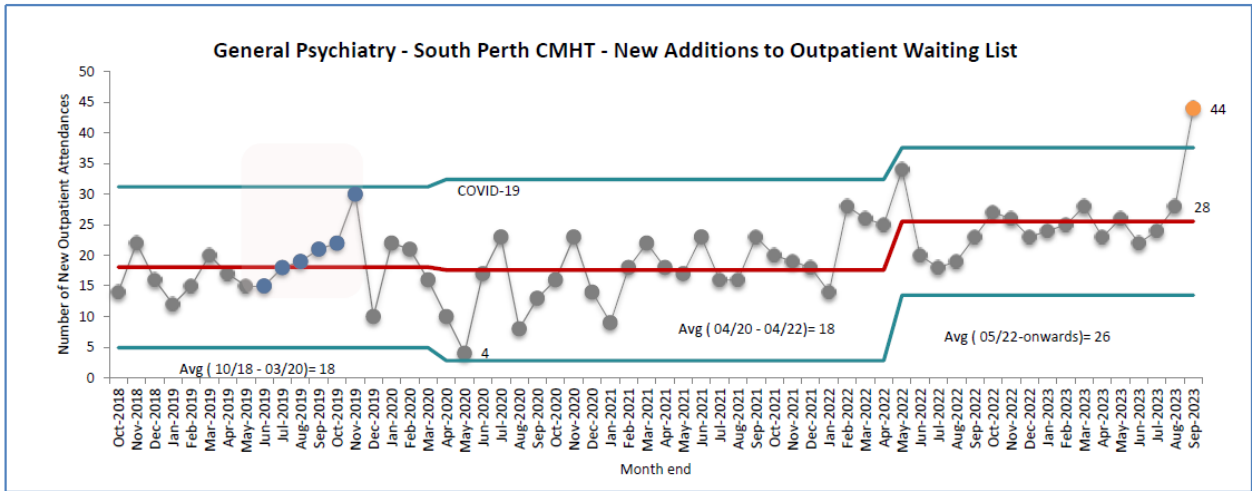


Community Mental Health Service Activity (SOUTH)

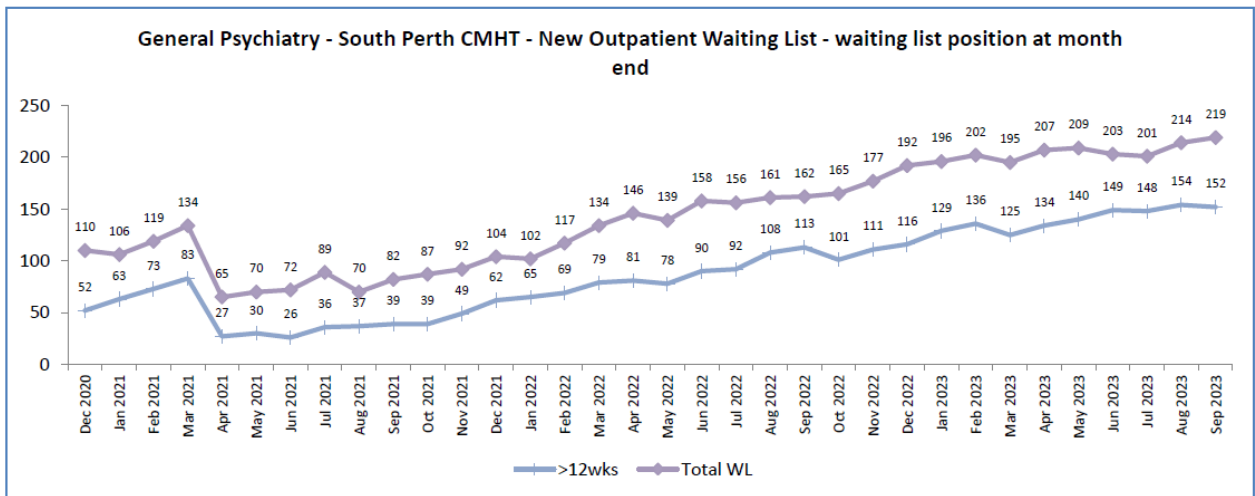
Volume of referrals received for vetting, including those vetted and returned, grouped by referral received month:



Volume of referrals added to the waiting list for a new appointment, grouped by referral month:



Snapshot of waiting list position at month end; total volume on waiting list and volume waiting over 12 weeks:



The above data is provided to HSCP's routinely by the NHS Health & Business Intelligence Team. Some further improvement activity is ongoing within the CMHT's to improve the consistency of recording within the source system (Trakcare). This will improve the accuracy of this data for future reports.

Development of HSCP Mental Health KPIs

Work continues across the three HSCP's to agree a series of Mental Health KPI's which can be used for consistent reporting within HSCP's and for onward reporting to this Committee and others where appropriate.

The mapping undertaken thus far has shown that there is commonality in the data set across the three HSCP's, with P&K and Angus using the same data set and Dundee using a slightly different set.

A draft set of proposed indicators which are common across all three HSCP's will be created and shared with a view to having these agreed and finalised.

Public Health Scotland (PHS) now produces national data sets quarterly rather than monthly, and we will look to work with the Business Unit to ensure accessibility and supply of the relevant data.

2.4 Quality/Patient Care

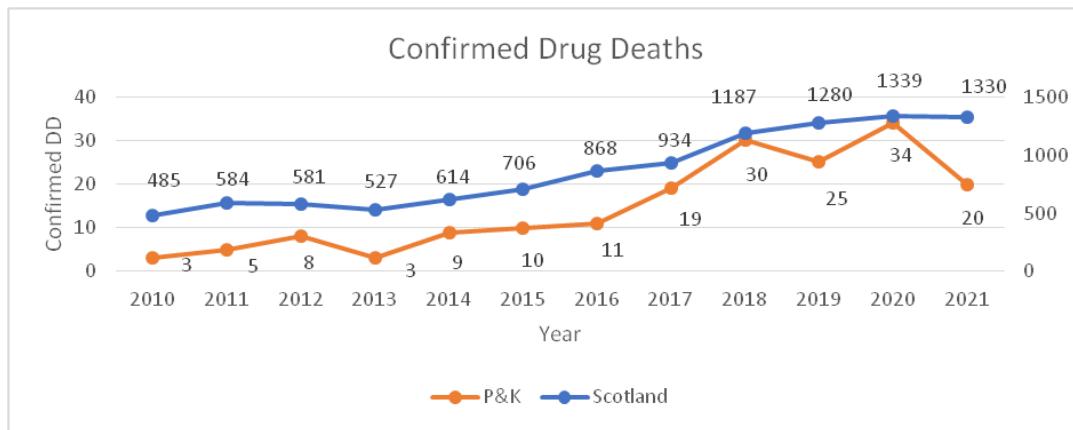
There are a number of ongoing risks (summarised within Appendices 2 &3) which, if not mitigated, pose a risk to the provision of safe care which is of high quality. The HSCP continues to manage these risks proactively.

