Council Building
2 High Street
Perth
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07/03/2023

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, 13 March 2023** at **09:00**.

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

Audit and Performance Committee of the Perth and Kinross Integration Joint Board
Monday, 13 March 2023

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   MINUTE OF PREVIOUS MEETING

3.3   MATTERS ARISING

4   PERFORMANCE

5   GOVERNANCE & ASSURANCE

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 28 November 2022 at 9.30am.

Present: B Hamilton (Chair), Councillors D Illingworth and S McCole (both Perth and Kinross Council), B Campbell (Carer Public Partner) and S Watts (Third Sector Forum).

In Attendance: J Pepper, Chief Officer – Health and Social Care Partnership, J Smith, Head of Finance and Corporate Services, C Jolly, M Grant, K Ogilvy, Z Robertson, H Dougall and P Jerrard (all Perth and Kinross Health and Social Care Partnership); J Clark, Chief Internal Auditor; and S Hendry, D Williams, M Pasternak and A Brown, Corporate and Democratic Services (Perth and Kinross Council).

B Hamilton, Chair.

1.   WELCOME AND APOLOGIES

B Hamilton welcomed all those present to the meeting.

B Hamilton advised those present that D McPherson (NHS Tayside Board) had left his role on the Audit and Performance Committee of the Perth and Kinross Integration Joint Board, and a replacement would be confirmed at the next meeting of the Committee.

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.   MINUTE OF PREVIOUS MEETING

3.1   MINUTE OF MEETING OF THE AUDIT AND PERFORMANCE COMMITTEE OF 7 MARCH 2022

The minute of meeting of the Audit and Performance Committee of the Perth and Kinross Integration Joint Board of 28 September 2022 was submitted and approved as a correct record.

3.2   ACTION POINTS UPDATE

The Action Points Update (Report G/22/165) were submitted, and updates provided thereon.

3.3   MATTERS ARISING

There were no matters arising.

4.   PERFORMANCE

4.1   2022/23 FINANCIAL POSITION – MONTH 6

There was submitted a report by the Head of Finance and Corporate Services (G/22/166) providing an update on the 2022/23 projected year-end out-turn based on financial performance for the six months to 30 September 2022.

Resolved:
(i)   The overall projected out-turn of £0.4m overspend with a requirement for use of General Reserves to deliver financial balance, be noted.
(ii)   The forecasted £4.8m Covid-19 costs funded in full by the IJB Covid-19 Reserve, be noted.
(iii)   The update regarding the IJB reserves position for 2022/23, be noted.
(iv)   The financial risks that may still impact on the financial out-turn in 2022/23, be noted.

4.2   PROGRESS REPORT – KEY NATIONAL INDICATOR SET

There was submitted a report by the Chief Officer (G/22/166) providing the Audit and Performance Committee with an update on performance against the core set of integration indicators for the latest period available.

Resolved:
The Health and Social Care Partnership's performance to date against key strategic indicators, be noted.

5.   GOVERNANCE AND ASSURANCE

5.1   STRATEGIC RISK MANAGEMENT UPDATE

There was submitted a report by the Chief Officer (G/22/168) 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.

Resolved:
(i)   The IJB's Strategic Risk Register and Strategic Risk Improvement Plan as detailed in Report G/22/168, be noted.
(ii)   The current position of the IJB's strategic risk exposure scores as detailed at Section 3 of Report G/22/168, be noted.

5.2 INTERNAL AUDIT REPORT – PRIMARY CARE

There was submitted a report by the Chief Officer (G/22/170) providing the Audit and Performance Committee with an update on progress with finalising the report relating to Perth and Kinross' Primary Care Improvement Plan.

Resolved:
(i) The contents of the draft final report for the wider review of the strategic risks relating to Primary Care, which incorporates the review of Perth and Kinross' Primary Care Improvement Plan, be noted.
(ii) That the final report will be shared with members of this Committee at the earliest opportunity, be noted.
(iii) That any significant amendments to this report and action plan will be reported to the next meeting of the Audit and Performance Committee, be noted.

5.3 INTERNAL AUDIT PROGRESS REPORT

There was submitted a report by the Chief Internal Auditor (G/22/169) providing an update on progress in relation to Internal Audit's planned activity.

Resolved:
The progress made with the delivery of the 2021/22 and 2022/23 plans as detailed in Appendix 1 of Report G/22/169, be noted.

6. CLINICAL CARE GOVERNANCE

6.1 CLINICAL AND CARE GOVERNANCE ASSURANCE

There was submitted a report by the Chief Officer (G/22/171) providing assurance to the Perth and Kinross 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.

Resolved:
(i) The responsibilities of Perth and Kinross Integration Joint Board in respect of Clinical, Care and Professional Governance and those of the IJB's partners, 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, be noted.
(iii) That the Chief Officer confirms the effectiveness of the above systems in place in the IJB's partner organisations, be noted.

7. FOR INFORMATION

7.1 PERTH AND KINROSS IJB AUDIT AND PERFORMANCE COMMITTEE WORK PLAN 2022/23

7.2 PERTH AND KINROSS IJB AUDIT AND PERFORMANCE RECORD OF ATTENDANCE 2022/23

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 MEETINGS

Monday 13 March 2023 at 9.30am

10. VALEDICTORY

The Chair advised members that this was J Smith's final meeting before moving on to a new role outwith the Health and Social Care Partnership. The Chair thanked J Smith, paying tribute to her work with the Partnership and wishing her all the best for the future, sentiments that were echoed by J Pepper, and Councillors Illingworth and McCole.

J Smith expressed thanks for those kind words, and paid tribute and expressed thanks to her team and those she had worked with on the Audit and Performance Committee over a number of years.

Action Points Update – 13 March 2023
Perth & Kinross IJB – Audit and Performance Committee
(Report No. G/23/18)

Ref.	Min. Ref.	Meeting	Action	Responsibility	Timescale	Revised Timescale	Update/Comments
50	-	15/02/21	IJB Risk Workshop/Development Session to be scheduled to consider risk tolerance and acceptability	Chief Officer/ Head of Finance & Corporate Services	31/11/22	15/3/23	Due to competing IJB development session priorities the deadline for completion of this action has been revised. This will now take place on 15th March 2023.
51	5.1	26/09/22	IJB Development Session on Clinical Care Governance to be held.	Chief Officer	25/1/23	5/5/23	Due to competing IJB development session priorities the deadline for completion of this action has been revised. This will now take place on 5th May 2023.
52	6.1	26/09/22	Assurance of effective governance arrangements to be provided by Dundee IJB	Head of Finance & Corporate Services	28/11/22	-	Complete. Assurance has been received following consideration of Dundee IJB's Annual Accounts at their Performance and Audit Committee meeting of 23rd November 2022. This has now been circulated to Members.

PERTH & KINROSS INTEGRATION JOINT BOARD

AUDIT & PERFORMANCE COMMITTEE

13 MARCH 2023

2022/23 FINANCIAL POSITION

Report by Interim Chief Finance Officer
(Report No. G/23/19)

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 2022 to 31 December 2022 (Month 9).

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1.   RECOMMENDATIONS

It is recommended that the Audit & Performance Committee:

(i)   Notes the overall projected outturn for 2022/23 based on financial performance to 31 December 2022;

(ii)   Notes the projected Covid-19 expenditure and the update on Covid-19 reserves;

(iii)   Notes the allocation of funding from the Winter Resilience reserve to NHS Tayside, to support whole system pressures.

2.   SUMMARY POSITION

2.1   As detailed in Appendix 1 to this report, the projected financial outturn for the IJB in 2022/23 is an underspend of £2.723m. A movement of £3.158m from the position last reported in November 2022 (Report G/22/166).

3.   MAIN VARIANCES

3.1   The projected outturn for Health services is an overspend of £0.377m. An increase of £0.208m from the overspend position last reported.

3.2　The projected outturn for Social Care services is an underspend of £3.100m, a movement of £3.366m from the overspend position last reported.

3.3　The main variances and movements are summarised below.

Pay

3.4　An allocation of funding for the Local Government 2022/23 pay award has been confirmed and has benefitted the Social Care financial position (£0.920m).

Older People

3.5　After the application of Covid-19 funding, the projected underspend on older people services is £2.540m. This is a movement of £2.2m from the last report.

3.6　Staffing underspend continues to be the main contributing factor to this position at £2.1m. Unfilled vacancies due to staff turnover and recruitment challenges are present within most older people services. The main variances are within Care at Home (£0.571m), Day Care (£0.235m), Community Alarm and JELS (£0.200m), Psychiatry of Old Age Community Teams (£0.239m), Community Nursing (£0.292m) and slippage on recent Urgent Care investment (£0.379m).

3.7　The Psychiatry of Old Age inpatient service is also experiencing recruitment challenges. However, this has resulted in the use of bank and agency staffing to cover vacancies, leading to a projected overspend of £0.802m in year.

3.8　Similarly, St. Margaret's Community Hospital is projecting a £0.342m overspend on staff costs due to significant use of agency and supplementary staffing to cover vacancies.

3.9　There is a projected underspend in care home placements of £1.054m. This is due to the number of people choosing residential and nursing placements continuing to be below budgeted level.

Adult Services

3.10　After the application of Covid-19 funding, the projected underspend on adult services is £0.807m. This is an increase of £0.6m from the underspend last reported.

3.11　The projected underspend on staffing is £0.576m. This is due to vacancies from recruitment challenges and timing of investment into General Adult Psychiatry community services, as part of the Community Mental Health Strategic Delivery Plan.

3.12　An underspend of £0.271m is projected for complex care due to delays in commencement of planned care packages.

Other Community Services and Management

3.13   After the application of Covid-19 funding, the projected financial position across other community services and management is a £1.648m underspend.

3.14   Locality and early intervention and prevention teams are projecting a £0.389m underspend. This is due to unfilled vacancies throughout the year, resulting from staff turnover and recruitment challenges.

3.15   The remainder of underspend is mainly staffing related and is due to timing of investment and delays in recruitment. The key areas of variance are within Corporate Support and Management capacity (£0.313m), Primary Care Resilience (£0.195m) and Medical Trainees (£0.125m).

3.16   This position also includes uncommitted funding for the next phase of the Older People Strategic Delivery Plan.

Prescribing

3.17   The projected financial position for prescribing is a £0.795m overspend. This is an increase of £0.6m from the last report. The latest projection reflects the recent price increases incurred nationally and is based on actual prescribing information for April to October.

3.18   The 2022/23 IJB financial plan projected a £0.786m overspend and planned for the use of general reserves to meet that pressure.

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). The financial position includes a share of the overspend, projected to be £0.4m for 2022/23.

3.20   As noted in previous reports, further discussion regarding the lead partner and financial risk share arrangements for Primary Care (including 2C practices) is required.

Savings

3.21   The table below summarises the approved savings for 2022/23 and the progress in delivery.

Description	Approved Saving £m	Projected Delivery 2022/23 £m
Transformation of Complex Care	1.0	0.6
Review of Contributions Policy	0.7	0
Redesign of Rehabilitation Beds	0.7	0

Care Home Placements	0.5	0.5
Prepaid Card Scheme	0.1	0
Total	**3.0**	**1.1**

3.22   The delay in delivery was anticipated as part of the 2022/23 Financial Plan and results from the impact of Covid-19 on management capacity.

3.23   The delay in delivery of complex care transformation is reflective of a rephasing and delays in the programme due to Covid-19.

3.24   The review of contributions policy saving remains unachieved and is being funded by Perth & Kinross Council non-recurringly in 2022/23.

3.25   The savings anticipated from the review of rehabilitation beds were originally expected to be delivered in 2020/21. The pandemic has delayed the review. The current level of pressure on inpatient beds indicates the risk attached to realisation of this saving in the medium term. This will be considered as part of the 3-year financial plan.

3.26   The implementation of pre-paid cards to introduce an online payment system was delayed by the pandemic. Whilst this project has been delayed, there are now other opportunities to deliver this saving in 2023/24.

Lead Partner Arrangements (Hosted Services)

3.27   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.

3.28   Detail of the services and the projected financial position is provided in Appendix 2. The overall Perth & Kinross IJB share is a £0.339m underspend.

3.29   For Perth & Kinross lead services, staffing underspend continues to be the main contributing factor. Prison Healthcare, Podiatry and Dental services have had vacancies throughout the year due to staff turnover, recruitment challenges and delay in services returning to pre Covid-19 levels.

4.   INPATIENT MENTAL HEALTH

4.1   Inpatient Mental Health services are a delegated function to Tayside IJB's, having previously been Hosted by Perth & Kinross IJB. In early 2020/21, 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 Integration Joint Boards. Discussions continue with NHS Tayside around financial risk sharing arrangements for these services. However, there is unlikely to be any additional resultant financial risk to Perth & Kinross IJB in 2022/23.

5. COVID-19

5.1   As detailed in the last finance report, the Scottish Government wrote to IJB Chief Officers and Chief Finance Officers to intimate their intention to reclaim surplus Covid-19 reserves to be redistributed across the sector to meet Covid-19 priorities.

5.2   A further Scottish Government letter was received on 16 January 2023 confirming the reclaim will be based on the IJB's Month 8 Covid-19 forecast return, which totalled £5.718m. The IJB opening Covid-19 reserve on 1 April 2022 was £15.366m, meaning the Scottish Government will seek to reclaim £9.648m.

5.3   To provide assurance and mitigate financial risk to IJBs, the letter states that the Scottish Government will work with CFOs in April 2023 to complete a reconciliation exercise between the Month 8 position and the final outturn. The available Covid-19 reserves balance will be sufficient to fully cover the IJB's anticipated Covid-19 expenditure in 2022/23.

5.4   No additional Covid-19 funding will be available from 2023/24 onwards, therefore any ongoing impact will be factored into the 2023/24 financial plan and monitored closely throughout the year.

6. RESERVES

6.1   The IJB holds both earmarked and unearmarked (general) reserves. In April 2022 the earmarked reserve balance was £27.7m and the general reserve £5.5m.

6.2   As detailed in Appendix 3, the current forecast expenditure on earmarked reserves is £9.1m. A further £12.3m is expected to be returned to or reduced by Scottish Government. The forecast balance at 31 March 2023 is £6.3m.

6.3   The IJBs Winter Resilience reserve has a forecast balance at 31 March 2023 of £1.5m. Further expenditure of £0.5m has been committed into 2023/24, leaving a remaining balance of £1.0m. This funding was allocated to the IJB from the Scottish Government to ease pressures on the whole health and social care system. While the IJB is reporting an overall projected underspend in this financial year, significant financial pressures remain in the wider systems and specifically NHS Tayside. The Audit & Performance Committee is asked to note that the £1.0m balance of Winter Resilience funding will be allocated to support wider system pressures within NHS Tayside.

6.5   The general reserve currently held is c2% of the IJB budget and is in line with the IJB's reserve policy.

7. RISKS

7.1 Several risks have been considered in finalising this financial projection. The risks may increase or decrease over the remainder of the financial year, affecting the outturn position. A summary of the potential risks remaining is provided below.

Risk	Potential Financial Exposure	Comments
Further Agenda for Change (AfC) Pay Award 2022/23	£0.3m	The National Care Home Contract was increased mid financial year to reflect the (AfC) settlement. Pay negotiations remain ongoing and additional increase would result in an increase to Nursing Home rates.
Scottish Government Funding	£0.2m	A level of Scottish Government Funding Allocation remains outstanding in 2022/23. Reduction or withdrawal of funding assumed by the IJB will result in unfunded expenditure.

8. CONCLUSION

8.1 The overall projected outturn for 2022/23 is an underspend of £2.723m. As per the Integration Scheme this underspend will be retained by the IJB.

8.2 Remaining financial risks have been identified and will continue to be monitored closely.

Author(s)

Name	Designation	Contact Details
Donna Mitchell	Interim Chief Finance Officer	dmitchell@pkc.gov.uk

Appendices

Appendix 1 – Summary Financial Position

Appendix 2 – Summary Lead Partner Financial Position

Appendix 3 – IJB Reserves

Perth and Kinross Position as at end December 2022

	Health	Social Care	Health & Social Care
	Final Out-turn Over / (Under) £'000	Final Out-turn Over / (Under) £'000	Final Out-turn Over / (Under) £'000
Older People Services	(44)	(2,496)	(2,540)
Adult Services	(774)	(33)	(807)
Other Community Services	0	(389)	(389)
Management and Other Services	(592)	(667)	(1,259)
Undelivered Savings	740	1,193	1,933
Budget Deficit	210	0	210
Sub-Total Hospital & Community Health	**(460)**	**(2,392)**	**(2,852)**
Perth and Kinross IJB Lead Partner Services	(592)		(592)
Dundee and Angus Lead Partner Services Recharges In/Out	253		253
Sub-Total Lead Partner Services	**(339)**		**(339)**
GP Prescribing/Other FHS	795		795
General Medical Services/ Family Health Services	381		381
Sub-Total Perth and Kinross HSCP	**377**	**(2,392)**	**(2,015)**
Perth and Kinross Council Funding	**0**	**(708)**	**(708)**
Total Perth and Kinross HSCP	**377**	**(3,100)**	**(2,723)**

LEAD PARTNER ARRANGEMENT POSITION   <u>Appendix 2</u>

	Annual Budget	Projected Variance Over / (Under)
	£'000	£'000
LEAD PARTNER SERVICES PERTH & KINROSS		
Prison Healthcare	4,396	(211)
Podiatry	2,384	(415)
Dental	3,340	(213)
Balance of Savings Target/Uplift Gap	(87)	247
Grand Total	**10,034**	**(592)**

	Annual Budget	Projected Variance Over / (Under)
	£'000	£'000
LEAD PARTNER SERVICES DUNDEE		
Palliative Care	6,945	(13)
Brain Injury	1,666	(110)
Homeopathy	31	8
Psychology	5,833	(488)
Psychotherapy (Tayside)	1,226	(145)
Perinatal Infant Mental Health	467	0
Dietetics (Tayside)	3,580	150
Sexual & Reproductive Health	2,380	(230)
Medical Advisory Service	173	(100)
Tayside Health Arts Trust	75	0
Learning Disability (Tay Ahp)	847	(180)
Balance of Savings Target/Uplift Gap	(109)	548
Grand Total	**23,114**	**(559)**
LEAD PARTNER SERVICES ANGUS		
Forensic Service	1,083	230
Out of Hours	8,671	1,000
Tayside Continence Service	1,544	71
Pharmacy	2,886	0
Speech Therapy (Tayside)	1,246	(41)
Balance of Savings Target/Uplift Gap	(51)	6
Grand Total	**15,379**	**1,265**
P&K Share of Lead Partnership Services		38
Less: Covid Costs included in Local Mobilisation Plans		(376)
P&K SHARE of LEAD PARTNER ARRANGEMENT SERVICES		**(339)**

Appendix 3 - Reserves

	2022/23 Opening Balance (£m)	Planned Movement 2022/23 (£m)	Anticipated SG Reduction 2022/23 (£m)	Closing Balance 31st March 2023 (£m)
Earmarked Reserves				
Alcohol and Drug Partnership	1.3	0.4	-	0.9
Community Living Change Fund	0.5	0.1	-	0.4
COVID Reserve	15.4	5.8	9.6	-
Mental Health Recovery & Renewal	0.7	0.4	-	0.3
Mental Health Action 15	0.3	0.2	0.1	-
Primary Care	3.1	0.2	2.6	0.3
Winter Resilience Reserve	3.4	1.9	-	1.5
Service Specific Reserve	1.6	0.1	-	1.5
	26.3	9.1	12.3	4.9
Health Reserves Fund- NHS Tayside	1.4	-	-	1.4
	27.7	**9.1**	**12.3**	**6.3**
Unearmarked Reserves				
Unearmarked General Reserve - Social Care	3.7	-	-	3.7
Unearmarked General Reserve - Health	1.8	-	-	1.8
	5.5	**-**	**-**	**5.5**
Total IJB Reserves	**33.2**	**9.1**	**12.3**	**11.8**

	2022/23 Opening Balance (£m)	Planned Movement 2022/23 (£m)	Anticipated SG Reduction 2022/23 (£m)	Closing Balance 31st March 2023 (£m)

PERTH & KINROSS INTEGRATION JOINT BOARD

AUDIT & PERFORMANCE COMMITTEE

13 March 2023

KEY STRATEGIC PERFORMANCE INDICATOR REPORT

Report by Chief Officer
(Report No. G/23/20)

PURPOSE OF REPORT

This report provides the Audit & Performance Committee with an update on strategic performance against the core set of integration indicators and includes key performance updates in respect to Community Mental Health and Wellbeing and Learning Disability and Autism.

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1.   RECOMMENDATION(S)

1.1   The Audit & Performance Committee is asked to:
(i)   Note the Health and Social Care Partnership's performance to date against key integration indicators.
(ii)   Note progress made in respect to the delivery of Strategic Delivery Plan outcomes.

2.   BACKGROUND

2.1   This report provides the Committee with an overview of performance against the key strategic performance indicators (KPIs) in 2022/23, when compared to 2021/22, our peer group of similar HSCPs and Scotland overall.

These measures, designated by the Scottish Government for performance reporting annually, are provided routinely to the Committee for consideration. This report continues our approach of regular reporting and follows the publication of our Six-Monthly Performance Update in November 2022.

Appendix 1 sets out a detailed data table covering all KPIs for which data is available.

When reviewing this data, it is important to recognise that it is provided at an early stage and ahead of publication by Public Health Scotland. In this respect the data is useful for management purposes but may be incomplete and will be subject to change throughout future validation processes. Our practice nonetheless is to provide the Committee with the best and most up to date data available.

The committee will be aware that the IJB reviewed strategic progress in respect to Community Mental Health and Wellbeing in December 2022 and Learning Disability and Autism in February 2023. This report also contains at Appendices 3 and 4, KPI reports for these Care Group strategies. These reports set out the approved outcomes which are sought in the delivery of these plans and demonstrates, through a range of measures, progress towards those outcomes. Bringing these reports forward continues our development of a more outcomes focussed approach to performance management and reporting.

It is our intention that we will bring forward to the Audit and Performance Committee a key performance indicator report for each Care Group Strategic Delivery Plan throughout the course of the coming year. In addition to that which will be contained in the Annual Performance Report, this reporting sequence will provide the Committee with an overview of performance against each approved Strategic Delivery Plan once per year.

3. **OVERVIEW**

National Indicators – overall

3.1 Compared to 2021/22 our performance is mixed with 3 indicators within the target range, 1 indicator greater than 3% from the target and 3 greater than 6% from the target.

When comparing KPI performance to that reported in November 2022, 1 indicator (NI-13) has improved from an Amber RAG status and is now on target. However, over this period 2 indicators (NI-16 and MSG-3) have declined from Amber to Red.

Compared to Scotland overall, in-year performance is also mixed with 4 indicators within the target range, and 3 indicators greater than 6% from the target. A slight improvement on that reported in November 2022. Performance against the peer group does not compare favourably, with 2 indicators within the target range and 5 indicators greater than 6% beyond the target range. This position is unchanged since that reported in November 2022.

Performance varies from target most in respect to indicators relating to emergency admissions, the rate of emergency bed days, readmissions to hospital (although recording practices are different across Scotland), the rate of falls resulting in admission and delayed discharges. In contrast the rate of accident and emergency attendances and the proportion of last six months of

life spent at home or in a community setting, compare favourably to the comparator groups.

These indicators which vary from target are strongly linked to older people's services. Within this care group an underspend has been reported which relates to significant challenges in recruitment and retention of staff. This is likely to be having a corresponding impact on performance.

National Indicator - breakdown

3.2 NI 12 – "Emergency admissions per 100,000 population": Further analysis of the data that underpins performance against this indicator shows that 49% of emergency admissions occur within the over 65 age group (Appendix 2, Chart 1). This is above the 47% and 44% reported for the peer comparison group and Scotland overall (Appendix 2, Chart 2). It is accepted that an older and frailer population places greater demands on services. The characteristics of the Perth & Kinross' population, with 24% of the population over 65, compared to 20% for Scotland overall (NRS 2021), increases demand for services.

NI 14 – "Readmissions within 28 days of discharge per 1,000 discharges 18+": As outlined in previous reports, this indicator cannot be meaningfully compared to Scotland nor the peer group as recording practices in Tayside vary from those elsewhere. Comparisons can however be made to Tayside overall and in this respect, performance is broadly in line with that seen across Tayside, for both readmissions within 7 days and between 8 to 28 days from discharge (Appendix 2, Chart 3).

Further investigation of readmissions data also indicates that while the overall rate for readmissions remains within the target range, readmissions within 7 days of discharge have increased by 12%, and readmissions within 8 to 28 days have reduced by 10% (Appendix 2, Chart 4).

NI-19 "Number of days people aged 75+ spend in hospital when they are ready to be discharged per 1,000 population" has increased by 45% when compared to 2021/22.

This increase in the rate of delays follows a period when delayed discharges in Perth & Kinross were significantly lower than Scotland and compared well to the Peer group. In this respect, despite this significant increase, the rate in Perth & Kinross remains below the overall rate for Scotland. A further breakdown of the data confirms that patients over 65 were consistently discharged without delay in 96% of cases over the same period.

MSG 3 – "A&E attendances per 100,000 population": A&E attendances have increased overall by 7.12% when compared to 2021/22. Within the 65+ age group however, A&E attendances have actually declined since pre-pandemic levels by 14.0% to date. This is a significant reduction particularly when considering the peer group, which has seen a 16.5% increase across the same period (Appendix 2, Chart 5). This suggests that community-based

services are intervening in a preventative manner impacting on A&E presentations in the 65+ age group.

4. CARE GROUP PERFORMANCE

4.1 The IJB recently reviewed strategic progress reports in respect to the approved strategies for Community Mental Health and Wellbeing and Learning Disability and Autism. Appendices 3 and 4 provide detailed KPI reports which set out the measures used to assess progress towards the achievement of approved outcomes.

5. CONCLUSION

5.1 Performance against the national indicator set to date is mixed when compared to the previous reporting year and against Scotland overall and does not compare favourably to the peer group.
A breakdown of these indicators however reveals that despite increases in service demand, progress is being made in supporting older people.
The implementation of the approved Strategic Delivery Plans remains vital for mitigating these challenges and ensuring progress towards the achievement of local, and national health and wellbeing outcomes.

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Appendices
Appendix 1 – Key Strategic Performance Indicator Table
Appendix 2 – National Indicator – Breakdown Charts
Appendix 3 – Community Mental Health and Wellbeing: Performance Management Framework Key Performance Indicator
Appendix 4 – Autism and Learning Disability: Performance Management Framework Key Performance Indicator

Perth & Kinross Health and Social Care Partnership, Key Strategic Performance Indicator Table. Latest Update

ID	Indicator	measure	2021/22			Latest Update (Unpublished Data)							In-Year Comparisons	
			Perth and Kinross	Scotland Overall	Peer	Perth and Kinross (Latest)	Scotland Overall (Latest)	Peer (Latest)	Period	P&K % movement from 2021/22	Scotland % movement from 2021/22	Peer % movement from 2021/22	P&K compared to Scotland to date	P&K compared to Peer to date
NI-11	Premature Mortality Rate per 100,000	Rolling 12 month rate	355	470	487	na	na	na	na	na	na	na	na	na
NI-12	Rate of emergency admissions per 100,000 population for adults (18+ all specialities)	Rolling 12 month rate	11,279	11,414	9,596	11,925	10,945	9,178	Sep-22	5.73%	-4.11%	-4.35%	8.22%	23.04%
NI-13	Rate of emergency bed day per 100,000 population for adults (18+)	Rolling 12 month rate	111,183	112,908	94,282	113,546	112,248	93,946	Aug-22	2.13%	-0.58%	-0.36%	1.14%	17.26%
NI-14	Readmissions to hospital within 28 days of discharge per 1,000 discharges (18+)	Rolling 12 month rate	119	101	102	121	97	99	Aug-22	2.25%	-3.51%	-2.91%	19.76%	18.68%
NI-15	Proportion of last 6 months of life spent at home or in a community setting	Rolling 12 month rate	90.67%	89.76%	90.53%	89.59%	89.33%	90.01%	Sep-22	-1.07%	-0.43%	-0.57%	0.29%	-0.47%
NI-16	Falls resulting in admission rate per 1,000 population (65+)	Rolling 12 month rate	22.83	22.74	19.71	25.14	22.21	19.64	Sep-22	10.13%	-2.33%	-0.36%	11.65%	21.90%
NI-17	Proportion of Care Services rated good or better in Care Inspectorate inspections	Rolling 12 month rate	76.54%	75.80%	na	na	na	na	na	na	na	na	na	na
NI-18	Percentage of 18+ with intensive social care needs receiving Care at Home	Rolling 12 month rate	62.57%	64.92%	na	na	na	na	na	na	na	na	na	na
NI-19	Number of days people aged 75+ spend in hospital when they are ready to be discharged per 1,000 population	Rolling 12 month rate	609	761	628	884	900	816	Oct-22	45.04%	18.25%	29.98%	-1.86%	7.66%
NI-20	Percentage of health and care resource spent on hospital stays where the patient was admitted as an emergency	Rolling 12 month rate	27.04%	24.38%	na	na	na	na	na	na	na	na	na	na
MSG 3	A&E attendances per 100,000 population	Rolling 12 month rate	14,674	21,361	15,882	15,719	21,348	16,314	Sep-22	7.12%	-0.06%	2.72%	-35.81%	-3.78%

*Please note that all indicators are based on a 12 month rolling rate*

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.

Analysis of provisional data indicates we are within 3%, meeting or exceeding our target.	Analysis of provisional data indicates we are between 3% and 6% away from meeting our target.	Analysis of provisional data indicates we are more than 6% away from meeting our target.

National Indicator – Breakdown Charts

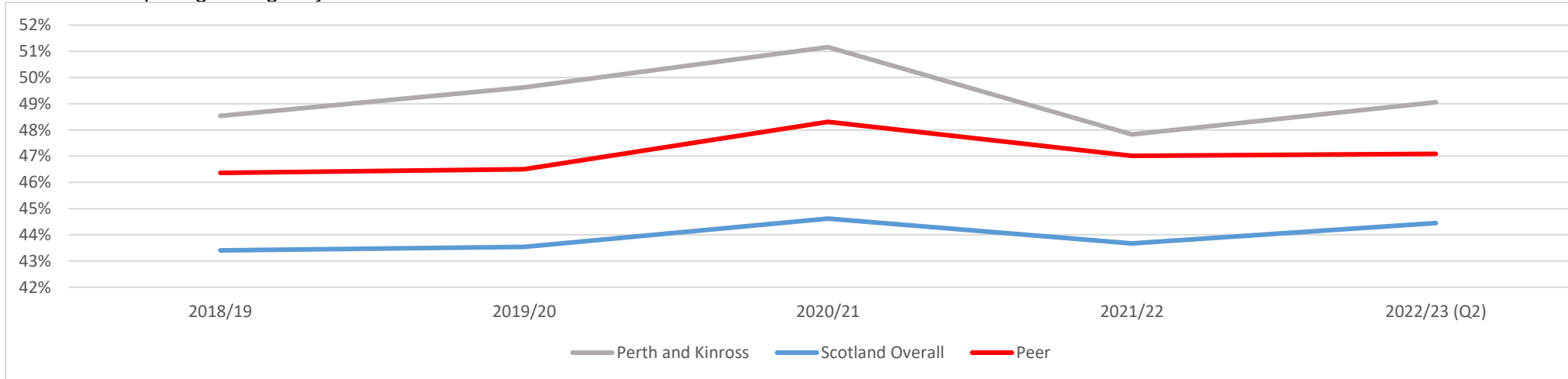NI-12 Emergency admissions per 100,000 population

Chart 1. Emergency admissions age breakdown
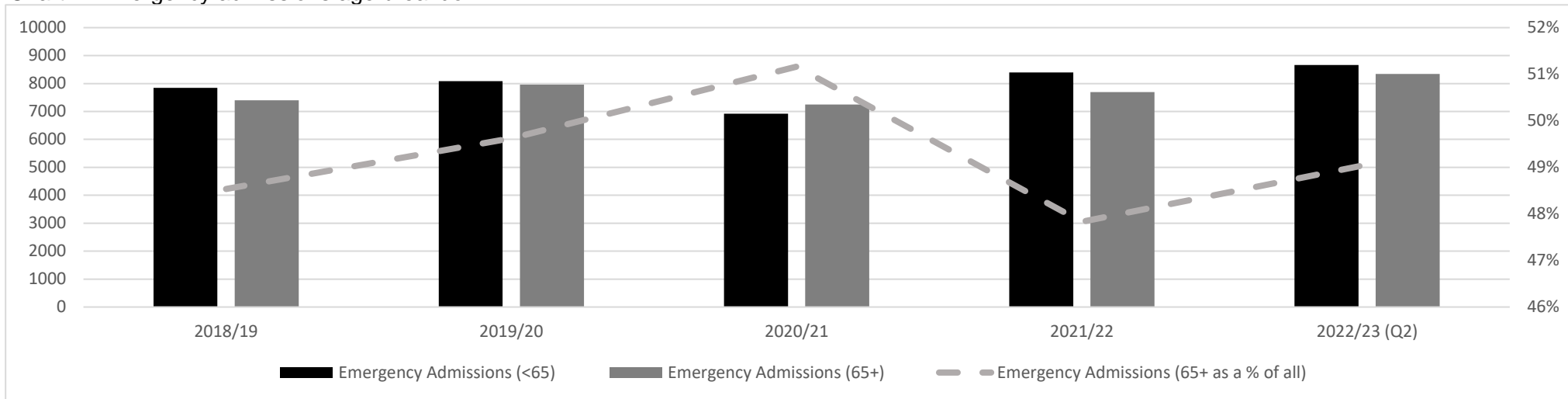
Left Axis = # of emergency admissions. Right Axis = % of admission for 65+
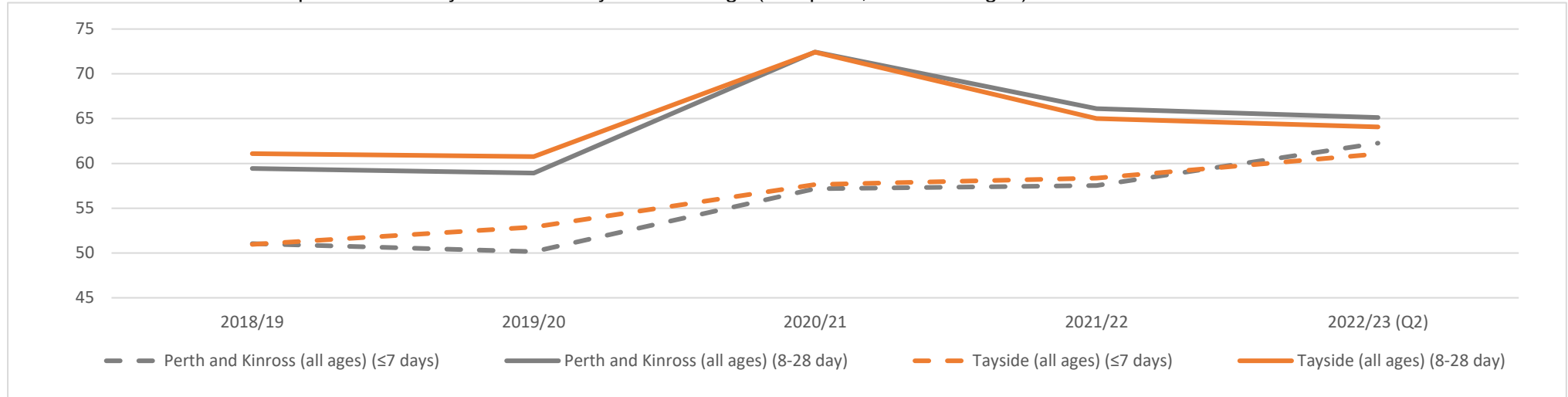*Note: 12 month rolling average.*

Chart 2. Comparing emergency admissions 65+ as a % of total admissions.
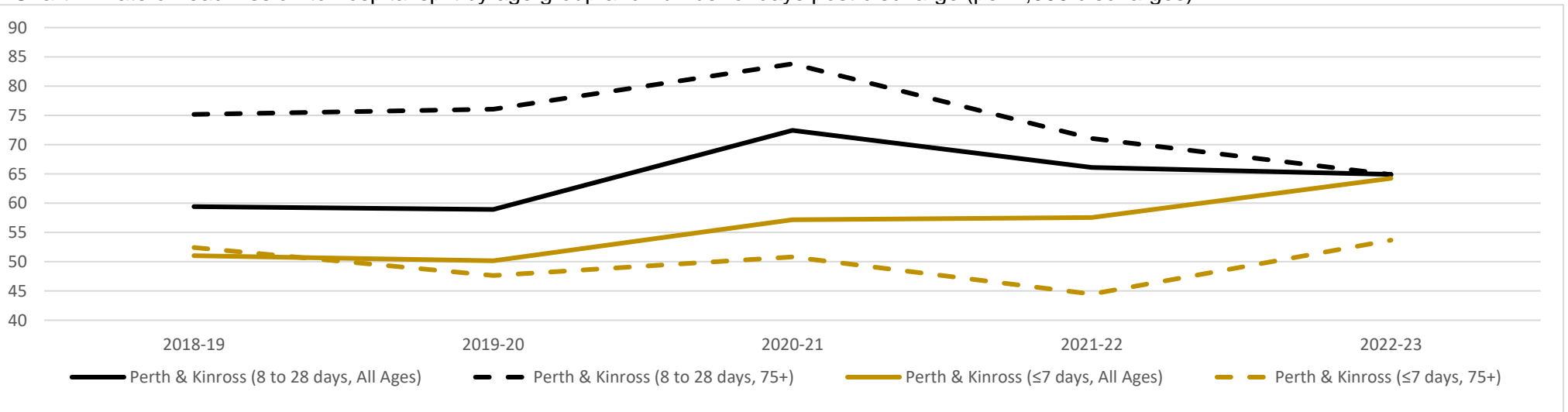

Note: 12 month rolling average.

