Council Building
2 High Street
Perth
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04/12/2023

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, 11 December 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, 11 December 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	**MINUTES**	
3.1	**MINUTE OF MEETING OF IJB AUDIT AND PERFORMANCE COMMITTEE OF 18 SEPTEMBER 2023 FOR APPROVAL** (copy herewith)	**5 - 10**
3.2	**MINUTE OF MEETING OF IJB AUDIT AND PERFORMANCE COMMITTEE OF 30 OCTOBER 2023 FOR APPROVAL** (copy herewith)	**11 - 14**
3.3	**ACTION POINTS UPDATE** (copy herewith G/23/172)	**15 - 16**
3.4	**MATTERS ARISING**	
4	**PERFORMANCE**	
4.1	**2023/24 FINANCIAL POSITION** Report by Interim Chief Finance Officer (copy herewith G/23/173)	**17 - 32**
4.2	**KEY STRATEGIC PERFORMANCE INDICATOR REPORT - QUARTER 2** Report by Chief Officer (copy herewith G/23/174)	**33 - 64**
5	**GOVERNANCE AND ASSURANCE**	
5.1	**STRATEGIC RISK MANAGEMENT UPDATE** Report by Chief Officer (copy herewith G/23/175)	**65 - 82**

5.2 INTERNAL AUDIT PROGRESS REPORT **83 - 86**
Report by Chief Internal Auditor (copy herewith G/23/176)

6 CLINICAL CARE GOVERNANCE

6.1 CLINICAL AND CARE GOVERNANCE ASSURANCE **87 - 134**
Report by Chief Officer (copy herewith G/23/177)

7 FOR INFORMATION

7.1 AUDIT AND PERFORMANCE COMMITTEE WORK PLAN 2023/24 **135 - 136**
(copy herewith G/23/178)

7.2 AUDIT AND PERFORMANCE COMMITTEE ATTENDANCE RECORD **137 - 138**
(copy herewith G/23/179)

8 PRIVATE DISCUSSION

9 DATE OF NEXT MEETING
Monday 11 March 2024

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

Minute of hybrid meeting of the Audit and Performance Committee of the Perth and Kinross Integration Joint Board (IJB) held in the Council Chambers on Monday 18 September 2023 at 9.30am.

Present: B Hamilton (Chair) and M Black (both Tayside NHS Board), Councillors D Illingworth and S McCole (both Perth and Kinross Council) B Campbell (from Item 4.1 onwards) and S Watts (Third Sector Forum).

In Attendance: D Henderson, S Flower, L Hunter, I McCartney (from Item 4.1 onwards) (all IJB Members); J Pepper, Chief Officer – Health and Social Care Partnership, D Mitchell, Interim Chief Financial Officer, C Lamont, C Jolly, K Ogilvy, M Grant and P Jerrard (all Perth and Kinross Health and Social Care Partnership); S Hendry, A Taylor, A Brown, and M Pasternak (all Corporate and Democratic Services, Perth and Kinross Council).

B Hamilton, Chair.

1. WELCOME AND APOLOGIES

B Hamilton welcomed all those present to the meeting. There were no apologies for absence submitted.

2. DECLARATIONS OF INTEREST

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

3. MINUTES OF PREVIOUS MEETINGS

3.1 MINUTE OF MEETING OF THE AUDIT AND PERFORMANCE COMMITTEE OF 26 JUNE 2023 FOR APPROVAL

The minute of meeting of the Audit and Performance Committee of the Perth and Kinross Integration Joint Board of 26 June 2023 was submitted and approved as a correct record.

3.2 MINUTE OF SPECIAL MEETING OF THE AUDIT AND PERFORMANCE COMMITTEE OF 31 JULY 2023 FOR APPROVAL

The minute of special meeting of the Audit and Performance Committee of the Perth and Kinross Integration Joint Board of 31 July 2023 was submitted and approved as a correct record.

3.3 ACTION POINTS UPDATE

The Action Points Update (Report G/23/112) was submitted, and updates provided thereon.

3.4 MATTERS ARISING

There were no matters arising.

4. PERFORMANCE

4.1 2023/24 FINANCIAL POSITION

There was submitted a report by the Interim Chief Finance Officer (G/23/113) providing an update on the projected financial position based on the period 1 April 2023 to 31 July 2023.

B Hamilton referred to the review of 2C Practices and queried who from Perth and Kinross would be involved in the review. In response, the Interim Chief Finance Officer confirmed that the review would be done in two parts, with the first part to review the scope which involves the Chief Officers to agree the proposals put forward with the second part around due diligence to ensure that budgets that sit within General Medical Practices of which 2C is part of which will be led by Chief Finance Officers.

Councillor McCole expressed concern at a lack of clarity on what exactly the 2C Strategy is and queried whether it would be possible for a complete overview on what the emerging strategy is for GP Services and how it will benefit Perth and Kinross to be provided at either a future meeting of this Committee or a future meeting of the IJB. In response, the Chief Officer agreed that this would be a worthwhile thing to do and suggested that the recently appointed Operational Medical Director for Primary Care Services could look to progress.

Resolved:

(i) The overall projected out-turn for 2023/24 based on financial performance to 31 July 2023, be noted.

(ii) It be noted that the Chief Officer and Executive Management Team are working on actions to mitigate cost pressures in the current year.

(iii) The financial risks as detailed in Section 6 of Report G/23/113, be noted.

4.2 KEY STRATEGIC PERFORMANCE REPORT (QUARTER 1 2023/24)

There was submitted a report by the Chief Officer (G/23/114) providing an update on strategic performance when considering the core set of integration indicators and the delivery of approved Strategic Delivery Plan (SDP) outcomes.

M Black referred to the use of interim placements and queried what the process involved is for these to be enabled. In response K Ogilvy advised that people who are moved to interim placements have a full assessment carried out in hospital first where the relevant care is identified, and a referral made for that care. He further advised that most of the people waiting on interim placements are waiting

on packages of care which unfortunately cannot be provided immediately resulting in discussions with the person and their family and will only be moved to an interim placement if they agree to it.

B Campbell referred to people who are transferred to an interim placement and queried whether the funding for the placement would be fully covered by the Partnership and not at a cost to any families involved. In response, the Interim Chief Financial Officer confirmed that anyone in an interim placement whilst they are awaiting suitable housing or care at home they are not charged for the interim placement.

Resolved:

(i) The Health and Social Care Partnership's strategic performance in relation to the core suite of integration indicators, as detailed in Report G/23/114, be noted.

(ii) The progress made in the delivery of strategic aims through the Strategic Delivery Plan outcomes, be noted.

5. GOVERNANCE AND ASSURANCE

5.1 STRATEGIC RISK MANAGEMENT UPDATE

There was submitted a report by the Chief Officer (G/23/115) 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.

Councillor Illingworth referred to discussions earlier in the meeting during the Item on the 2023/24 Financial Position and queried whether it was appropriate to leave financial risks as Priority 2. In response, the Interim Chief Financial Officer advised that this was something which was fully considered prior to this report being finalised. She further advised that the strategic risk was noted to say there are insufficient financial resources to deliver the objectives of the Strategic Plan but that for this financial year 2023/24 the IJB approved a budget that was going to protect this ambition but confirmed that this would continue to be monitored and if any change was required to be made this would come to this Committee at it's meeting in December.

Resolved:

The IJB's Strategic Risk Register and Strategic Risk Improvement Plan as detailed in Report G/23/115, be approved.

5.2 PARTNERSHIP IMPROVEMENT PLAN – UPDATE

There was submitted a report by the Chief Officer (G/23/116) providing an update on progress against the actions within the Partnership Improvement Plan.

P Jerrard advised of a typo in the report at paragraph 3.3, Five should in fact read Four as IP40 under the Financial Controls section of Appendix 1 is now complete and should be in Blue not Red.

B Hamilton referred to the re-established Transformation Board and sought some assurance that this would be working in collaboration with the transformation boards within our Partners. In response, the Chief Officer confirmed that the membership of the Transformation Board was expanded to include representation from both Perth and Kinross Council and NHS Tayside. She further advised that as a Partnership a presentation was delivered to Perth and Kinross Council's Transformation Board and that we will be providing some insight into our transformation to NHS Tayside's Executive Leadership Team on the 25 September.

Resolved

The progress towards the achievement of actions within the Partnership Improvement Plan, be noted.

6. CLINICAL CARE GOVERNANCE

6.1 CLINICAL AND CARE GOVERNANCE ASSURANCE

There was submitted a report by the Chief Officer (G/23/117) providing assurance in respect of Clinical, Care and Professional Governance arrangements in place for delegated and hosted services managed by Perth and Kinross Health and Social Care Partnership (PKHSCP).

B Hamilton referred to the fact that she was Chair of both the NHS Care Governance Committee and Chair of this Committee and advised that she had sought advice to ensure that it was okay for her to continue in both roles. She further advised that following discussion with the Board Secretary at NHS Tayside she was happy to report that there is no issue at all.

Councillor Illingworth referred to the wait time of over three years for OT Hand Therapy Routine Outpatients and queried the number of patients effected. In response, the Chief Officer confirmed the exact figure was currently 83 and that the HSCP had agreed to fund additional OT expertise to reduce this to a baseline over the next 12 months.

Councillor McCole referred to Risk 1226 – GP Cover for HMP Perth specifically around the 11 new GP's that were now available and queried where they have come from. In response, K Ogilvy advised that these are GP's who currently have other jobs and are supporting the Prison on a Locum basis due to enhanced rates that are being offered to try and increase the capacity within the Prison. He further advised that that a longer-term model was currently being worked on.

Resolved:

(i) The responsibilities of Perth and Kinross Integration Joint Board in respect of Clinical, Care and Professional Governance and those of IJB's partners, as detailed in Report G/23/117, be noted.

(ii) The arrangements in place for providing the IJB with assurance that effective and robust systems of Clinical, Care and Professional Governance are in place, as detailed in Report G/23/117, be noted.

(iii) It be noted that both NHS Tayside's Care Governance Committee and Perth and Kinross Council's Scrutiny and Performance Committee agreed that the most recent report presented to them demonstrated substantial assurance.

(iv) It be noted that the Chief Officer confirms the effectiveness of the above systems in place in the IJB's partner organisations.

7. FOR INFORMATION

There were submitted and noted the following reports for information:

7.1 PERTH AND KINROSS IJB AUDIT AND PERFORMANCE COMMITTEE WORK PLAN 2022/23 (G/23/118)

7.2 PERTH AND KINROSS IJB AUDIT AND PERFORMANCE RECORD OF ATTENDANCE 2022/23 (G/23/119)

8. PRIVATE DISCUSSION

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

9. DATE OF NEXT MEETING

Monday 30 October 2023 at 9.30am.

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 30 October 2023 at 14:00.

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

In Attendance: D Henderson and S Auld (IJB Members), S Hope (Unison), B Howarth and M Bruce (Audit Scotland), J Pepper, Chief Officer – Health and Social Care Partnership, D Mitchell, Interim Chief Financial Officer, E Devine, Head of Health, M Grant, P Jerrard, C Jolly, Z Robertson (all Perth and Kinross Health and Social Care Partnership); A Brown, J Clark, J Guild, S Hendry and R Ramsay (all Corporate and Democratic Services, Perth and Kinross Council).

Apologies: B Campbell (Carer Public Partner).

B Hamilton, Chair.

1. WELCOME AND APOLOGIES

B Hamilton welcomed all those present to the meeting and an apology for absence was submitted and noted as above.

2. DECLARATIONS OF INTEREST

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

3. GOVERNANCE AND ASSURANCE

3.1 INTERNAL AUDIT PROGRESS REPORT

There was submitted a report by the Chief Internal Auditor (G/23/146) seeking approval of the Annual Internal Audit Plan for Perth and Kinross Integration Joint Board for 2023/24.

Resolved:
The progress made in the delivery of the 2022/23 plan, be noted.

3.2 INTERNAL AUDIT STRATEGY AND PLAN 2023/24

There was submitted a report by the Chief Internal Auditor (G/23/145) providing the Audit and Performance Committee with an update of progress in relation to Internal Audit's planned activity.

B Hamilton sought opinion on the priority of the identified assignments for review. Whilst it was agreed all assignments hold importance, it was the view of members that the sustainability of commissioned service providers followed by workforce, hold the most importance.

In response to a question from S McCole regarding whether the Joint Equipment Loans Store (JELS) review would look to improve efficiencies in items being returned, J Clark confirmed this would be included in the scope. E Devine advised that return of equipment is routinely monitored, and instructions are given on how to return items. J Pepper added that it was a previous decision of the Council at its Budget setting in March 2022 that delivery charges for JELS would be waived, and it would be useful to include the impact of this in the review.

Resolved:
The Internal Audit Strategy and Plan for 2023/24, be approved.

4 AUDITED ANNUAL ACCOUNTS

4.1 ASSURANCES RECEIVED FROM PARTNERS

There was a report submitted by the Interim Chief Finance Officer (G/23/147) providing assurance to the Integration Joint Board (IJB) of the effectiveness of the governance arrangements within Perth and Kinross Council (PKC), NHS Tayside (NHST) and the two Tayside IJBs during 2022/23.

Resolved:
(i) The assurance that has been received around the effectiveness of governance arrangements in NHS Tayside and Angus IJB, be noted.
(ii) Assurance of effective governance arrangements in Dundee IJB and Perth and Kinross Council is expected by the end of the year, be noted.

4.2 ANNUAL ACCOUNTS 2022/23

There was a report submitted by the Interim Chief Finance Officer (G/23/148) presenting the IJB's audited annual accounts for the period to 31 March 2023 to the Audit and Performance Committee for approval noting that the accounts had been awarded an unmodified evaluation and only one recommendation.

In introducing the report D Mitchell expressed her thanks to Audit Scotland, the HSCP Finance Team, P Jerrard and C Jolly.

D Mitchell also advised that the Best Value Self-Assessment will be brought forward to Committee in March 2024.

Resolved:

(i) The contents of Audit Scotland's Audit Report to Perth and Kinross IJB and the Controller of Audit on the 2022/23 Audit, be noted.

(ii) The Audited Annual Accounts for 2022/23, be approved.

(iii) The Letter of Representation for signature by the Interim Chief Finance Officer, be approved.

5. DATE OF NEXT MEETING

Monday 11 December 2023 at 9:30am.

Action Points Update – 11th December 2023
Perth & Kinross IJB – Audit and Performance Committee
(Report G/23/172)

Ref.	Min. Ref.	Meeting	Action	Responsibility	Timescale	Revised Timescale	Update/Comments
52	4.1	26/06/23	1 off agenda item/presentation on staffing issues to be considered.	Chief Officer	11/12/23	-	
54	5.1	26/06/23	Meeting with Chair and Officers to be considered to provide reassurance on risk processes and what should be reported to Committee.	Chief Officer	31/03/24	-	
55	4.1	18/09/23	Overview to be provided at future IJB/A&PC meeting on emerging strategies for GP Services.	Chief Officer	11/12/23	-	Action Complete. Update on progress of development of Tayside Primary Care Strategy 2024-2029 provided at IJB meeting held in November 2023.
56	5.2	18/09/23	'RAG' status of Partnership Improvement Plan to be updated to reflect all statuses.	Chief Officer	11/03/24	-	This will be updated when the Partnership Improvement Plan is next considered by Committee.

Perth & Kinross Integration Joint Board

Audit & Performance Committee

11 December 2023

2023/24 FINANCIAL POSITION

Report by the Interim Chief Finance Officer
(Report No. G/23/173)

1. PURPOSE OF REPORT

This report provides the Audit and Performance Committee with an update on the projected financial position based on the period 1 April 2023 to 31 October 2023 (Month 7).

2. RECOMMENDATIONS

It is recommended that the Audit & Performance Committee;

(i) Notes the overall projected outturn for 2023/24 based on financial performance to 31 October 2023;

(ii) Notes the Chief Officer and Executive Management Team continue to work on financial recovery actions to mitigate cost pressures in the current year;

(iii) Notes the financial risks as detailed in section 6.

3. SUMMARY POSITION

3.1 The 2023/24 Budget was approved by the Integration Joint Board (IJB) in March 2023 (Report G/23/37). The budget was based on several assumptions including demand levels, costs, pay and funding. The recurring budget was deemed as insufficient to meet the expected costs in 2023/24 and the IJB approved £3.842m of reserves to deliver a break-even position across Health and Social Care.

3.2 On 27 October 2023, the IJB considered the HSCP Winter Plan (Report G/23/144). Additional expenditure of £1.1m was approved to support whole system resilience over the winter period, through surge beds and an extension of the Early Discharge Project. These costs have been included within the detail in the table below and will be funded from reserves.

3.3 The Audit & Performance Committee receives regular reporting on the financial position throughout the year, this report provides the second financial update for 2023/24.

3.4 The projected 2023/24 financial position, after the approved use of reserves, is an overspend of £2.125m. Further detailed in section 3 below, the main cause of spend above plan is:

- the provision of additional capacity within Older People Services;
- increased projected expenditure within GP Prescribing;
- share of overspend against 2C practices in Angus and Dundee;
- share of overspend within Out of Hours with Angus IJB as the lead partner.

	Approved Budget 2023/24	Forecast Position Month 4	Forecast Position Month 7
	Over / Under £m	Over / Under £m	Over / Under £m
Prescribing	2.230	2.500	3.132
Undelivered Savings	0.904	1.320	0.904
Review of Contributions Policy	0.708	0.708	0.708
Older People Services	-	1.747	3.025
Adult Services	-	(0.681)	(0.720)
2C Practices (Dundee & Angus)	-	0.643	0.401
Out of Hours (share)	-	0.570	0.431
Other Areas	-	(0.500)	(0.809)
Sub-Total	**3.842**	**6.307**	**7.072**
Approved Use of Reserves	(3.842)	(3.842)	(4.947)
Forecast Position	**-**	**2.465**	**2.125**

3.5 The forecast costs will continue to be reviewed as the year progresses and financial recovery actions are being taken where possible to contain or minimise the projected overspend. The current year pressures will also inform the ongoing budget preparation work for the coming financial year 2024/25.

3.6 As per the Integration Scheme, in the event financial recovery actions are unsuccessful then the IJB uncommitted reserves must firstly be used to address any overspend. Should reserves be required to offset the £2.125m projected overspend, the general reserves balance will fall below the IJB's reserve policy level.

4. MAIN VARIANCES

4.1 The overall projected outturn, after approved use of reserves, is an overspend of £2.125m.

	Forecast Position Month 7 Over / (Under) £m
Health Services	0.842
Social Care Services	1.283
Total	**2.125**

Older People

4.2 The forecast overspend, prior to use of reserves, on older people services is £3.025m.

4.3 Capacity within care at home has been increased in response to whole system pressures. This includes the extension and expansion of the Early Discharge Project to support the HSCP Winter Plan. Recruitment challenges have led to higher rates of pay and agency staff being required. The overall capacity is above planned level and is driving an overspend against budget of £2.599m.

4.4 Medicine for the Elderly inpatient services are forecasting a £1.110m overspend. This is due to supplementary staffing costs and the use of bank and agency to cover vacancies within the core bed model. In addition, due to increased pressure in the first 6 months of the financial year, the bed base in Tay and Stroke wards have been temporarily increased to support capacity and flow. The HSCP Winter Plan has approved the extension of the additional beds in Tay Ward to 31 March 2024. The overspend has been partially offset by Covid-19 funding, carried forward from 2022/23 (£0.642m). The Scottish Government have authorised this to be allocated against costs incurred due to system pressures.

4.5 The Community Hospitals have a projected overspend of £0.665m. This is mainly driven by staff costs in St. Margarets (£0.211m) and Crieff Hospital (£0.325m) due to significant use of agency and supplementary staffing to cover vacancies and sickness.

4.6 Older People Residential and Nursing Placements are forecasting a £0.858m overspend. The recent increase in placements is understood to be due to increasing confidence post covid, an improvement in the Psychiatry of Old Age discharge process and resulting increase in Nursing EMI placements, and a reduction in the number of people waiting an assessment. An increase in placements is in contrast with the Older People Strategic Plan assumptions. The IJB will therefore be required to reassess previous investment and disinvestment decisions as part of the 2024/25 budget setting process.

4.7 Underspends across several other older people services are partially offsetting the overall position. Although recruitment is improving, there have been unfilled vacancies to date leading to forecast underspend within Community Nursing (£0.260m) and Day Care (£0.209m).

4.8 The position is also benefitting from Hospital at Home funding very recently confirmed by Scottish Government. A request for £0.248m of funding has been approved to support Hospital at Home throughout winter and until March 2024.

Adult Services

4.9 The forecast on adult services is a £0.720m underspend.

4.10 The underspend on staffing is £0.448m. This is due to vacancies in the early months of the financial year and across several services. Recruitment is progressing and many of the posts are expected to be filled in the coming weeks and months.

4.11 The forecast underspend on packages of care and support is £0.303m, mainly due to delays in commencement of planned care packages.

Other Community Services and Management

4.12 The forecast financial position across other community services and management is a £0.293m underspend.

4.13 Locality and Early Intervention and Prevention teams are projecting a £0.165m underspend on staff costs due to staff turnover and vacancies in the first 6 months of the year. Recruitment is ongoing and the positions are expected to be filled in the coming weeks.

4.14 The remainder of underspend is mainly due to delays in recruitment and slippage within support services and investment in Primary Care Resilience.

Prescribing

4.15 The forecast financial position for prescribing is a £3.132m overspend. The IJB's 2023/24 budget planned for a £2.230m overspend and approved the use of general reserves to meet that pressure.

4.16 National Services Scotland (NSS) have been working towards delivering a new prescribing management system. As highlighted in previous reports there have been considerable technical issues in the go live phase of the project. This has resulted in longer than normal delays in receiving prescribing cost and volume data. There are only 3 months of 2023/24 data available and concern remains around the robustness of this data. Normally at this stage in the financial year there would be 5 months of robust and verified data to inform projections. The forecast position therefore remains uncertain and highly likely to change.

4.17 Buvidal is an alternative to methadone and was initially funded by the Scottish Government. This funding ceased and costs are expected to be managed within existing prescribing budgets. The additional expenditure is projected to be £0.217m

and is being met non-recurringly by ADP funding in 2023/24. This cost will require to be met by prescribing budgets from 2024/25.

General Medical Services

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

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

4.19 At present, the forecast financial position includes a share of the projected 2C overspend, at £0.401m for 2023/24. In recognition of the ongoing review of risk share, an interim reduction to the Perth & Kinross IJB has been applied (this has reduced from £0.643m at the last report). This reduction reflects the expectation that any future agreement will reduce Perth & Kinross IJB's exposure to financial risk.

4.20 At present, the £0.401m share of 2C costs is being fully offset by one-off underspends within other areas of the General Medical Services budgets. However, as noted in section 6 below, there is a risk around funding allocation levels and if realised this will reverse this offset and put GMS into an overspend overall.

Savings

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

Description	Saving Plan	Non-Recurring Reserve Approved	Projected Delivery 2023/24	Projected Shortfall 2023/24
Transformation of Complex Care	0.765	(0.164)	(0.601)	-
Review of Contributions Policy	0.708	(0.708)	-	-
Redesign of Rehabilitation Beds	0.740	(0.740)	-	-
Care Home Placements	0.500	-	(0.500)	-
Prepaid Card Scheme	0.080	-	(0.080)	-
Integrated Management	0.075	-	(0.075)	-
Procurement & Commissioning Efficiencies	0.154	-	(0.154)	-
Deletion of Vacant Posts	0.325	-	(0.325)	-
Total	**3.347**	**(1.612)**	**(1.735)**	**-**

4.22 Any shortfall in delivery of savings or delay in progress will impact the future financial plan and the IJBs ability to deliver on Strategic Plan objectives. The above table highlights that only 52% of the saving plan is being delivered on a recurring basis. Delivery of savings had been impacted by the need to focus resources in responding to Covid-19. The Transformation Board has re-commenced to support major savings initiatives and progress updates will be provided through the regular financial reporting to Audit & Performance Committee.

Lead Partner Arrangements (Hosted Services)

4.23 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.

4.24 Detail of the services and the projected financial position is provided in Appendix 2. The overall Perth & Kinross IJB share is a £0.316m overspend.

4.25 For Perth & Kinross lead services an overall underspend of £0.817m is forecast. Staffing underspend continues to be the main contributing factor. Prison Healthcare, Dental and Podiatry continue to have vacancies due to staff turnover and recruitment challenges. The Prison Healthcare staffing underspend is being partially offset by increased costs for management of the new pharmacy contract, costs related to the roll out of Buvidal and the continued use of agency and bank staff to cover GP provision.

4.26 The main area of overspend relates to the Out of Hours service with Angus IJB as the lead partner (£1.288m projected overspend, of which £0.432m is the Perth & Kinross share). The Out of Hours service has seen an increase in demand, during and since Covid-19, resulting in increased costs. Whilst the number of clinician-patient contacts is similar post Covid-19 to pre Covid-19, the consultation times are longer due to more complex cases. The associated increased costs were supported by Scottish Government Covid-19 funding until March 2023. The service is forecasting an overspend position this year; however, following the implementation of new governance and efficiency measures, the position in the current year has reduced from a forecast of a c£1.8m to a c£1.3m forecast overspend. This is partly a result of actions being taken forward as part of a financial recovery plan, originally requested in December 2022, currently near finalisation.

5. INPATIENT MENTAL HEALTH

5.1 Operational responsibility for Inpatient Mental Health, Learning Disability and Drug & Alcohol Services rests with NHS Tayside. This is not delegated to the IJBs and this is clarified in the Integration Schemes which were reviewed and updated in June 2022. The strategic planning for these inpatient services continues to be delegated to the three Tayside Integration Joint Boards. The Chief Officer of the Perth & Kinross IJB has a “Lead Partner” role to lead and coordinate strategic planning across Tayside. The Chief Officer has ensured that all three Integration Joint Boards and NHS Tayside Board have approved a Whole System Mental Health & Learning Disability Change Programme in June 2023 and receive regular progress updates. This sets out the timescales for the development and implementation of new models of care including the redesign of inpatient general adult psychiatry services and

whole system redesign of learning disability services along with a range of improvement actions.

5.2 The development of a financial recovery plan for Inpatient Mental Health Services is underway to address a projected budget overspend in 2023/24 of £5.7m. The responsibility for the development of this financial recovery plan rests with the NHS Tayside Executive Lead for Mental Health Services. In addition, a strategic finance and resource framework is required to support the whole system change programme. This has been delayed due to a range of factors including capacity and interdependencies. Both are to be reported to the three Integration Joint Boards and NHS Tayside. The three Chief Officers for the IJBs and Director of Finance for NHS Tayside have agreed to work collaboratively on a financial framework which will deliver on a new model of care across the continuum of need. A recovery plan for inpatient mental health services financial pressures anticipated in 2023/24 is being prepared by NHST and will be considered by the Executive Leadership Group in December 2023 and reported to the IJBs or a relevant committee of the IJBs thereafter. An assessment of the impact of this will be considered further by officers prior to reporting to the IJB. The IJB forecast position does not include any financial implication for In-Patient Mental Health services.

6. RESERVES

6.1 The IJB holds both earmarked and unearmarked (general) reserves. In April 2023 the earmarked reserve balance was £7.3m. Of this, £6.7m is fully committed for future years.

6.2 A balance of £0.6m Covid-19 funding was carried forward from 2022/23 into this financial year. The Scottish Government has authorised Perth & Kinross IJB to apply this funding against incurred system pressure costs in 2023/24. As noted in section 3, this has been applied to older people services.

6.3 The unearmarked (general) reserve balance in April 2023 was £9.5m. As per the IJB 2023/24 budget and subsequent HSCP Winter Plan, the IJB has approved £5.0m of general reserves to meet non-recurring expenditure. Based on the financial projection in this report, an additional £2.1m of general reserve would be required to balance. This would reduce the IJBs general reserve balance to £2.4m and 1% of the IJBs net expenditure budget. This is below the IJB's 2% reserve policy to maintain an adequate reserve to support unanticipated expenditure pressures.

6.4 Further detail is provided in Appendix 3.

7. RISKS

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

- **Local Government Pay Settlement** - The IJB Budget planned for an unfunded 3% pay uplift, this is in line with the assumption made in the Perth & Kinross Council Budget approved 1 March 2023. There remains a risk that the cost of the final pay settlement is above available funding which could impact on both the current and future financial years.
- **Prescribing** – Further increases in costs are resulting in significant additional financial pressure for the IJB. Once additional data becomes available, there is potential to approach the National Primary Care Technical Group to review and understand the variations in volume and cost.
- **Inpatient Mental Health** - As noted in section 4, the financial risk share and longer term planning has not yet been agreed or finalised. Any risk share would detrimentally impact this reported IJB financial position.
- **Scottish Government Funding Allocation –** Mental Health Action 15 funding remains outstanding. Delivery plans would be at risk if funding is not received at previously advised levels. The Scottish Government have acknowledged the delay and advised they will be allocated as soon as possible.
- **General Medical Services Funding Allocation** - In October 2023, NHS Tayside received the 2023/24 budgetary allocation to fund GMS (c£78m). Unfortunately, there are some uncertainties regarding this allocation which poses potential risk to all Tayside IJBs. Separately, a national assessment of the allocations indicates that Health Boards will have a series of commitments that have not received an appropriate inflationary funding uplift. This increases financial pressures on GMS budgets. Updates are currently being prepared for Primary Care management forums describing the financial planning position. An update on this risk will be included in the next finance report to the IJB Audit & Performance Committee.