- **“What matters to you” sessions** continue to take place across Perth & Kinross during 2023, and these aim to support our localities with an integrated, collaborative approach to serving people across P&K, while recognising the importance of nurturing and developing the way we work. 700 people from health, social care, independent and third sector across 40 sessions have come together. A publication is being created to showcase the progress made through these sessions, and a session in May 2024 will be celebrating all the wonderful achievements.
- The **Health & Social Care Winter Preparedness Plan (2023/4)** sets out the actions we know from previous winters work to help relieve pressure points across the system. The 2023/24 Winter Plan focuses on continuing programmes of work that are making a positive difference to people’s lives. P&K HSCP will be working hard to maintain people at home wherever possible throughout the winter, and where this is not possible supporting people to return to their home or home environment from hospital as soon as they are well enough to do so.
- **Mortality & Morbidity Reviews within Mental Health.** We are embedding the NHS Tayside Mental Health Mortality and Morbidity Protocols to ensure that we are making consistent evidence-based decisions across the whole service when commissioning reviews. A Mortality and Morbidity (M&M) review describes the review of cases from the reporting of the initial event to the M&M meeting. A robust M&M review can support a systematic approach to the review of patient deaths or care complications providing ownership to multi disciplinary teams and opportunities to learn from and improve care delivery. Given the integrated nature of Mental Health Services, we are currently developing an Adverse Event Management Pathway to provide guidance to all health and social care staff on the range of adverse event reviews that may be progressed across the service.

Drug related deaths:

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

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



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

- Local actions to mitigate risks in Perth and Kinross include:
- Implementation of Medication Assistant Treatment (MAT) Standards 1-5 by April 2023
- Implementation of MAT Standards 6-10 by April 2024
- National Mission to reduce drug deaths funding utilised to increase IDART staff compliment to reduce waiting times and enhance service provision e.g. – provision of an OT service and the creation of a new psychology assistant post to provide low level psychological interventions.
- Creation of a multiagency referral pathway for all new substance use referrals.
- Creation of a near fatal overdose pathway and multiagency group to review all reported near fatal overdoses with funding provided to third sector partners to employ assertive outreach workers to actively engage with service users.
- Creation of a residential rehabilitation pathway and funding panel to facilitate access to rehabilitation services for service users.

2.4 Workforce

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

P&K HSCP ensures alignment with NHS Tayside’s approved 3-year workforce strategy and PKC workforce plan.

Workload tools are in use within the Community Nursing service, and workload tools have also been used in the past within services such as POA, and these requires to be conducted again. There are a number of workload tools which can be used, and the purpose of each tool is to provide information and

recommendations on staffing levels based on patient workload. AHP staff have also been engaging in testing Workforce Templates in some of our services in conjunction with Healthcare Improvement Scotland (HIS) colleagues, as part of the Common Staffing Method approach.

A Workforce Steering Group has been established to oversee the implementation of the P & K HSCP Workforce Plan.

2.6 Financial

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

2.7 Risk Assessment/Management

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

2.8 Equality and Diversity, including health inequalities

Equality, diversity and health inequalities are core to the Getting it Right Framework and the domains within. Each service provides exception reports which include this aspect. Currently there are no exceptions requiring to be escalated to CGC.

2.9 Other impacts

N/A

2.10 Communication, involvement, engagement and consultation

All HSCP Staff have been invited to complete the latest iMatter survey, and teams will meet to discuss the results of these and create actions to take forward.

The HSCP is working with the Strategic Planning and Communication and Engagement Groups to support more effective communication, engagement and involvement, and exploring the most appropriate way to respond to the feedback we have received. The North Locality is also trialling a 'you said, we did' approach to a recent community consultation.

The HSCP took out a subscription to Care Opinion in May 2022, following a Test period. We continue to receive feedback from people who use our services from this public platform. To date we have had over 150 feedback stories submitted with 96% of the feedback received being positive. We are rolling Care Opinion out across all of our services in a cumulative approach and teams are now using its performance generated reporting data within their business activities. We are currently one of the best performing HSCPs in Scotland with regards to utilisation and growth of Care Opinion.

2.11 Route to the Meeting

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

- P&K HSCP Care & Professional Governance Forum members
- P&K HSCP Professional Leads and Heads of Service
- P&K HSCP Executive Management Team (final draft)





3 Recommendation

This report is being presented for:

- **Reasonable Assurance**

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

Please ✓ the level of assurance you are providing:

Level of Assurance		System Adequacy	Controls	✓
Substantial Assurance		A sound system of governance, risk management and control exists, with internal controls operating effectively and being consistently applied to support the achievement of objectives in the area audited	Controls are applied continuously or with only minor lapses.	
Reasonable Assurance		There is a generally sound system of governance, risk management and control in place. Some issues, non-compliance or scope for improvement were identified which may put at risk the achievement of objectives in the area audited.	Controls are applied frequently but with evidence of non-compliance.	✓
Limited Assurance		Significant gaps, weaknesses or non-compliance were identified. Improvement is required to the system of governance, risk management and control to effectively manage risks to the achievement of objectives in the area audited.	Controls are applied but with some significant lapses.	
No Assurance		Immediate action is required to address fundamental gaps, weaknesses or non-compliance identified. The system of governance, risk management and control is inadequate to effectively manage risks to the achievement of objectives in the area audited.	Significant breakdown in the application of controls.	

Appendix 1 – List of services within P&K HSCP

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

Perth City Locality	Community Nursing, Community Mental Health Teams (Adult and Older Peoples), Community Allied Health Profession Teams	Delegated
North Locality	Integrated Drug & Alcohol Recovery Team, Advanced Nurse Practitioners, Community Hospitals (x4), Community Care & Treatment Teams, Community Learning Disability Services, Adult Social Work Teams	Delegated
South Locality	Respiratory Team Care Home Liaison (Mental Health) Access Team Mental Health Officer Team Wellbeing Team Hospital Discharge Team Discharge Hub	Delegated
Perth Royal Infirmary	Stroke Ward Medicine for the Elderly Ward Discharge Liaison Team Allied Health Profession Team (Inpatients) Allied Health Professions (Outpatient Teams)	Delegated
Murray Royal Hospital	3 Older Peoples Mental Health Inpatient Wards	Delegated
Commissioned Services	Care at Home, 42 Care Homes, Supported Accommodation	Delegated
Registered Services	Dalweem & Parkdale Care Homes, Day Care, HART	Delegated
Equipment & TEC	Joint Equipment Loan Store, Community Alarm	Delegated
Mental Health Officer Team	Mental Health Officers across P&K	Delegated
Prison Healthcare	Across 2 sites – HMP Perth and HMP Castle Huntly Pharmacy Team Primary Care Medical & Nursing Team Integrated Mental Health & Substance Misuse Team Occupational Therapy Team Physiotherapy Clinical Psychology In-reach Podiatry In-reach Dental In-reach Blood Borne Virus	Hosted
Public Dental Service	Tayside wide Services	Hosted
Podiatry	Tayside wide Services	Hosted

**Appendix 2 – DATIX service risks within P&K HSCP health services
(as at 15th Nov 2023)**

Current service risks within health services (27):