NI-14 readmissions to hospital within 28 days of discharge

Chart 3. Readmissions to hospital within 7days and 8-28 days of discharge (rate per 1,000 discharges).

Legend:
- Perth and Kinross (all ages) (≤7 days)
- Perth and Kinross (all ages) (8-28 day)
- Tayside (all ages) (≤7 days)
- Tayside (all ages) (8-28 day)

Note: 12 month rolling average

Chart 4. Rate of readmission to hospital split by age group and number of days post discharge (per 1,000 discharges)

Legend:
- Perth & Kinross (8 to 28 days, All Ages)
- Perth & Kinross (8 to 28 days, 75+)
- Perth & Kinross (≤7 days, All Ages)
- Perth & Kinross (≤7 days, 75+)

Note: All figures are a 12 month rolling average

MSG-3 A&E attendances (12 month rolling)

Chart 5. A&E attendances per 100,000 populations 65+ only.
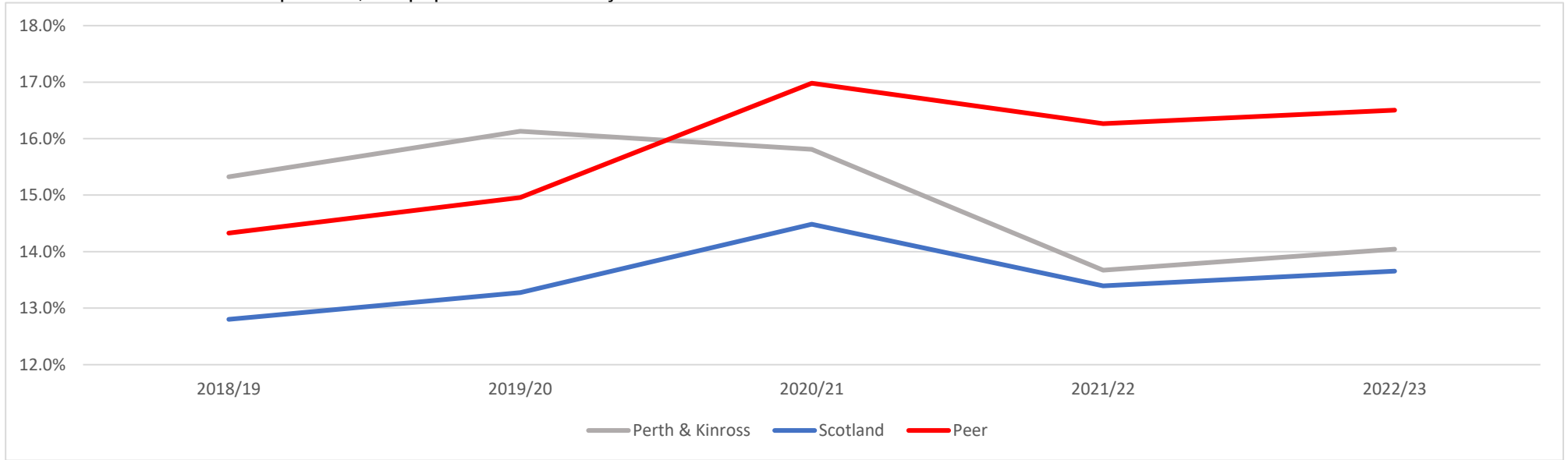
Note: All figures are a 12 month rolling average

Perth and Kinross Health and Social Care Partnership
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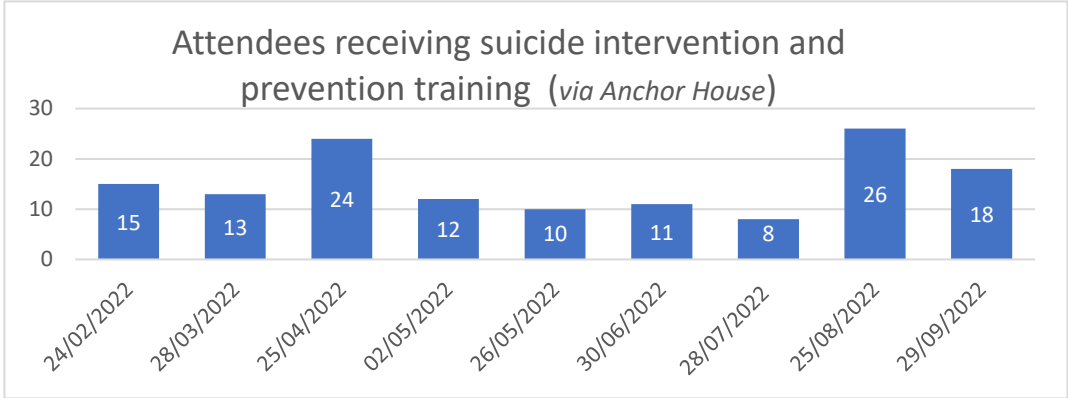| Outcome RAG Summary	GREEN	AMBER	RED	N/A
Outcome 1: "People receive the right support at the right time" & "Reduced stigma and inequalities in relation to people with mental health and substance use issues."	0	1	3	2
Outcome 2: "Improved access to a range of mental health & wellbeing supports and services by fully embedding the principle of Person- Centred Care and support" & "People can make informed choices about their health and social care support."	2	0	2	1
Outcome 3: "Support pathways will be clear and robust, with a system of joined-up communication that: i) supports staff working across community and statutory mental health & wellbeing services" & "Support pathways will be clear and robust, with a system of joined-up communication that ensures that service users, their families and carers receive the best possible support."	3	0	1	2
Outcome 4: "Through collaboration and co-production, we will deliver more effective services and enhance the mental health and wellbeing across our communities" & "Health & Social Care workforce feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide"	1	0	2	0
Outcome 5: Ensure that statutory services delivering help and support to our communities have adequate resources including staffing and training needs.	0	0	0	3
TOTAL	6	1	8	8

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

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PMF KPI Report

Outcomes		Key Performance Indicators	Data	Target	RAG
1	1) People receive the right support at the right time.	1.1.1 Percentage increase in people who feel the service supported them to look after their own health	**Percentage of people who feel their service supported them to look after their own health** HACE NI01 2021: 94% (Yes) SUPER (2021/22 Q4): 95% (Yes) SUPER 2022/23 Q1-2: 76% (Yes) Legend: Yes, No, Blank, Target *Source: National Indicator – Health and Care Experience Survey, P&K HSCP Service User and Patient Experience Survey. For more details see Appendix 2.*	80%	**AMBER**
		1.1.2 Percentage increase in people who feel the service supported them to manage their condition so that it does not get worse	**Percentage of people who agree a service has supported them to manage their condition as best as possible so that it doesn't get worse** HACE NI02 2021: 80% (Yes) SUPER (2021/22 Q4): 100% (Yes) SUPER 2022/23 Q1-2: 68% (Yes) Legend: Yes, No, Blank, Target *Source: National Indicator – Health and Care Experience Survey, P&K HSCP Service User and Patient Experience Survey. For more details see Appendix 2.*	80%	**RED**

Outcomes	Key Performance Indicators		Data	Target	RAG
	1.1.3	Percentage increase in people who feel they had a say in how their health or social care support was provided	**Percentage of people who agree they had a say in how their health or social care support was provided** HACE NI03 2021: 74% SUPER 2021/22 Q4: 78% SUPER 2022/23 Q1-2: 70% Legend: Yes (green), No (red), Blank (grey), Target (yellow dashed) *Source: National Indicator – Health and Care Experience Survey, P&K HSCP Service User and Patient Experience Survey. For more details see Appendix 2.*	80%	**RED**
	1.1.4	Number of completed suicides (annual)	Between 2020 and 2021 the number of completed suicides has declined. Due to data sensitivity and low numbers, this data cannot be published. Source: Tayside Multiagency Suicide Review Group	N/A	N/A

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Outcomes		Key Performance Indicators		Data	Target	RAG
			Number of people attending and completing suicide prevention training (Supporting KPI)	Attendees receiving suicide intervention and prevention training *(via Anchor House)*		
		1.1.5	Percentage of patients who are followed up within a 3-day period of discharge	*Data not yet available.*		

Outcomes	Key Performance Indicators	Data	Target	RAG
1	2) Reduced stigma and inequalities in relation to people with mental health and substance use issues.	1.2.1	Percentage increase in people who feel that the health or social care support received has helped them to live as independently as possible and maintain their quality of life	Percentage of people who agree the health or social care support they received helped them to live as independently as possible and maintain their quality of life (*average*) HACE NI02&07 2021: 78% SUPER 2021/22 Q4: 95% SUPER 2022/23 Q1-2: 70% Yes / No / Blank / Target *Source: National Indicator – Health and Care Experience Survey, P&K HSCP Service User and Patient Experience Survey. For more details see Appendix 2.*	80%	RED

Outcome 1 - Comments:

Performance against the suite of KPIs supporting Outcome 1 is below target, with 3 KPIs ragged at Red and 1 at Amber. To improve performance and seek to deliver on CMHWB outcomes we have invested in community mental health and wellbeing services, examples of this are as follows: Expanded the provision of localised crisis support, with the Neuk crisis hub at the centre of this enhancement to the coordination and provision of crisis support and interventions. Developed a Perinatal Mental Health Care resource within Perth and Kinross to deliver support to new and expectant mothers throughout Perth and Kinross. Increased the number of Mental Health Officers (MHO) to better support people who are placed under statutory Mental Health legislation.
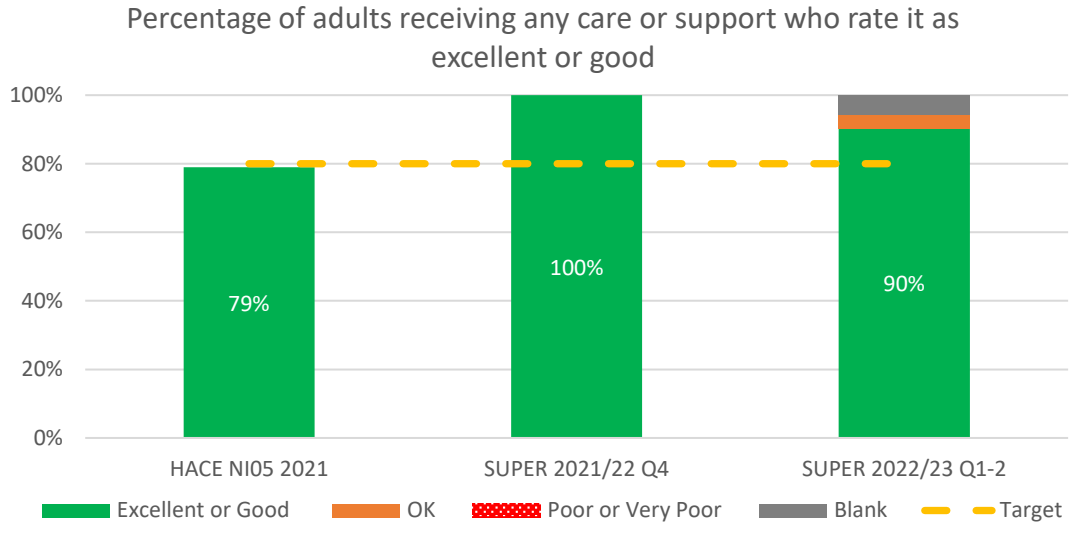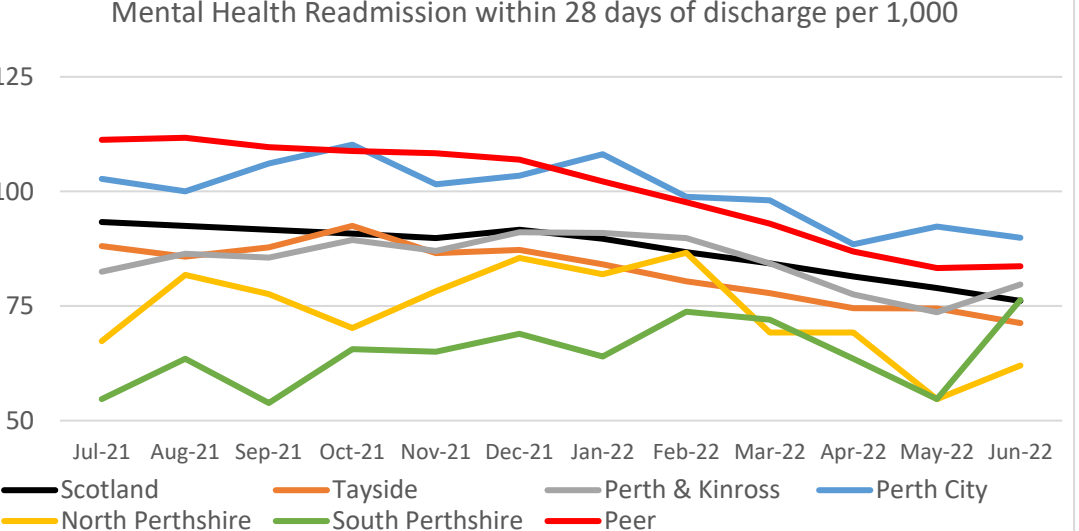
While recognising the sensitive nature of considering performance in relation to suicide it is notable that the total number of suicides declined by 3 from the preceding reporting year (2020). Moving forward, the newly recruited Suicide Prevention Coordinator will drive the development of a more complete programme of intervention and prevention to help decrease the risk of suicide across Perth and Kinross. We are also in the process of developing a collaborative training package with the School of Health Sciences at Dundee University, focusing on suicide awareness and prevention.
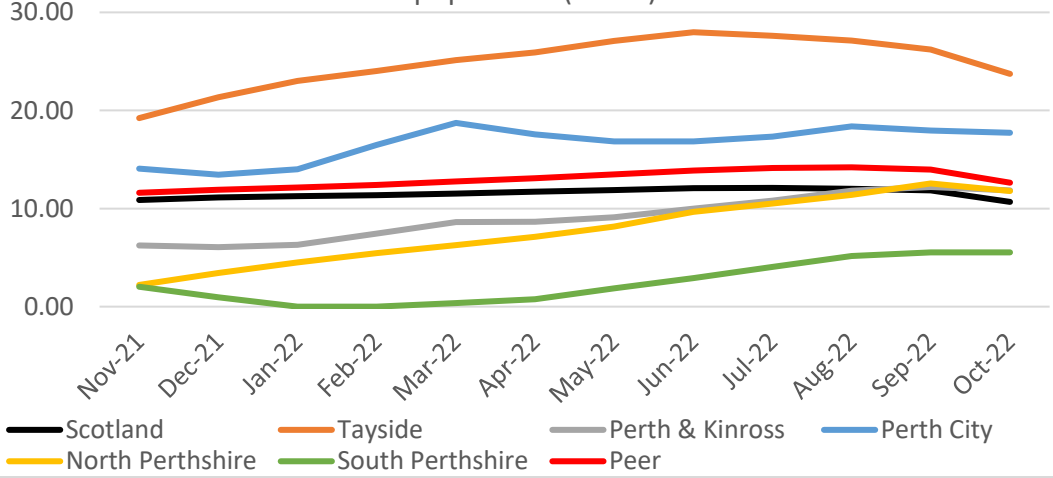
Outcomes		Key Performance Indicators	Data	Target	RAG
2	1) Improved access to a range of mental health & wellbeing supports and services by fully embedding the principle of Person-Centred Care and support	2.1.1 Reduction in the number of people on waiting lists	Note: Perth and Kinross Overall is measured along the right axis. Source: TrakCare via Business Unit.	Target set to reduce waits from previous reporting year	**GREEN** (RAG based on year to date movement)
		2.1.2 Reduction in wait times for those on waiting lists	Source: Trackcare via Business Unit	Baseline to be established (*end of year*) (current rag based on 2021/22 year end snapshot)	**GREEN** (RAG based on year to date movement)

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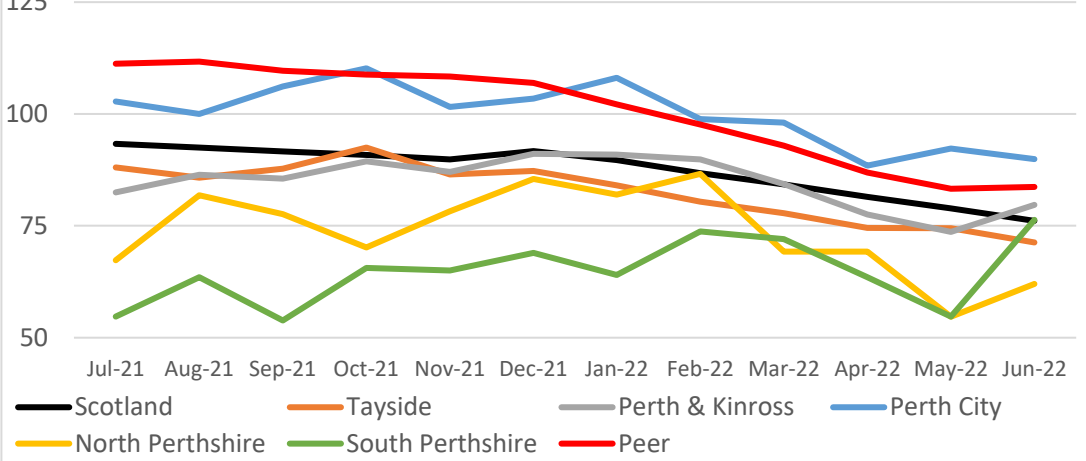
Outcomes	Key Performance Indicators	Data	Target	RAG
	2.1.3	Number of people with a community treatment order (CTO) subject to formal powers under the Mental Health Act	HSCP3: Number of people with a community treatment order (CTO) subject to formal powers under the Mental Health Act *Source: ASWSC Key Monitoring*	N/A Target not appropriate	N/A
2	2) People can make informed choices about their health and social care support.	2.2.1 Percentage increase in people who feel they had a say in how their health or social care support was provided	Percentage of people who agree they had a say in how their health or social care support was provided HACE NI03 2021: 74% SUPER 2021/22 Q4: 78% SUPER 2022/23 Q1-2: 70% Yes / No / Blank / Target *Source: National Indicator – Health and Care Experience Survey, P&K HSCP Service User and Patient Experience Survey. For more details see Appendix 2.*	80%	**RED**

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Outcomes	Key Performance Indicators	Data	Target	RAG
	2.2.2	Percentage increase in people who feel that their health and social care support was easily accessible and well communicated	Percentage increase in people who feel that their health and social care support was easily accessible and well communicated

SUPER 2021/22 Q4: 93% Yes
SUPER 2022/23 Q1-2: 81% Yes
Legend: Yes, No, Blank, Target

Source: National Indicator – Health and Care Experience Survey, P&K HSCP Service User and Patient Experience Survey. For more details see Appendix 2. | 80% | **GREEN** |

Outcome 2 - Comments:
Performance against Outcome 2 is mixed, with 2 KPIs ragged Green and 2 at Red. Of note is that while the number of people on waiting lists has declined, average wait times have trended slightly up. As part of the programme of transformation we are taking steps to be more flexible in our support. We are increasing the availability of digital technology to service users, particularly in rural areas to help reduce delays resulting from travel times and disruptions. We have also deployed our newly developed Advanced Nurse Practitioners (ANPs) to work within our locality-based Community Mental Health Teams. This has already reduced the number of people waiting for ADHD assessments, while still providing expert advice and treatment relating to complex mental health issues. Efforts have also been made to improve service and support accessibility, with a complete service directory, including our statutory and 3rd sector organisations, having been developed and made available online.

Outcomes	Key Performance Indicators	Data	Target	RAG
3	1) Support pathways will be clear and robust, with a system of joined-up communication that: i) supports staff	3.1.1	Percentage increase in staff who provide positive feedback regarding staff working across community and statutory mental health & wellbeing	*Data not yet available.*		

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Outcomes	Key Performance Indicators	Data	Target	RAG
working across community and statutory mental health & wellbeing services	services (Staff Survey)			
2) Support pathways will be clear and robust, with a system of joined-up communication that ensures that service users, their families and carers receive the best possible support.	3.2.1 Percentage increase in people who feel that their health or social care support was easily accessible and well communicated	Percentage increase in people who feel that their health and social care support was easily accessible and well communicated _Source: National Indicator – Health and Care Experience Survey, P&K HSCP Service User and Patient Experience Survey. For more details see Appendix 2._	80%	**GREEN**

Outcomes	Key Performance Indicators	Data	Target	RAG
	3.2.2	**Percentage increase in the overall rating of the health or social care support people received**	Percentage of adults receiving any care or support who rate it as excellent or good *Source: National Indicator – Health and Care Experience Survey, P&K HSCP Service User and Patient Experience Survey. For more details see Appendix 2.*	80%	GREEN
	3.2.3	**Readmissions to a mental health hospital within 28 days of discharge (rate per 1,000 discharges)**	Mental Health Readmission within 28 days of discharge per 1,000	20 people	RED

Outcomes	Key Performance Indicators	Data					Target	RAG

Rolling 12 month rate:	Perth & Kinross	Scotland	Tayside	Peer
2021/22	28	22	27	23
Jun-22	28	20	25	20

Source: MH Indicator –Public Health Scotland Monthly Performance Update (LIST Team)

RAG: **RED**

3.2.4 Number of days people aged 18-64 spend in a mental health hospital when they are ready to be discharged (per 1,000 population)

MH-19 Mental Health Delayed Discharge bed days per 100,000 population (18-64)

Legend: Scotland, Tayside, Perth & Kinross, Perth City, North Perthshire, South Perthshire, Peer

Rolling 12 month rate:	Perth & Kinross	Scotland	Tayside	Peer
2021/22	9	12	25	13
Jun-22	12	11	24	13

Source: MH Indicator –Public Health Scotland Monthly Performance Update (LIST Team)

Target: 13

RAG: **GREEN**

Outcome 3 - Comments:
While there is currently no update for Outcome 3.1, a staff Pulse survey will be used to inform this KPI, with the first circulation planned for February 2023.
Performance across Outcome 3.2. is mixed, with 2 KPIs Green and 2 Red. To improve this performance and ensure we meet the requirements as set out by the Scottish Government's MAT standards, we are transforming how community mental health and wellbeing services are delivered and accessed throughout Perth and Kinross.
As part of this transformation, we are developing a pathway of care for those with mental health and substance use issues, which will work to ensure that individuals receive appropriate treatment irrespective of their presentation. Community Mental Health Nurses have also commenced enhanced physical health monitoring, working to identify early symptoms of physical ill health, and offering proactive support and advice on how to prevent further deterioration.
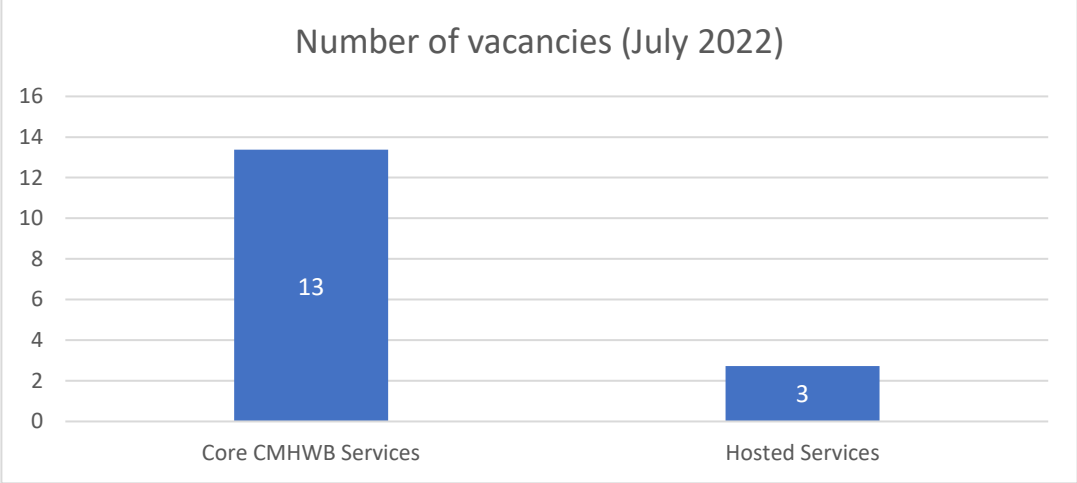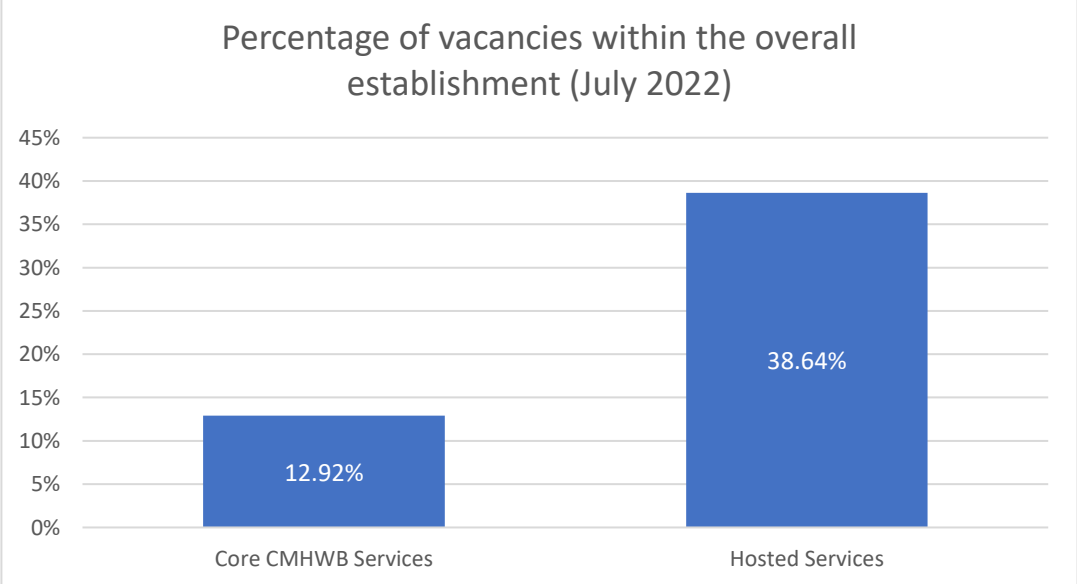
Outcomes	Key Performance Indicators	Data	Target	RAG
4	1) Through collaboration and co-production, we will deliver more effective services and enhance the mental health and wellbeing across our communities	4.1.1 Emergency readmissions to a mental health hospital within 28 days of discharge (rate per 1,000 discharges)	MH-14 Mental Health Emergency Readmission rate (28 days) per 1,000 discharges	20 people	**RED**

Rolling 12 month rate:	Perth & Kinross	Scotland	Tayside	Peer
2021/22	28	22	27	23
Jun-22	28	20	25	20

Source: MH Indicator –Public Health Scotland Monthly Performance Update (LIST Team)

Outcomes	Key Performance Indicators	Data	Target	RAG
	4.1.2 Number of days people aged 18-64 spend in a mental health hospital when they are ready to be discharged (per 1,000 population)	MH-19 Mental Health Delayed Discharge bed days per 100,000 population (18-64) **Rolling 12 month rate / Perth & Kinross / Scotland / Tayside / Peer** 2021/22: 9, 12, 25, 13 Jun-22: 12, 11, 24, 13 *Source: MH Indicator –Public Health Scotland Monthly Performance Update (LIST Team)*	13	**GREEN**

	Outcomes	Key Performance Indicators	Data	Target	RAG
4	2) Lived experience will be at the heart of service design, and the voices and views of people and their carers will influence decisions about how care and support is received.	4.2.1 Percentage increase in people who feel they had a say in how their health or social care support was provided.	**Percentage of people who agree they had a say in how their health or social care support was provided** HACE NI03 2021: 74% (Yes) SUPER 2021/22 Q4: 78% (Yes) SUPER 2022/23 Q1-2: 70% (Yes) Target line at 80% Legend: Yes (green), No (red), Blank (grey), Target (dashed yellow) *Source: SUPE Survey – P&K HSCP Business Improvement Team*	80%	**RED**

Outcome 4 - Comments:
Our performance against Outcome 4 is mixed with all 2 KPIs RED and 1 GREEN. The recent service redesign, to a one structure model, will look to address performance in this area ensuring consistency across all services and better enable for resources to be pooled, while making the service more responsive and flexible throughout. With the high level of transformation currently being undertaken, we have taken steps to ensure our 3rd sector partners are present and represented in our strategic decision-making. Approximately half of those attending our Mental Health and Wellbeing Strategy group represent 3rd sector organisations, ensuring we have the expertise and insight needed to help drive effective and balanced improvements.

	Outcomes	Key Performance Indicators	Data	Target	RAG
5	Ensure that statutory services delivering help and support to our communities have adequate resources including staffing and training needs.	5.1.1 Number of vacancies overall	**Number of vacancies (July 2022)** Core CMHWB Services: 13 Hosted Services: 3 *Source HSCP financial team. Updated biannually.* **For a complete breakdown of the CMHWB teams captured in this PIs see Appendix.*	Benchmark to be established.	N/A
		5.1.2 Percentage of vacancies within the overall establishment	**Percentage of vacancies within the overall establishment (July 2022)** Core CMHWB Services: 12.92% Hosted Services: 38.64% *Source HSCP financial team.*		

Outcomes	Key Performance Indicators		Data	Target	RAG
	5.1.3	Percentage increase in staff who provide positive feedback regarding staff working across community and statutory mental health & wellbeing services (Annual Staff Survey)	*Data not yet available.*		

Outcome 5 - Comments:
The Scottish Government has indicated significant 2022/23 budget challenges and this may impact on our ability to recruit to vacant posts. A further funding update anticipated at the end of November 2022. Irrespective of this, the redesign of service management and delivery is progressing. We are currently participating in a Tayside wide series of workshops and planning sessions around a redesign of our Community Mental Health Teams and intend to also develop our Primary Care Mental Health Service as we move forward.

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Appendix 1 – Data Sources

KPI	DATA SOURCE
% of people who agree a service has supported them to look after their own health well	SUPER Survey – P&K HSCP Business Improvement Team
% of people who agree a service has supported them to manage their condition as best as possible so that it doesn't get worse	SUPER Survey – P&K HSCP Business Improvement Team
% of people who agree they had a say in how their health or social care support was provided	SUPER Survey – P&K HSCP Business Improvement Team Public Health
Number of completed suicides	Mental Health Key Indicator Report. Tayside Suicide Review Group
Number of people attending and completing suicide prevention training (supporting KPI)	Anchor House
% of people who agree the health or social care support they received helped them to live as independently as possible and maintain their quality of life	SUPE Survey – P&K HSCP Business Improvement Team
CMHWB Services: Number of People on Waiting List (Total)	TrakCare via Business Unit
People on Waiting List (Wait Time Comparison)	TrakCare via Business Unit
HSCP3: Number of people with a community treatment order (CTO) subject to formal powers under the Mental Health Act	ASWSC Key Monitoring
% of people who feel that their health and social care support was easily accessible and well communicated	SUPER Survey – P&K HSCP Business Improvement Team
% of adults receiving any care or support who rate it as excellent or good	SUPER Survey – P&K HSCP Business Improvement Team
MH-14 Mental Health Emergency Readmission rate (28 days) per 1,000 discharges	MH Indicator –Public Health Scotland Monthly Performance Update (LIST Team)
MH-19 Mental Health Delayed Discharge bed days per 100,000 population (65+)	MH Indicator –Public Health Scotland Monthly Performance Update (LIST Team)
Number of vacancies at same point in time each month	HSCP Finance Team
Percentage of vacancies within the overall establishment	HSCP Finance Team

Appendix 2 –Details regarding SUPER survey.

To ensure that the HSCP is able to review frequent local service user and patient experience feedback and satisfaction data, we have introduced a new HSCP Service User and Patient Feedback Reporting (SUPER) survey. This survey collects service user feedback at, or slightly after the point of use, enabling the capture of stories and satisfaction data from those using health and social care services and support. The generated outputs have been mapped to the Health and Care Experience (HACE) survey. To generate a figure, returns are captured in rolling 12 months, with the number of people returning positive feedback (e.g. Yes, Good or Very Good) divided by the total number completing the survey, omitting "Unsure" responses. These figures are reported sequentially, by financial quarter or on a six monthly basis dependant on sample size. Within this report, they follow on from the latest equivalent HACE figure for 2021 (National Indicator 01-09). While still in its pilot stage, across 2021/22 and the first two quarters of 2022/23 the SUPE survey has been distributed directly to over 200 people in receipt of health and social care services across Perth and Kinross.