8. 2024/25 : 2026/27 BUDGET UPDATE

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

8.2 Work is now underway to fully review all known and emerging pressures, update funding assumptions and develop additional savings. The budget will be developed and considered with IJB members at Budget Development Sessions, held monthly, commencing 15th December 2023 until the budget is considered for final approval on 20th March 2024.

9. CONCLUSION

9.1 The overall projected outturn for 2023/24 is an overspend of £2.125m. The Chief Officer and Executive Management Team continue to work on financial recovery actions to mitigate cost pressures in this financial year.

10. DIRECTIONS

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

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

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Appendices

Appendix 1 – Summary Financial Position

Appendix 2 – Summary Lead Partner Financial Position

Appendix 3 – IJB Reserves

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

P&K Core Position as at end October 2023

	October Projected Position					
	Health		Social Care		Health & Social Care Partnership	
	Recurring Budget £'000	Projected Out-turn Over / (Under) £'000	Recurring Budget £'000	Projected Out-turn Over / (Under) £'000	Recurring Budget* £'000	Projected Out-turn Over / (Under) £'000
Older People Services	30,972	(33)	57,680	3,058	88,652	3,025
Adult Services	6,337	(351)	31,915	(369)	38,252	(720)
Other Community Services	0	0	5,255	(165)	5,255	(165)
Management/Commissioned/Other	22,998	8	(13,253)	(136)	9,745	(128)
Undelivered Savings	0	740	0	872	0	1,612
Sub-Total Hospital & Community Health	**60,307**	**364**	**81,597**	**3,260**	**141,904**	**3,624**
P&K IJB Lead Partner	9,888	(817)	0	0	9,888	(817)
Dundee & Angus Lead Partner Recharges In/Out	6,764	1,133	0	0	6,764	1,133
Sub-Total Lead Partner Arrangement	**16,652**	**316**	**0**	**0**	**16,652**	**316**
GP Prescribing/Other FHS	27,581	3,132	0	0	27,581	3,132
General Medical Services/ Family Health Services	52,164	0	0	0	52,164	0
Sub-Total Perth & Kinross HSCP	**156,704**	**3,812**	**81,597**	**3,260**	**238,301**	**7,072**
Approved Use of General Reserves in 2023-24	**0**	**(2,970)**	**0**	**(1,977)**	**0**	**(4,947)**
Total Perth & Kinross HSCP	**156,704**	**842**	**81,597**	**1,283**	**238,301**	**2,125**

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

LEAD PARTNER ARRANGEMENT POSITION **Appendix 2**

	Annual Budget	Projected Variance Over / (Under)
	£'000	£'000
LEAD PARTNER SERVICES PERTH & KINROSS		
Prison Healthcare	4,888	(129)
Podiatry	3,695	(389)
Dental	1,821	(297)
Balance of Savings Target/Uplift Gap	48	(2)
Grand Total	**10,451**	**(817)**

	Annual Budget	Projected Variance Over / (Under)
	£'000	£'000
LEAD PARTNER SERVICES DUNDEE		
Palliative Care	7,775	560
Brain Injury	2,048	198
Homeopathy	33	15
Psychology	6,455	-
Psychotherapy (Tayside)	1,278	(215)
Perinatal Infant Mental Health	424	-
Dietetics (Tayside)	3,773	90
Sexual & Reproductive Health	2,556	(100)
Medical Advisory Service	80	(11)
Tayside Health Arts Trust	82	-
Learning Disability (Tay Ahp)	933	(240)
Balance of Savings Target/Uplift Gap	284	(183)
Grand Total	**25,721**	**113**

	Annual Budget	Projected Variance Over / (Under)
LEAD PARTNER SERVICES ANGUS	£'000	£'000
Forensic Service	1,158	140
Out of Hours	9,179	1,288
Tayside Continence Service	1,507	257
Pharmacy	2,798	-
Speech Therapy (Tayside)	1,449	9
Balance of Savings Target/Uplift Gap	(874)	(46)
Grand Total	**15,218**	**1,648**

P&K SHARE OF LEAD PARTNER ARRANGEMENT SERVICES	**316**

Appendix 3 - Reserves

	2023/24 Opening Balance	Projected Movement 2023/24	Projected Closing Balance 31st March 2024	Future Commitments	Projected Remaining Balance
Earmarked Reserves	**£m**	**£m**	**£m**	**£m**	**£m**
Alcohol and Drug Partnership	1.1	0.4	0.7	0.7	0.0
Community Living Change Fund	0.5	0.4	0.1	0.1	0.0
COVID Reserve	0.6	0.6	0.0	0.0	0.0
Primary Care Improvement Fund	0.4	0.4	0.0	0.0	0.0
Primary Care Earmarked Reserve	0.8	0.3	0.5	0.5	0.0
Mental Health Recovery & Renewal	0.7	0.7	0.0	0.0	0.0
Mental Health Action 15	0.1	0.1	0.0	0.0	0.0
Winter Resilience Reserve	1.1	1.1	0.0	0.0	0.0
Service Specific Reserve	1.4	0.8	0.6	0.6	0.0
Health Reserves Fund- NHS Tayside	0.6	0.0	0.6	0.0	0.6
	7.3	**4.8**	**2.5**	**1.9**	**0.6**
Unearmarked Reserves					
General Reserves - Social Care	7.5	5.1	2.4	0.0	2.4
General Reserves - Health	2.0	2.0	0.0	0.0	0.0
	9.5	**7.1**	**2.4**	**0.0**	**2.4**
Total IJB Reserves	**16.8**	**11.9**	**4.9**	**1.9**	**3.0**

Perth & Kinross Integration Joint Board

Audit & Performance Committee

11 December 2023

KEY STRATEGIC PERFORMANCE INDICATOR REPORT - QUARTER TWO

Report by Chief Officer
(Report No. G/23/174)

1. PURPOSE OF REPORT

1.1 This report provides the Audit and Performance Committee with an update on strategic performance when considering the core set of integration indicators and the delivery of approved Strategic Delivery Plan (SDP) outcomes.

A key performance indicator (KPI) report for our Community Mental Health and Wellbeing Strategy is also provided within the appendices.

2. RECOMMENDATION(S)

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

(i) Note strategic performance in relation to the core suite of integration indicators.

(ii) Note progress in the delivery of the outcomes defined within the Community Mental Health and Wellbeing SDP.

3. BACKGROUND/PROPOSAL

3.1 This report provides an overview of performance against the key strategic performance indicators (KPIs) up to the end of the second quarter of 2023/24 and follows the publication of our first Quarterly Performance Update report in September 2023.

3.2 Appendices 1.1 and 1.2 provide a detailed illustration of performance across the indicator set with data to September 2023 and includes comparisons to Tayside.

3.3 Appendix 1.3 provides further information with comparisons to Scotland and our peer group of similar Health and Social Care Partnership areas. Due to the national comparisons contained within this data set, it is more historical in nature. It should be noted that population make-up across different local authority areas varies considerably, and so direct comparisons should be viewed with caution. Relative movements in performance over time are more helpful with comparisons used as context only.

3.4 When reviewing all the data contained in this report, it is important to recognise that it is provided at an early stage and ahead of national publication. 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.

3.5 In addition to our routine performance reporting, additional research has been undertaken in respect to readmissions and this is summarised below.

3.6 It remains our intention to bring forward a performance report for one of our Care Group Strategic Delivery Plans at each meeting of the Audit and Performance Committee. As such this report contains an outcome focussed KPI update report for our Community Mental Health and Wellbeing Strategy at Appendix 2.

4. OVERVIEW

National Indicators (Appendix 1)

4.1 Performance against the indicator set is good overall. Emergency admissions have improved in the last quarter and combined with good performance in the reduction of occupied bed days (reduced 2.62%) and delayed discharges (reduced 15%), we can see that the extensive and intensive work undertaken to support our frail/elderly population is having an impact. More detail on this was recently reported to the Integration Joint Board when the board considered a progress update on the Older People's Strategic Delivery Plan.

4.2 Readmissions to hospital within 28 days have increased marginally (3.31%) in the year to date. On average, this equates to an additional 3 people being readmitted per week compared to last year.

4.3 In March we reported that the rate of readmissions was increasing and that this was driven by increases in readmissions within 7 days rather than 8 to 28 days as these were declining. Taking a longer-term view, we have compared the current rate of readmission to those seen in 2019-20, the year immediately before the Covid-19 pandemic. Overall, we can see that the rate of readmissions within 7 days of discharge has increased by 55.1% for people in the 18 to 74-year-old age group. This represents an additional 6.3 people within this age group being readmitted per week compared to pre-pandemic levels.

4.4 In the 75+ age group readmissions have increased but to a lesser extent (26.1%). This increase represents 2.7 more people being readmitted per week compared to pre-pandemic levels.

4.5 The reasons for changes in readmission rates is complex with population demographics likely being a significant factor combined with the lasting effects of the pandemic on our population. We acknowledge that this increase in readmissions requires deeper and more qualitative investigation and this work will now be taken forward within a wider working group including operational colleagues.

National/Peer Group Comparisons

4.6 Appendix 1.3 provides an additional supplementary view of performance across the core set of KPIs with comparisons to Scotland and our Peer Group. Due to the way data is gathered nationally these comparisons come with a significant time delay and so this data covers Quarter 1 only.

4.7 Similar to that reported above, performance in Perth and Kinross is good across this indicator set compared to last year. Our Peer Group have similarly performed well in

this period however it is notable that our work to improve delayed discharge performance means that we now compare well with the peer group.

Qualitative Performance

4.8 Nationally, Health and Social Care performance is measured qualitatively via the two yearly Health and Care Experience (HACE) Survey. Although this is helpful it does not provide information readily enough for managerial purposes. Locally we use two methods of gathering qualitative data. This is done via our Service User Patient Experience (SUPE) Survey and via Care Opinion. The survey seeks to gather feedback directly from service users or their carers at or near the point of service delivery and asks questions which are linked closely to those within the national HACE survey. Table 1 provides detail on the responses received between April and September 2023 and highlights that qualitative performance is very good with all indicators indicating high levels of satisfaction.

Table 1

National Qualitative Indicators*		**Number of Respondents** (omitting blanks)
% of adults able to look after their health very well or quite well	**96%**	**55**
% of adults supported at home who agree that they are supported to live as independently as possible	**84%**	**43**
% of adults supported at home who agree that they had a say in how their help, care or support was provided	**100%**	**80**
% of adults supported at home who agree that their health and care services seemed to be well co-ordinated	**96%**	**53**
% of adults receiving any care or support who rate it as excellent or good	**97%**	**59**
% of people with positive experience of care while accessing HSCP Services^	**100%**	**90**
% of adults supported at home who agree that their services and support had an impact in improving or maintaining their quality of life.	**98%**	**54**
% of carers who feel supported to continue in their caring role	**88%**	**8**
% of adults supported at home who agreed they felt safe.	**100%**	**86**

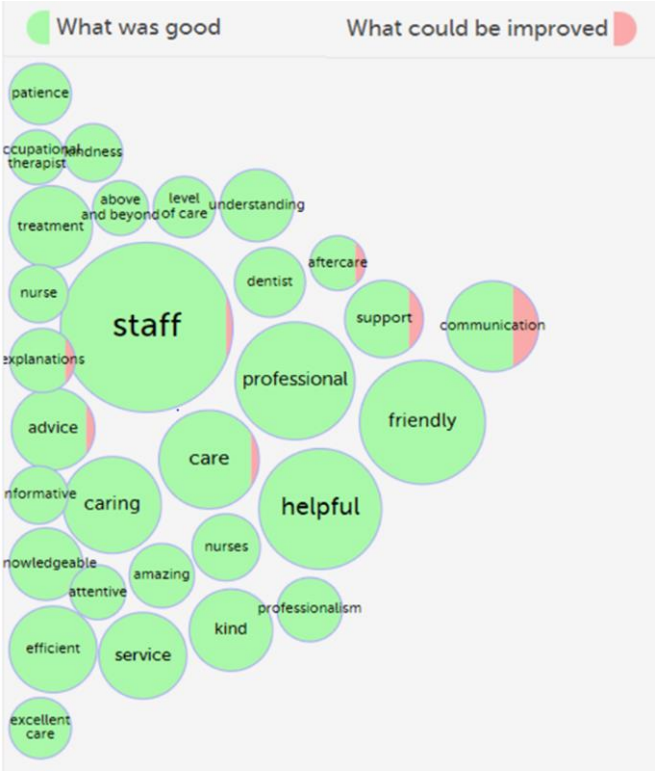
*data sourced via local SUPE survey and mapped to national indicators which are biennially produced via the national health and care experience survey

^ deviation from HACE question which relates directly to experiences when accessing GP practices.

4.9 Care Opinion gathers more detailed individual stories of the experiences of people who use our services. Figure 1 demonstrates the type of feedback received in this reporting period. For reference the size of a circle indicates the frequency with which the words appear in Care Opinion stories with green colouring indicating positivity. In the reporting period, April to September 2023, of the 141 stories published on Care Opinion, 90% were judged by moderators as positive or not

critical of the service they received, 3% were minimally critical, 5% mildly critical and 2% were moderately critical.

Figure 1



5. CARE GROUP PERFORMANCE OVERALL

5.1 As previously discussed within the A&PC we have committed to bringing forward one Care Group KPI report at each meeting of the Committee. Appendix 2 sets out in detail the latest performance report for Community Mental Health and Wellbeing. In summary progress is good with most indicators on target. More detail on the actions taken to improve services is contained with the recent update report to the IJB.

6. CONCLUSION

6.1 Performance to date against the core set of indicators is good when compared to 2022/23 with notable improvement in respect to delayed discharges in particular.

6.2 We continue to develop our approach to performance reporting and how this links to overall strategic progress. As this work continues, we will develop targets which seek to drive improvement bearing in mind the local context.

6.3 It is our intention to provide the A&PC with further performance reports at each committee meeting. These will include an expansion of links between our approved SDP outcomes and our overall strategic aims.

Author(s)

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ANNEX

1. IMPLICATIONS, ASSESSMENTS, CONSULTATION AND COMMUNICATION

Strategic Implications	
HSCP Strategic Commissioning Plan	YES
Transformation Programme	None
Resource Implications Financial	
Financial	None
Workforce	None
Assessments	
Equality Impact Assessment	None
Risk	None
Other assessments (enter here from para 3.3)	None
Consultation	
External	None
Internal	YES
Legal & Governance	
Legal	None
Clinical/Care/Professional Governance	None
Corporate Governance	YES
Directions	None
Communication	
Communications Plan	None

1. Strategic Implications

Strategic Commissioning Plan

1.1 This routine performance report supports the delivery of the Perth & Kinross Strategic Commissioning Plan in relation to all five deliverables below:

1 prevention and early intervention,
2 person centred health, care and support,
3 work together with communities,
4 inequality, inequity and healthy living, and
5 best use of facilities, people and resources.

Transformation Programme

1.2 This report has no direct Transformation Programme implications.

2. Resource Implications

Financial

2.1 This report has no direct financial implications.

Workforce

2.2 This report has no direct workforce related implications.

3. Assessments

Equality Impact Assessment

3.1 This report sets out progress in respect to performance in against the nationally agreed integration indicators. In doing so it provides assurance of progress in relation to our Strategic Commissioning Plan which includes the reduction of in the impact of inequalities.

Risk

3.2 This report has no direct risk implications.

Other assessments

3.3 This report provides an assessment of performance against national integration indicators.

4. Consultation

External

4.1 N/A

Internal

4.2 The contents of this report have been reviewed internally with the Executive Management Team.

4.3 The contents of Appendix 2 have been reviewed by Community Mental Health and Wellbeing portfolio lead.

Impact of Recommendation

4.4 N/A

5. Legal and Governance

5.1 This report supports the delivery of the IJB's public reporting responsibilities.

6. Directions

6.1 N/A

7. Communication

7.1 N/A

2. BACKGROUND PAPERS/REFERENCES

2.1 The documents that have been relied on in preparing the report, other than those committee reports already referenced within the main body of the report are as follow:

Core Suite Integration Indicators September 2023 Update
Perth & Kinross Performance Update 06.23
NHST TAN Local Indicator Report 07.23
PHS NI-AgeGrouping_data_02_23
Improvement Service Sub-Council Area Population Projections

All documents will be kept available for inspection by the public for four years from the date of the meeting at which the report is presented.

9. APPENDICES

Appendix 1 - Perth & Kinross Health and Social Care Partnership, National Indicators Key Performance Update

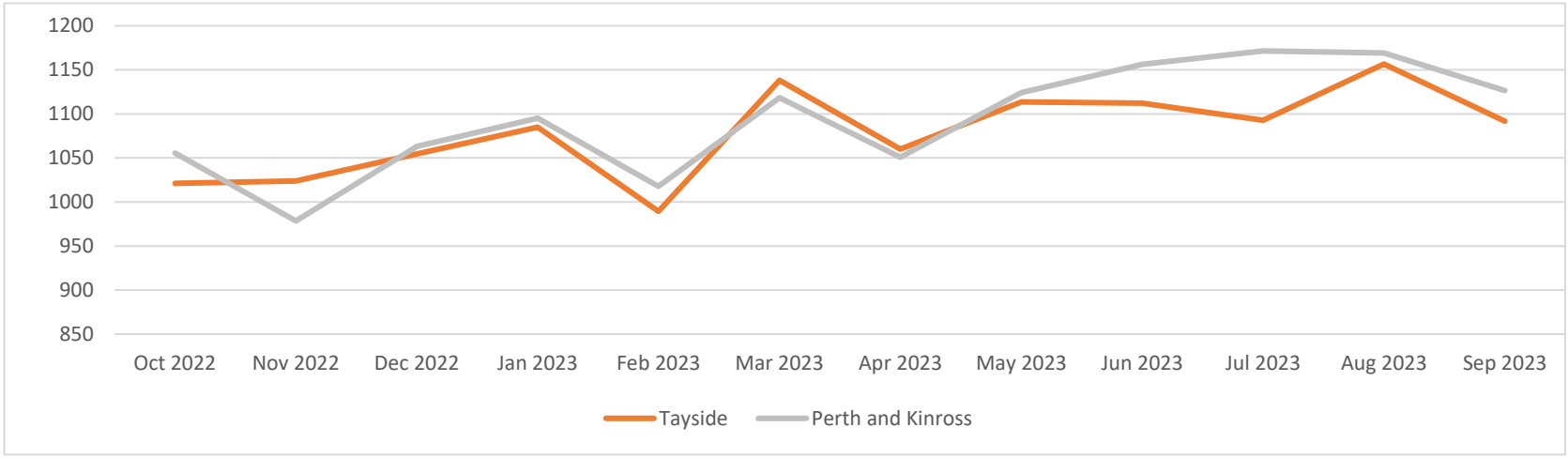
Appendix 2 – Community Mental Health and Wellbeing: Performance Management Framework KPI Report.

Appendix 1

1.1 Key Strategic Performance

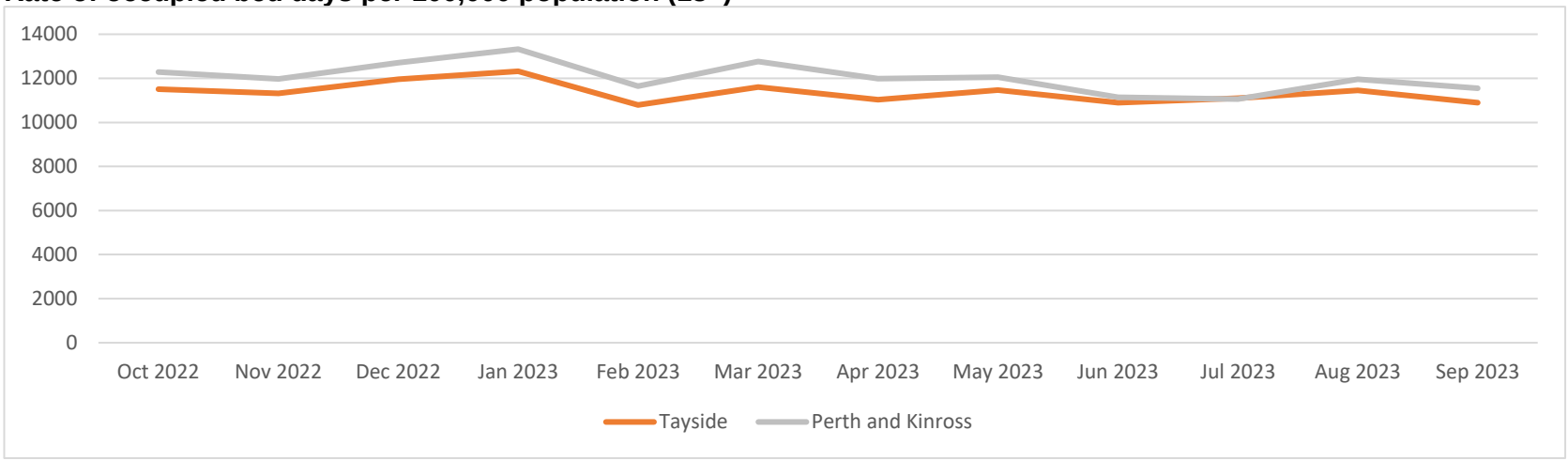
National Indicator Monthly Update Charts (*local data sources*)

Rate of emergency admissions per 100,000 (18+)



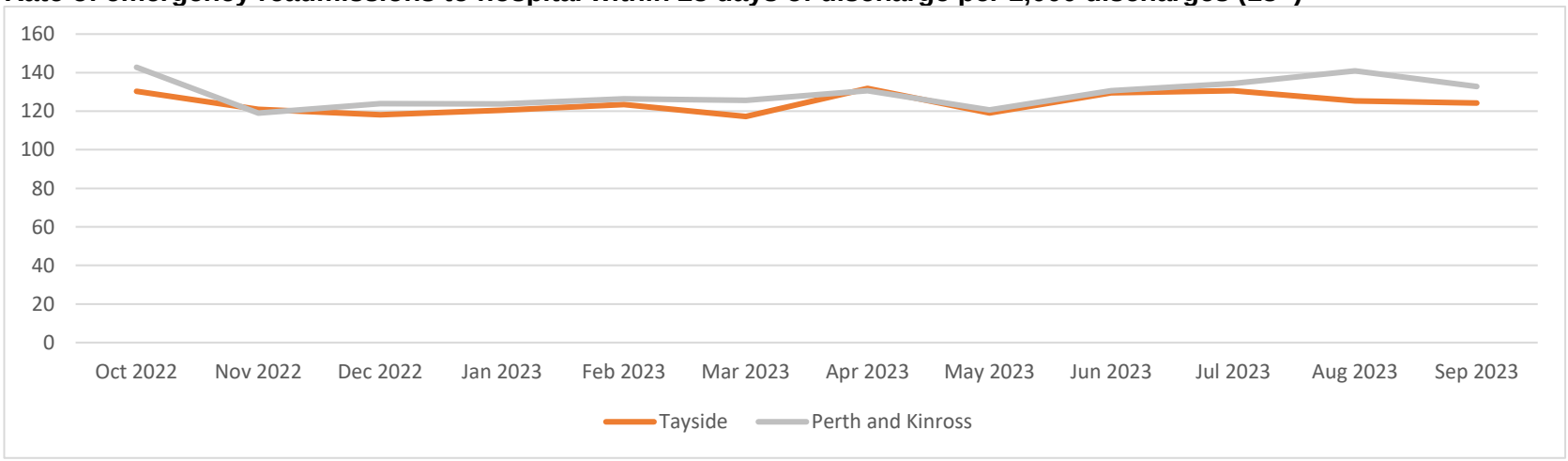
Source: Local Data NHST TAN Report. NI-12 Equivalent

Rate of occupied bed days per 100,000 population (18+)

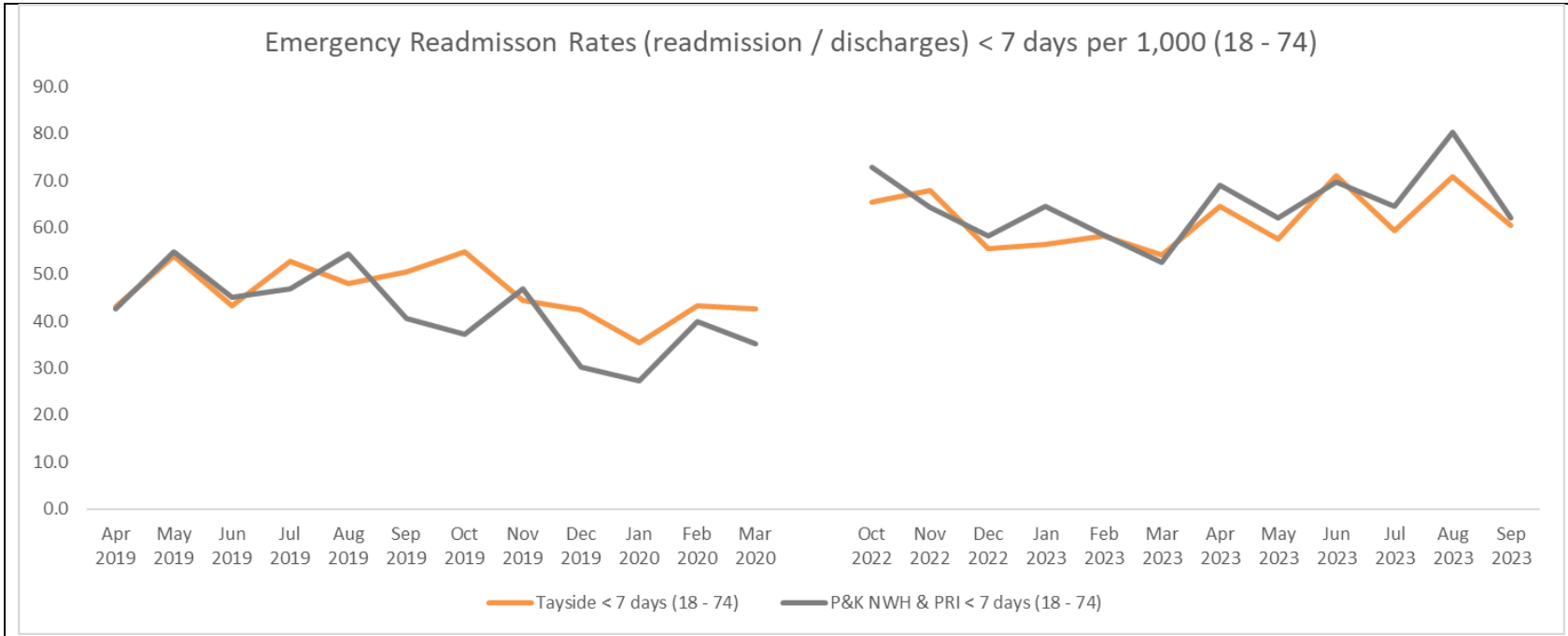


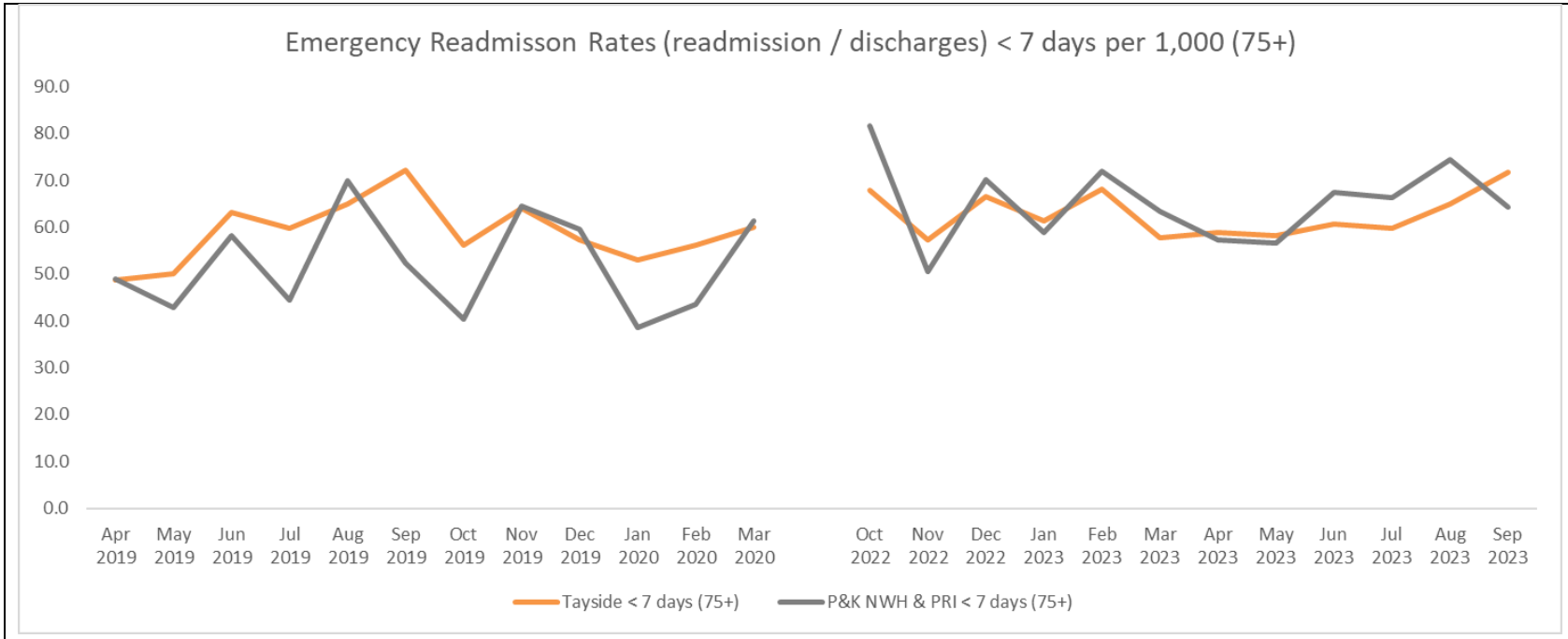
Source: Local Data NHST TAN Report. NI-13 Equivalent