Ref	Locality/ Service	Title of risk	Risk Score & Grading (Inherent)	Risk Score & Grading (Current)	Last updated / Manager	Mitigations
829	P&K HSCP wide	Challenges in relation to accommodation for clinical and non- clinical staff across P&K	20 RED	20 RED	13-10-23 Evelyn Devine	<p>P&K HSCP Chief Officer and key staff are participating in the one public estate discussions in order to identify appropriate accommodation for different health and social care teams.</p> <p>Head of Health has briefed NHS Director of Facilities re all options which have currently been explored in NHS and PKC family</p> <p>Interim Chief Exec of PKC has been briefed by Chief Officer re: accommodation needs for the HSCP.</p> <p>Premises requirements identified and summarised in a briefing paper for CCATS, IDART, CAMH's, potential relocation of GP premises in Perth City and a multi-disciplinary team supporting young people and adults with a learning disability and/or Autism with complex needs. Shared with NHS Procurement and Estates</p> <p>Accommodation walkrounds have been completed across Health & Social care sites with a view to mapping sites to accommodate future teams.</p> <p>Recommenced a short life working group with NHST support service and Estates in order to review the accommodation needs for CCATS, IDART, Urgent Care and Community AHP's</p> <p>Consultation paper to be completed in relation to engaging with staff re: accommodation moves.</p> <p>Paper to be written to describe the options going forward (option appraisal) in conjunction with NHST estates and support services</p>

Ref	Locality/ Service	Title of risk	Risk Score & Grading (Inherent)	Risk Score & Grading (Current)	Last updated / Manager	Mitigations
982	Mental Health P&K wide	Workforce	20 RED	20 RED	13-10-23 Chris Lamont	<p>Learning from staff exit interviews</p> <p>Operational Associate Medical Director for Mental Health is currently reviewing and arranging updated recruitment tools</p> <p>Began the exploration of a model relating to General practitioner specialists in a collaboration with the AMD for Mental health</p> <p>P&K service entered contingency , and P&K Mental Health contingency meeting established. As of 26th Nov 21, the service will exit contingency.</p> <p>Liaison with Mental Health AMD, Nurse Director and Medical Director</p> <p>Medical contingency team to be based at Murray Royal Hospital commencing 21 June. The team was stood Down from 29th Nov 21</p> <p>Pharmacy resource secured to support community teams from Oct 2022</p> <p>Advanced Nurse Practitioner resource being secured to support contingency team</p> <p>Drafting patient pathways between CMHT and medical contingency team</p> <p>NHST are deploying medical resource from Dundee</p> <p>Secured adequate locum psychiatrist cover for the next six months.</p>

Ref	Locality/ Service	Title of risk	Risk Score & Grading (Inherent)	Risk Score & Grading (Current)	Last updated / Manager	Mitigations
701	Prison Healthcare	Mental Health Waiting Times within the Prison Healthcare Service	15 AMBER	20 RED	11-08-2023 David Hope	<p>Review of workforce model to increase capacity of PHC teams to meet demand</p> <p>Seek agency nursing staff to reduce time spent by team administering medication</p> <p>Escalate to chief officer concern over recruitment delays by HR</p> <p>SBAR to extend agency cover authorised by chief officer</p> <p>Introduced telephone consultations</p> <p>Explore skill mix within the team</p> <p>Readvertise band 6 RN 3 x CN posts to support the workforce compliment /requirement</p> <p>SCN holding clinical caseload in Perth</p> <p>Consider Learning disability RN for team to enhance service and enhance overall compliment given recruitment challenges</p> <p>SCN increasing clinical caseload</p> <p>RAG status applied to all triaged referrals and current caseload</p> <p>Further recruitment - only two band 6 nurses in post, 1 sick and working notice, the other working notice - recruitment ongoing</p>

Ref	Locality/ Service	Title of risk	Risk Score & Grading (Inherent)	Risk Score & Grading (Current)	Last updated / Manager	Mitigations
1321	Perth City	Inadequate environment for the Perth City CCATS service	20 RED	20 RED	08-09-23 Andrew Parker	<p>IPC audit undertaken in March 2023 to understand the numerous environmental concerns at Beechgrove.</p> <p>Clinical Staff undertake additional cleaning within the clinic areas</p> <p>Visit by Chief Officer to site and concerns highlighted.</p> <p>Engagement with PKC estates to explore repairs.</p> <p>Site visit from the current cleaning contractor, soft facilities and PKC estates to explore gaps and potential solutions within current provision</p> <p>Perth City CCATS incorporated in to SLWG for accommodation</p> <p>Mark Mudie NHST has set up accommodation group to address issues this will be main agenda item for this group</p> <p>Notice has been served by PKC and end date is August 2024</p> <p>Property Application submitted through smart sheet as requested by property colleagues</p>

Ref	Locality/ Service	Title of risk	Risk Score & Grading (Inherent)	Risk Score & Grading (Current)	Last updated / Manager	Mitigations
1226	Prison Healthcare	GP Cover for HMP Perth	15 AMBER	16 AMBER	11-10-23 Angela Cunningham	<p>AMD in communication with a practice who may be interested in a hybrid approach</p> <p>Authority given by Medical Director to utilise non-framework locum agency</p> <p>Escalate risk to red given short timescales and implications</p> <p>Clear process to attempt to secure additional cover using locum agency, local locum groups and regular locum session</p> <p>Documented escalation process should shifts remain unfilled</p> <p>Back up explored via GP practice who cover HMP Castle Huntly and GP OOH service</p> <p>Locum GP in place to cover full time in November 2022</p>

Ref	Locality/ Service	Title of risk	Risk Score & Grading (Inherent)	Risk Score & Grading (Current)	Last updated / Manager	Mitigations
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1267	P&K wide	Capacity and Flow Older Peoples Services	20 RED	16 AMBER	08-09-23 Amanda Taylor	Daily multiagency meetings within PRI regarding capacity and flow and prioritising of discharges
						Weekly Silver Command in place to monitor progress and actions
						Roll out of PDD implementation and training across sites now in place
						Frailty at Front Door Model in place
						Interim Bed usage across P&K to facilitate flow
						TQUIP Improvement Work for Community Hospitals
						Improvement on Guardianship Processes across P&K
						Focus on length of stay in Community Hospitals and improvement plans under development
						Care at Home Reviews to free up capacity
						Development of DD dashboard for P&K
						Extension of Interim Process for further 12 months
						Review of integrated discharge team
						Development of discharge pathways using home first approach
Further developments on integrated care model						

Ref	Locality/ Service	Title of risk	Risk Score & Grading (Inherent)	Risk Score & Grading (Current)	Last updated / Manager	Mitigations
1335	Public Dental	Risk due to ageing decontamination equipment at Broxden Dental Centre	16 AMBER	16 AMBER	31-08-23 Gillian Elliot	<ul style="list-style-type: none"> Preventative planned maintenance by estates engineers monthly Stored data backed up to external server Daily checks by staff on machinery and escalation if required Reciprocal contingency arrangement with CSSD at Ninewells

Ref	Locality/ Service	Title of risk	Risk Score & Grading (Inherent)	Risk Score & Grading (Current)	Last updated / Manager	Mitigations
1351	P&K Wide	P&K HSCP of framework agency use and impact on services	20 RED	16 AMBER	10-07-23 Valerie Davis	<ul style="list-style-type: none"> Tayside escalation process now in place Each area has established a workforce group to oversee daily staffing challenge/escalation Service managers are reporting through our established huddles any emerging issues. Use of off framework captured on DATIX. Certain areas using block booking.

