



Council Building  
2 High Street  
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17/06/2024

A hybrid meeting of the **Audit and Performance Committee of the Perth and Kinross Integration Joint Board** will be held in the **Council Chamber** on **Monday, 24 June 2024** at **09:30**.

If you have any queries please contact Committee Services - [Committee@pkc.gov.uk](mailto:Committee@pkc.gov.uk).

**Jacquie Pepper**  
Chief Officer – Health and Social Care Partnership

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

### **Members**

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



**Audit and Performance Committee of the Perth and Kinross Integration Joint  
Board**  
**Monday, 24 June 2024**

**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 11 MARCH 2024** 5 - 10  
(copy herewith)
  
  - 3.2 ACTION POINTS UPDATE** 11 - 12  
(copy herewith G/24/90)
  
  - 3.3 MATTERS ARISING**
  
- 4 PERFORMANCE**
  - 4.1 2023/24 FINANCIAL POSITION** 13 - 28  
Report by Chief Finance Officer (copy herewith G/24/91)
  
- 5 GOVERNANCE AND ASSURANCE**
  - 5.1 STRATEGIC RISK MANAGEMENT UPDATE** 29 - 50  
Report by Chief Finance Officer (copy herewith G/24/92)
  
  - 5.2 BEST VALUE: OUTCOME OF SELF ASSESSMENT** 51 - 66  
Report by Chief Finance Officer (copy herewith G/24/93)
  
  - 5.3 PARTNERSHIP IMPROVEMENT PLAN - UPDATE** 67 - 76  
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Report by Chief Internal Auditor (copy herewith G/24/95)

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<b>6</b>	<b>DRAFT ANNUAL ACCOUNTS 2023/24</b>	
<b>6.1</b>	<b>ANNUAL GOVERNANCE STATEMENT</b> Report by Chief Finance Officer (copy herewith G/24/97)	<b>85 - 98</b>
<b>6.2</b>	<b>UNAUDITED ANNUAL ACCOUNTS 2023/24</b> Report by Chief Finance Officer (copy herewith G/24/98 - Appendix 1 Revised)	<b>99 - 146</b>
<b>7</b>	<b>CLINICAL CARE GOVERNANCE</b>	
<b>7.1</b>	<b>CLINICAL AND CARE GOVERNANCE ASSURANCE</b> Report by Chief Officer (copy herewith G/24/99)	<b>147 - 204</b>
<b>8</b>	<b>FOR INFORMATION</b>	
<b>8.1</b>	<b>AUDIT AND PERFORMANCE COMMITTEE WORKPLAN 2024/25</b> (copy herewith G/24/100)	<b>205 - 206</b>
<b>8.2</b>	<b>AUDIT AND PERFORMANCE COMMITTEE RECORD OF ATTENDANCE 2023/24</b> (copy herewith G/24/101)	<b>207 - 208</b>
<b>9</b>	<b>PRIVATE DISCUSSION</b>	
<b>10</b>	<b>DATE OF NEXT MEETING</b> Monday 29 July 2024 (Annual Performance Report)	

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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 via Microsoft Teams on Monday 11 March 2024 at 10.00am (delayed 30 minutes due to technical issues in Council Chambers).

**Present:** Councillors S McCole (Chair) and D Illingworth (both Perth and Kinross Council) and B Campbell (Carer Public Partner).

**In Attendance:** L Hunter (IJB Member), D Mitchell, Chief Finance Officer, M Grant, P Jerrard, C Jolly, G Morrison, K Ogilvy (all Perth and Kinross Health and Social Care Partnership); J Clark (Chief Internal Auditor); M Bruce (External Audit); S Hendry, A Taylor, A Brown and M Pasternak (all Corporate and Democratic Services, Perth and Kinross Council).

**Apologies:** B Hamilton and M Black (both NHS Tayside Board); S Watts (Third Sector Forum); and J Pepper, Chief Officer – Health and Social Care Partnership

Councillor S McCole, Chair.

### **1. WELCOME AND APOLOGIES**

Councillor S McCole welcomed all those present to the meeting and apologies for absence were submitted and noted as above.

### **2. DECLARATIONS OF INTEREST**

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

### **3. MINUTES**

#### **3.1 MINUTE OF MEETING OF THE AUDIT AND PERFORMANCE COMMITTEE OF 11 DECEMBER 2023 FOR APPROVAL**

The minute of meeting of the Audit and Performance Committee of the Perth and Kinross Integration Joint Board of 11 December 2023 was submitted and approved as a correct record.

