



Council Building
2 High Street
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12/09/2023

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, 18 September 2023** at **09:30**.

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

Jacque 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, 18 September 2023

AGENDA

- 1 WELCOME AND APOLOGIES/SUBSTITUTES**

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

- 3 MINUTES**
 - 3.1 MINUTE OF MEETING OF THE AUDIT AND PERFORMANCE COMMITTEE OF THE PERTH AND KINROSS INTEGRATION JOINT BOARD OF 26 JUNE 2023 FOR APPROVAL** **5 - 10**
(copy herewith)

 - 3.2 MINUTE OF MEETING OF THE AUDIT AND PERFORMANCE COMMITTEE OF THE PERTH AND KINROSS INTEGRATION JOINT BOARD OF 31 JULY 2023 FOR APPROVAL** **11 - 12**
(copy herewith)

 - 3.3 ACTION POINTS UPDATE** **13 - 14**
(copy herewith G/23/112)

 - 3.4 MATTERS ARISING**

- 4 PERFORMANCE**
 - 4.1 2023/24 FINANCIAL POSITION** **15 - 28**
Report by Interim Chief Finance Officer (copy herewith G/23/113)

 - 4.2 KEY STRATEGIC PERFORMANCE REPORT (QUARTER 1 2023/24)** **29 - 40**
Report by Chief Officer (copy herewith G/23/114)

- 5 GOVERNANCE AND ASSURANCE**
 - 5.1 STRATEGIC RISK MANAGEMENT UPDATE** **41 - 54**
Report by Chief Officer (copy herewith G/23/115)

5.2	PARTNERSHIP IMPROVEMENT PLAN - UPDATE Report by Chief Officer (copy herewith G/23/116)	55 - 64
6	CLINICAL CARE GOVERNANCE	
6.1	CLINICAL AND CARE GOVERNANCE ASSURANCE Report by Chief Officer (copy herewith G/23/117)	65 - 100
7	FOR INFORMATION	
7.1	AUDIT AND PERFORMANCE COMMITTEE WORK PLAN 2023/24 (copy herewith G/23/118)	101 - 102
7.2	AUDIT AND PERFORMANCE COMMITTEE RECORD OF ATTENDANCE 2023/24 (copy herewith G/23/119)	103 - 104
8	PRIVATE DISCUSSION	
9	DATE OF NEXT MEETING Monday 30 October 2023	

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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 26 June 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 (Carer Public Partner) and S Watts (Third Sector Forum).

In Attendance: D Mitchell, Acting Chief Financial Officer, E Devine, C Jolly, M Grant, K Ogilvy, Z Robertson, and P Jerrard (all Perth and Kinross Health and Social Care Partnership); J Clark, Chief Internal Auditor; and K Molley, A Brown and R Ramsay (Corporate and Democratic Services - Perth and Kinross Council).

B Hamilton, Chair.

1. WELCOME AND APOLOGIES

B Hamilton welcomed all those present to the meeting.

2. DECLARATIONS OF INTEREST

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

3. MINUTE OF PREVIOUS MEETING

3.1 MINUTE OF MEETING OF THE AUDIT AND PERFORMANCE COMMITTEE OF 13 MARCH 2023 FOR APPROVAL

The minute of meeting of the Audit and Performance Committee of the Perth and Kinross Integration Joint Board of 13 March 2023 was submitted and approved as a correct record.

3.2 ACTION POINTS UPDATE

The Action Points Update (Report G/23/88) were submitted, and updates provided thereon.

3.3 MATTERS ARISING

There were no matters arising.

4. PERFORMANCE

4.1 2022/23 FINANCIAL POSITION

There was submitted a report by the Interim Chief Finance Officer (G/23/89) (1) providing an update on the financial position at the end of the financial year 2022/23; and (2) providing an update on the level of reserves to be carried forward to 2023/24.

In response to a question from M Black, K Ogilvy advised there are several staffing shortages across Health and Social Care, mainly in professions such as social carers, nurses and medics but reassured that several actions are in place to reduce the staffing shortfall. K Ogilvy added that the HSCP are looking to upskill non-qualified staff to gain professional qualifications, which is supported by the HSCP Workforce Plan.

B Hamilton suggested that an item on staffing issues across the Health and Social Care Partnership and the impact of service delivery be added to the next IJB Audit and Performance agenda.

Members thanked D Mitchell and her team for their work in preparing the report.

Resolved:

- (i) The overall outturn for 2022/23 based on financial performance to 31 March 2023, as detailed in Report G/23/89, be noted.
- (ii) The final Covid-19 expenditure and the update on Covid-19 reserves, as detailed in Report G/23/89, be noted.
- (iii) The expenditure against earmarked reserves and the level of reserves to be carried forward to 2023/24, as detailed in Report G/23/89, be noted.

5. GOVERNANCE AND ASSURANCE

5.1 STRATEGIC RISK MANAGEMENT UPDATE

There was submitted a report by the Chief Officer (G/23/90) 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 risks; and (3) on new or emerging risks and any material changes to existing risks.

In response to a question from Councillor S McCole, P Jerrard advised that in the Perth and Kinross Health and Social Care Partnership Strategic Risk Register Improvement Action Plan (Appendix 2), the Executive Management Team regularly review actions and the review date of the 1 of June 2023 would have been when actions were last reviewed by EMT. P Jerrard confirmed that the Action Plan would be updated to be made clearer and include the full timeline of when an action had been raised, the original target date and the revised target date.

The Chair suggested having a meeting with officers following committee to provide reassurance on the risk processes and to see what information should be reported to Committee.

Resolved:

The IJB's Strategic Risk Register and Strategic Risk Improvement Plan as detailed in Report G/23/90, be approved.

5.2 INTERNAL AUDIT PROGRESS REPORT

There was submitted a report by the Chief Internal Auditor (G/23/91) providing an update on progress in relation to Internal Audit's planned activity.

In response to a question from the Chair, J Clark advised that the intention would be for action PKIJB 22/023 – Sustainability of Commissioned Services Providers to be completed in late 2023. E Devine confirmed that the completion time of late 2023 would not have an impact on Winter planning and sustainability. In response to a similar question from M Black, Z Robertson advised that work had been paused on the audit due to a shortage in staffing resources to support the audit but confirmed that the Commissioning Services team should be up to capacity by October 2023 for work to continue.

Resolved:

The progress made with the delivery of the 2022/23 plan as detailed in Appendix 1 of Report G/23/91, be noted.

5.3 INTERNAL AUDIT ANNUAL REPORT 2022/23

There was submitted a report by the Chief Internal Auditor (G/23/92) presenting the year-end report and audit opinion of the Chief Internal Auditor for 2022/23, as set out in section 5.

Members thanked J Clark and the Internal Audit Team for their work.

Resolved:

The contents of Report G/23/92 and the specifically the Audit Opinion at Section 5, be noted.

6. DRAFT ANNUAL ACCOUNTS 2022/23

6.1 ANNUAL GOVERNANCE STATEMENT

There was submitted a report by the Interim Chief Finance Officer (G/23/93) seeking approval of the Annual Governance Statement of the financial year 2022/23 which provides assurance as to the effectiveness of the Integration Joint Board's (IJB) governance framework and in particular the system of internal control.

In response to a question from Councillor D Illingworth, D Mitchell advised that the key differences to this year's Annual Governance Statement include the improvement activity taken throughout the year which was sectioned under each of

the different headings. D Mitchell added that at the end of the Statement, actions are listed on the different areas that could make further improvements in 2023/24.

D Mitchell confirmed that a link to the Improvement Plan would be included in the Annual Governance Statement to provide detail on the action and target dates.

Resolved:

The 2022/23 Annual Governance Statement for inclusion in the unaudited Annual Accounts, be approved.

6.2 UNAUDITED ANNUAL ACCOUNTS 2022/23

There was submitted a report by the Interim Chief Finance Officer (G/23/94) presenting the Integration Joint Board's (IJB) Unaudited Annual Accounts for the financial year 2022/23 in accordance with the Local Authority Accounts (Scotland) Regulations 2014.

The Convener thanked D Mitchell and her team for their work in preparing the Unaudited Annual Accounts.

Resolved:

The Interim Chief Finance Officer be authorised to sign the Unaudited Annual Accounts on behalf of the IJB.

7. CLICAL CARE GOVERNANCE

7.1 CLINICAL CARE GOVERNANCE ASSURANCE

There was submitted a report by the Chief Officer (G/23/95) 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).

In response to question from M Black, K Ogilvy advised that there are separate governance arrangements for Learning Disability and Autism Services, Mental Health Services and for Substance Use Services which would be reported to the Care Governance Committee. K Ogilvy confirmed that joint exception reports would also be reported through the Partnership arrangements.

B Hamilton acknowledged the concerns raised about her being the Chair of the IJB Audit and Performance Committee as well as the Chair of the Care Governance Committee of NHS Tayside. The Committee agreed that when Perth and Kinross reports are being discussed at the Care Governance Committee then the Vice-Convener would lead on those items. Likewise for Clinical Care Governance items at the IJB Audit and Performance Committee, Councillor S McCole suggested introducing a Vice-Chair of the Committee who could lead on those items.

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/23/95, 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/23/95, be noted.
- (iii) It be noted that the Chief Officer confirms the effectiveness of the above systems in place in the IJB's partner organisations.

8. FOR INFORMATION

8.1 PERTH AND KINROSS IJB AUDIT AND PERFORMANCE COMMITTEE WORK PLAN 2023/24

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

Councillor S McCole asked if her designation could be updated in the Record of Attendance from Non-Executive Director to Elected Member of Perth and Kinross Council. Councillor S McCole also asked if B Hamilton and M Black designations could be updated to NHS Tayside. P Jerrard confirmed that those changes would be corrected.

9. PRIVATE DISCUSSION

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

10. DATE OF NEXT MEETINGS

Monday 31 July 2023 (Annual Performance Report)

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 31 July 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) and S Watts (Third Sector Forum).

In Attendance: D Henderson and L Hunter (both IJB Members); J Pepper, Chief Officer – Health and Social Care Partnership, D Mitchell, Acting Chief Financial Officer, E Devine, C Jolly, K Ogilvy and P Jerrard (all Perth and Kinross Health and Social Care Partnership); A Brown, J Guild 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. ANNUAL PERFORMANCE REPORT 2022/23

There was submitted a report by the Chief Officer (G/23/98) presenting the Annual Performance Report (APR) for 2022/23. The APR sets out performance in respect of the National Core Indicator Set, provides an overview of progress against Strategic Aims and describes health and social care activities undertaken in the year.

In introducing the report, C Jolly advised the report has been compiled in line with the requirement set by Public Bodies Joint Working Act for Integration Authorities to publish Annual Performance Reports within four months from the end of the year to which the report relates. C Jolly expressed thanks to his Team, notably Luke Goddard and Claire McCarthy supported by Simon Scott and Janette Clark for their work in producing the report. C Jolly highlighted changes made to the report following feedback on last year's Annual Performance Report including the size of the report, the location of the performance section within the report, performance data being linked to the Strategic Commissioning Plan aims and inclusion of increased feedback from service users. C Jolly also advised that due to publishing of data by Public Health Scotland, some data is only available until 31 December 2022.

Councillor Illingworth commended the APR stating it was easy to read and told a fantastic story. Councillor Illingworth queried the red indicators within Table 1 – Core Suite Integration Indicators, and asked for some further detail. C Jolly advised this is largely impacted by services experiencing an increased demand following the pandemic and a period of restricted delivery. J Pepper added that while improvement measures have been put in place and should be evident within the next quarterly report, 2022/23 indicators are evidencing the continued impact of the Covid pandemic. J Pepper also advised realistic targets are being set as part of the refresh of the Commissioning Plan and will be added to future reports to Committee.

B Hamilton welcomed the report and commented on the positiveness contained within. B Hamilton and Councillor Illingworth however stated that it may be beneficial to include a reflection of the reality of challenges post pandemic in working environments and staffing, K Ogilvy advised workforce issues are highlighted within the workforce section and work is ongoing to mitigate risks, although it does remain a significant issue.

In response to a question from Councillor McCole regarding Learning Disability and Autism and specifically the pathway following involvement with the SCOPE Team, K Ogilvy advised the SCOPE Team is designed to support individuals with complex support requirements, however, if appropriate, support can be provided by the long-term locality teams. K Ogilvy added the team is still fairly new and operates with flexible criteria and reviews are ongoing regarding how the team operates. K Ogilvy advised the Team Leader post has been recently recruited to however, there have been some challenges recruiting to a Specialist Occupational Therapy post and work is ongoing to address this.

In response to a second question from Councillor McCole, regarding links with local Community Groups and signposting to same, K Ogilvy advised a Mental Health Directory has been developed and is continually updated with details of groups throughout the whole of Perth and Kinross. K Ogilvy added Social Prescribers are based in each locality area who focus on linking individuals with services in the area which will benefit them. K Ogilvy also advised a Primary Care Mental Health Pathway is being developed to support individuals with mild to moderate mental health issues and will link with statutory and voluntary services.

The Committee extended their thanks to staff in the public, voluntary and third sectors, and the communities, who are making a difference with their continued hard work.

The Committee also extended their thanks to the staff involved in the production of the Annual Performance Report.

Resolved:

The Annual Performance Report (APR) for 2022/23, be approved.

4. DATE OF NEXT MEETING

Monday 18 September 2023 at 9.30am



ACTION POINTS UPDATE

Perth & Kinross IJB – Audit and Performance Committee

18 September 2023

(Report No. G/23/112)

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	-	
53	5.1	26/06/23	Strategic Risk Improvement Plan to be updated to provide detail of when actions were raised, original target date and any revised target date.	Chief Office	18/09/23	-	Action complete. Risk improvement updated.
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	-	



PERTH & KINROSS INTEGRATION JOINT BOARD

AUDIT & PERFORMANCE COMMITTEE

18 SEPTEMBER 2023

2023/24 FINANCIAL POSITION

Report by the Interim Chief Finance Officer
(Report No. G/23/113)

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 July 2023 (Month 4).

1. RECOMMENDATIONS

It is recommended that the Audit & Performance Committee;

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

2. SUMMARY POSITION

- 2.1 The 2023/24 Budget was approved by the IJB in March 2023 (Report G/23/37). The budget was based on several assumptions including demand levels, costs, pay and funding. The recurring budget was deemed as insufficient to meet the expected costs in 2023/24 and the IJB approved £3.842m of reserves to deliver a break-even position across Health and Social Care.
- 2.2 The Audit & Performance Committee will receive regular reporting on the financial position throughout the year, this report provides the first financial update for 2023/24.

2.3 The projected 2023/24 financial position, after the approved use of reserves, is an overspend of £2.465m. As detailed in section 3 below, the main cause of spend above plan is:

- the provision of additional capacity within Older People Services;
- share of overspend against 2C practices in Angus and Dundee;
- share of overspend within Out of Hours led by Angus IJB.

This forecast is based on older people additional capacity ending before October 2023. The Executive Management Team are working on the Perth & Kinross HSCP's Winter Plan and will bring this forward for approval to the IJB on 27 October 2023.

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

2.4 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 £2.465m projected overspend, the general reserves balance will fall below the IJB's reserve policy level.

2.5 Approval to extend the additional capacity currently within older people services would reduce the reserve balance further. This will impact on ability to assist with balancing budgets in future years.

3. MAIN VARIANCES

3.1 The projected outturn for Health services, after approved use of reserves, is an overspend of £1.406m. The projected outturn for Social Care services, after approved use of reserves, is an overspend of £1.059m.