Appendix 3 – Community Mental Health & Wellbeing Teams and Programmes Captured in KPI 5.1.1-2

Core Services

Community Mental Health Team - Perth
Community Mental Health Team - North
Community Mental Health Team - South

MH Action 15
Wellbeing Support Team
Mental Health Team - Pullar
Forensic
Hosted Service
Prison Healthcare Mental Health Team

Perth and Kinross Health and Social Care Partnership

Autism and Learning Disability:
Performance Management Framework Key Performance Indicator
Report
December 2022

Outcome RAG Summary	GREEN	AMBER	RED	N/A or DNA
Outcome 1: " To support people to remain at home or in a homely setting."	2	1	1	
Outcome 2: " Services are more cost effective and financially sustainable."				1
Outcome 3: " Service users have access to support by appropriately trained workforce."	1			
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."	1		1	2
Outcome 5: "Ensure people are able to participate in their communities."	1			
Outcome 6: "Individuals will have greater opportunities to be involved and participate in decisions that affect their lives."	1			
Outcome 7: "Improve access to quality and meaningful employment opportunities."	2			
TOTAL	8	1	2	3

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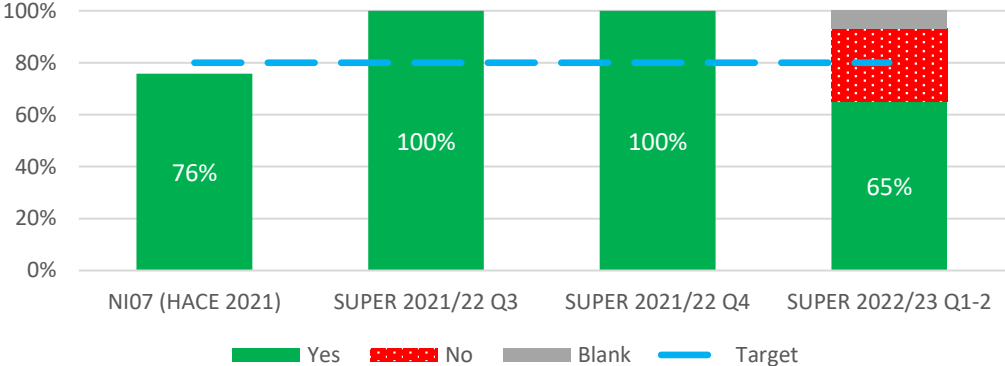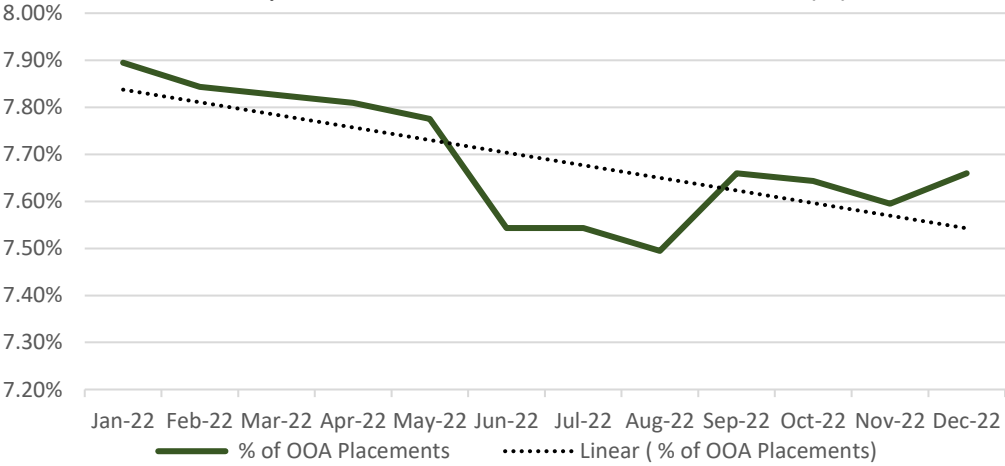
Within 3%, or are meeting or exceeding our target	Between 3% and 6% away from meeting our target	More than 6% away from meeting our target

	Outcomes	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.	Percentage of people supported at home who agree that they are able to maximise their health, independence and maintain their quality of life 85% (NI01& NI07 (HACE 2021)), 100% (SUPER 2021/22 Q3), 100% (SUPER 2021/22 Q4), 74% (SUPER 2022/23 Q1-2) Legend: Yes, No, Blank, Target	80%	AMBER
		1.2 Reduction in occupied bed days	LD&A Clients Occupied bed days 2021/22, 2022/23 Q1, 2022/23 Q2, 2022/23 Latest (as at Nov) Legend: LD&A Total, Carseview Centre, Murray Royal Hospital, Strathmartine Hospital *Left hand axis = OBDs by hospital setting (rolling 12 month average).* *Right hand axis = OBDs Total per quarter (rolling 12 month average).*	Trend Down	GREEN

Outcomes	Key Performance Indicators	Data	Target	RAG
	1.3 Reduction in Out of Area Placements.	**Monthly service users in Out of Area Placements (%)** *(Data for management purposes only. Data reliability questioned by Buisness Unit. Validation check ongoing to align monthly figures with annula LDSS report to SG)*	**Trend Down**	**GREEN**
	1.4 Reduction in Long Term Hospital Stays. (Days Delayed)	**LD&A: Number of Days Delayed in a hospital setting** *12 month rolling average*	**Trend Down**	**RED**

Outcomes		Key Performance Indicators		Data	Target	RAG
Outcome 1 Comments: Outcome 1 demonstrates our ambition to support people to remain at home or in a homely setting as much as is possible. Of the 4 KPIs used to measure progress, 2 are equal to or above our target. However, 2 are below target and we can see satisfaction with how services empower people to live independently has reduced by 26% since 2021/22 Q4 (this is from a relatively small sample size). We will continue to monitor progress in this respect to understand more about how people feel. In respect to reductions in occupied bed days we can see that there has been a slight, 1.03% improvement when compared to 2021/22. This improvement has been maintained across the last two quarters. In respect to out of area placements, our ambition is to see people supported to return to Perth and Kinross if that is their wish. In this financial year we have seen a marginal reduction in clients placed out with Perth and Kinross. In interpreting the number of days LD&A clients are delayed in a hospital setting, it is important to note that a drop in DDs can be the result of declining wellness and suitability for discharge. While our new SCOPE team has helped to stabilise delays, with a decrease reported over the period, it is acknowledged that COVID-19 impacted our ability to deliver appropriate accommodation within the timescales originally planned. A body of work is being taken forward to ensure our current cohort of delayed clients (6 in total)are discharged in a safe, sustainable and appropriate manner.					
2	Services are more cost effective and financially sustainable	2.1	Overall reduction in the average cost of care per patient package.	*DNA - HSCP Finance Team to develop reporting mechanism*		
Outcome 2 Comments: We are not currently in a position to offer an update on the average cost of care per patient package, work is continuing to secure this data for future reporting.					

	Outcomes	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.	HSCP Health Staff | Learning Modules	Oct 2021	Dec 2021	Feb 2022	Apr 2022	Jun 2022	Aug 2022	Oct 2022
---	---	---	---	---	---	---	---
Safe information handling	89%	90%	90%	91%	92%	92%	91%
Manual Handling	89%	90%	88%	90%	92%	93%	95%
ASP Essential	90%	90%	89%	89%	89%	90%	92%
Child Protection Level 1 Recognition	92%	92%	92%	89%	91%	91%	93%
Equality, Diversity, Human Rights	85%	88%	90%	93%	91%	91%	92%
Fire Safety	94%	94%	95%	94%	90%	89%	90%
Violence and Aggression 2020	84%	86%	87%	85%	84%	86%	85%	 *Care Group specific data not currently available, as distinction is not made by NHST training systems.* Social Care Staff *DNA – Upadet o be input here when source is established.*	**90%**	**GREEN**

Outcome 3 Comments:

Outcome 3 demonstrates our understanding that an appropriately trained workforce is essential to ensuring people have access to the care and support they deserve. While performance is above the KPI target of 90%, it should be noted that we cannot currently provide an update on staff specific to Autism and Learning Disability service(s). While further work will be needed to secure this, our commitment to staff training has recently been highlighted by the production of our SCOPE Team Learning Framework. Through this approach, a robust suite of courses and training modules have been made available to employees to enhance their knowledge base, support continuous professional development and allow them to better support the people they serve.

	Outcomes		KPI	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	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.	*DNA – Further engagement with service needed, as survey needs to capture feedback from those in accommodation on a routine basis.*	**80%**	

Outcomes	Key Performance Indicators	Data	Target	RAG
live as independently as possible.	4.2 % of people who agree that their Health and Social Care support helped to maintain their quality of life.	**Percentage of people who feel the support helped to live as independently as possible and maintain their quality of life** NI07 (HACE 2021): 76% (Yes) SUPER 2021/22 Q3: 100% (Yes) SUPER 2021/22 Q4: 100% (Yes) SUPER 2022/23 Q1-2: 65% (Yes) Legend: Yes, No, Blank, Target	**80%**	**RED**
	4.3.1 i. Reduction in Out of Area Placements for service users;	**Monthly service users in Out of Area Placements (%)** Jan-22 through Dec-22 showing % of OOA Placements declining from ~7.90% toward ~7.50% with a slight rise to ~7.66% by Dec-22, with Linear (% of OOA Placements) trendline. *(Data for management purposes only. Data reliability questioned by Buisness Unit. Validation check ongoing to align monthly figures with annula LDSS report to SG)*	**Trend Down**	**Green**

	Outcomes		Key Performance Indicators	Data	Target	RAG
		4.3.2	ii. Reduced timescales for service users successfully transferred into suitable, independent accommodation.	*DNA*		

Outcome 4 Comments:

Outcome 4 highlights our commitment to ensure people have access to the appropriate accommodation to enable them to live well and as independently as possible within their own communities. Performance in this area is mixed, with 1 KPI on target and 1 below. There are 2 for which data is not currently available.

While the sample size remains small, the "percentage of people agreeing the support they received helped them to maintain their quality of life" has reduced by 35% since 2021/22 Q4. To improve this, we will continue to monitor progress and review the feedback we receive to understand more about how people feel.

In respect to reducing out of area placement, there has been a marginal reduction of 0.17% when compared to 2021/22. While we are not currently able to provide an update on "the timescales for service users to be successfully transferred into suitable accommodation", we recognise the importance of this KPI in ensuring people are accommodated within an appropriate community setting as quickly as possible. This remains a key area of importance to us, and work is being undertaken to produce a systematic mechanism for reporting updates against this KPI.

	Outcomes		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" & "Fun Network" Services		**Trend Up**	**GREEN**

Number of people accessing Day Opportunities and Fun Network

2021: Day Opportunities 105, Fun Network 105
2022: Day Opportunities 107, Fun Network 113

■ Day Opportunities: ■ Fun Network:

Outcomes	Key Performance Indicators	Data	Target	RAG

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 the Friends Unlimited Network (FUN) services increasing 4.8% to 220 as of December 2022.

Outcomes		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	Percentage of people who agree they had a say in how their health or social care support was provided NI03 (HACE 2021): 74% SUPER 2021/22 Q3: 100% SUPER 2021/22 Q4: 93% SUPER 2022/23 Q1-2: 90% (Legend: Yes / No / Blank / Target)	**80%**	**GREEN**

Outcome 6 Comments:
Outcome 6 supports our intention to ensure people have the opportunities to be involved and participate in decisions that affect their lives. While the sample size remains small, satisfaction feedback delivered through our SUPER survey shows that performance in this area is strong, with 90% of respondents agreeing they had a say in how their health and social care support is provided. We are also in the process of rolling out Care Opinion to better engage with service users. Our Learning Disability Occupational Therapy service has been trialling this as of early December 2022, with a further rollout planed for February 2023.

	Outcomes	Key Performance Indicators		Data	Target	RAG
7	Improve access to quality and meaningful employment opportunities.	7.1	% increase of clients / service users in employment	Employment Support Team: LD&ASD Clients 2021/22: 73.68% 2022/23: 74.55% (% In Work, % Volunteering)	**75%**	**GREEN**
		7.2	Increase in clients / service users involved in Further Education	LD&A Clients in Education 2020-21: 23 2021-22: 31	**Trend Up**	**GREEN**

Outcomes	Key Performance Indicators	Data	Target	RAG

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 0.9% in the last year, and the number of people in further education has risen 34.8% across the same period.

To ensure that people with learning disabilities and autism have access to education, we support Perth College Social and Vocational Studies (SVS) Department to offer educational, social and vocational opportunities to young people who have additional support needs due to a specific learning disability, general developmental delay and/or social and emotional disorders. In the current academic cycle, there are 21 full time students (up from 16 last year) and 19 part time students (up from 12) receiving Social Work support, although this is not limited to LD&A clients.

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Appendix 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 – SUPER Survey Q1A "Has your health or social care support supported you to look after your own health well?" and Q1C "Has your health or social care support supported you to live as independently as possible and maintain your quality of life?". As at October 2022, 49 LD&A clients have responded to this question. Further details are available in the Appendix 1.
KPI 1.2 "Reduction in occupied bed days (Long stay)."	Data source - Clickview. Data is a 12 month rolling average of LA&A occupied bed days. Comparisons are against last quarter.
KPI 1.3 "Reduction in Long Term Hospital Stay."	Data source - Clickview. Data is a rolling 12 month rolling average of days people are delayed in hospital. Comparisons against las quarter.
KPI 1.3 "Reduction in Out of Area Placements."	Data source - Learning Disability Statistics Scotland (LDSS) Return (2021/22). 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 2.1 "Overall reduction in the average cost of care per patient package."	DNA – Further work required with Finance Team to develop a systematic return.
KPI 3.1 "% of staff who have completed mandatory training."	P&K Health Mandatory Training Compliance Summary Return. Social Care staff measure in development.
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."	DNA – Further work required to reach and engage specific client group.
KPI 4.2 "% of people who agree that their Health and Social Care support helped to maintain their quality of life."	Data Source – SUPER Survey Q1C "Has your health or social care support supported you to live as independently as possible and maintain your quality of life?". As at October 2022, 43 LD&A clients have responded to this question. Further details are available in the Appendix 1.
KPI 4.3i. "Reduction in Out of Area Placements for service users"	Data Source – Out Of Area (OOA) Placements as reported in the Learning Disability Statistics Scotland (LDSS Return) (2021/22). 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 4.3ii. "Reduced timescales for service users successfully transferred into suitable, independent accommodation"	DNA – Further work required to develop systematic data 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 – SUPER Survey Q2 "Did you have a say in how your health or social care support was provided?". As at October 2022, 48 LD&A clients had responded to this question.
KPI 7.1 "% increase for clients / service users in employment"	Data Source – Employment Support Team internal service update. Figure does not include those supported in volunteering roles.
KPI 7.2 "Increase in clients / service users involved in Further Education"	Data Source – LDSS Return (2021/22). Measure of LD&A clients involved in Further Education.

Appendix 2 – Learning Disability and Autism Strategic Delivery Plan Linkages to 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, indepence 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

13 MARCH 2023

STRATEGIC RISK MANAGEMENT UPDATE

Report by Chief Officer
(Report No. G/23/21)

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; and
- To update on new or emerging risks and material changes to existing risks.

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1. RECOMMENDATIONS

The Audit and Performance Committee is asked to:

(i) Approve the IJB's Strategic Risk Register and Strategic Risk Improvement Plan; and

(ii) Note the current position of the IJB's strategic risk exposure scores as at section 3.

2. BACKGROUND

2.1 As a key part of its governance process, the Strategic Risk Register records the identified risks that may impact on the IJB's ability to deliver its Strategic Commissioning Plan. 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 risk.

2.2 The Strategic Risk Register is supported by a Strategic Risk Improvement Plan. This has been developed to improve either the range of controls in place or to improve the effectiveness of existing controls.

2.3 PKHSCP'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 an impact on the IJB's strategic aims and whether they need to be escalated to a strategic risk level.

3.   ASSESSMENT

3.1 The EMT's most recent review of strategic risks resulted in a number of amendments. These are detailed below:

- SR09 Leadership Team – A revision to the risk has now been included on the risk register. There are no gaps in the Health and Social Care Partnership's (HSCP) leadership team with all posts having been recruited to and in place. However, two posts (2FTE) are filled on an interim basis. There is a need to establish a new permanent and integrated senior management structure and ensure stability in the leadership team.
  The risk description for this revised risk is:
  "Without a new permanent and integrated senior management team there is a risk of instability in leadership within the HSCP "
- SR10 Corporate Support – this risk has been archived. Elements of this risk have been incorporated into the strategic risk SR02 Workforce.
  The risk description for strategic risk SR02 Workforce is now as below:
  "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."
- SR14 Partnership Premises – the likelihood of this risk event occurring has been increased to 4 meaning that the risk score is now 16, raising this to a Red strategic risk.

3.2 Table 1 below sets out current risk scores and provides the justification for the above changes which have been made since strategic risks were last reported to this Committee. A summary of the full strategic risk register is attached at Appendix 1.

Table 1

Table Ref.	Risk Reference	Impact	Probability	Previous Score	Justification	Impact	Probability	Current Score	Change
1	SR01 Financial Resources	5	5	25	At this stage in the financial year the risk for 2022/23 is minimal. Due to the level of uncertainty around pay, funding and inflation, the financial risk for 23/24 remains significant.	5	5	25	➔
2	SR02 Workforce	5	5	25	Governance arrangements are in place to support the monitoring and implementation of P&K HSCP's 3-year workforce plan. Elements from the, now archived, Corporate Support strategic risk have been more appropriately encompassed within this workforce risk. There is no change to the risk score which remains at the maximum exposure level.	5	5	25	➔
3	SR04 Sustainable Capacity and Flow	5	5	25	Operational mitigating measures are in place to support capacity and flow and manage winter pressures. In addition, a new service has been introduced focussing on 'frailty at the front door' working with the Home Assessment and Reablement Team enhancing Care at Home; additional contracted social care services and increased interim care placements have also been introduced. However, NHS Tayside has increased the bed base within Perth Royal Infirmary from December by 22 and this is increasing the number of people who have a care and support need who experience delay. Capacity and Flow is not yet in a sustainable position so there is no change to the risk score.	5	5	25	➔
4	SR05 Sustainable Digital Solutions	4	3	12	There is no change to this risk.	4	3	12	➔
5	SR06 Viability of External Providers	4	5	20	This risk is still unstable with significant challenges remaining in relation to recruitment and retention within our external providers. No change to the risk score.	4	5	20	➔
6	SR08	3	4	12	This risk and associated improvement actions is scheduled to be updated to address our legal	3	4	12	➔

Table Ref.	Risk Reference	Impact	Probability	Previous Score	Justification	Impact	Probability	Current Score	Change
	Widening Health Inequalities				obligations under the Equality Act (2010).				
7	SR09 Leadership Team Capacity	4	3	12	This risk has been updated due to the nature of the risk significantly changing as there is no gap in leadership capacity. However, there is a need to stabilise leadership through a new and permanent integrated management structure. The risk rating has not changed.	4	3	12	→
8	SR10 Corporate Support	4	3	12	This risk has been archived. Elements of this risk have now been incorporated into the strategic risk SR02 Workforce.	-	-	-	-
9	SR11 Primary Care	4	4	16	The 'Sustainability of Primary Care Services' Fife, Tayside and Forth Valley Internal Audit report, jointly commissioned by Angus IJB, P&K IJB and NHST, was considered in 'draft final' form by P&K's Audit and Performance Committee in November 2022. The final audit report has now been received and will be included on the Audit & Performance Committee agenda in March 2023. The key improvement action to mitigate this risk is the production of a Primary Care Strategic Delivery Plan 2023-26. This is on track to be considered by the IJB before the end of the financial year. There is no change to this risk meantime.	4	4	16	→
10	SR13 Inpatient Mental Health Services	4	3	12	Perth and Kinross Integration Joint Board has the lead coordinating role for strategic planning and commissioning for inpatient mental health and learning disability services. It is clear however that Dundee and Angus IJBs also hold a duty to plan and commission for this delegated function. Collaboration, across Tayside, with P&K IJB is required along with NHS Tayside to deliver on these obligations. There are further plans in 2023 to bring together NHST and the 3 IJBs in a	4	3	12	→

Table Ref.	Risk Reference	Impact	Probability	Previous Score	Justification	Impact	Probability	Current Score	Change
					workshop to determine how this will be operationalised. A workshop took place on 30 January 2023 with representation from all 3 IJBs. As Lead Partner the PKHSCP Chief Officer is working alongside executive directors and Chief Officers to streamline governance, prioritise workstreams, and deliver a detailed action plan to drive forward change and transformation. Actions are ongoing from a P&KHSCP hosted Tayside-wide workshop on the collective management of Mental Health risks. It is anticipated that this will inform a reframing of this strategic risk. No change to the risk score.				
11	SR14 Partnership Premises	4	3	12	HSCP premises needs have been submitted to statutory partners. This assists in setting out what is necessary to deliver effective HSCP services. Perth and Kinross Council continues to review its requirements for the medium/long term and the uncertainty of the outcome of this review means that the likelihood of this risk occurring has been increased to 4 meaning this risk is now a red priority 1 risk.	4	4	16	↑

➔ **No change in risk exposure**   ↑ **Increase in risk exposure**   ↓ **Decrease in risk exposure**

3.3   Escalation of Operational Risks

3.3.1   Operational risks are managed by NHS Tayside and Perth & Kinross Council as the employing bodies delivering 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.

3.3.2   This process is achieved through the EMT's 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. Reporting on operational Adult Social Work and Social Care services managed by PKHSCP to Perth and Kinross Council's Scrutiny Committee is expected to commence from 26th April 2023.

3.3.3   Since the last Audit and Performance Committee meeting held on 28th November 2022, one formal report from PKHSCP to NHS Tayside's Care Governance Committee (CCG) has been reviewed by EMT. That assurance report was considered by NHS Tayside on 1st December 2022 and identified 3 significant clinical and care management risks. These 3 significant risks remain unchanged since the last PKHSCP assurance report was considered by NHS Tayside's CCG in August 2022.

3.3.4   Having reviewed the contents of this latest Clinical and Care Governance assurance report no further consideration is required of strategic risk scores from the review of operational risk.

3.4   Table 2 below shows the Strategic Risk Exposure at the last Committee meeting and at today's meeting.

Table 2

Strategic Risk Exposure March 2023

	Priority 1	Priority 2	Priority 3	Priority 4
Nov 22	5	6	0	0
Mar 23	6	4	0	0

3.5   The full current strategic risk register is attached at Appendix 1.

4.   STRATEGIC RISK IMPROVEMENT ACTION PLAN

4.1   The Strategic Risk Improvement Plan sets out the actions being taken to improve the overall control environment and where possible reduce current levels of risk exposure. This is updated regularly by EMT and is attached at Appendix 2.

4.2   Since the Improvement Plan was last presented to the Audit and Performance Committee, the following significant changes have been made:

Table 3

Ref	Risk	Ref	Improvement Action Description	Narrative
1	SR04 Sustainable Capacity and Flow	4b	Produce and implement a revised preferred model of delivery for Care at Home services.	Target date overdue, RAGs changed to Red.
2	SR06 Viability of External Providers	6a		
3	SR14 Partnership Premises	14b	Ensure PKHSCP's premises risk and accommodation needs are appropriately communicated and considered by NHS Tayside and Perth and Kinross Council.	Actions marked as complete.
4	SR14 Partnership Premises	14c		

5. IJB RISK APPETITE DEVELOPMENT SESSION

5.1 A risk appetite setting development session is scheduled to be held with IJB Members on 15th March 2023.

5.2 In advance of this session, IJB Members will be requested to complete and return a template seeking views on what the risk appetite should be for identified categories of risk. Guidance on this will be provided.

5.3 During the development session the collated results of the returned templates will be presented for further discussion and possible amendment.

5.4 Following the development session, the Executive Management Team will prepare a risk appetite statement incorporating the views, of IJB Members, gained through the development session. The refreshed risk appetite statement will then be presented to the IJB for approval on 21st June 2023.

5.5 The proposed timeline for this work is shown below:
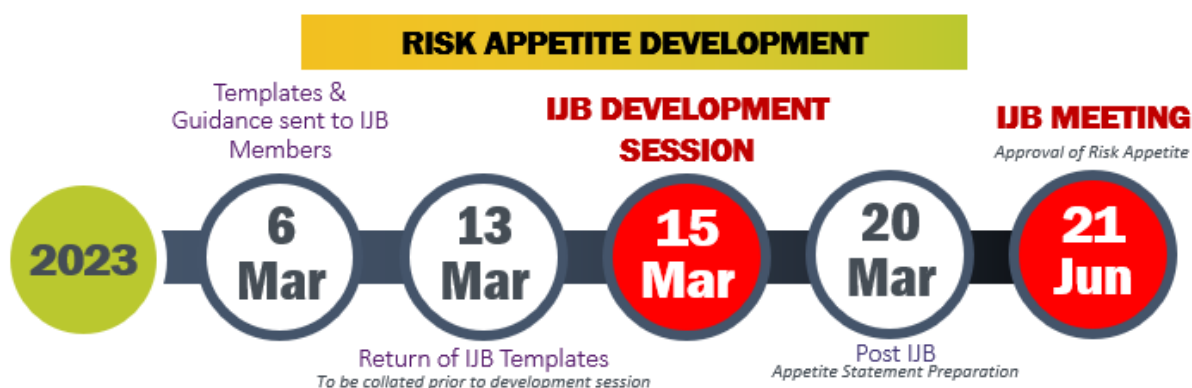
6. CONCLUSION

6.1 The position remains relatively static with the exception of the increase in risk exposure for the Partnership Premises strategic risk and the archiving of the Corporate Support strategic risk since last reported to the Audit and Performance Committee on 28th November 2022.

6.2 The Executive Management Team continues to work towards reducing the risk scores of the red and amber risks with the improvement plan being progressed and new actions identified when required.

6.3 Risk management continues to be a part of our efforts to deliver on our strategic objectives.

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Appendices

Appendix 1 – Perth & Kinross IJB Strategic Risk Register
Appendix 2 – Strategic Risk Improvement Action Plan

Perth & Kinross Health and Social Care Partnership Strategic Risk Register

Perth & Kinross Health and Social Care Partnership

No.	Risk Ref.	Risk	Risk Owner	Priority		Status
1	SR01	**FINANCIAL RESOURCES**: There are insufficient financial resources to deliver the objectives of the Strategic Plan.	Head of Finance and Corporate Services	1	Very High	←→
2	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 a reduction in the ability to deliver key corporate support functions.	Acting Head of Service ASWSC Operations	1	Very High	←→
3	SR04	**SUSTAINABLE CAPACITY AND FLOW:** As a result of the demographics of the people who use our services in Perth and Kinross and the impact of COVID-19 on our population there is a risk of 'capacity and flow' within our services being unsustainable.	Head of Health	1	Very High	←→
4	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.	Acting Head of Service ASWSC Operations	2	High	←→
5	SR06	**VIABILITY OF EXTERNAL PROVIDERS:** As a result of social care market conditions, availability of services, and COVID-19, there is a risk that external providers of care will not be able to meet people's assessed needs in the most appropriate way.	Interim Head of Adult Social Care (Commissioning)	1	Very High	←→
6	SR08	**WIDENING HEALTH INEQUALITIES:** As a consequence of COVID-19 there is a risk that health inequalities widen significantly.	Chief Officer	2	High	←→
7	SR09	**LEADERSHIP TEAM:** 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	2	High	←→
8	SR11	**PRIMARY CARE:** As a result of insufficient suitable and sustainable premises, and a lack of available national and cross-system flow of financial support, there is a risk that we will not be able to provide, within the legislative timeframe, the necessary services as defined within the 2018 General Medical Services Contract.	Clinical / Associate Medical Director	1	Very High	←→
9	SR13	**INPATIENT MENTAL HEALTH SERVICES:** There is a risk that due to the complexity of the governance arrangements for Inpatient Mental Health Services Perth and Kinross IJB will not be able to meet its Strategic Planning responsibilities.	Chief Officer	2	High	←→
10	SR14	**PARTNERSHIP PREMISES:** 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	↑
<> No change in risk exposure			**↑ Increase in risk exposure**		**↓ Decrease in risk exposure**	

Perth & Kinross Health and Social Care Partnership

SR01: FINANCIAL RESOURCES

Risk Owner: Chief Financial Officer	Date Added to Register: 22 Oct 2020
	Review Date: 19 Jan 2023

Description of Risk: There are insufficient financial resources to deliver the objectives of the Strategic Plan

Risk Related to Achievement of Strategic Aim: 5. Making best use of available facilities, people and other resources

Current Risk Rating: (priority 1, 2, 3 or 4)	Risk Movement: (↑,←→,↓)
PRIORITY 1	←→ NO CHANGE IN RISK EXPOSURE

Risk Exposure Rating Priority 1: Risk remains extreme even after all identified controls and treatments have been applied. There are significant risks, which may have a serious impact on the Partnership and the achievement of its objectives if not managed. Immediate management action needs to be taken to reduce the level of net risk.

Inherent Impact (1-5)	Inherent Probability (1-5)	Residual Impact (1-5)	Residual Probability (1-5)
5	5	5	5

Inherent Score: 25	Residual Score: 25

Impact		Very Low	Low	Medium	High	Very High
	Critical	5	10	15	20	25
	Major	4	8	12	16	20
	Moderate	3	6	9	12	15
	Minor	2	4	6	8	10
	Insignificant	1	2	3	4	5

Probability

Existing Controls:
- A Financial Plan is approved annually as part of a 3 Year Financial Plan. This includes an efficiency savings and service redesign programme to support long term sustainability.
- Annual Budget Negotiation Process (PKC & NHST) is supported by robust budget review/due diligence process
- Effective member and officer working on development of the Budget through IJB BRG Process
- Financial Position is reported to each meeting of the IJB and is a standard item on the agenda.
- An IJB Reserves Strategy is in place.
- Regular informal meetings with NHS Tayside Director of Finance and PKC Head of Finance
- 3 year strategic delivery plans in place with financial frameworks ensuring an effective link between strategic and financial planning.
- Risk Sharing arrangements between statutory partners have been agreed via the approval of the PKIJB Integration Scheme.

Risk Overview:

The scale of budget pressures forecast for 2023/24 for pay and prices is well in excess of the indicative plan and difficult decisions lie ahead around potential contraction of existing strategic plans.

Both partner bodies are facing significant financial challenges. Further the Scottish Government itself has indicated significant financial pressures and a number of actions are already being taken by them to reduce funding to HSCPs in 2022/23 including the proposed claw back of COVID Reserves; reductions in Primary Care Improvement Funding, the Alcohol and Drug Partnership, and a clear indication of funding cuts to Mental Health Services.

The risk exposure therefore remains extreme.

Existing control rating: A – **Controls are working effectively.**

Perth & Kinross Health and Social Care Partnership

SR02: WORKFORCE

Risk Owner: Acting Head of Service ASWSC Operations	Date Added to Register: 22 Oct 2020 Review Date: 19 Jan 2023

Description of Risk: 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

Risk Related to Achievement of Strategic Aim: 5. Making best use of available facilities, people and other resources

Current Risk Rating: (priority 1, 2, 3 or 4)	Risk Movement: (↑,←→,↓)
PRIORITY 1	←→ NO CHANGE IN RISK EXPOSURE

Risk Exposure Rating Priority 1: Risk remains extreme even after all identified controls and treatments have been applied. There are significant risks, which may have a serious impact on the Partnership and the achievement of its objectives if not managed. Immediate management action needs to be taken to reduce the level of net risk.

Inherent Impact (1-5)	Inherent Probability (1-5)	Residual Impact (1-5)	Residual Probability (1-5)
5	5	5	5

Inherent Score: 25	Residual Score: 25

Impact		Very Low	Low	Medium	High	Very High
Critical		5	10	15	20	25
Major		4	8	12	16	20
Moderate		3	6	9	12	15
Minor		2	4	6	8	10
Insignificant		1	2	3	4	5
		Probability				

Existing Controls:
- Established, robust recruitment processes in place within statutory partner organisations
- HSCP 3 year workforce plan in place and being implemented.
- Production and implementation of Older People's Strategic Delivery Plan 2022:2025 which sets out significant investment in additional staff to respond to increases in demand.

Risk Overview:
Shortages in the available workforce is recognised nationally in respect to Health and Care Services generally and this is particularly the case in some specific sectors. Although the current controls seek to reduce our exposure, their effect is limited by the acute nature of this risk when considering, for example, rising demands for services and the age profile of our workforce.

As the impact of Covid 19 recedes the risk due to the pandemic has reduced. However, there are still significant numbers of vacancies, especially in nursing and other frontline services, so the residual risk remains extreme.

Further, the potentially significant budget challenges facing the HSCP means that recruitment to non-frontline posts is held currently. This, along with proposed consolidation of Corporate Support functions from PKC, including HSCP corporate functions, mean that Corporate Support capacity to deliver duties such as performance, risk management, strategic planning, governance and audit may be compromised.

Existing control rating: **C** - Significant Controls not operating effectively

Perth & Kinross Health and Social Care Partnership

SR04: SUSTAINABLE CAPACITY AND FLOW

Risk Owner: Head of Health

Date Added to Register: 22 Oct 2020
Review Date: 19 Jan 2023

Description of Risk: As a result of the demographics of the people who use our services in Perth and Kinross and the impact of COVID-19 on our population there is a risk of 'capacity and flow' within our services being unsustainable.

Risk Related to Achievement of Strategic Aim:
1. Working together with Communities
2. Prevention and Early Intervention
3. Person-centred health, care and support
4. Reducing Inequalities and unequal health outcomes and promoting healthy living

Current Risk Rating: (priority 1, 2, 3 or 4)	Risk Movement: (↑,←→,↓)
PRIORITY 1	←→ NO CHANGE IN RISK EXPOSURE

Risk Exposure Rating Priority 1: Risk remains extreme even after all identified controls and treatments have been applied. There are significant risks, which may have a serious impact on the Partnership and the achievement of its objectives if not managed. Immediate management action needs to be taken to reduce the level of net risk.

Inherent Impact (1-5)	Inherent Probability (1-5)	Residual Impact (1-5)	Residual Probability (1-5)
5	5	5	5

Inherent Score: 25	Residual Score: 25

Impact		Very Low	Low	Medium	High	Very High
Critical	5	5	10	15	20	25
Major	4	4	8	12	16	20
Moderate	3	3	6	9	12	15
Minor	2	2	4	6	8	10
Insignificant	1	1	2	3	4	5
		Very Low	Low	Medium	High	Very High
		Probability				

Existing Controls:
- HSCP Capacity and Flow strategic portfolio provides local management, ownership and control of the whole system that supports capacity and flow through our services
- NHS Tayside Unscheduled Care Board supports the wider development of strategic direction.
- HSCP Performance Framework details the key performance measures which relate to Capacity and Flow. These are reviewed routinely across the organisation
- Winter Planning Group oversees the Winter Plan and ensures that services are fit for purpose.
- 3 Year Strategic Delivery Plan for Older People's Services

Risk Overview:
The Strategic Delivery Plan for Older People is now being implemented. This will, in time, address issues that demographic growth presents and ensure capacity across the system is sufficiently robust in a sustainable manner.

Operational mitigating measures are in place to support capacity and flow and manage winter pressures.

In addition, a new service has been introduced focussing on 'frailty at the front door' working with the Home Assessment and Reablement Team enhancing Care at Home; additional contracted social care services and increased interim care placements have also been introduced.

However, NHS Tayside has increased the bed base within Perth Royal Infirmary from December by 22 and this is increasing the number of people who have a care and support need who experience delay.