#### **3.2 ACTION POINTS UPDATE**

The Action Points Update (Report G/24/25) was submitted and updates provided thereon.

#### **3.3 MATTERS ARISING**

There were no matters arising.

## **4. PERFORMANCE**

### **4.1 2023/24 FINANCIAL POSITION**

There was submitted a report by the Chief Finance Officer (G/24/26) providing an update on the projected financial position based on the period 1 April 2023 to 31 December 2023.

B Campbell referred to Paragraph 3.9 and expressed some concern around the underspends in Day Care and more specifically Respite Care and queried whether this was down to the lack of challenges people were facing accessing these services instead of a lack of demand for them. In response, K Ogilvy confirmed that the underspend in relation to Respite Care is certainly not down to a lack of demand for this service but more down to people choose particular care homes in certain geographical areas. He also confirmed that the Policy and Commissioning Team were looking into these issues further with a view to trying to resolve them.

Councillor McCole referred to the projected reserves position and queried what this would be in terms of a percentage. In response, D Mitchell confirmed that the £4.0m project general reserve level would be 1.6% of the budget which is currently below the reserves policy aspirations.

#### **Resolved:**

- (i) The overall projected out-turn for 2023/24 based on financial performance to 31 December 2023, be noted.
- (ii) It be noted that the Chief Officer and Executive Management Team are working on actions to mitigate cost pressures in the current year.
- (iii) The financial risks as detailed in Section 6 of Report G/24/26, be noted.

### **4.2 KEY STRATEGIC PERFORMANCE INDICATOR REPORT – QUARTER THREE**

There was submitted a report by the Chief Officer (G/24/27) providing an update on strategic performance and the delivery of approved outcomes when considering our Learning Disability and Autism Strategy.

Councillor McCole expressed her congratulations to the team on the work that has been carried out on Learning Disability and Autism. She also referred to how data is gathered and queried whether this is collected solely by speaking to service users or whether discussions take place with family members / guardians. In response, G Morrison confirmed that information was gathered from both service users and family members / guardians not only via the survey but also through Strategic Groups, Consultations and Workshops.

Councillor Illingworth referred to Appendix 1.2, specifically the two National Indicators on emergency admissions that are showing red and queried what strategies are being put in place to try and reduce the admissions. In response, K Ogilvy confirmed that there was currently a lot of work ongoing to try and reduce the number of people being admitted to hospital in emergency situations. He also advised that during the current budget setting process, the emphasis is on trying to keep funding available to keep community-based services up to full capacity and

working as effectively as possible to try and reduce the risk of people being unnecessarily admitted to hospital utilising our LINK Service.

**Resolved:**

- (i) The Health and Social Care Partnership's strategic performance in relation to the core suite of integration indicators, as detailed in Report G/24/27, be noted.
- (ii) The progress made in the delivery of the outcomes defined within the Learning Disability and Autism Strategy, including the addition of a new outcome as detailed in Appendix 2 to Report G/24/27, be noted.

## **5. GOVERNANCE AND ASSURANCE**

### **5.1 STRATEGIC RISK MANAGEMENT UPDATE**

There was submitted a report by the Chief Officer (G/24/28) providing updates on (1) the Integration Joint Board Strategic Risk Register; (2) the progress of the improvement actions being taken to improve the overall control environment to further mitigate risk; and (3) on new or emerging risks and any material changes to existing risks.

Councillor Illingworth referred to SR04 – Sustainable Capacity and Flow and queried whether this should also be marked 'red' given that SR01 and SR02 are both red and can have a significant impact on Sustainable Capacity and Flow. In response, K Ogilvy advised that it is a very fluid situation which is monitored on a near hourly basis with work continually being carried out via a variety of measures to mitigate any detrimental impact either SR01 or SR02 have on Sustainable Capacity and Flow.

**Resolved:**

- (i) The increase in risk exposure for SR06 Viability of Commissioned providers, be noted.
- (ii) The new narrative as set out at Section 3.4 for Strategic Risk SR11 – Sustainability of Primary Care Services Strategic Risk, be noted.
- (iii) The new strategic risk SR15 as set out at Section 3.5 of Report G/24/28, concerning the Whole System Mental and Learning Disabilities Change Programme, be noted.
- (iv) The IJB's Strategic Risk Register and Strategic Risk Improvement Plan as detailed in Report G/24/28, be approved.