Ref	Locality/ Service	Title of risk	Risk Score & Grading (Inherent)	Risk Score & Grading (Current)	Last updated / Manager	Mitigations
1170	MFTE, POA / Intermediate Care	P&K HSCP Hand Therapy Service - Waiting Times	20 RED	16 AMBER	08-09-23 Terriane Thomson	Capacity within the team has been increased by adding appointment types Waiting lists have been cleansed to ensure it is a true reflection of demand HCSW has recently started in the role. 1 WTE currently vacant; postholder has accepted but not yet started. Being actively managed within the team to increase their clinical time

Ref	Locality/ Service	Title of risk	Risk Score & Grading (Inherent)	Risk Score & Grading (Current)	Last updated / Manager	Mitigations
1157	Public Dental service	Failure to meet statutory levels of ventilation within Dental Surgeries in Angus & Dundee	20 RED	16 AMBER	13-01-23 Gillian Elliott	Level 3 PPE & FFP3 masks in place Enhanced cleaning and Infection Prevention & Control procedures in place Limiting access to the appropriate people with complex care needs. The Public Dental Service has secured funding for NHST Estates to seek tenders Apply fallow time and open windows when possible Respiratory risk assessment undertaken before any Aerosol generating procedures.

Ref	Locality/ Service	Title of risk	Risk Score & Grading (Inherent)	Risk Score & Grading (Current)	Last updated / Manager	Mitigations
1151	P&K wide	Mental Health - Capacity & Flow	20 RED	16 AMBER	15-08-23 Chris Lamont	Daily multiagency meetings within POA regarding capacity, and daily Tayside GAP huddle attended by HSCP MH services. CMHT GAP & POA are supporting people within the community to prevent admission and to support discharges from hospital Funding from action 15 has enabled an increase in level 1 supports for people with less complex needs- this results in earlier intervention OP CMHT workers attend discharge planning meetings for people in MH inpatients Dementia liaison team provides specialised input for people with increased care needs in care homes across P&K GAP CMHT are in the process of aligning SW assistant to support with discharge planning. Review being undertaken of EMI patients within care home beds across P&K. This is to increase capacity. Capacity and Flow discussed at Silver Command meeting. P&K Mental Health rep present.

Ref	Locality/ Service	Title of risk	Risk Score & Grading (Inherent)	Risk Score & Grading (Current)	Last updated / Manager	Mitigations
1128	Psychiatry of Old Age	Reduced Staffing within the 3 POA in-patients areas in P&K HSCP	20 RED	16 AMBER	25-04-23 Shelly Milligan	<p>Regular requests for bank and agency staffing to maintain core staffing levels</p> <p>All vacancies are attempted to be recruited to in a timeous manner</p> <p>Regular updates provided to HSCP senior management team on risks and staffing levels</p> <p>SBAR provided to consider a variety of contingency actions if required.</p> <p>Nursing Directorate have been informed of current situation</p> <p>Utilisation of workforce across three inpatient sites regularly being managed</p> <p>Introduction of 3.8WTE Band 4 across the service to compliment MDT. This is currently funded through registrant gaps acknowledging national workforce issues and recruitment of registrants.</p> <p>Annual running of the workforce tools to establish workforce requirements to meet service need.</p> <p>Proactive management of attendance at work for all employees</p> <p>Increased wellbeing support with involvement where appropriate with the Wellbeing service and local Psychology service.</p> <p>Introduction of non-Nursing roles such as ward clerks and activity support workers to support the MDT.</p> <p>Annual recruitment of NGPs into POA service</p>

Ref	Locality/ Service	Title of risk	Risk Score & Grading (Inherent)	Risk Score & Grading (Current)	Last updated / Manager	Mitigations
1055	Primary Care	Risk regarding long term GP Practice sustainability	16 AMBER	16 AMBER	28-08-23 Ruth Buchan	<p>Active engagement with Westward Programme and Educational Release Programme to promote P&K</p> <p>Sustainability requirements are being reviewed by the Senior Leadership Team</p> <p>Escalation processes through Primary Care Forum and the Primary Care Board.</p> <p>2nd Sustainability survey completed, with 23/23 practices responding. Data being collated and themed for an update report, Recruitment and Retention increasingly problematic and increasing age of workforce / imminent retireals</p> <p>HSCP have committed significant recurrent resource to develop a Primary Care Resilience Team.</p>

Ref	Locality/ Service	Title of risk	Risk Score & Grading (Inherent)	Risk Score & Grading (Current)	Last updated / Manager	Mitigations
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657	South	P&K HSCP Community Hospital Registered Nurse Staffing Levels	20 RED	16 AMBER	08-09-23 Tia Dixon	Current shifts escalated through normal bank procedures and regular discussion with nurse bank
						Risk Assessment completed by SCN/CN for each shift to assess risk against staffing levels and actioned as appropriate
						Care Assurance Tools have been implemented by CPTM and actioned as appropriate
						12 hour shifts in place
						Contingency / Escalation Plan being developed to consider future options of bed model across Community Hospitals
						Block contract for bank/agency for 3 months requested for Crieff
						Review CV-19 testing pathway to ensure rapid testing and staff able to return to work where appropriate.
						Sharing staff across the four sites to manage the risk regarding staffing.
						Implementing a SCN huddle twice a week to review workforce.
						Exploring local pools to work across P&K HSCP.
Rolling B5 advertising in place for South Locality.						

Ref	Locality/ Service	Title of risk	Risk Score & Grading (Inherent)	Risk Score & Grading (Current)	Last updated / Manager	Mitigations
1329	P&K wide	Workforce Capacity risk to support Inpatient Areas	15 AMBER	15 AMBER	08-09-23 Amanda Taylor	Daily huddle to review skill mix between SCN/Team Escalation processes in place to CPTM/Locality Managers SBAR to EMT describing risk and mitigation Contingency group set up for the South locality to manage inpatient staffing and potential risks. For all the areas the escalation process has been reviewed for P&K and shared with all clinical leads. Ongoing conversations with Nurse bank to agree block booking of tier 1 agency staff.

Ref	Locality/ Service	Title of risk	Risk Score & Grading	Risk Score &	Last updated /	Mitigations
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			(Inherent)	Grading (Current)	Manager	
983	Mental Health P&K wide	Ligature Anchor Points	20 RED	15 AMBER	21-08-23 Shelly Milligan	<p>Clinical safeguards in place including risk assessment for self harm</p> <p>Developed standardised self harm care plan</p> <p>Increased staff training and awareness</p> <p>Manchester ligature assessment completed for all wards; reviews carried out annually</p> <p>Programme of work planned for red and amber areas in Leven ward, MRH. We have been advised by NHST that Leven ward has been included within Phase 2 of the programme of works</p> <p>Risk Assessment for Electric profiling bed in situ for all patients within Leven as per Protocol for GAP</p> <p>Awaiting further updates from NHST Estates regarding ligature reduction programme in Leven ward</p> <p>Functional Ward Leven (ie locking of laundry door when not in use). An action plan has been developed by SCN/CPTM within P&K, Angus and Dundee. All reflective within Manchester tool (last completed on 03/03/21)</p> <p>Implementation of NHST Improving Observation Policy</p> <p>Considering any DATIX alerts received for any new ligature anchor point use across Tayside</p> <p>Ligature Risk now being monitored through Samrt Sheet system</p> <p>Assets management Team reviewing works progress. Awaiting feedback on when Ligature point works will be commenced</p>