Existing control rating: C - Significant Controls not operating effectively

Perth & Kinross Health and Social Care Partnership

SR05: SUSTAINABLE DIGITAL SOLUTIONS

Risk Owner: Acting Head of Service ASWSC Operations	**Date Added to Register: 22 Oct 2020** **Review Date: 19 Jan 2023**

Description of Risk: 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.

Risk Related to Achievement of Strategic Aim:
      1. Working together with Communities
      2. Prevention and Early Intervention
      3. Person-centred health, care and support
      4. Reducing Inequalities and unequal health outcomes and promoting healthy living

Current Risk Rating: (priority 1, 2, 3 or 4)	**Risk Movement:** (↑,←→,↓)
PRIORITY 2	←→ NO CHANGE IN RISK EXPOSURE

Risk Exposure Rating Priority 2: These are significant risks, which may have a serious impact on the Partnership or Service Delivery and the achievement of its objectives if not managed. Immediate management action needs to be taken to reduce the level of net risk.

Inherent Impact (1-5)	Inherent Probability (1-5)	Residual Impact (1-5)	Residual Probability (1-5)
5	4	4	3
Inherent Score: 20		**Residual Score: 12**	

Impact		Very Low	Low	Medium	High	Very High
Critical	5	5	10	15	20	25
Major	4	4	8	12	16	20
Moderate	3	3	6	9	12	15
Minor	2	2	4	6	8	10
Insignificant	1	1	2	3	4	5
		Probability				

Existing Controls:
- PKHSCP Technology Enabled Care Digital Strategy Group develops and directs strategy.
- PKHSCP TEC/Digital Portfolio Strategic Action Plan is a scheduled agenda item on EMT, EOT, PKC Digital Board.
- Members of the TEC Digital Strategy Group are members of the NHST/LA Tayside Digital Transformation Partnership (TDTP).
- PKC Information Governance has oversight and supplies guidance.
- PKHSCP TEC Digital Steering Group Scrutinises and escalates to Strategy group as required.
- Signed Data Sharing Agreements are in place between NHST/PKC/PKHSCP/ISD and between PKC/NHS NSS/Scottish Government.
- Governance framework for the delivery of the digital strategy across the Partnership in place.
- Digital strategies of the IJB's Statutory Partners.

Risk Overview:
The inherent risk of insufficient digital enablement is extreme; however, the effectiveness of existing controls has reduced our risk exposure from the inherent score.

Improvement actions have been identified with a governance framework for the delivery of the digital strategy across the Partnership now completed. The Steering Group and Strategy Group are meeting regularly and directing the need for change as expected.

Regular quarterly reporting from the Digital/TEC Steering Group to EMT is planned with the forward plan for strategies, including Digital/TEC, under development.

NHST and PKC have both developed digital strategies which, together with their ongoing implementation, have reduced the residual risk.

Existing control rating: B **- Not all controls are fully effective**

Perth & Kinross Health and Social Care Partnership

SR06: VIABILITY OF EXTERNAL PROVIDERS

Risk Owner: Interim Head of Adult Social Care (Commissioning)	**Date Added to Register:** 22 Oct 2020 **Review Date:** 19 Jan 2023

Description of Risk: As a result of social care market conditions, availability of services, and COVID-19, there is a risk that external providers of care will not be able to meet people's assessed needs in the most appropriate way.

Risk Related to Achievement of Strategic Aim:
1. Working together with Communities
2. Prevention and Early Intervention
3. Person-centred health, care and support
4. Reducing Inequalities and unequal health outcomes and promoting healthy living
5. Making best use of available facilities, people and other resources

Current Risk Rating: (priority 1, 2, 3 or 4)	Risk Movement: (↑,←→,↓)
PRIORITY 1	**←→ NO CHANGE IN RISK EXPOSURE**

Risk Exposure Rating Priority 2: These are significant risks, which may have a serious impact on the Partnership or Service Delivery and the achievement of its objectives if not managed. Immediate management action needs to be taken to reduce the level of net risk.

Inherent Impact (1-5)	Inherent Probability (1-5)	Residual Impact (1-5)	Residual Probability (1-5)
5	5	4	5
Inherent Score: 25		**Residual Score: 20**	

Impact		Very Low	Low	Medium	High	Very High
Critical	5	5	10	15	20	25
Major	4	4	8	12	16	20
Moderate	3	3	6	9	12	15
Minor	2	2	4	6	8	10
Insignificant	1	1	2	3	4	5
		Very Low	Low	Medium	High	Very High
		Probability				

Existing Controls:
- Local and national contractual arrangements provide a recognised framework for commissioned services
- Maintenance of strong and supportive relationships with providers create routine and regular opportunities to highlight issues of concern
- Care Home oversight group which provides routine and regular monitoring service provision
- Commissioned Services Board provides strategic oversight of commissioned services
- Strategic Planning Group remit ensures connectivity to activity within communities with a wide range of stakeholders from each locality are represented in each meeting and that actions coming from this group are in sync with our Strategic Commissioning Plan intentions and are meaningful and related to improved outcomes for those living in Perth and Kinross.
- 3 Year Strategic Delivery Plan for Older People's Services in place with a range of improvements and investments which seeks to enhance the viability of external providers.

Risk Overview:

The review and delivery of the new Care at Home model remains in progress.

The cost of living crisis is now the biggest risk to the viability of our external providers with large increases in expenditure on utilities and a reduction in Scottish Government funding. Temporary measures are being considered to try to minimise this but many influencing factors are not controllable.

There are also significant challenges remaining in relation to recruitment and retention within our external providers.

Existing control rating: **C** – **Significant controls not operating effectively**

SR08: WIDENING HEALTH INEQUALITIES

Risk Owner: Chief Officer	Date Added to Register: 22 Oct 2020 Review Date: 19 Jan 2023

Description of Risk: As a consequence of COVID-19 there is a risk that health inequalities widen significantly.

Risk Related to Achievement of Strategic Aim: 4. Reducing inequalities and unequal health outcomes and promoting healthy living

Current Risk Rating: (priority 1, 2, 3 or 4)	Risk Movement: (↑,←→,↓)
PRIORITY 2	←→ NO CHANGE IN RISK EXPOSURE

Risk Exposure Rating Priority 2: These are significant risks, which may have a serious impact on the Partnership or Service Delivery and the achievement of its objectives if not managed. Immediate management action needs to be taken to reduce the level of net risk.

Inherent Impact (1-5)	Inherent Probability (1-5)	Residual Impact (1-5)	Residual Probability (1-5)
4	5	3	4
Inherent Score: 20		**Residual Score: 12**	

Impact		Very Low	Low	Medium	High	Very High
Critical		5	10	15	20	25
Major		4	8	12	16	20
Moderate		3	6	9	12	15
Minor		2	4	6	8	10
Insignificant		1	2	3	4	5
						Probability

Existing Controls:
- Strategic Commissioning Plan 2019 documents the strategic ambitions of the IJB including those which relate to health inequalities.
- The Equalities Strategic Forum provides a platform to ensure that local equality protected groups are represented effectively. This forum contains broad representation across the Community Planning Partnership including from statutory and third sector partners.
- Perth and Kinross Equalities, Empowerment and Fairness workstream (within the Recovery and Renewal agenda) focuses efforts across Council Services in respect to Equalities.

Risk Overview:
Some progress made in planning for improved working with Community Planning Partners on how we can determine how best to reduce inequalities.

This risk and associated improvement actions is scheduled to be updated so as to address our legal obligations under the Equality Act (2010).

Existing control rating: B - Not all controls are fully effective

Perth & Kinross Health and Social Care Partnership

SR09: LEADERSHIP TEAM CAPACITY

Risk Owner: Chief Officer	**Date Added to Register:** 22 Oct 2020 **Review Date:** 19 Jan 2023

Description of Risk: Without a new permanent and integrated senior management team there is a risk of instability in leadership within the HSCP.

Risk Related to Achievement of Strategic Aim: 5. Making best use of available facilities, people and other resources

Current Risk Rating: (priority 1, 2, 3 or 4)	Risk Movement: (↑,←→,↓)
PRIORITY 2	**←→ NO CHANGE IN RISK EXPOSURE**

Risk Exposure Rating Priority 2: These are significant risks, which may have a serious impact on the Partnership or Service Delivery and the achievement of its objectives if not managed. Immediate management action needs to be taken to reduce the level of net risk.

Inherent Impact (1-5)	Inherent Probability (1-5)	Residual Impact (1-5)	Residual Probability (1-5)
5	4	4	3
Inherent Score: 20		**Residual Score: 12**	

Impact		Very Low	Low	Medium	High	Very High
	Critical	5	10	15	20	25
	Major	4	8	12	16	20
	Moderate	3	6	9	12	15
	Minor	2	4	6	8	10
	Insignificant	1	2	3	4	5
		Probability				

Existing Controls:
- HSCP Senior Leadership Team in place in the form of the Executive Management Team
- Chief Officer meets regularly with Chief Executive of both PKC and NHS Tayside including discussion on leadership resources
- Regular reporting on Partnership Improvement Plan to IJB Audit & Performance Committee including key actions to increase leadership capacity

Risk Overview:
The IJB approved proposals and the funding solution to establish posts within Head of Service teams on a substantive basis from 2022. This is not yet fully complete and the risk score remains above appetite whilst this remains the case.

Existing control rating: B - Not all controls are fully effective

Perth & Kinross Health and Social Care Partnership

SR11: PRIMARY CARE

Risk Owner: Clinical / Associate Medical Director	Date Added to Register: 22 Oct 2020 Review Date: 19 Jan 2023

Description of Risk: 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.

Risk Related to Achievement of Strategic Aim:
1. Working together with our communities
2. Prevention and early intervention
3. Person-centred health, care and support
4. Reducing inequalities and unequal health outcomes and promoting healthy living
5. Making the best use of available facilities, people and other resources

Current Risk Rating: (priority 1, 2, 3 or 4)	Risk Movement: (↑,←→,↓)
PRIORITY 1	←→ NO CHANGE IN RISK EXPOSURE

Risk Exposure Rating Priority 1: Risk remains extreme even after all identified controls and treatments have been applied. There are significant risks, which may have a serious impact on the Partnership and the achievement of its objectives if not managed. Immediate management action needs to be taken to reduce the level of net risk.

Inherent Impact (1-5)	Inherent Probability (1-5)	Residual Impact (1-5)	Residual Probability (1-5)
4	4	4	4

Inherent Score: 16	Residual Score: 16

Impact		Very Low	Low	Medium	High	Very High
Critical	5	5	10	15	20	25
Major	4	4	8	12	16	20
Moderate	3	3	6	9	12	15
Minor	2	2	4	6	8	10
Insignificant	1	1	2	3	4	5
		Very Low	Low	Medium	High	Very High
		Probability				

Existing Controls:
- Perth and Kinross HSCP Primary Care Board fulfils the responsibility of a Programme Board overseeing the Implementation of the Primary Care Improvement Plan, including 2018 General Medical Services Contract
- Regular engagement with Local Medical Committee which jointly approves the development and implementation of new services in support of the 2018 General Medical Services contract
- The Pan-Tayside 2018 General Medical Services Contract Implementation Group assists in the management and delivery of Tayside/HSCP Programmes
- NHS Tayside Primary Care Board considers highlight reports from each HSCP including escalation of risks
- Integration Joint Board - annual report on Primary Care Implementation Plan details progress and issues/risks affecting delivery
- Scottish Government – 6 monthly report on Primary Care Implementation Plan details progress and issues/risks affecting
- Locality Management Team meet regularly to resolve/highlight operational delivery issues
- NHS Tayside governance structure for premises and asset management provides the mechanism for submission of Primary Care premises strategic Plan
- NHS Tayside – over time improving sustainability of GP practice premises by replacing GPs as premises lease holders

Risk Overview:
The risk to primary care services relates to a number of issues with no single cause or solution. The complex and broad nature of this requires a manifold response internally within statutory partners, and externally at a national level. Control measures are in place but they are not fully effective and so improvement actions have been identified. The risk remains extreme.

Existing control rating: C - Not all controls are fully effective

Perth & Kinross Health and Social Care Partnership

SR13: INPATIENT MENTAL HEALTH SERVICES

Risk Owner: Chief Officer	Date Added to Register: 22 Oct 2020 Review Date: 19 Jan 2023

Description of Risk: There is a risk that due to the complexity of the governance arrangements for Inpatient Mental Health Services Perth and Kinross IJB will not be able to meet its Strategic Planning responsibilities.

Risk Related to Achievement of Strategic Aim:
1. Working together with our communities
2. Prevention and Early Intervention
3. Person-centred health, care and support
4. Reducing inequalities and unequal health outcomes and promoting healthy living

Current Risk Rating: (priority 1, 2, 3 or 4)	Risk Movement: (↑,←→,↓)
PRIORITY 2	←→ NO CHANGE IN RISK EXPOSURE

Risk Exposure Rating Priority 3: Risk is manageable after controls have been applied. Although usually accepted, these risks may require some additional mitigating to reduce probability if this can be done cost effectively. Reassess to ensure conditions remain the same and existing actions are operating effectively.

Inherent Impact (1-5)	Inherent Probability (1-5)	Residual Impact (1-5)	Residual Probability (1-5)
4	4	4	3

Inherent Score: 16	Residual Score: 12

Impact		Very Low	Low	Medium	High	Very High
Critical	5	5	10	15	20	25
Major	4	4	8	12	16	20
Moderate	3	3	6	9	12	15
Minor	2	2	4	6	8	10
Insignificant	1	1	2	3	4	5
		Very Low	Low	Medium	High	Very High
				Probability		

Existing Controls:
- The IJB has in place an Integration Scheme agreed by both NHS Tayside and Perth & Kinross Council
- Tayside Mental Health Oversight Group includes membership from NHS Tayside, 3 Local Authorities and 3 IJB's
- PKHSCP Head of Health is a member of the Inpatient Mental Health Leadership Team
- Revised Perth and Kinross Integration Scheme approved by statutory partners.

Risk Overview:
The complex governance arrangements concerning Inpatient Mental Health Services meant that the inherent risk exposure was extreme. There has been a significant review of the Integration Scheme, and this provides clarity on roles and responsibilities for mental health and learning disabilities services in Tayside. It is now clear that Perth and Kinross Integration Joint Board has the lead coordinating role for strategic planning and commissioning of the delivery on inpatient mental and learning disability services. Dundee and Angus IJBs are also clear that they hold a duty to plan and commission for this delegated function and that they must collaborate with P&K IJB along with NHS Tayside to achieve this effectively. Further plans to bring together NHST and the 3 IJBs together in a workshop to determine how this will be operationalised will take place in 2023. Actions from a PKHSCP hosted Tayside-wide workshop in relation to the collective management of Mental Health risks is ongoing. It is anticipated that this will inform a reframing of this strategic risk.

Existing control rating: A - Controls are working effectively

Perth & Kinross Health and Social Care Partnership

SR14: PARTNERSHIP PREMISES

Risk Owner: Chief Officer	Date Added to Register: 22 Jul 2021
	Review Date 27 Oct 2022

Description of Risk: 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.

Risk Related to Achievement of Strategic Aim:
1. Working together with our communities
2. Prevention and Early Intervention
3. Making best use of available facilities, people and other resources

Current Risk Rating: (priority 1, 2, 3 or 4)	Risk Movement: (↑,←→,↓)
PRIORITY 1	↑ INCREASE IN RISK EXPOSURE

Risk Exposure Rating Priority 2: There are significant risks, which may have a serious impact on the Partnership or Service Delivery and the achievement of its objectives if not managed. Immediate management action needs to be taken to reduce the level of net risk.

Inherent Impact (1-5)	Inherent Probability (1-5)	Residual Impact (1-5)	Residual Probability (1-5)
4	5	4	4
Inherent Score: 20		**Residual Score: 16**	

Impact		Very Low	Low	Medium	High	Very High
Critical	5	5	10	15	20	25
Major	4	4	8	12	16	20
Moderate	3	3	6	9	12	15
Minor	2	2	4	6	8	10
Insignificant	1	1	2	3	4	5
		Probability				

Existing Controls:
- Corporate support arrangements provided by HSCP Statutory Partners who support the delivery of accommodation needs.
- HSCP membership of Statutory Partner Capital Asset Groups.
- HSCP representation on PKC office/accommodation group.
- Formal and informal lease agreements/arrangements for current Partnership premises in place
- HSCP involvement in One Public Estate forum.

Risk Overview:
There are a range of accommodation issues in respect to HSCP services which taken together combine to create this strategic risk. The issues affect a range of services and relate to the following:

- Services at risk of displacement from their current location.
- Services operating from premises which are sub-optimal in design or size.
- Services located inconveniently for patients and service users.

HSCP premises needs have been submitted to statutory partners. This assists in setting out what is necessary to deliver effective HSCP services. Perth and Kinross Council continues to review its requirements for the medium/long term and the uncertainty of the outcome of this review means that RISK EXPOSURE IS EXTE

Existing control rating: B - **Not all controls are fully effective**

Perth & Kinross Health and Social Care Partnership

Risk Rating Matrix				Inherent Score	Residual Score																

Ref.	Risk	Risk Title	Risk Owner	Risk Exposure – no controls	Sep 21	Oct 21	Nov 21	Dec 21	Jan 22	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23
1	SR01	Financial Resources	Chief Financial Officer	25 (5x5) RED	20 (5x4) RED	20 (5x4) RED	20 (5x4) RED	20 (5x4) RED	20 (5x4) RED	15 (5x3) AMBER	15 (5x3) AMBER	15 (5x3) AMBER	20 (5x4) RED	20 (5x4) RED	20 (5x4) RED	20 (5x4) RED	20 (5x4) 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	20 (5x4) RED	20 (5x4) RED	20 (5x4) RED	20 (5x4) RED	20 (5x4) RED	20 (5x4) RED	20 (5x4) RED	25 (5x5) RED	25 (5x5) RED	25 (5x5) RED	25 (5x5) RED	25 (5x5) RED	25 (5x4) RED	25 (5x4) RED	25 (5x4) RED	25 (5x4) RED	25 (5x4) RED
3	SR04	Sustainable Capacity and Flow	Head of Health	20 (5x5) RED	20 (5X4) RED	20 (5x4) RED	20 (5x4) RED	20 (5x4) RED	20 (5x4) RED	20 (5x4) RED	20 (5x4) RED	25 (5X5) RED	25 (5X5) RED	25 (5X5) RED	25 (5X5) RED	25 (5X5) RED	25 (5X5) RED	25 (5X5) RED	25 (5X5) RED	25 (5X5) RED
4	SR05	Sustainable Digital Solutions	Acting Head of Service ASWSC Operations	20 (5x4) RED	12 (4X3) AMBER	12 (4X3) AMBER	12 (4X3) AMBER	12 (4X3) AMBER	12 (4X3) AMBER	12 (4X3) AMBER	12 (4X3) AMBER	12 (4X3) AMBER	12 (4X3) AMBER	12 (4X3) AMBER	12 (4X3) AMBER	12 (4X3) AMBER	12 (4X3) AMBER	12 (4X3) AMBER	12 (4X3) AMBER	12 (4X3) AMBER
5	SR06	Viability of External Providers	Interim Head of Adult Social Care (Commissioning)	25 (5x5) RED	8 (4x2) YELLOW	16 (4x4) RED	16 (4x4) RED	16 (4x4) RED	16 (4x4) RED	16 (4x4) RED	16 (4x4) RED	16 (4x4) RED	20 (4x5) RED	20 (4x5) RED	20 (4x5) RED	20 (4x5) RED	20 (4x5) RED	20 (4x5) RED	20 (4x5) RED	20 (4x5) RED	20 (4x5) 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	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	16 (4x4) RED	12 (4x3) AMBER	12 (4x3) AMBER	12 (4x3) AMBER	12 (4x3) AMBER	12 (4x3) AMBER	12 (4x3) AMBER	12 (4x3) AMBER	12 (4x3) AMBER	12 (4x3) AMBER	12 (4x3) AMBER	12 (4x3) AMBER	12 (4x3) AMBER
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	16 (4x4) RED	16 (4x4) RED	16 (4x4) RED	16 (4x4) RED
9	SR13	Inpatient Mental Health Services	Chief Officer	16 (4x4) RED	9 (3x3) YELLOW	9 (3x3) YELLOW	9 (3x3) YELLOW	9 (3x3) YELLOW	9 (3x3) YELLOW	16 (4x4) RED	12 (4x3) AMBER	12 (4x3) AMBER	12 (4x3) AMBER	12 (4x3) AMBER	12 (4x3) AMBER	12 (4x3) AMBER	12 (4x3) AMBER	12 (4x3) AMBER	12 (4x3) AMBER	12 (4x3) AMBER	12 (4x3) AMBER
10	SR14	Partnership Premises	Chief Officer	20 (4x5) 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	12 (4x3) AMBER	12 (4x3) AMBER	12 (4x3) AMBER	12 (4x3) AMBER	12 (4x3) AMBER	12 (4x3) AMBER	12 (4x3) AMBER	16 (4x4) RED

Background

Risk management is an indispensable element of good management. As such, its implementation is crucial to the Perth and Kinross Health and Social Care Partnership (PKHSCP) and essential to its ability to discharge its responsibilities. It is about improving PKHSCP's ability to deliver outcomes by managing our threats, enhancing our opportunities and creating an environment that adds value and is a key part of corporate governance.

Good risk management will help identify and deal with key risks facing the PKHSCP in the pursuit of its goals and not simply a compliance exercise.

As part of good corporate governance an organisation is required to demonstrate that risk management is an integral part of its activity. This requires risk management to be embedded within the culture of the Partnership.

Appetite

Perth & Kinross Health and Social Care Partnership's risk appetite in relation to its key areas of strategic risk is set out in table 1 below. Where risks fall in amber or red (priorities 1 & 2), consideration is given to the effectiveness of controls and any actions required.

Table 1.

Risk Scoring Grid						
	Critical	5	10	15	20	25
	Major	4	8	12	16	20
Impact	Moderate	3	6	9	12	15
	Minor	2	4	6	8	10
	Insignificant	1	2	3	4	5
		Very Low / Very remote	Low / Remote	Medium / Possible	High / Probable	Very High / Almost Certain
	Probability					

Risk Exposure Rating

Risks are prioritised as to where they fall on the Risk Scoring Grid:

Priority 1 Risk remains extreme even after all identified controls and treatments have been applied. There are significant risks, which may have a serious impact on the Partnership and the achievement of its objectives if not managed. Immediate management action needs to be taken to reduce the level of net risk.

Priority 2 There are significant risks, which may have a serious impact on the Partnership or Service Delivery and the achievement of its objectives if not managed. Immediate management action needs to be taken to reduce the level of net risk.

Priority 3 Risk is manageable after controls have been applied. Although usually accepted, these risks may require some additional mitigating to reduce probability if this can be done cost effectively. Reassess to ensure conditions remain the same and existing actions are operating effectively.

Priority 4 Appropriate controls keep the risk low / negligible. These risks are being effectively managed and any further action to reduce the risk would be inefficient in terms of time and resources. Ensure conditions remain the same and existing actions are operating effectively.

Controls and Actions

Where controls have been put in place to treat a risk, consideration is given on how this will affect the risk:
- Reduces impact of the consequences should the risk materialise
- Reduces the probability of the risk occurring

The effectiveness of the controls are rated to determine any actions required to ensure effectiveness via the scale set out in table 2 below:

Table 2.

Controls	
D	Significant Controls do not exist or have broken down
C	Significant controls not operating effectively
B	Not all controls are fully effective
A	Controls are working effectively

PKIJB Full Strategic Risk Register v2.37.docx

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	TARGET DATE	IMPROVEMENT TYPE	RAG	REVIEW DATE	MOVEMENT
SR01 - FINANCIAL RESOURCES: There are insufficient financial resources to deliver the objectives of the Strategic Plan.								
1a	Timetable of Joint Engagement meetings with key stakeholders (PKC Head of Finance, NHST Director of Finance, Chief Executives)	Chief Officer/CEs of PKC & NHST	Part Complete / In Progress	31/10/21	Improve existing control	Red	19/01/23	
1d	In partnership with NHS Tayside and the 3 IJB's, develop an affordable long term financial framework for Mental Health functions across Tayside including a jointly agreed approach to bridging finance.	NHST DoF / 3 IJB CFO's	In Progress	31/03/23	Improve existing control	Green	19/01/23	
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	31/03/23	New Control	Green	19/01/23	
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	31/03/23	New Control	Green	19/01/23	
SR04 - SUSTAINABLE CAPACITY AND FLOW: As a result of the demographics of the people who use our services in Perth and Kinross and the impact of COVID-19 on our population there is a risk of 'capacity and flow' within our services being unsustainable.								
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	New Control	Red	19/01/23	
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.								
5b	Develop engagement strategy to ensure patient and service user needs are addressed in respect to any/all technology based developments.	Acting Head of Service ASWSC Operations	In Progress	31/05/22	New Control	Red	19/01/23	
5c	Consult and engage with our staff to understand their technological needs so as to maximise efficiency and facilitate effective ways of joint working.	Acting Head of Service ASWSC Operations	In Progress	31/05/24	New Control	Green	19/01/23	
5d	Develop Business Case and 3 year plan to transition from analogue to digital solutions for telehealth/telecare.	Acting Head of Service ASWSC Operations	In Progress	31/05/24	New Control	Green	19/01/23	
5e	Regular reporting from Digital Steering Group to EMT to be agreed and implemented.	Acting Head of Service ASWSC Operations	In Progress	31/05/22	New Control	Red	19/01/23	
SR06 - VIABILITY OF EXTERNAL PROVIDERS: As a result of social care market conditions, availability of services, and COVID-19, there is a risk that external providers of care will not be able to meet people's assessed needs in the most appropriate way.								
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	New Control	Red	19/01/23	
SR08 - WIDENING HEALTH INEQUALITIES: As a consequence of COVID-19 there is a risk that health inequalities widen significantly.								
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	In Progress	31/03/22	New control	Red	19/01/23	
8c	Review of service management support to ensure sufficient capacity and resiliance 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	New control	Red	19/01/23	
SR09 - LEADERSHIP TEAM: Without a new permanent anD integrated senior management team there is a risk of instability in leadership within the HSCP.								
9b	Review of service management support to all Heads of Service to ensure sufficient capacity and protect resilience.	Chief Officer	In Progress	31/03/22	Improve existing controls	Red	19/01/23	
9c	Develop and appropriately resource leadership arrangements to support the development of a Mental Health Strategic Delivery Plan for delegated functions across Tayside that are consistent with the revised Integration Scheme and that effectively mitigate the material risk that emerges from the split of responsibility for strategic planning from operational management.	NHST/PKC CE's / IJB Chairs / IJB CO's	In Progress	31/03/22	Improve existing controls	Red	19/01/23	
SR11 - PRIMARY CARE: As a result of insufficient suitable and sustainable premises, and a lack of available national and cross-system flow of financial support, there is a risk that we will not be able to provide, within the legislative timeframe, the necessary services as defined within the 2018 General Medical Services Contract.								
11a	Produce a Perth and Kinross Primary Care Premises Strategy which identifies our premises needs for the short, medium and long term.	Clinical Director	In Progress	30/06/22	Improve existing controls	Red	19/01/23	

Strategic Risk Action Plan v20.28.xlsx

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	TARGET DATE	IMPROVEMENT TYPE	RAG	REVIEW DATE	MOVEMENT
11b	Development of 3 Year Strategic Delivery Plan for 2023-26 for Primary Care. This will also address the further implementation of wider services in support of the GMS contract.	Heads of Service	In Progress	31/03/23	New Control	Green	19/01/23	
SR13 - INPATIENT MENTAL HEALTH SERVICES: There is a risk that due to the complexity of the governance arrangements for Inpatient Mental Health Services Perth and Kinross IJB will not be able to meet its Strategic Planning responsibilities.								
13b	Following approval in principle of the Tayside Mental Health Strategy by Tayside HSCP's bring forward a Strategic Delivery Plan.	NHST/3 Chief Officers	In Progress	31/03/22	New control	Red	19/01/23	
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.								
14b	Ensure PKHSCP's premises needs are clearly identified within a Partnership accommodation schedule.	Chief Officer	In Progress	31/12/22	New Control	Blue	19/01/23	
14c	Ensure PKHSCP's premises risk and accommodation needs are appropriately communicated and considered by NHS Tayside and Perth and Kinross Council.	Chief Officer	In Progress	31/12/22	New Control	Blue	19/01/23	
14d	Production of the P&K Primary Care Strategic Delivery Plan. This has a key priority action in outcome 3 of the provision of suitable accommodation for an effective CCATS.	Clinical Director	In Progress	31/03/23	New Control	Green	19/01/23	

Strategic Risk Action Plan v20.28.xlsx

PERTH AND KINROSS INTEGRATION JOINT BOARD

AUDIT & PERFORMANCE COMMITTEE

13 MARCH 2023

PARTNERSHIP IMPROVEMENT PLAN - UPDATE

Report by Chief Officer
(Report No. G/23/22)

PURPOSE OF REPORT

This report provides an update on progress against the actions within the Partnership Improvement Plan

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1. RECOMMENDATIONS

It is recommended that the Audit & Performance Committee:

(i) Notes the progress towards the achievement of actions within the Partnership Improvement Plan.

2. BACKGROUND

The Partnership Improvement Plan consolidates all improvement actions/recommendations arising from:

(i) the IJB's Annual Review of Governance and other self assessment ;
(ii) Internal and External audit recommendations and other external inspection.

Regular updates are provided to the Audit & Performance Committee on progress achieved against actions over the previous period.

3. PROGRESS UPDATE

3.1 Since the last report to the Audit and Performance Committee five actions have been identified from completed internal and external audit reports. The completed audits are:

- Internal Audit Report – Corporate Support
- Annual External Audit Report

One of the five actions has been aligned to an existing Partnership Improvement Plan (PIP) action with the four remaining actions being included as new actions in the plan as set out in table 1 below:

Action No	Heading	Action	Lead	Timescale	Existing PIP Action	New PIP Action	Source
1	Organisational Development	Complete Phase two of Corporate Support Review and in particular the functions related to capital/premises planning.	Chief Officer	30/9/22	**IP45**	**-**	**Internal Audit - Corporate Support**
2	Financial Controls	Wording in the revised integration scheme relating to proportionate risk sharing be reviewed to be more prescriptive.	Interim Chief Finance Officer	30/9/22	**-**	**IP53**	**External Audit Annual Report 2021/22**
3	Financial Controls	The Scottish Government's potential reclaim of surplus Covid reserves should be considered in terms of the accounting presentation in 2022-23 and the governance / IJB approval required.	Interim Chief Finance Officer	31/12/22	**-**	**IP54**	**External Audit Annual Report 2021/22**
4	Requiring Collaboration with Statutory Partners	Seek support from partners for structures that allow for both formal and more informal collaborative working to ensure appropriate corporate support is established and maintained. A formal agreement, such as the Memorandum of Understanding as referenced in the Integration Scheme should clearly outline the functions to be provided and any expected standard or general principles to be adhered to by all parties. It should also include monitoring and review processes, as well as a process for dispute resolution. A Corporate Services Forum should be established including appropriate membership from across all parties.	Chief Officer	31/03/23	**-**	**IP55**	**Internal Audit - Corporate Support**
5	Internal Controls	Corporate Support Strategic Risk should be updated with actions in response to internal audit report.	Chief Officer	31/3/23	**-**	**IP56**	**Internal Audit - Corporate Support**

3.2   Progress has been made across several areas in the partnership improvement plan with 59% of the total actions completed. This figure is an

improvement from the last report where 54% of the total actions were completed.

3.3 Five of the improvement actions are now at a red RAG status since the last time the partnership improvement plan was reported to the Audit and Performance Committee. Work will continue in the upcoming months to ensure significant progression on these actions can be implemented.

3.4 Table 2 below shows the movement in RAG status for May, July, October 2021, January, July 2022 and March 2023.

Table 2

**Partnership Improvement Plan
Progress Report - March 2023**

Red	Amber	Green	Blue
Mar 23: 2	May 21: 23, Jul 21: 19, Oct 21: 13, Jan 22: 10, Jul 22: 5, Mar 23: 5	May 21: 9, Jul 21: 7, Oct 21: 9, Jan 22: 8, Jul 22: 17, Mar 23: 16	May 21: 7, Jul 21: 13, Oct 21: 17, Jan 22: 21, Jul 22: 26, Mar 23: 33

3.5 Improvement actions fully implemented since the last report are as follows:
1. Progress on actions within the various Strategic Delivery Plans are now systematically reported to IJB/A&PC. The Strategic Commissioning Plan is currently under review with this expected to come to IJB later in 2023. (IP14)
2. Each of the Partnership's priorities identified in our Strategic Delivery Plans is now supported by robust performance frameworks which measure progress and allow reprioritisation and reorganisation of capacity and resources when needed. (IP20)
3. The PKHSCP 3 Year workforce Plan was issued to the Scottish Government at the end of July 2022. Governance arrangements are now in place to support the monitoring and implementation of the plan. (IP22)
4. The IJB's Corporate Support strategic risk has been updated and has since been archived. The Corporate support elements of the risk have now been incorporated into the Workforce strategic risk. (IP51)
5. The revised integration scheme is now complete and the risk share is clearly stated as in proportion to the spending direction for each party. (IP53)

4.   CONCLUSION

Progress continues to be made against the actions within the Partnership Improvement Plan. However, as part of continuous improvement and through the annual review of governance we will continue to seek ways in which we can pro-actively strengthen our governance arrangements.