### **5.2 INTERNAL AUDIT PROGRESS REPORT**

There was submitted a report by the Chief Internal Auditor (G/24/29) providing an update on progress in relation to Internal Audit's planned activity.

**Resolved:**

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

### **5.3 AUDIT STRATEGY**

There was submitted a copy of the Perth and Kinross Integration Joint Board Annual Audit Plan 2023/24 (G/24/30) providing a summary of the work plan for their 2023/24 external audit.

M Bruce from Audit Scotland provided the Committee with a summary of the main headlines of the plan and answered questions from members.

**Resolved:**

The contents of Report G/24/30 be noted.

### **5.4 EXTERNAL AUDIT – PROPOSED AUDIT FEES 2023-24**

There was submitted a report by the Chief Finance Officer (G/24/31) presenting the proposed External Audit Fee for 2023/24 for approval.

Councillor Illingworth referred to the rebate detailed in Table 1 of Paragraph 2.4 and queried why there was a significant reduction from the 2022/23 audit. In response, D Mitchell confirmed this was down to reduced travel and subsistence costs. M Bruce also confirmed that to be more efficient and effective more work is now being carried out on-site therefore this results in increased travel and subsistence costs.

**Resolved:**

- (i) Audit Scotland's explanation for the increase in base fee, be noted.
- (ii) The proposed External Audit fee for 2023/24 as detailed in Report G/24/31, be approved.

## **6. CLINICAL CARE GOVERNANCE**

### **6.1 CLINICAL AND CARE GOVERNANCE ASSURANCE**

There was submitted a report by the Chief Officer (G/24/32) 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).

**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/24/32, be noted.
- (ii) The arrangements in place for providing the IJB with assurance that effective and robust systems of Clinical, Care and Professional Governance are in place, as detailed in Report G/23/176, be noted.
- (iii) It be noted that NHS Tayside's Care Governance Committee received a full report regarding Clinical and Care Governance as detailed in Appendix 1 of Report G/24/32 on 5 December 2023 where it was agreed the report provided reasonable assurance.
- (iv) It be noted that Perth and Kinross Council's Scrutiny and Performance Committee received the same full report regarding Clinical and Care



Governance as detailed in Appendix 1 of Report G/24/32 on 31 January 2024 where it was agreed the report provided reasonable assurance.

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

## **7. FOR INFORMATION**

There were submitted and noted the following reports for information:

### **7.1 PERTH AND KINROSS IJB AUDIT AND PERFORMANCE COMMITTEE WORK PLAN 2022/23 (G/24/33)**

### **7.2 PERTH AND KINROSS IJB AUDIT AND PERFORMANCE COMMITTEE WORK PLAN 2024/25 (G/24/34)**

### **7.3 PERTH AND KINROSS IJB AUDIT AND PERFORMANCE RECORD OF ATTENDANCE 2022/23 (G/24/35)**

## **8. PRIVATE DISCUSSION**

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

## **9. DATE OF NEXT MEETING**

Monday 24 June 2024 at 9.30am.





**ACTION POINTS UPDATE**  
**Perth & Kinross IJB – Audit and Performance Committee**  
**24 June 2024**  
**(Report No. G/24/90)**

Ref.	Min. Ref.	Meeting	Action	Responsibility	Timescale	Revised Timescale	Update/Comments
52	4.1	26/06/23	One off agenda item/presentation on staffing issues to be considered.	Chief Officer	11/12/23	-	Action complete. This issue was covered in the 3 year workforce plan update to the IJB on 5 June 2024.
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	23/09/24	EMT will review the objectives within the new strategic plan to ensure strategic risks are refreshed and relevant. In addition, the IJB's risk appetite is currently being reviewed. This is projected for completion mid 2024/25. Following this, the Local Risk Management Framework will be reviewed and updated accordingly. Once these pieces of work have concluded, this action will be able to be progressed. Timescale has been revised accordingly.
56	5.2	18/09/23	'RAG' status of Partnership Improvement Plan to be updated to reflect all statuses.	Chief Officer	11/03/24	24/06/24	Action complete.