Ref	Locality/ Service	Title of risk	Risk Score & Grading (Inherent)	Risk Score & Grading (Current)	Last updated / Manager	Mitigations
1254	Prison Healthcare	Non Emergency Transfer of Patients to Hospital	12 AMBER	12 AMBER	10-10-23 Angela Cunningham	<p>Daily review of cancellations and liaison with SPS</p> <p>Escalation to contract manager (SPS) via Governor in Charge</p> <p>Monitor and escalation via the national Prison Care Network</p>

Ref	Locality/ Service	Title of risk	Risk Score & Grading (Inherent)	Risk Score & Grading (Current)	Last updated / Manager	Mitigations
1293	Mental Health P&K wide	Mental Health Nursing and AHP workforce risk	20 RED	12 AMBER	29-03-23 Lindsey Griffin	<p>Exploring additional nursing resource for the CMHT's</p> <p>For POA Inpatients, we are continuing to secure supplementary staffing via bank and agency</p> <p>Ongoing recruitment to vacant Nursing posts.</p> <p>Learning from staff exit interviews.</p> <p>Advanced Nurse Practitioner resource has been secured with one permanent ANP and three Trainee ANPS now in post.</p> <p>Workload tools have been undertaken within the POA Inpatient wards</p> <p>Significant funding has been secured to support core staffing within the POA Inpatient Ward.</p> <p>A range of posts such as Assistant Practitioners, Transition Nurse, Activity Workers are also being implemented to enhance recruitment and diversify the nursing and AHP workforce.</p>

Ref	Locality/ Service	Title of risk	Risk Score & Grading (Inherent)	Risk Score & Grading	Last updated / Manager	Mitigations
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				(Current)		
1038	Podiatry	Excessive patient waiting times within Tayside Podiatry service	16 AMBER	12 AMBER	12-10-23 Mark Finnon	Proactively engaging with Higher Education Institutions to attract Newly Qualified Practitioners Remobilisation of service and more robustly applying the NHST eligibility criteria for new and existing patients Creation of assessment hubs to allow for assessment against eligibility criteria Practice development training regarding wound management for staff to ensure staff knowledge and confidence around this Operational leads vetting weekly meeting to ensure consistency and equity across Tayside

Ref	Locality/ Service	Title of risk	Risk Score & Grading (Inherent)	Risk Score & Grading (Current)	Last updated / Manager	Mitigations
565	Prison Healthcare	Prison Healthcare Staffing levels (nursing)	20 RED	12 AMBER	11-08-23 Angela Cunningham	Reduced health centre opening times at Castle Huntly Supplementary staffing utilises to maintain safe staffing levels (nursing & medical) SBAR requesting 12 week agency contract Recruitment to vacancies Robust promoting attendance at work processes Omissions of care monitoring Monitoring of waiting times SBAR approved by Chief Officer for further agency bookings until December 2019. This has subsequently been extended, and a further SBAR request to be submitted by 16/10/20. 6 Registered Nurse have commenced in post in past month 4 Pharmacy Assistants have commenced in post in past month Drafting ANP role profiles to be agreed by Nursing Directorate Reduced staffing within the Bella Centre Continued recruitment. Invite potential candidates to visit prison Planning an open day for interested Bank staff Short term contracts offered to agency staff

Ref	Locality/ Service	Title of risk	Risk Score & Grading (Inherent)	Risk Score & Grading (Current)	Last updated / Manager	Mitigations
613	Perth City	Excessive wait times for Adult Mental Health OT intervention	20 RED	12 AMBER	29-03-23 Lindsey Griffin	Waiting list is being managed Communication to patients every 3 months regarding duty worker arrangements and to provide updates regarding their referral. Patients given contact details for OOH services. Manager submitted SBAR to senior management regarding the delay in recruitment. Manager proactively persuing a solution to the delay in recruitment. Providing ongoing support to existing staff working within the environment of excessive waiting times Communication to referrers with regards to the waiting times situation Removal of OT staff from generic CMHT roles (which they are funded for) to allow clinical time to focus solely on OT intervention

Ref	Locality/ Service	Title of risk	Risk Score & Grading (Inherent)	Risk Score & Grading (Current)	Last updated / Manager	Mitigations
980	Mental Health P&K wide	Environment and Infrastructure	16 AMBER	12 AMBER	30-05-23 Chris Lamont	<p>Near Me Technology web based video consulting service implemented</p> <p>NHS Tayside guidance and process in place to support home working arrangements.</p> <p>Safer Working Physical distancing risk assessments carried out across Health & Social Care services in P&K</p> <p>Business Continuity Plans in place across the HSCP, and reviewed as required</p> <p>Health & Safety workbook holders, Fire Duty Holders in place across the estate, and infection prevention & control processes and audit ongoing</p> <p>COVID restrictions no longer in place</p> <p>Currently exploring the use of one-off capital funding to improve our clinical environments.</p> <p>Capital funding has been identified for improving environment and improving fabric of Community MH bases.</p> <p>Current needs analysis being undertaken by CPTM. Multi-Professional Working Group has been established on the MRH site to identify potential accommodation to rehouse Mental Health staff. this will meet on a monthly basis.</p>

Ref	Locality/ Service	Title of risk	Risk Score & Grading (Inherent)	Risk Score & Grading (Current)	Last updated / Manager	Mitigations
272	MFTE, POA / Intermediate Care	Tay & Stroke wards - workforce	15 AMBER	10 AMBER	05-10-23 Sharron Johnstone	<p>4 x daily safety huddles in PRI - staffing ratios and clinical acuity discussed.</p> <p>Skill mix managed on per shift basis by SCN</p> <p>SCN's now working predominantly in a clinical role</p> <p>Staff undertaking additional hours and/or overtime</p> <p>Daily / weekly escalation process in place to highlight "hot spot" staffing deficits and sickness - appropriate use of bank and non contract agency when required</p> <p>A rolling advert is in place to advertise vacancies that exist in both wards.</p> <p>Timeous escalation for Agency and Bank for both areas.</p> <p>Promoting attendance at work being managed as per policy by SCN and Senior Nurse.</p> <p>Stroke Unit now have newly aligned budget and the wellbeing enablement practitioners have been appointed.</p>
Ref	Locality/ Service	Title of risk	Risk Score & Grading (Inherent)	Risk Score & Grading (Current)	Last updated / Manager	Mitigations