Author(s)

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Appendices
Appendix 1 – PKHSCP Partnership Improvement Plan

PERTH & KINROSS HEALTH & SOCIAL CARE PARTNERSHIP
PARTNERSHIP IMPROVEMENT PLAN - PROGRESS REPORT

Priority Levels:
1 – Critical
2 – Necessary
3 – Dependent on Partners

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

Area	Ref.	IP No.	RO	Source	Action	Update - March 2023	Priority Level as at July 22	Revised Priority Level as at March 23	Date for Completion as at March 23	Date for Completion as at August 22	RAG as at March 23	RAG as at July 22
1. LEADERSHIP, CULTURE AND VALUES	1	IP01	CO	MSG	How effective is the IJB Board? Undertake a self-assessment of performance against the PKIJB Integration Scheme with IJB members and Executive Management Team to provide improved understanding of the IJB's role and remit.	Since this action was developed the integration scheme has been reviewed and revised with final approval obtained at end of June 2022. It is envisaged that the timescale for a Self-Evaluation against the revised scheme should allow sufficient time for the new scheme to become embedded. There are workshops commenced in relation to the operation of the new scheme involving all IJBs in respect of lead partner services and a new Directions Policy approved by the IJB. A revised timescale for this action would now realistically be by September 2023.	2	2	30 September 2023	30 September 2022	Green	Green
	2	IP03	CO	MSG	Implement a Leadership Development Program focused on Collaborative Practice	The HSCP senior management team have undergone Insights Discovery and development sessions in Autumn 2022. It is envisaged that this will also be cascaded to Service Managers over the course of 2023.	2	2	31 December 2023	31 March 2023	Green	Green
	3	IP41	CO	AGS 2021/22	Ongoing development of culture, ethos and professional practice to ensure we continue to be the best we can be.	A series of 5 Perth and Kinross Offer Sessions have been delivered led by the Chief Officer focusing on values based leadership and behaviours. These have been extremely well evaluated and will be developed further over 2023/24. What Matters to You? events and Locality Integrated Working development sessions are contributing to our positive culture and ethos relating to ambition, compassion and integrity.	2	2	31 March 2024	31 March 2023	Green	Green
2. STAKEHOLDER ENGAGEMENT	4	IP09	H of ASCSW	MSG/JI	Effective Communication with our Public: Development of a coordinated approach to communication and marketing supported by dedicated expertise, ensuring that the effectiveness of the approach developed is evaluated in terms of its impact.	This action will be superseded by the introduction of an integrated senior management structure and the introduction of a communications protocol and Service Level Agreement with the Communications Teams in NHS Tayside and Perth and Kinross Council.	2	2	30 June 2023	01 September 2022	Amber	Amber
	5	IP13	H of ASCSW	JI	The partnership should build on existing good relationships with care providers and housing services to identify where there is potential to coproduce solutions to strategic challenges. This should include co-producing a market facilitation plan.	The timeline for completion of this action has been revised to tie in with the preparation of the draft revised Strategic Commissioning Plan, anticipated for April/May 2023.	2	2	31 May 2023	30 September 2022	Green	Amber
	6	IP42	H of ASCSW	AGS 2021/22	Ensure resources are in place to support a strong strategic focus on improving links with Communities, providing additional capacity and ensuring a robust, consistent and coordinated approach.	This action is ongoing. However, Heads of service and represented on the CPP and linked in with ongoing locality working multi-disciplinary teams development work being led by the Communities service. We have agreed to join up engagement work where applicable and continue to contribute to the LOIP and CLD plans and associated activities.	2	2	31 March 2023	31 March 2023	Amber	Green
3. VISION, DIRECTION AND PURPOSE	7	IP14	CO	MSG/JI	Development of our next five-year Strategic Commissioning Plan will set a shared vision (with statutory partners) and clear priorities which align our collective and collaborative activity ensuring that SMART objectives are used appropriately to drive improvements in outcomes. Progress against implementation should be systemic and routine to ensure robust prioritisation is undertaken bearing in mind short and long term goals	Action Complete. Progress on actions within the various Strategic Delivery Plans are systematically reported to IJB/A&PC. The Strategic Commissioning Plan is currently under review with this expected to come to IJB later this year.	2	2	-	31 July 2022	Blue	Green
	8	IP15	H of ASCSW / H of Health	MSG/JI	Measuring our performance: Develop a 'measure what you value rather than value what you measure' approach aligned to the refreshed strategic plan with accountability arrangements in place to deliver integrated performance reporting and review making best use of available data/benchmarking, including at locality level, to identify areas of service improvement.	The IJB have approved 3 Performance Management Frameworks (PMF) which are outcome focussed and underpin the delivery of Care Group Strategies. The A&PC will receive KPI reports for the first 2 approved PMFs in March 2023. This will be followed by further routine care report reporting to Committee. Further PMFs are being developed for Primary Care and Carers. These too will, in time, be reported to Committee and this continues the growth in the breadth of performance management and reporting. It is recognised that PMFs will need to be further developed. This is a routine element of our developing approach to measuring what is valuable rather than valuing what is measured. A further proposal outlining future reporting schedules for Committee, EMT, Care Group and Service level is being developed. This will form the basis of our overarching Performance Management Framework.	1	1	ongoing	ongoing	Green	Green
	9	IP20	CO	JI	Conduct regular reviews of priorities bearing in mind emerging issues being prepared to reorganise, reprioritise and reallocate capacity from lower level priorities or secure additional resource which can avoid or reduce future risks.	Action complete.	1	1	-	30 October 2022	Blue	Green
	10	IP21	H of ASCSW / H of Health	JI	Take a systematic approach to reviewing and updating the partnership's strategic needs assessment bearing in mind the objectives of the Strategic Commission Plan.	Joint Strategic Needs Assessment activity ongoing with North Locality OP profile created, Policy team working with OP Programme Lead to take forward work across all user groups and localities.	2	2	30 October 2022	30 October 2022	Green	Amber
	11	IP43	CO	AGS 2021/22	Build better engagement, linkages and relationships with the Community Planning Partnership	HSCP management team are attending Community Planning Partnership meetings ensuring cohesion and good partnership working,	2	2	31 March 2023	31 March 2023	Green	Green
	12	IP44	CO	AGS 2021/22	Joint review of strategic planning processes encompassing Hosted Services and including consideration of performance reporting.	This action is ongoing.	2	2	31 March 2023	31 March 2023	Amber	Green

Priority Levels:
1 – Critical
2 – Necessary
3 – Dependent on Partners

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

Area	Ref.	IP No.	RO	Source	Action	Update - March 2023	Priority Level as at July 22	Revised Priority Level as at March 23	Date for Completion as at March 23	Date for Completion as at August 22	RAG as at March 23	RAG as at July 22
4. DECISION MAKING	13	IP22	CO	MSG/JI	Develop an effective workforce plan linking organisational development, E-Health and Care Plans to encompass the needs of both partner bodies (NHS Tayside and Perth and Kinross Council)	Action Complete. The PKHSCP 3 Year workforce Plan was issued to the Scottish Government at the end of July 2022. Governance arrangements are now in place to support the monitoring and implementation of the plan.	1	1	31 July 2022	31 July 2022	Blue	Green
5. FINANCIAL CONTROLS	14	IP40	Interim CFO	External Audit 2020/21	The budget should reflect the intentions of management to build reserves in line with its reserves strategy, which will also require significant discussion and planning with its partner bodies	Based on the latest financial position forecast, the IJB is expecting to hold general reserves to a level in line with the reserves policy. The reserves policy review is scheduled to be reviewed during 2023/24 and will be brought to the IJB for approval.	1	1	31 March 2023	31 March 2023	Green	Green
	15	IP54	Interim CFO	External Audit 2021/22	The Scottish Government's potential reclaim of surplus Covid reserves should be considered in terms of the accounting presentation in 2022-23 and the governance / IJB approval required.	The CFO network have sought advice from LASAAC on accounting presentation of the 2022/23 accounts and the Scottish Government for advice on the governance and approval required.	1	1	31 December 2022	31 December 2022	Red	Red
	30	IP53	Interim CFO	External Audit 2021/22	Wording in the revised integration scheme relating to proportionate risk sharing be reviewed to be more prescriptive.	Action complete. The revised integration scheme is now complete and the risk share is clearly stated as in proportion to the spending direction for each party.	1	1	30 September 2022	-	Blue	-
6. ORGANISATIONAL DEVELOPMENT	16	IP45	CO	AGS 2021/22 / Internal Audit Recommendation - Corporate Support	Complete Phase two of Corporate Support Review and in particular the functions related to capital/premises planning.	This action will be superseded by the introduction of an integrated senior management structure and the introduction of a communications protocol and Service Level Agreement with the Communications Teams in NHS Tayside and Perth and Kinross Council.	2	2	30 June 2023	-	Green	Green
7. INTERNAL CONTROLS	18	IP46	CO	AGS 2021/22	Provide training and development opportunities in relation to the revised PKIJB Integration Scheme and its implications.	This action is ongoing. A workshop took place on 30 January 2023 to which Chairs, Vice Chairs and Chief Officers of the three IJBs were invited. The aims were to: • To gain a deeper understanding of the Integration Scheme • To explore the role and responsibilities of the Integration Joint Board • To consider the role of the Chief Officer and Lead Partner arrangements • To highlight the operation of Directions • To have an open discussion on cooperation and collaboration across the three Tayside IJBs and opportunities for improving governance A further session will be arranged in the Spring for all IJB Members.	2	2	31 May 2023	31 March 2023	Green	-
	19	IP47	CO	AGS 2021/22	With IJB Members review and update the risk management framework	A development session with IJB members to determine tisk appetite is scheduled for March 15th 2023. Following the development session, the Executive Management Team will prepare a risk appetite statement incorporating the views, of IJB Members, gained through the development session. The refreshed risk appetite statement will then be presented to the IJB for approval on 21st June 2023.	2	2	30 June 2023	31 March 2023	Green	-
	20	IP48	CO	AGS 2021/22	Develop improved assurance reporting to the IJB on progress in achieving strategic plan objectives.	Regular updates on each of the Strategic Delivery Plans are scheduled into the IJB forward planner.	2	2	31 March 2023	31 March 2023	Green	Green
	21	IP56	CO	Internal Audit Recommendation - Corporate Support	Corporate Support Strategic Risk should be updated with actions in response to internal audit report.	The IJB's Corporate Support strategic risk has been updated and has since been archived. The Corporate support elements of the risk have now been incorporated into the Workforce strategic risk. Actions from the Corporate Support internal audit assignment will be included on the strategic risk improvement plan against the workforce risk.	2	2	-	30 September 2022	Blue	-

Priority Levels:
1 – Critical
2 – Necessary
3 – Dependent on Partners

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

Area	Ref.	IP No.	RO	Source	Action	Update - March 2023	Priority Level as at July 22	Revised Priority Level as at March 23	Date for Completion as at March 23	Date for Completion as at August 22	RAG as at March 23	RAG as at July 22
8. REQUIRING COLLABORATION WITH STATUTORY PARTNERS	22	IP18	CO	MSG/JI	Ensure robust oversight of the implementation of the strategic delivery plan for Older People and Unscheduled Care taking into account fully delegated hospital services and large hospital set aside.	This action is ongoing.	3	3	30 October 2022	30 October 2022	Red	Green
	23	IP23	CO	MSG	Seek appropriate levels of Corporate support from Statutory Partners including organisational and workforce development.	This action is ongoing.	3	3	Ongoing	Ongoing	Green	Green
	24	IP25	H of ASCSW / H of Health	MSG/JI	Improve the effectiveness of the connection of PKHSCP planning with Statutory Body Strategic Planning (Transforming Tayside/ Perth & Kinross Offer)	Action Complete. Ongoing representation at all relevant groups and joint working in place as required.	3	3	-	30 October 2022	Blue	Amber
	25	IP36	CO	MSG/JI	With the governance and accountability structures of both statutory bodies, as well as those of the IJB, there is considerable duplication in reporting to potentially 5-6 different committees/forum/groups and thus great potential to explore a more integrated and efficient approach. We will review current arrangements and work with partners to explore the potential to reduce duplication.	Work is ongoing with the Executive Management Team to ensure a more efficient and integrated approach is taken with reporting to various fora.	3	3	31 March 2023	31 March 2023	Green	Green
	26	IP49	CO	AGS 2021/22	Clarify and reach agreement on the governance, accountability and resourcing arrangements of Mental Health Services across Tayside and the implications for PKIJB/PKHSCP as a result of the revised Integration Schemes	Perth and Kinross Integration Joint Board has the lead coordinating role for strategic planning and commissioning for inpatient mental health and learning disability services. It is clear however that Dundee and Angus IJBs also hold a duty to plan and commission for this delegated function. Collaboration, across Tayside, with P&K IJB is required along with NHS Tayside to deliver on these obligations. There are further plans in 2023 to bring together NHST and the 3 IJBs in a workshop to determine how this will be operationalised.	2	3	30 September 2023	31 March 2023	Green	Amber
	27	IP50	H of F&CS	AGS 2021/22	Review of Partner Body Anti-Fraud, Whistle Blowing and Information Governance policies and reach agreement on PKIJB responsibilities	Progress on this action has not yet commenced.	3	3	31 March 2023	31 March 2023	Amber	Green
	28	IP51	H of F&CS	AGS 2021/22	We will work with Perth & Kinross Council to conclude assurance arrangements to the IJB in relation to Care Governance	Action Complete. The provision of assurance to PKIJB from Perth and Kinross Council for operational Adult Social Work and Social Care services managed by PKHSCP is in place with reporting from the PKHSCP Clinical and Professional Governance Forum to the Scrutiny and Performance Committee commencing in April 2023. This will provide a formal mechanism for PKC to provide assurance to PKIJB that appropriate arrangements are in place.	3	3	31 March 2023	31 March 2023	Blue	-
	29	IP52	H of F&CS	AGS 2021/22	We will work with NHS Tayside to introduce assurance arrangements to the IJB for Inpatient Mental Health and Acute Medicine in relation to Clinical & Care Governance	This work is ongoing. For Inpatient Mental Health Services a new NHS Tayside Mental Health Clinical Governance Committee will meet monthly commencing in February 2023 covering inpatient Mental Health and Learning Disability Services amongst others. This Committee will report to NHS Tayside Care Governance Committee from April 2023. A further report will be provided to the Perth and Kinross IJB Audit and Performance Committee setting out how the new arrangements will assist the IJB to receive assurance from NHS Tayside.	3	3	31 May 2023	31 March 2023	Green	-
	17	IP55	CO	Internal Audit Recommendation - Corporate Support	Seek support from partners for structures that allow for both formal and more informal collaborative working to ensure appropriate corporate support is established and maintained. A formal agreement, such as the Memorandum of Understanding as referenced in the Integration Scheme should clearly outline the functions to be provided and any expected standard or general principles to be adhered to by all parties. It should also include monitoring and review processes, as well as a process for dispute resolution. A Corporate Services Forum should be established including appropriate membership from across all parties.	The need for such a forum and increased collaborative working in relation to Corporate Support has been identified as a priority by the Project Group overseeing the review of the Tayside Integration Schemes which includes senor representation for all partner bodies. It is therefore proposed that this recommendation be discussed with the Integration Project Group who have committed to develop a 2022/23 workplan for consideration of key commitments being made by both partners in the revised scheme and how these can be taken forward.	2	2	31 March 2023	-	Amber	-

PERTH AND KINROSS INTEGRATION JOINT BOARD

AUDIT & PERFORMANCE COMMITTEE

13 March 2023

INTERNAL AUDIT PROGRESS REPORT

Report by Chief Officer
(Report No. G/23/23)

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.

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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.

The Audit & Performance Committee considered the draft Final Report arising from the work on the Primary Care audit, which was a pan-Tayside review. This report has now been fully agreed and is on the agenda for today's meeting.

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 2021/22 and 2022/23 plans.

4. CONSULTATION

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

Author(s)

Name	Designation	Contact Details
J Pepper	Chief Officer	JPepper@pkc.gov.uk

APPENDICES

1.   Internal Audit Plan Progress

Appendix 1

Internal Audit Plans Progress Report March 2023

2021/22									
	Audit	**Indicative Scope**	**Target Audit Committee**	**Planning commenced**	**Work in progress**	**Draft Issued**	**Completed**	**Grade**
PKIJB 21-02	Primary Care Improvement Plan	To provide assurance to the IJB over the arrangements in place for the implementation of the Primary Care Improvement Plan	November 2022	✔	✔	✔	✔	
2022/23									
PKIJB 22-01	Leadership Capacity	To provide assurance of the capacity within the leadership team for the delivery of strategic objectives	June 2023	✔	✔			
PKIJB 22/02	Sustainability of Commissioned Service Providers	To review the sustainability of commissioned service providers	June 2023	✔	✔			
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 2023	✔	✔			

PERTH AND KINROSS INTEGRATION JOINT BOARD

AUDIT & PERFORMANCE COMMITTEE

13 March 2023

INTERNAL AUDIT REPORT – SUSTAINABILITY OF PRIMARY CARE

Report by Chief Officer
(Report No. G/23/24)

PURPOSE OF REPORT

The purpose of this report is to present the Audit & Performance Committee with the Final Internal Audit Report relating to the Perth & Kinross' Primary Care Improvement Plan.

---

1. **BACKGROUND**

   An audit of the Primary Care Improvement Plan was approved as part of the Internal Audit Plan for 2021/22 (Report G/21/81 refers). The scope of this work was to provide assurance to the IJB over the arrangements in place for the implementation of the Primary Care Improvement Plan. Assignments connected with the strategic risks relating to Sustainability of Primary Care Services were also commissioned by NHS Tayside and Angus IJB. Therefore, to ensure that there was no duplication of audit effort and to ensure that a wholistic approach was taken, the Internal Audit team in the NHS undertook these assignments as a combined assignment and the report drafted incorporates these wider aspects.

   The draft Final Report was presented to the Audit & Performance Committee in November 2022 due to the time taken to finalise the report as a result of the acknowledged complexities in agreeing fully agreed actions. It was agreed that final report would be shared with members of this Committee.

2. **THE FINAL REPORT**

   Following the consideration of this report by the Audit & Performance Committee in November, it has been updated and finalised. There are no significant updates to the document in terms of the findings and opinions

arising from the work undertaken as a result of the further discussion which has taken place. The updates are primarily concerned with providing more detail and clarity around the actions which are to be undertaken to address the control issues and concerns which were raised in the report.

As highlighted previously, it should be noted by this Committee that reasonable assurance can be placed on the arrangements in place in relation to Perth & Kinross' Primary Care Improvement Plan (page 4 of the report) and that the commentary in Section 3, Detailed Findings and Information on page 26, also highlights some areas of good practice. No specific actions arise from this aspect of the report.

3. RECOMMENDATION

The Audit & Performance Committee is asked to note the contents of the final report for the wider review of the strategic risks relating to Primary Care, which incorporates the review of Perth & Kinross' Primary Care Improvement Plan.

4. CONSULTATION

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

Author(s)

Name	Designation	Contact Details
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APPENDICES

1. FTF Internal Audit Service's Final report on Sustainability of Primary Care Services

FTF Internal Audit Service

Sustainability of Primary Care Services

Report No. T15/22, AN05/22 & PKIJB20-02

Issued To:

NHS Tayside:	**G Archibald, Chief Executive**
	S Lyall, Director of Finance
	M Dunning, Board Secretary
	H Walker, Head of Strategic Risk & Resilience Planning
Risk:	**G Smith, Interim Chief Officer**
	D Shaw, Interim AMD Primary Care & Clinical Director/AMD Dundee IJB
Angus:	**S Berry, Chief Finance Officer**
	A Clement, Clinical Director/AMD Angus IJB
	L Prudom, Primary Care Manager
Dundee:	**V Irons, Chief Officer**
	D Berry, Chief Finance Officer
	S Hyman, Senior Manager - Service Development and Primary Care.
Perth & Kinross:	**J Pepper, Interim Chief Officer**
	J Smith, Chief Finance Officer
	H Dougall Clinical Director/AMD
	L Milligan, Service Manager - Primary Care

NHS Tayside Audit and Risk Committee
IJB Audit and Risk Committees
External Audit for NHST and each IJB

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Draft Report Issued	19 May 2022
Draft Management Responses Received	03 November 2022
Target NHS Tayside Audit & Risk Committee Date	17 November 2022
Angus IJB Audit Committee	07 December 2022
Dundee IJB Performance & Audit Committee	23 November 2022
Perth & Kinross IJB Audit & Performance Committee	28 November 2022
Draft Final Report Issued	**10 November 2022**
Final Report Issued	**11 January 2023**

CONTEXT AND SCOPE

1. This audit of the strategic risks relating to Sustainability of Primary Care Services, including review of assurances, controls and scoring was jointly commissioned by Angus IJB, Perth & Kinross IJB and NHS Tayside. The mitigation system has been identified within the strategic audit planning process as High.

2. Strategic risk 353 – Sustainable Primary Care Services is recorded on the NHS Tayside strategic risk register with a current risk exposure of 25 and a planned risk exposure of 9. The risk description is *'As a result of an increase in GP vacancies due to retirement, and difficulties in relation to recruitment and retention, there is a risk that NHS Tayside will be unable to provide GP services. This risk recognises that failure to maintain sustainable Primary Care Services both in each locality across Tayside will result in a failure to achieve the 20/20 Vision, the National Clinical Strategy and local Primary Care Strategy. This would result in patients being unable to access Primary Care Services across the geographical location and in a failure to provide continuity of service. This would lead to adverse publicity, reputational damage and unsatisfactory patient experience. Furthermore there is a risk to the ability to provide an adequate standard of healthcare to the population and the risk of pressures elsewhere in the healthcare system'.*

3. The same risk is also recorded on the Angus IJB strategic risk register as Strategic Risk 01 - Sustainability of Primary Care Services, with a Red risk exposure of 'Priority 1' (25) – increased level of risk exposure. The risk is currently owned by the Angus IJB Chief Officer and reported through the Angus IJB Clinical & Care Governance Group. Discussions have been ongoing for some time regarding transferring the alignment of the risk from Angus IJB to the NHS Tayside Care Governance Committee.

4. Several controls are currently identified to mitigate this risk. However, a review of this risk in its entirety is currently under way. We strongly recommend using the methodology previously applied to the Mental Health strategic risk. This method deconstructs the overall risk into its component parts, to allow more granular analysis of each component; this audit will assist this process by ensuring that assurance and risk principles are properly embedded into each stage.

5. A slightly different Primary Care risk is also recorded on the Perth & Kinross IJB Strategic Risk register (SR11): *'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.'* This risk is currently rated as a Priority 1 (16).

6. Since commencement of our fieldwork, Dundee IJB has also developed a Primary Care risk, reflecting that several relevant operational risks have been escalated from the operational risk register. As reported to the 20 April 2022 IJB, this new risk is scored as 20 (very high).

7. Therefore, each of the four Tayside partner organisations is managing a strategic Primary Care risk covering broadly the same areas. While each organisation will have a different perspective on this risk and accordingly each is formulated slightly differently, there is a requirement to ensure consistency and eliminate duplication of effort in the management of the risk.

8. The Scottish Government Primary Care Services website states: *"Primary care is the first point of contact with the NHS. This includes contact with community based services*

provided by general practitioners (GPs), community nurses, dentists, dental nurses, optometrists, dispensing opticians, pharmacists and pharmacy technicians. It can also be with allied health professionals such as physiotherapists and occupational therapists, midwives and pharmacists." However, the focus of the Primary Care strategic risks within NHS Tayside and its partners is predominately on services provided through GP surgeries and not on services provided by the other contractor streams.

9. The implementation of the 2018 General Medical Services Contract through Primary Care Improvement plans is a key control for sustainable GP practices.

10. This audit reviewed and provides constructive commentary on the adequacy of proposed risk and performance management mechanisms, and considered whether they will ensure that:

- There are clear assurance processes both to NHS Tayside and to each of the IJBs, taking account of the lead role of Angus IJB;
- There is a clear description and scoring of the strategic risk and associated operational risks, and current key controls;
- There is an effective process for setting the target risk as well as effective planning and monitoring of the actions required to achieve that score;
- Structures and reporting lines are clear, robust and comprehensive, avoiding unnecessary duplication but ensuring there are no gaps, with authority and accountability aligned appropriately;
- The impact on other strategic risks is considered and communicated effectively;
- There are adequate, effective and comprehensive assurance systems for all aspects of the risk, controls and actions including clinical governance/ quality assurance, workforce data, performance information, Premises, Infrastructure, IT and Finance;
- The risk, controls and actions are informed by, and inform, service planning and prioritisation;
- Appropriate assurance arrangements are in place for the implementation of the Primary Care Improvement Plan (PCIP).

11. As management have already acknowledged the need for an overhaul of the NHS Tayside/ Angus IJB Strategic risk, we will provide overt assurance on the fully reviewed and updated risk as part of a future internal audit.

AUDIT OPINION

12. Our review covered both Primary Care risks and assurances, and the PCIP. As our findings differed, we have provided a separate Audit Opinion of the level of assurance for each as follows:

Primary Care risks and assurances

Level of Assurance		System Adequacy	Controls
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.

PCIP

Level of Assurance		System Adequacy	Controls
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.

A description of all definitions of assurance and assessment of risks are given in Section 4 of this report.

13. As the challenges with delivery of Primary Care services crystallise, a structured, proactive and strategic approach is needed to ensure effective management of this complex and important area. The complexity of the risk requires a holistic and coordinated approach to ensure effective and efficient management of the risk.

14. Although our audit did identify several areas of good practice, we also found a number of areas for improvement. Our recommendations are summarised below and we would suggest these should form the basis of a project plan aimed at improved risk management in this area, to be progressed in partnership, which may require a joint Project Group with appropriate membership from the four organisations.

Strategic Risk:

• The overarching risk should be more clearly defined and the required controls and actions fully articulated, with co-ordinated action plans developed. There is also a requirement for a strategic overview which identifies the combined impact of the disparate elements on organisational objectives.

• While each of the four partner organisations will necessarily have their own perspective on the risk, there is clearly a common element of the fundamental issue of provision of primary medical services. Partners need to work together to streamline the separate Primary Care strategic risks, thereby ensuring a consistent approach to the management of this risk, without duplication of effort. A Tayside wide discussion is needed to review

operational, support and strategic risk management responsibilities in relation to sustainable primary care services. These arrangements need to be articulated clearly through the review of the risk, with a clear description of the contribution of each organisation's role in managing the risk and the assurance framework in place, rather than relying on the quality of the working relationships.

- Understandably given the current developments in some GP practices across Tayside with reports of practices closing lists, handing back contracts etc, the focus of the Primary Care strategic risks is predominately on primary medical services/ services provided through GP practices and not on services provided by the other contractor streams. We recommend that the primary medical element (GP/Physio/ Mental Health/ ANPs etc) should become a strategic risk in its own right. A granular analysis of the component elements should be undertaken to determine whether the other primary care contractor streams require their own distinct strategic or service level risks, including reduced access to treatment as well as risks posed by the delay of diagnosis and treatment due to the pandemic. The critical components of the GP services risk may require further breakdown including staffing, premises, IT and Finance aspects. All of these elements require their own controls, mitigating actions and assurance processes which are not currently all clearly articulated. A matrix of system wide and service level risks should be considered.

- Issues associated with practices that are in difficulty have not been reflected in the strategic risk and no specific controls have been introduced to provide early warning of issues, and implement immediate remedial action rather than reactive approach currently adopted.

- Although we acknowledge that the risk cannot be fully mitigated, a mechanism for robust performance monitoring and trend analysis is needed to provide early warning of risks to service provision and to allow an opportunity for intervention and planning, for example, where practices are failing.

Governance:

- Currently, the Primary Care strategic risk is primarily reported through Angus IJB clinical and care governance structures. Although in their totality these flow to the IJB, which in turn provides a briefing to Tayside NHS Board, there is no clear direct reporting either to NHS Tayside or to the other Tayside IJBs.

- The prominence given to this risk within the NHS Tayside governance structure is not proportionate to the significance of this risk and the impact that it has on NHS Tayside directly, through its responsibilities for providing primary medical services to its population, and indirectly through the impact on other risks such as waiting times and prescribing. Reporting is fragmented and structured assurances are not provided. We have been informed that NHS Tayside recently decided to align the risk to the NHS Tayside Care Governance Committee although final agreement across all stakeholders has not yet been reached. This should present an opportunity to remedy this and allow escalation of the risk as required to ensure Board oversight. We would note however that whilst this risk would sit naturally with the agenda of the Care Governance Committee, this is already an extremely busy committee. To allow the risk to receive the focus it deserves, consideration could also even be given to creation of a new committee specifically for Primary Care or by aligning it to the remit of the Public Health Committee (whose remit would then require to be extended).

- The group which brings together representatives for all aspects of the risk as described above is the Primary Care Board. Development of Terms of Reference for the Primary Care Board is still a work in progress. The Terms of Reference should reflect the impact of the overall primary care risk on NHS Tayside as well as the IJBs, and the alignment of the Primary Care risk to the NHS Tayside Care Governance Committee.

- Reporting is piecemeal, especially for NHS Tayside with aspects of the Primary Care risk reported across various fora. There are no clear remits or reporting lines for the strategic and operational fora, and working groups.

- We recommend that a mapping exercise should be carried out to determine how the Primary Care Board and the fora work together to provide a flow of assurance. Accountability, responsibility, control and authority need to be aligned so those who are taking ownership and progressing work that can effect real changes.

- Responsibilities in relation to the Primary Care risk should be clearly articulated in staff objectives as well as remits for groups. Job descriptions may also require to be updated following the overhaul of the primary care risk as recommended above.

Good practice:

- Whilst we have commented on the improvements required to improve risk management and governance reporting arrangements to manage the Primary Care risk, our fieldwork confirmed that issues are being addressed and outcomes are being achieved, largely due to the professionalism, commitment and positive engagement of key individuals and the strong working relationships in place. However, strengthening arrangements will lead to more effective and efficient management of Primary Care risks and provide greater resilience as pressures on the system increase.

- Perth & Kinross HSCP has a GP sustainability team which GPs can approach. In addition, a group of Tayside GPs established in response to Covid has developed good working relationships. These areas should be further explored to ensure good practice can be shared.

15. Detailed findings/information is included at Section 3.

ACTION

16. The action plan at Section 2 of this report has been agreed with management to address the identified weaknesses. A follow-up of implementation of the agreed actions will be undertaken in accordance with the audit reporting protocol.

ACKNOWLEDGEMENT

17. We would like to thank all members of staff for the help and co-operation received during the course of the audit.

Jocelyn Lyall BAcc CPFA
Regional Audit Manager

Action Point Reference 1 – Facets of the Primary Care risk

Finding:

The risk as articulated does not present a holistic and comprehensive picture of all the known risks to primary care services. In particular, the focus on GP services means that significant risks in other Primary Care services are not given the required attention.

In addition, the GP services element of the risk is itself made up of a number of critical components including staffing, premises, IT and Finance aspects, all of which require their own controls, mitigating actions and assurance but are not currently all clearly articulated.

The risk score has remained at the highest possible 5x5 rating since August 2017, with the target score being shown as 3x3, a target last achieved in January 2017. Current arrangements including future mitigating actions are still unlikely to achieve target score.

Audit Recommendation:

We recommend that the primary medical element (GP/Physio/ Mental Health/ ANPs etc) is developed into a separate strategic risk in its own right and the other primary care contractor streams are reviewed to determine if they require their own distinct risks.

We also recommend that aspects of the Primary Care risk are further broken down into operational (service level) risks, enabling a granular analysis of the component elements. A matrix style could be considered as there does also have to be a strategic overview which shows how all the elements together impact on organisational objectives.

The target risk should be reassessed, taking into account known pressures, the rate of progress in identifying and implementing the necessary actions and any likely resource constraints. As well as effective planning and monitoring of the actions required to achieve that score, there should also be a trajectory for reduction and a target date to go with the revised target score.

Assessment of Risk:

Significant		Weaknesses in design or implementation of key controls i.e. those which individually reduce the risk scores. **Requires action to avoid exposure to significant risks to achieving the objectives for area under review.**

Management Response/Action:

The recommendations regarding the facets of the primary care audit are generally accepted.

A revised scope for a General Practice and associated MDT strategic risk has been proposed and a revised narrative to articulate the risk has been prepared for submission to and consideration by Primary Care Board target date 8 December 2022.

The PCB will discuss the status of risks associated with other contractor streams.

The concept of breaking down the GP Contractor risk is accepted.

A second Primary Care risk workshop will take place to consider the appropriate methodology and risk elements with respect to this risk during 2022/23. The Chief Officer,

Angus IJB as lead partner will take the outcome of the workshop to Primary Care Board for consideration.

Action by:	Date of expected completion:
Chief Officer, Angus IJB (Co-Chair of Primary Care Board)	**31 March 2023.**

Action Point Reference 2 – Owners and impact of the Primary Care risk

Finding:

Another feature of the complexity of the risk of sustainable primary care services is the impact of the risk on the different organisations involved. The NHS Tayside strategic risk is owned by the Angus IJB Chief Officer, with the risk manager being the NHS Tayside interim Associate Medical Director (AMD) for Primary Care.

Primary Care services are hosted by Angus IJB but impact on all IJBs as well as the Health Board. In addition to the Angus IJB/NHS Tayside Strategic Risk P&K IJB has had a primary care risk since October 2020 and Dundee IJB has recently created a risk on sustainability of primary care. Each of these risks is subtly different, but reflects broadly the same pressures and similar controls and actions. All four organisations will require to work together to control the risk and all will require assurance on any joint actions and controls.

We could not conclude that the impact on other strategic risks is considered and communicated effectively (for example on waiting times or prescribing).

Audit Recommendation:

We recommend that a Project Group with appropriate membership from the four organisations is established with a clear remit to:

- Review the four Primary Care strategic risks in relation to each other and agree a consistent approach to the management of this risk, without duplication of effort. A Tayside wide discussion is needed to review the operational, support and strategic risk management responsibilities in relation to sustainable primary care services. These arrangements need to be articulated clearly through the review of the risk, with a clear description of the contribution of each organisation's role in managing the risk and the assurance framework in place, rather than relying on the quality of the working relationships.

- The overarching risk should be more clearly defined and the required controls and actions fully articulated, with co-ordinated action plans developed. There does also have to be a strategic overview which shows how all the elements together impact on organisational objectives.

Assessment of Risk:

Significant

Weaknesses in design or implementation of key controls i.e. those which individually reduce the risk scores.
Requires action to avoid exposure to significant risks to achieving the objectives for area under review.

Management Response/Action:

The primary care strategic risks indicated above will be reviewed and all four bodies will agree a consistent approach to managing the risk. Processes have been initiated to analyse the risk and review the terms of reference of the Primary Care Board.

A second risk workshop (planned for March 2023), commissioned by the Chief Officer, Angus IJB will map out the approach and will identify the operational, service level, risks

that are common to all. The workshop will include senior management and clinical manager input. An agreed response to the full recommendations will be provided to Primary Care Board and NHS Tayside by June 2023.	
Action by:	**Date of expected completion:**
Chief Officer, Angus IJB	**30 June 2023**

Action Point Reference 3 - Structures

Finding:

Responsibilities for Primary Care are split between NHS Tayside, which retains administrative, contracting, and professional advisory functions and functions delegated to IJBs. In addition, Angus IJB was given lead responsibility for primary care services, as defined in the Integration Scheme as '*strategic leadership and operational oversight*'.

A review of Integration Schemes has recently been undertaken with updated drafts out for consultation in Angus and Dundee. This review raised issues in how hosting has been operating with regard to decision making as well as monitoring and reporting. A Lead Partner arrangement is now proposed in the updated schemes, but this would still leave a split between essentially three levels of organisation involved in managing this risk, NHS Tayside, Angus IJB as lead partner, and the three Tayside HSCPs for their areas, leaving a potential disconnect between strategic priorities of each IJB and implementation through e.g. negotiation of contracts.

We concluded that current arrangements are fragmented and the structures as they stand do not lend themselves to a strategic overview and ownership of the overall issue of sustainability of primary care, nor the ability to set and implement a clear strategic vision for this area. Consistency and coordination is currently dependent on the quality of the working relationships of those working in this area for all partner bodies, and the current structures are not designed to facilitate a joint approach and increase efficiency and effectiveness.

Audit Recommendation:

Currently, NHS Tayside is planning its Clinical Strategy and the IJBs are preparing new Strategic Commissioning Plans. These need to reflect a joined up vision for Primary Care services. We were also informed that Perth & Kinross IJB is currently drafting a GP Sustainability plan with an overall Primary Care Strategic Delivery Action Plan also in the process of being developed to be reported to the IJB in September 2022. These plans will look at local, regional and national drivers and actions. Consideration should be given to adopting this approach on a Tayside wide basis.

A Tayside wide discussion is needed to review operational, support and strategic management arrangements and achieve clarity on responsibilities. This needs to be articulated more clearly through the risk, with a clear description of the contribution of each partner organisation's role in managing the risk and the assurance framework in place.

Assessment of Risk:

Significant		Weaknesses in design or implementation of key controls i.e. those which individually reduce the risk scores. **Requires action to avoid exposure to significant risks to achieving the objectives for area under review.**

Management Response/Action:

It is accepted that the clinical and strategic commissioning plans for IJBs need to reflect a joined- up vision for Primary Care. This will be reflected in the next iteration of each IJB's Strategic Commissioning Plan. Perth & Kinross IJB has prepared a plan for the period 2023

to 2026. Dundee and Angus IJB will prepare plans by 31 March 2023.