## PERTH & KINROSS INTEGRATION JOINT BOARD

### AUDIT & PERFORMANCE COMMITTEE

24 June 2024

### 2023/24 FINANCIAL POSITION

Report by the Chief Finance Officer  
(Report No. G/24/91)

#### PURPOSE OF REPORT

This report provides the Audit and Performance Committee with an update on the financial position at the end of the financial year 2023/24. It also provides an update on the level of reserves to be carried forward to 2024/25.

#### 1. RECOMMENDATIONS

It is recommended that the Audit & Performance Committee:

- (i) Notes the overall outturn for 2023/24 based on financial performance to 31 March 2024;
- (ii) Notes the expenditure against earmarked reserves and the level of reserves to be carried forward to 2024/25;

#### 2. SUMMARY POSITION

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

- 2.3 The Audit & Performance Committee receives regular reporting on the financial position throughout the year, this report provides the fourth financial update for 2023/24.
- 2.4 As detailed within Appendix 1 to this report, the year end financial position for the IJB in 2023/24 is an overspend of £4.814m. This is an improvement of £0.629m in comparison to the position last reported in March 2024 (Report G/24/26).
- 2.5 The main causes of spend above plan was driven by the following:
- the provision of additional capacity within Older People Services mainly in Care at Home, Inpatient Community Hospitals and Inpatient Wards at PRI;
  - increased expenditure within GP Prescribing;
  - share of overspend against 2C practices in Angus and Dundee;
  - share of overspend within Out of Hours with Angus IJB as the lead partner.

	Approved Budget 2023/24	Forecast Position Month 9	Final Position Month 12
	Over / (Under) £m	Over / (Under) £m	Over / (Under) £m
Prescribing	2.230	3.040	2.847
Undelivered Savings	0.904	0.740	0.740
Review of Contributions Policy	0.708	0.708	0.708
Older People Services	-	2.541	2.910
Adult Services	-	(1.090)	(1.604)
2C Practices (Dundee & Angus)	-	0.401	0.401
Out of Hours (share)	-	0.499	0.575
Other Areas	-	(1.396)	(1.763)
<b>Sub-Total</b>	<b>3.842</b>	<b>5.443</b>	<b>4.814</b>
Approved Use of Reserves	(3.842)	(4.783)	(4.814)
<b>Final Position</b>	<b>-</b>	<b>0.660</b>	<b>-</b>

- 2.6 The table above indicates an overall underspend reported on Other Areas. This is mainly driven by Lead Partner Arrangements hosted by Perth & Kinross, covering Prison Services, Dental Services and Podiatry. Ongoing challenges in recruiting to vacancies and retention of staff within the Prison and Podiatry services has led to an overall underspend of (£1.040m) in 2023-24, and is described in more detail at Section 3.27 of this report.

2.7 As per the Integration Scheme, in the event financial recovery actions are unsuccessful, the IJB uncommitted reserves must firstly be used to address any overspend. General reserves totalling £4.814m have been used to address the overspend reported in 2023-24, as outlined in the table at Section 2.5.

### 3. MAIN VARIANCES

3.1 As detailed at Section 2.4 (above), the overall final outturn, before the application of general reserves was an overspend of £4.814m.

	Final Position Month 12 Over / (Under) £m
Health Services	2.774
Social Care Services	2.040
<b>Funded by General Reserves</b>	<b>(4.814)</b>
<b>Total</b>	<b>-</b>

#### Older People

3.2 The actual overspend, prior to use of reserves, on older people services is £2.910m. This has increased by £0.369m from the position reported at Month 9. This is a result of continued demand experienced within Direct Payments providing Care at Home; an increase in costs associated with interim care placements due to delays in the commencement of alternative care arrangements; and additional supplementary staffing costs within Psychiatry of Old Age in relation to varying levels of patient acuity.

3.3 Capacity within Care at Home had been increased in response to whole system pressures in 2023/24. This included the extension and expansion of the Early Discharge Project to support the HSCP Winter Plan to 31 March 2024. Recruitment challenges across Perth & Kinross in 2023/24 led to higher rates of pay and agency staff being required. The overall capacity is above planned level and coupled with the increased demand in Direct Payments providing Care at Home, is mainly driving the overspend against budget of £2.682m.