569	Prison Healthcare	Medication administration within HMP Perth	20 RED	10 AMBER	13-10-23 David Hope	<p>Use of supplementary staffing</p> <p>Recruitment to vacant posts</p> <p>SBAR authorising extension of agency staff agreed by Chief Officer</p> <p>SLWG commenced jointly with SPS to review medicines administration across the prison</p> <p>SLWG commenced to review and share learning from CD incidents</p> <p>Core Agency staff in use who have received induction</p> <p>Mandatory CD training sessions being delivered to Multidisciplinary staff in service</p> <p>Nursing monthly commenced CD audits</p> <p>Medicines incidents reviewed at Medicines management meeting</p> <p>New medicines model implemented</p> <p>Pharmacy issuing all in possession medications</p> <p>Revised critical staffing levels and moved to core day</p> <p>Continue to work with SPS to identify novel ways of administering meds</p>
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981	Mental Health P&K wide	Pathways of Care	8 YELLOW	15-08-23 Chris Lamont	<p>Whole system change programme is in place identifying key clinical pathways for development across the six project areas (Good Mental Health for All, Primary & Community Mental Health, Specialist Adult Mental Health, Children & Young Peoples Mental Health, Learning Disabilities & Mental Health, and Older Peoples Mental Health). P&K HSCP are contributing to this process, and reps have been identified.</p> <p>To discuss and monitor and feedback our local current MH provision to NHST via the MH & Wellbeing strategy group.</p> <p>Engaged with stakeholders and those with lived experience to seek their views and opinions on service provision and how this can be improved through care pathways.</p> <p>As part of NHS wide workstreams, 9 key areas are about to be reinstated with appropriate leads identified.</p>
1369	South Locality	P&K HSCP South locality inpatient safe means of escape for bariatric patients	6 YELLOW	28-07-23 Tia Dixon	<p>Communication to HDT and admitting GP's that bariatric patient cannot currently be admitted on transferred to the two hospitals</p> <p>HDT will explain the reasons for the inability to transfer individual patients to them and apologise that they cannot be cared for in their home locality.</p> <p>Fire risk assessments carried out at both sites to fully understand and document the issues.</p>
985	Mental Health P&K wide	Stakeholder and Partnership Engagement	4 YELLOW	15-08-23 Chris Lamont	<p>Recent "Listen" report published through independent services and as a consequence of this, there have been engagement sessions with staff to discuss its findings and improve engagement.</p> <p>Undertook an extensive consultation and engagement exercise across communities across P&K to help receive feedback and information to help develop our local strategy</p> <p>All workstreams associated with delivering the strategy have lived experience and staff side representation</p> <p>The P&K Mental Health and Wellbeing Strategy Group is in place with broad representation from a range of stakeholders</p> <p>Locality newsletters have been developed and are disseminated out to all stakeholders and community members</p> <p>Strategic Planning Partnerships in place across each of the HSCPs with strong links with third sector, service user and carer organisations.</p> <p>P&K have in place a Local Partnership forum</p> <p>Within P&K, we have arrangements in place for service user engagement</p>

Adult Social Work and Social Care												
Risk Number	Risk Category	Cause (Trigger) (Because of...) Event (There is a risk of...) Effect (Impacting on...)	Inherent Risk					Residual Risk			Mitigating Actions	
			Risk Owner	Impact Value	Probability Value	Inherent Score	Controls	Impact Value	Probability Value	Residual Score		
CARE AT HOME												
1	operational	<p>Because of increased demand</p> <p>There is a risk around a lack of Care at Home capacity, especially in rural P and K, Impacting on people not receiving their assessed levels of care</p>	Shona MacLean	5	4	20	<p>1 Existing capacity within CAH, HART, HART+ and Living well</p> <p>2 Agency Staff (use minimising)</p> <p>3 Overtime</p> <p>4 ESD/Avenue at front door</p>	5	4	20	<p>Care at Home Transformation group and workstreams in action. HART continue to be in a +3 position each month with domestic recruitment. Overseas recruitment pilot in progress with aim for 4-5 staff in place for 1st cohort by Dec 23 and a second cohort by March 24. Automated scheduling went live 20 September. HART and Living Well Rotas being reviewed. PinPoint system being investigated to support easier access to unmet need across all internal and external providers. Alliance contracting with independent sector progressing.</p>	
OCCUPATIONAL THERAPY												
2	operational	<p>Because of increased demand and staff vacancies</p> <p>There is a risk around a lack of OT capacity Impacting on delays in getting assessments, increased waiting lists which is currently at 405 people, service not meeting agreed response times. Staff reporting stress.</p>	Shona MacLean	5	4	20	<p>1 Online Learning Module for basic OT equipment and adaptations for all Social Work/Social Care staff. Recruitment ongoing for OT staff.</p> <p>2 Advert live for OT vacancy</p> <p>3 Single handed care training has been extended to other professional groups. Associate Trainers been upskilled to deliver support to families and carers to deliver moving and handling</p>	5	4	20	<p>1.5 North OTs out to advert. Not meeting priority targets and no M and H reviews getting done.</p> <p>1 admin advert live</p> <p>Duty Team now stable and making positive impact</p>	

Appendix 4– Clinical & Care Governance Arrangements

The P&K Care & Professional Governance Forum (CPGF) has responsibility to ensure that there are effective and embedded systems for Clinical, Care & Professional Governance in all services within the partnership. This includes seeking assurances from all partnership localities and hosted services within the context of the six domains of Clinical, Care & Professional governance. Localities and Hosted Services have regular Governance Forums within their own services attended where appropriate by HSCP professional leads.

The HSCP remain committed to improving Care & Professional Governance. Work is progressing to develop governance and performance dashboards to support Care Assurance across agreed professional standards. Although delayed due to the Covid response, work to progress this has now resumed and is being tested in one of the localities. Additionally, work is underway to improve availability of locality performance data.

The HSCP has also commenced a Mental Health Clinical Care & Professional Governance Group, which reports directly to P&K CPGF and the Tayside Mental Health Quality & Performance Review. This will allow targeted improvement to improve Mental Health performance data, mitigation of Mental Health risks and to support scrutiny on progress made in respect of HIS Improvement Plan and Listen, Learn, Change work streams.

Exception reporting is a mechanism for services to quickly and easily flag up where work or events vary significantly from that which would be expected.

Exception reports were provided by all HSCP service grouping and localities (including hosted services) at each meeting of the previous bi-monthly Care & Professional Governance Forum (CPGF). Now that these meetings are occurring monthly such exception reports are now expected from half the services at each meeting, thus continuing the service reporting every 2-months.

Exception reports received during the previous year have been:

	SEP 2022	OCT 2022	NOV 2022	DEC 2022	JAN 2023	FEB 2023	MAR 2022	APR 2022	MAY 2023	JUN 2023
ACCESS TEAM & MHO	✓	NOT REQUIRED	✓	NOT REQUIRED	✓	NOT REQUIRED	✓	NOT REQUIRED	✓	NOT REQUIRED
COMMISSIONED SERVICES	✓	NOT REQUIRED	✓	NOT REQUIRED	NOT RECEIVED	NOT REQUIRED	✓	NOT REQUIRED	✓	NOT REQUIRED
EQUIPMENT & TEC	NOT REQUIRED	NOT RECEIVED	NOT REQUIRED	✓	NOT REQUIRED	✓	NOT REQUIRED	✓	NOT REQUIRED	✓
NORTH LOCALITY	NOT REQUIRED	✓	NOT REQUIRED	✓	NOT REQUIRED	✓	NOT REQUIRED	✓	NOT REQUIRED	✓
PERTH CITY LOCALITY	NOT REQUIRED	✓	NOT REQUIRED	✓	NOT REQUIRED	NOT REQUIRED	NOT REQUIRED	✓	NOT REQUIRED	NOT REQUIRED
MFTE/POA IN-PATIENTS & INTERMEDIATE CARE	NOT REQUIRED	NOT RECEIVED	✓	NOT REQUIRED	✓	NOT REQUIRED	✓	NOT REQUIRED	✓	NOT REQUIRED
PODIATRY	NOT REQUIRED	✓	NOT REQUIRED	✓	NOT REQUIRED	✓	NOT REQUIRED	✓	NOT REQUIRED	✓