Reflecting the work in Perth, the principle of a consistent GP sustainability survey across each IJB to support a Tayside wide assessment is accepted. A core question set will form the basis of the survey, with each IJB having the option to add bespoke questions to inform local assessments. The outcome will be reported back to the Primary Care Board on a twice yearly basis together with associated local delivery plans.

The Chief Officer, Angus IJB as lead partner will initiate a Tayside wide discussion comprising the three Chief Officers and the AMD for Primary Care, with input for NHS Tayside as required, for example with regards to premises and finance, to review responsibilities regarding primary care management and risks within that. The Chief Officer, Angus IJB will prepare a report with the recommendations for discussion with ELT.

Action by:	Date of expected completion:
Chief Officer, Angus IJB	**31 March 2023**

Action Point Reference 4 Assurance

Finding:

Currently, the Primary Care strategic risk is primarily reported to the Angus IJB Clinical, Care & Professional Governance Group, with no clear direct reporting either to NHS Tayside or the other Tayside IJBs.

Within NHS Tayside, the Angus IJB Chief Officer has provided verbal updates on this risk to the Strategic Risk Management Group, whose minutes are reported to the Audit & Risk Committee.

While aspects of primary care are also raised across a number of NHS Tayside committees, there is no clear coordinated approach to reporting on all aspects of the strategic Primary Care risk with no mechanism to provide formal assurance on the risk at governance level.

As Primary Care is also included within the NHS Tayside Remobilisation plan with specific activities listed under: *'Continue to support a unified approach to Primary Care Services'* and *'Establish a whole system quality improvement approach for Primary Care which takes into account the multiple interfaces and co-dependencies'* this could have been another vehicle to reporting on this risk but there is no mention of the Primary Care risk nor any link from any of the risk controls or assurances to the RMP4 and its action tracker.

Audit Recommendation:

All strategic Risks should be the subject of regular comprehensive assurance reporting to either Tayside NHS Board or the appropriate standing committee. This is particularly important given the scope, score and nature of the Primary Care Risk.

We have been informed that NHS Tayside management have agreed a reporting line to the Care Governance Committee for the future which would address this requirement. We would note however, that whilst this risk would sit naturally with the agenda of the Care Governance Committee, the Care Governance Committee is already an extremely busy committee. To allow the risk to receive the focus it deserves, consideration could also be given to creation of a new committee specifically for Primary Care or by aligning it to the remit of the Public Health Committee (whose remit would then require to be extended).

Assessment of Risk:

| Significant | | Weaknesses in design or implementation of key controls i.e. those which individually reduce the risk scores. **Requires action to avoid exposure to significant risks to achieving the objectives for area under review.** |

Management Response/Action:
The strategic risk 353 Sustainability of Primary Care is now reporting into Care Governance Committee. Further consideration has been given to the benefits of a new committee taking responsibility for the Primary Care Risk. This will be clarified through the outcome of the current project work revising the terms of reference of the Primary Care Board. The Chief Officer, Angus IJB as lead partner will initiate discussion amongst the three IJB Chief Officers and NHS Tayside senior management representatives. The discussion will form the basis of a paper for consideration at the Primary Care Board in the first instance.

Action by:	**Date of expected completion:**
Chief Officer Angus IJB, Primary Care Board	**31 March 2023**

Action Point Reference 5 Sustainability of GP practices

Finding:

One of the key elements of this risk is that of GP practices becoming unsustainable. During the course of our fieldwork we noted a number of areas where this risk appeared to be worsening with practices closing lists, terminating contracts or informing management of future plans which threaten sustainability e.g. through retiral. However, these issues have not been reflected in the strategic risk and no specific controls have been introduced to identify practices in difficulty and take effective, proactive, remedial action. Any action has been taken has been reactive and 'ad hoc' rather part of a structured, planned response.

Although the work on implementation of the new GP contract, and the operational response to Covid help GP service sustainability, a number of controls appear to have grown organically in response to emergent situations. As the risk increases, a more proactive and strategic approach is needed which provides strategic direction and mechanisms to anticipate and address problems.

There is currently no consistent monitoring of the sustainability of GP practices across Tayside, although Perth & Kinross (P&K) HSCP did undertake a survey, adapted from successful models elsewhere which was reported to the P&K IJB EMT in July 2021 and has informed the approach to P&K's work on GP sustainability. The survey was repeated again in February 2022. We have been informed that Dundee IJB is also planning a similar exercise, with slightly different indicators for assessment to include deprivation and demand.

Audit Recommendation:

The Health Board and IJBs should agree a coordinated approach to identifying GP Practices at risk as early as possible as well as measuring their sustainability both individually and collectively. They should then identify a range of potential interventions and how and by whom these should be applied.

The information obtained through this exercise should be used to inform both the narrative and score of the Strategic Primary Care Risk.

Assessment of Risk:

Significant		Weaknesses in design or implementation of key controls i.e. those which individually reduce the risk scores.
		Requires action to avoid exposure to significant risks to achieving the objectives for area under review.

Management Response/Action:

The recommendation is accepted that a co-ordinated approach should be implemented to identify GP Practices at risk.

As per action point 3, the principle of a regular, consistent GP sustainability survey in each Tayside IJB is accepted. A sustainability survey with a core question set will be undertaken. The data will triangulated with data from national and local sources to establish a baseline. The core question set will provide a Tayside wide indicator. The updated outputs will be reported back to the Primary Care Board on a twice yearly basis, with associated local delivery plan.

At Primary Care Board level, it is expected that NHS Tayside contributions to mitigating and resolving risks (for example regarding property issues) is further explored. The Primary Care Board will liaise with the NHS Tayside Property department on how the required contribution will be provided. This will inform the report back to ELT.

Action by:	Date of expected completion:
Chief Officer, Angus IJB (Co-Chair Primary Care Board) & IJB Primary Care Managers	31 March 2023

Action Point Reference 6 - Primary Care Board

Finding:

The group which brings together representatives for all aspects of the risk as described above is the Primary Care Board, which should be the body which pulls together the various strands of work and receives assurance on all elements of the risk. However, its Terms of Reference and remit are still under development and it has no clear reporting lines at present. The draft remit proposes reporting to Angus IJB.

Proposed membership as per the draft remit includes representation from all departments dealing with all aspects of the risk including the property department but no Property department representative attended throughout the whole of 2021/22, although Estates is a key element of the Primacy Care Risk and one in which progress has been limited.

Audit Recommendation:

The remit for the Primary Care Board should be confirmed and align both responsibility and authority for addressing the risk, provide a single forum for operational and strategic decision making and should ensure the Primary Care Board has the organisational status this requires.

Should the risk be reported to the NHS Tayside Care Governance Committee as recommended above, then the Primary Care Board should also report to that Committee with clear responsibility for the maintenance of the Risk and providing appropriate assurance on it.

We would view property department attendance as a key requirement to assist in the management of the premises aspect of the risk and strongly recommend that a nominated officer attends all meetings with clear links to actions to be taken by that department.

Assessment of Risk:

Significant

Weaknesses in design or implementation of key controls i.e. those which individually reduce the risk scores.
Requires action to avoid exposure to significant risks to achieving the objectives for area under review.

Management Response/Action:

The recommendation is accepted that the Primary Care Board provides a single forum for strategic decision making for Primary Care and has responsibility and authority for managing the risk, recognising that operational decision making is devolved to each of the three HSCP as described within their respective Integration Schemes.

This requires the Primary Care Board to have the appropriate organisational status and NHS Tayside and IJBs will work towards that, reviewing membership and Terms of Reference of the Primary Care Board to achieve this.

We accept the need for consistent and senior proactive input from the NHST Property Services to assist in the addressing of aspects of the Primary Care risk. This should be alongside the recognised input from NHST Digital Services and the requirement for ongoing NHST Human Resources input.

The Chief Officer, Angus IJB as lead partner will initiate discussion amongst the three IJB Chief Officers and NHS Tayside senior management representatives preparing a paper for consideration at the Primary Care Board in the first instance and subsequently NHS Tayside ELT.	
Action by:	**Date of expected completion:**
Chief Officer, Angus IJB	**31 March 2023**

Action Point Reference 7 Roles & Responsibilities

Finding:

The post of Associate Medical Director for Primary Care has been filled on an interim basis for a number of years and the current post holder also fulfils a number of other key roles.

During our audit fieldwork we encountered a number of very engaged and proactive individuals, but a lack of clarity around their roles and responsibilities in relation to the risk.

Many of these individuals come together in a number of fora, including the Primary Care Command and Control Team, the Primary Care Board and a number of working groups for premises, IT and implementation of the new GP contract etc. However, these too lack clear remits and reporting lines.

Audit Recommendation:

The role of the interim Associate Medical Director for Primary Care should be reviewed and consideration given to a substantive permanent appointment to ensure the post has the organisational status and profile required.

Responsibilities in relation to the Primary Care risk should be clearly articulated in staff objectives and group remits. Job descriptions may also require to be updated following the overhaul of the primary care risk as recommended above.

In line with the action to be taken in response to Action point 6 above, we recommend that a mapping exercise should be carried out to determine how the Primary Care Board and the fora work together to provide a flow of assurance. Accountability, responsibility, control and authority need to be aligned so those who are taking ownership and progressing work that can effect real changes.

Assessment of Risk:

Significant		Weaknesses in design or implementation of key controls i.e. those which individually reduce the risk scores. **Requires action to avoid exposure to significant risks to achieving the objectives for area under review.**

Management Response/Action:

The recommendations are generally accepted.

The Associate Medical Director role is currently being reviewed with a view to a permanent recruitment with an updated job description, which will reflect the risk responsibilities.

The Chief Officer, Angus IJB as the lead partner for Primary Care Services under the Integration Scheme will co-ordinate strategic planning and will seek approval from all Integrated Joint Boards on the proposed strategy.

As noted above, a new, broader Terms of Reference for the Primary Care Board is required and this will address the reporting arrangements to provide a flow for assurance.

Action by:	Date of expected completion:
Chief Officer, Angus IJB	**31 March 2023**

Review of the Strategic Risks

Our audit opinion is based on a high level overview of the way in which the risk is currently formally articulated through the NHS Tayside / Angus IJB strategic risk and is intended to provide recommendations for the improvement work already acknowledged as needed by management. A workshop is take this forward is planned, but organisation of this is proving challenging. Consideration should be given to whether existing fora (such as the CCT) could be used/ expanded.

This risk is multifaceted. Although the risk description refers to primary care services overall in accordance with the Scottish Government definition as quoted above, it also acknowledges that primary medical services remain the main focus. Given the difficulties being experienced in this area generally, this presents a danger that risks in other Primary Care services are not given the required focus. We therefore recommend a granular analysis of the component elements to determine whether:

- the primary medical element (GP/Physio/ Mental Health/ ANPs etc) should become a strategic risk in its own right and the other primary care contractor streams require their own distinct strategic or service level risks, including reduced access to treatment as well as risks posed by the delay of diagnosis and treatment due to the pandemic.

- The critical components of the GP services risk may require further breakdown including staffing, premises, IT and Finance aspects. All of these elements require their own controls, mitigating actions and assurance processes which are not currently all clearly articulated.

We recommend that aspects of the Primary Care risk are broken down into service level risks, enabling a granular analysis of the component elements. There does also have to be a strategic overview which shows how all the elements together impact on organisational objectives. A matrix of system wide and service level risks should be considered.

Our discussions with management as well as the updates to the risk show that management are very much aware of all the aspects and complexities but the risk as it currently stands does not present a holistic and comprehensive picture of risks to primary care services.

Another feature of the complexity of the risk of sustainable primary care services is the impact of the risk on the different organisations involved. The NHS Tayside strategic risk is owned by the Angus IJB Chief Officer, with the risk manager being the NHS Tayside interim Associate Medical Director (AMD) for Primary Care. The impact of the risk however affects NHS Tayside and each of the IJBs differently, in the case of Angus both for its own population as well as in its role as host IJB. The impact for example in financial terms does not currently align with where the risk is managed. Contractual arrangements are as legally required managed by NHS Tayside who can take over direct responsibility for GP provision under a '2C' arrangement. This can create significant additional costs which are currently borne by all IJBs on a basis proportional to their population regardless of the geographical location of the practice. P&K IJB has had a primary care risk since October 2020 and Dundee IJB has also recently created a risk on sustainability of primary care. In addition, the impact of the primary care risk is intrinsically linked to many other strategic risks and the ability to address those in turn, including waiting times and prescribing, but there is no process to formally consider and then communicate the impact on other strategic risks effectively.

Our discussions with management showed a clear understanding of the many facets of this risk but not all are clearly articulated in the risk as it stands, in terms of potential impact or

in terms of any actions being taken or that should be taken to control it.

The risk score has remained at the highest possible 5x5 rating since August 2017, with the target score being shown as 3x3, a target last achieved in January 2017. As part of the further work needed on this risk, the target risk should be reassessed, taking into account known pressures, the rate of progress in identifying and implementing the necessary actions and any likely resource constraints. As well as effective planning and monitoring of the actions required to achieve that score, there should also be a trajectory for reduction and a target date to go with the revised target score. Current arrangements including future mitigating actions are still unlikely to achieve target score.

As Primary Care is also included within the NHS Tayside Remobilisation plan with specific activities listed under: *'Continue to support a unified approach to Primary Care Services'* and *'Establish a whole system quality improvement approach for Primary Care which takes into account the multiple interfaces and co-dependencies'* this could have been another vehicle to reporting on this risk but there is no mention of the Primary Care risk nor any link from any of the risk controls or assurances to the RMP4 and its action tracker.

Structures and reporting lines

Under HSCI, a number of services under the Primary Care umbrella were delegated to IJBs. For some of these (although not all), Angus IJB was given lead responsibility, as defined in the Integration Scheme as *'strategic leadership and operational oversight'*. In the case of Primary care services this excludes the NHS Board administrative, contracting, and professional advisory functions. In this context, 'Primary Care Services' is not defined in the Integration Scheme (for example with reference to the Scottish Government definition referred to above).

Reviewed and updated Integration Schemes for the three IJBs were formally approved in June 2022. The review process raised issues in how hosting has been operating with regard to decision making as well as monitoring and reporting. A Lead Partner arrangement is now proposed in the updated schemes, but this would still leave a split between essentially 3 levels of organisation involved in managing this risk- NHS Tayside, Angus IJB as lead partner and the 3 Tayside HSCPs for their areas.

Currently, the Primary Care strategic risk is primarily reported to the Angus IJB Clinical, Care & Professional Governance Group. Although there are reporting lines from this group to the IJB, which in turn provides a briefing to Tayside NHS Board, there is no clear direct reporting either to NHS Tayside, or the other Tayside IJBs.

Within NHS Tayside, the Angus IJB Chief Officer has provided verbal updates on this risk to the Strategic Risk Management Group, which sends minutes to the Audit & Risk Committee.

Aspects of primary care are also raised across a number of NHS Tayside committees, for example through HSCP clinical and care governance reporting to the Care Governance Committee, but this does not constitute structured assurance on the overall Primary Care risks. Other control aspects such as salaries of salaried GPs has been discussed at the Remuneration Committee, performance monitoring in primary care has been touched on in discussion by the Performance & Resources Committee but there has been no clear coordinated approach to reporting on all aspects of the strategic Primary Care risk. All strategic Risks should be the subject of regular comprehensive assurance reporting to either Tayside NHS Board or the appropriate standing committee. We have been informed that NHS Tayside risk management have agreed a reporting line to the Care Governance

Committee for the future.

The lack of flow of assurance mirrors the management structure complexities discussed above, including the split between NHS Tayside, the host IJB and other HSCPs. In addition, IJBs have no direct control over many aspects of the risk, such as property which is the responsibility of the Health Board. Conversely, individual IJBs can make different investment choices to support primary care locally.

The post of Associate Medical Director for Primary Care has been filled on an interim basis only for a number of years and the current post holder also fulfils a number of other key roles.

During our audit fieldwork we encountered a number of very engaged and proactive individuals, but a lack of clarity around their roles and responsibilities in relation to the risk. Many of these come together in a number of fora but without clear remits or reporting lines, e.g. operationally the Primary Care Command and Control Group and more strategically the Primary Care Board. There are also a number of working groups in place relating to various aspects of the risk, including premises, IT and implementation of the new GP contract. These fora need a clear role in monitoring relevant aspects of the risk and feeding into an overall assurance flow. This should be articulated through remits.

The group which brings together representatives for all aspects of the risk as described above is the Primary Care Board. The Primary Care Board should be the body in a position to pull together the various strands of work and receive assurance on all elements of the risk. The Primary Care Board is still working on creation of a remit and terms of reference and has no clear reporting lines at the moment. The draft remit proposes reporting to Angus IJB and this should be reviewed taking cognisance of the alignment of the risk to the NHS Tayside Care Governance Committee, to reflect the impact of the overall primary care risk on NHS Tayside as well as the IJBs.

Proposed membership as per the draft remit includes representation from all departments dealing with all aspects of the risk including the property department but no Property department representative attended throughout the whole of 2021/22, although Estates is a key element of the Primacy Care Risk and one in which progress has been limited. We would view property department attendance as a key requirement to assist in the management of the premises aspect of the risk and strongly recommend that a nominated officer attends all meetings with clear links to actions to be taken by that department. The Primary Care Board needs a clear remit, with authority and appropriate organisational standing to address relevant aspects of the risk, with clear reporting lines to all stakeholders and appropriate membership.

The Feeley Report (Independent Review of Adult Social Care) included a recommendation that '*Integration Joint Boards should manage GPs' contractual arrangements, whether independent contractors or directly employed, to ensure integration of community care and support provision, to respect and support professional interdependencies, and to remove the current confusion about where responsibility for primary care sits*.

We concluded that arrangements are fragmented and the structures as they stand do not lend themselves to a strategic overview and ownership of the overall issue of sustainability of primary care, nor the ability to set and implement a clear strategic vision for this area.

Consistency and coordination of message and work currently is currently dependent on the quality of the working relationships of those working in this area for all partner bodies, and the current structures are not designed to facilitate a joint approach and increase efficiency and effectiveness. A Tayside wide discussion is needed to review operational, support and strategic management arrangements and achieve clarity on responsibilities. This needs to be

articulated more clearly through the risk, with a clear description of the contribution of each partner organisation's role in managing the risk and the assurance framework in place.

Assurance

As described in the sections above, there is currently insufficient assurance reporting especially given the seriousness of the risk for all involved. Currently the risk is reported to the Angus IJB Clinical, Care & Professional Governance group.

This risk is currently the highest recorded risk for NHS Tayside as well as Angus and one of the highest for both Dundee and P&K too, meaning a definite need for clear assurance mechanisms. Based on the recommendations above in relation to structures and controls, management need to establish who will provide and who will receive this assurance and how this will cover all aspects of the risk, without omission or unnecessary duplication.

Currently the performance data on which to base how well the risk is being controlled is not readily available, for example through the monitoring of sustainability of GP practices as described above. Consideration will need to be given to how relevant data can be collected and triangulated into meaningful information.

The complexity of the risk is such that we recommend breaking down aspects into a matrix of service level risks, with controls clearly identified.

Controls

One of the key elements of this risk is that of GP practices becoming unsustainable. During the course of our fieldwork we noted a number of areas where this risk appeared to be worsening with practices closing lists, terminating contracts or informing management of future plans which threaten sustainability e.g. through retiral. However, these issues have not been reflected in the strategic risk and no specific controls have been introduced to identify practices in difficulty and take effective, proactive, remedial action. Any action has been taken has been reactive and 'ad hoc' rather part of a structured, planned response.

In addition, there is not yet any consistent monitoring of the sustainability of GP practices across Tayside. P&K HSCP did undertake a survey, adapted from successful models elsewhere. The outcome was reported in July 2021 to the P&K IJB EMT and has informed the approach to P&K's work on GP sustainability. The survey was repeated again in February 2022. We have been informed that Dundee IJB is also planning a similar exercise, with slightly different indicators for assessment to include deprivation and demand. The Health Board and IJBs should agree a coordinated approach to identifying GP Practices at risk as early as possible as well as measuring their sustainability both individually and collectively. They should then identify a range of potential interventions and how and by whom these should be applied. The information obtained through this exercise should be used to inform both the narrative and score of the Strategic Primary Care Risk. The cases emerging through the course of our fieldwork show that time is scarce once a contract is handed back and a solution has to be found for patients therefore being able to identify difficulties early is crucial.

We found considerable detailed operational work taking place in relation to the implementation of the new GP contract, as well as operational work first started in response to Covid through the Command and Control Group, all of which helps to ensure GP service sustainability. However, a number of controls appear to have grown organically in response

to situations unfolding. As the risk crystallises, a more proactive and strategic approach is needed.

A difficult aspect of addressing the risk is the disconnect between the risk and where some of the levers to control it sit. This is compounded by the lack of defined management structures as described above.

A good example of this relates to premises and property, for which IJBs have no responsibility and therefore require the support of NHS Tayside Property department. We have previously reported on the lack of Property Strategy for NHS Tayside overall although locally efforts are being made to establish GP premises plans for each HSCP area. This means that action is taken again on a more ad hoc local level. We have been informed that decision making in this area may involve around 5 or 6 decision making fora including relevant management teams, asset management groups and governance committees/ Boards for both NHS Tayside as well as within the IJBs. Our Audit Follow Up report to the May 2022 Audit & Risk Committee showed that Internal Audit cannot provide assurance on actions in relation to previous property management recommendations (Internal Audit reports T25/15 GP Premises and T24/21 Property & Asset Management Strategy) and the impact on strategic risks, including the primary care one. It was agreed that the lack of assurance on AFU recommendations relating to Property Strategy should feature within the NHS Tayside Governance Statement.

Where a crisis arises, discussions are held with senior management within NHS Tayside at ELT level to develop immediate actions. Operational solutions are identified on an ad hoc basis where there should be strategic direction and mechanisms to anticipate and then address problems. Rather than the current variable decision making routes, a fully constituted and empowered Primary Care Board should be the single forum for strategic and operational decision making. As set out in the reporting section above, reporting is piecemeal on specific aspects to various committees. This means committees are required to make decisions which aim to control the risk, but these decisions are made without consideration of the overall context of the risk. This indicates that often action is taken when dictated by events rather than to proactively control the risk. As set out under the assurance and reporting sections, the prominence given to this risk at the highest structures within NHS Tayside is not proportionate to the significance of this risk and the impact that it has on NHS Tayside directly, through its responsibilities for providing primary medical services to its population as well as indirectly through the impact on other risks such as waiting times and prescribing.

The lack of monitoring and reporting means there is no opportunity to identify trends in performance, nor to formally identify potential risks at an early stage. In August 2021 the NHS Tayside Performance & Resources Committee discussed receiving primary care performance data with minutes showing that the committee *'noted Primary Care performance data would be welcomed in future performance reports'*. This was not included on the action points update for the following meeting in October 2021 and we could not evidence any further developments in this area.

The situation currently being experienced by Dundee and Angus IJBs, where GP practices have terminated their GP contracts highlights the need for formal mechanisms to provide early warning of a practice/ partnership failing, to provide an opportunity for intervention and planning.

Good practice is in place in P&K HSCP whereby funding through the PCIF as well as additional investment from the IJB budget has been used to establish a GP sustainability team which

GPs can approach for help. In addition, a group of Tayside GPs established in response to Covid has developed good working relationships. These areas should be further explored to ensure good practice can be spread.

Primary Care Improvement Plan (P&K)

PCIPs are in effect the main control to manage the sustainability risk of GP practices.

Implementation is monitored at a regional level via the GMS Contract Implementation and Advisory Group (CIAG), with specific working groups for each of the seven workstreams which make up PCIP actions as subgroups reporting to the CIAG. In addition, contract implementation groups are in place for each HSCP. The CIAG reports to the Primary Care Board. We evidenced good practice in the reports for each workstream to CIAG as well as the risks and issues log used. We also noted the lack of clear reporting line to governance level for the PCB as set out above.

Perth and Kinross HSCP Primary Care Board fulfils the responsibility of a Programme Board overseeing the Implementation of the PCIP for P&K. A highlight report on PCIP/GMS Programme/Project Planning and Initiation is received at each meeting of this group.

We were also informed that a GP Sustainability plan is being drafted with an overall Primary Care Strategic Delivery Action Plan also in the process of being developed to be reported to the IJB in September 2022. These plans will look at local, regional and national drivers and actions.

Overall, P&K has taken a proactive approach to the primary care risk, for example through the sustainability survey. There is clear engagement from IJB members and the February 2022 minutes show that members requested updates to come in relation to primary care premises, even though these are outwith the scope of P&K IJB in terms of management responsibilities. A risk specifically for premises has also been created. A development event on primary care was held in March 2022 which was well received. An update on the PCIP was last reported to the IJB in June 2021. Annual reporting on this topic is in line with other (Tayside) IJBs.

Section 4   Definition of Assurance and Recommendation Priorities

Definition of Assurance

To assist management in assessing the overall opinion of the area under review, we have assessed the system adequacy and control application, and categorised the opinion based on the following criteria:

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.

Section 4   Definition of Assurance and Recommendation Priorities

Assessment of Risk

To assist management in assessing each audit finding and recommendation, we have assessed the risk of each of the weaknesses identified and categorised each finding according to the following criteria:

Risk Assessment		Definition	Total
Fundamental		Non Compliance with key controls or evidence of material loss or error. **Action is imperative to ensure that the objectives for the area under review are met.**	**None**
Significant		Weaknesses in design or implementation of key controls i.e. those which individually reduce the risk scores. **Requires action to avoid exposure to significant risks to achieving the objectives for area under review.**	**Seven**
Moderate		Weaknesses in design or implementation of controls which contribute to risk mitigation. **Requires action to avoid exposure to moderate risks to achieving the objectives for area under review.**	**None**
Merits attention		There are generally areas of good practice. **Action may be advised to enhance control or improve operational efficiency.**	**None**

Perth and Kinross Integration Joint Board
Annual Audit Plan 2022/23

AUDITSCOTLAND

Prepared for Perth and Kinross Integration Joint Board

March 2023

Contents

Introduction

Summary of planned audit work

1. This document summarises the work plan for our 2022/23 external audit of Perth and Kinross Integration Joint Board (the IJB). The main elements of our work include:

- an audit of the annual accounts, and provision of an Independent Auditor's Report

- an audit opinion on other statutory information published within the annual accounts including the Management Commentary, Annual Governance Statement, and the audited part of the Remuneration Report

- consideration of arrangements in relation to wider scope areas

- consideration of Best Value arrangements.

Audit Appointment

2. We are pleased to be appointed as the external auditor of Perth and Kinross Integration Joint Board for the period 2022/23 to 2026/27 inclusive. You can find a brief biography of your audit team in the Appendix.

3. In the first year of the audit appointment, we invest significant time gaining an understanding of your business and identifying and assessing the risks of material misstatement to the financial statements. We keep our assessment of risks under review as the audit progresses. We will inform you of any significant changes in assessed risks and any resulting changes in our planned audit work.

4. The audit team will actively engage with you over the course of the audit to ensure our audit work continues to be focused on risk.

Adding value

5. We aim to add value to the IJB through our external audit work by being constructive and forward looking, by 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.

Respective responsibilities of the auditor and the IJB

6. 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

7. 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.

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

The IJB's responsibilities

9. The IJB is responsible for maintaining accounting records and preparing financial statements that give a true and fair view.

10. The IJB has the 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 them to deliver their objectives.

Communication of fraud or suspected fraud

11. 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 Committee we seek confirmation from those charged with governance of any instances of actual, suspected, or alleged fraud that should be brought to our attention. During our audit, should members of the IJB have any such knowledge or concerns relating to the risk of fraud within it, we invite them to communicate this to us for our consideration.

Financial statements audit planning

Introduction

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

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

Materiality

14. 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 determine with reasonable confidence 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 2022/23 audit

15. We assess materiality at different levels as described in Exhibit 1. The materiality values for the IJB are set out below.

Exhibit 1
2022/23 Materiality levels for Audited Body

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 2023 we have set our materiality at 2% of net expenditure based on the audited financial statements for 2021/22.	£4.9 million
Performance materiality – This acts as a trigger point. If the aggregate of errors identified during the financial statements audit exceeds performance materiality, this could indicate that further audit procedures should be considered. Using our professional judgement, we have assessed performance materiality at 75% of planning materiality.	£3.6 million

Reporting threshold (ie clearly trivial) – We are required to report to those charged with governance on all unadjusted misstatements more than the 'reporting threshold' amount.

£245,000

Source: Audit Scotland

Significant risks of material misstatement to the financial statements

16. Our risk assessment draws on our knowledge of the IJB, its major transaction streams, key systems of internal control and risk management processes. It is also informed by our discussions with management, and a review of supporting information.

17. Based on our risk assessment process, we identified the following significant risks of material misstatement to the financial statements. These are risks which have the greatest impact on our planned audit procedures. We also identify any other non-significant risks of material misstatement that require a specific audit response over and above our standard 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
2022/23 risks of material misstatement to the financial statements

Risk of material misstatement	Sources of assurance	Planned audit response
Significant risks of material misstatement		
1. Risk of material misstatement due to fraud caused by management override of controls As stated in International Standard on Auditing (UK) 240, management is in a unique position to perpetrate fraud because of management's ability to override controls that otherwise appear to be operating effectively.	Owing to the nature of this risk, assurances from management are not applicable in this instance	• 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 over the controls which ensure completeness, accuracy and allocation of income and expenditure. • Review of year-end consolidation of expenditure reports from Perth & Kinross Council and NHS Tayside including examining any significant adjustments.

Risk of material misstatement	Sources of assurance	Planned audit response
Other non-significant risks of material misstatement		
2. Accounting treatment of Covid-19 reserves clawback from IJBs by Scottish Government In February 2023, NHS Tayside's 2022/23 revenue resource allocation was advised that its funding would be reduced for the unspent Covid-19 reserve balances that the Scottish Government has clawed back from IJBs. This is expected to result in a £32 million reduction in the board's RRL for 2022/23 (£9.6 million from Perth & Kinross IJB). This reduction will be reflected in reduced contributions to each IJB of the same value. The amounts were determined on period 8 expenditure and may be further adjusted as a result of actual Covid-19 expenditure in 2023. It will be important that NHS Tayside and the three IJBs account for this on a consistent basis.	The clawback arrangements have been communicated by the Scottish Government.	• Verify clawback values to IJB working papers, NHS Tayside audited accounts, budget monitoring reports or schedules. • Review accounting treatment against accounting requirements agreed with Scottish Government and confirm this is adequately disclosed in the IJB's 2022/23 Annual Accounts.

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 risk for the IJB as it is wholly funded by way of budget allocations from its partner bodies (Perth & Kinross Council and NHS Tayside) and there is limited scope for manipulation.

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 or employ staff (other than appointing the Chief Officer and Head of Finance and Corporate Services). All expenditure is incurred and processed through the financial systems of the partner bodies and there is limited scope for the IJB to manipulate this.

20. As a result, our audit plan does not include any specific work in these areas in addition to our standard audit procedures.

Revisions to ISA (UK) 315 on auditors' responsibility to identify and assess the risks of material misstatement

21. The revised International Standard on Auditing (UK) 315 includes a revised requirement for auditors to understand a body's use of IT, as part of our understanding of the wider control environment, and to consider the related risks.

22. As part of our 2022/23 audit planning work, we will request assurances of the partners IT systems, on which the IJB relies, to obtain an understanding of the use of IT in financial reporting. This will consider the nature and characteristics of the IT applications and IT infrastructure. It will also include consideration of any risks related to national IT systems, and assurances over the operation and reliability of these systems during the year.

23. Any risks of material misstatement identified from the assessment of partner IT systems and infrastructure will be communicated to management and reflected in our approach to the audit of the 2022/23 financial statements.

Audit of Management Commentary, Annual Governance Statement, and audited part of the Remuneration Report

24. In addition to the appointed auditor's opinion of the financial statements, the Accounts Commission for Scotland prescribes that the appointed auditor should provide opinions as to whether the Management Commentary, Annual Governance Statement, and the audited part of the Remuneration Report, have been compiled in accordance with the appropriate regulations and frameworks and are consistent with the financial statements.

25. To inform these opinions we will consider whether the disclosures within each statement comply with the requirements of the applicable guidance, and confirm that relevant information reflects the contents of the financial statements and other supporting documentation

26. Based on our knowledge of the audit, and the established procedures in place to produce these statements, we have not identified any specific risks to be communicated to those charged with governance.

Wider Scope and Best Value

Introduction

27. The Code of Audit Practice sets out the four areas that frame the wider scope of public sector audit. The Code of Audit Practice requires auditors to consider the adequacy of the arrangements in place for the wider scope areas in audited bodies.

28. In summary, the four wider scope areas cover the following:

- **Financial management** means having sound financial control processes. We will consider these arrangements and comment on financial management in our Annual Audit Report.

- **Financial sustainability** – as auditors, we consider the appropriateness of the use of the going concern basis of accounting as part of the annual audit and comment on the 2022/23 financial position and financial sustainability in our Annual Audit Report.

- **Vision, leadership, and governance** – we conclude on the arrangements in place to deliver the vision, strategy, and priorities of the IJB. We also consider the effectiveness of the governance arrangements.

- **Use of resources to improve outcomes** – auditors have a duty to be satisfied that bodies that fall within section 106 of the 1973 Act have made proper arrangements to secure Best Value. We will consider how the IJB demonstrates that it is meeting its Best Value responsibilities and will report our findings as part of our Annual Audit Report.

Wider scope risks

29. Our planned work on our wider scope responsibilities is risk based and proportionate. We have not identified any local wider scope audit risks for the 2022/23 audit of the IJB. Progress on the outstanding recommendations identified in prior years will be followed-up with management during the course of the 2022/23 audit.

Reporting arrangements, timetable, and audit fee

Reporting arrangements

30. Audit reporting is the visible output for the annual audit. This Annual Audit Plan and the outputs set out in Exhibit 3, and any other outputs on matters of public interest will be published on our website: www.audit-scotland.gov.uk.

31. Matters arising from our audit will be reported on a timely basis and will include agreed action plans. Draft management reports will be issued to the relevant officers to confirm factual accuracy.

32. We will provide an independent auditor's report to the IJB and the Accounts Commission setting out our opinions on the annual report and accounts. We will also provide the IJB and the Accounts Commission with an annual report on the audit containing observations and recommendations on significant matters which have arisen during the audit.

33. Exhibit 3 outlines the target dates for our audit outputs.

Exhibit 3
2020/21 Audit outputs

Audit Output	Target date	Audit and Performance Committee Date
Annual Audit Plan	31 March 2023	13 March 2023
Independent Auditor's Report	31 October 2023	By 31 October 2023
Annual Audit Report	31 October 2023	By 31 October 2023

Source: Audit Scotland

34. 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 legacy of the late completion of prior year audits due to Covid-19 and ongoing resourcing challenges within Audit Scotland, we are unable to complete the IJB's audit by the 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 2023.