3.4 Older People Residential and Nursing Placements is reporting an overspend of £0.643m at Month 12. This is a reduction of £0.084m from the position reported at Month 9. The decrease in overspend relates to changes in the balance of free personal care and full cost clients, rather than a reduction in client numbers, with client numbers and demand remaining high. The increase in placements throughout 2023/24 is understood to be driven by increasing confidence post covid, an improvement in the Psychiatry of Old Age discharge process resulting increase in Nursing EMI placements, and a reduction in the number of people waiting an assessment. It should be noted that an increase in placements is in contrast with the Older People Strategic Plan assumptions. Although this has been partially addressed through the 2024/25 IJB budget setting process, this will require close monitoring in the new financial year.

- 3.5 Medicine for the Elderly inpatient services reported an overspend of £1.317m at Month 12. This was due to supplementary staffing costs and the use of bank and agency to cover vacancies within the core bed model. In addition, due to pressure experienced throughout the financial year, the bed base in Tay and Stroke wards had been temporarily increased to support capacity and flow. Whilst the HSCP Winter Plan approved the extension of the additional beds in Tay Ward to 31 March 2024, Tay Ward returned to its substantive bed base of 14 at the end of February 2024. Stroke Ward was expected to revert to its substantive bed base of 18 at December 2023, however, the ward is still experiencing high demand and is operating with 4 additional beds. The total overspend was partially offset by Covid-19 funding, carried forward from 2022/23 (£0.642m) and other non-recurring funding of (£0.245m). The Scottish Government had authorised remaining Covid funding held within earmarked reserves to be allocated against costs incurred due to system pressures.
- 3.6 Community Hospitals across P&K reported an overspend of £0.787m. This is an increase of £0.089m from the position reported at Month 9. This is mainly due to increased costs for supplementary staffing and the one off purchase of specialist supplies. The overspend in year was mainly driven by staff costs in St. Margarets (£0.233m) and Crieff Hospital (£0.336m) due to significant use of agency and supplementary staffing to cover high levels of vacancies and sickness. Financial recovery measures and other initiatives to explore alternatives to supplementary staffing will continue into the new financial year.
- 3.7 The Psychiatry of Old Age (POA) service reported an underspend of £0.160m at Month 9, which is a decrease of (£0.085m) from the position last reported. This movement is mainly due to high level of patient acuity leading to increased supplementary staffing use as well as a new consultant starting earlier than previously anticipated. The underspend reported is mainly due to income associated with Angus patients being admitted to Perth & Kinross POA wards, due to the non-operational ward in Angus. This arrangement continued until 31 March 2024.
- 3.8 There was a considerable underspend reported within the Urgent Care and Hospital at Home Services of £0.400m mainly due to continued difficulty in recruiting to vacant posts. The position also benefitted from one-off Scottish Government funding for Hospital at Home. A request for £0.248m of funding was approved to support Hospital at Home throughout winter and until March 2024, however this was dependant on reaching a certain level of occupied beds. Due to staff shortages, those initial targets were not met by 31 March 2024 and the total income received from Scottish Government was £0.200m.
- 3.9 Underspends across several other older people services have partially offset the overall position. Community Nursing is reporting an underspend on staff costs of £0.306m. This was driven by a number of vacancies throughout the year. Day Care also reported a significant underspend of £0.222m, with slippage in the early part of this financial year and continued vacancies largely responsible for this position. Underspends in Public Transport and Respite



due to uptake being lower than budgeted equates for a further £0.183m underspend.

### **Adult Services**

- 3.10 The final position reported on adult services is a £1.604m underspend. This is an increase of £0.514m from the underspend reported at Month 9. This movement is mainly driven by further delays in client packages commencing within supported living projects and block contracts, further slippage reported within the General Adult Psychiatry staffing budgets following unanticipated staffing movements as well as lower than anticipated transition costs for an out of area placement.
- 3.11 The final underspend on staffing is £0.737m. This was driven by vacancies in the early months of the financial year across several services. Although there was progress throughout the year with a number of vacancies being filled, further slippage was experienced across the services with a number of vacancies remaining unfilled at the end of the financial year.
- 3.12 The final underspend on packages of care and other support is £0.867m. This underspend is mainly due to delays experienced in the commencement of planned care packages and lower than anticipated costs from providers. The transformation of complex care programme continues to redesign the way services are provided for people with complex needs. This transformation has been further supported in year using one-off Community Living Change Funding.