Rate of emergency readmissions to hospital within 28 days of discharge per 1,000 discharges (18+)

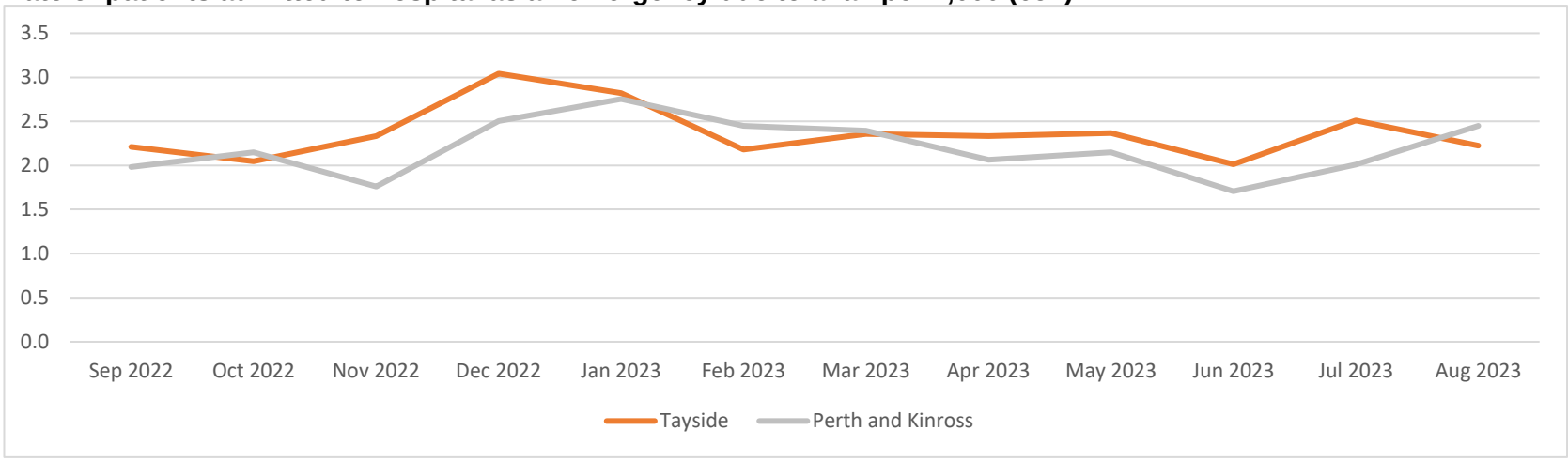


Source: Local Data NHST TAN Report. NI-14 Equivalent


Emergency Readmisson Rates (readmission / discharges) < 7 days per 1,000 (18 - 74)
90.0
80.0
70.0
60.0
50.0
40.0
30.0
20.0
10.0
0.0
Apr 2019
May 2019
Jun 2019
Jul 2019
Aug 2019
Sep 2019
Oct 2019
Nov 2019
Dec 2019
Jan 2020
Feb 2020
Mar 2020
Oct 2022
Nov 2022
Dec 2022
Jan 2023
Feb 2023
Mar 2023
Apr 2023
May 2023
Jun 2023
Jul 2023
Aug 2023
Sep 2023
Tayside < 7 days (18 - 74)
P&K NWH & PRI < 7 days (18 - 74)

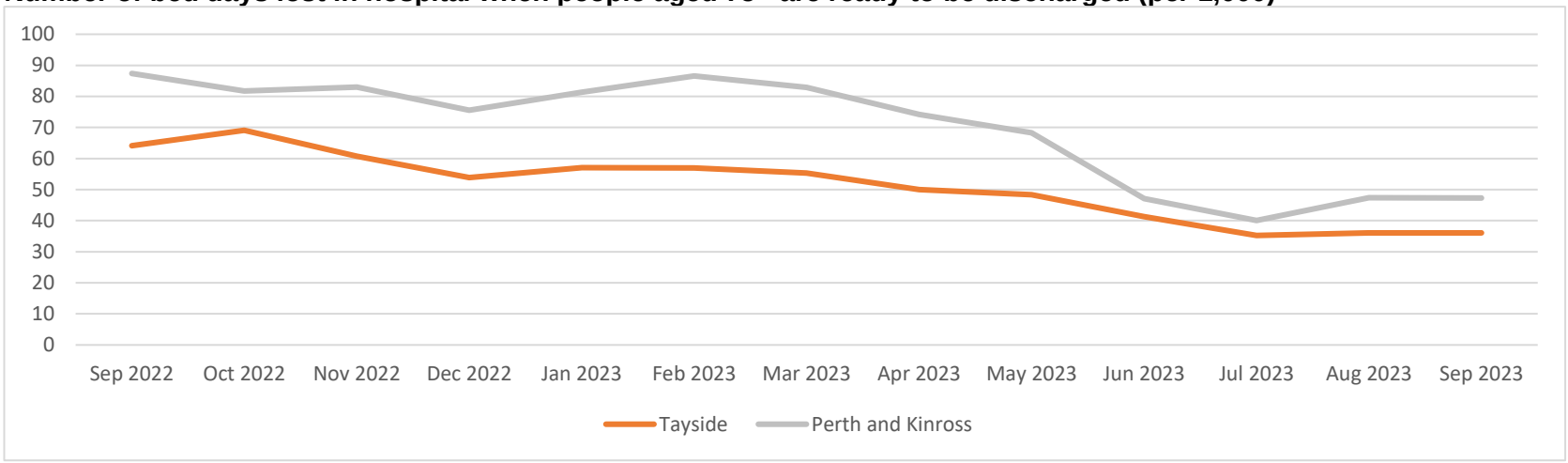


Rate of patients admitted to hospital as an emergency due to a fall per 1,000 (65+).



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

Number of bed days lost in hospital when people aged 75+ are ready to be discharged (per 1,000)



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

1.2 National Indicators Key Performance: Local Updates

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

Table 2. National Indicator Equivalents		2022/23			Latest			Comparison	
LOCAL DATA INDICATORS	measure	Tayside	Perth & Kinross	Period	Tayside	Perth & Kinross	Period	P&K movement from 2022/23	Tayside movement from 2022/23
Rate of emergency admissions per 100,000 (18+ all specialities).	Rolling 12-month rate	12,283	12,184	Mar 23	12,184	12,657	Sep 23	3.89%	5.33%
Rate of occupied bed days per 100,000 (18+).	Rolling 12-month rate	136,610	148,309	Mar 23	136,308	144,420	Sep 23	-2.62%	-0.22%
Emergency readmissions to hospital within 28 days of discharge per 1,000 discharges (18+).	Rolling 12-month rate	120.06	125.26	Mar 23	124.22	129.41	Sep 23	3.31%	3.47%
Rate of patients admitted to hospital as an emergency due to a fall per 1,000 (65+).	Rolling 12-month rate	29	27	Mar 23	27	25	Sep 23	-7.91%	-6.64%
Number of days people aged 75+ spend in hospital when they are ready to be discharged per 1,000.	Rolling 12-month rate	689	967	Mar 23	600	815	Sep 23	-14.88	11.56%

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

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

NOTE: No local or national data is currently available for the following core suite indicators. As this becomes available it will be included in future reports: NI-11 "Premature mortality rate per 100,000 persons", NI-15 "Proportion of last 6 months of life spent at home or in a community setting", NI-17 "Proportion of Care Services rated good or better in Care Inspectorate inspections", NI-18 "Percentage of 18+ with intensive social care needs receiving Care at Home" and NI-20 "Percentage of health and care resource spent on hospital stays where the patient was admitted as an emergency" . All rates are calculated using population data sourced from NRS, as at 2022/23.

1.3 National Indicators - Public Health Scotland Data

Table 3. National Indicators		2022/23 Figures				Latest				Comparison		
NATIONAL INDICATORS	Measure	Scotland	Peer	Perth & Kinross	Period	Scotland	Peer	Perth & Kinross	Period	P&K movement from 2022/23	Scotland movement from 2022/23	Peer movement from 2022/23
Rate of emergency admissions per 100,000 population for adults (18+ all specialities)	Rolling 12-month rate	11,181	9,581	12,526	Mar 23	11,949	9,450	12,756	Jun-23	1.84%	6.87%	-1.37%
Rate of emergency bed day per 100,000 population for adults (18+)	Rolling 12-month rate	118,835	101,562	121,295	Dec 22	114,718	98,732	119,630	May-23	-1.37%	-3.46%	-2.79%
Readmissions to hospital within 28 days of discharge per 1,000 discharges (18+)	Rolling 12-month rate	96	100	127	Mar 23	113	96	123	Jun-23	-3.15%	n/a	n/a
Proportion of last 6 months of life spent at home or in a community setting	Rolling 12-month rate	89.09%	89.51%	88.99%	Mar 23	89.18%	89.68%	88.97%	Jun-23	-0.02%	0.09%	0.17%
Falls rate per 1,000 population (65+)	Rolling 12-month rate	22.64	20.28	28.20	Mar 23	26.39	19.28	27.51	Jun-23	-2.45%	16.56%	-4.93%
Number of days people aged 75+ spend in hospital when they are ready to be discharged per 1,000 population	Rolling 12-month rate	936	896	964	Mar 23	867	923	929	Jun 23	-3.63%	-7.37%	3.01%

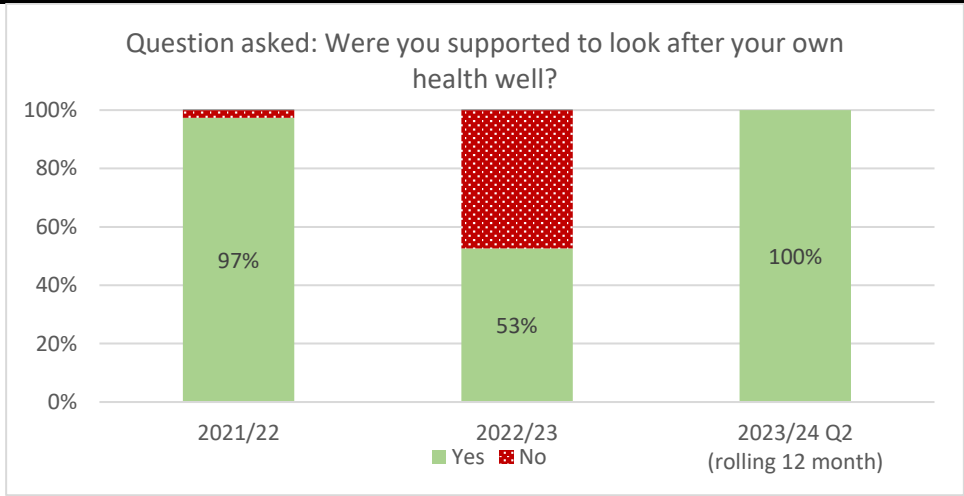
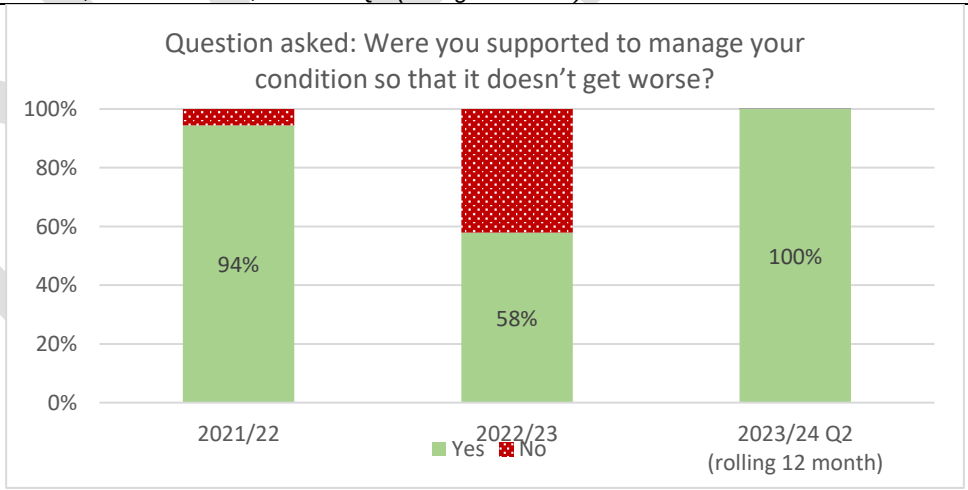
Within 3%, or are meeting or exceeding our comparator	Between 3% and 6% away from meeting our comparator	More than 6% away from meeting our comparator

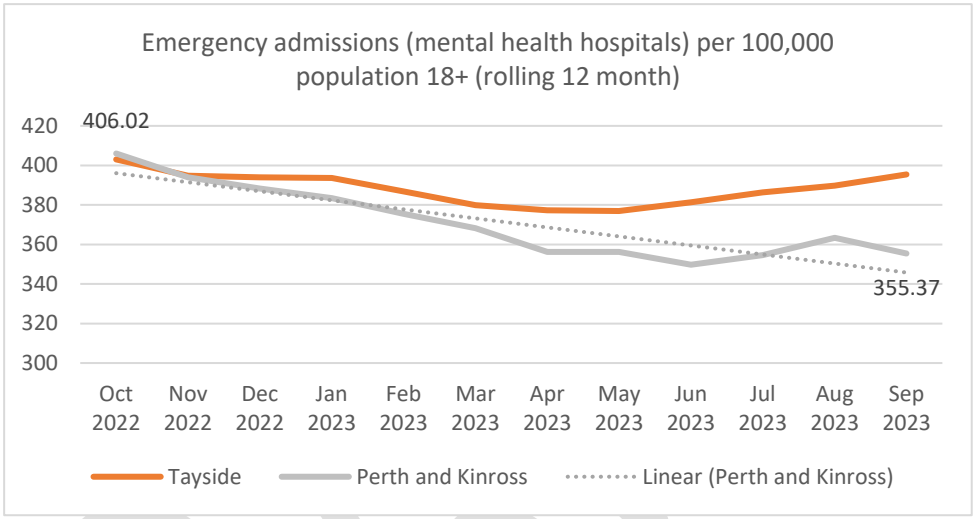
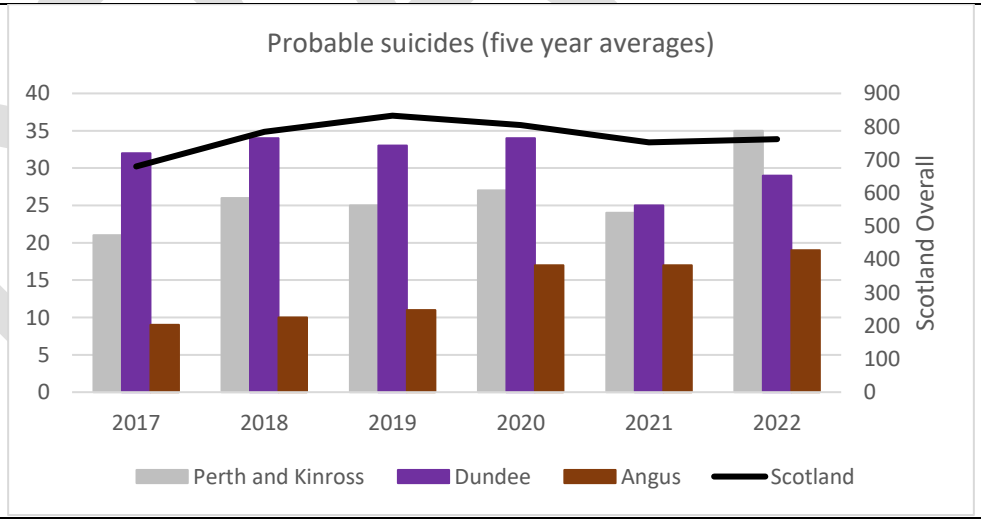
Perth and Kinross
Community Mental Health and Wellbeing Strategic Delivery Plan
Key Performance Indicator Report
11 December 2023

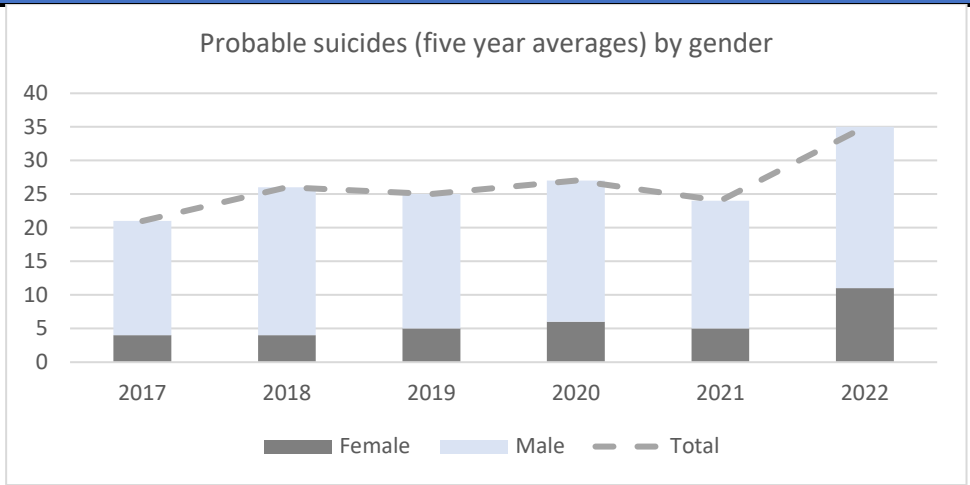
Outcome RAG Summary	GREEN	AMBER	RED	N/A
Outcome 1: "People receive the right support at the right time" and "Reduced stigma and inequalities in relation to people with mental health and substance use issues."	4	0	0	2
Outcome 2: "Improved access to a range of mental health and wellbeing supports and services by fully embedding the principle of person-centred care and support" and "People can make informed choices about their health and social care support."	4	0	1	0
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 and wellbeing services" and "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	1	1	0
Outcome 4: "Through collaboration and co-production, we will deliver more effective services and enhance the mental health and wellbeing across our communities" and "Health and 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	1	1	0
Outcome 5: "Ensure that statutory services delivering help and support to our communities have adequate resources including staffing and training needs."	3	0	0	0
TOTAL	15	2	3	2

RAG KEY

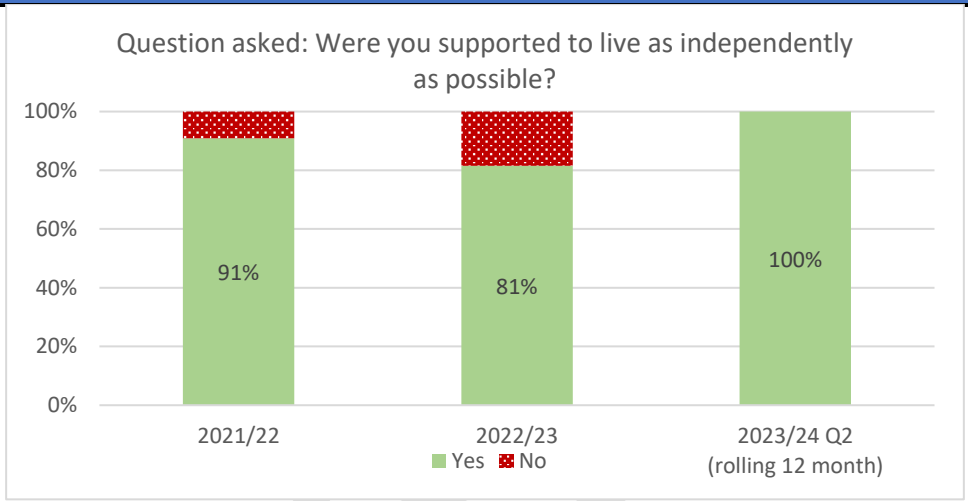
Within 3%, or are meeting or exceeding our target	**Between 3% and 6% away from meeting our target**	**More than 6% away from meeting our target**

Outcomes		Key Performance Indicators		Data	Target	RAG
1	1) People receive the right support at the right time.	1.1.1	People feel their service supported them to look after their own health	 *Source: P&K HSCP Service User and Patient Experience Survey. Results are calculated as a percentage of those who responded, omitting unsure and blanks. For more details see Appendix 2. 2021/22 n=38, 2022/23 n= 19, 2023/24 Q2 (rolling 12 month) n= 11*	80%	**GREEN**
		1.1.2	People feel their service supported them to manage their condition so that it does not get worse	 *Source: P&K HSCP Service User and Patient Experience Survey. Results are calculated as a percentage of those who responded, omitting unsure and blanks. For more details see Appendix 2. 2021/22 n=18, 2022/23 n= 19, 2023/24 Q2 (rolling 12 month) n= 7*	80%	**GREEN**

Outcomes	Key Performance Indicators	Data	Target	RAG
	1.1.3 Emergency admissions (mental health hospitals) per 100,000 population (18+)	 *Source: Local Data (Qlikview)*	Trend Down	**GREEN**
	1.1.4 Number of completed suicides (annual)		*Not Applicable*	*Not Applicable*

Outcomes	Key Performance Indicators	Data	Target	RAG
		 *Source: National Records Scotland*		
	1.1.5 Percentage of patients who are followed up within a 3-day period of discharge	*Data not yet available.*	N/A	N/A

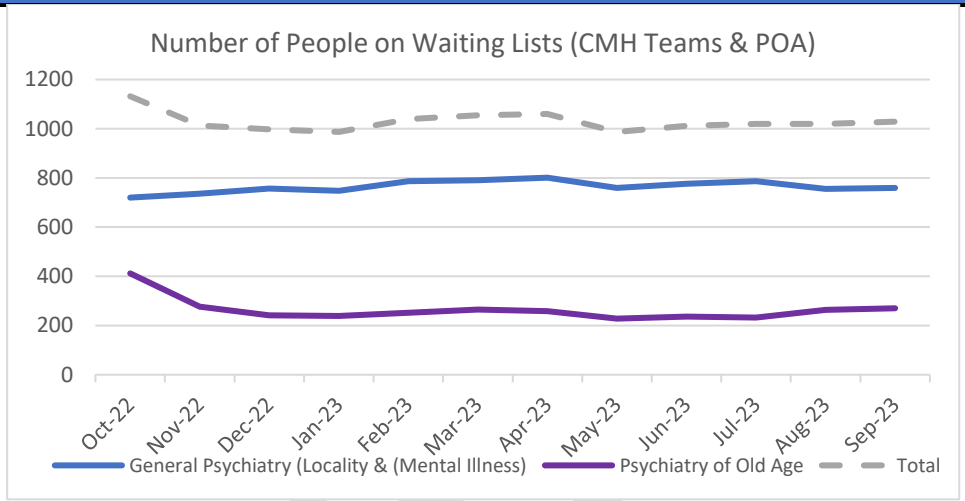
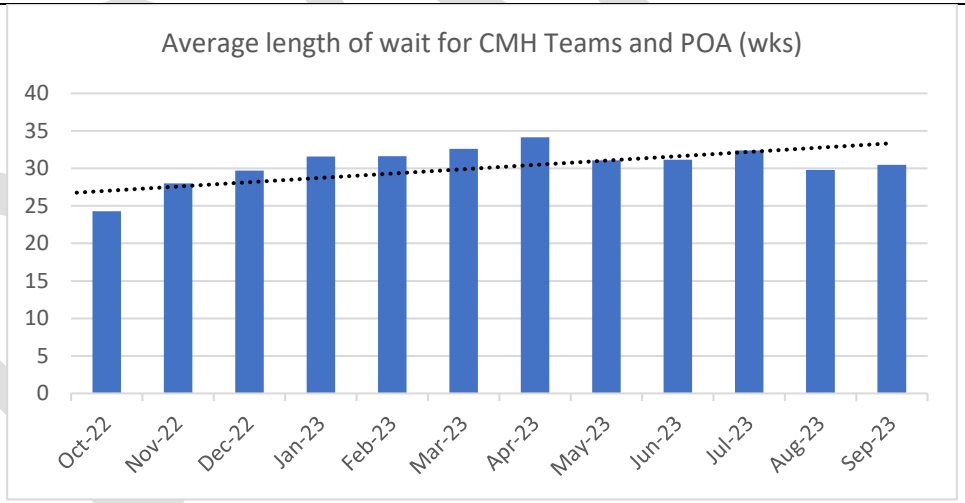
DRAFT

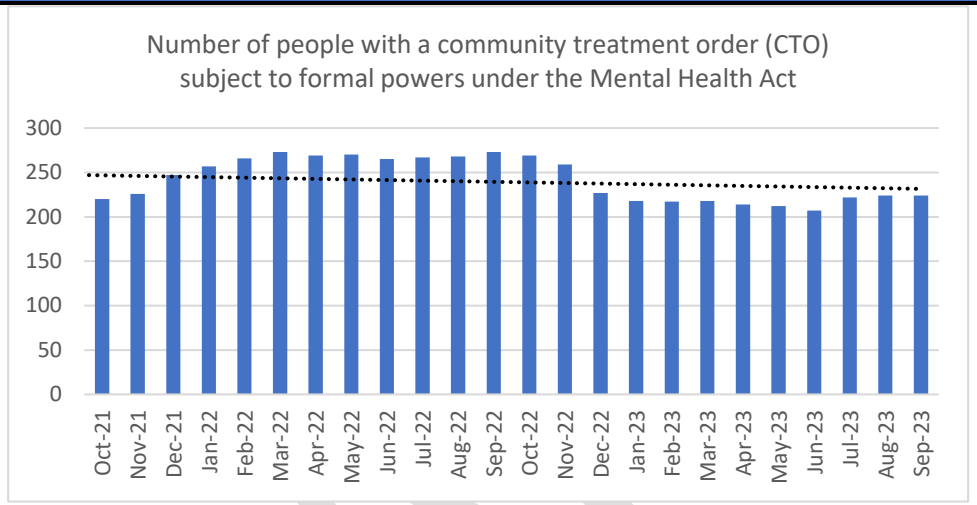
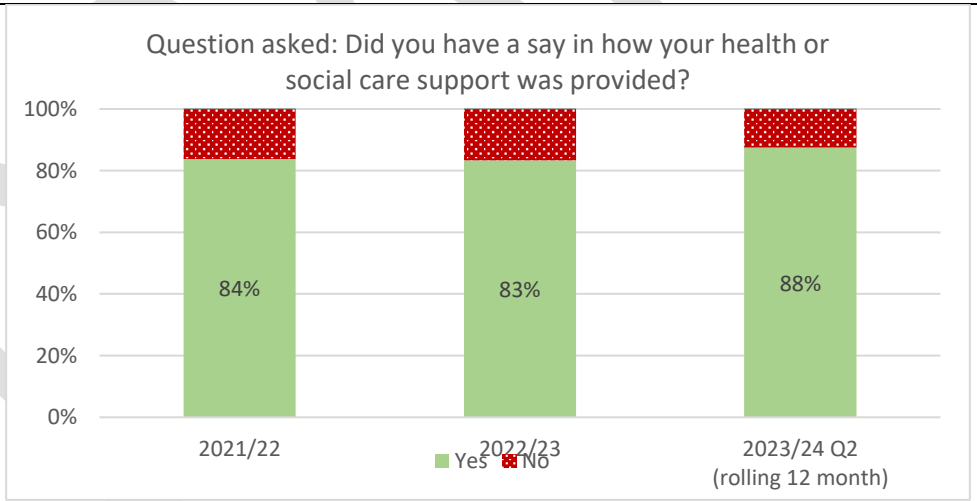
Outcomes		Key Performance Indicators		Data	Target	RAG
1	2) Reduced stigma and inequalities in relation to people with mental health and substance use issues.	1.2.1	People feel that their health or social care support received has helped them to live as independently as possible	 *Source: P&K HSCP Service User and Patient Experience Survey. Results are calculated as a percentage for those who responded, omitting unsure and blanks. For more details see Appendix 2. 2021/22 n=33, 2022/23 n= 27, 2023/24 Q2 (rolling 12 month) n= 13*	80%	**GREEN**

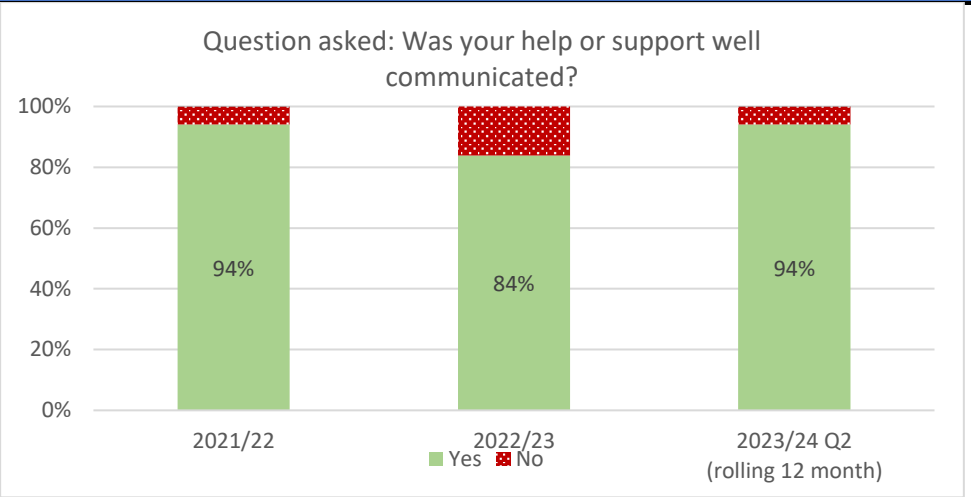
Outcome 1 - Comments:
Outcome 1 represents our commitment to ensuring that people throughout Perth and Kinross receive the right support at the right time. Performance in support of this outcome is broadly stable with feedback from people who accessed services indicating that they felt supported. The following comment is an example of feedback received through Care Opinion:

"My appointment with the mental health nurse was an initial exploration of how I was feeling. It was very emotional on my part, but afterwards I was so relieved I had made that first move. The mental health nurse in question is a credit to her profession."