Timetable

35. We have included a proposed timetable for the audit at Exhibit 4 that has been discussed with management.

Exhibit 4
Proposed annual report and accounts timetable

✓ Key stage	📅 Provisional Date
Consideration of the unaudited annual report and accounts by those charged with governance	26 June 2023
Latest submission date for the receipt of the unaudited annual report and accounts with complete working papers package.	30 June 2023
Latest date for final clearance meeting with the Chief Finance Officer	18 October 2023
Agreement of audited unsigned annual accounts Issue of Annual Audit report including ISA260 report to those charged with governance	By 24 October 2023
Audit and Performance Committee meeting to consider the Annual Audit Report and approve the audited annual accounts for signature	By 31 October 2023
Independent Auditor's Report signed	By 31 October 2023

Source: Audit Scotland

36. Covid-19 has had a considerable impact on the conduct and timeliness of the audit. We recognise that it is in the best interests of public accountability to get the reporting of audited accounts back to pre-pandemic timelines. We are identifying ways to work more efficiently to expedite the 2022/23 audits whilst at the same time maintaining high standards of quality.

37. We intend to undertake the 2022/23 audit remotely. We will work closely with management to identify the most efficient audit approach and will keep timeframes and logistics for the completion of the audit under review. Progress will be discussed with officers over the course of the audit.

Audit fee

38. In determining the audit fee, we have taken account of the risk exposure of the IJB and the planned management assurances in place. The proposed audit fee for 2022/23 is £31,470 (2021/22: £30,660).

39. Fees have increased in 2022/23 and this reflects the current audit market and the rising costs in delivering high quality audit work. There are increased regulatory expectations and risks placed on audit and its quality, as well as a widening in the scope of work audit must cover.

40. In setting the fee for 2022/23 we have assumed that the IJB has effective governance arrangements in place; and will prepare comprehensive and accurate accounts for audit in line with the agreed timetable. 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

41. 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 2022/23, we will review internal audit reports and assess the impact of the findings on our financial statements and wider scope audit responsibilities.

Independence and objectivity

42. Auditors appointed by the Auditor General for Scotland or Accounts Commission must comply with the Code of Audit Practice and relevant supporting guidance. When auditing the financial statements, auditors must also comply with professional standards issued by the Financial Reporting Council and those of the professional accountancy bodies. These standards impose stringent rules to ensure the independence and objectivity of auditors.

43. 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.

44. Auditing and ethical standards require the appointed auditor to communicate any relationships that may affect the independence and objectivity of audit staff. The appointed auditor for the IJB is Brian Howarth, Audit Director. We are not aware of any such relationships pertaining to the audit of the IJB.

Audit Quality

45. Quality is at the core of public audit in Scotland and is the foundation for building consistency and confidence across all audit work. High quality audits provide assurance, add value, and can support public bodies to achieve their objectives.

46. Until 2021/22, the applicable audit quality standard was International Standard on Quality Control 1 (ISQC (UK) 1). This set out an audit practice's responsibilities for its system of quality control for audits.   ISQC (UK) 1 has been replaced by two new audit quality standards: Internal Standards on Quality Management (ISQM (UK) 1) applicable from 15 December 2022 and (ISQM (UK) 2) effective for the 2023/24 audits. Work is underway at Audit Scotland to meet the requirements of these quality standards.

47. Audit Scotland is committed to delivering high quality audits. The foundation of our quality framework is our Audit Guide, which incorporates the application of professional auditing, quality, and ethical standards and the Code of Audit Practice (and supplementary guidance) issued by Audit Scotland and approved by the Accounts Commission for Scotland. To ensure that we achieve the required quality standards, Audit Scotland conducts peer reviews and internal quality reviews. Additionally, the Institute of Chartered Accountants of England and Wales (ICAEW) has been commissioned to carry out external quality reviews.

48. As part of our commitment to quality and continuous improvement, Audit Scotland will periodically seek your views on the quality of our service provision. We welcome feedback at any time, and this may be directed to the appointed auditor.

Appendix. Your audit team

49. The audit team involved in the audit of the IJB have significant experience in public sector audit.

Brian Howarth, Audit Director

Brian is the appointed auditor for a portfolio of health, local government, and central government bodies, including NHS Tayside, Perth & Kinross Council, Tayside Pension Fund, Dundee City IJB and Perth and Kinross IJB. He has 30 years' experience of public sector audit with Audit Scotland and is a member of the Chartered Institute of Management Accountants. For the last six years, Brian was the appointed auditor for five IJBs.

Maggie Bruce, Senior Audit Manager

Maggie has over 30 years of public sector audit experience and is a member of the Institute of Chartered Accountants of Scotland. She has delivered external audit services to a range of bodies including local authorities, health boards and central government bodies.

Mary O'Connor, Senior Auditor

Mary is a member of the Chartered Institute of Public Finance and Accountancy and is experienced in planning and delivering IJB audits. She will manage the team and work alongside the Senior Audit Manager and Audit Director to deliver the IJB audit.

50. The local audit team is supported by a specialist technical accounting team, all of whom have significant experience of public bodies and work with accounting regulatory bodies.

Perth and Kinross Integration Joint Board
Annual Audit Plan 2022/23

AS.4.0

AUDIT SCOTLAND

PERTH AND KINROSS INTEGRATION JOINT BOARD

AUDIT & PERFORMANCE COMMITTEE

13 MARCH 2023

EXTERNAL AUDIT FEE FOR 2022/23

Report by Interim Chief Finance Officer
(Report No. G/23/25)

PURPOSE OF REPORT

This report requests approval from the Audit and Performance Committee for the proposed 2022/23 External Audit fee.

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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 2022/23

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 was made up of the Audit Scotland base fee plus an additional fee agreed between KPMG and the Perth & Kinross IJB.

2.3   In December 2022, Audit Scotland wrote to IJB Chief Finance Officers to indicate the fee level for 2022/23 audits. It was also confirmed that a rebate

would be applied for the reduced travel and subsistence costs incurred during the 2019/20 and 2020/21 audits.

2.4 The proposed fee for Perth & Kinross Integration Joint Board (IJB) is £31,470, this is a 12.6% increase on the base fee for last year. Audit Scotland have been approached by the IJB CFO Section to provide an explanation for this level of increase. Audit Scotland have responded and cited 3 main reasons:

- Audit Market – Increased costs and absence of discounts from private sector firms which Audit Scotland had previously benefitted from.
- Scope of audit – regulatory and industry requirements on audit have increased and public audit has a wider scope than previously. The extra work has resulted in additional costs.
- Statutory Requirements – requirement to break even and Audit Scotland can no longer absorb the increase in costs and resource pressures.

2.5 Audit Scotland have confirmed a rebate will be given on the audit fees paid for the 2020/21 and 2021/22 audits. This is a rebate for reduced transport and subsistence costs due to the audits not being conducted on-site.

2.6 Due to the rebate and the absence of any additional fee, the proposed fee for the 2022/23 audit is a 2.6% reduction on the fee approved for last year. Table 1 below provides detail on the fee movement:

Table 1

	2021/22 Audit (KPMG)	2022/23 Audit (Audit Scotland)	Increase / (Decrease)
Base Fee	£27,960	£31,470	12.6%
Additional Fee	£ 2,700	-	-
Rebate from prior years	-	(£1,603)	-
Total	**£30,660**	**£29,867**	**(2.6%)**

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 2022/23.

Author(s)

Name	Designation	Contact Details
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PERTH AND KINROSS INTEGRATION JOINT BOARD

AUDIT & PERFORMANCE COMMITTEE

13 MARCH 2023

CLINICAL AND CARE GOVERNANCE ASSURANCE

Report by Chief Officer
(Report No. G/23/26)

PURPOSE OF REPORT

The purpose of this report is to provide assurance to the Perth and Kinross 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).

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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 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 delegate 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. These reports seek to provide assurance to NHS Tayside that there are effective and embedded systems for Clinical, Care and Professional Governance in all services delegated to or hosted by PKIJB. 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.

2.4 Agreement has been reached for a reciprocal process for the provision of assurance to PKIJB from Perth and Kinross Council for operational Adult Social Work and Social Care services managed by PKHSCP with reporting from the CPGF to the Scrutiny and Performance Committee commencing in April 2023.

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 An extract from the approved minute concerning PKHSCP's Exception Report from NHS Tayside's Care Governance Committee of 6th October 2022 and PKHSCP's submission to the above Committee (assurance report) of 1st December 2022 are attached at appendices 1 and 2 to evidence the above.

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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Kenny Ogilvy	Acting Head of Service Adult Social Work and Social Care (Operations)	kogilvy@pkc.gov.uk

Appendices
Appendix 1 – PKHSCP Extract from the Minutes of NHS Tayside's Care Governance of Committee 6th October 2022
Appendix 2 - Assurance Report: Perth and Kinross HSCP 1st December 2022

10.3 Exception Report: Perth and Kinross HSCP

Miss Angie McManus, supported by Mr Mark Dickson and Mrs Angela Cunningham, spoke to the exception report which had been provided to the Committee raising awareness of an emerging issue around

pharmacy provision within Prisoner Healthcare Service and ongoing information technology issues being experienced by Lloyds Pharmacy.

Miss McManus advised that NHS Tayside Board had received a letter in September 2022, regarding issues experienced within Lloyds Pharmacy who currently hold the contract for the provision of pharmacy within Prisoner Healthcare. The implementation of a new information technology system within Lloyds Pharmacy has caused considerable delay within the system with the consequence of delays for the provision of medication for those within the establishments.

This emerging risk has been raised at local level through the clinical, care and professional governance group at its September 2022 meeting within the Perth and Kinross HSCP, and has been included within the risk register as a service risk, to ensure regular updates are received.

Miss McManus advised that the Specialist Clinical Pharmacist within Prisoner Healthcare Services has been proactive around this risk, and had had numerous discussions with Lloyds Pharmacy and to date there has been no adverse effect noted across the Tayside Prison establishments, and individuals, who require it, are receiving their medications in a timely and effective manner.

Mrs Cunningham advised that it was unclear if any other area has had an adverse impact due to the implementation due to the tenacity of NHS Tayside pharmacy staff's proactive actions. Mrs Cunningham praised the Pharmacy Team and Prison Healthcare who have worked flexibly to ensure that individuals within the Prison establishments have not been without medication. Lloyds Pharmacy have indicated that they have a recovery plan in place and will rectify this issue in the next four to six weeks.

The Chair thanked Miss McManus and Mrs Cunningham for this exception report, noting that a further effect of individuals not receiving

medication could lead to unrest within the establishments and a reduction in the health of the population overall.

Mrs Dickie would wish to commend the Pharmacy Team on behalf of the organisation, for their agile, responsive and proactive approach to this emerging issue and recognising the impact on both clinical care and treatment and the wider potential impact on those individuals within the prison establishments.

The Committee:
- Noted the content of the exception report. No further escalation required at this point.

Care Governance Committee

01 December 2022

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

                    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):

- Equality
- Vision and Leadership
- Effective Partnerships
- Governance and Accountability
- Use of Resources
- Performance Management
- Sustainability

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 to 31st October 2022

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

- The ongoing development of Clinical & Care Governance structures for Mental Health services in P&K HSCP.

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 has been established and continues to meet, with representatives from each of the three Partnerships and part of its remit is to support additional common assurance measures and this template.

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

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

2.3 Assessment

2.3.1 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 are asked for 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.

Title of Risk	Adequacy	Inherent Risk Score (without controls)	Current Risk Score (with current controls in place)	Current Controls
(829 - Health) Challenges in relation to accommodation for clinical and non-clinical staff across P&K	Incomplete	20 (RED)	20 (RED)	**Risk last reviewed 16 August 2022** Chief Officer has met with NHST Director Facilities to discuss a commercial premise to lease in P&K Head of Health has briefed NHS Director of Facilities re all options which have currently been explored in NHS and PKC family Interim Chief Exec of PKC has been briefed by Chief Officer re: accommodation needs for the HSCP. HSCP Chief Officer and Heads of Service attending PKC-led asset management workshops to plan for future requirement across public services and to work towards one public estate. The requirements of the HSCP have been shared. Premises requirements identified and summarised in a briefing paper for CCATS, IDART, potential relocation of GP premises in Perth City and a multi-disciplinary team supporting young people and adults with a learning disability and/or Autism with complex needs. Shared with NHS Procurement and Estates
(982 – Health) Mental Health Workforce in P&K HSCP	Adequate	20 (RED)	20 (RED)	**Risk last reviewed 7 November 2022** Exploring additional nursing resource for the CMHTs For POA, we are continuing to secure supplementary staffing via bank and agency Ongoing recruitment to vacant Nursing posts

Title of Risk	Adequacy	Inherent Risk Score (without controls)	Current Risk Score (with current controls in place)	Current Controls
				Learning from staff exit interviews Operational Associate Medical Director for Mental Health is currently reviewing and arranging updated recruitment tools P&K service entered contingency, and P&K Mental Health contingency meeting established. As of 26th Nov 21, the service exited contingency. Liaison with Mental Health AMD, Nurse Director and Medical Director Medical contingency team to be based at Murray Royal Hospital commencing 21 June 2021. The team will stand down from 29th Nov 2021 Pharmacy resource secured to support contingency team Advanced Nurse Practitioner resource being secured to support contingency team Drafting patient pathways between CMHT and medical contingency team NHST is deploying medical resource from Dundee Secured adequate locum psychiatrist cover for the next six months.
(5 – Social Work) Workforce at critical level within the Social Work Access Team			25 (RED)	**Risk last reviewed 9 September 2022** 6 WFTE additional Social work posts agreed to work within the team and proposed implementation of redesign September 2022.

Title of Risk	Adequacy	Inherent Risk Score (without controls)	Current Risk Score (with current controls in place)	Current Controls
				Access Team still Red RAG status due to continual long-term absence, vacancies and increase in the volume/demand of work coming into the first point contact. A review of the service has been undertaken and has been implemented. The new criteria commenced on the 1st September.

2.3.2 <u>Clinical & Care Governance Arrangements</u>

<u>Lead Partners Services</u>

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. A summary of recent assurances received at the P&K Care & Professional Governance Forum (CPGF) are:

Key risks identified within the exception reports from the CPGF meetings held in July, August, September and October 2022:

- Prison Healthcare:
  - o Bella Centre – NHS IT cabling issues resulting in difficulty in staff accessing the NHST network and clinical systems.
  - o High volume of complaints ongoing

- o GP medical cover for HMP Perth remains a risk. There is currently only one salaried GP at present, resulting in significant waiting times. This risk has been added to DATIX as at 8th Sept 22.

- **Access Team:**
  - o Ongoing staff shortage due to vacancies and long term sickness is having an impact upon the Access Team's ability to perform statutory duties timeously. This continues to be the case with priority being statutory and duty work only.

- **South Locality:**
  - o Across the board issues with registered staff recruitment and retention. Impacting all areas including adult protection work, care planning audits (POA wards), training and TURAS completion.
  - o Suicide attempt by ligature. Patient escalated to continuous interventions. Incident was managed well by staff on shift. De-brief carried out and support offered to staff and relatives.

Key risks identified within the annual reports from the CPGF meetings held in July, August, & September 2022:

- **Registered Services:**
  - o Within Perth & Kinross Home Care (HART), there is increased demand to support long term Care at Home packages resulting in increased delays in the community. Service has increased staffing capacity but posts still being recruited to. Agency care staff are in place and all staff are offered over-time.
  - o Both Parkdale Care Home and New Rannoch Day Centre have a number of unfilled vacancies which creates a risk of not being able to adequately staff the respective areas.

- **Commissioned Services:**
  - o During Dec 2021 and Feb 2022, there was a COVID outbreak within a local Care Home. Approximately 30 residents and 30 staff tested positive, and 8 residents died relating to COVID-19. The care home was closed to admissions, transfers, and readmissions over this time period. After a respectful period of time, a Mortality & Morbidity review was carried out by the P&K HSCP Lead Nurse.

- Podiatry:
  - Ongoing difficulty in recruitment and retention in podiatry which is a national issue; along with increase turnover of staff, there is a risk of the service being unable to treat the increasing number of higher risk patients and to positively address the existing patient waiting times, which may lead to unintended consequences to patients, and deterioration of staff wellbeing.
  - The high percentage of patients requiring wound management is impacting on the clinical capacity, resulting in the service being unable to meet the assessed needs of other patients within the caseload who have an identified need.
  - The Service continues to have a waiting list for those referrals triaged as routine i.e. those referrals which do not indicate any condition which puts the person at immediate risk but meets the service eligibility criteria for assessment with a target time of 18 weeks. The majority of those waiting over 18 weeks are pre pandemic. Referrals triaged as urgent or soon continue to be appointed.

- Joint Equipment Loan Store:
  - No significant risks identified.
  - With the introduction of new scanner technology JELS are now able to capture 'client satisfaction' on completion of all delivery's and collections.

2.3.3 Adverse Event Management

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 March and June 2022 were:

Highest frequency events:
1. Slips, Trips and Falls
2. Medication
3. Violence & Aggression
4. Pressure Ulcer

5. Clinical Challenging behaviour

Slip, Trip & Falls

During the months between July and October 2022, there were **156** incidents recorded, of which 25 involved harm. 74 occurred at MRH, 33 at PRI, 45 in Community Hospitals and the remaining 4 in other areas.
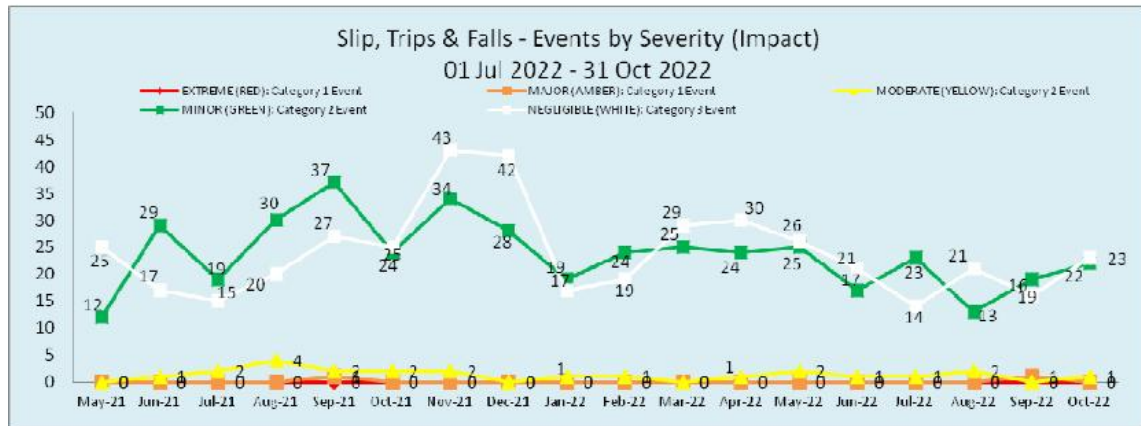
The Psychiatry of Old Age inpatient wards at Murray Royal Hospital experienced a higher than usual number of falls at the end of 2021 due to several patients who had multiple falls (many of which were controlled). Ward staff were doing all they could to manage the falls, and they had support from the 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 months between July and October 2022, there were **94** incidents recorded, of which none involved harm. 5 occurred at MRH, 8 at PRI, 17 in

Community Hospitals, 54 within a Prison Establishment and the remaining 10 in other areas.

Medication Adverse Events by Severity (Impact)
1 Jul 2022 - 31 Oct 2022
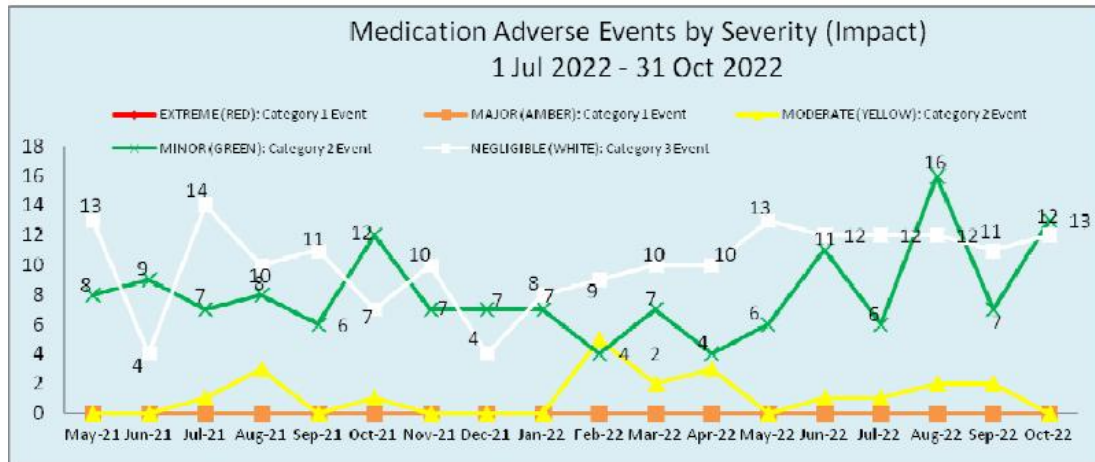
The majority of medication adverse events occurred with the Prison Healthcare service. The prison healthcare service manages and administers a high volume of medication across three sites across Tayside - HMP Perth, HMP Castle Huntly and HMP & YOI Bella, which opened earlier this year. The service has ongoing challenges with regards to the Lloyds pharmacy contract and issues with medication deliveries. This has an impact on the patient population and, as such, has been added to DATIX as a service risk. The Clinical Pharmacist is in discussion with Lloyds and the national prison pharmacy team at NSS with a view to improve the situation. The service is also carrying some vacancies across the teams.

The medication adverse events are varied, ranging from medication being delivered late due to the Lloyds delivery, to rarer CD incidents which are fully investigated and reported through the PHC Medicines Management Group then on to P&K CCPG.

Violence & Aggression

During the months between July and October 2022 there were **54** incidents recorded, of which 14 involved harm. 28 occurred at MRH, 11 at PRI, 6 in Community Hospitals, and the remaining 9 in other areas.

Violence and Aggresssion Events by Severity (Impact)
01 Jul 2022 - 31 Oct 2022
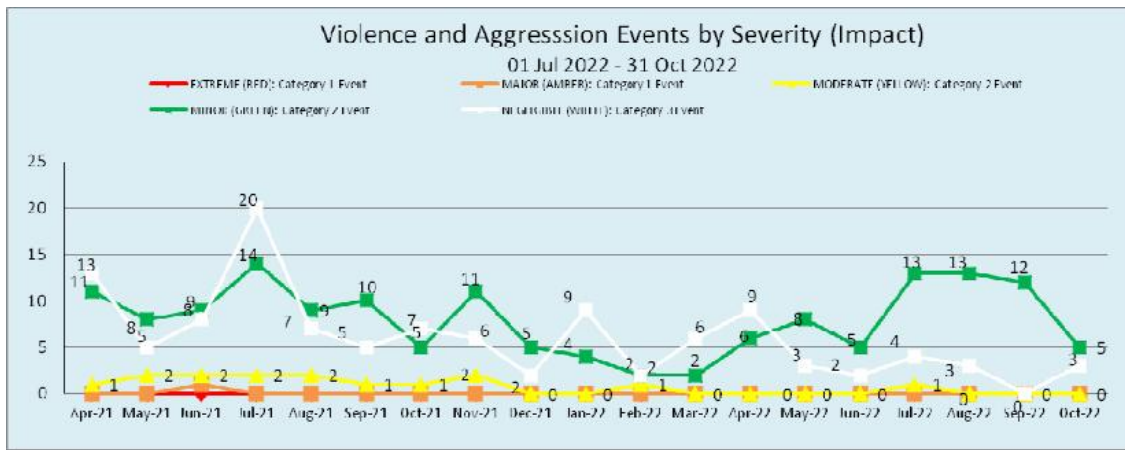
The incidents within Murray Royal Hospital were within the Psychiatry of Old Age wards. In looking at these incidents, the majority were within one particular ward, and the majority of those were with regard to one particular patient.

Clinical Challenging Behaviour

During the months between July and October 2022, there were **30** incidents recorded, of which 11 involved harm. 22 occurred at MRH, 2 in PRI, 4 in Community Hospitals and the remaining 2 in other areas.

Clinical Challenging Behaviour Events by Severity (Impact)
01 Jul 2022 - 31 Oct 2022
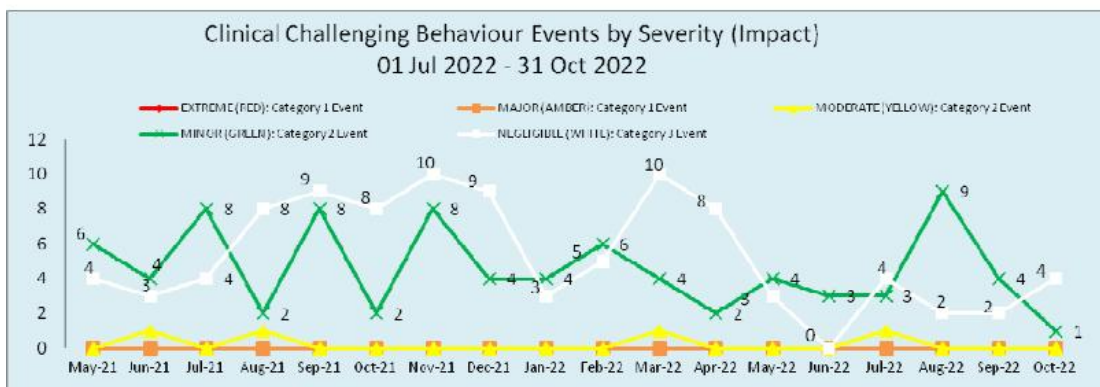
The vast majority of these incidents were within the Psychiatry of Old Age wards at Murray Royal Hospital. The wards have sought input from the NHST PMVA team regarding the ongoing management of Violence & Aggression and Clinical Challenging Behaviour.

Pressure Ulcers

During the months between July and October 2022, there were **51** incidents recorded, of which 38 involved harm. 24 were within the patients home, 12 within Community Hospitals, and the remaining 15 in other areas.

Pressure Ulcer Events by Severity (Impact)
01 Jul 2022 - 31 Oct 2022
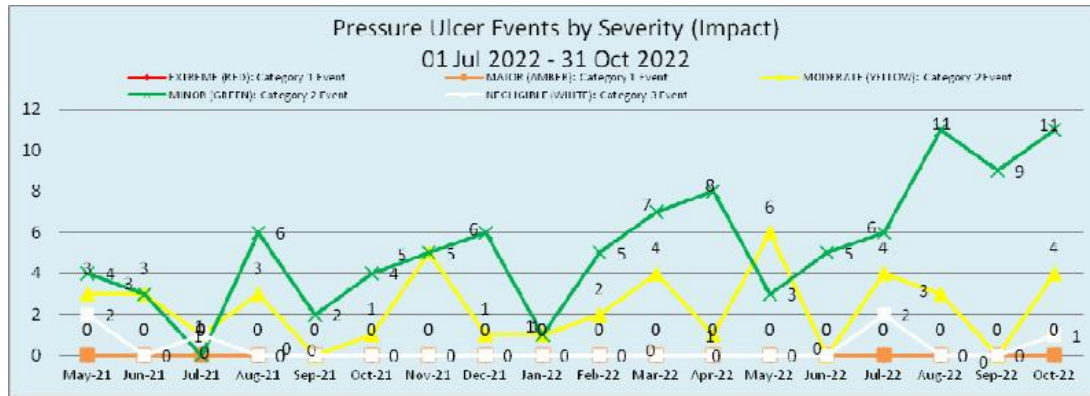
For all 'extreme' or 'major' events a Local Adverse Event Review (LAER) is conducted and the outputs are taken to the regular CPGF meetings under the standardised Exception Reporting template, and the learning is discussed and shared for further dissemination.

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

- September 2020 – 24 outstanding events
- January 2021- 19 outstanding events
- May 2021 - 13 outstanding events
- July 2021 – 13 outstanding events
- November 2021 – 11 outstanding events
- March 2022 - 8 outstanding events
- July 2022 - 5 outstanding events
- Oct 2022 – 2 outstanding events

Progress has been made throughout the year regarding the outstanding red events, and as of October 2022, there are 2 outstanding which are overdue. The reason for some of these being outstanding relates to complexity of events; delays due in part to the COVID pandemic response; co-ordination across multiple agencies and services etc. Reviews will continue until a further sustained improvement is evident. Further details regarding these incidents are provided within Appendix 5.

Each geographical locality in P&K is provided with a summary of adverse events specific to their locality to enable them to identify trends and any learning.

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

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

2.3.4   Significant Adverse Event Reviews

There is one ongoing SAER within P&K HSCP relating to a completed suicide. A draft report has been completed, and comments received back from the family and those involved in the review. An action plan based on the recommendations has been created, and both the report and action plan have had first stage sign-off. They are now awaiting sign-off at the second stage.

2.3.5   Pressure Ulcers & Falls

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

2.3.6   Complaints
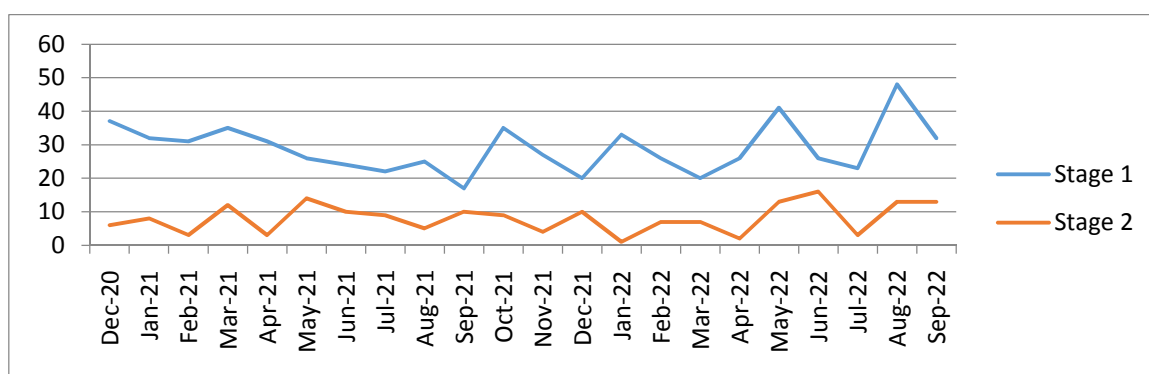
Current Complaints as at 15 November 2022 - Stage 1

Service Area	0-5 Days	6-10 Days	Total
Perth & Kinross HSCP	8	2	10

Current Complaints as at 15 November 2022 - Stage 2

Service Area	0-5 days	6-10 days	16-20 days	>20 days	>40 days	>60 days	Total
Perth & Kinross HSCP	1	1	2	7	1	1	13

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

There have been no external inspections to our NHS services during the time period. Adult Social Work and Social Care had an inspection to their Adult Support and Protection arrangements, and further information regarding this is contained within the section below.

Adult Support & Protection

Number of Adult Protection Referrals:
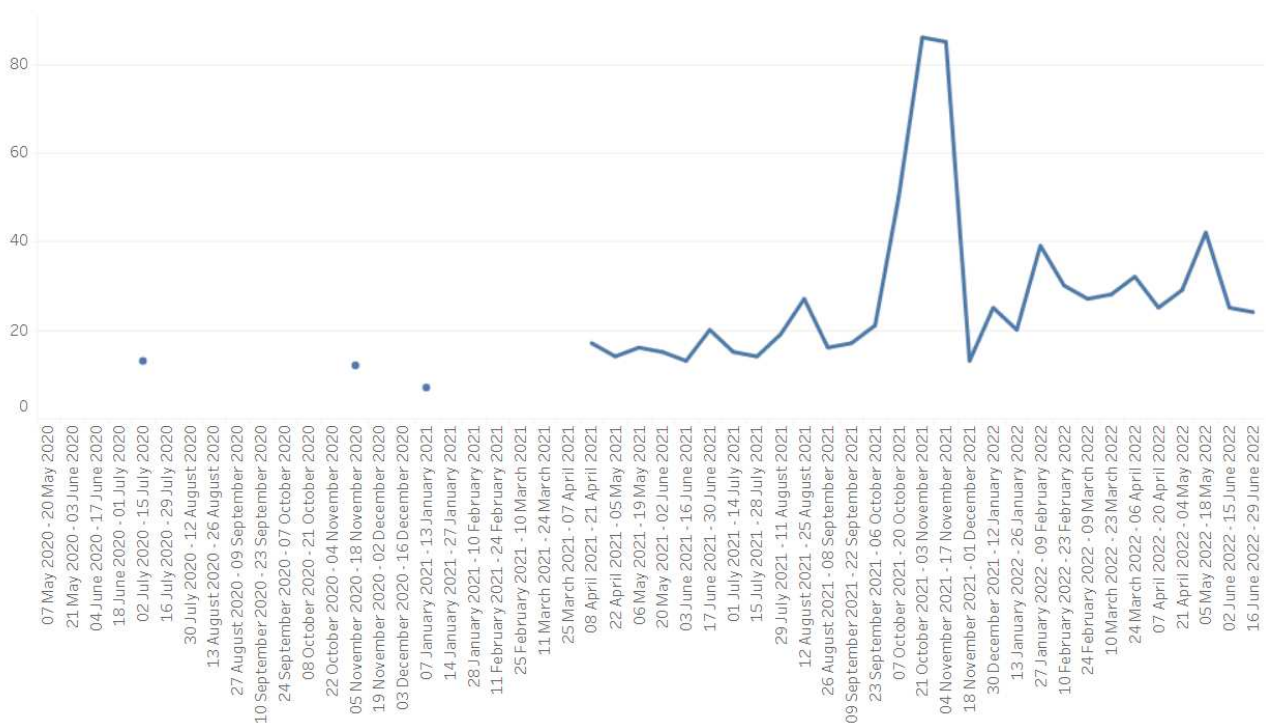
Adult Concerns received by Local Authority from Police Scotland:
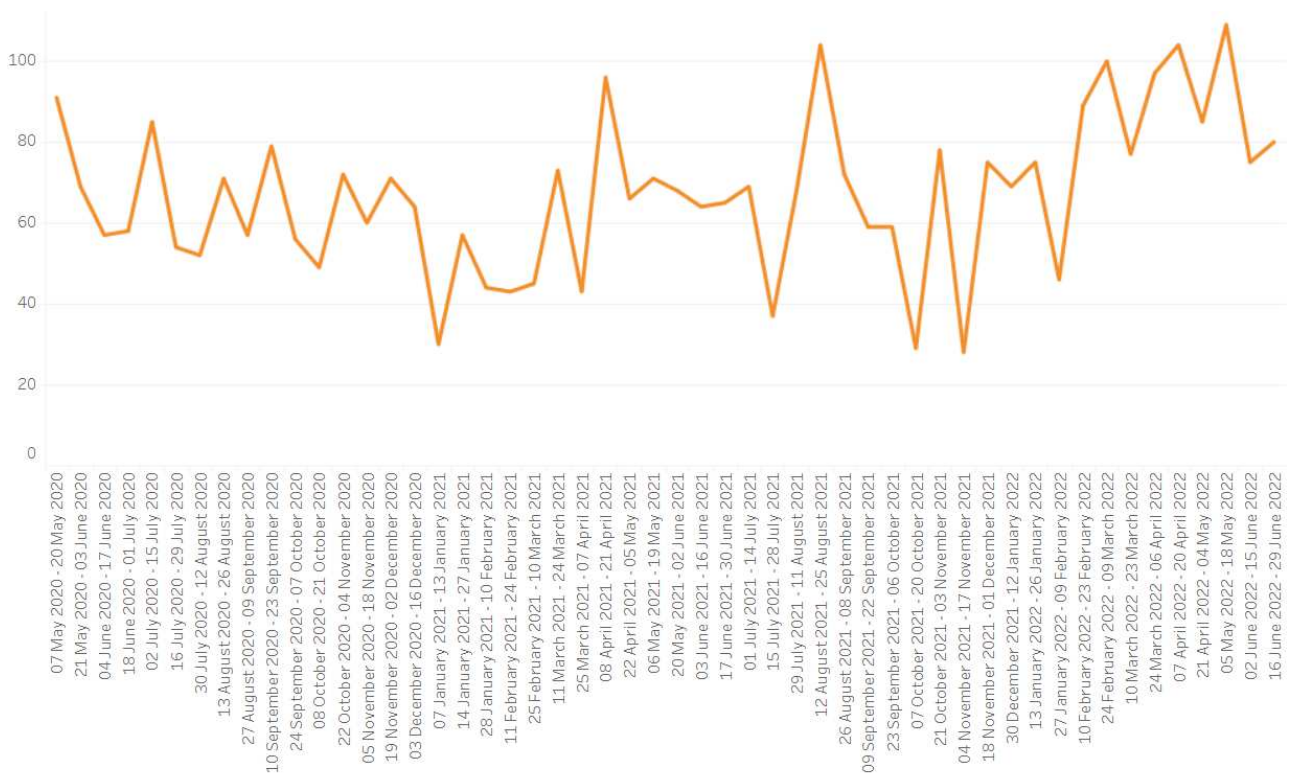
A joint inspection of Adult Support & Protection arrangements in Perth & Kinross took place between April and August 2022. The Care Inspectorate led the inspections, in collaboration with Healthcare Improvement Scotland and Her Majesty's Inspectorate of Constabulary in Scotland.