Older People

- 3.2 The forecast overspend on older people services is £1.747m.
- 3.3 Due to increased system pressures at the start of the financial year, capacity within care at home has been increased. This is above planned level and is driving an overspend against budget of £1.624m. Recruitment challenges have led to higher rates of pay and agency staff being required to deliver this additional capacity. This financial projection assumes delivery will return to planned levels by October 2023. If additional capacity continues at current levels until March 2024, it will increase the forecast position by c£1.0m.
- 3.4 Medicine for the Elderly inpatient services are forecasting a £1.092m 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 4 months of the financial year, the bed base in Tay and Stroke wards has been temporarily increased to support capacity and flow. 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. The projected outturn on Medicine for the Elderly assumes inpatient beds will return to planned levels by October 2023. If the additional beds remain open until March 2024, it will result in an increased spend of c£0.6m.
- 3.5 The Community Hospitals within the South Locality have a projected overspend of £0.291m on staff costs due to significant use of agency and supplementary staffing to cover vacancies and sickness.
- 3.6 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 Day Care (£0.166m) and Hospital at Home (£0.273m).

Adult Services

- 3.7 The forecast on adult services is a £0.681m underspend.
- 3.8 The underspend on staffing is £0.570m. 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.
- 3.9 The forecast underspend on packages of care and support is £0.431m, mainly due to delays in commencement of planned care packages.
- 3.10 Underspend positions are being partially offset by drug costs, specifically related to the increasing use of Buprenorphine. Buprenorphine is an alternative to methadone and was initially funded by the Scottish Government. This funding has ceased and costs are expected to be managed within existing IJB budgets. The additional expenditure and overspend is projected to be £0.263m in 2023/24.

Other Community Services and Management

- 3.11 The forecast financial position across other community services and management is a £0.238m underspend.
- 3.12 Locality and Early Intervention and Prevention teams are projecting a £0.158m underspend on staff costs due to staff turnover and vacancies in the first 4 months of the year. Recruitment is ongoing and the positions are expected to be filled in the coming weeks.
- 3.13 The remainder of underspend is mainly due to delays in recruitment and slippage on investment in Primary Care Resilience.

Prescribing

- 3.14 The forecast financial position for prescribing is a £2.500m overspend. The IJB's 2023/24 Budget planned for a £2.230m overspend and approved the use of general reserves to meet that pressure.
- 3.15 Due to system changes there are longer than normal delays in prescribing data. Only one month of actual costs are available for this financial year and these early projections are highly likely to change.
- 3.16 Actual data on cost and volume is expected to be available imminently and will be presented and discussed at the IJB's prescribing development session in October 2023.

General Medical Services

- 3.17 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). At present, the financial position includes a share of the projected overspend, £0.641m for 2023/24. An anticipated 55% increase from last year.
- 3.18 As noted in previous reports, there is ongoing discussion with Dundee and Angus IJBs regarding financial risk sharing agreements for Primary Care Services, including 2C Practices. The expectation is that any future agreement will reduce Perth & Kinross IJB's exposure to financial risk.

Savings

- 3.19 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)	(0.185)	0.416
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)	(1.319)	0.416

- 3.20 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 40% 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 recommended to support major savings initiatives and progress updates will be provided through the regular financial reporting to Audit & Performance Committee.
- 3.21 The projected shortfall in savings delivery is reflected in the overall financial position provided in this update report.

Lead Partner Arrangements (Hosted Services)

- 3.22 Lead Partner arrangements (formerly referred to as Hosted Services) exist across the 3 Tayside IJBs. Each IJB provides lead arrangements for some services on behalf of the other IJBs. The financial outturn of these services is then shared across the 3 IJBs at the end of the financial year.
- 3.23 Detail of the services and the projected financial position is provided in Appendix 2. The overall Perth & Kinross IJB share is a £0.484m overspend.
- 3.24 For Perth & Kinross lead services, staffing underspend continues to be the main contributing factor. Prison Healthcare and Podiatry continue to have considerable vacancies due to staff turnover and recruitment challenges. The Prison Healthcare staffing underspend is being offset by increased costs for management of the new pharmacy contract and costs related to the roll out of Buvival.
- 3.25 The main area of overspend relates to the Out of Hours service led by Angus IJB (£1.7m overspend, of which £0.570m is the Perth & Kinross share). The Out of Hours overspend is a result of changes to the patient pathway and a considerable increase in patient contacts, compared to pre the Covid-19

levels. The service is working to reduce costs and will continue to develop a financial recovery plan setting out how the shortfall can be addressed.

4. INPATIENT MENTAL HEALTH

- 4.1 Inpatient Mental Health services are a delegated function to Tayside IJB's, having previously been Hosted by Perth & Kinross IJB. In early 2020/21, the operational management of these services was returned to NHS Tayside. However, under health and social care integration legislation the strategic planning of these services remains delegated to the 3 Tayside Integration Joint Boards.
- 4.2 Discussions are continuing between the 3 IJB Chief Officers, Chief Finance Officers and NHS Tayside around residual financial risk sharing and to the longer-term financial arrangements for these services. For the financial year 2022/23, the parties agreed that each IJB would make a financial contribution to support the services financial position. The contribution from Perth & Kinross was £0.750m which was provided from the IJBs earmarked reserve "Health – NHS Tayside".

5. RESERVES

- 5.1 The IJB holds both earmarked and unearmarked (general) reserves. In April 2023 the earmarked reserve balance was £6.7m. This balance is fully committed for future years.
- 5.2 A balance of £0.6m Covid-19 funding was carried forward from 2022/23 into this financial year. The Scottish Government has authorised Perth & Kinross IJB to apply this funding against incurred system pressure costs in 2023/24. As noted in section 3, this has been applied to older people services.
- 5.3 The unearmarked (general) reserve balance in April 2023 was £9.5m. As per the 2023/24 Budget, the IJB has approved £3.8m of general reserves to meet non-recurring expenditure. Based on the financial projection in this report, an additional £2.5m of general reserve would be required to balance. This would reduce the IJBs general reserve balance to £3.2m and 1.3% of the IJBs net expenditure budget. This is below the IJB's 2% reserve policy to maintain an adequate reserve to support unanticipated expenditure pressures.
- 5.4 Further detail is provided in Appendix 3.

6. RISKS

- 6.1 Both the 2023/24 Budget and this latest forecast position are based on several assumptions including demand levels, costs, pay and funding. The risks related to these assumptions are summarised below:
- **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. An unfunded uplift above 3% would result in a significant financial pressure for the IJB.

- **Winter Pressures** – As noted in this report, the financial projection is based on older people services returning to planned levels. Continuation of additional capacity will be a risk to the financial position.
- **Prescribing** - An increase on volume and price above the financial plan level would result in significant additional financial pressure for the IJB.
- **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 and Multi-Disciplinary Team funding remain 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.

7. CONCLUSION

- 7.1 The overall projected outturn for 2023/24 is an overspend of £2.465m. The Chief Officer and Executive Management Team are working on actions to mitigate cost pressures in this financial year.

8. DIRECTIONS

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

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

Author(s)

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Appendices

- Appendix 1 – Summary Financial Position
 Appendix 2 – Summary Lead Partner Financial Position
 Appendix 3 – IJB Reserves

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

P&K Core Position as at end July 2023

	July Projected Position					
	Health		Social Care		Health & Social Care Partnership	
	Budget £'000	Projected Out-turn Over / (Under) £'000	Budget £'000	Projected Out-turn Over / (Under) £'000	Budget* £'000	Projected Out-turn Over / (Under) £'000
Older People Services	30,936	495	57,450	1,252	88,386	1,747
Adult Services	6,216	(200)	31,989	(481)	38,205	(681)
Other Community Services	0	0	5,235	(158)	5,235	(158)
Management/Commissioned/Other	22,703	(110)	(12,955)	30	9,748	(80)
Undelivered Savings	0	740	0	1,288	0	2,028
Budget Deficit	0	0	0	0	0	0
Sub-Total Hospital & Community Health	59,855	925	81,719	1,931	141,574	2,856
P&K IJB Lead Partner	9,790	(270)	0	0	9,790	(270)
Dundee & Angus Lead Partner Recharges In/Out	6,688	754	0	0	6,688	754
Sub-Total Lead Partner Arrangement	16,478	484	0	0	16,478	484
GP Prescribing/Other FHS	27,015	2,500	0	0	27,015	2,500
General Medical Services/ Family Health Services	52,340	467	0	0	52,340	467
Sub-Total Perth & Kinross HSCP	155,688	4,376	81,719	1,931	237,407	6,307
Approved Use of General Reserves in 2023-24	0	(2,970)	0	(872)	0	(3,842)
Total Perth & Kinross HSCP	155,688	1,406	81,719	1,059	237,407	2,465

* 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 £'000	Projected Variance Over / (Under) £'000
LEAD PARTNER SERVICES PERTH & KINROSS		
Prison Healthcare	4,452	101
Podiatry	3,695	(369)
Dental	1,742	0
Balance of Savings Target/Uplift Gap	48	(2)
Grand Total	9,937	(270)
	Annual Budget £'000	Projected Variance Over / (Under) £'000
LEAD PARTNER SERVICES DUNDEE		
Palliative Care	7,686	473
Brain Injury	2,042	50
Homeopathy	31	13
Psychology	6,213	(135)
Psychotherapy (Tayside)	1,120	(225)
Perinatal Infant Mental Health	239	0
Dietetics (Tayside)	3,773	140
Sexual & Reproductive Health	2,504	(90)
Medical Advisory Service	80	(10)
Tayside Health Arts Trust	82	0
Learning Disability (Tay Ahp)	933	(230)
Balance of Savings Target/Uplift Gap	284	(183)
Grand Total	24,988	(198)
	Annual Budget £'000	Projected Variance Over / (Under) £'000
LEAD PARTNER SERVICES ANGUS		
Forensic Service	1,130	160
Out of Hours	8,846	1,700
Tayside Continence Service	1,336	58
Pharmacy	2,430	0
Speech Therapy (Tayside)	1,433	42
Balance of Savings Target/Uplift Gap	(473)	(46)
Grand Total	14,702	1,914
P&K SHARE OF LEAD PARTNER ARRANGEMENT SERVICES		484

Appendix 3 - Reserves

	2023/24 Opening Balance £m	Projected Movement 2023/24 £m	Closing Balance 31st March 2024 £m	Future Commitments 2024/25 £m	Remaining Balance £m
<u>Earmarked Reserves</u>					
Alcohol and Drug Partnership	1.1	0.2	0.9	0.9	-
Community Living Change Fund	0.5	0.3	0.2	0.2	-
COVID Reserve	0.6	0.6	-	-	-
Primary Care Improvement Fund	0.4	0.4	-	-	-
Primary Care Earmarked Reserve	0.8	0.6	0.2	0.2	-
Mental Health Recovery & Renewal	0.7	0.7	-	-	-
Mental Health Action 15	0.1	-	0.1	0.1	-
Winter Resilience Reserve	1.1	1.1	-	-	-
Service Specific Reserve	1.4	0.9	0.5	0.5	-
	6.7	4.8	1.9	1.9	-
Health Reserves Fund- NHS Tayside	0.6	-	0.6	-	0.6
Unearmarked Reserves	9.5	6.3	3.2	-	3.2
Total IJB Reserves	16.8	11.1	5.7	1.9	3.8



PERTH & KINROSS INTEGRATION JOINT BOARD

AUDIT & PERFORMANCE COMMITTEE

18 September 2023

KEY STRATEGIC PERFORMANCE REPORT (Quarter 1 2023/24)

Report by Chief Officer
(Report No. G/23/114)

PURPOSE OF REPORT

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.

1. RECOMMENDATION(S)

- 1.1 The Audit and Performance Committee (A&PC) is asked to:
- (i) Note strategic performance in relation to the core suite of integration indicators.
 - (ii) Note progress made in the delivery of strategic aims through SDP outcomes.

2. BACKGROUND/PROPOSAL

- 2.1 In recent years the A&PC has received routine performance reports which have focussed predominantly on the core set of integration indicators. These have been reported using data from Public Health Scotland (PHS) which has been routinely and frequently available. This has allowed for wider benchmarking to take place against our peer group, and Scotland overall.

The frequency of PHS publication has now reduced, from monthly to quarterly, consequently the data available to the A&PC via this route has a lag of up to six months. We will now therefore use local data which is more up to date and will provide comparisons to previous performance and to Tayside overall. The make-up of populations across the different local authority areas varies considerably so direct comparisons should be viewed with caution.

Movements in performance trends over time can therefore be more helpful with comparisons to elsewhere used for context.

It is recognised that a broader view of performance across our peer group and Scotland overall is valuable. As PHS data becomes available it is our intention to provide this as additional appendices in future reports.

We are continuing to develop our approach to performance management and reporting. As noted during committee discussions on the Annual Performance Report (APR), we plan to establish local targets for each of our key performance indicators. This will enable the HSCP to work towards stretch aims and provide greater insight into how we are delivering on approved outcomes over time.

Building on the links between our strategic aims and the outcomes we seek to deliver via our care group SDPs, this report contains a high-level overview on the status (Red, Amber, Green) of each of the approved outcomes. This is summarised in table 1 below. As data becomes available for the recently approved SDPs for Primary Care and Carers, the range of outcomes linked to each strategic aim will increase.

Continuing our commitment to provide Care Group performance reports at each meeting of the A&PC, it was our intention to provide an Older People's SDP performance update at this time. This has not however been possible as the data to support the performance management framework requires further development. It will be brought forward to a future meeting.

3. OVERVIEW

National Indicators: Local Data

- 3.1 In summary, performance has broadly improved despite significant pressures which exist around our population demographic and the availability of workforce. This is particularly the case when considering our key focus on delayed discharges which has improved significantly in recent months (see Appendix 1.1). This has been possible through a combination of increased investment in capacity, improvements in processes, additional integration and the use of interim placements.
- 3.2 Work has continued to better understand the drivers for increasing trends in emergency readmissions within 7 days of discharge. This is being investigated in relation over/under 75 age groups and also how this varies across Tayside. Health Improvement Scotland are also assisting with this as we review our approach to supporting frailty.
- 3.3 Appendix 1.1 provides more detail including a brief narrative on the performance achieved and the actions taken. Appendix 1.2 sets out the same data in tabular form allowing for contextual comparisons to be made.

3.4 A report will be considered by the IJB on 20 September setting out progress made in implementing the Older People’s Strategic Delivery Plan which links strongly to this indicator set.

4. CARE GROUP PERFORMANCE OVERALL

4.1 The delivery of SDP outcomes, measured by approved KPIs within each Care Group, drives achievement of our overall strategic aims as set out in the [Strategic Commissioning Plan](#). Table 1 sets out an overview of the status of these Care Group KPIs and we can see that performance towards the achievement of our five strategic aims demonstrates that 55% of supporting indicators are on target (Green), 8% remain between 3% and 6% (Amber) away from meeting our target and 37% remain more than 6% away from meeting our target (Red).

Table 1. HSCP Strategic Commissioning Plan Aims	Green	Amber	Red	Data Not Available
Aim 1 - Working together with our communities.	3	0	3	6
Aim 2 - Prevention and early intervention.	2	1	3	2
Aim 3 - Person-centred health, care and support.	11	1	5	3
Aim 4 - Reducing inequalities and unequal health outcomes and promoting healthy living.	4	0	2	1
Aim 5 - Making best use of available facilities, people and other resources.	1	1	1	6
Total	21(55%)	3(8%)	14(37%)	18(N/A)

5. CONCLUSION

5.1 Performance to date against the national indicator set is broadly positive when compared to 2022/23. This is most notably the case in recent months where we can see the affects of the investment and improvement work we have undertaken.

5.2 We continue to develop our approach to performance reporting and how this links to overall strategic progress. As this work progresses we will seek to develop our target setting to ensure our targets remain relevant to local context and that they seek to drive improvement.

5.3 As we move forward 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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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**1.1 Strategic Commissioning Plan**

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.

1.2 Transformation Programme

This report has no direct Transformation Programme implications.

2. Resource Implications**2.1 Financial**

This report has no direct financial implications.

2.2 Workforce

This report has no direct workforce related implications.

3. Assessments

3.1 Equality Impact Assessment

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.

3.2 Risk

This report has no direct risk implications.