To continue our work to reduce the need for people to access inpatient services we are working with our partners across the 3rd sector to provide more community bases support where appropriate. With an increase in completed suicides we are undertaking a deep dive into the reasons behind this and are working collectively with The Neuk, Police Scotland and NHS Tayside's Crisis Team, to test a Mental Health and Substance Use Crisis Triage Model. This model will support people to remain in their communities and implement safeguarding measures until a mental health assessment is viable.

Outcomes		Key Performance Indicators		Data	Target	RAG
2	1) Improved access to a range of mental health and wellbeing supports and services by fully embedding the principle of Person-Centred Care and support	2.1.1	Number of people on CMHWB waiting lists	 *Source: TrakCare via Business Unit.*	Trend Down	**GREEN**
		2.1.2	Wait times for those on CMHWB waiting lists	 *Source: Trackcare via Business Unit*	Trend Down	**RED**

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	 *Source: ASWSC Key Monitoring*	Trend Down	**GREEN**
2	2) People can make informed choices about their health and social care support.	2.2.1	People feel they had a say in how their health or social care support was provided	 *Source: P&K HSCP Service User and Patient Experience Survey. Results are calculated as a percentage of those who responded, omitting unsure and blanks. For more details see Appendix 2. 2021/22 n=37, 2022/23 n= 24, 2023/24 Q2 (rolling 12 month) n= 16*	80%	**GREEN**

Outcomes	Key Performance Indicators	Data	Target	RAG
	2.2.2 People feel that their health and social care support was easily accessible and well communicated	 *Source: P&K HSCP Service User and Patient Experience Survey. Results are calculated as a percentage of those who responded, omitting unsure and blanks. For more details see Appendix 2. 2021/22 n=34, 2022/23 n= 31, 2023/24 Q2 (rolling 12 month) n= 17*	80%	**GREEN**

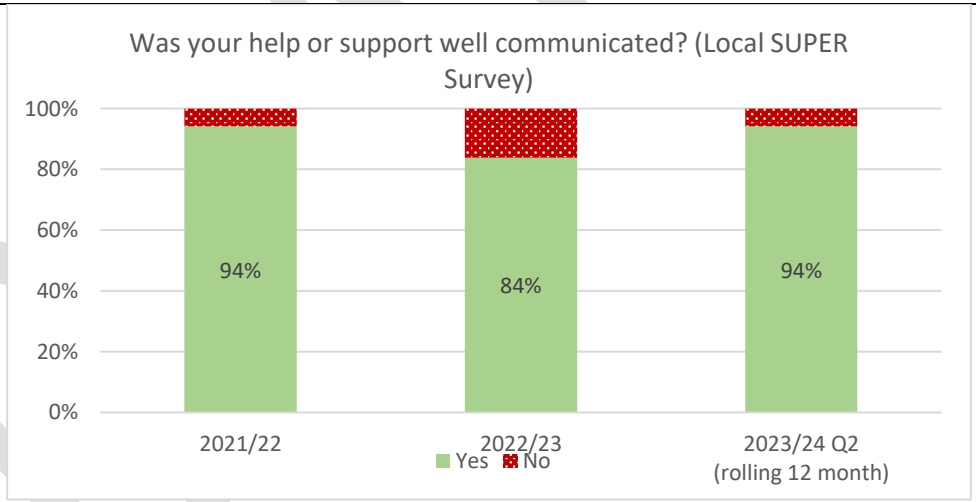
Outcome 2 - Comments:

Outcome 2 demonstrates our commitment to improving access to the mental health and wellbeing support through embedding the principle of person-centred care ensuring people can make informed choices. Performance in delivering this outcome is good, with most indicators on target. Although "Wait times for those on CMHWB waiting lists" is trending up over the 12month reporting period, it can be seen that the average length of wait has reducing since April 2023. Reducing the number of people waiting on CMHWB services remains a key focus, with a 14.93% reduction overall in the year to September 2023. To continue to drive improvement in the delivering of Psychiatry of Old Age we have altered our model of delivery focussing on mental health assessments and related efficiencies.

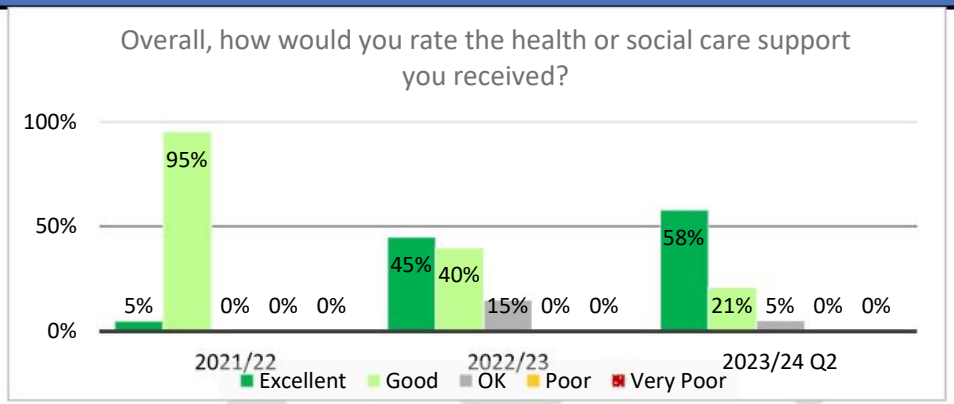
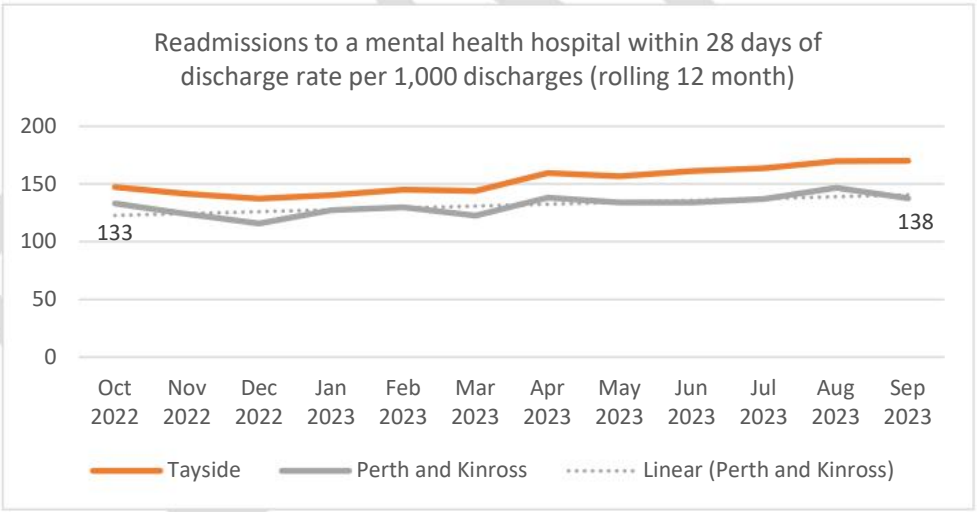
The following are recent examples of feedback received via Care Opinion from people who have accessed our services.

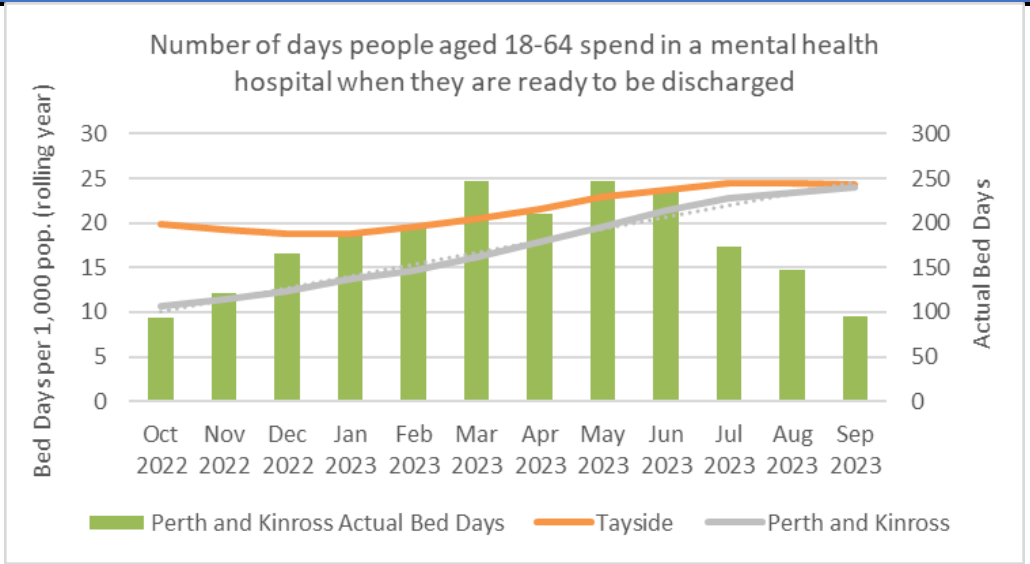
"*The Dementia Support Service has been very valuable to my mum who has dementia. The service gives my dad some respite time to get other chores done or time to himself knowing that my mum is in safe hands. This is the only time that my dad gets to himself as he cares for my mum 24/7. On a personal level I would like to thank [Staff] at Dementia Support for taking time and listening to me as a concerned daughter. Helping my mum cope with dementia is one of the hardest things I have had to deal with and all the help was appreciated."*

"*Big big thank you please to be passed to [Staff] and the team, you have really helped me a lot and I would recommend this service to anyone needing to use their service in the area."*

<table>
<tr><th colspan="2">Outcomes</th><th>Key Performance Indicators</th><th>Data</th><th>Target</th><th>RAG</th></tr>
<tr><td rowspan="2">3</td><td>1) 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 and wellbeing services.</td><td>3.1.1 Staff feedback regarding staff working across community and statutory mental health and wellbeing services (Staff Survey)</td><td>HSCP iMatter Feedback: Directorate Report
<table><tr><th>Annual Directorate Report</th><th>2020/21</th><th>2021/22</th><th>2022/23</th></tr><tr><td>Employee Engagement Index Score</td><td>78</td><td>78</td><td>79</td></tr><tr><td>Overall Experience Score</td><td>7.2</td><td>7.1</td><td>7.4</td></tr><tr><td>Number of responses</td><td>1186 (70%)</td><td>1172 (70%)</td><td>1147 (64%)</td></tr></table>Source – iMatter Directorate Report
Note. Results cover all of P&K HSCP staffing groups</td><td>Trend Up (Approval increases over time)</td><td>GREEN</td></tr>
<tr><td>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.</td><td>3.2.1 People feel that their health or social care support was easily accessible and well communicated</td><td> 

Source: P&K HSCP Service User and Patient Experience Survey. Results are calculated as a percentage of those who responded, omitting unsure and blanks. For more details see Appendix 2. 2021/22 n=34, 2022/23 n= 31, 2023/24 Q2 (rolling 12 month) n= 17</td><td>80%</td><td>GREEN</td></tr>
</table>

Outcomes	Key Performance Indicators		Data	Target	RAG
		3.2.2 How people rated the health or social care support they received overall	 *Source: P&K HSCP Service User and Patient Experience Survey. Results are calculated as a percentage for those who responded, omitting unsure and blanks. 2021/22 n=41, 2022/23 n= 20, 2023/24 Q2 (rolling 12 month) n= 16*	80% (*Excellent and Good Ratings*)	**GREEN**
		3.2.3 Readmissions to a mental health hospital within 28 days of discharge (rate per 1,000 discharges)	 *Source: Local Data (Qlikview)*	Trend Down	**AMBER**

Outcomes	Key Performance Indicators		Data	Target	RAG
		3.2.4 Number of days people aged 18-64 spend in a mental health hospital when they are ready to be discharged (per 100,000 population)	 *Source: Source: Local Data (Qlikview)* *Lines = rolling 12 month measure showing annualised rate measured each month* *Bars = actual bed days in the month*	Trend Down	**RED**

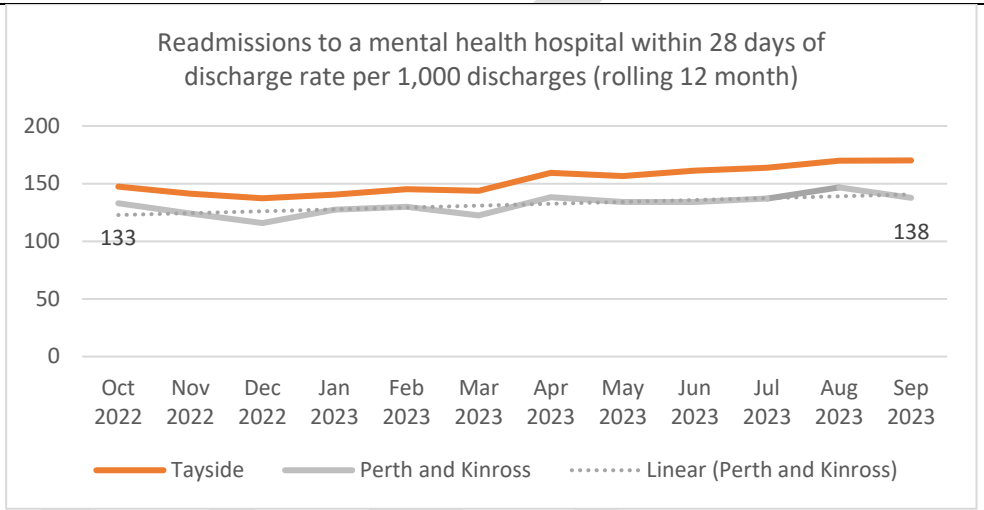
Outcome 3 - Comments:
Outcome 3 relates to our commitment to ensure that the people that need our services and the staff that deliver them are supported with clear and robust systems with joined-up communication leading to service users, their families and carers receiving the best possible support.

Performance in support of this outcome is mostly good with 3 KPIs on target 1 at Amber and 1 Red. There has been a significant improvement in delayed discharges (61.1% reduction since early 2023/24) and this will begin to impact the upward trend seen in the rolling 12 months measure which is affected by the increases seen in late 22/23. It is therefore anticipated that this trend will change with recent improvement work resulting in people being discharged from hospital in a safe and timely manner.

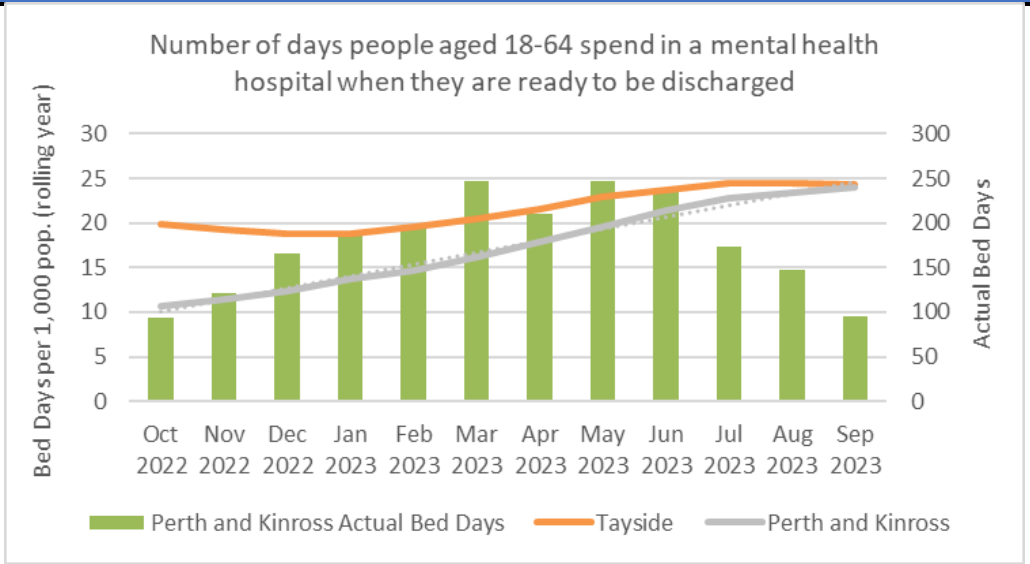
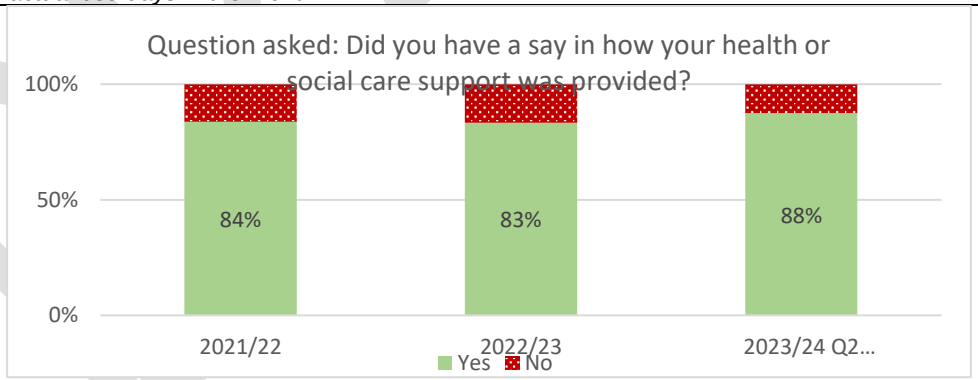
Further improvements in the delivery of this outcome are being taken forward with the development of an integrated model for substance use, primary care mental health and community mental health which, along with enhanced information sharing around services and treatment options, will ensure that a person's journey though CMHWB services is streamlined and more effective.

The following are recent examples of feedback received from people who have accessed our services.

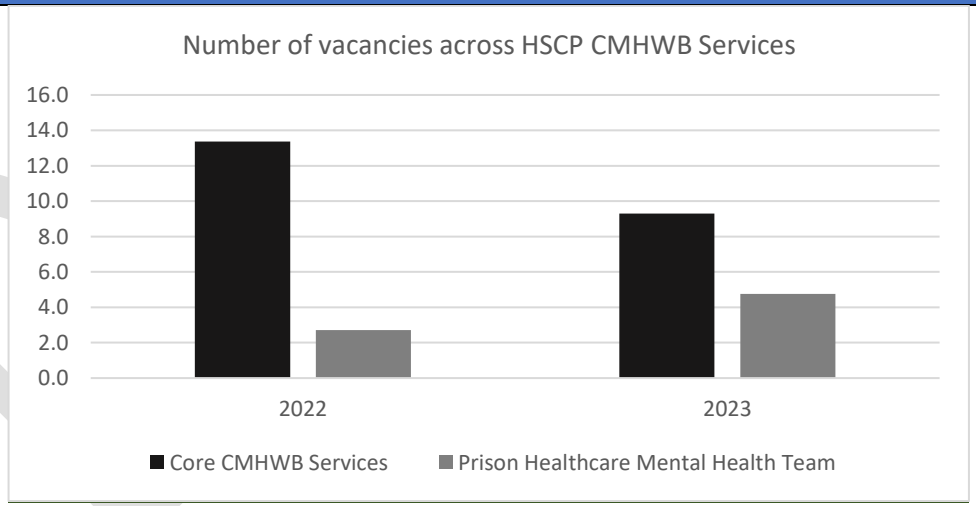
Mental Health and Wellbeing Nurses – "I attended the 5 Stress buster course at Blairgowrie Cottage Hospital. It was run by [Staff] were excellent. The venue was good and the reading provided was good. I got a lot out of the course and everyone seemed to enjoy it."

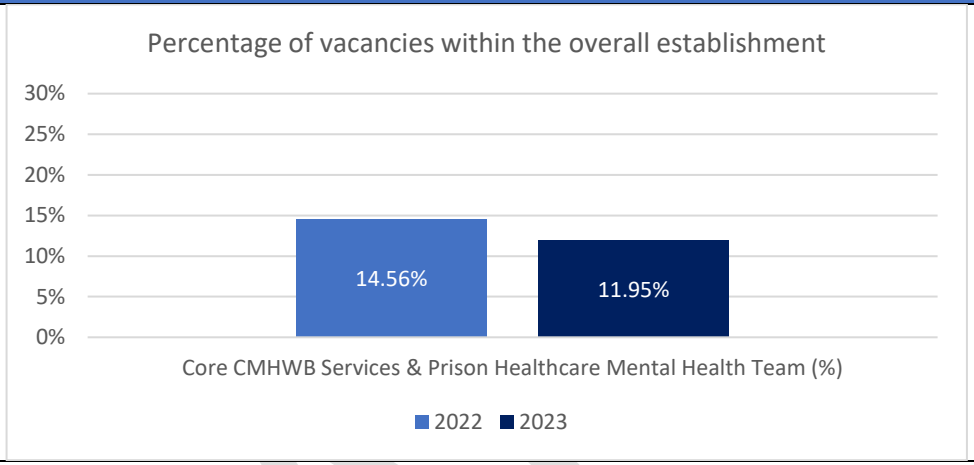
Outcomes		Key Performance Indicators		Data	Target	RAG
"After serving in the police for over 30 years and reached out for help with my mental health. I was referred to North Perthshire Mental Health and Wellbeing team. I spent 16 weeks under the care of [staff] who taught me how to cope with anxiety and depression. Through her care I have learned how to deal with the causes of my anxiety and depression."						
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)	 *Source: Source: Local Data (Qlikview)*	Trend Down	**AMBER**

DRAFT

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 100,000 population)	 *Source: Source: Local Data (Qlikview)* *Lines = rolling 12 month measure showing annualised rate measured each month* *Bars = actual bed days in the month*	Trend Down	**RED**
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	People feel they had a say in how their health or social care support was provided.	 *Source: P&K HSCP Service User and Patient Experience Survey. Results are calculated as a percentage of those who responded, omitting unsure and blanks. For more details see Appendix 2. 2021/22 n=37, 2022/23 n= 24, 2023/24 Q2 (rolling 12 month) n= 16*	80%	**GREEN**

Outcomes	Key Performance Indicators	Data	Target	RAG
Outcome 4 - Comments: Outcome 4 evidences our commitment to deliver more effective services and enhance mental health and wellbeing across our communities through collaboration and co-production. To drive improvement in the delivery of this outcome we are working with people with lived experience on a pan-Tayside basis through the Mental Health and Learning Disability Whole System Change programme. Similarly, our Psychiatry of Old Age Transformation Programme is exploring new ways of supporting people with advanced stages of dementia. The following are recent examples of feedback received from people who have accessed our services. **South Perthshire Older People's Community Mental Health Team** – *"My experiences of the Mental Health Care services offered since the diagnosis of Alzheimers for my husband has been superb. My support worker, who visited us on a monthly basis, has proved to be of enormous benefit. Like all dementia carers, I am travelling down a very unknown pathway. Very daunting. But my support worker has given me lots of advice and possible warnings of what might lie ahead. She has been a wonderful and reassuring advisor in dealing with this disease. Her many years of experience in this field have been of great benefit to me."*				

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	 *Source HSCP financial team. Updated annually.*	Trend Down	**GREEN**

<table>
<tr><th colspan="2">Outcomes</th><th colspan="2">Key Performance Indicators</th><th>Data</th><th>Target</th><th>RAG</th></tr>
<tr><td colspan="2" rowspan="2"></td><td>5.1.2</td><td>Percentage of vacancies within the overall establishment</td><td> 
</td><td>Trend Down</td><td>GREEN</td></tr>
<tr><td>5.1.3</td><td>Staff feedback regarding staff working across community and statutory mental health and wellbeing services (Annual Staff Survey)</td><td>HSCP iMatter Feedback: Directorate Report
<table>
<tr><th>Annual Directorate Report</th><th>2020/21</th><th>2021/22</th><th>2022/23</th></tr>
<tr><td>Employee Engagement Index Score</td><td>78</td><td>78</td><td>79</td></tr>
<tr><td>Overall Experience Score</td><td>7.2</td><td>7.1</td><td>7.4</td></tr>
<tr><td>Number of responses</td><td>1186 (70%)</td><td>1172 (70%)</td><td>1147 (64%)</td></tr>
</table>
Source – iMatter Directorate Report
Note. Results cover all of P&K HSCP staffing groups</td><td>Trend Up (Approval increases over time)</td><td>GREEN</td></tr>
<tr><td colspan="7">Outcome 5 - Comments:
This outcome reflects our commitment to ensuring we deliver help and support to our communities with adequate resources and that we support our staff appropriately. Performance against this outcome is good, vacancies have declined in the year to date, indicating we have been more successful recruitment and retention.

The iMatter staff survey results do not allow for Care Group specific results however the overall experience score remains high for the HSCP with a slight increase from last year. To ensure that care group level data is captured moving forward a staff pulse survey is planned for 2024.</td></tr>
</table>

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

Authors

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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 Performance Management and Reporting 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 Performance Management and Reporting Team
% of people who agree they had a say in how their health or social care support was provided	SUPER Survey – P&K HSCP Performance Management and Reporting Team Public Health
Number of completed suicides	Mental Health Key Indicator Report. Tayside Suicide Review Group
% 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 Performance Management and Reporting 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 Performance Management and Reporting Team
% of adults receiving any care or support who rate it as excellent or good	SUPER Survey – P&K HSCP Performance Management and Reporting Team
MH-12 Emergency admissions (mental health hospitals) per 100,000 population (18+)	Source: Local Data (Qlikview)
MH-14 Mental Health Emergency Readmission rate (28 days) per 1,000 discharges	Source: Local Data (Qlikview)
MH-19 Mental Health Delayed Discharge bed days per 100,000 population (65+)	Source: Local Data (Qlikview)
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 introduced a 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, blank and not applicable responses. While the number of responses remains low, between the final quarter of 2021/22 to date approximately 400 HSCP service users have provided feedback, including 90 from across CMHWB services.

DRAFT

Perth And Kinross Integration Joint Board

Audit & Performance Committee

11 December 2023

STRATEGIC RISK MANAGEMENT UPDATE

Report by Chief Officer
(Report No. G/23/175)

1. PURPOSE OF REPORT

1.1 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.

2. RECOMMENDATION(S)

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

- Approve the IJB's Strategic Risk Register and Strategic Risk Improvement Plan.

3. BACKGROUND

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

3.2 The Strategic Risk Register (SRR) is used to record identified risks which may impact on the IJBs ability to deliver its strategic objectives. The SRR is supported by a Strategic Risk Improvement Plan which has been developed

to improve either the range of controls in place or to improve the effectiveness of existing controls.

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

4. ASSESSMENT

4.1 The EMT's recent reviews of strategic risks resulted in a number of amendments. These are detailed below:

- The probability of risk SR01 (Financial Resources) occurring has increased to 5 meaning the new risk score is 25. This increases the risk exposure to the maximum level and is now a red strategic risk.
- The probability of risk SR05 (Sustainable Digital Solutions) occurring has been increased to 3 meaning the new risk score would be 12. This is now increased to an amber strategic risk from a yellow risk.
- The probability of risk SR06 (Viability of Commissioned Providers) occurring has been reduced to 3 meaning the new risk score is 12. This would mean this now reduces to an amber strategic risk from red.
- The probability of risk SR09 (Leadership Team Capacity) occurring has been reduced to 2 meaning the new risk score would be 8. This risk has reduced from an amber to a yellow strategic risk.
- The probability of SR14 (Partnership Premises) occurring has been reduced from 5 to 4 reducing the risk exposure to 16 from 20. This remains a very high red strategic risk.