PRISON HEALTHCARE	✓	NOT REQUIRED	✓	NOT REQUIRED	✓	NOT REQUIRED	✓	NOT REQUIRED	✓	NOT REQUIRED
PUBLIC DENTAL SERVICES	✓	NOT REQUIRED	✓	NOT REQUIRED	✓	NOT REQUIRED	✓	NOT REQUIRED	✓	NOT REQUIRED
REGISTERED SERVICES	NOT REQUIRED	NOT RECEIVED	NOT REQUIRED	✓	NOT REQUIRED	✓	NOT REQUIRED	✓	NOT REQUIRED	✓
SOUTH LOCALITY	NOT REQUIRED	NOT RECEIVED	NOT REQUIRED	NOT REQUIRED	NOT REQUIRED	✓	NOT REQUIRED	NOT REQUIRED	NOT REQUIRED	✓

* non submission of reports highlighted to manager for action

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

The structured annual reporting template brings together the six domains of Clinical, Care & Professional Governance outlined in the Getting it Right Framework, and also seeks to incorporate the new Health & Social Care Standards. Managers submit report and attend Care Governance Forum to present report, give assurance and answer questions. The HSCP have now completed cycle four and is reviewing the report schedule for cycle 5.

	2nd Cycle	3rd Cycle	4th Cycle
ACCESS TEAM & MHO	November 2020	April 2022	Jan 2023
COMMISSIONED SERVICES	July 2021	July 2022	Nov 2023
EQUIPMENT & TEC	June 2021	May 2022	Jun 2023
NORTH LOCALITY	July 2021	June 2022	May 2023
PERTH CITY LOCALITY	April 2021	February 2022	Apr 2023
MFTE/POA IN-PATIENTS & INTERMEDIATE CARE	May 2021	April 2022	Jun 2023
PODIATRY	September 2021	September 2022	Aug 2023
PRISON HEALTHCARE	March 2021	March 2022	Mar 2023
PUBLIC DENTAL SERVICES	November 2020	January 2022	Feb 2023
REGISTERED SERVICES	August 2021	August 2022	Aug 2023
SOUTH LOCALITY	September 2020	November 2021	Dec 2022
POA Inpatients (added in cycle 3)		November 2021	Aug 2023
MENTAL HEALTH (added in cycle 4)			Aug 2023
PRIMARY CARE (added in cycle 4)			Oct 2023

Wider governance arrangements:

- Integrated Locality Care Governance Groups (bi monthly)
- Prison Healthcare Medicines Management Governance Group (monthly)
- Prison Healthcare Business & Governance Group (monthly)
- Nursing and Allied Health Profession Forum (bi-monthly) to explore pertinent professional issues with CPTMs and other relevant colleagues.
- Senior Nurses, AHP Professional Leads, and the Clinical & Professional Team Managers meet regularly on an individual 1:1 basis with the Lead Nurse and also the AHP Lead to discuss relevant professional and governance issues.
- Mental Health Portfolio Lead contributes to the Mental Health QPR Forum
- Partnership Short Life Working Group commenced to improve care governance for mental health services
- Health Senior Management Team Huddle weekly to review Datix risks and red adverse events
- Clinical Governance Coordinator supports locality groups to undertake Local Adverse Event Reviews (LAER's) where required. All LAER's are signed off by a senior manager.
- Care Home Oversight Group meeting at times daily to monitor and provide support to Care Home resident and staff safety wellbeing.
- The P&K CPGF co-chairs contribute to the NHST Getting It Right For Everyone (GIRFE) group.
- Adult Social Work and Social Care Forum (monthly)



PERTH & KINROSS INTEGRATION JOINT BOARD

AUDIT & PERFORMANCE COMMITTEE

WORKPLAN 2023-24

(Report No. G/24/33)

This work plan outlines the major items the Audit and Performance 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. It will continue to be kept under review throughout the year.

Item	Standing Item	Non Standing Item	Responsibility	Jun 26th 2023	Jul 31st 2023	Sep 18th 2023	Oct 30th 2023	Dec 11th 2023	Mar 11th 2024
Governance and Assurance									
Strategic Risk Management Update	✓		Chief Officer	✓		✓		✓	✓
Partnership Improvement Plan / Audit Recommendations Update		✓	Chief Officer			✓			
Internal Audit Annual Report and Assurance Statement		✓	Chief Internal Auditor	✓					
Internal Audit Reports 2022/23:									
· Leadership Capacity PKIJB 22-01		✓	Chief Internal Auditor				✓		
· Sustainability of Commissioned Service Providers		✓	Chief Internal Auditor						
· Premises and Property PKIJB 22-03		✓	Chief Internal Auditor						
Internal Audit Reports 2023/24: TBC									
· Sustainability of Commissioned Service Providers		✓	Chief Internal Auditor						
· Workforce		✓	Chief Internal Auditor						
· Joint Equipment Loans Store		✓	Chief Internal Auditor						
Internal Audit Strategy and Plan 2023/24		✓	Chief Internal Auditor				✓		
Internal Audit Plan Progress Report	✓		Chief Internal Auditor	✓			✓	✓	✓
External Audit Strategy		✓	External Auditor						✓
External Audit – Proposed Audit Fee 2023/24		✓	Chief Finance Officer						✓
External Audit Annual Report 2022/23		✓	External Auditor				✓		
Performance									
Financial Position	✓		Chief Finance Officer	✓		✓		✓	✓
Progress Report - Key National Indicator Set	✓		Chief Officer	✓		✓	✓	✓	✓
Annual Performance Report		✓	Chief Officer		✓				
Annual Accounts									
Annual Governance Statement		✓	Chief Finance Officer	✓					
Unaudited Annual Accounts 2022/23		✓	Chief Finance Officer	✓					
Audited Annual Accounts 2022/23		✓	Chief Finance Officer				✓		
Letter of Representation to External Audit		✓	Chief Finance Officer				✓		
Assurances Received from Partners		✓	Chief Finance Officer				✓		
Clinical and Care Governance									
Clinical & Care Governance Assurance	✓		Chief Officer	✓		✓		✓	✓



PERTH & KINROSS INTEGRATION JOINT BOARD
AUDIT & PERFORMANCE COMMITTEE
WORKPLAN 2023-24

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Item	Standing Item	Non Standing Item	Responsibility	Jun 26th 2023	Jul 31st 2023	Sep 18th 2023	Oct 30th 2023	Dec 11th 2023	Mar 11th 2024
For Information									
Audit & Performance Committee Record of Attendance	✓		For information	✓		✓	✓	✓	✓
Audit & Performance Committee Work Plan	✓		For information	✓		✓	✓	✓	✓

- ¹ Special Meeting
- ² Extraordinary Meeting
- ³ Single Item Agenda



PERTH & KINROSS INTEGRATION JOINT BOARD
AUDIT & PERFORMANCE COMMITTEE
WORKPLAN 2024-25 (Report No. G/24/34)

This work plan outlines the major items the Audit and Performance 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. It will continue to be kept under review throughout the year.