3.3 Other assessments

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

4. Consultation

4.1 External

N/A

4.2 Internal

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

4.3 Impact of Recommendation

N/A

5. Legal and Governance

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

6. Directions

N/A

7. Communication

N/A

2. BACKGROUND PAPERS/REFERENCES

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.

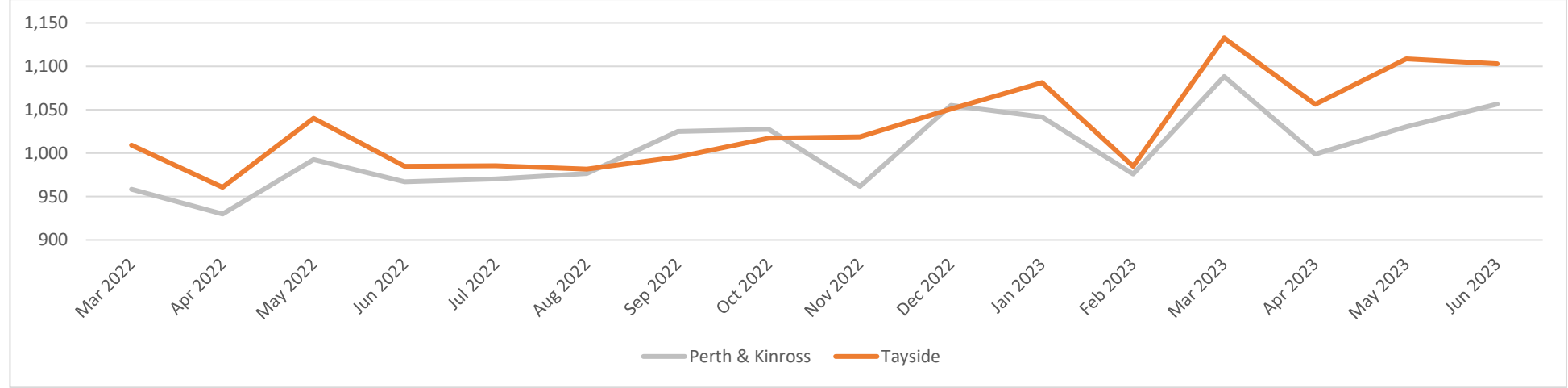
3. APPENDICES

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

1.1 Key Strategic Performance Indicators (over time)

National Indicator Monthly Update Charts (local data sources)

Rate of emergency admissions per 100,000 population for adults (18+ all specialities)

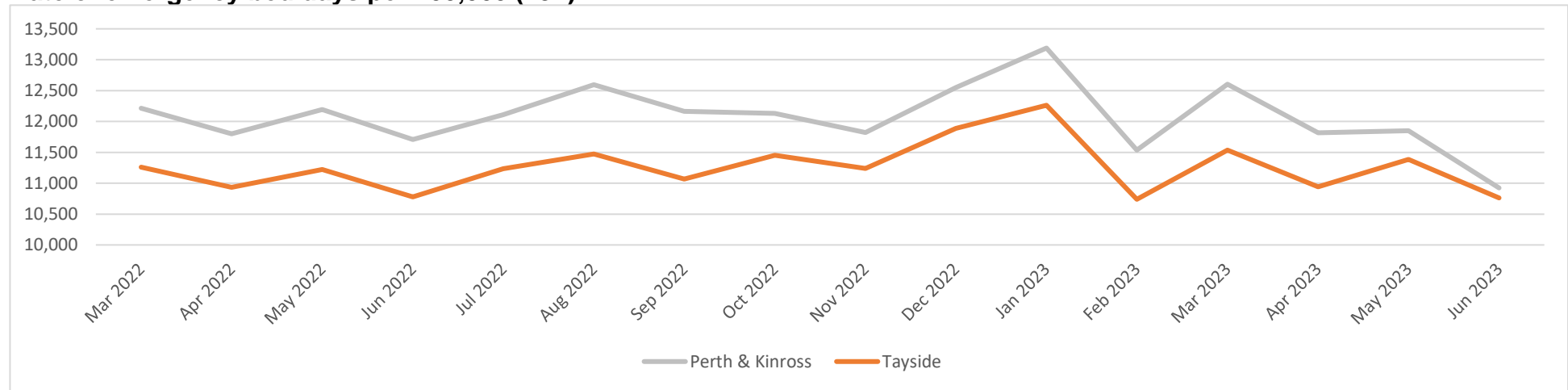


Source: Local Data NHST TAN Report. NI-12 Equivalent

Notes to assist with narrative creation:

Emergency admissions have increased by 1.64% which is lower than the rise seen across Tayside overall at 2.31%. With an older population it may be expected that demand for emergency care may increase and we are continuing to develop our services in response to that demand. To tackle emergency admissions this is about prevention and early intervention and we are developing our community based models to ensure earlier intervention in the person's care journey to limit deterioration and prevent a hospital admission where possible. Our new model for Hospital to Home in Perth City will support this approach further.

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

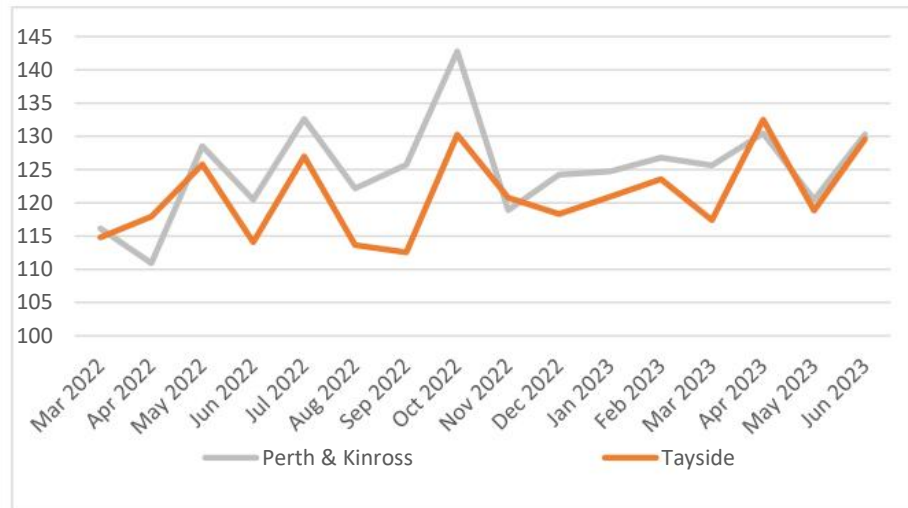


Source: Local Data NHST TAN Report. NI-13 Equivalent

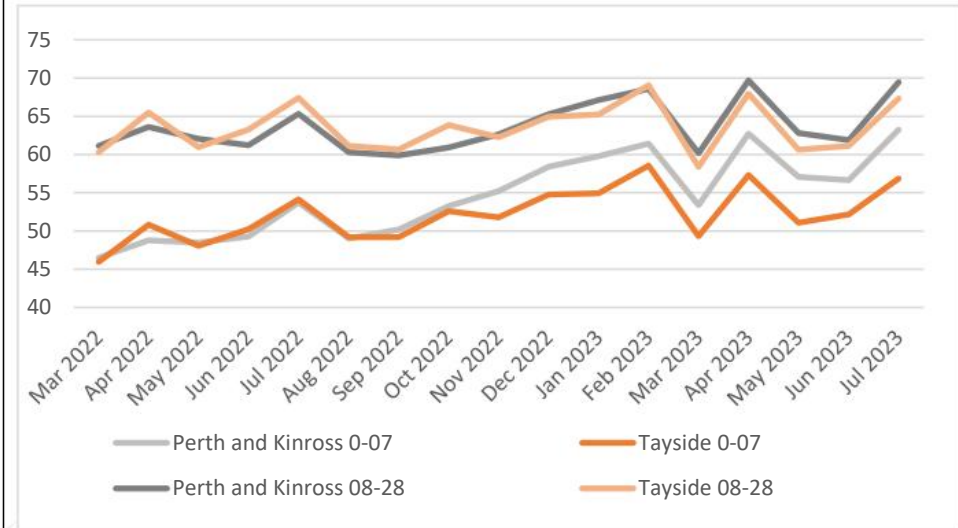
The rate of emergency bed days has declined slightly by 0.76% and we remain higher than Tayside overall, which may be expected given demographic challenges. The gap has narrowed significantly in recent months. This indicator is driven by the length of stay in hospital for people admitted as an emergency. Reducing people's length of stay in hospital has been possible through a combination of: streamlining operational processes, focusing on robust multi-disciplinary discharge planning including setting planned dates of discharge and integration of the discharge team. We have added extra capacity with our early discharge service to work alongside our HART and Care at Home services. We have also used interim placements where people are discharge to a care home setting on a temporary basis where their home circumstances may be more complex.

Additionally, when people present for emergency care we have created a new approach to dealing with frailty. Our "Frailty at the Front Door" model is ensuring that people admitted to hospital gain access to multi-disciplinary support faster. This is leading to earlier discharges supported by community based services.

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



Rate of readmissions to hospital within 0-7 and 8-28 days of discharge per 1,000 discharges (18+)



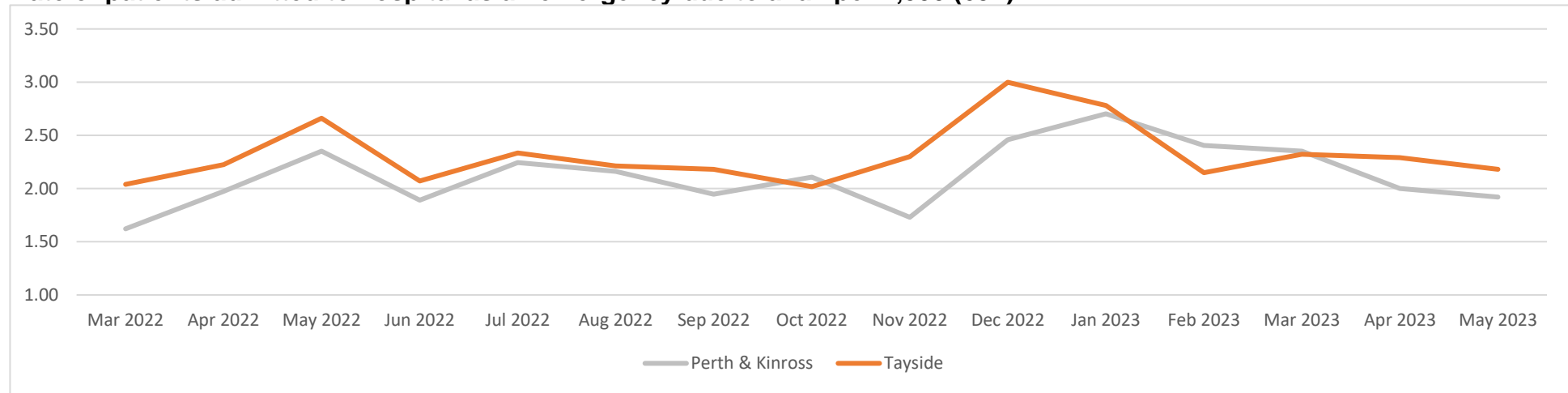
Source: Local Data NHST TAN Report. NI-14 Equivalent

Our rate for readmissions within 28 days is broadly stable (0.28% increase) across the reporting period. Although this rate remains above Tayside overall the gap has narrowed significantly in recent months.

Where divergence exists more notably when compared to Tayside, is in relation to readmissions within 7 days of discharge. The reason for this is not yet fully understood however this is being investigated and we engaged with Health Improvement Scotland to examine and improve our approach to supporting frailty.

Beyond understanding more about what is impacting on 7 day readmissions the development of our community based services such as our Locality Integrated Team (LINC)s and our respiratory services continue to support people at home where that is possible. These services will be further enhanced through new approaches to dealing with “Urgent Care” and in the introduction of “Hospital at Home”.

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

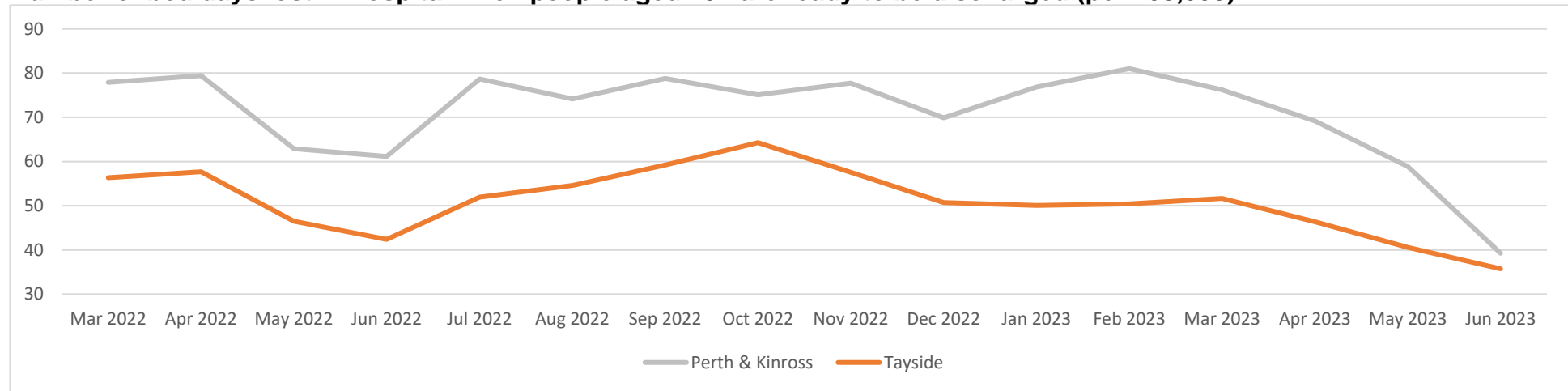


Source: Local Data NHST TAN Report. NI-16 Equivalent

The rate of falls resulting in an emergency has declined by 1.54% broadly in line with Tayside overall. The absolute numbers that drive this indicator are relatively small and so small movements can influence the rates to large extent.

Likelihood of falling increases with frailty and although it can occur at any age frailty prevalence increases with age. Our focus on supporting our older population continues in respect to the falls prevention where we are currently reviewing our falls pathway with colleagues across Tayside to ensure a consistent and standardised approach. Working with Health Improvement Scotland on frailty is also contributing to this and we will integrate any necessary changes into our Locality Integrated Teams to further support older people.

Number of bed days lost in hospital when people aged 75+ are ready to be discharged (per 100,000)



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

Over the reporting period our delayed discharges have declined by 4.06% and at a faster rate than seen across Tayside. Most notably however we have seen a significant decline since February this year. Similar to our work to reduce emergency bed days and emergency admissions, this has been possible due to a whole system approach being implemented. Most significantly we have streamlined operational processes, focusing on robust multi-disciplinary discharge planning, planned dates of discharge, and integration of the discharge team. We have also added extra capacity with an early discharge service working alongside our HART and Care at Home Teams and we have used interim placements as another discharge option where the person's home circumstances are more complex.

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 to date against indicators for which data is available.

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	P&K compared to Tayside
Rate of emergency admissions per 100,000 population for adults (18+ all specialities).	Rolling 12-month rate	12,234	12,011	Mar 23	12,516	12,208	Jun 23	1.64%	2.31%	-2.53%
Rate of emergency bed days per 100,000 (18+).	Rolling 12-month rate	135,831	146,403	Mar 23	135,985	145,287	Jun 23	-0.76%	0.11%	6.40%
Readmissions to hospital within 28 days of discharge per 1,000 discharges (18+).	Rolling 12-month rate	121.52	127.03	Mar 23	122.95	127.39	Jun 23	0.28%	1.18%	3.48%
Rate of patients admitted to hospital as an emergency due to a fall per 1,000 (65+).	Rolling 12-month rate	28	26	Mar 23	28	26	May 23	-1.54%	-1.47%	-7.40%
Number of days people aged 75+ spend in hospital when they are ready to be discharged per 1,000.	Rolling 12-month rate	637	892	Mar 23	613	856	Jun 23	-4.06%	-3.75%	28.34%

Within 3%, of meeting or exceeding the comparative figure	Between 3% and 6% away from the comparative figure	More than 6% away from the comparative figure
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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".