4.2 A summary of the full strategic risk register is attached at Appendix 1. The Strategic Risk Rating Matrix showing movement of risk exposure over the last 12 months is presented at Appendix 2.

4.3 Table 1 below sets out current and previous risk scores following EMT review, provides justification for changes, and includes movement in risk scores since last reported to the A&PC.

Table 1

Table Ref.	Risk Reference	Impact	Probability	Previous Score	Justification	Impact	Probability	Current Score	Change
1	SR01 Financial Resources	**5**	**3**	**15**	The latest financial projections indicate the IJB will fall below IJB policy reserve level in this financial year. The predicted financial pressures next year, due to increasing need and costs without a significant increase in funding, means that the IJB will need to consider a review of Strategic Delivery Plan actions and reductions in overall expenditure to ensure the budget can be balanced. The risk exposure level has therefore increased to 25. This would now be a red strategic risk.	**5**	**5**	**25**	↑
2	SR02 Workforce	**5**	**4**	**20**	The ongoing implementation of the 3-year workforce plan means that the recruitment position continues to improve for social carers, nurses and Allied Health Professionals. This has meant less reliance on the use of agency staffing. In relation to the improvement action for a dedicated post to support the implementation of the plan - an appointment has been made and a start date is awaited. The application made by P&K HSCP to participate in a Scottish Government pilot concerning international recruitment for social care staff has been accepted and is being progressed. The first cohort of staff is expected to be recruited to soon. Despite the positive reporting above, the risk exposure is remains static at this time.	**5**	**4**	**20**	→

Table Ref.	Risk Reference	Impact	Probability	Previous Score	Justification	Impact	Probability	Current Score	Change
3	SR04 Sustainable Capacity and Flow	**5**	**3**	**15**	PKHSCP'S Winter plan has been approved by the IJB. This winter plan, which was developed in collaboration with the three Tayside IJBs and NHST, focuses on maintaining people at home wherever possible throughout the winter and optimising flow through our hospitals to ensure there is enough capacity to provide inpatient care for acutely unwell people as required. The plan allows surge beds in Tay ward to be maintained at increased levels and expands and extends the Early Discharge Project until March 2024. The use of interim placements has been reduced significantly, and these will now be used only in exceptional circumstances. The existing controls for this risk are now deemed to be working effectively and with 2 new improvement actions. Performance in relation to comparators and national position continues to trend positively however, local Tayside targets remain extremely challenging and P&K HSCP has been consistently assessed as red. The risk exposure level remains at 15 however this is a dynamic situation.	**5**	**3**	**15**	➔
4	SR05 Sustainable Digital Solutions	**4**	**2**	**8**	There is a risk we don't have a digital solution to efficiently manage scheduling for care at home. This will impact on our transformation project. The status of this risk has been escalated back to an amber position.	**4**	**3**	**12**	↑

Table Ref.	Risk Reference	Impact	Probability	Previous Score	Justification	Impact	Probability	Current Score	Change
					This is due to technical difficulties experienced in implementing the new auto-scheduling system which is designed to support increased efficiencies and tackle unmet need. It is now anticipated that the system will be available from April 2024. Further discussions are required with Perth and Kinross Council IT to explore the possibility of earlier implementation.				
5	SR06 Viability of Commissioned Providers	**4**	**4**	**16**	International recruitment is proving successful for those providers using this method of recruitment and has allowed one provider to expand their coverage into another locality and increasing overall capacity. The Early Discharge Project has increased capacity and is alleviating pressures across the system. New Commissioning approaches and person-centred job adverts are working well. The impact of Covid 19 on the Care Home sector this winter, at this stage, appears more manageable than previous years. This is providing some stability to the market. As such, the probability of this risk event occurring has been reduced to 3, meaning this strategic risk would now be an amber status.	**4**	**3**	**12**	↓
6	SR08 Widening Health Inequalities	**3**	**4**	**12**	As part of the refresh of P&K IJB's Strategic Commissioning Plan, a Joint Strategic Needs Assessment (JSNA) has been completed. This JSNA seeks to provide a clear understanding of	**3**	**4**	**12**	→

Table Ref.	Risk Reference	Impact	Probability	Previous Score	Justification	Impact	Probability	Current Score	Change
					the health and social care needs of our local population, bringing together qualitative and quantitative data on the health and care needs of the adult population of Perth & Kinross, to create a picture of service needs now and, in the future, to support decision-making and thus reducing health inequalities. Good progress continues to be made with consultation and engagement on the new Strategic Commissioning Plan with a progress update having been considered by the IJB in November 2023 and a draft expected in February 2024. The Director of Public Health has published an annual report for 2022/23 and this will be considered at IJB on 29 November 2023. There is no change to the risk score at this time.				
7	SR09 Leadership Team Capacity	**4**	**3**	**12**	The exposure position on this risk is reduced. Work to stabilise leadership through a new and permanent integrated management structure has been taken forward and very good progress has been made with the parent bodies. A proposed new integrated leadership structure has been shared with NHS Tayside Executive Leadership Team as well as Perth & Kinross Council. A report which outlines the final phase of the leadership review taken forward by the Council's Chief Executive was considered	**4**	**2**	**8**	↓

Table Ref.	Risk Reference	Impact	Probability	Previous Score	Justification	Impact	Probability	Current Score	Change
					by the Finance & Resources Committee on 22 November 2023 and the IJB will receive a private briefing on 29 November 2023. Organisational change processes have been followed with two Transition Team Meetings held on 4 October and 17 November, new job descriptions finalised and once these have been evaluated arrangements to populate the new structure will be taken forward. HR teams in NHS Tayside and Perth & Kinross Council will support the Chief Officer to take this forward.				
8	SR11 Primary Care	**4**	**4**	**16**	Progress on the Tayside Primary Care Strategy 2024-2029 was considered at the IJB on 29 November 2023. The development of this strategy, which aims to support the delivery of excellent, high quality, accessible and sustainable primary care services for the population of Tayside, has been added as an improvement action for this risk. The development of a Tayside wide Primary Care risk is underway so there is no change to this risk score at this time.	**4**	**4**	**16**	➔
10	SR14 Partnership Premises	**4**	**5**	**20**	Progress has been made on options for a series of moves which will result in more appropriate premises and locations for a number of HSCP teams which is at the centre of this risk. This includes moves for IDART, CCATS and CMHT (Perth).	**4**	**4**	**16**	↓

Table Ref.	Risk Reference	Impact	Probability	Previous Score	Justification	Impact	Probability	Current Score	Change
					As such the likelihood of this risk event occurring has been reduced to 4, slightly reducing the overall risk exposure, albeit this remains a very high risk at this point in time.				
➔ No change in risk exposure				**🡅 Increase in risk exposure**			**🡇 Decrease in risk exposure**		

4.4 Escalation of Operational Risks

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

4.4.2 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.

4.4.3 Since the last full Audit and Performance Committee meeting held on 18 September 2023, NHS Tayside's Care Governance Committee (CGC) have received one exception report from PKHSCP and Perth and Kinross Council's Scrutiny and Performance Committee (SPC) have received one Clinical and Care Governance Assurance report from PKHSCP. The CGC considered this on 5 October 2023 and the SPC on 13 September 2023.

4.4.4 Having reviewed the contents of these latest Clinical and Care Governance assurance and exception reports, the EMT have considered that no further escalation of operational risks is required.

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

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

Table 2

5. STRATEGIC RISK IMPROVEMENT ACTION PLAN

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

5.2 Since the Improvement Plan was last presented to the Audit and Performance Committee in September 2023, 10 new improvement actions have been added as set out in table 3 below:

Table 3

Ref	Strategic Risk	Ref	Improvement Action Description	Narrative
1	SR01 Financial Resources	1i	Implementation and delivery of transformation programmes at pace with accountability processes in place to ensure that programmes can be delivered and have a clear trajectory and description of impact.	New improvement action. Status – Green, target date – 31/3/24.
2	SR02 Workforce	2e	Establishment of a robust overseas recruitment campaign.	New improvement action proposed. Status – Green, target date – 31/3/24.
3	SR04 Sustainable Capacity and Flow	4f	Recruitment of interim Service Manager for MFE/Discharge Planning	New improvement action proposed. Status – Green, target date – 30/11/23
4		4g	Implementation of the PKHSCP Winter Plan for 2023/24	New improvement action proposed. Status – Green, target date – 31/3/24.

Ref	Strategic Risk	Ref	Improvement Action Description	Narrative
5	SR05 Sustainable Digital Solutions	5f	Deployment and Implementation of new automated scheduling system to increase efficiency and significantly reduce unmet need.	New improvement action proposed. Status – Red, target date – 31/1/24.
6	SR11 Primary Care	11c	Implementation of approved Perth & Kinross Primary Care Premises Strategy 2023-28.	New improvement action proposed. Status – Green, target date – 31/3/28.
7		11d	Implementation of approved Perth & Kinross Primary Care 3-year Strategic Delivery Plan 2023-26 for Primary Care.	New improvement action proposed. Status – Green, target date – 31/3/26.
8		11e	Development of the Tayside Primary Care Strategy 2024-2029 which has been jointly commissioned by the Chief Officer of Angus Health and Social Care Partnership and NHS Tayside Medical Director to support the delivery of excellent, high quality, accessible and sustainable primary care services for the population of Tayside.	New improvement action proposed. Status – Green, target date – 28/2/24.
9		11f	Implementation of the Tayside Primary Care Strategy to support the delivery of excellent, high quality, accessible and sustainable primary care services for the population of Tayside.	New improvement action proposed. Status – Green, target date – 31/12/29.
10	SR14 Partnership Premises	14f	Implementation of approved Perth & Kinross Primary Care Premises Strategy 2023-28.	New improvement action proposed. Status – Green, target date – 31/3/28.

5.3 Table 4 below sets out the status of the risk improvement plan actions with a comparison against the previous status reported to the Audit and Performance committee. There has been a significant improvement in status of the actions with 16 actions now deemed to be at green status, 2 less at red status with 2 further actions now deemed to be complete (Blue).

Table 4

6. CONCLUSION

6.1 Despite a number of changes in the IJB's risk scores, the overall exposure level remains static since last reported to the Audit and Performance Committee in September 2023.

6.2 The Executive Management Team continues to work towards reducing risk exposure with improvement actions identified within the action plan.

6.3 Risk management continues to be an integral part of our governance procedures which assist the IJB to deliver on its strategic objectives.

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Appendices

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

Perth & Kinross Health and Social Care Partnership

No.	Risk Ref.	Risk	Risk Owner	Priority		Move-ment
1	SR01	**FINANCIAL RESOURCES:** There are insufficient financial resources to deliver the objectives of the Strategic Plan.	Interim Chief Finance Officer	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 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	2	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 COMMISSIONED PROVIDERS:** As a result of challenging employment conditions, the recession and cost of living crisis, EU Exit, increasing complexity of individuals supported as well as the impact of the pandemic there is a risk that our commissioned providers will be unable to meet the increased demands they are facing resulting in reduced viability of providers across our local health and social care sector.	Interim Head of Adult Social Care (Commissioning)	2	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	3	Medium	↓
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	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**

Appendix 2

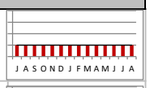
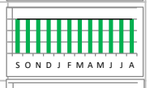
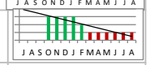
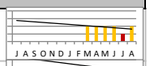
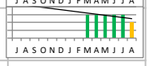
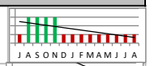
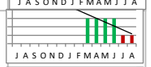
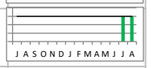
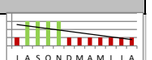
Perth & Kinross Health and Social Care Partnership

Risk Rating Matrix	Inherent Score	Residual Score

Ref.	Risk	Risk Title	Risk Owner	Risk Exposure – no controls	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sep 23	Oct 23	Nov 23
1	SR01	Financial Resources	Interim Chief Financial Officer	25 (5x5) RED	25 (5x5) RED	25 (5x5) RED	25 (5x5) RED	15 (5x3) AMBER	15 (5x3) AMBER	15 (5x3) AMBER	15 (5x3) AMBER	15 (5x3) AMBER	15 (5x3) AMBER	15 (5x3) AMBER	15 (5x3) AMBER	25 (5x5) RED
2	SR02	Workforce	Acting Head of Service ASWSC (Operations)	25 (5x5) RED	25 (5x5) RED	25 (5x5) RED	25 (5x5) RED	25 (5x5) RED	25 (5x5) RED	25 (5x5) RED	20 (5x4) RED	20 (5x4) RED	20 (5x4) RED	20 (5x4) RED	20 (5x4) RED	20 (5x4) RED
3	SR04	Sustainable Capacity and Flow	Head of Health	20 (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	15 (5X3) AMBER	15 (5X3) AMBER	15 (5X3) AMBER	15 (5X3) AMBER
4	SR05	Sustainable Digital Solutions	Acting Head of Service ASWSC (Operations)	20 (5x4) RED	12 (4X3) AMBER	12 (4X3) AMBER	12 (4X3) AMBER	12 (4X3) AMBER	12 (4X3) AMBER	12 (4X3) AMBER	8 (4X2) YELLOW	8 (4X2) YELLOW	8 (4X2) YELLOW	8 (4X2) YELLOW	8 (4X2) YELLOW	12 (4x3) AMBER
5	SR06	Viability of Commissioned Providers	Interim Head of Adult Social Care (Commissioning)	25 (5x5) RED	20 (4x5) RED	20 (4x5) RED	20 (4x5) RED	16 (4x4) RED	16 (4x4) RED	16 (4x4) RED	16 (4x4) RED	16 (4x4) RED	16 (4x4) RED	16 (4x4) RED	16 (4x4) RED	12 (4x3) AMBER
6	SR08	Widening Health Inequalities	Chief Officer	20 (4x5) RED	12 (3X4) AMBER	12 (3X4) AMBER	12 (3X4) AMBER	12 (3X4) AMBER	12 (3X4) AMBER	12 (3X4) AMBER	12 (3X4) AMBER	12 (3X4) AMBER	12 (3X4) AMBER	12 (3X4) AMBER	12 (3X4) AMBER	12 (3X4) AMBER
7	SR09	Leadership Team Capacity	Chief Officer	20 (5x4) RED	12 (4x3) AMBER	12 (4x3) AMBER	12 (4x3) AMBER	12 (4x3) AMBER	12 (4x3) AMBER	12 (4x3) AMBER	12 (4x3) AMBER	12 (4x3) AMBER	12 (4x3) AMBER	12 (4x3) AMBER	12 (4x3) AMBER	8 (4x2) YELLOW
8	SR11	Primary Care	Clinical / Associate Medical Director	16 (4x4) RED	16 (4x4) RED	16 (4x4) RED	16 (4x4) RED	16 (4x4) RED	16 (4x4) RED	16 (4x4) RED	16 (4x4) RED	16 (4x4) RED	16 (4x4) RED	16 (4x4) RED	16 (4x4) RED	16 (4x4) RED
9	SR14	Partnership Premises	Chief Officer	20 (4x5) RED	12 (4x3) AMBER	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	16 (4x4) RED

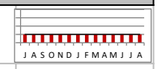
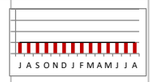
PERTH & KINROSS HEALTH AND SOCIAL CARE PARTNERSHIP
STRATEGIC RISK IMPROVEMENT ACTION PLAN

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

ACTION		RESPONSIBLE	STATUS	DATE ACTION ADDED	TARGET COMPLETION DATE	REVISED COMPLETION DATE	IMPROVEMENT TYPE	STATUS	EMT LAST REVIEW DATE	MOVEMENT
SR01 - FINANCIAL RESOURCES: There are insufficient financial resources to deliver the objectives of the Strategic Plan.										
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	01/03/21	31/10/21	-	Improve existing control	Blue	16/11/23	
1d	In partnership with NHS Tayside and the 3 IJB's, develop an outline financial plan for the Mental Health and Learning Disability Whole system Change Programme by 30th June 2023 and a detailed financial framework including agreed financial recovery actions by 30th Sept 2023.	NHST DoF / 3 IJB CFO's	In Progress	-	30/09/23	-	Improve existing control	Green	16/11/23	
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	27/10/22	31/03/23	28/02/24	New Control	Green	16/11/23	
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	27/10/22	31/03/23	31/12/23	New Control	Amber	16/11/23	
1i	Implementation and delivery of transformation programmes at pace with accountability processes in place to ensure that programmes can be delivered and have a clear trajectory and description of impact.	Acting Head of Service ASWSC Operations	In Progress	16/11/23	31/03/24	-	New Control	Green	16/11/23	-
SR02 - WORKFORCE: As a result of our ageing workforce, difficulties in recruiting suitably skilled and experienced staff in some areas, and the impact of COVID-19, there is a risk that the Partnership will be unable to maintain its workforce appropriately leading to unsustainable services.										
2c	Appointment to dedicated Workforce Post to support 3 year workforce plan implementation action plan.	Acting Head of Service ASWSC Operations	In Progress	30/03/23	30/06/23	31/12/23	New Control	Green	16/11/23	
2d	Implementation of 3 year Workforce plan strategic actions.	Acting Head of Service ASWSC Operations	In Progress	30/03/23	31/03/25	-	New Control	Green	16/11/23	
2e	Establishment of a robust overseas recruitment campaign.	Acting Head of Service ASWSC Operations	In Progress	16/11/23	31/03/24	-	New Control	Green	16/11/23	-
SR04 - SUSTAINABLE CAPACITY AND FLOW: As a consequence of the demographics of the Perth and Kinross population and increasing frailty there is a risk to the sustainability of 'capacity and flow' within our services resulting an inability of the wider health and care system to meet needs										
4b	Produce and implement a revised preferred model of delivery for Care at Home services.	Interim Head of Adult Social Care (Commissioning)	In Progress	-	30/11/22	30/11/23	New Control	Red	16/11/23	
4d	Recruitment of Service Manager: Whole System Transformation of Care at Home, who will undertake a Best Value Review and Recommissioning of new model for care at home services.	Interim Head of Adult Social Care (Commissioning)	In Progress	-	30/06/23	-	New Control	Red	16/11/23	
4e	Delivery of improvement actions contained with the Whole System Planning Integrated Improvement Plan.	Head of Health	In Progress	01/06/23	31/12/23	-	New Control	Green	16/11/23	
4f	Recruitment of interim Service Manager for MFE/Discharge Planning	Head of Health	In Progress	16/11/23	30/11/23	-	New Control	Green	16/11/23	-
4g	Implementation of the PKHSCP Winter Plan for 2023/24	Head of Health	In Progress	16/11/23	31/03/24	-	New Control	Green	16/11/23	-
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.										
5f	Deployment and Implementation of Pinpoint GIS mapping system to increase efficiency and significantly reduce unmet need.	Acting Head of Service ASWSC Operations	In Progress	16/11/23	31/12/23	-	New Control	Red	16/11/23	-
SR06 - VIABILITY OF COMMISSIONED PROVIDERS: As a result of challenging employment conditions, the recession and cost of living crisis, EU Exit, increasing complexity of individuals supported as well as the impact of the pandemic there is a risk that our commissioned providers will be unable to meet the increased demands they are facing resulting in reduced viability of providers across our local health and social care sector										
6a	Produce and implement a revised preferred model of delivery for Care at Home services.	Interim Head of Adult Social Care (Commissioning)	In Progress	-	30/11/22	30/11/23	New Control	Red	16/11/23	
6c	Implementation of new Care at Home Contract.	Interim Head of Adult Social Care (Commissioning)	In Progress	01/06/23	30/11/23	-	New Control	Amber	16/11/23	
6d	Develop a bespoke Complex Care commissioning approach which will increase flexibility and improve recruitment and also ensures that individuals and their families are at the heart of our assessment and planning activity.	Interim Head of Adult Social Care (Commissioning)	In Progress	01/06/23	30/11/23	-	New Control	Green	16/11/23	
6e	Development of a Brokerage Model.	Interim Head of Adult Social Care (Commissioning)	In Progress	01/06/23	30/11/23	-	New Control	Red	16/11/23	
SR08 - WIDENING HEALTH INEQUALITIES: As a consequence of increasing levels of poverty, deprivation, and significant rurality there is a risk that health inequalities will increase resulting in poorer outcomes for people										
8b	Develop an Integrated Resource Framework (IRF) to enable us to understand health and social care inequalities across each locality and enable informed strategic decision making.	Chief Officer	Not Commenced	01/03/21	31/03/22	-	New control	Red	16/11/23	
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	16/11/23	

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

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

ACTION		RESPONSIBLE	STATUS	DATE ACTION ADDED	TARGET COMPLETION DATE	REVISED COMPLETION DATE	IMPROVEMENT TYPE	STATUS	EMT LAST REVIEW DATE	MOVEMENT
SR09 - LEADERSHIP TEAM CAPACITY: 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	31/12/25	Improve existing controls	Red	16/11/23	
9c	Develop appropriately resourced 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	Complete	-	31/03/22	-	Improve existing controls	Blue	16/11/23	
9d	Implement the new arrangements for an integrated Senior Leadership Team for the Perth & Kinross HSCP.	Chief Officer	In Progress	16/11/23	31/03/24	-	New control	Green		-
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.										
11c	Implementation of approved Perth & Kinross Primary Care Premises Strategy 2023-28.	Clinical Director	In Progress	24/08/23	31/03/28	-	New Control	Green	-	-
11d	Implementation of approved Perth & Kinross Primary Care 3 year Strategic Delivery Plan 2023-26 for Primary Care.	Heads of Service	In Progress	24/08/23	31/03/26	-	New Control	Green	-	-
11e	Development of the Tayside Primary Care Strategy 2024-2029 which has been jointly commissioned by the Chief Officer of Angus Health and Social Care Partnership and NHS Tayside Medical Director to support the delivery of excellent, high quality, accessible and sustainable primary care services for the population of Tayside.	Chief Officer Angus HSCP	In Progress	16/11/23	28/02/24	-	New Control	Green	-	-
11f	Implementation of the Tayside Primary Care Strategy to support the delivery of excellent, high quality, accessible and sustainable primary care services for the population of Tayside.	Chief Officer Angus HSCP	In Progress	16/11/23	31/01/29	-	New Control	Green	-	-
SR14 - PARTNERSHIP PREMISES: Due to a lack of sustainable and suitable premises within which Health and Social Care Services can be delivered, there is a risk that services will be displaced without appropriate alternative accommodation having been developed or identified, resulting in a reduction in service capacity, reduced outcomes of patients and service users and a reduction in staff wellbeing.										
14f	Implementation of approved Perth & Kinross Primary Care Premises Strategy 2023-28.	Clinical Director	In Progress	24/08/23	31/03/28	-	New Control	Green	-	-

Audit & Performance Committee

11 December 2023

INTERNAL AUDIT PROGRESS REPORT

Report by Chief Internal Auditor
(Report No. G/23/176)

1. PURPOSE OF REPORT

1.1 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

2. BACKGROUND

2.1 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.

3. PROGRESS

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

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

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

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

4. RECOMMENDATION

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

5. CONSULTATION

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

Author(s)

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APPENDICES

1. Internal Audit Plan Progress

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Internal Audit Plans Progress Report December 2023

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

Perth And Kinross Integration Joint Board

Audit & Performance Committee

11 December 2023

CLINICAL AND CARE GOVERNANCE ASSURANCE

Report by Chief Officer
(Report No. G/23/176)

1. PURPOSE OF REPORT

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

2. RECOMMENDATIONS

2.1 The Audit and Performance Committee is asked to:

i) Note the responsibilities of Perth and Kinross Integration Joint Board (PKIJB) 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 Perth and Kinross Council's Scrutiny & Performance Committee received a full report regarding Clinical & Care Governance (appendix 1) on 13 September 2023, where it was agreed as providing "Substantial Assurance".

iv) Note the exception report presented to NHS Tayside's Care Governance Committee on 5 October 2023.

v) Note that the Chief Officer confirms the effectiveness of the above systems in place in the IJB's partner organisations.

3. BACKGROUND

3.1 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.

3.2 The Perth & Kinross Health & Social Care Partnership (PKHSCP) Care & Professional Governance Forum (CPGF) was established at the inception of integration and has met regularly. It is chaired jointly by the Clinical Director and the Chief Social Work Officer who has delegated the role to the Interim Head of Service Adult Social Work and Social Care (Operations). The Forum provides assurance on the quality, safety and effectiveness of all services delegated to the P&K IJB. This is achieved through detailed annual reporting on all aspects of service delivery which is linked to the domains for effective clinical and care governance and the Health and Social Care Standards; along with a monthly process for the escalation of factors which are inhibiting safe care, issues and concerns; risk management; adult protection; and complaints.

3.3. The CPGF reports to NHS Tayside's Care Governance Committee with regular assurance and exception reports. The CPGF also reports to PKC's Scrutiny & Performance Committee with regular assurance reports. These reports seek to provide assurance to NHS Tayside and PKC that there are effective and embedded systems for Clinical, Care and Professional Governance in all services delegated to or hosted by PKIJB.

3.4 It should be noted that Inpatient Mental Health & Learning Disability Services and all General Adult Psychiatry medical workforce report directly to the NHS Tayside Care Governance Committee as operational responsibility is not delegated and is retained by NHS Tayside. Further, services hosted by Angus IJB and Dundee IJB also report directly to the NHS Tayside Care Governance Committee. This provides a formal mechanism for NHS Tayside to provide assurance to PKIJB that appropriate arrangements and systems are in place in respect of operational health services being managed by PKHSCP.

4. SITUATION

4.1 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.

5. ASSESSMENT

5.1 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.

5.2 P&K HSCP's assurance report to PKC's Scrutiny & Performance Committee on 13 September 2023 is attached at appendix 1 to evidence the above. The level of assurance recommended and accepted by the Committee was "Substantial Assurance".

5.3 P&K HSCP's exception report to NHS Tayside's Care Governance Committee on 5 October 2023 is attached at appendix 2, and this highlights the key exceptions since the last CGC meeting.

6. CONCLUSION

6.1 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.

6.2 This will be accomplished by the regular sharing of approved relevant extracts from minutes from the IJB's partners and any assurance and exception reports from PKHSCP in relation to Clinical, Care and Professional Governance submitted to NHS Tayside and Perth and Kinross Council.

Author(s)

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Appendices

Appendix 1 – Scrutiny and Performance Assurance Report: Perth and Kinross HSCP,13 September 2023

Appendix 2 – CGC Exception Report: Perth and Kinross HSCP, 5 October 2023

PERTH AND KINROSS COUNCIL

Scrutiny and Performance Committee

13 September 2023

Perth and Kinross Health & Social Care Partnership (HSCP)
Clinical and Care Governance Assurance Report

Jacquie Pepper, Chief Officer, Perth and Kinross HSCP

PURPOSE OF REPORT

This purpose of this report is to provide assurance to Perth & Kinross Council's Scrutiny and Performance Committee on the Clinical Care and Professional Governance of the Perth and Kinross HSCP.

1. REPORT SUMMARY

1.1 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 Scrutiny and Performance 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 March 2023 to 30 June 2023.

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

1.2 Background

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

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

three Partnerships and part of its remit is to support additional common assurance measures and this template.
The six domains continue to evolve over time and must be adaptable and responsive to the changes in legislation and external support and monitoring. The domains reflect the principles set out in the Health and Social Care Standards, My support, My life; Scottish Government, 2018 and the Quality-of-Care Approach, HIS and Care Inspectorate, September 2018. The domains are:

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

2.3 Assessment

2.3.1 Exceptions

Significant staffing challenges within the Integrated Discharge Hub at Perth Royal Infirmary (PRI)

The Integrated Discharge Hub had been operating with reduced staffing due to a combination of long term sickness absence and open vacancies in the Social Work teams (Social Workers and Social Work assistants). The risk was being actively managed through daily reviews of workload and capacity, recruitment to vacant posts and an agency staff member starting within the team in June 2023.

As at the time of this report, the risk had reduced due to a senior practitioner now being in post, and the successful recruitment of 2 Social Workers and 2 Social Work Assistants.

Agency Use

Since the introduction of the agency supplementary staffing controls across NHST on 1st June 2023, there have been a total of 230 agency escalations within P&K HSCP. The vast majority of these agency shifts have been filled, and where they have not been filled, the ward area was required to operate with reduced staffing for that shift. At times, this has meant that the Senior Charge Nurse has required to work clinically to support patient safety and care.

2.3.2 Clinical and Care Risk Management

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

Managers of red risks provide a written update at every meeting, and managers of amber risks are asked for update at every other meeting.
This supports assurances that the relevant risks are being regularly monitored; what measures are in place to minimise the risk; what alternative mitigations plans and actions are in place to minimise the risk; that where the risk affects, or is impacted by, other parts of the health or social care system, or indeed other agency, we are assured that they are fully informed and engaged in the process.