Item	Standing Item	Non Standing Item	Responsibility	Jun 24th 2024	Jul 29th 2024 ¹	Sep 23rd 2024	Oct 28th 2024 ²	Nov 25th 2024	Feb 24th 2025
Governance and Assurance									
Strategic Risk Management Update	✓		Chief Officer	✓		✓		✓	✓
Partnership Improvement Plan / Audit Recommendations Update		✓	Chief Officer	✓					
Internal Audit Annual Report and Assurance Statement		✓	Chief Internal Auditor	✓					
Internal Audit Reports 2022/23:			Chief Internal Auditor						
· Premises and Property PKIJB 22-03		✓	Chief Internal Auditor	✓					
Internal Audit Reports 2023/24:			Chief Internal Auditor						
· Sustainability of Commissioned Service Providers		✓	Chief Internal Auditor	✓					
· Workforce		✓	Chief Internal Auditor	✓					
· Joint Equipment Loans Store		✓	Chief Internal Auditor	✓					
Internal Audit Reports 2024/25: TBC		✓	Chief Internal Auditor						
Internal Audit Strategy and Plan 2024/25		✓	Chief Internal Auditor	✓					
Internal Audit Plan Progress Report	✓		Chief Internal Auditor	✓		✓		✓	✓
External Audit Strategy		✓	External Auditor						✓
External Audit – Proposed Audit Fee 2024/25		✓	Chief Finance Officer						✓
External Audit Annual Report 2023/24		✓	External Auditor				✓		
Best Value Self Assessment		✓	Chief Finance Officer	✓					
Performance									
Financial Position	✓		Chief Finance Officer	✓		✓		✓	✓
Progress Report - Key National Indicator Set	✓		Chief Officer	✓		✓		✓	✓
Annual Performance Report		✓	Chief Officer		✓				
Annual Accounts									
Annual Governance Statement		✓	Chief Finance Officer	✓					
Unaudited Annual Accounts 2023/24		✓	Chief Finance Officer	✓					
Audited Annual Accounts 2023/24		✓	Chief Finance Officer				✓		
Letter of Representation to External Audit		✓	Chief Finance Officer				✓		
Assurances Received from Partners		✓	Chief Finance Officer				✓		



**PERTH & KINROSS INTEGRATION JOINT BOARD
AUDIT & PERFORMANCE COMMITTEE
WORKPLAN 2024-25**

This work plan outlines the major items the Audit and Performance 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. It will continue to be kept under review throughout the year.

Item	Standing Item	Non Standing Item	Responsibility	Jun 24th 2024	Jul 29th 2024 ¹	Sep 23rd 2024	Oct 28th 2024 ²	Nov 25th 2024	Feb 24th 2025
Clinical and Care Governance									
Clinical & Care Governance Assurance	✓		Chief Officer	✓		✓		✓	✓
For Information									
Audit & Performance Committee Record of Attendance	✓		For information	✓		✓	✓	✓	✓
Audit & Performance Committee Work Plan	✓		For information	✓		✓	✓	✓	✓

¹ Single Item Agenda - APR

² Meeting Date/time TBC



Record of Attendance 1 April 2023 - 31 March 2024 (Report No. G/24/35)

Members

Name	Designation	Organisation	26 Jun 23	31 Jul 23	18 Sep 23	30 Oct 23	11 Dec 23	11 Mar 24
Beth Hamilton (Chair) ¹	Non Executive Director	NHS Tayside	PRESENT	PRESENT	PRESENT	PRESENT	PRESENT	
Martin Black	Non Executive Director	NHS Tayside	PRESENT	PRESENT	PRESENT	PRESENT	PRESENT	
Bernie Campbell	Carer's Representative	Public Partner	PRESENT	APOLOGIES	PRESENT	APOLOGIES	APOLOGIES	
Councillor David Illingworth	Elected Member	Perth & Kinross Council	PRESENT	PRESENT	PRESENT	PRESENT	PRESENT	
Councillor Sheila McCole ²	Elected Member	Perth & Kinross Council	PRESENT	PRESENT	PRESENT	PRESENT	APOLOGIES	
Sandy Watts	Third Sector Forum	Public Partner	PRESENT	PRESENT	PRESENT	PRESENT	PRESENT	

In Attendance

Name	Designation	Organisation	26 Jun 23	31 Jul 23	18 Sep 23	30 Oct 23	11 Dec 23	11 Mar 24
Evelyn Devine	Head of Health	P&K HSCP	PRESENT	PRESENT				
Jacque Pepper	Chief Officer	P&K HSCP		PRESENT	PRESENT	PRESENT	PRESENT	
Phil Jerrard	Governance & Risk Coordinator	P&K HSCP	PRESENT	PRESENT	PRESENT	PRESENT	PRESENT	
Marc Grant	Finance Team Leader	P&K HSCP	PRESENT		PRESENT	PRESENT	PRESENT	
Scott Hendry	Democratic Services Manager	Perth & Kinross Council			PRESENT	PRESENT		
Adam Taylor	Assistant Committee Officer	Perth & Kinross Council			PRESENT		PRESENT	
Kirsten Molley	Acting Team Leader (Committee Services)	Perth & Kinross Council	PRESENT		PRESENT			
Magda Pasternack	Corporate and Democratic Services	Perth & Kinross Council						
Audrey Brown	Corporate and Democratic Services	Perth & Kinross Council	PRESENT	PRESENT		PRESENT	PRESENT	
R Ramsey	Corporate and Democratic Services	Perth & Kinross Council	PRESENT	PRESENT		PRESENT	PRESENT	
Jessica Guild	Corporate and Democratic Services	Perth & Kinross Council		PRESENT		PRESENT		
Donna Mitchell	Chief Finance Officer	P&K HSCP	PRESENT	PRESENT	PRESENT	PRESENT	PRESENT	
Jackie Clark	Chief Internal Auditor	Perth & Kinross Council	PRESENT			PRESENT	PRESENT	
Chris Jolly	Service Manager	P&K HSCP	PRESENT	PRESENT	PRESENT	PRESENT	PRESENT	
Kenny Ogilvy	Acting Head of Service ASWSC Operations	P&K HSCP	PRESENT	PRESENT	PRESENT		PRESENT	
Zoe Robertson	Acting Head of Service ASWSC Commissioning	P&K HSCP	PRESENT			PRESENT	PRESENT	
Dave Henderson	IJB Member			PRESENT	PRESENT	PRESENT	PRESENT	
Ian McCartney	IJB Member				PRESENT			
Susannah Flower	IJB Member	NHS Tayside			PRESENT			
Sandra Auld	IJB Member					PRESENT		
Chris Lamont	Senior Service Manager	P&K HSCP			PRESENT		PRESENT	
Amanda Taylor	Senior Service Manager	P&K HSCP					PRESENT	
Stuart Hope	IJB Member	Unison				PRESENT	PRESENT	
Lyndsay Hunter	IJB Member	Unison		PRESENT	PRESENT	PRESENT	PRESENT	
Brian Howarth	External Auditor	Audit Scotland				PRESENT		
Moir Bruce	External Auditor	Audit Scotland				PRESENT		

¹ Chair up to and including 11 December 2023.

² Chair from 11 March 2024 meeting.