PERTH & KINROSS INTEGRATION JOINT BOARD

AUDIT & PERFORMANCE COMMITTEE

18 SEPTEMBER 2023

STRATEGIC RISK MANAGEMENT UPDATE

Report by Chief Officer
(Report No. G/23/115)

PURPOSE OF REPORT

The purpose of this report is to:

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

1. RECOMMENDATION(S)

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

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

2. BACKGROUND

- 2.1 The Audit and Performance Committee has delegated responsibility from the IJB for reviewing the adequacy and effectiveness of the systems and processes in place to manage strategic risk.
- 2.2 The Strategic Risk Register (SRR) is used to record identified risks which may impact on the IJBs ability to deliver its strategic objectives. The SRR is supported by a Strategic Risk Improvement Plan which has been developed to improve either the range of controls in place or to improve the effectiveness of existing controls.
- 2.3 Perth and Kinross HSCP's Executive Management Team (EMT) routinely considers and reviews the IJB's strategic risks to make a collective and

balanced assessment of the nature, and extent, of the key risks to which the IJB is exposed and is willing to take in pursuit of its objectives. This includes a review of operational and clinical care risks to determine the extent to which they may have a strategic impact on the IJB.

3. ASSESSMENT

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

- SR04 Sustainable Capacity and Flow – the description of this risk has been amended to:
 - “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.”

The probability of this risk event occurring has also been reduced to 3 meaning the new risk score is 15. This is now an amber strategic risk.

- SR08 Widening Health Inequalities - the description of this risk has been amended to:
 - “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.”

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

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

Table 1

Table Ref.	Risk Reference	Impact	Probability	Previous Score	Justification	Impact	Probability	Current Score	Change
1	SR01 Financial Resources	5	3	15	The position on this risk is unchanged. The first financial monitoring report for this year is being prepared for consideration with the risk subject to review following this.	5	3	15	→

Table Ref.	Risk Reference	Impact	Probability	Previous Score	Justification	Impact	Probability	Current Score	Change
2	SR02 Workforce	5	4	20	Recruitment remains challenging in our rural and remote context and there continues to be a significant number of vacancies across all professions in the HSCP. However, it is improving for social carers, nurses and AHPs. An improvement action, to appoint to a dedicated post to support implementation of the Workforce Plan, has been approved and is currently being advertised. The application made by P&K HSCP to participate in a Scottish Government pilot concerning overseas recruitment for social carers has been accepted and is being progressed. There has been no change to the risk score.	5	4	20	→
3	SR04 Sustainable Capacity and Flow	5	5	25	The recently reported improved performance in capacity and flow is being sustained at the moment with increased control over the situation (see Performance Update report). An early supported discharge service and a frailty team are in place. Hospital @ Home service in Perth City has begun receiving patients in mid-July. The probability of this risk is reduced to 3, bringing the risk down to an amber status. This will continue to be subject to regular review, particularly as winter approaches.	5	3	15	↓
4	SR05 Sustainable Digital Solutions	4	2	8	The position on this risk remains unchanged.	4	2	8	→

Table Ref.	Risk Reference	Impact	Probability	Previous Score	Justification	Impact	Probability	Current Score	Change
5	SR06 Viability of Commissioned Providers	4	4	16	There is no change to the risk score. The mitigation of this risk is dependent on national funding and decision making. The agreed National Care Home Contract has improved the immediate outlook and, although this is positive, it is anticipated that there may be further challenges in 2024/25. In addition to this, one of our smaller residential Care Homes has communicated its intention to close due to financial viability, negotiations are ongoing. On balance and given this mixed picture the risk score remains unchanged.	4	4	16	→
6	SR08 Widening Health Inequalities	3	4	12	The description of this risk has been updated to more accurately reflect the current risk environment. The position on this risk remains unchanged.	3	4	12	→
7	SR09 Leadership Team Capacity	4	3	12	The position on this risk remains unchanged.	4	3	12	→
8	SR11 Primary Care	4	4	16	The position on this risk remains unchanged.	4	4	16	→
10	SR14 Partnership Premises	4	5	20	Work is ongoing to engage with statutory partners to mitigate this risk. NHST Short Life Working Group with all key partner involvement has been set up with the first meeting planned. The position on this risk remains unchanged.	4	5	20	→
<p>→ No change in risk exposure ↑ Increase in risk exposure ↓ Decrease in risk exposure</p>									

3.4 Escalation of Operational Risks

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

3.4.2 This process is achieved through the 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.

3.4.3 Since EMT last reviewed the IJB's Strategic Risks on 1 June 2023 we have reviewed:

- The Clinical & Care Governance Assurance report considered by NHS Tayside's Clinical Governance Committee (CGC) on 3 August 2023 and the Exception report considered by CGC on 1 June 2023.
- Clinical & Care Governance Assurance report considered by Perth and Kinross Council's Scrutiny & Performance Committee on 7 June 2023.

3.4.4 Having reviewed the contents of the latest Clinical and Care Governance assurance and exception reports, no further escalation of operational risks has been considered.

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

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

Table 2



4. STRATEGIC RISK IMPROVEMENT ACTION PLAN

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

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

Table 3

Ref	Strategic Risk	Ref	Improvement Action Description	Narrative
1	SR02 Workforce	2c	Appointment to dedicated Workforce Post to support 3-year workforce plan implementation action plan.	Revised target date added. RAG changed to Amber from Green.
2		2d	Implementation of 3-year Workforce plan strategic actions.	RAG changed to Amber from Green.
3	SR04 Sustainable Capacity and Flow	4d	Recruitment of Service Manager: Whole System Transformation of Care at Home. This post will undertake a Best Value Review and Recommissioning of new model for care at home services.	RAG changed to Red due to target date not being met.
4		4e	Delivery of improvement actions contained within the 'Whole System Planning Integrated Improvement Plan'.	New improvement action.
5	SR06 Viability of Commissioned Providers	6a	Produce and implement a revised preferred model of delivery for Care at Home services.	Revised target date added.
6		6c	Implementation of new Care at Home Contract.	New improvement action.
7		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.	New improvement action.
8		6e	Development of a Brokerage Model.	New improvement action.
9	SR11 Primary Care	11a	Produce a Perth and Kinross Primary Care Premises Strategy which identifies our premises needs for the short, medium and long term.	Action Complete. This will now become a current control for this risk.
10		11b	Development of 3 Year Strategic Delivery Plan for 2023-26 for Primary Care. This will also address the further implementation of wider services	Action Complete. This will now become a current control for this risk.

Ref	Strategic Risk	Ref	Improvement Action Description	Narrative
			in support of the GP General Medical Services contract.	
11		11c	Seek implementation of approved Perth & Kinross Primary Care Premises Strategy 2023-28.	New improvement action.
12		11d	Seek implementation of approved Perth & Kinross Primary Care 3-year Strategic Delivery Plan 2023-26 for Primary Care.	New improvement action.
13	SR14 Partnership Premises	14e	Produce a Perth and Kinross Primary Care Premises Strategy which identifies our premises needs for the short, medium and long term.	Action Complete. This will now become a current control for this risk.
14		14f	Seek implementation of approved Perth & Kinross Primary Care Premises Strategy 2023-28.	New improvement action.

5. DEVELOPMENT OF STRATEGIC RISK PROFILE FOR MENTAL HEALTH & LEARNING DISABILITY WHOLE SYSTEM CHANGE PROGRAMME

- 5.1 The Chief Officer recently led a workshop involving NHS Tayside and the other IJB Chief Officers to consider the development of the above strategic risk. The following draft description of the risk was agreed:
- 5.2 “As a consequence of a lack of workforce capacity, access to suitable estates infrastructure, ambiguity in financial framework, ineffective communication and engagement, there is a strategic risk to the delivery of Tayside's Mental health whole system change programme, resulting in failure to deliver improved outcomes, patient harm and other defined benefits of the programme.”
- 5.3 This risk, which relates to the delivery of the whole system change programme for Mental Health will be replicated in the risk registers for all partners as this requires collective leadership, ownership and management of risk and mitigations.
- 5.4 Further work will now take place to develop the risk, controls, mitigating actions, improvement actions, risk scores and level of appetite.

6. CONCLUSION

- 6.1 The IJB's strategic risk exposure continues to improve with the register now showing one less very high red strategic risk since last reported to the Audit and Performance Committee in June 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

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	2	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	3	Medium	↔
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)	1	Very High	↔
6	SR08	WIDENING HEALTH INEQUALITIES: As a consequence of COVID-19 there is a risk that health inequalities widen significantly.	Chief Officer	2	High	↔
7	SR09	LEADERSHIP TEAM: Without a new permanent and integrated senior management team there is a risk of instability in leadership within the Health and Social Care Partnership	Chief Officer	2	High	↔
8	SR11	PRIMARY CARE: As a result of insufficient suitable and sustainable premises, and a lack of available national and cross-system flow of financial support, there is a risk that we will not be able to provide, within the legislative timeframe, the necessary services as defined within the 2018 General Medical Services Contract.	Clinical / Associate Medical Director	1	Very High	↔
9	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	↔
<p>↔ No change in risk exposure ↑ Increase in risk exposure ↓ Decrease in risk exposure</p>						

Risk Rating Matrix				Inherent Score	Residual Score											
Ref.	Risk	Risk Title	Risk Owner	Risk Exposure – no controls	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23	May 23	Jun 23	Jul 23	Aug 23
1	SR01	Financial Resources	Interim Chief Financial Officer	25 (5x5) RED	20 (5x4) 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	15 (5x3) AMBER	15 (5x3) AMBER
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	25 (5x5) RED	25 (5x5) RED	25 (5x5) 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	25 (5x5) RED	25 (5x5) RED	25 (5x5) RED	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	12 (4x3) AMBER	12 (4x3) AMBER	12 (4x3) AMBER	8 (4x2) YELLOW	8 (4x2) YELLOW	8 (4x2) YELLOW
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	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
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	12 (4x3) AMBER
8	SR11	Primary Care	Clinical / Associate Medical Director	16 (4x4) RED	16 (4x4) RED	16 (4x4) RED	16 (4x4) RED	16 (4x4) RED	16 (4x4) RED	16 (4x4) RED	16 (4x4) RED	16 (4x4) RED	16 (4x4) RED	16 (4x4) RED	16 (4x4) RED	16 (4x4) RED
9	SR14	Partnership Premises	Chief Officer	20 (4x5) RED	12 (4x3) AMBER	12 (4x3) AMBER	12 (4x3) AMBER	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

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	RAG	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	Red	24/08/23	
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	24/08/23	
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	31/10/23	New Control	Red	24/08/23	
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	-	New Control	Red	24/08/23	
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	31/10/23	New Control	Amber	24/08/23	
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	Amber	24/08/23	
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	24/08/23	
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	24/08/23	
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	24/08/23	
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	24/08/23	
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	Green	24/08/23	
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	24/08/23	
6e	Development of a Brokerage Model.	Interim Head of Adult Social Care (Commissioning)	In Progress	01/06/23	30/11/23	-	New Control	Green	24/08/23	
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	24/08/23	
8c	Review of service management support to ensure sufficient capacity and resilience within Communities Team to ensure Inequalities can be addressed in a targeted needs met manner.	Interim Head of Adult Social Care (Commissioning)	In Progress	-	31/10/22	-	New control	Red	24/08/23	
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	-	Improve existing controls	Red	24/08/23	
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	In Progress	-	31/03/22	-	Improve existing controls	Red	24/08/23	
SR11 - PRIMARY CARE: As a result of insufficient suitable and sustainable premises, and a lack of available national and cross-system flow of financial support, there is a risk that we will not be able to provide, within the legislative timeframe, the necessary services as defined within the 2018 General Medical Services Contract.										
11a	Produce a Perth and Kinross Primary Care Premises Strategy which identifies our premises needs for the short, medium and long term.	Clinical Director	Complete	01/03/21	31/03/23	30/06/23	Improve existing controls	Blue	24/08/23	

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	RAG	EMT LAST REVIEW DATE	MOVEMENT
11b	Development of 3 Year Strategic Delivery Plan for 2023-26 for Primary Care. This will also address the further implementation of wider services in support of the GMS contract.	Heads of Service	Complete	-	31/03/23	30/06/23	New Control	Blue	24/08/23	
11c	Seek 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	Seek 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	-	-
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.										
14e	Produce a Perth and Kinross Primary Care Premises Strategy which identifies our premises needs for the short, medium and long term.	Clinical Director	Complete	30/03/23	30/06/23	-	Improve existing controls	Blue	24/08/23	
14f	Seek implementation of approved Perth & Kinross Primary Care Premises Strategy 2023-28.	Clinical Director	In Progress	24/08/23	31/03/28	-	New Control	Green	-	-



PERTH & KINROSS INTEGRATION JOINT BOARD

AUDIT & PERFORMANCE COMMITTEE

18 SEPTEMBER 2023

PARTNERSHIP IMPROVEMENT PLAN - UPDATE

Report by Chief Officer
(Report No. G/23/116)

PURPOSE OF REPORT

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

1. RECOMMENDATIONS

It is recommended that the Audit & Performance Committee (A&PC):

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

2. BACKGROUND

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

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

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

3. PROGRESS UPDATE

- 3.1 Since the last report to the Audit and Performance Committee two audit assignments have been completed:

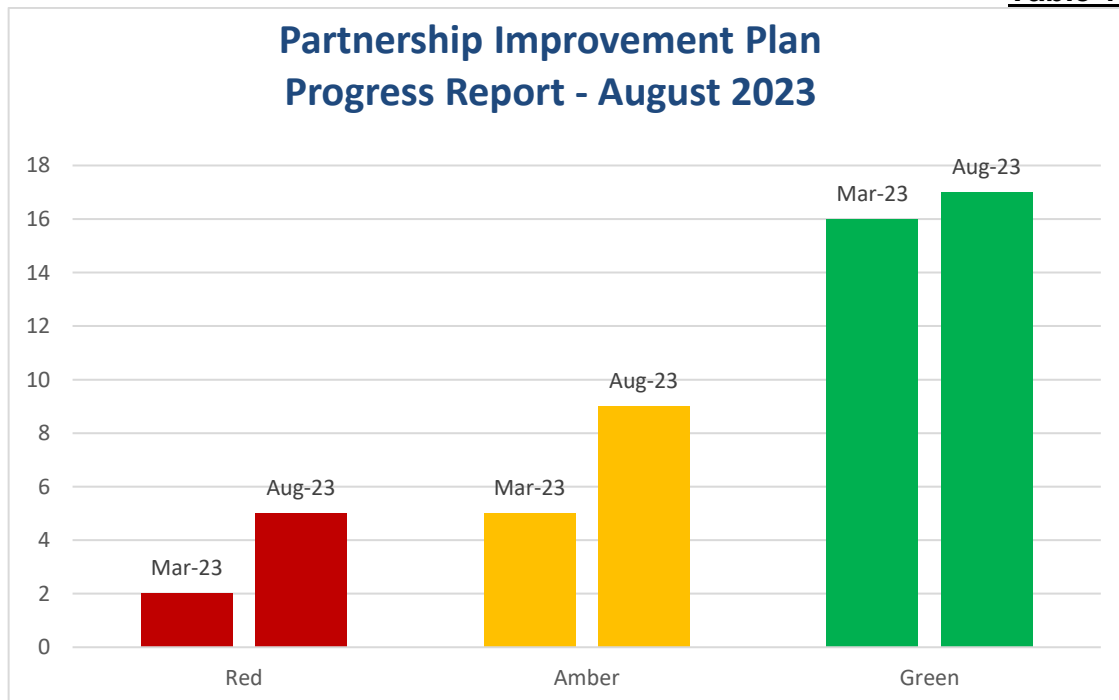
- [Sustainability of Primary Care Services](#) - Report No. PKIJB20-02 – considered at March 2023 A&PC.