The controls listed under each risk are the cumulative efforts being made to mitigate the risk.

P&K HSCP health red risks as at 19th July 2023:

DatixRef	Risk Exposure – No controls			Current Risk Exposure Rating												Planned Risk Exposure			Risk Trend (↑/→/↓)
				*Please include data from previous **four** reporting periods*															
				Aug 2022			Dec 2022			April 2023			Aug 2023						
	L	C	RER	L	C	RER	L	C	RER	L	C	RER	L	C	RER	L	C	RER	
829	4	5	20	4	5	20	4	5	20	4	5	20	4	5	20	2	5	10	→
982	5	4	20	5	4	20	5	4	20	5	4	20	5	4	20	2	4	8	→
1126	5	3	15*	5	3	15	5	4	20	5	4	20	5	4	20	2	3	6	→
701	5	3	15*	3	3	9	3	3	9	5	4	20	5	4	20	1	4	4	→
1267	5	4	20	4	4	16	4	4	16	5	4	20	5	4	20	4	4	16	→
1321	5	4	20	-	-	-	-	-	-	-	-	-	5	4	20	2	4	8	→

L = Likelihood C = Consequence RER = Risk Exposure Rating

**** The current risk score is higher than the inherent score due to exacerbations of the risk by further staffing challenges.***

P&K HSCP Adult Social Work & Social Care red risks as at 19th July 2023:

Risk	Risk Exposure – No controls			Current Risk Exposure Rating												Risk Trend (↑/→/↓)
				*Please include data from previous **four** reporting periods*												
				Aug 2022			Dec 2022			April 2023			Jul 2023			
	L	C	RER	L	C	RER	L	C	RER	L	C	RER	L	C	RER	
1	4	5	20	-	-	-	-	-	-	-	5	20	4	5	20	→
2	4	5	20	-	-	-	1	3	3	4	5	20	4	5	20	→
3	5	5	25	-	-	-	-	-	-	-	-	-	5	5	25	→

4	5	5	25	-	-	-	-	-	-	-	-	-	5	5	25	→

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

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

A short life working group has been recommenced with NHST support service and Estates in order to review the accommodation needs for CCATS, IDART, Urgent Care and Community AHP's. A consultation paper to be completed in relation to engaging with staff re: accommodation moves. Paper to be written to describe the options going forward (option appraisal) in conjunction with NHST estates and support services. The HSCP has initiated a working group focussing on accommodation requirements across the Partnership and the HSCP is represented on the One Public Estate and PKC Working Smarter working groups.

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

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

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

Health Risk 1226 - GP Cover for HMP Perth

Locum GP arranged to cover shifts over the coming months. 11 new GP's now available. There is a documented escalation process in place should shifts remain unfilled.

New ANP model paper under development and request for continued funding to be taken to EMT.

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

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

Health Risk 1267 - Capacity & Flow – Older Peoples Services

This risk remains at red. A working group has been set up to agree option appraisal and redesign of current service. There is ongoing redesign re: the Integrated Discharge Hub and discharge pathways.

Staffing challenges around SW capacity but actions in place to address this, and the situation now significantly improved. All of the above is connected to the working groups reporting to the Older Peoples strategic group.

Health Risk 1321 - Inadequate environment for the Perth City CCATS service

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

Adult Social Work and Social Care Risk 1 – Lack of Care at Home Capacity, especially in rural P&K

Recruited 37 care staff in HART since January with 12 leaving over the same time frame. This leaves us with 4 additional staff per month. Application made to Scottish Government for International Recruitment pilot. A Care at Home Transformation group has also been formed.

Adult Social Work and Social Care Risk 2 – Lack of OT capacity

This has resulted in delays getting assessments for clients, increased waiting lists which is currently at 405 people, service not meeting agreed response times. Staff reporting stress. 1 OT going through induction, 1 OT waiting on start date, advert live for further OT.

Adult Social Work and Social Care Risk 3 – Lack of Social Workers and Social Work Assistants capacity in the Integrated Discharge Hub

CCA start dates are 17th July and 1st of August. Social worker start dates are 4th September and 1st October. Improvement officer start date 10th July. Agency worker recruited to cover until end of September. Staffing situation is improving rapidly and could be moved to Amber. I would expect it to be green by end of September. Performance measures now in place, weekly performance meetings being held with staff and management audit of casework. Review of model ongoing.

Adult Social Work and Social Care Risk 4 – Lack of Social Workers and Social Work Assistants and impact on urgent pieces of work and Adult Protection Issues.

Risk for week commencing 31/07/23 will reduce when agency worker returns from A/L on 07/08/23 - but Kinross team will still be short of 2 social workers until recruitment is complete. 3 social work post advertised (one perm. two fixed term) - 1 fixed term appointed to waiting on references - agency worker in place but annual leave booked prior

to commencing. HDT and Perth City have offered support as required over period of shortage. Vacant CCA post to be filled by staff member from Perth City. 20 hour SWA post advertised.

NHST Primary Care Services (DATIX risk 353)

As noted in the paper for the PC sustainability the risk level remains at 25 across Tayside. The paper describes the position and some of the Tayside wide actions. This is not only a Tayside issue but is seen across the UK. There are a number of complex factors which underpin the risk, including recruitment and retention of GPs in particular.

In P&K HSCP, due to a combination of workforce and workload factors, there are several practices who are at higher risk of closure or transition to 2C, which would lead to disruption to the service provision for that practice population.

The occurrence of insufficient GP practice resourcing would disrupt the GP practice ability to deliver a service consistent with the agreed primary care model.

Current controls in place within P&K HSCP (as noted in P&K DATIX risk 1055):

- Sustainability requirements are being reviewed by the Senior Leadership Team
- Escalation processes through Primary Care Improvement Group to the P&K Primary Care Board.
- 3rd Sustainability survey completed, with 23/23 practices responding. Data being collated and themed for an update report,
- Recruitment and Retention increasingly problematic and increasing age of workforce / imminent retirals

HSCP have committed significant recurrent resource to develop a Primary Care Resilience Team. There are now 3 practices with closed lists in P&K, no 2C practices. The Resilience team model is being reviewed and developed. The Strategic Delivery Plan for Primary Care and Premises Strategy which identify the key priorities to support Primary Care was approved by Perth & Kinross IJB in June 2023.

P&K Primary Care have developed a local Sustainability Plan which looks at workload pressures, liability issues, workforce factor and identified mitigating actions at a local, regional and national level. A Sustainability Group involving Cluster leads, Practice Manager, Primary Care and LMC meet bi-monthly to review.

2.3.3 Clinical & Care Governance Arrangements

Lead Partners Services

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

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

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

Summary of key exceptions raised at recent CPGF meetings:

Key exceptions identified within the **exception reports** from the CPGF meetings held in March, April, May and June 2023:

- Prison Healthcare:
  - Home Office CD Licences outstanding for all 3 establishments.
  - Staff vacancies across all teams and recruitment is ongoing.

- North Locality:
  - Staffing challenges within the North Locality Social Work Team. This is being operationally managing with prioritisation, ASP, statutory and crisis work.

- South Locality:
  - St Margaret's Hospital registrant vacancy level of 51% combined with changes to supplementary staffing escalation process.
  - OT red due to vacancies and absence resulting in increased waiting times.

- Podiatry
  - Difficulty recruitment and retention of podiatrist in the NHS has been highlighted as national issue across all Health Board areas in Scotland; locally this carries the risk of being unable to provide a safe level of service to the increasing number of higher risk patients and to positively accommodate the assessed needs of the existing patient caseload; which may lead to unintended consequences to patients; and the deterioration of staff wellbeing.
  - Referrals triaged as routine on the podiatry waiting list approx 252 waiting over 18 weeks across Tayside and 378 waiting over the 12 week target for MSK.
  - Insufficient capacity to meet patient demand and provide inclusive access to all that a podiatrist can offer to address public health needs

- POA inpatients
  - Ongoing issues with delayed discharges due to lack of EMI step down and availability.
  - Issues with registered nurse recruitment across all three wards (all above 30%)

Key exceptions identified within the **annual reports** from the CPGF meetings held in March, April, May and June 2023:

- Community Alarm
    - The Telecare Service Authority audit had identified that that the service was under resourced, and funding has been secured for additional SCO staff and management support.
    - 12 additional SCOs and 2 Coordinators have now been recruited

- Joint Equipment Loan Store
    - Admins staff within the service recurrently 25-50% reduced due to long term sickness and resignations. Admin related tasks are prioritised, and admin line manager being recruited.

- Tay and Stroke wards and Intermediate Care
    - OT Hand Therapy Routine Outpatients wait time is currently171 weeks
    - Hand Therapy Urgent Outpatients 359%increase in referrals compared to last year figures limited capacity to meet this demand on top of elective hand surgery remobilised.
    - Hospital Discharge Team continue to receive positive feedback from patients and partners despite workforce challenges within the SW team.

- Perth City
    - Lack of clinical accommodation across teams, including CCATS and iDART, on risk register. Work has been undertaken in Drumhar to increase clinic space for IDART. This has reduced but not eliminated impact.. Perth City CCATS accommodation remains a significant risk with no identified solution at present.
    - Within Perth City there has been an increase of Adult Protection Concerns of 87%. This has had an impact on the Perth City Social Work teams in relation to screening and subsequent Inquiries and Investigations undertaken.
    - Recruitment and Retention – vacancies across all teams, ongoing recruitments, difficult to recruit to posts.

- North Locality
    - Recruitment & Retention (Health): Physiotherapy staffing has also been a challenge with failure to recruit to a Full Time Band 6 post, despite several attempts at advert. This post has recently been re-considered as a static Band 5. There have been significant changes within the Leadership structure, with a new Locality Manager and 2 new Clinical & Professional Team Managers within the last year. This has been a steep learning curve but has introduced some capacity and structure within the Locality.
    - Care at Home: There has been ongoing pressure on both HART and Care at Home to support people in relation to discharge from hospital and those already in the community.

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 2023 and June 2023 were:

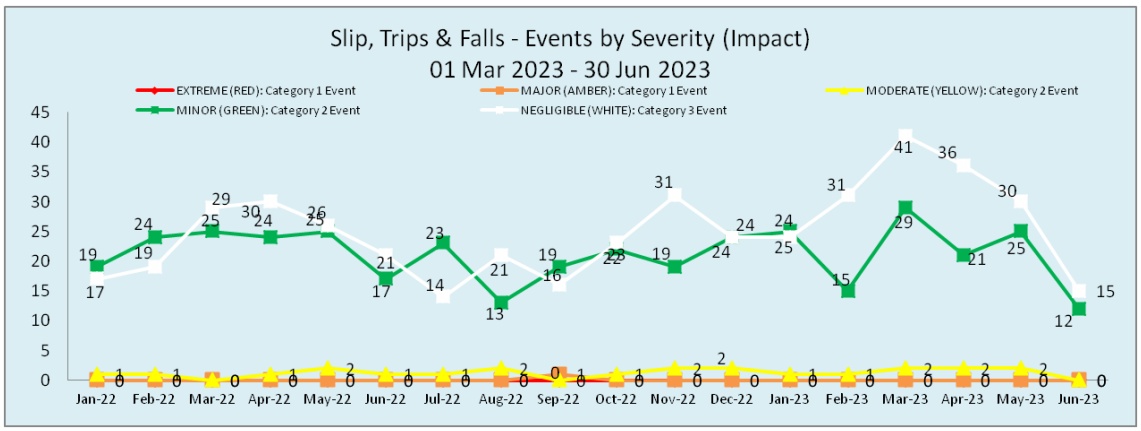
Highest frequency events:

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

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

Slip, Trip & Falls

During the time period between March 2023 and June 2023, there were **215** incidents recorded, of which 39 involved harm. 100 occurred at MRH, 42 at PRI, 64 in Community Hospitals and the remaining 9 in other areas.



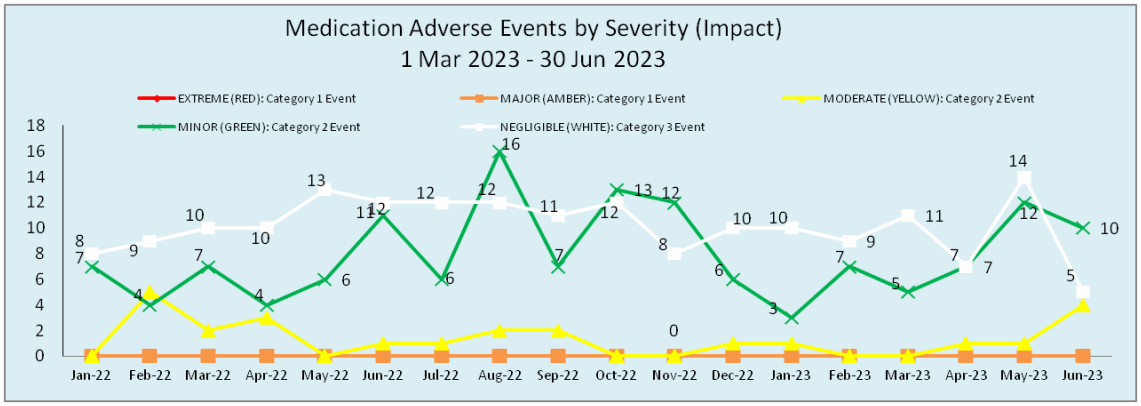
The Psychiatry of Old Age inpatient wards at Murray Royal Hospital experienced a higher than usual number of falls at the end of 2021 due to several patients who had multiple falls (many of which were controlled). Ward staff were doing all they could to manage the falls, and they had support from the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

In addition, the Falls Coordinator continues to:

- review all of the wards in-patient falls Datix reports and provide feedback to the ward with a breakdown of their falls, outlining any trends, highlighting patients who fall repeatedly and enquiring if further information is required

- Supports all of the HSCP wards to have strength and balance exercise panels fitted on their walls and suitable patients also receive a set of strength and balance cue cards which they can take home with them. Along with that they receive a Care About Walking booklet and record charts for recording activity / steps.

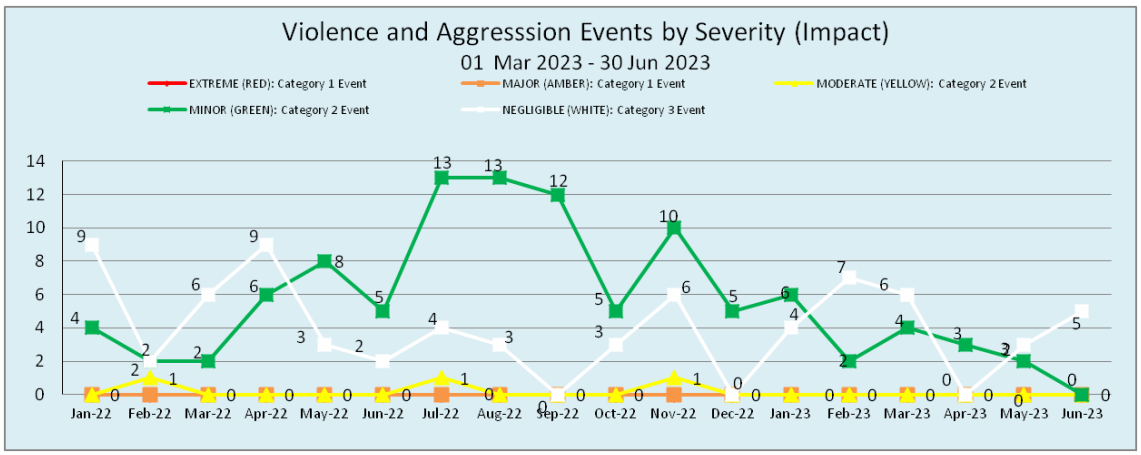
- **Medication**
  During the time period between March 2023 and June 2023, there were **77** incidents recorded, of which 2 involved harm. 1 occurred at MRH, 5 at PRI, 19 in Community Hospitals, 29 within a Prison Establishment and the remaining 29 in other areas.



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

The four yellow moderate events in June 2023 occurred in HMP Perth (2), Patients Home (1) and St Margarets Hospital (1). These have all been reviewed by the professional leads and guidance offered where required.

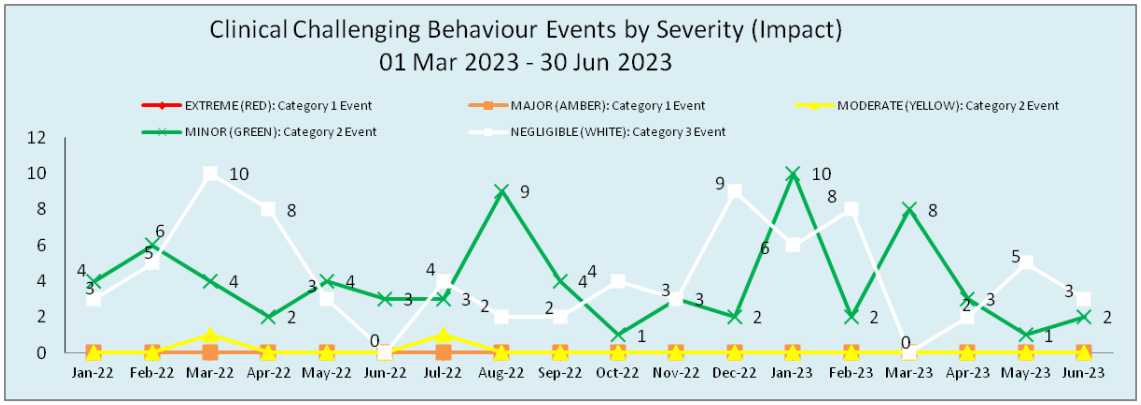
- **Violence & Aggression**
  During the time period between March 2023 and June 2023, there were **23** incidents recorded, of which 1 involved harm. 11 occurred at MRH, 1 at PRI, 2 in Community Hospitals, and the remaining 9 in other areas.



The 11 incidents within Murray Royal Hospital were within the Psychiatry of Old Age wards. The 1 incident which involved harm was with regards to a patient being physically aggressive to another patient, and causing a minor wound.

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

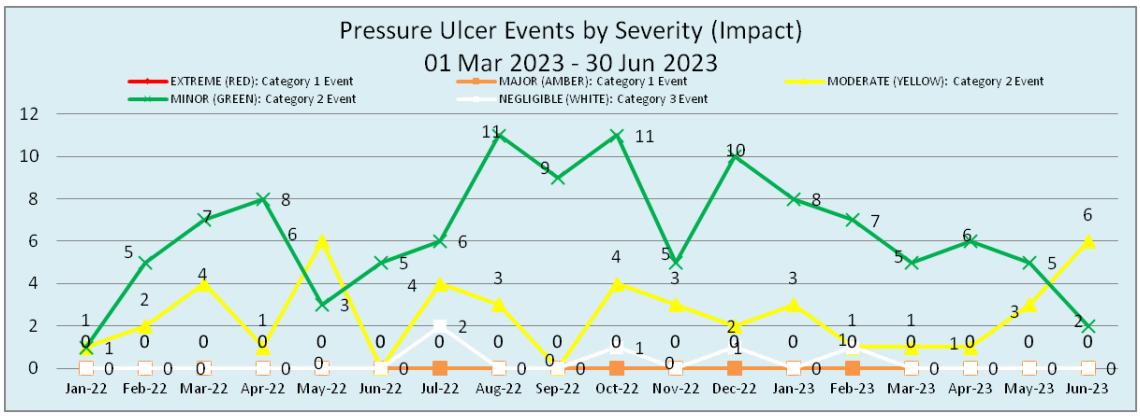
  During the time period between March 2023 and June 2023, there were **24** incidents recorded, of which 3 involved harm. 15 occurred at MRH, 4 at PRI, 2 in Community Hospitals, and the remaining 3 in other areas.



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 time period between March 2023 and June 2023, there were **29** incidents recorded, of which 29 involved harm. 18 were within the patients home, 4 within Care Homes, 3 within Community Hospitals, and the remaining 4 in other areas.



The majority of incidents over the time period with a moderate severity were within the patients home, with the remainder being within Care Homes.

Further exploration on DATIX regarding the recent moderate events, many of which were incorrctly graded as moderate and have since been regraded to minor. verifiers reminded to grade pressure ulcer incidents as per guidance.

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:

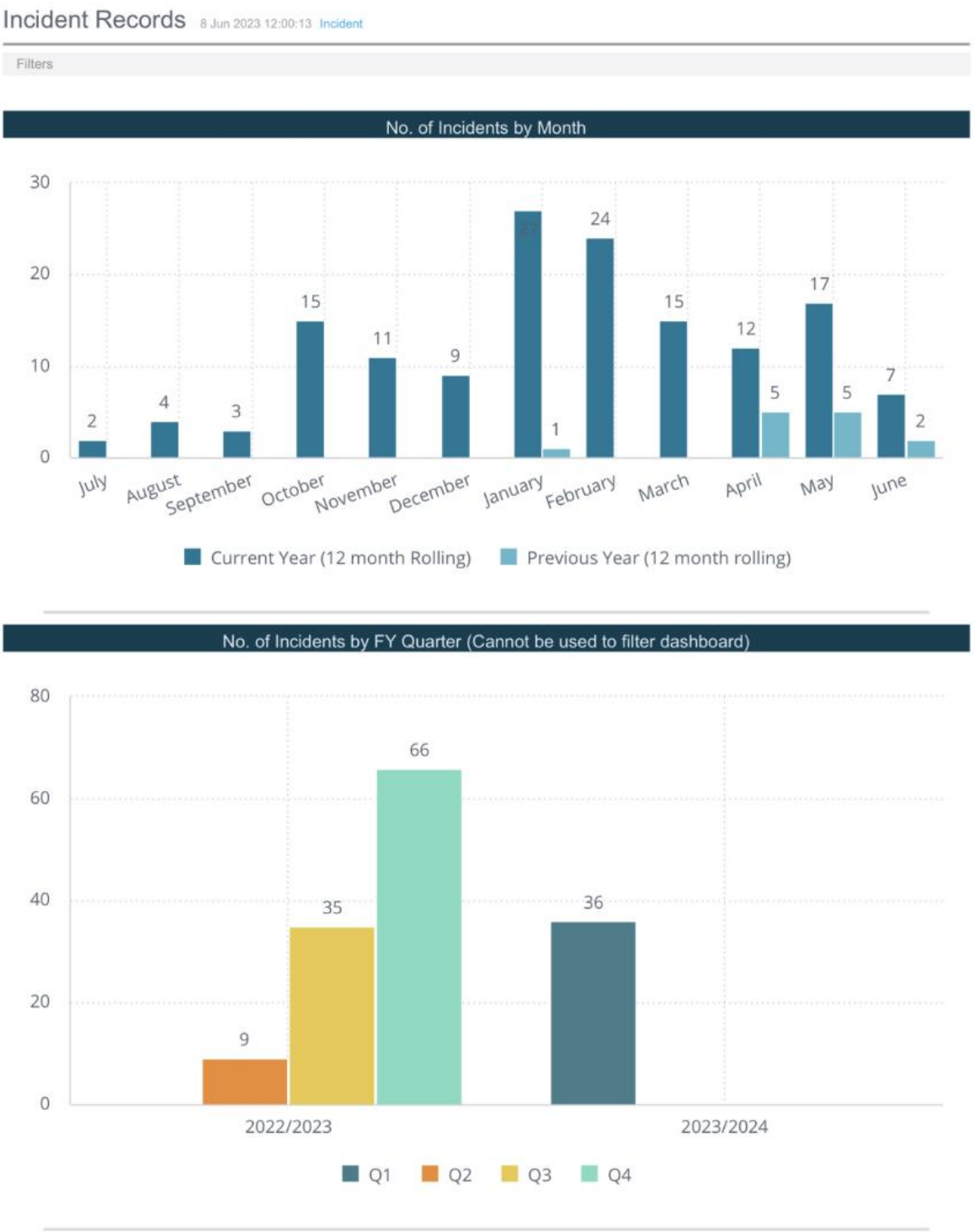
- September 2020 – 24 outstanding events
- January 2021- 19 outstanding events
- May 2021 - 13 outstanding events
- July 2021 – 13 outstanding events
- November 2021 – 11 outstanding events
- March 2022 - 8 outstanding events
- July 2022 - 5 outstanding events
- Oct 2022 – 2 outstanding events
- March 2023 - 1 outstanding event
- July 2023 – No outstanding events

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

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

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

Incident Record Dashboard for Adult Social Work & Social Care:

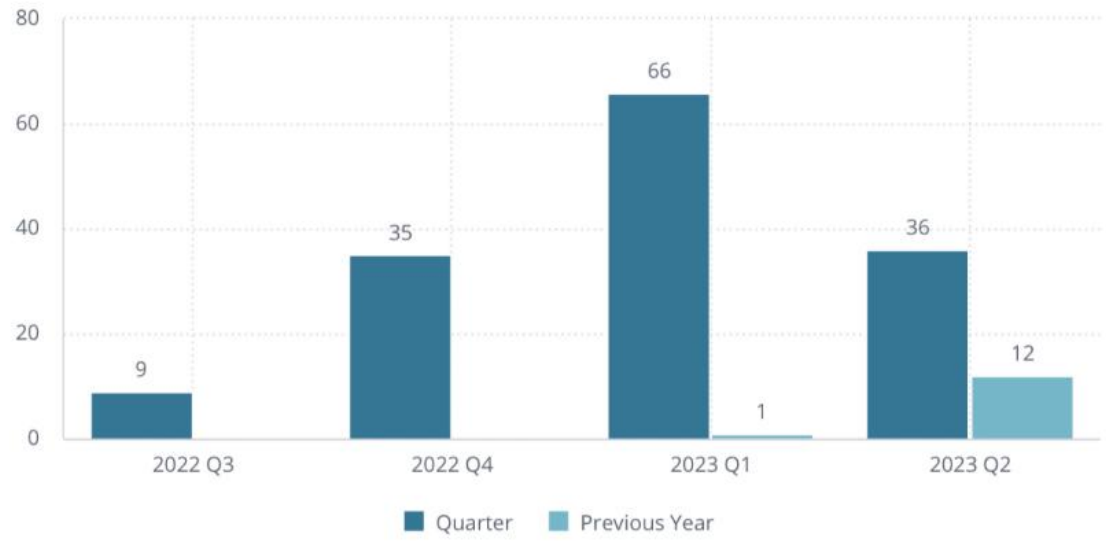


Incident Records

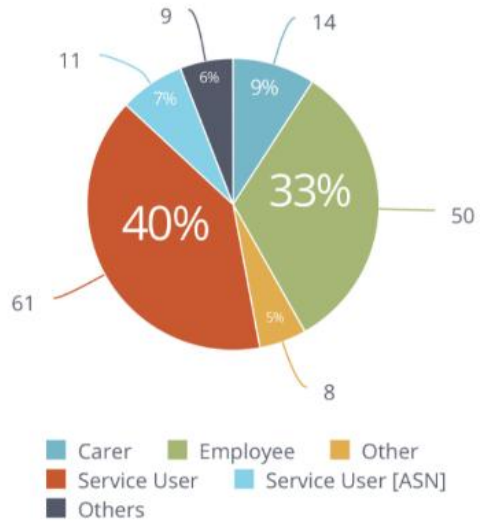
8 Jun 2023 12:00:13 Incident

Filters

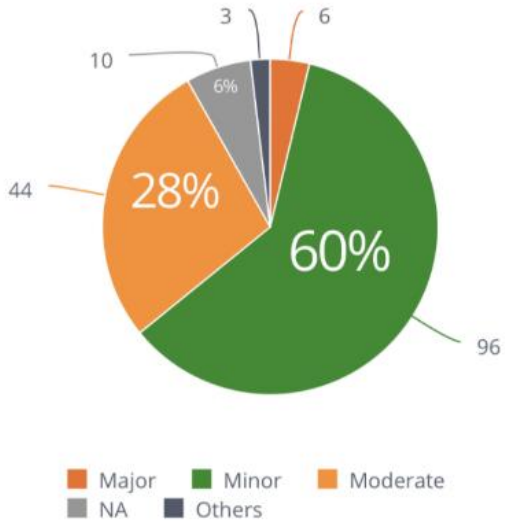
No. of Incidents by Calendar Quarter



Incidents by Injured/Affected Person



Incidents by Severity

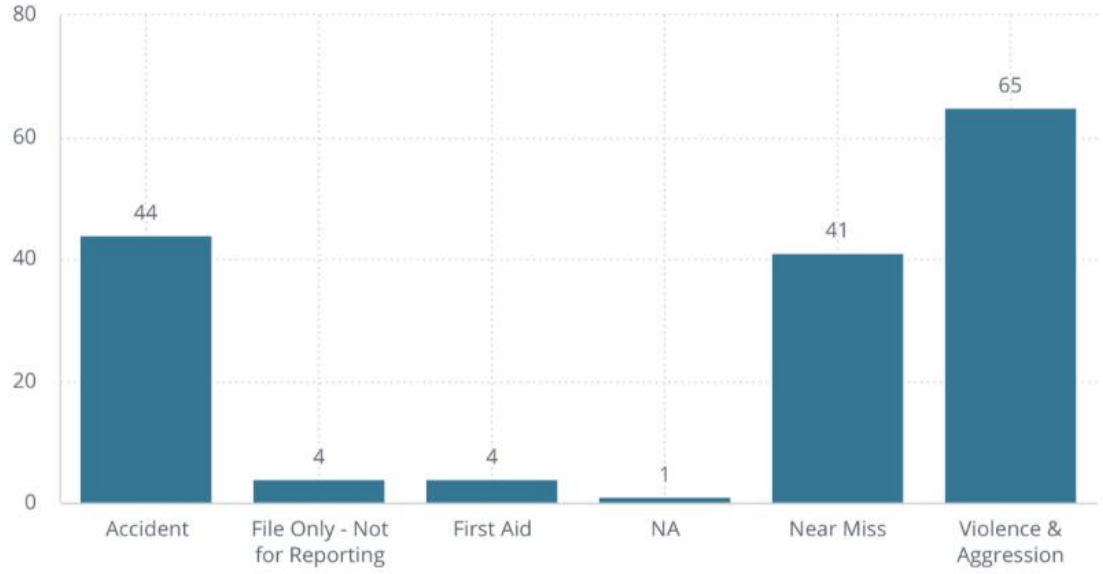


Incident Records

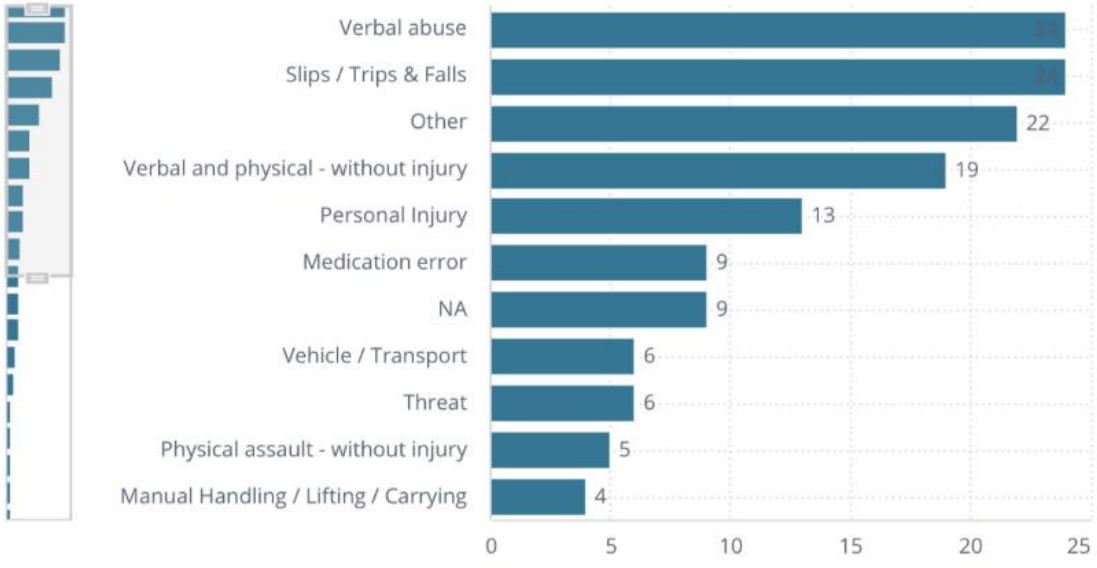
8 Jun 2023 12:00:13 Incident

Filters

No. of Incidents by Type



No. of Incidents by Incident Category



Incident Records

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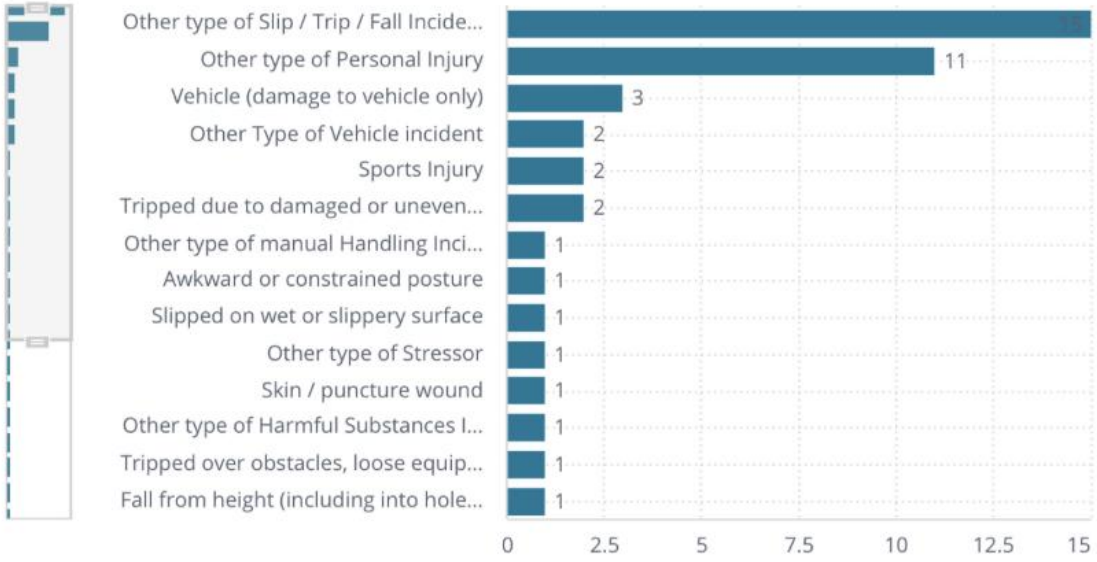
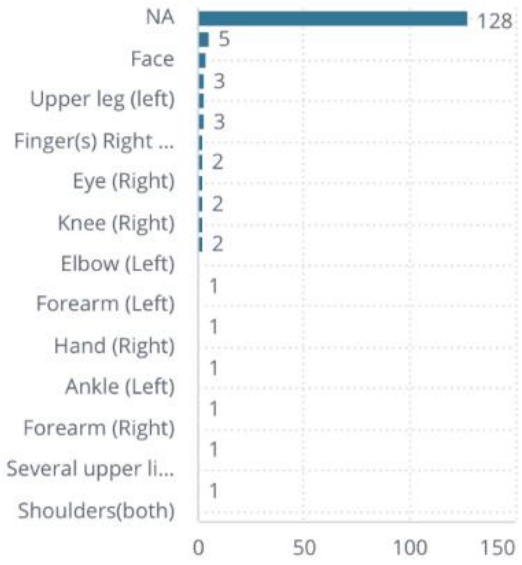
No. of Incidents by Incident Sub-Category



Breakdown of Body Parts Affected



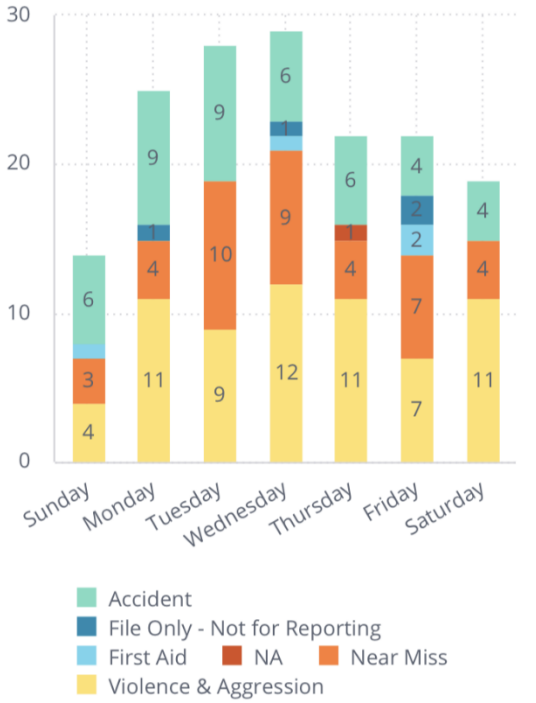
Breakdown of Injury Types

Incident Records

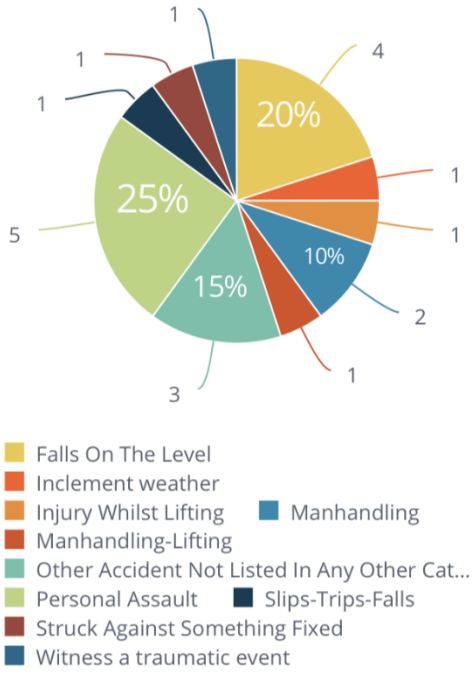
8 Jun 2023 12:00:13 Incident

Filters

No. of Incidents by Weekday by Incident Type



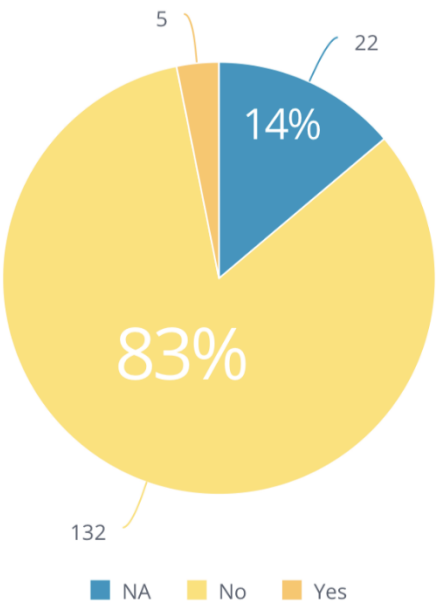
Incidents by Apparent Cause



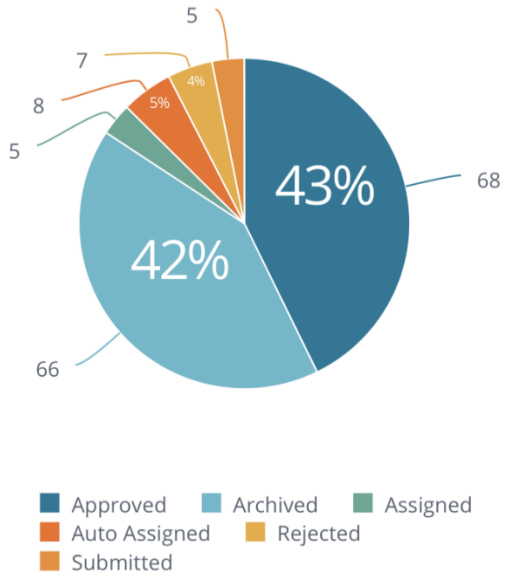
Incident Records 8 Jun 2023 12:00:13 Incident

Filters

Is a Detailed Investigation Required?



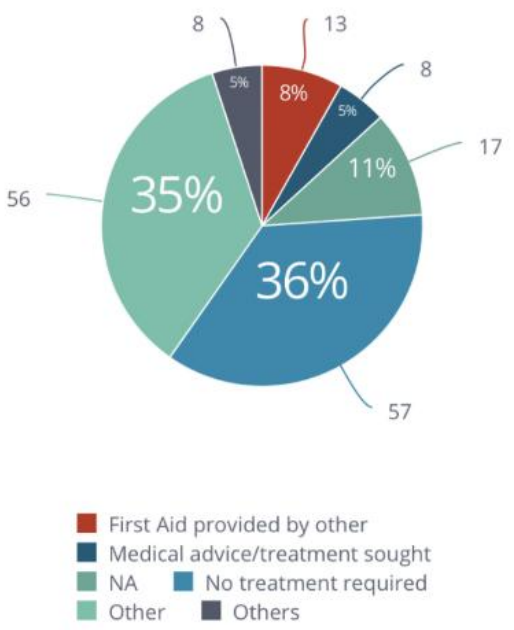
Incidents by Approval Stage



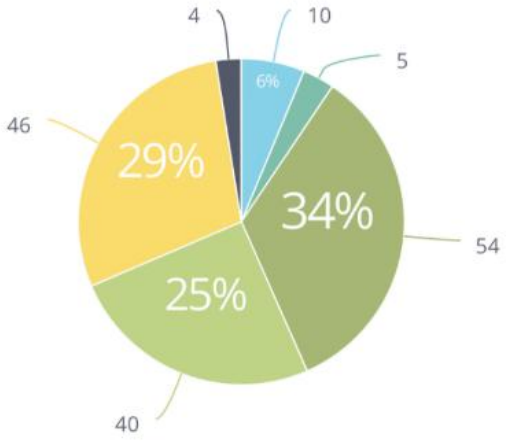
Incident Records 8 Jun 2023 12:00:13 Incident

Filters

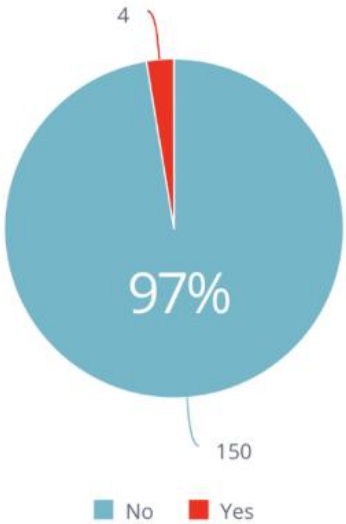
Incidents by Primary Response Category



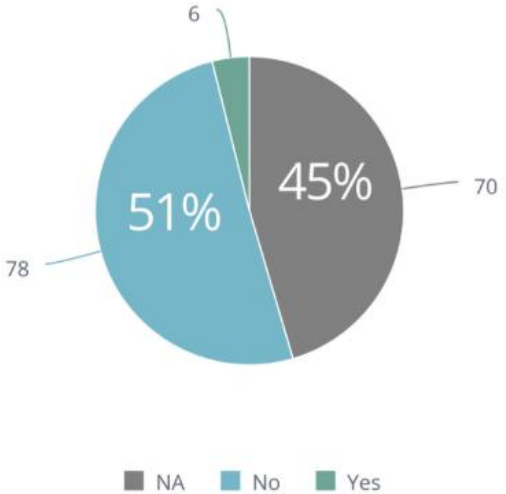
Incidents by Secondary Response Category



Does Duty of Candour Apply?



Does this incident need to be reported to the Care Inspec...



2.3.4 Significant Adverse Event Reviews

There is one ongoing SAER within P&K HSCP HSCP relating to a patient who died by 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 been signed off at first and second stage.

2.3.5 Pressure Ulcers & Falls

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

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

2.3.6 Complaints

Current Health Complaints as at 14/07/2023 - Stage 1

Service Area	0-4 Days	5-9 Days	Total
Perth & Kinross HSCP	6	0	5

Current Health Complaints as at 14/07/2023 - Stage 2

Service Area	0-5 days	6-10 days	>20 days	>60 days	Total
Perth & Kinross HSCP	3	1	0	2	6

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

Mental Welfare Commission (MWC) announced visits to Garry and Tummel Wards at Murray Royal Hospital on the 31th and 31st January 2023.

Garry and Tummel wards are both 12 bedded wards and provide assessment, care and treatment for people with dementia. The wards uses a multi-professional approach to ensure person centred, recovery focussed care.

The MWC last visited these wards in July 2019, and made recommendations regarding the auditing of care plans, authority to treat certificates, discharge planning arrangements and improving the décor in Garry ward.

From staff that the inspectors spoke with, they heard how challenging the last two years had been since the start of the Covid-19 pandemic, and the inspectors were pleased to hear that there has been a focus on staff wellbeing throughout the pandemic and this has continued.

The MWC found that on both wards, nursing staff interacted in a kind and supportive way. The patients were not able to engage in a discussion about their care and treatment due to the extent of their cognitive impairment, but relatives were overwhelmingly positive about the care, treatment and support on the wards.

Staff were described as outstanding, exceptionally kind and that the care and attitude of staff was above and beyond.
Relatives fedback that staff kept in contact with them and they felt listened to. Some of the relatives said they had been invited to meetings, others had not, and all the relatives we spoke to had been given copies of care plans.

During the visit, care plans were reviewed and found to be person-centred and it was clear that staff knew patients on the ward very well. There was thorough background personal information in care plans. The care plans inspected addressed a range of needs including mental and physical health needs and outlined goals and interventions required to meet needs.

The inspectors hears that an activity support worker had recently trained in ‘playlist for life’, an evidence-based initiative to support people living with dementia to create a playlist of personally meaningful music, with the aim to reduce stress and distress.

The inspectors also heard about the development of a transitional care nurse who supports discharge planning. This nurse supports patients for a transitional period when they had moved from hospital to long-term care, thereby bridging the gap between hospital and community mental health teams.

The MWC made 6 recommendations from their visit, these being that managers should:

- ensure that staff completing care plans undertake care plan training and refer to NHS Tayside’s person-centred care planning standards.
- ensure that nursing staff include summative evaluations of care plans in patient notes that clearly indicate the effectiveness of the interventions being carried out and any required.
- ensure that patient/relative involvement in care planning is encouraged and recorded.
- ensure that MDT meetings are fully recorded

- ensure that where a patient lacks capacity in relation to medical treatment, S47 certificates and treatment plans must cover all relevant medical treatment the individual is receiving. Treatment should be described in full and abbreviations should not be used.
- explore solutions to ensure patients are able to look out of the ward windows, without their privacy being compromised.

Good progress is being made with recommendations, with one fully complete as of June 2023.

Mental Welfare Commission (MWC) announced visit to Leven Ward at Murray Royal Hospital on the 20th March 2023.

Leven ward is a 14 bedded ward for patients who have a mental health diagnosis and are over 65. The ward uses a multi-professional approach to ensure person centred, recovery focussed care.

We last visited this service on 5 September 2018, along with two other wards, and made recommendations regarding the auditing of care plans, authority to treat certificates and auditing the provision of activities.

The patients the inspectors met with during our visit were very complimentary about the staff on Leven ward. They were described as wonderful, cheery, approachable, kind and friendly.

Staff took the time to get to know the patients on the ward. One patient however was not sure who their named nurse was.

The relatives spoken to were equally positive about staff and told us that staff were concerned not just about patients, but about the wider family also. Relatives told inspectors that they had been linked in with a carer support worker who provided support and had arranged for a carer's assessment to be undertaken.

The inspectors heard from relatives that treatment on the ward was superb and that they were very happy with the care their relative had received. Inspectors were told by relatives that the ward was well staffed, relatives felt listened to and that information and suggestions they provided were acted upon. Relatives told us they felt part of the care team.

Inspectors heard about the work that was taking place in relation to anticipatory care planning (ACP) with a focus on involving patients and their families in drawing up an individualised ACP.

The risk assessments the inspectors saw were comprehensive and of a good standard, showing appropriate interventions to manage risk. Risk management plans were clear and corresponded to risks identified.

Inspectors heard that Leven ward had a full-time activity support worker (ASW) who worked alongside the clinical team, patients, carers and families developing and delivering person-centred activities on a daily basis. During the visit, inspectors saw patient's engaging in activities on the ward with staff and other patients.

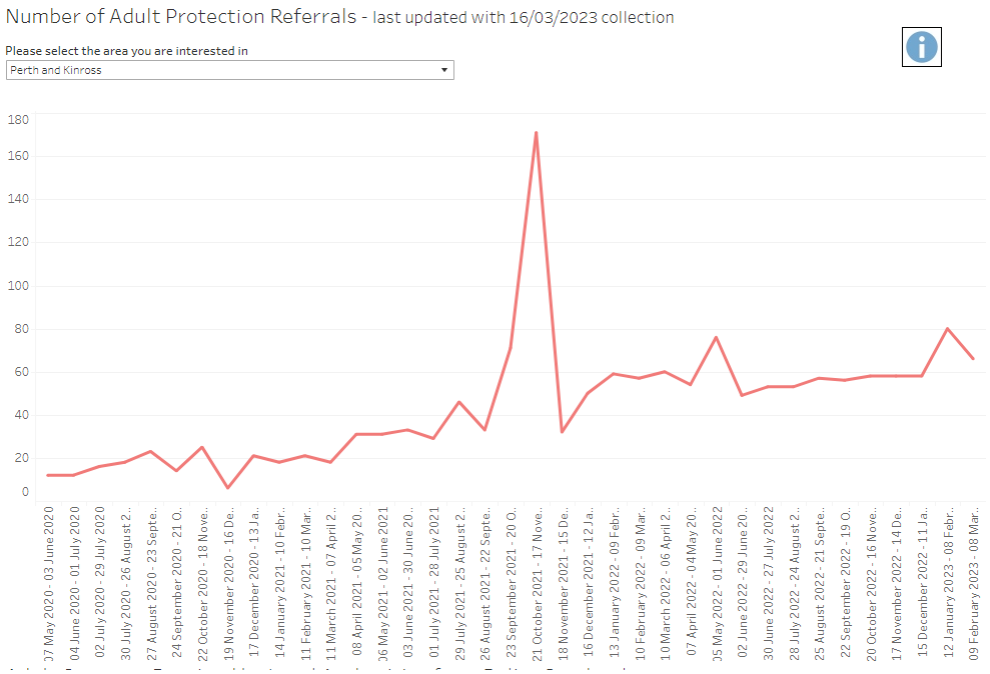
The patients and relatives who we met with during our visit spoke positively about the range of activities on offer on Leven ward and told us that staff encouraged patients to participate in activities.

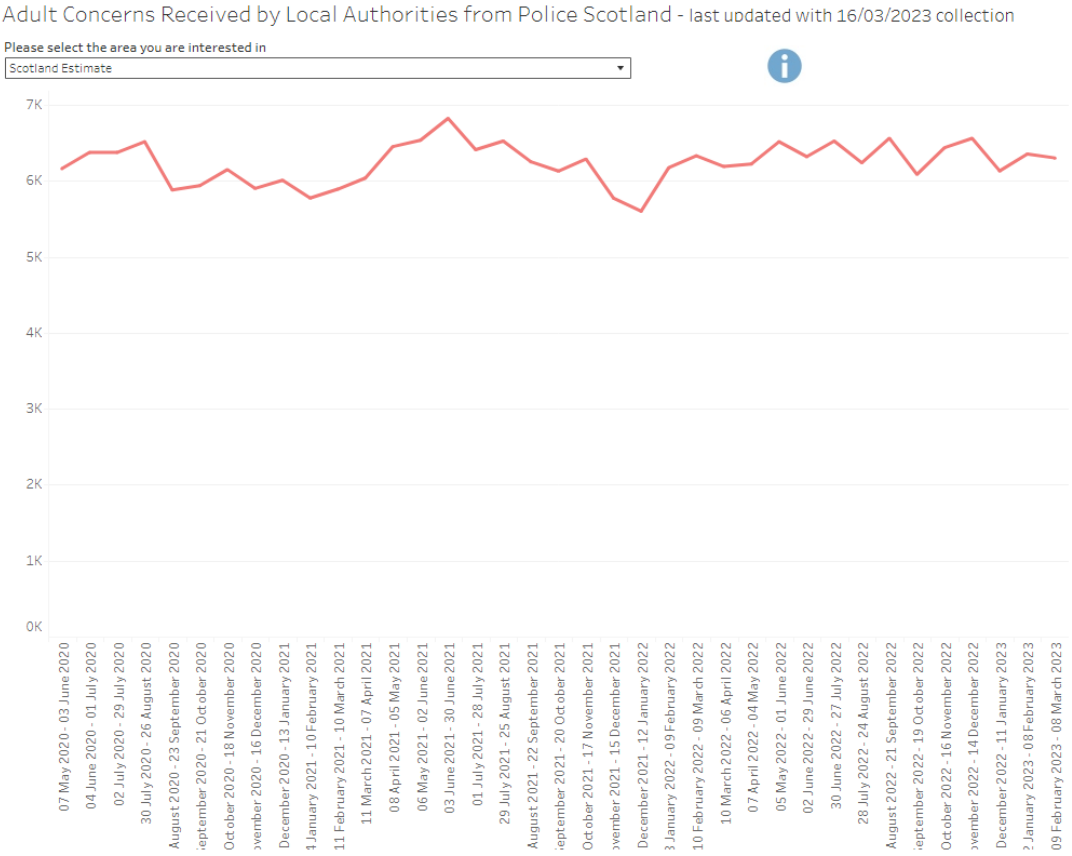
During the visit inspectors saw an up-to-date activities timetable on the ward. In patients' files, inspectors found evidence of daily recordings of activities that had been offered to patients and whether they had participated or declined. All patients had an individualised activity care plan which was very detailed, person-centred and regularly updated. Activities on offer to patients included both one-to-one and group activities.

Summary of recommendations:

- Managers should ensure that when a welfare proxy is in place for a patient, a copy of the document stating the powers of the proxy should be held within the case notes.
- Managers should ensure that staff completing care plans undertake care plan training and refer to NHS Tayside's person-centred care planning standards.
- Managers should ensure that nursing staff include summative evaluations of care plans in patient notes that clearly indicate the effectiveness of the interventions being carried out and any required changes to meet care goals.
- Managers should ensure that patient/relative involvement in care planning is encouraged and recorded.
- Managers should ensure that communication between the MDT and patients/relatives is formalised and that MDT meetings are fully recorded including patient/relative involvement.

2.3.9 Adult Support & Protection





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

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

MAT Standards

Current RAG scores as at June 2023 are:

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

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

AMBER because we are offering same day prescribing one day a week. To supplement the existing Tuesday all-day clinic, from Monday 5th June, one slot a day has been made available on Mondays, Wednesday, Thursday and Friday which MIST

(MATS Implementation Support Team) has confirmed is sufficient to achieve a green RAG.

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

AMBER because we have an evidence gap for a process for people out with Perth City to enable them to commence OST where they live, and that long-acting injectable buprenorphine can be used. To fill this gap and meet the requirements of the standards, a process has been devised and a named patient SOP. This document is being reviewed with an intention to submit this to MIST by the end of June to enable a green RAG to be achieved for this standard.

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

PROVISIONAL GREEN

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

PROVISIONAL GREEN

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

PROVISIONAL GREEN

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

PROVISIONAL AMBER

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

AMBER

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

AMBER

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

PROVISIONAL AMBER

Standard 10 – All people receive trauma informed care.

PROVISIONAL AMBER

Note: The acceptance criteria for standards 6 to 10 has not been finalised and so green ratings have not been available for these. The current expectation is that MIST will release this information in October 2023.