The report and findings were positive, with the inspection report highlighting the following:

Strengths
- The partnership had strong self-evaluation and quality assurance processes, which determined the performance and impact of adult support and protection arrangements across Perth & Kinross.
- The partnership provided opportunities for collaborative involvement of partner agencies and information sharing through specialist screening and triage arrangements and interagency referral discussions.
- The Council recently procured an electronic case management system to enhance current methods of recording social care information including adult support and protection.

- The partnership had developed initial referral discussion processes, which improved the quality of inquiries and outcomes for adults at risk of harm.
- Strategic leadership, and oversight of adult support and protection arrangements, were very effective. Social work teams, a dedicated adult support and protection lead detective officer, and an NHS team strengthened public protection.
- The partnership provided a number of support groups for adults living in the partnership area, to promote community engagement and reduce risks associated with harm. This further endorsed the partnership's vision and improvement plan.
- The partnership established a Care Home Oversight Group to support outcomes for large scale investigations, and to provide additional guidance and support to staff in care homes at the height of the pandemic. The support remained in place to help meet the needs of adults living in care homes.

<u>Priority areas for improvement</u>
- Medical examinations were not always carried out when they should have been. For a few cases, this impacted negatively on the adult at risk of harm. A more consistent approach was needed to ensure medical examinations were requested and undertaken in a timely manner.
- Some aspects of adult protection practice within the Divisional Concern Hub were inconsistent. The partnership should maximise opportunities to escalate, share and record information more robustly.
- Adults at risk of harm and unpaid carers should be invited and, where necessary, supported to attend case conference. Information regarding attendance and engagement should be clearly recorded to demonstrate the partnership's interventions

The full report is available to view on the Care Inspectorate website here.

Within our previous report to this Committee, reference was made to a particular adverse event that occurred within one of our Commissioned Care Homes regarding a medication error. This adverse was reported as a Adult protection concern by the member of Adult Social Work and Social Care staff who discovered the error.
The Committee requested some additional information regarding this event and any follow up. The individual involved in the adverse event had been routinely administered several doses of a medication for which the prescription was "as

required". Because the individual met the criteria for being an adult at risk, this was reported as an adult protection concern. The investigation found several issues which appear to have contributed to the error occurring, and this allowed the Care Home Oversight group the opportunity to support the Care Home on an informal basis to address these.

2.3.10 Mental Health

Community Mental Health Service Activity:

Number of New Referrals received:
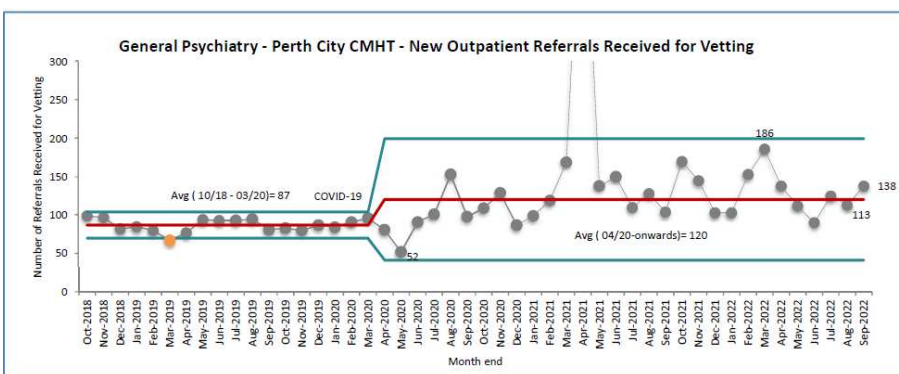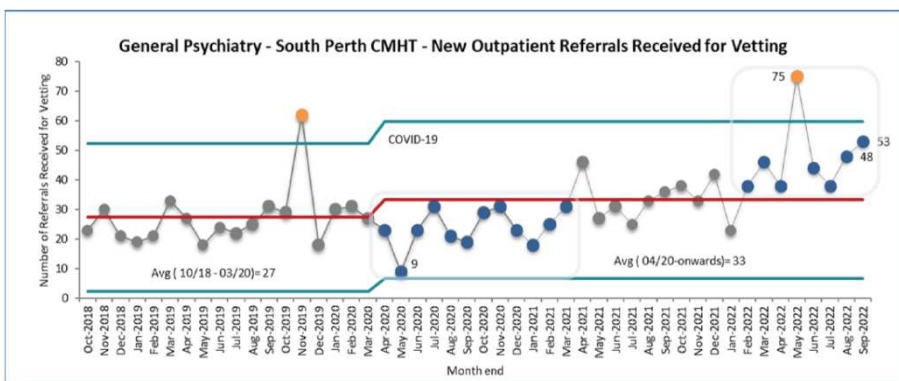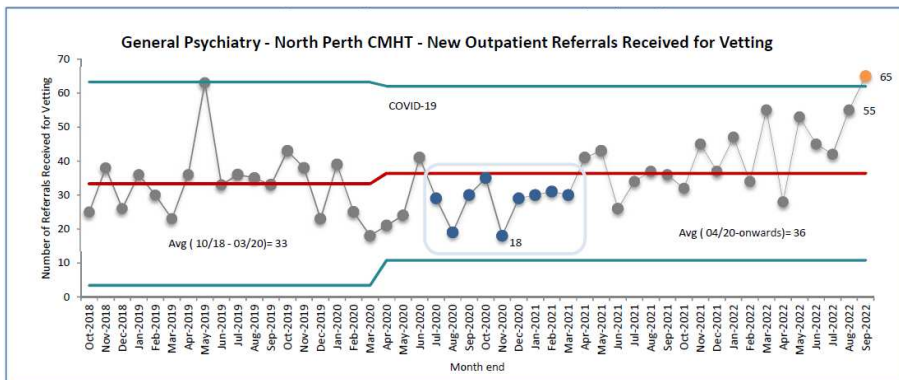
Number of New Appointments:

General Psychiatry - North Perth CMHT - New Outpatient Attendances

General Psychiatry - South Perth CMHT - New Outpatient Attendances

General Psychiatry - Perth City CMHT - New Outpatient Attendances
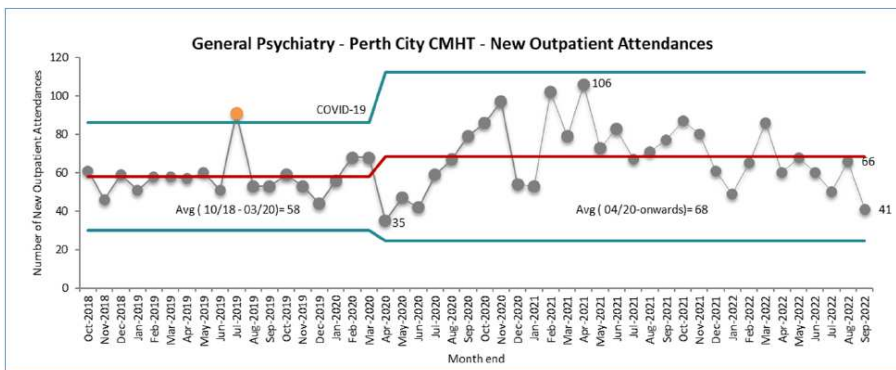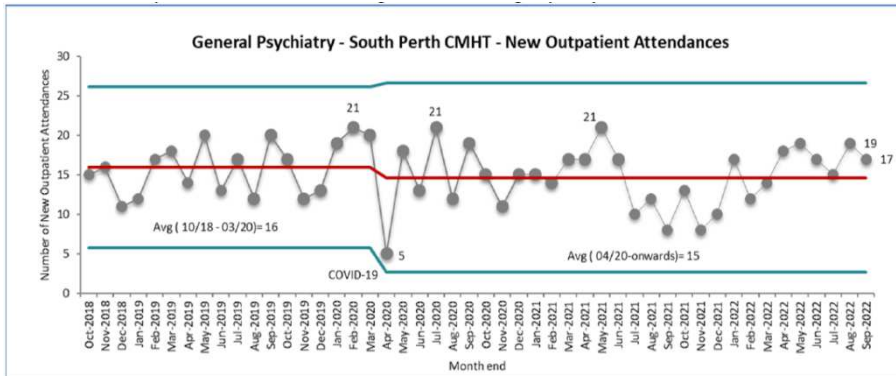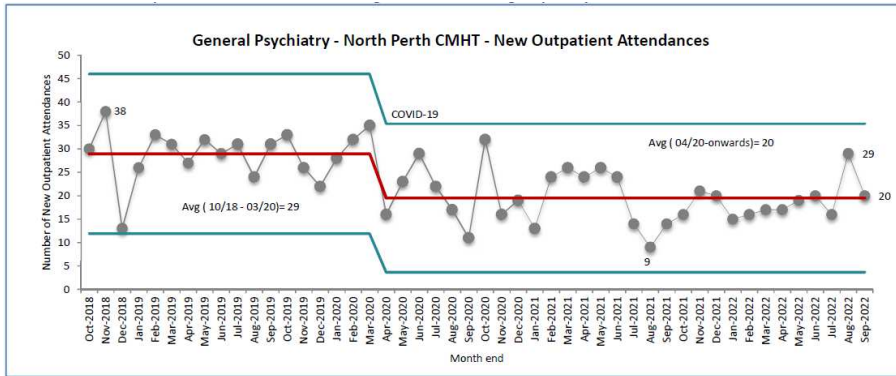
Total New Patient Waiting List:

General Psychiatry - North Perth CMHT - New Additions to Outpatient Waiting List

General Psychiatry - South Perth CMHT - New Additions to Outpatient Waiting List

General Psychiatry - Perth City CMHT - New Additions to Outpatient Waiting List
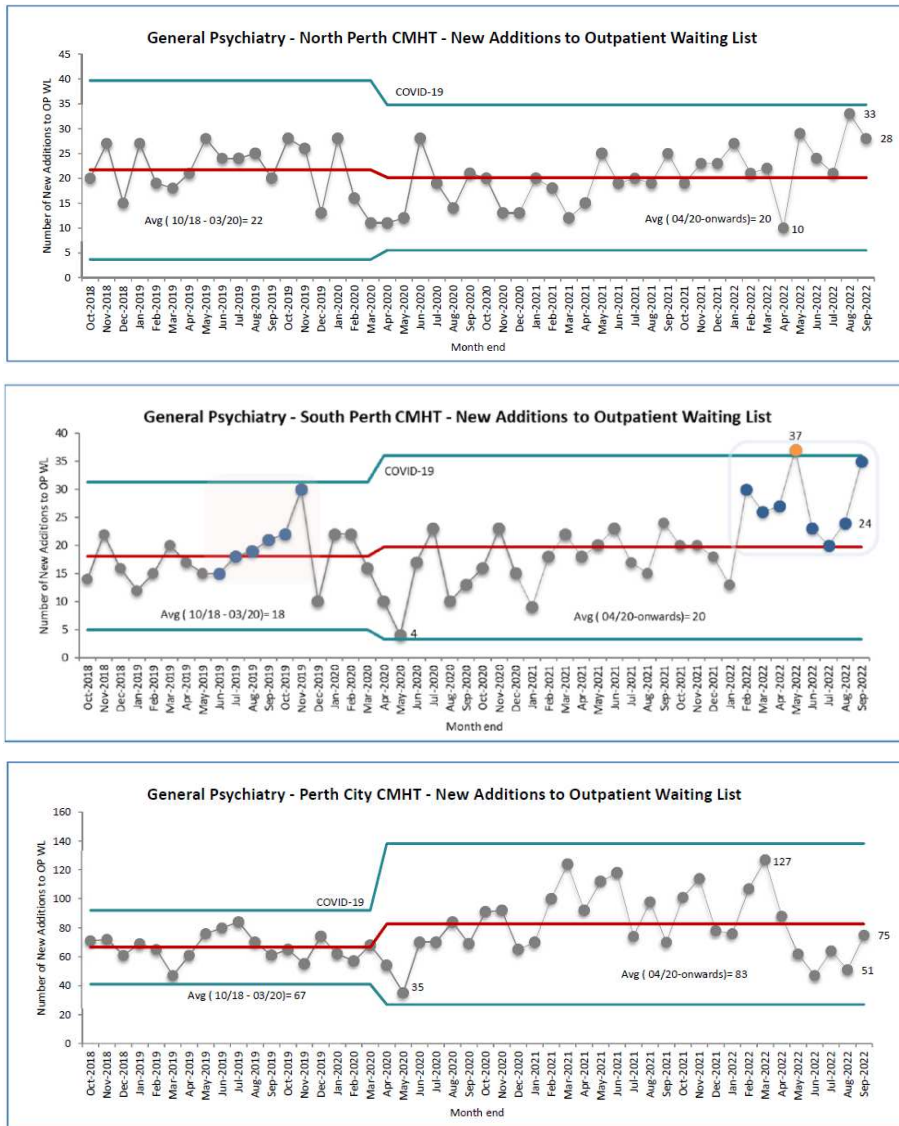
Drug related deaths:

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):

Confirmed Drug Deaths
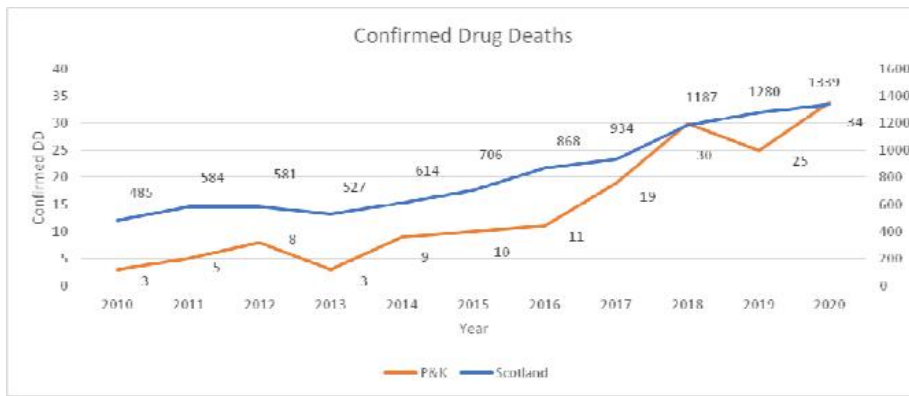
And <u>suspected</u> drug related deaths within Tayside:

Suspected Drug Deaths
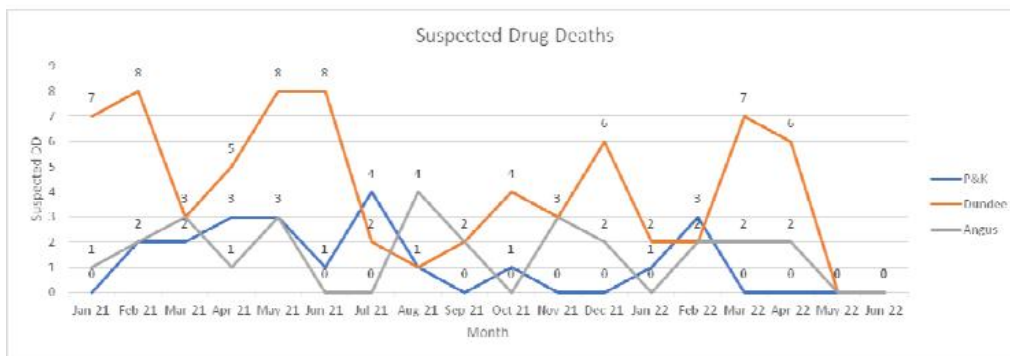
2.4 Quality/Patient Care

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.

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.

2.5   Financial

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

2.6   Risk Assessment/Management

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

2.7   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.

2.8   Other impacts

N/A

2.9   Communication, involvement, engagement and consultation

All HSCP Staff have been invited to complete the latest iMatter survey, and teams have met to discuss the results of these and 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.

2.10   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:

- **Assurance**

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

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),	Delegated
South Locality	Community Care & Treatment Teams, Community Learning Disability Services, Adult Social Work Teams 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 November 2022)

DATIX RISK SUMMARY (HEALTH)

Current service risks within health services (31):

Ref	Locality/Service	Grading and Title of risk	Risk Score & Grading	Last updated / Manager
829	Perth City	Challenges in relation to accommodation for clinical and non-clinical staff across P&K	20 RED	16-08-22 Evelyn Devine
982	Mental Health P&K wide	Workforce	20 RED	07-11-22 Chris Lamont
1170	MFTE & Intermediate Care	P&K HSCP Hand Therapy Service - Waiting Times	16 AMBER	01-06-22 Morag Ottley
1157	Public Dental service	Failure to meet statutory levels of ventilation within Dental Surgeries in Angus & Dundee	16 AMBER	29-04-22 Heather Ballantyne
1151	P&K wide	Mental Health - Capacity & Flow	16 AMBER	28-03-22 Chris Lamont
657	P&K wide	P&K HSCP Community Hospital Registered Nurse Staffing Levels	16 AMBER	09-05-22 Tia Dixon
1128	Psychiatry of Old Age	Reduced Staffing within the 3 POA in-patients areas in P&K HSCP	16 AMBER	10-02-22 Shelly Milligan
886	MFTE & Intermediate Care	Staffing challenges within the OT service at PRI	16 AMBER	05-04-22 Morag Ottley
981	Mental Health P&K wide	Pathways of Care	16 AMBER	14-12-21 Chris Lamont
664	Perth City	Care & treatment hub accommodation within Perth City	16 AMBER	27-09-22 Chris Lamont
1055	Primary Care	Risk regarding long term GP Practice sustainability	16 AMBER	11-08-22 Ruth Buchan
1226	Prison Healthcare	GP cover for HMP Perth	15 AMBER	12-10-22 Angela Cunningham
983	Mental Health P&K wide	Ligature Anchor Points	15 AMBER	24-05-22 Shelley Milligan
1254	Prison Healthcare	Non Emergency Transfer of Patients to Hospital	12 AMBER	16-11-22 Angela Cunningham
1174	North	Community Nursing staffing challenges within the North Locality	12 AMBER	15-08-22 Angela Milne
979	Mental Health P&K wide	Mental Health - Prescribing	12 AMBER	28-03-22 Chris Lamont
984	Mental Health P&K wide	Doctors in Training	12 AMBER	19-01-22 Chris Lamont

565	Prison Healthcare	Prison Healthcare Staffing levels (nursing)	12 AMBER	21-06-22 Angela Cunningham
613	Perth City	Excessive wait times for Adult Mental Health OT intervention	12 AMBER	01-08-22 Lindsey Griffin
827	Perth City	Provision of Dialectical Behaviour Therapy(DBT) within P&K Community Mental Health Teams	12 AMBER	06-09-21 Chris Lamont
980	Mental Health P&K wide	Environment and Infrastructure	12 AMBER	14-12-21 Chris Lamont
1038	Podiatry	Excessive patient waiting times within Tayside Podiatry service	12 AMBER	08-08-22 Mark Finnon
272	MFTE & Intermediate Care	Tay & Stroke wards – workforce	10 AMBER	20-07-22 Anne Davidson
569	Prison Healthcare	Medication administration within HMP Perth	10 AMBER	21-06-22 Airlie Dewar

1087	iDART	iDART recruitment and retention and increasing caseload challenges	9 YELLOW	11-04-22 Chris Lamont
701	Prison Healthcare	Mental Health Waiting Times within the Prison Healthcare Service	9 YELLOW	31-08-22 Airlie Dewar
1242	Prison Healthcare	Delays in Pharmacy Order Deliveries	8 YELLOW	06-10-22 Angela Cunningham
978	Mental Health P&K wide	Mental Health Strategy	8 YELLOW	14-12-21 Chris Lamont
985	Mental Health P&K wide	Stakeholder and Partnership Engagement	6 YELLOW	14-12-21 Chris Lamont
321	Public Dental Service	IT Failure - Public Dental Service	6 YELLOW	30-06-21 Michelle Hamilton-Smith
1139	North	Heating system at Pitlochry Hospital unable to be accessed/controlled by estates	6 YELLOW	15-06-22 Angela Milne

Appendix 3 – Service risks within P&K HSCP Adult Social Work & Social Work Services

|Perth & Kinross Health & Social Care Partnership

SERVICE RISK PROFILE - Adult Social Work and Social Care | Last updated: **16th September 2022**

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	
WORKFORCE											
1	Operational	**Because of a** reduced number of Adult Protection trained social workers; workforce depleted due to sickness and covid related issues **There is a risk of an** inability to meet demand of ASP inquiries/investigations and on-going ASP Work. **Impacting on** our ability to ensure that Adults are safe from harm.	Alison Fairlie	5	4	20	1 ASP Council Officer Training 2 There are AP trained SW within the Locality Teams. 3 Funding for additional SW posts	5	2	15	Up-date from 9th September 2022. New Social Work staff have been recruited to manage this risk but currently the new staff are undertaking their Council Officer Training which been arranged for later in September. This risk removed following the completion of training.
OT CAPACITY											
2	Operational	**Because of** historical demand and various service challenges **There is a risk** around a lack of OT capacity **Impacting on** delays in service users receiving assessments; backlogs in referrals and increased wiating lists within localities.	Shona MacLean	4	3	12	1 Current OT Posts Agreed prioritisation criteria for OT assessments. Meeting P1 timelines. P2 shodul be seen within 1 week but all seen within 2 weeks. Currently 231 on waiting list with longest wait being a P4 from February	3	2	6	Update from the 9th September 2022 - Risk to be removed following the recruitment and induction of new OT's. Risk will be removed and archived.
CARE AT HOME											
4	operational	**Because of** increased demand **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	Shona MacLean	5	4	20	1 CAH Packages 2 HART 3 Recruitment of Agency Staff 4 Overtime of SC staff to increase workforce	5	3	15	Up-dated from 9th September 2022 – following the success of a recuirtment drive, new staff have sill appointed to the new Living Well Teams.
ACCESS TEAM											
5	Operational	**Because of** staff shortages, through Covid, Long-Term sickness, performance issues and holidays **Currently support is being provided from other Locality** **There is a risk** that the current Access Team workforce is at a critical level to meet the demands of Statutory Duties, especially in relation to Adult Support and **Impacting on** our ability to deliver first point of contact resulting in a wating list for assessment and review; our ability to provide an early intervention and prevention service which could result in harm and crisis situations eg care breakdown or hospital admissions.	Alison Fairlie	5	4	20	1 Access Team	5	4	20	•Up-dated from 9th September 2022 – The review of the service has been undertaken and has been implanted. The new criteria commenced on the 1st September.

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:

	JAN 2022	FEB 2022	MAR 2022	APR 2022	MAY 2022	JUN 2022	JUL 2022	AUG 2022	SEP 2022	OCT 2022
ACCESS TEAM & MHO	✓	NOT REQUIRED	**NOT RECEIVED**	NOT REQUIRED	✓	NOT REQUIRED	✓	NOT REQUIRED	✓	NOT REQUIRED
COMMISSIONED SERVICES	NOT REQUIRED	NOT REQUIRED	✓	NOT REQUIRED	✓	NOT REQUIRED	✓	NOT REQUIRED	✓	NOT REQUIRED
EQUIPMENT & TEC	NOT REQUIRED	✓	NOT REQUIRED	✓	NOT REQUIRED	✓	NOT REQUIRED	✓	NOT REQUIRED	**NOT RECEIVED**
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	✓
MFTE/POA IN-PATIENTS & INTERMEDIATE CARE	✓	✓	✓	✓	NOT REQUIRED	✓	NOT REQUIRED	✓	NOT REQUIRED	**NOT RECEIVED**
PODIATRY	NOT REQUIRED	✓	NOT REQUIRED	✓	NOT REQUIRED	✓	NOT REQUIRED	✓	NOT REQUIRED	✓

PRISON HEALTHCARE	NOT REQUIRED	NOT REQUIRED	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 REQUIRED	✓	NOT REQUIRED	✓	NOT REQUIRED	✓	NOT REQUIRED	**NOT RECEIVED**
SOUTH LOCALITY	NOT REQUIRED	✓	NOT REQUIRED	✓	NOT REQUIRED	✓	NOT REQUIRED	✓	NOT REQUIRED	**NOT RECEIVED**

* non submission of reports highlighted to manager for action

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

The structured annual reporting template brings together the six domains of Clinical, Care & Professional Governance outlined in the Getting it Right Framework, and also seeks to incorporate the new Health & Social Care Standards. Managers submit report and attend Care Governance Forum to present report, give assurance and answer questions. The HSCP have just begun cycle four and has now received all annual reports from the 3rd cycle.

	1st Cycle	2nd Cycle	3rd Cycle
ACCESS TEAM & MHO	January 2020	November 2020	April 2022
COMMISSIONED SERVICES	February 2020	July 2021	July 2022
EQUIPMENT & TEC	February 2020	June 2021	May 2022
NORTH LOCALITY	June 2020	July 2021	June 2022
PERTH CITY LOCALITY	October 2019	April 2021	February 2022
MFTE/POA IN-PATIENTS & INTERMEDIATE CARE	May 2020	May 2021	April 2022
PODIATRY	June 2020	September 2021	September 2022
PRISON HEALTHCARE	January 2020	March 2021	March 2022
PUBLIC DENTAL SERVICES	August 2019	November 2020	January 2022
REGISTERED SERVICES	July 2021	August 2021	August 2022
SOUTH LOCALITY POA Inpatients (added in cycle 3)	August 2019	September 2020	November 2021 November 2021

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

15 step challenge site visits were stood down during COVID, however it is planned for these to be re-implemented and will be progressed by the Lead Nurse, Associate Nurse Director and Infection Prevention & Control Team. Initially the site visits will focussed on inpatient areas, however visits to Community bases is additionally being explored.

Wider governance arrangements:

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

Appendix 5 – Outstanding LAER's for red and amber events

DATIX reference	Date reported	Date of event	Service	Event Type	LAER Status
153733	13/05/21	21/07/21	Community LD	Unplanned Admission	Review required.
162938	13/01/22	13/01/22	Prison Healthcare	Death in Custody	LAER held, report being finalised

PERTH & KINROSS INTEGRATION JOINT BOARD

AUDIT AND PERFORMANCE COMMITTEE

WORK PLAN 2022/23   **(Report No. G/23/27)**

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	June 27th 2022	September 26th 2022	November 28th 2022	March 13th 2023
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	✓[1]			
Internal Audit Reports 2021/22:							
• Primary Care Improvement Plan PKIJB 21-02		✓	Chief Internal Auditor	✓		✓[2]	✓
Internal Audit Reports 2022/23:		✓	Chief Internal Auditor				
• Leadership Capacity PKIJB 22-01[3]		✓	Chief Internal Auditor				
• Sustainability of Commissioned Service Providers PKIJB 22-02		✓	Chief Internal Auditor				✓
• Premises and Property PKIJB 22-03[4]		✓	Chief Internal Auditor				
Internal Audit Strategy and Plan 2022/23		✓	Chief Internal Auditor		✓		
Internal Audit Plan Progress Report	✓		Chief Internal Auditor		✓	✓	✓
External Audit Strategy		✓	External Auditor				✓
External Audit – Proposed Audit Fee 2022/23		✓	HOFCS				✓
External Audit Annual Report 2021/22		✓	External Auditor		✓		
Appointment of External Auditor 2022/23 to 2026/27		✓	HOFCS		✓		
Performance							
Financial Position	✓		HOFCS	✓	✓	✓	✓
Progress Report - Key National Indicator Set	✓		Chief Officer	✓	✓		
Annual Performance Report		✓	Chief Officer		✓		

*(June 27th 2022 column marked: **Meeting Cancelled**)*

[1] Considered at IJB meeting 27/6/22

[2] 'Draft Final' report

[3] Target Committee June 2023

[4] Target Committee June 2023

Item 7.1 - Audit & Performance Committee Work Plan 2022-2023

Item	Standing Item	Non Standing Item	Responsibility	June 27th 2022	September 26th 2022	November 28th 2022	March 13th 2023
Annual Accounts							
Annual Governance Statement		✓	HOFCS	✓[5]			
Unaudited Annual Accounts 2021/22		✓	HOFCS	✓[6]			
Audited Annual Accounts 2021/22		✓	HOFCS		✓		
Letter of Representation to External Audit		✓	HOFCS		✓		
Assurances Received from Partners		✓	HOFCS		✓		
Clinical and Care Governance							
Clinical & Care Governance Risk Escalation Report	✓		Chief Officer	✓	✓		
Clinical & Care Governance Assurance	✓		Chief Officer			✓	✓
Chief Social Work Officer Annual Report		✓	CSWO			✓	
For Information							
Audit & Performance Committee Record of Attendance	✓		For information	✓	✓	✓	✓
Audit & Performance Committee Work Plan	✓		For information	✓	✓	✓	✓

June 27th 2022 column marked: Meeting Cancelled

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[5] Considered at IJB meeting 27/6/22
[6] Considered at IJB meeting 27/6/22

Item 7.1 - Audit & Performance Committee Work Plan 2022-2023

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PERTH & KINROSS INTEGRATION JOINT BOARD

AUDIT AND PERFORMANCE COMMITTEE

WORK PLAN 2023/24   (Report No. G/23/28)

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	June 26th 2023	July 31st 2023[1]	September 25th 2023	December 11th 2023	March 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	✓				
• Premises and Property PKIJB 22-03		✓	Chief Internal Auditor	✓				
Internal Audit Reports 2023/24: TBC			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		✓	Interim Chief Financial Officer					✓
External Audit Annual Report 2022/23		✓	External Auditor			✓		

Item	Standing Item	Non Standing Item	Responsibility	June 26th 2023	July 31st 2023	September 25th 2023	December 11th 2023	March 11th 2024
Performance								
Financial Position	✓		Interim Chief Financial Officer	✓		✓	✓	✓
Progress Report - Key National Indicator Set	✓		Chief Officer	✓		✓	✓	✓
Annual Performance Report		✓	Chief Officer		✓			

Item	Standing Item	Non Standing Item	Responsibility	June 26th 2023	July 31st 2023	September 25th 2023	December 11th 2023	March 11th 2024
Annual Accounts								
Annual Governance Statement		✓	Interim Chief Financial Officer	✓				
Unaudited Annual Accounts 2021/22		✓	Interim Chief Financial Officer	✓				
Audited Annual Accounts 2021/22		✓	Interim Chief Financial Officer			✓		
Letter of Representation to External Audit		✓	Interim Chief Financial Officer			✓		

[1] 1 item agenda - APR

Item	Standing Item	Non Standing Item	Responsibility	June 26th 2023	July 31st 2023[1]	September 25th 2023	December 11th 2023	March 11th 2024
Assurances Received from Partners		✓	Interim Chief Financial Officer			✓		
Clinical and Care Governance								
Clinical & Care Governance Assurance	✓		Chief Officer	✓		✓	✓	✓
PKHSCP Clinical and Care Governance Annual Report		✓	Chief Officer	✓				
For Information								
Audit & Performance Committee Record of Attendance	✓		For information	✓		✓	✓	✓
Audit & Performance Committee Work Plan	✓		For information	✓		✓	✓	✓

Perth & Kinross Integration Joint Board
Audit & Performance Committee

<u>**Record of Attendance 1 April 2022 - 31 March 2023**</u>   **(Report No. G/23/29)**

Members

Name	Designation	Organisation	27 Jun 22	26 Sep 22	28 Nov 22	13 Mar 23
Beth Hamilton	Non Executive Director	Non Executive Director		PRESENT	PRESENT	
Martin Black	Non Executive Director	Non Executive Director	■			■
Bernie Campbell	Carer's Representative	Public Partner		PRESENT	PRESENT	
Councillor David Illingworth	Elected Member	Perth & Kinross Council		PRESENT	PRESENT	
Councillor Sheila McCole	Non Executive Director	Perth & Kinross Council		PRESENT	PRESENT	
Donald McPherson	Non Executive Director	NHS Tayside		PRESENT	■	
Sandy Watts	Third Sector Forum	Public Partner		PRESENT	PRESENT	

In Attendance

Name	Designation	Organisation	27 Jun 22	26 Sep 22	28 Nov 22	13 Mar 23
Jane Smith	Chief Financial Officer	P&K HSCP		PRESENT	PRESENT	
Bob Benson	IJB Chair			PRESENT		
Jacquie Pepper	Chief Officer	P&K HSCP			PRESENT	
Hamish Dougall	Associate Medical Director	P&K HSCP			PRESENT	
Phil Jerrard	Governance & Risk Coordinator	P&K HSCP		PRESENT	PRESENT	
Marc Grant	Finance Team Leader	P&K HSCP		PRESENT	PRESENT	
Scott Hendry	Team Leader (Committee Services)	Perth & Kinross Council		PRESENT	PRESENT	
Adam Taylor	Assistant Committee Officer	Perth & Kinross Council		PRESENT		
Magda Pasternack	Corporate and Democratic Services	Perth & Kinross Council		PRESENT		
Audrey Brown	Corporate and Democratic Services	Perth & Kinross Council		PRESENT		
Jackie Clark	Chief Internal Auditor	Perth & Kinross Council		PRESENT	PRESENT	
Michael Wilkie	External Auditor	KPMG		PRESENT		
Carol Batchelor	External Auditor	KPMG		PRESENT		
Chris Jolly	Service Manager	P&K HSCP		PRESENT	PRESENT	
Kenny Ogilvy	Acting Head of Service ASWSC Operations	P&K HSCP			PRESENT	
Zoe Robertson	Acting Head of Service ASWSC Commissioning	P&K HSCP		PRESENT	PRESENT	
Lyndsay Glover	IJB Member			PRESENT	PRESENT	
Stuart Hope	IJB Member			PRESENT		
Karyn Sharp	North Locality Manager	P&K HSCP		PRESENT		
Mark Dickson	Clinical Governance Coordinator	P&K HSCP		PRESENT	PRESENT	
Amanda Taylor	Senior Service Manager	P&K HSCP		PRESENT		

27 Jun 22 column (both tables): Meeting Cancelled