- [Annual Internal Audit Report](#) – Report No. G/23/92 - considered at June 2023 A&PC.

No new recommendations have been identified from these two audit reports. Although PKIJB20-02, Sustainability of Primary Care Services, contained seven recommendations, the responsibility for these actions lies with the Chief Officer of Angus IJB.

- 3.2 17 key areas to further strengthen governance arrangements were identified in the preparation of the [Annual Governance Statement](#) (AGS). These were included in the AGS Action Plan for 2023-24 and have now been incorporated into the Partnership Improvement Plan as new actions. This will ensure that progress on these actions can be accurately and efficiently monitored throughout the year.
- 3.3 Five of the improvement actions in the plan are now at a red RAG status is an increase from the previously reported position where two actions were at a red RAG status. Work will continue in the upcoming months to ensure progression on these actions can be implemented and reported back to this Committee. Progress has been made across several areas in the plan with ten outstanding actions now being marked as complete (Blue status) since the last time the Partnership Improvement Plan was reported to the Committee.
- 3.4 Table 1 below shows the full movement in RAG status from the previous Partnership Improvement Plan considered by the Audit and Performance Committee in March 2023.

Table 1



3.5 Improvement actions fully implemented or marked as complete since the last PIP report in March 2023 are as follows:

- (i) The Partnership’s Joint Strategic Needs Assessment has been completed and has informed consultation activity (IP21).
- (ii) Better engagement, linkages and relationships have been built with the Community Planning Partnership with Heads of Service routinely attending meetings ensuring cohesion and good partnership working. (IP43)
- (iii) Approved assurance on progress in achieving the IJB’s strategic objectives has been achieved through regular updates being provided to the IJB on each of the strategic delivery plans. (IP48)
- (iv) Assurance arrangements for Inpatient Mental Health have been completed via the standing item now being considered at each IJB meeting. (IP52)
- (v) The Scottish Government's potential reclaim of surplus Covid reserves has been considered in terms of the accounting presentation in 2022-23. (IP54)
- (vi) A Primary Care Strategic Delivery plan has been developed and was approved by the IJB in June 2023. (IP60)
- (vii) A Primary Care Premises Strategy has also been developed and approved by the IJB in June 2023. (IP61)
- (viii) The Transformation Board has now been re-established and meets regularly. (IP62)
- (ix) IP23 has been superseded by IP55 and marked as Blue status.
- (x) The Chief Social Work Officer role will now be located with the new Council structure and recruitment is underway and appointment to the role anticipated by end of September 2023. (IP73)

4. CONCLUSION

Considerable progress continues to be made against the actions within the Partnership Improvement Plan with the successful completion of 10 important actions as detailed in section 3.5 above.

Author(s)

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Appendices

Appendix 1 – PKHSCP Partnership Improvement Plan.



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

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



Area	IP No.	Resp. Officer	Source	Action	Update - August 2023	Priority Level	Date for Completion	RAG
1. LEADERSHIP, CULTURE AND VALUES Behaving with integrity, demonstrating strong commitment to ethical values and representing the rule of law	IP01	Chief Officer	MSG	How effective is the IJB Board? Undertake a self-assessment of performance against the PKIJB Integration Scheme with IJB members and Executive Management Team to provide improved understanding of the IJB's role and remit.	A self-assessment of performance against the revised integration scheme will be built into a future IJB development session. This will consider if there are any areas in the scheme with a lack of clarity, presenting difficulties, how well are we using Directions, etc. The IJB has regular development sessions with a full programme of activity including reflective learning and participating in lessons learned exercises and it has not yet been possible to prioritise this work.	2	30 Sep 23	Amber
	IP03	Chief Officer	MSG	Implement a Leadership Development Program focused on Collaborative Practice	The HSCP senior management team have undergone Insights Discovery and development sessions in Autumn 2022. Perth and Kinross Offer sessions have also taken place during 2022. What Matters to You? events are also being held with 12 more sessions approved.	2	31 Dec 23	Green
	IP46	Chief Officer	AGS 2021/22	Provide training and development opportunities in relation to the revised PKIJB Integration Scheme and its implications.	To build on the Tayside wide workshops which have taken place, a schedule will be produced for workshops for P&K IJB Members to gain a deeper understanding of the new Integration Scheme. Further Tayside wide workshop(s) will also be considered. A Chairs and Vice Chairs workshop took place in April 2023 on Making Integration Work and a Joint Workshop for all members of NHS Tayside Board and the three Tayside Integration Joint Boards will be held on 31 October 2023 with a focus on developing a Whole System Approach to Mental Health Services. Target date amended.	2	31 Dec 23	Amber
	IP41	Chief Officer	AGS 2021/22	Ongoing development of culture, ethos and professional practice to ensure we continue to be the best we can be.	A series of Perth and Kinross Offer Sessions have been delivered led by the Chief Officer focusing on values based leadership and behaviours. These have been extremely well evaluated and will lead into a series of twelve What Matters to You? events and Locality Integrated Working development sessions. This commenced on 11 August 2023 with a presentation on What Matters to You? and the Perth and Kinross Offer to the Integration Joint Board and will culminate in a celebratory event in May 2024. This is contributing to our positive culture and ethos relating to ambition, compassion and integrity.	2	31 Mar 24	Green
	IP57	Chief Officer	AGS 2022/23	Develop and implement an improvement plan that ensures full and demonstrable compliance with the Public Sector Equality Duty.	Scheduled for completion in 2023-24	1	31 Mar 24	Green
2. STAKEHOLDER ENGAGEMENT Ensuring openness and comprehensive stakeholder engagement	IP09	H of ASCSW	MSG/JI	Effective Communication with our Public: Development of a coordinated approach to communication and marketing supported by dedicated expertise, ensuring that the effectiveness of the approach developed is evaluated in terms of its impact.	Scheduled for completion in 2023-24	2	31 Mar 23	Red
	IP13	H of ASCSW	Joint Inspection	The partnership should build on existing good relationships with care providers and housing services to identify where there is potential to coproduce solutions to strategic challenges. This should include coproducing a market facilitation plan.	First draft of the Market Facilitation Plan is complete. Multiple forums are in place that allow for an ongoing dialogue. Community engagement and consultation activity also contributes to a more iterative approach to developing new ideas in a coproduced manner. Extensive consultation is underway in relation to a refresh of the IJB Strategic Commissioning Plan and is due to complete in September 2024.	2	31 Dec 23	Green
	IP42	H of ASCSW	AGS 2021/22	Ensure resources are in place to support a strong strategic focus on improving links with Communities, providing additional capacity and ensuring a robust, consistent and coordinated approach.	Community engagement and consultation are key to sustaining this work, the HSCP has a limited dedicated resource to carry out this work continually. Additional resource would improve this area of work. The Transformation Programme of work may provide opportunities for additional resource. Extensive consultation is underway in relation to a refresh of the IJB Strategic Commissioning Plan and is due to complete in September 2024.	2	31 Mar 24	Amber
	IP58	Chief Officer	AGS 2022/23	Refresh of our Participation and Engagement Strategy to expand engagement, roles and the different sectors involved in Health & Social Care	Scheduled for IJB consideration in February 2024.	2	31 Mar 24	Green



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

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



Area	IP No.	Resp. Officer	Source	Action	Update - August 2023	Priority Level	Date for Completion	RAG
3. VISION, DIRECTION AND PURPOSE <small>Defining outcomes in terms of sustainable economic, social and environmental benefits</small>	IP15	H of ASCSW / H of Health	MSG/JI	Measuring our performance: Develop a 'measure what you value rather than value what you measure' approach aligned to the refreshed strategic plan with accountability arrangements in place to deliver integrated performance reporting and review making best use of available data/benchmarking, including at locality level, to identify areas of service improvement.	This action is ongoing and has been covered to a large extent in the KPIs supporting the Care Group Strategic Delivery Plans which are now reporting to the IJB Audit and Performance Committee. The roll out of Care Opinion and the focus on telling stories of user experience is enhancing our understanding of what is valued and works well for the people we serve. A comprehensive Performance Management Framework for the HSCP is now required.	1	Ongoing	Amber
	IP21	H of ASCSW / H of Health	Joint Inspection	Take a systematic approach to reviewing and updating the partnership's strategic needs assessment bearing in mind the objectives of the Strategic Commission Plan.	The draft Joint Strategic Needs Assessment is complete and has informed our consultation activity. Action complete.	2	30 Oct 22	Blue
	IP43	Chief Officer	AGS 2021/22	Build better engagement, linkages and relationships with the Community Planning Partnership	HSCP Heads of Service are attending Community Planning Partnership meetings ensuring cohesion and good partnership working. This action is now complete for the HSCP, however, the IJB has asked for formal linkages with the CPP to be explored.	2	31 Mar 23	Blue
	IP44	Chief Officer	AGS 2021/22	Joint review of strategic planning processes encompassing Hosted Services and including consideration of performance reporting.	The Strategic Commissioning Plan is currently being refreshed and a Strategic Needs Assessment will be carried out as part of this. The target date for completion of this action has therefore been amended to accommodate these pieces of work.	2	31 Dec 23	Amber
	IP59	H of ASCSW	AGS 2022/23	Refresh of our Strategic Commissioning Plan	Consultation activity which will inform the refresh is ongoing and will be completed end August, the refreshed Strategic Commissioning Plan is on track for completion November 2023.	1	31 Mar 24	Green
	IP60	Clinical Director	AGS 2022/23	Development of a P&K Primary Care Strategic Delivery Plan detailing the priorities required to achieve the objectives relating to our Strategic Commissioning Plan and connecting these actions to the Financial Framework.	This action is now complete.	2	21 Jun 23	Blue
	IP61	Clinical Director	AGS 2022/23	Development of a P&K Primary Care Premises Strategy setting out the current position, the challenges to ongoing sustainability and the vision for Primary Care Premises in Perth & Kinross.	This action is now complete.	2	21 Jun 23	Blue
	IP62	Chief Officer	AGS 2022/23	Re-establishment of the Transformation Board to deliver an appropriately robust governance structure which will provide approval, oversight, scrutiny and assurance on the significant health and social care transformation and improvement which is taking place.	This action is now complete. The Chief Officer will report on the priority areas for service redesign and transformation to the IJB by end of March 2024.	2	30 Jun 23	Blue
5. FINANCIAL CONTROLS	IP40	Interim Chief Finance Officer	External Audit 2020/21	The budget should reflect the intentions of management to build reserves in line with its reserves strategy, which will also require significant discussion and planning with its partner bodies.	This action is ongoing and will be updated once the first financial position has been reported on in 2023/24.	1	31 Mar 23	Red
	IP54	Interim Chief Finance Officer	External Audit 2021/22	The Scottish Government's potential reclaim of surplus Covid reserves should be considered in terms of the accounting presentation in 2022-23 and the governance / IJB approval required.	This action is now complete.	1	31 Dec 22	Blue
	IP64	Interim Chief Finance Officer	AGS 2022/23	Undertake a review of the IJB's reserves policy.	This is scheduled to be considered by the IJB in November 2023.	2	31 Dec 23	Green
	IP65	Interim Chief Finance Officer	AGS 2022/23	Undertake a review of financial regulations.	This is scheduled to be considered by the IJB in November 2023.	2	31 Dec 23	Green



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

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



Area	IP No.	Resp. Officer	Source	Action	Update - August 2023	Priority Level	Date for Completion	RAG
6. ORGANISATIONAL DEVELOPMENT Delivering capacity within the organisation to deliver and transform	IP45	Chief Officer	AGS 2021/22 / Internal Audit Recommendation - Corporate Support	Complete Phase two of Corporate Support Review and in particular the functions related to capital/premises planning.	This action will be superseded by the finalisation of an integrated senior management structure and the introduction of a communications protocol and Service Level Agreement with the Communications Teams in NHS Tayside and Perth and Kinross Council. The communications Protocol is complete. Internal Audit activity underway in relation to premises and accommodation needs for the HSCP.	2	30 Jun 23	Red
7. INTERNAL CONTROLS Managing risk and performance through robust internal control and strong public financial management	IP46	Chief Officer	AGS 2021/22	Provide training and development opportunities in relation to the revised PKIJB Integration Scheme and its implications.	To build on the Tayside wide workshops which have taken place, a schedule will be produced for workshops for P&K IJB Members to gain a deeper understanding of the new Integration Scheme. Further Tayside wide workshop(s) will also be considered.	2	31 May 23	Red
	IP47	Chief Officer	AGS 2021/22	With IJB Members review and update the risk management framework	Following a successful IJB development session on Risk Appetite a further session is being arranged for later in 2023. Following formal approval by the IJB, a Perth and Kinross Risk Management Framework will be developed which will also be approved by the IJB, currently expected at the February 2024 meeting. This has meant the timescale for completion has been revised from June 2023 to March 2024.	2	31 Mar 24	Amber
	IP48	Chief Officer	AGS 2021/22	Develop improved assurance reporting to the IJB on progress in achieving strategic plan objectives.	Regular updates on each of the Strategic Delivery Plans are now scheduled into the IJB forward planner. This action is now complete.	2	31 Mar 23	Blue
	IP66	Chief Officer	AGS 2022/23	Ensure greater clarity in the consideration of risks in IJB decision making.	Scheduled for completion in 2023-24	2	31 Mar 24	Green
	IP67	Chief Officer	AGS 2022/23	Establish a process for monitoring the implementation of Directions issued by the IJB.	Scheduled for completion in 2023-24	2	31 Mar 24	Green
	IP68	Chief Officer	AGS 2022/23	Production of an annual Strategic Risk Management Assurance report for consideration by the IJB.	Scheduled for completion in 2023-24	2	31 Mar 24	Green
	IP69	Chief Officer	AGS 2022/23	Seek clarification of the Memorandum of Understanding for the sharing of data with Perth & Kinross Council and NHS Tayside.	Scheduled for completion in 2023-24	2	31 Mar 24	Green
	IP70	Chief Officer	AGS 2022/23	Conduct a self-assessment to ensure P&K IJB are meeting their statutory obligations as a Category 1 responder.	Scheduled for completion in 2023-24	1	31 Mar 24	Green