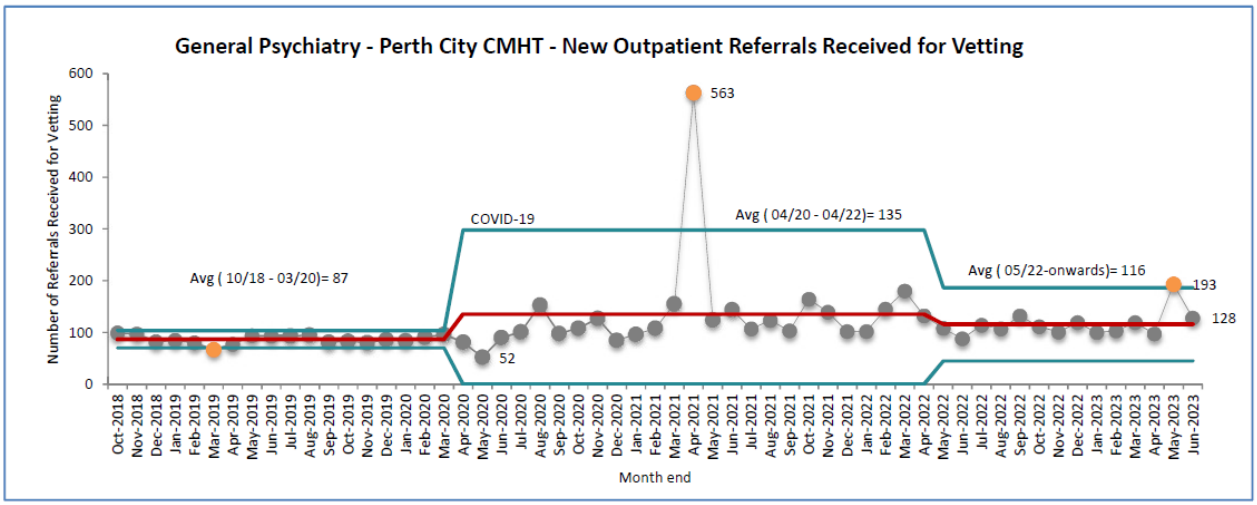
Practical changes that have been introduced as part of the MAT standards implementation include:

- Same day prescribing available via a Tuesday clinic, but now expanded to be available five days a week (standard 1)
- Information about treatment options provided to service users to enable informed decisions to be taken (standard 2)
- Linkages to other supports developed or strengthened to identify individuals at risk and enable support to be offered (standard 3)
- All staff trained in harm reduction and equipped with carry packs containing necessary supplies to support harm reduction delivery. IDART rooms in Drumhar Health Centre also appropriately stocked (standard 4)
- Deeper review of IDART worker caseloads undertaken as part of supervision with agreement on any necessary actions to ensure individuals remain engaged with service whenever possible (standard 5)
- A working group established to review and reconfigure referral routes and resources between substance use services, general practice and community mental health teams (stands 7and 9)
- Training delivered to staff on independent advocacy and social supports to increase the awareness of these supports and increase referrals (standard 8)

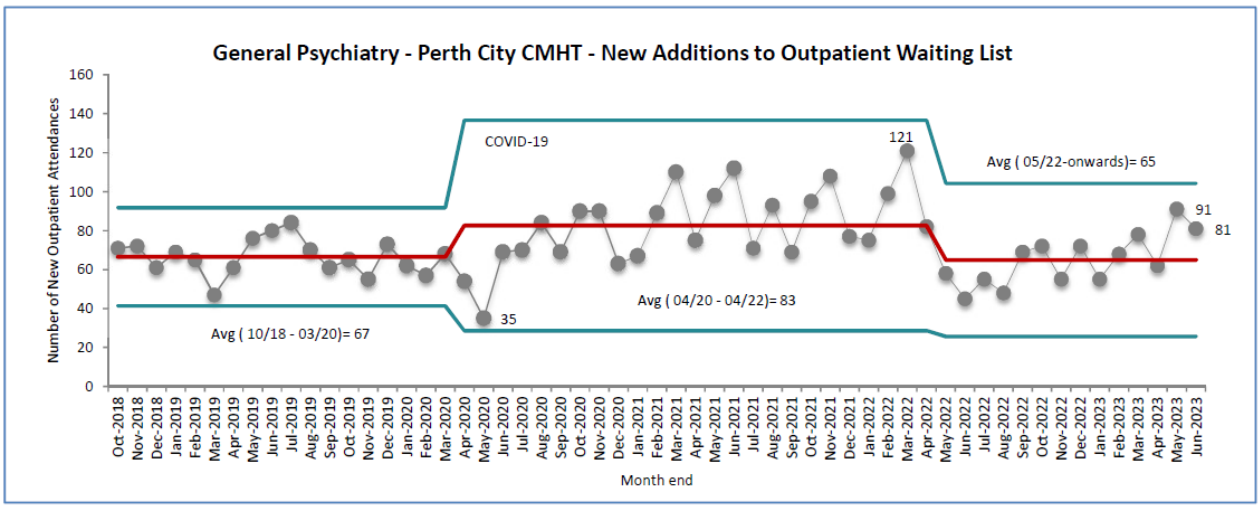
2.3.10 Mental Health

Community Mental Health Service Activity (PERTH CITY)

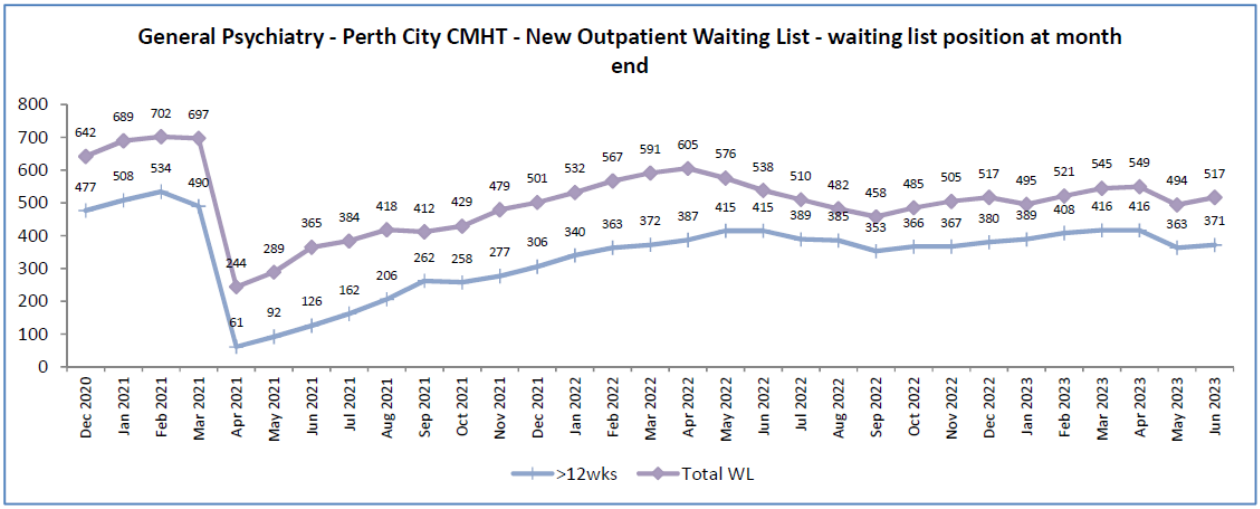
Volume of referrals received for vetting, including those vetted and returned, grouped by referral received month:



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

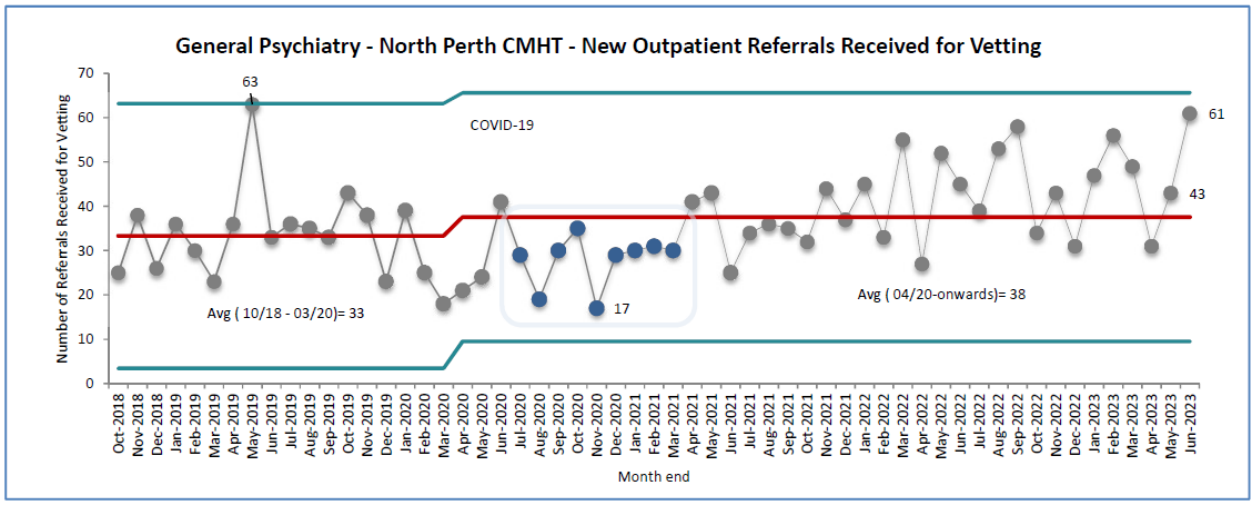


Snapshot of waiting list position at month end; total volume on waiting list and volume waiting over 12 weeks:

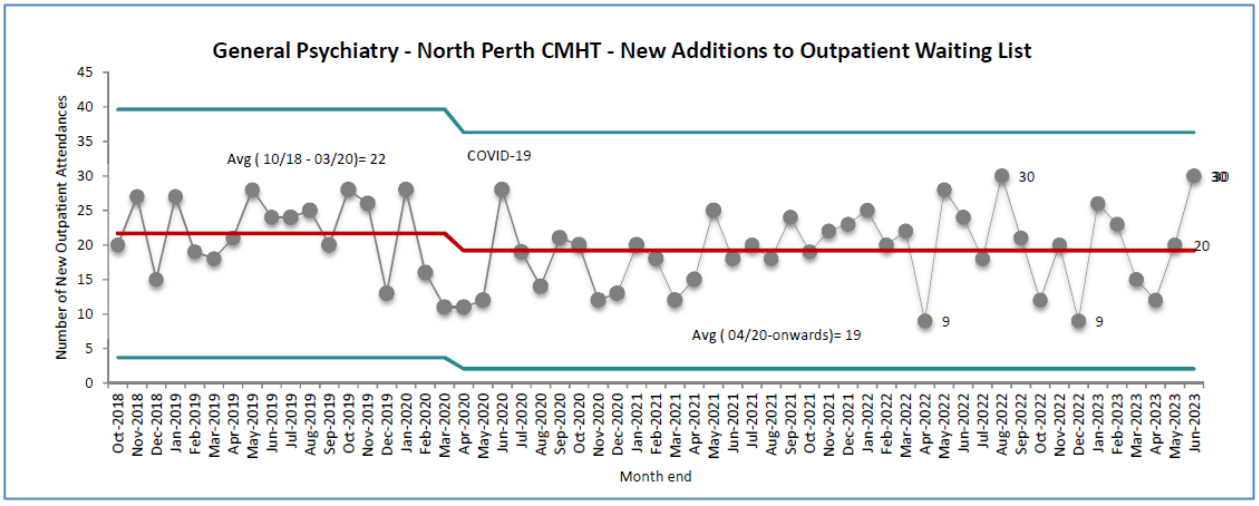


Community Mental Health Service Activity (NORTH)

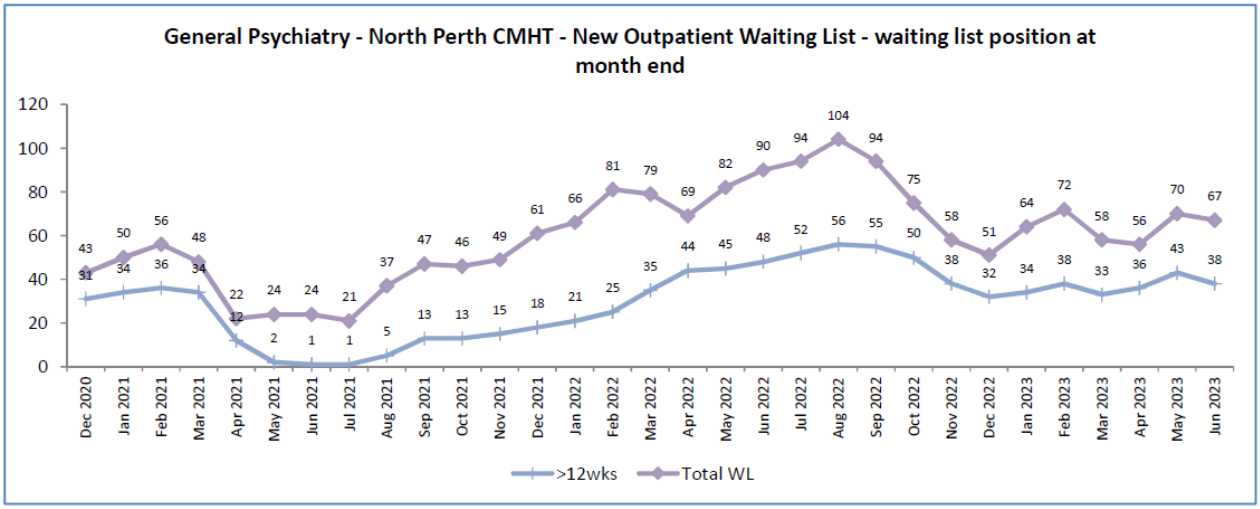
Volume of referrals received for vetting, including those vetted and returned, grouped by referral received month:



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

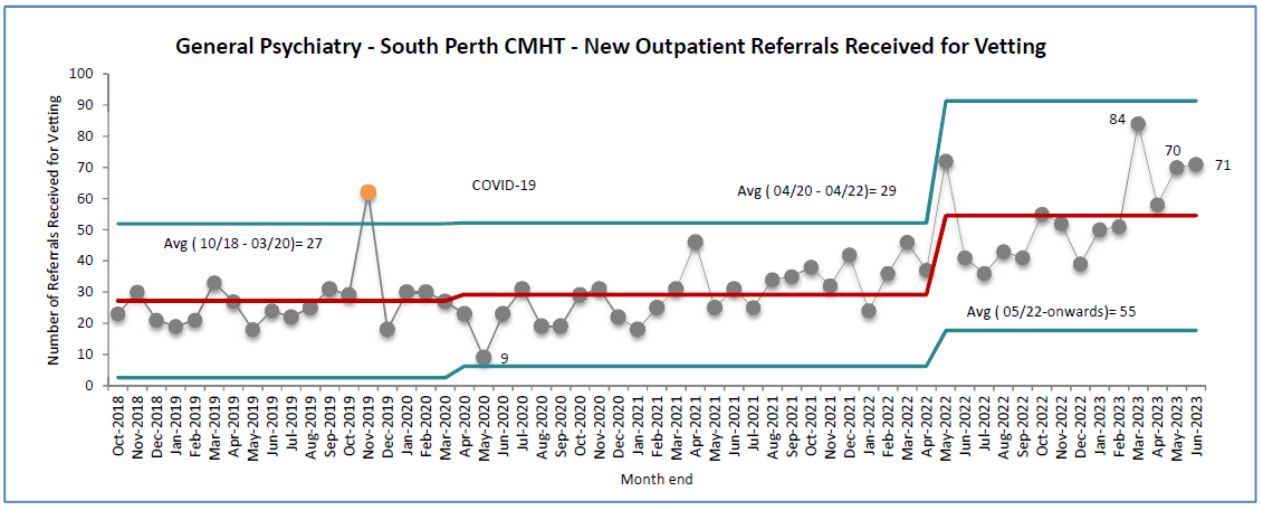


Snapshot of waiting list position at month end; total volume on waiting list and volume waiting over 12 weeks:

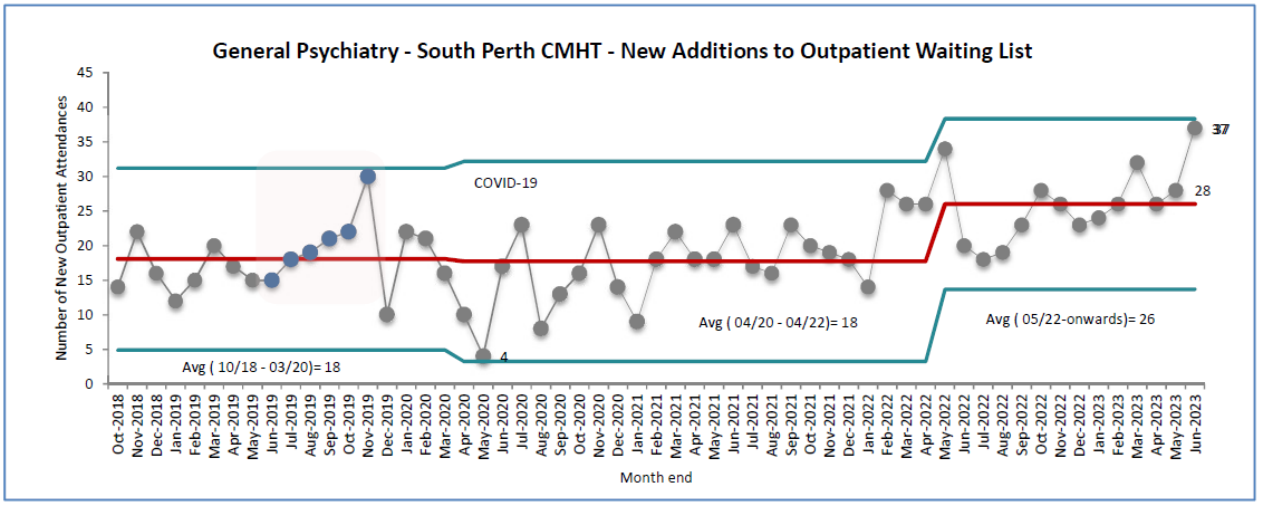


Community Mental Health Service Activity (SOUTH)

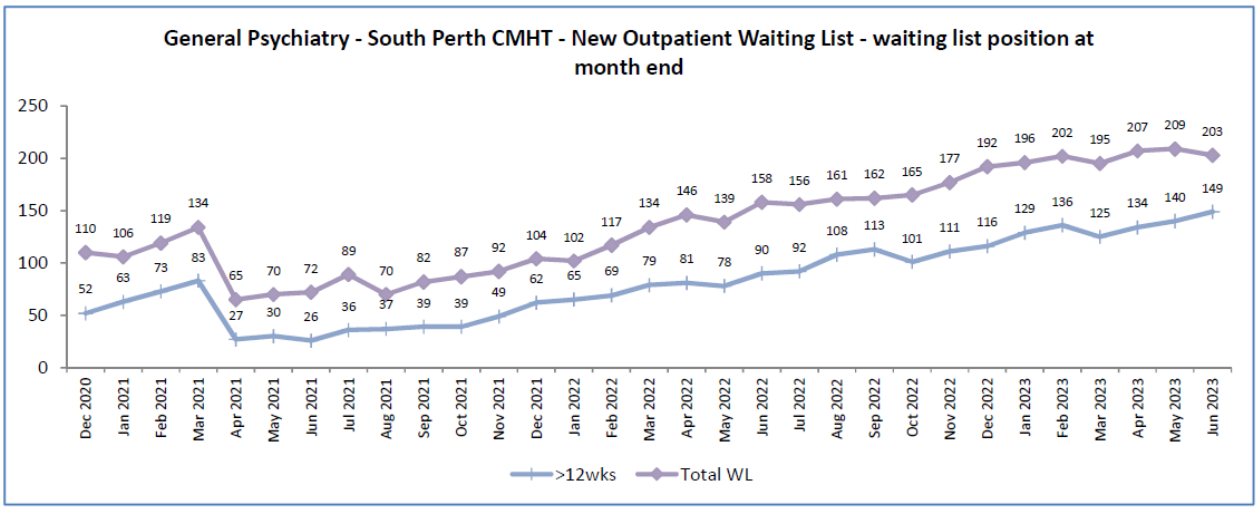
Volume of referrals received for vetting, including those vetted and returned, grouped by referral received month:



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



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



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

Development of HSCP Mental Health KPIs

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

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

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

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

2.4 Quality/Patient Care

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

Hospital at Home

Hospital at home is a team of healthcare professionals who provide hospital level treatment at home as an alternative to hospital admission. Hospital at home is proven to be a safe cost-effective and patient centred approach which started looking after patients within Perth City on 17th July 2023. The service in Perth City is currently available between 0800 – 1800 (Mon-Fri), but P&K HSCP ultimately plans to offer hospital at home as an option to patients across Perth & Kinross, 7 days per week.

Public Consultation in Bridge of Earn

The healthcare needs assessment went live from Monday 15th May and ran until 25th June 2023. It invites patients to complete a survey to give feedback about health and care services in their local areas and was targeted at Bridge of Earn and surrounding area. The responses will help P&K HSCP understand what patients need locally and if the current service provision are meeting those needs.

The survey was available online on the Your Community Perth and Kinross Facebook page, and on Practice websites, NHS Tayside also promoting this through their Facebook page.

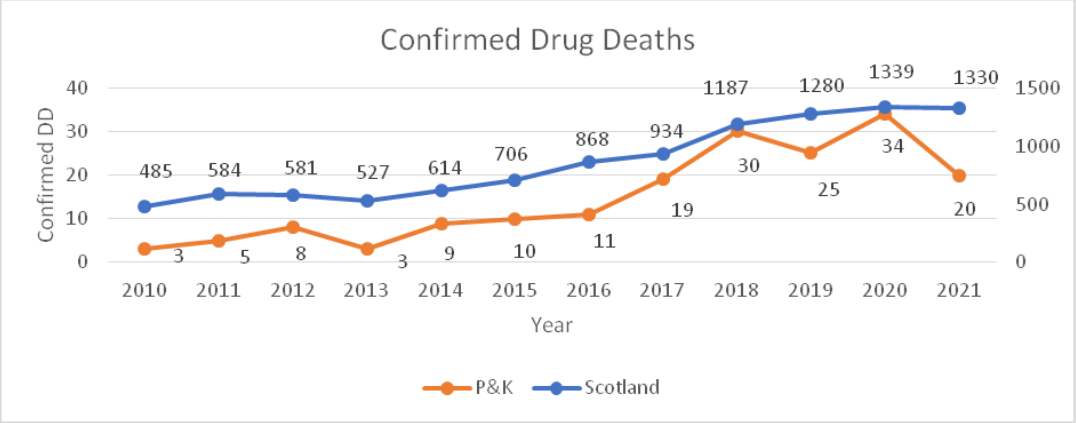
Paper copies were available at all local GP practices that Bridge of Earn patients were dispersed to, Community Care and Treatment centres, pharmacies, and identified community venues and noticeboards. P&K Community and Engagement workers attended many local events and were able to support people complete a submission. The recent Stronger Communities event was attended by several HSCP representatives and approximately 35 community members and was positively received.

Earn Community Council was fully involved and supported the engagement process. A total of 600 responses were received and are currently being reviewed. An evaluation report with recommendations will be undertaken and the results widely publicised.

Drug related deaths:

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

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



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

- Local actions to mitigate risks in Perth and Kinross include:
- Implementation of Medication Assistant Treatment (MAT) Standards 1-5 by April 2023
- Implementation of MAT Standards 6-10 by April 2024
- National Mission to reduce drug deaths funding utilised to increase IDART staff compliment to reduce waiting times and enhance service provision e.g. – provision of an OT service and the creation of a new psychology assistant post to provide low level psychological interventions.

- Creation of a multiagency referral pathway for all new substance use referrals.
- Creation of a near fatal overdose pathway and multiagency group to review all reported near fatal overdoses with funding provided to third sector partners to employ assertive outreach workers to actively engage with service users.
- Creation of a residential rehabilitation pathway and funding panel to facilitate access to rehabilitation services for service users.

2.4 Workforce

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

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

Workload tools are in use within the Community Nursing service, and workload tools have also been used in the past within services such as POA, and these requires to be conducted again. There are a number of workload tools which can be used, and the purpose of each tool is to provide information and recommendations on staffing levels based on patient workload. AHP staff have also been engaging in testing Workforce Templates in some of our services in conjunction with Healthcare Improvement Scotland (HIS) colleagues, as part of the Common Staffing Method approach.

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

2.6 Financial

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

2.7 Risk Assessment/Management

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

2.8 Equality and Diversity, including health inequalities

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

2.9 Other impacts

N/A

2.10 Communication, involvement, engagement and consultation

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

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

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

2.11 Route to the Meeting

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

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

3 Recommendation

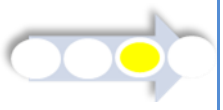
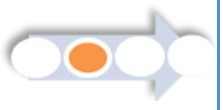
This report is being presented for:

- **Substantial Assurance**

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

Please ✓ the level of assurance you are providing:

Level of Assurance		System Adequacy	Controls	✓
Substantial Assurance		A sound system of governance, risk management and control exists, with internal controls operating effectively and being consistently applied to support	Controls are applied continuously or with only minor lapses.	✓

		the achievement of objectives in the area audited		
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 Integrated Drug & Alcohol Recovery Team, Advanced Nurse Practitioners, Community Hospitals (x4), 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
North Locality		Delegated
South Locality		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– Clinical & Care Governance Arrangements

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

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

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

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

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

Exception reports received during the previous year have been:

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

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

* non submission of reports highlighted to manager for action

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

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

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

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 3 – Glossary

ADP	Alcohol & Drug Partnership
AHP	Allied Health Professions
AMD	Associate Medical Director
AP	Adult Protection
CAMHS	Child & Adolescent Mental Health Services
CCATS	Community Care And Treatment Service
CMHT	Community Mental Health Team
CN	Charge Nurse
DD	Delayed Discharge
EMT	Executive Management Team
GAP	General Adult Psychiatry
GIRFE	Getting It Right For Everyone
HART	Home Assessment Recovery Team
IDART	Integrated Drug & Alcohol Recovery Team
LAER	Local Adverse Event Review
LD	Learning Disabilities
MAT	Medicine Assisted Treatment
MFE	Medicine for the Elderly
MRH	Murray Royal Hospital
OOH	Out of Hours
OT	Occupational Therapy
PDD	Planned Date of Discharge
PHC	Prison Healthcare
PMVA	Prevention & Management of Violence & Aggression
POA	Psychiatry of Old Age
PRI	Perth Royal Infirmary
RN	Registered Nurse
SCN	Senior Charge Nurse
SPSO	Scottish Public Services Ombudsman
VPR	Vulnerable Persons Report

Item Appendix 2
CGC/2023

Meeting: Care Governance Committee
Meeting date: 5th October 2023
Title: Exception Report: P&K HSCP
Responsible Officer: Dr Hamish Dougall – P&K HSCP AMD
Report Author: Mark Dickson – P&K HSCP Clinical Governance Coordinator

1 Purpose

This is presented to the Board for:

- Awareness

This report relates to:

- Emerging issues

2 Report summary

2.1 Situation

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

Background

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

Assessment

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

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

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

Recommendation

The Committee is asked to note this new risk, the risk mitigations currently in place, and that the service intends to submit a capital replacement plan in the near future.

2.2 Situation

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

Background

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

Assessment

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

Recommendation

The Committee is asked to note that the Controlled Drug licence remains outstanding at The Bella Centre, but that it is being processed.

3 List of appendices

The following appendices are included with this report:

- None

Please report under the following sections <u>if</u> they are relevant to the exception report:

Quality/Patient Care
There is no current impact to the quality of patient care as a result of these risks.

Workforce
No specific impact

Financial
There will be a financial implication to the replacement of the decontamination equipment described in 2.1

Risk Assessment/Management
Risk assessment undertaken regarding the decontamination equipment and recorded on DATIX as service risk

Equality and Diversity, including health inequalities
No specific impact

Other impacts
No other identified impacts

Communication, involvement, engagement and consultation
The exceptions raised in this report were escalated at the CPGF meeting on the 15th September 2023.

Route to the Meeting
Appropriate service managers have been involved in the creation of this exception report.

PERTH & KINROSS INTEGRATION JOINT BOARD
AUDIT AND PERFORMANCE COMMITTEE
WORK PLAN 2023/24

This work plan outlines the major items the Audit and Performance Committee has to consider as part of its schedule of work for the year. This should allow the Committee to fulfil its terms of reference. It will continue to be kept under review throughout the year.

Item	Standing Item	Non Standing Item	Responsibility	Jun 26th 2023	Jul 31st 2023[1]	Sep 18th 2023	Oct 30th 2023[2]	Dec 11th 2023	Mar 11th 2024
Governance and Assurance									
Strategic Risk Management Update	✓		Chief Officer	✓		✓		✓	✓
Partnership Improvement Plan / Audit Recommendations Update		✓	Chief Officer			✓			✓
Internal Audit Annual Report and Assurance Statement		✓	Chief Internal Auditor	✓					
Internal Audit Reports 2022/23:									
• Leadership Capacity PKIJB 22-01 (consultancy basis)		✓	Chief Internal Auditor	✓					
• Sustainability of Commissioned Service Providers (see 2023/24*)		✓	Chief Internal Auditor						
• Premises and Property PKIJB 22-03		✓	Chief Internal Auditor						✓
Internal Audit Reports 2023/24:									
• Sustainability of Commissioned Service Providers* PKIJB 23-01		✓	Chief Internal Auditor						✓
• Workforce PKIJB 23-02		✓	Chief Internal Auditor						✓
• Joint Equipment Loans Store PKIJB 23-03		✓	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				✓		
Best Value Self-Assessment		✓	Interim Chief Financial Officer						✓

Performance									
Financial Position	✓		Interim Chief Financial Officer	✓		✓		✓	✓
Progress Report - Key National Indicator Set	✓		Chief Officer	✓		✓	✓	✓	✓
Annual Performance Report		✓	Chief Officer		✓				

[1] 1 item agenda - APR
[2] Additional meeting

Item	Standing Item	Non Standing Item	Responsibility	Jun 26th 2023	Jul 31st 2023[1]	Sep 18th 2023	Oct 30th 2023[2]	Dec 11th 2023	Mar 11th 2024
Annual Accounts									
Annual Governance Statement		✓	Interim Chief Financial Officer	✓					
Unaudited Annual Accounts 2022/23		✓	Interim Chief Financial Officer	✓					
Audited Annual Accounts 2022/23		✓	Interim Chief Financial Officer				✓		
Letter of Representation to External Audit		✓	Interim Chief Financial Officer				✓		
Assurances Received from Partners		✓	Interim Chief Financial Officer				✓		
Clinical and Care Governance									
Clinical & Care Governance Assurance	✓		Chief Officer	✓		✓		✓	✓
For Information									
Audit & Performance Committee Record of Attendance	✓		For information	✓		✓	✓	✓	✓
Audit & Performance Committee Work Plan	✓		For information	✓		✓	✓	✓	✓

Perth & Kinross Integration Joint Board
Audit & Performance Committee

Report No. G/23/179

Record of Attendance 1 April 2023 - 31 March 2024

Members

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

In Attendance

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