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

Priority Levels:
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Area	IP No.	Resp. Officer	Source	Action	Update - August 2023	Priority Level	Date for Completion	RAG
8. REQUIRING COLLABORATION WITH STATUTORY PARTNERS reliant on the leadership of NHS Tayside and Perth & Kinross Council as partners to the Integration Scheme	IP18	HoH	MSG/JI	Ensure robust oversight of the implementation of the strategic delivery plan for Older People and Unscheduled Care taking into account fully delegated hospital services and large hospital set aside.	An update on the Older People's Strategy will be considered by the IJB in September 2023.	3	30 Sep 23	Amber
	IP23	Chief Officer	MSG	Seek appropriate levels of Corporate support from Statutory Partners including organisational and workforce development.	This action is superseded by IP55.	3	Ongoing	Blue
	IP36	Chief Officer	MSG/JI	With the governance and accountability structures of both statutory bodies, as well as those of the IJB, there is considerable duplication in reporting to potentially 5-6 different committees/forum/groups and thus great potential to explore a more integrated and efficient approach. We will review current arrangements and work with partners to explore the potential to reduce duplication.	A review is ongoing with the Executive Management Team to ensure a more efficient and integrated approach is taken with reporting to various fora. An outcome is expected by the end of September 2023, target date amended to reflect this.	3	30 Sep 23	Amber
	IP49	Chief Officer	AGS 2021/22	Clarify and reach agreement on the governance, accountability and resourcing arrangements of Mental Health Services across Tayside and the implications for PKIJB/PKHSCP as a result of the revised Integration Schemes	The Chief Officer of PKHSCP has the Lead Partner role for strategic planning and commissioning for inpatient mental health and learning disability services. However, it is the responsibility of the 3 Tayside IJB's to plan and commission for this delegated function. Collaboration, across Tayside, with P&K IJB is required along with NHS Tayside to deliver on these obligations. There are further plans in 2023 to bring together NHST and the 3 IJBs in a workshop to determine how this will be operationalised.	3	30 Sep 23	Green
	IP50	Chief Officer	AGS 2021/22	Review of Partner Body Anti-Fraud and Information Governance policies and reach agreement on PKIJB member responsibilities	Scheduled for completion in 2023-24	3	31 Mar 23	Red
	IP52	Chief Officer	AGS 2021/22	We will work with NHS Tayside to introduce assurance arrangements to the IJB for Inpatient Mental Health and Acute Medicine in relation to Clinical & Care Governance	In relation to Inpatient Mental Health, this action will be superseded by actions by the IJB and the work which is taking place with the standing IJB agenda mental health item, where the professional and clinical leads for nursing and medicine Mental Health Leads for Nursing have been tasked to report back on improved CCG arrangements in Mental Health. This action is now complete with arrangements agreed via local Clinical and Care Governance Leads and Clinical Leads for Mental Health and NHS Tayside Care Governance Committee. Clarification on CCG assurance arrangements will be sought once this is received.	3	31 May 23	Blue
	IP55	Chief Officer	Internal Audit Recommendation - Corporate Support	Seek support from partners for structures that allow for both formal and more informal collaborative working to ensure appropriate corporate support is established and maintained. A formal agreement, such as the Memorandum of Understanding as referenced in the Integration Scheme should clearly outline the functions to be provided and any expected standard or general principles to be adhered to by all parties. It should also include monitoring and review processes, as well as a process for dispute resolution. A Corporate Services Forum should be established including appropriate membership from across all parties.	A review of how this action can be completed will be undertaken in light of Leadership structure change in Perth and Kinross Council. The HSCP will engage in discussion with PKC ELT on 5 Sept.	3	30 Sep 23	Amber
	IP71	Chief Officer	AGS 2022/23	Improve the effectiveness of links with Partner bodies in relation to Strategic Planning.	Scheduled for completion in 2023-24	3	31 Mar 24	Green
	IP72	Chief Officer	AGS 2022/23	Ensure compliance with the NHS National Whistleblowing Standards.	Scheduled for completion in 2023-24. Actions taken to raise awareness of whistleblowing policy and procedures across the workforce. This will require annual refresh.	3	31 Dec 23	Green
	IP73	Chief Officer	AGS 2022/23	Review the appropriateness of the current arrangement where the Chief Officer also has the role of Chief Social Work Officer to ensure that independent professional leadership in this area is strengthened.	Scheduled for completion in 2023-24. With the agreement of the PKC Chief Executive, the CSWO role is to be located within new Council Structure and recruitment to the role commenced August 2023.	3	31 Dec 23	Blue



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

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

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

Area	IP No.	Resp. Officer	Source	Action	Update - August 2023	Priority Level	Date for Completion	RAG
9. SCRUTINY & ACCOUNTABILITY	IP63	Interim Chief Finance Officer and Head of ASC&SW Commissioning	AGS 2022/23	Conduct a self-assessment to ensure we are complying with the characteristics of Best Value in accordance with the Local Government in Scotland Act 2003 Best Value Guidance	Scheduled for completion in 2023-24	1	31 Mar 24	Green



PERTH & KINROSS INTEGRATION JOINT BOARD

AUDIT & PERFORMANCE COMMITTEE

18 SEPTEMBER 2023

CLINICAL AND CARE GOVERNANCE ASSURANCE

Report by Chief Officer
(Report No. G/23/117)

PURPOSE OF REPORT

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

1. RECOMMENDATIONS

The Audit and Performance Committee is asked to:

- (i) Note the responsibilities of Perth and Kinross Integration Joint Board in respect of Clinical, Care and Professional Governance and those of the NHS Tayside and Perth & Kinross Council;
- (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 for integrated health and social care services;
- (iii) Note that NHS Tayside's Care Governance Committee agreed that the most recent report presented to them in August 2023 demonstrated Substantial Assurance;
- (iv) Note that the Chief Officer confirms the effectiveness of the above systems in place in the Health and Social Care Partnership reporting to both NHS Tayside and Perth & Kinross Council governance and quality assurance arrangements.

2. BACKGROUND

- 2.1 Perth and Kinross Integration Joint Board has a strategic commissioning role with the operational responsibility for delegated and hosted services resting with the Health and Social Care Partnership which brings together NHS Tayside and Perth and Kinross Council as the employing bodies of the staff delivering these services and for the fulfilment of their respective statutory duties.
- 2.2 The Perth & Kinross Health & Social Care Partnership (PKHSCP) Care & Professional Governance Forum (CPGF) was established at the inception of integration and has met regularly. It is chaired jointly by the Clinical Director and the Chief Social Work Officer who has delegated the role to the Interim Head of Service Adult Social Work and Social Care (Operations) while in the role of Chief Officer for the HSCP. The Forum provides assurance on the quality, safety and effectiveness of all services delegated to the P&K IJB. This is achieved through detailed annual reporting on all aspects of service delivery which is linked to the domains for effective clinical and care governance and the Health and Social Care Standards; along with a monthly process for the escalation of factors which are inhibiting safe care, issues and concerns; risk management; adult protection; and complaints.
- 2.3 The CPGF reports to NHS Tayside's Care Governance Committee with regular assurance and exception reports. These reports seek to provide assurance to NHS Tayside that there are effective and embedded systems for Clinical, Care and Professional Governance in all services delegated to or hosted by PKIJB. It should be noted that Inpatient Mental Health & Learning Disability Services and all General Adult Psychiatry medical workforce report directly to the NHS Tayside Care Governance Committee as operational responsibility is not delegated and is retained by NHS Tayside. Further, services hosted by Angus IJB and Dundee IJB also report directly to the NHS Tayside Care Governance Committee. This provides a formal mechanism for NHS Tayside to provide assurance to PKIJB that appropriate arrangements and systems are in place in respect of operational health services being managed by PKHSCP.
- 2.4 Agreement has been reached for a reciprocal process for the provision of assurance to PKIJB from Perth and Kinross Council for operational Adult Social Work and Social Care services managed by PKHSCP with reporting from the CPGF to the Scrutiny and Performance Committee. This reporting commenced in April 2023.

3. SITUATION

- 3.1 To fulfil its obligations as set out in the PKIJB Integration Scheme, the IJB requires assurance that:
- There are effective arrangements for providing assurance regarding the delivery of safe and effective services;
 - There are effective arrangements for professional supervision, learning, support and continuous improvement for all staff;

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

4. ASSESSMENT

- 4.1 The Chief Officer can confirm that the Clinical Care Governance Reporting Framework, overseen by the PKHSCP Clinical and Professional Governance Forum, supports regular review of all services to ensure that effective and embedded Clinical, Care and Professional Governance arrangements are in place and that these arrangements can evidence continuing improvements.
- 4.2 The Nurse Director for Mental Health & Learning Disabilities presented a paper titled “Governance Reporting Arrangements for Board Retained Mental Health and Learning Disabilities Services” at NHS Tayside’s Care Governance Committee of 1 June 2023. This paper describes how the HSCP’s currently provide assurances to the Care Governance Committee regarding Mental Health services within their regular HSCP reports to the Committee, and that this will continue. A combined report for the board retained Mental Health services within Tayside (Secure Care, General Adult Psychiatry Inpatients and Learning Disability Inpatient Services) was presented at the Care Governance Committee in August 2023. The paper also makes reference to the establishment of a Safety and Quality Forum for Mental Health, which will inform and shape patient safety priorities within services, and the activity of which will be reported through the existing Care & Professional Governance Groups to the Care Governance Committee.
- 4.3 PKHSCP’s assurance report from NHS Tayside’s Care Governance Committee of 3 August 2023 is attached at appendix 1 to evidence the above. The level of assurance recommended and accepted by the Committee was “Substantial Assurance”.

5. CONCLUSION

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

Author(s)

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Appendices

Appendix 1 – CGC Assurance Report: Perth and Kinross HSCP, 3 August 2023



Meeting: Care Governance Committee
 Meeting date: 3rd August 2023
 Title: Perth & Kinross Health and Social Care Partnership
 (HSCP) Clinical and Care Governance Assurance
 Report
 Responsible Officer: Dr Hamish Dougall, Associate Medical Director

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

1 Purpose

This is presented to the Care Governance Committee for:

- Assurance

This report relates to:

- Government policy/directive
- Legal requirement

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

- Safe
- Effective
- Person Centred

This report provides evidence of the following Best Value Characteristic(s):
 (delete those that do not apply):

- Equality
- Governance and Accountability

2 Report Summary

2.1 Situation

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

The Care Governance Committee is being asked to provide their view on the level of assurance this report provides and therefore the level of assurance regards clinical and care governance within the Partnership. The timescale for the data within this report is from 1st March 2023 to 30 June 2023.

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

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

2.2 Background

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

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

P&K HSCP 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 <i>four</i> 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

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.

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.

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.

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.

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. All of the above is connected to the working groups reporting to the Older peoples strategic group.

Risk 1321 - Inadequate environment for the Perth City CCATS service

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

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 retirements

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 managed 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 new SCO have now been recruited, and 2 Coordinators are now in post.

- 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 to.

- Tay and Stroke wards and Intermediate Care
 - OT Hand Therapy Routine Outpatients wait time is currently 171 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 challenges

- Perth City
 - Lack of clinical accommodation across teams, including CCATS and iDART, on risk register. Worked has been undertaken to reduce the iDART issue but is still to be completed. This has reduced service impact but not fully mitigated the risk that remains. 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. This has been due to the Covid Pandemic which has seen issues with recruitment of staff.

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:

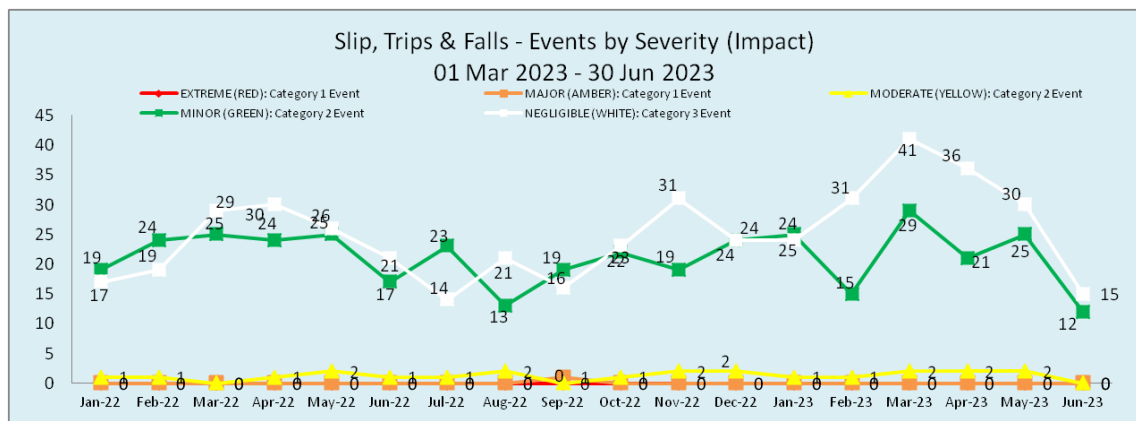
Highest frequency events:

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:

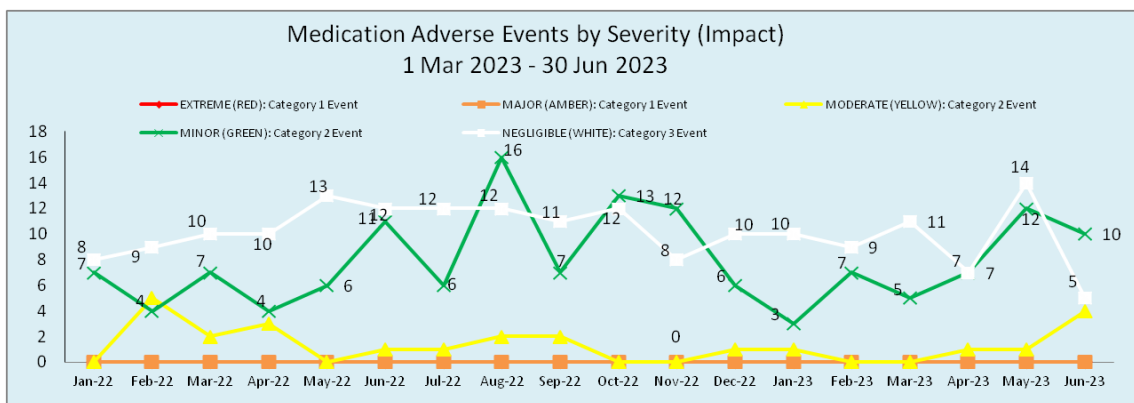
- review all of the wards in-patient falls Datix reports and provide feedback to the ward with a breakdown of their falls, outlining any trends,

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.

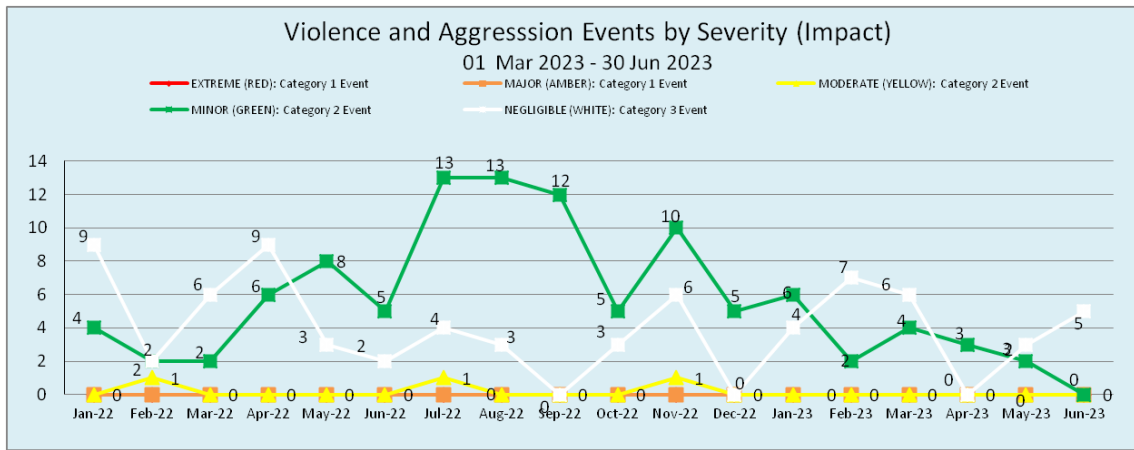


The majority of medication adverse events occurred with the Prison Healthcare service. The prison healthcare service manages and administers a high volume of medication across three sites across Tayside - HMP Perth, HMP Castle Huntly and HMP & YOI Bella.

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**

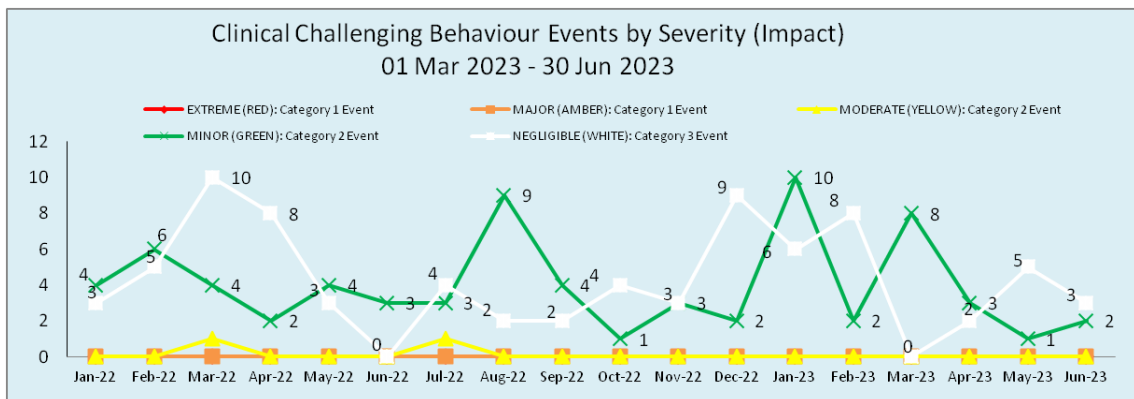
During the time period between March 2023 and June 2023, there were **23** incidents recorded, of which 1 involved harm. 11 occurred at MRH, 1 at PRI, 2 in Community Hospitals, and the remaining 9 in other areas.



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)

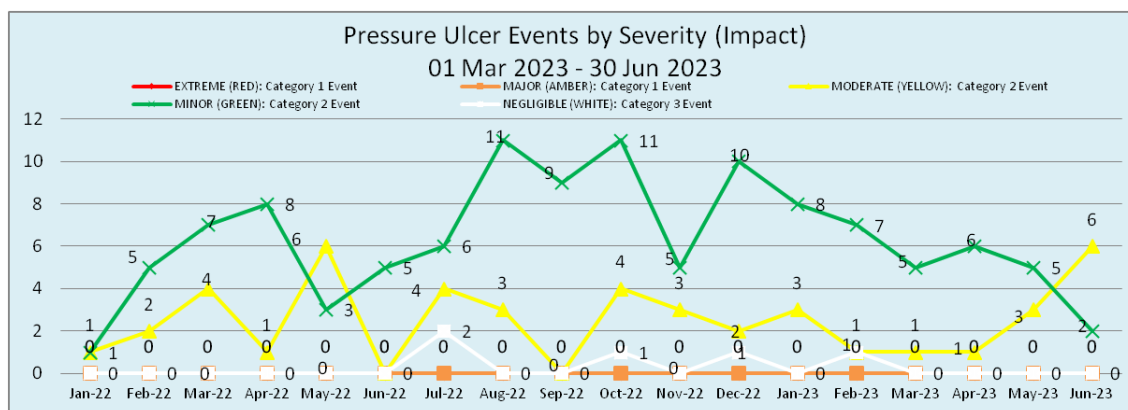
During the time period between March 2023 and June 2023, there were **24** incidents recorded, of which 3 involved harm. 15 occurred at MRH, 4 at PRI, 2 in Community Hospitals, and the remaining 3 in other areas.



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 incorrectly 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.

2.3.4 Significant Adverse Event Reviews

There is one ongoing SAER within P&K HSCP. 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 Complaints as at 14/07/2023 - Stage 1

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

Current 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 feedback 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

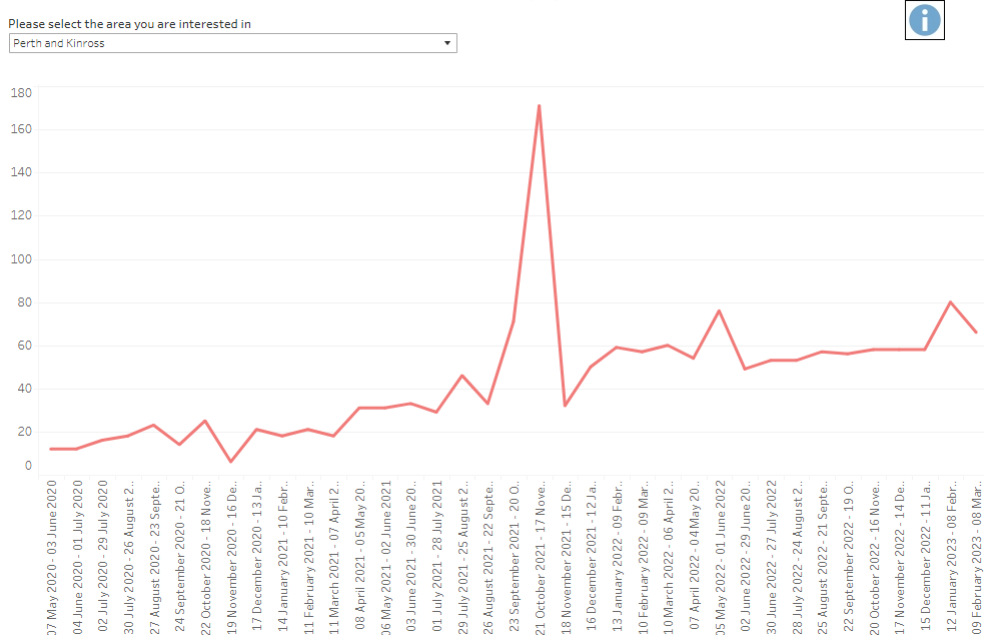
plan which was very detailed, person-centred and regularly updated. Activities on offer to patients included both one-to-one and group activities.

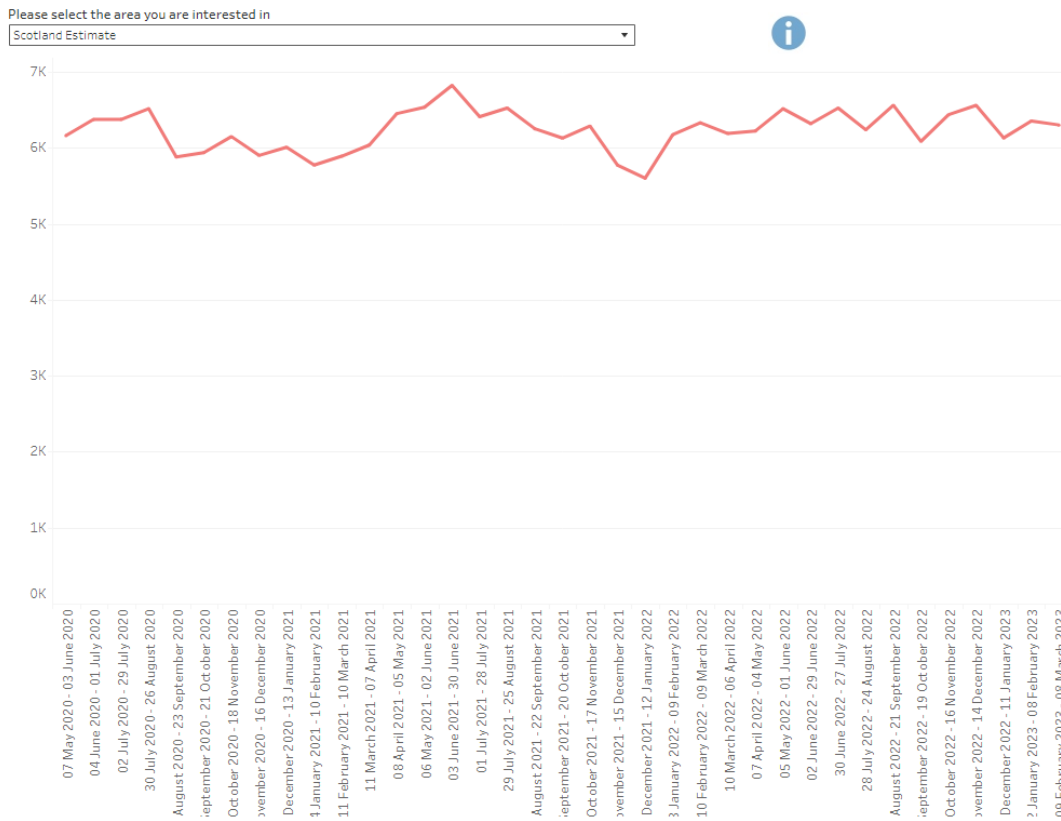
Summary of recommendations:

- 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

Number of Adult Protection Referrals - last updated with 16/03/2023 collection





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	Amber	Amber	Green	Green	Green	Green	Amber	Amber	Green	Green

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.

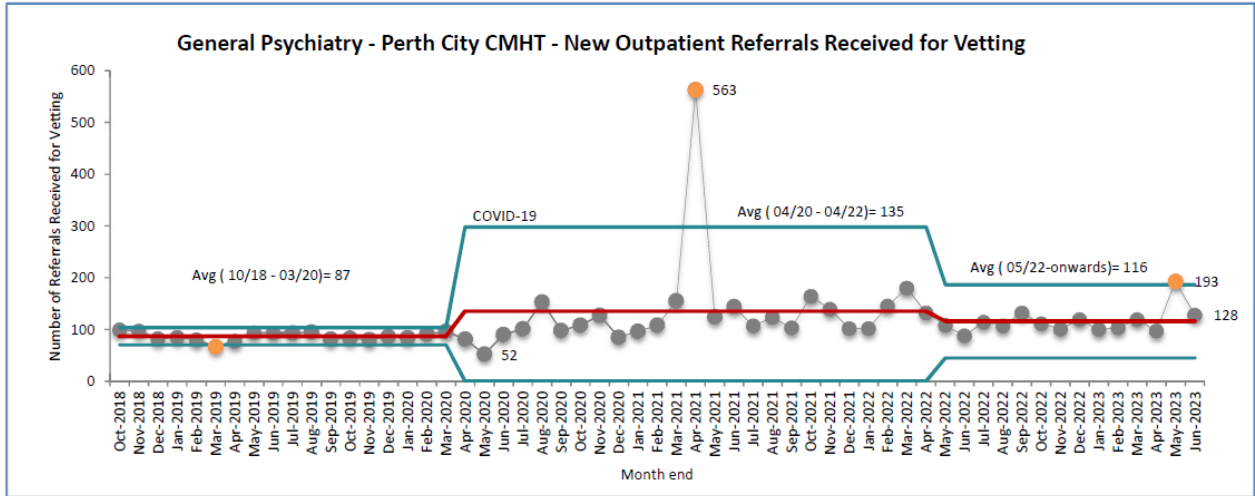
Practical changes that have been introduced as part of the MAT standards implementation include:

- 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 7 and 9)
- Training delivered to staff on independent advocacy and social supports to increase the awareness of these supports and increase referrals (standard 8)

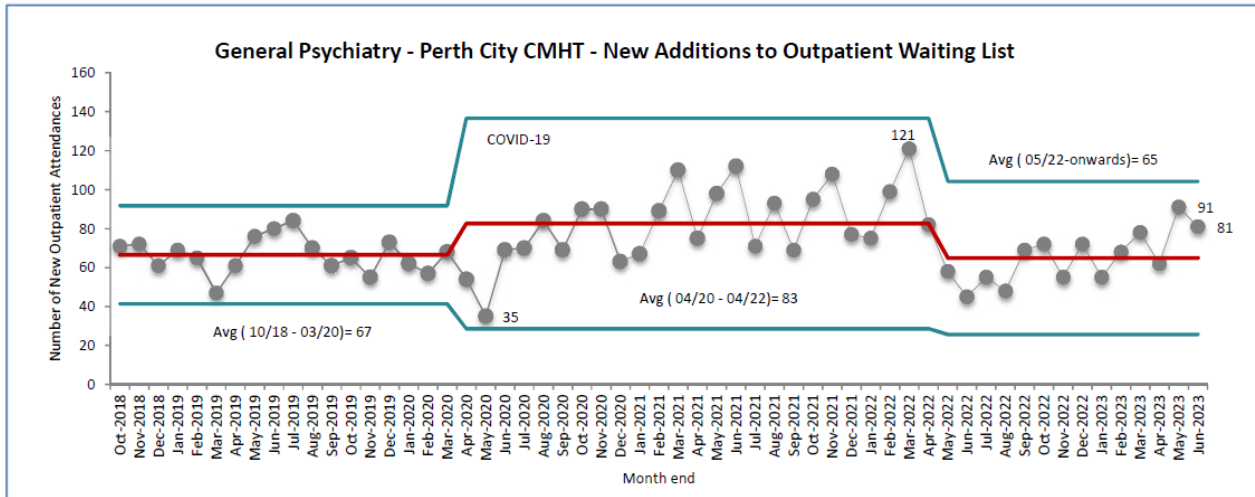
2.3.10 Mental Health

Community Mental Health Service Activity (PERTH CITY)

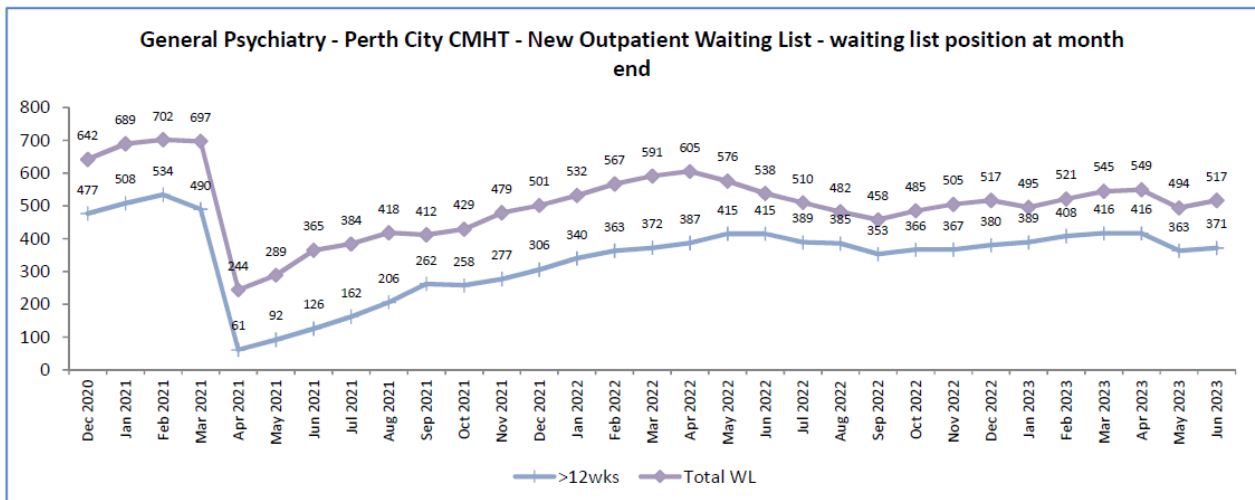
Volume of referrals received for vetting, including those vetted and returned, grouped by referral received month:



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

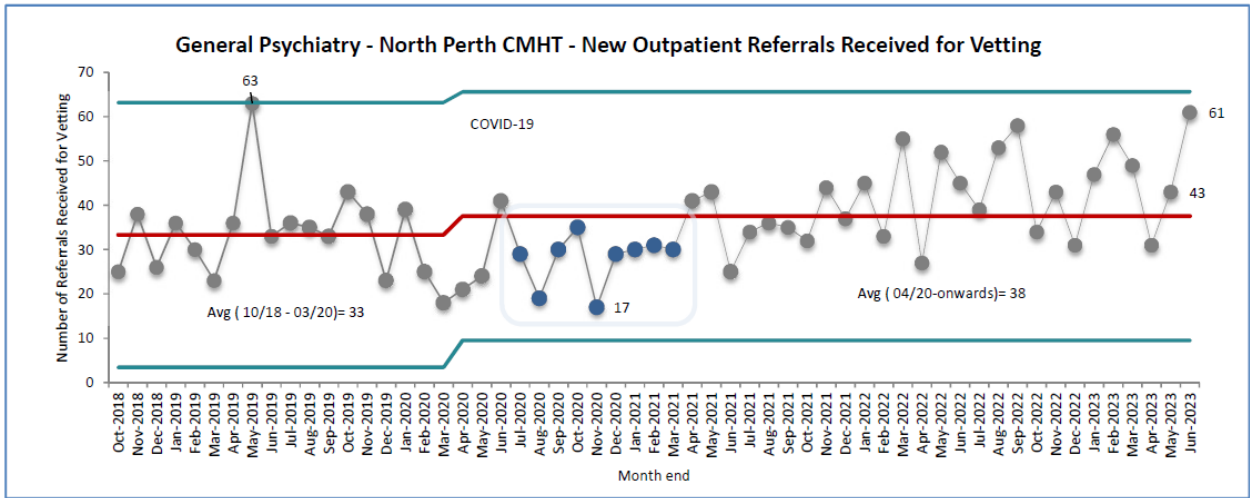


Snapshot of waiting list position at month end; total volume on waiting list and volume waiting over 12 weeks:

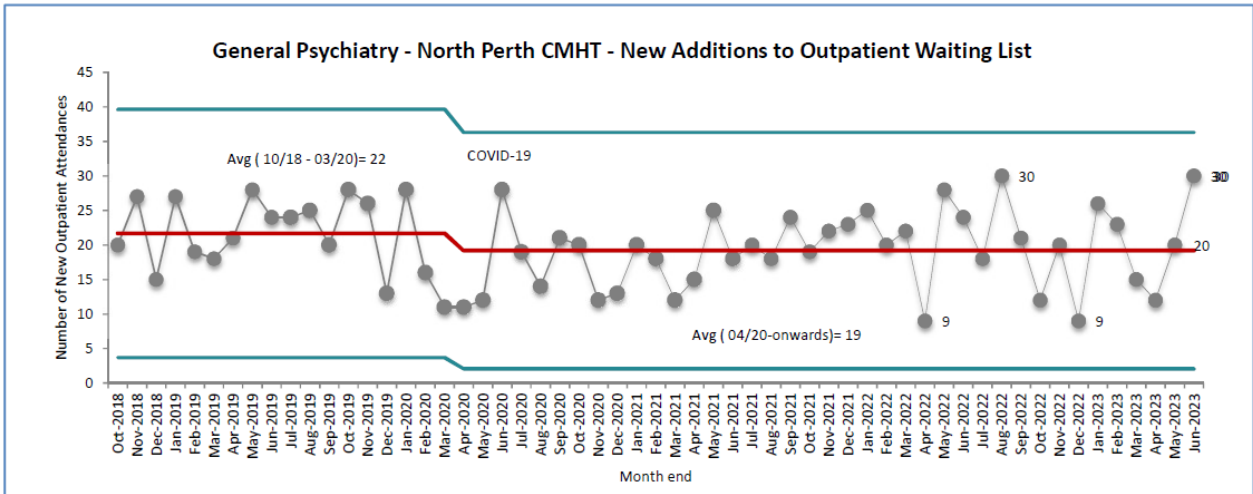


Community Mental Health Service Activity (NORTH)

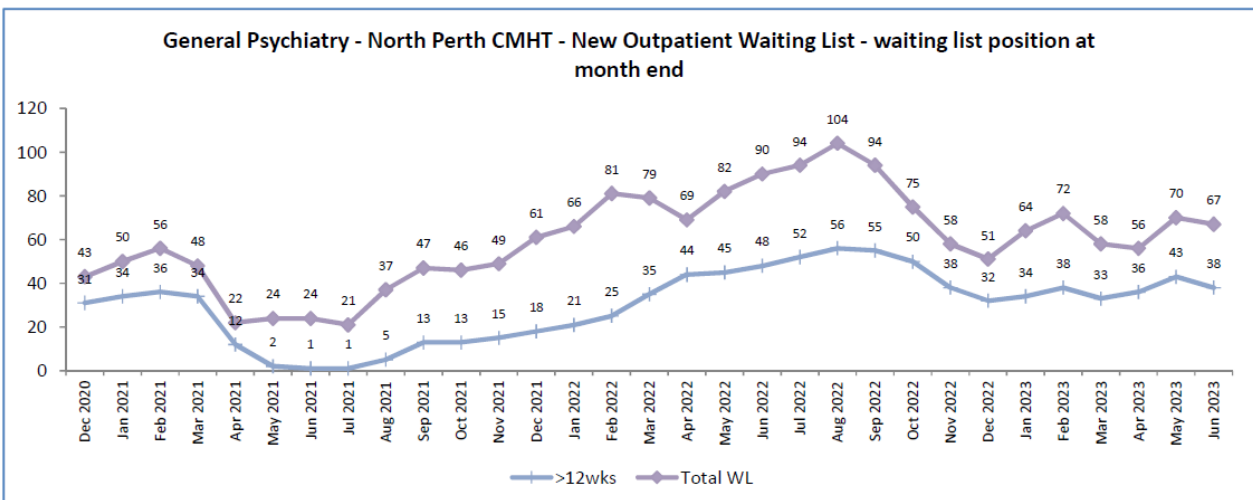
Volume of referrals received for vetting, including those vetted and returned, grouped by referral received month:



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

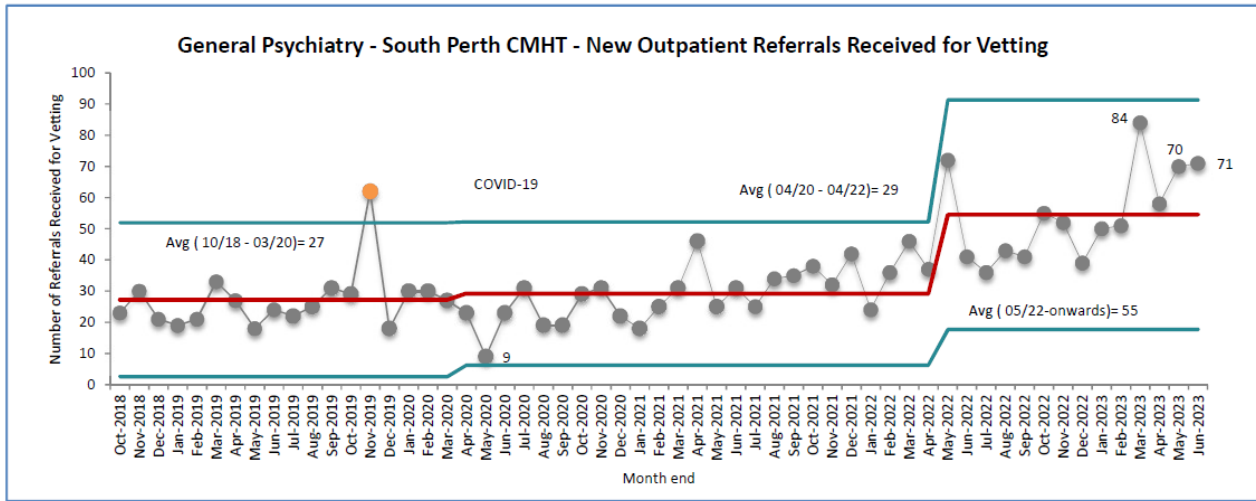


Snapshot of waiting list position at month end; total volume on waiting list and volume waiting over 12 weeks:

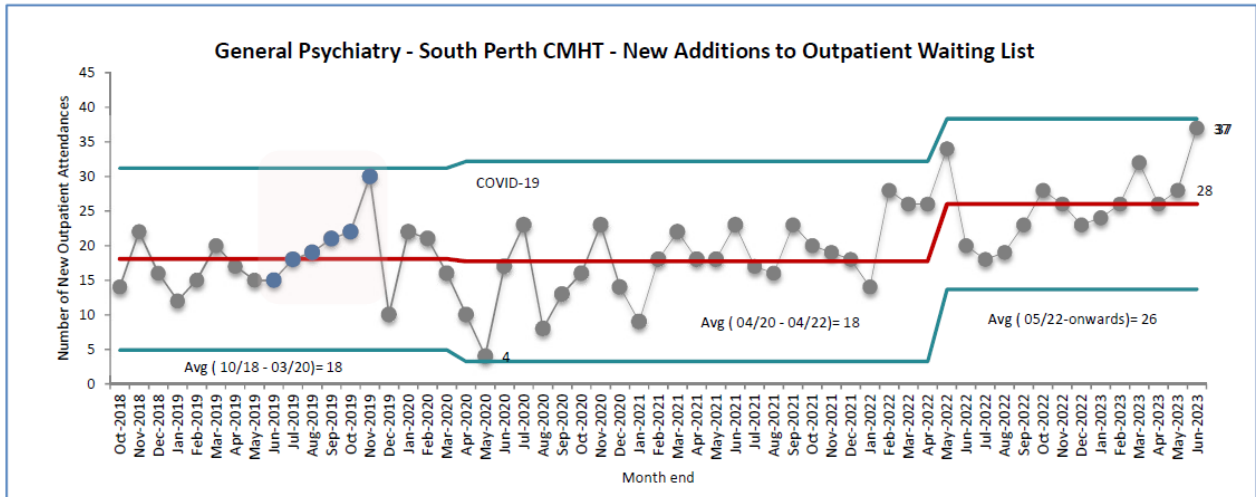


Community Mental Health Service Activity (SOUTH)

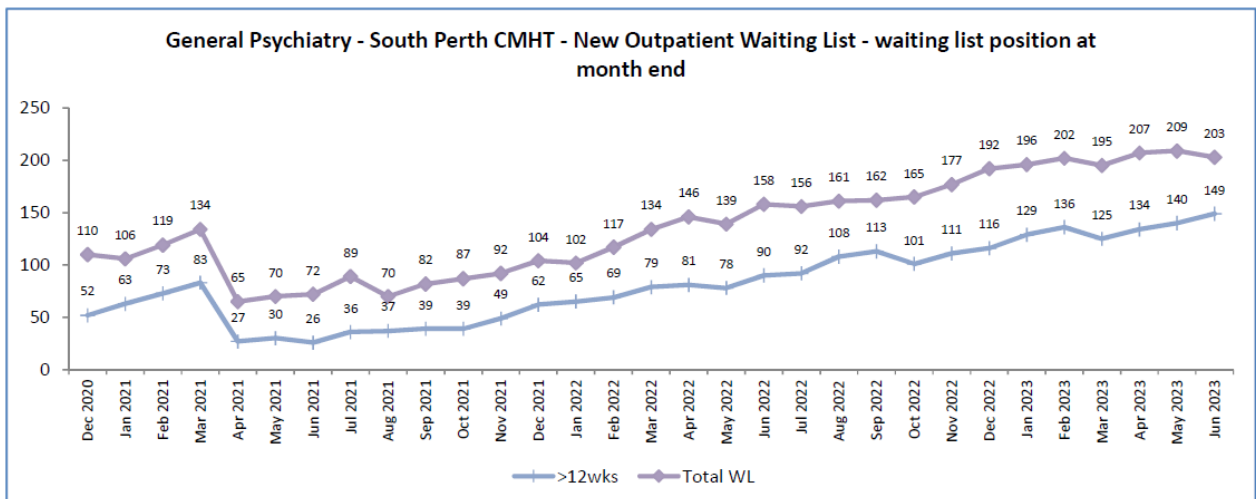
Volume of referrals received for vetting, including those vetted and returned, grouped by referral received month:



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.

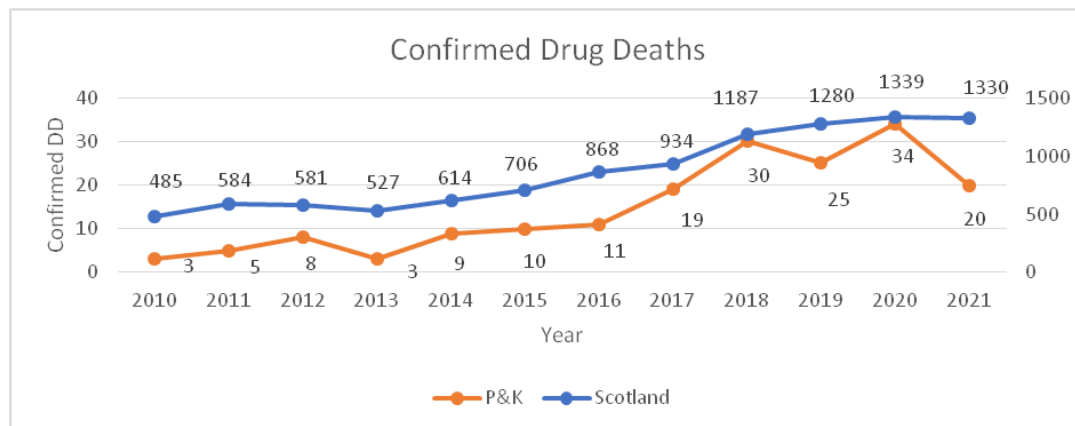
Paper copies were available at all local GP practices that Bridge of Earn patients were dispersed to, Community Care and Treatment centres, pharmacies, and identified community venues and noticeboards. P&K Community and Engagement workers attended many local events and were able to support people complete 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 the achievement of objectives in the area	Controls are applied continuously or with only minor lapses.	

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

Appendix 4– Clinical & Care Governance Arrangements

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

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

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

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

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

Exception reports received during the previous year have been:

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

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

* non submission of reports highlighted to manager for action

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

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

	2nd Cycle	3 rd Cycle	4 th 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	September 2020	November 2021	
POA Inpatients (added in cycle 3)		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)



WORK PLAN 2023/24
Perth & Kinross IJB – Audit and Performance Committee
18 September 2023
(Report No. G/23/118)

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 26 th 2023	Jul 31 st 2023 ¹	Sep 18 th 2023	Oct 30 th 2023 ²	Dec 11 th 2023	Mar 11 th 2024
Governance and Assurance									
Strategic Risk Management Update	✓		Chief Officer	✓		✓		✓	✓
Partnership Improvement Plan / Audit Recommendations Update		✓	Chief Officer			✓			✓
Internal Audit Annual Report and Assurance Statement		✓	Chief Internal Auditor	✓					
Internal Audit Reports 2022/23:									
• Leadership Capacity PKIJB 22-01		✓	Chief Internal Auditor				✓		
• Sustainability of Commissioned Service Providers		✓	Chief Internal Auditor				✓		
• Premises and Property PKIJB 22-03		✓	Chief Internal Auditor				✓		
Internal Audit Reports 2023/24: TBC									
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				✓		
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 Extra meeting for approval of Annual Accounts

Item	Standing Item	Non Standing Item	Responsibility	Jun 26 th 2023	Jul 31 st 2023 ¹	Sep 18 th 2023	Oct 30 th 2023 ²	Dec 11 th 2023	Mar 11 th 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	✓		✓	✓	✓	✓



RECORD OF ATTENDANCE 1 April 2023 – 31 March 2024
Perth & Kinross IJB – Audit and Performance Committee
18 September 2023
(Report No. G/23/119)

Members

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

In Attendance

Name	Designation	Organisation	26 Jun 23	31 Jul 23	18 Sept 23	30 Oct 23	11 Dec 23	11 Mar 24
Evelyn Devine	Head of Health	P&K HSCP	PRESENT	PRESENT				
Jacquie Pepper	Chief Officer	P&K HSCP		PRESENT				
Phil Jerrard	Governance & Risk Coordinator	P&K HSCP	PRESENT	PRESENT				
Marc Grant	Finance Team Leader	P&K HSCP	PRESENT					
Kirsten Molley	Acting Team Leader (Committee Services)	Perth & Kinross Council	PRESENT					
Audrey Brown	Corporate and Democratic Services	Perth & Kinross Council	PRESENT	PRESENT				
R Ramsey	Corporate and Democratic Services	Perth & Kinross Council	PRESENT	PRESENT				
Jessica Guild	Corporate and Democratic Services	Perth & Kinross Council		PRESENT				
Donna Mitchell	Interim Chief Finance Officer	P&K HSCP	PRESENT	PRESENT				
Jackie Clark	Chief Internal Auditor	Perth & Kinross Council	PRESENT					
Chris Jolly	Service Manager	P&K HSCP	PRESENT	PRESENT				
Kenny Ogilvy	Acting Head of Service ASWSC Operations	P&K HSCP	PRESENT	PRESENT				
Zoe Robertson	Acting Head of Service ASWSC Commissioning	P&K HSCP	PRESENT					
Dave Henderson	IJB Member			PRESENT				
Lyndsay Hunter	IJB Member			PRESENT				