### **Other Community Services and Management**

- 3.13 The final financial position across other community services and management is a £0.773m underspend.
- 3.14 Locality and Early Intervention and Prevention teams reported an underspend of £0.317m on staff costs due to staff turnover, delays in recruitment experienced and vacancies in the financial year. This is an increase of £0.046m from the position last reported. This reflects further vacancies and fluctuations in staffing in the final few months of the financial year.
- 3.15 The remainder of the underspend mainly relates to slippage on the Primary Care Resilience Team following significant delays in recruitment and slippage within other support services.

### **Prescribing**

- 3.16 The final overspend reported on GP Prescribing is £2.847m. The IJB's 2023/24 budget planned for a £2.230m overspend and approved the use of general reserves to meet that pressure. This overspend is a decrease of £0.193m from the position reported at Month 9, which was mainly driven by a price reduction in apixaban from September 2023 now being reflected within the position.

- 3.17 National Services Scotland (NSS) had been working towards delivering a new prescribing management system. As highlighted in previous reports, there have been considerable technical issues in the go live phase of the project. This had resulted in longer than normal delays in receiving prescribing cost and volume data throughout 2023/24. This position has now stabilised and information flows have now caught up to the usual level of 2 months in arrears. However, issues remain in the information, which most notably led to unanticipated additional costs following the discovery of an underpayment to pharmacy contractors, relating to catheters and appliances, dating back to May 2023.
- 3.18 Buvidal is an alternative to methadone and was initially funded by the Scottish Government. This funding ceased and costs are expected to be managed within existing prescribing budgets. The additional expenditure associated with this was £0.278m and has been met non-recurringly by ADP funding in 2023/24. This cost has been included in the 2024/25 budget and will be offset non-recurringly by ADP funding.

### **General Medical Services**

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

This is currently being progressed through 3 routes:

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

- 3.20 Progress has been made on the above outlined routes with intensive work undertaken in relation to:
- furthering understanding of allocations and current commitments,
  - working with support teams,
  - moving towards a more localised ownership and visibility of GMS.

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

- 3.21 The final position for GMS in 2023/24 included a share of £0.401m of the 2C overspend. In recognition of the ongoing review of risk share, an interim reduction to the Perth & Kinross IJB has been applied. This reduction reflects the expectation that any future agreement will reduce Perth & Kinross IJB's exposure to financial risk.

## Savings

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

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

- 3.23 Any further shortfall in delivery of savings or delay in progress in the upcoming financial year will impact the future financial plan and the IJBs ability to deliver on Strategic Plan objectives. The above table highlights that in 2023/24, 57% 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.
- 3.24 Progress on the savings funded non-recurringly in 2023/24 and further savings agreed as part of the 2024/25 IJB Budget set on 20<sup>th</sup> March 2024 (Report G/24/45), will be reported regularly to this committee throughout the upcoming financial year.

### Lead Partner Arrangements (Hosted Services)

- 3.25 Lead Partner arrangements (formerly referred to as Hosted Services) exist across the 3 Tayside IJBs. Each IJB provides lead arrangements for specific 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.
- 3.26 Detail of the services and the final financial position for 2023/24 is provided in Appendix 2. The overall Perth & Kinross IJB share is a £0.110m overspend, which is a small reduction (£0.036m) in the overspend reported at Month 9.
- 3.27 For Perth & Kinross lead services, an overall underspend of £1.040m is reported. Staffing underspend continued to be the main contributing factor to this position. Prison Healthcare, Dental and Podiatry continue to carry a number of vacancies due to staff turnover and recruitment challenges. The

Prison Healthcare staffing underspend was partially offset by increased costs for management of the new pharmacy contract, costs related to the roll out of Bupropion and the continued use of agency and bank staff to cover the vacant GP provision.

- 3.28 The main area of overspend relates to the Out of Hours service with Angus IJB as the lead partner. The Out of Hours service has seen changes in demand, during and since Covid-19, resulting in significant increased costs. Whilst the number of clinician-patient contacts is similar post Covid-19 to pre Covid-19, the consultation times are longer due to more complex cases. The associated increased costs were supported by Scottish Government Covid-19 funding until March 2023. The service has reported an in year overspend of £1.714m (P&K's share is £0.574m) and a recurring pressure of c£1.4m. The initial financial recovery plan has been shared with Angus' Executive Management Team and a further update is due early within the new financial year.

#### **4. INPATIENT MENTAL HEALTH**

- 4.1 Inpatient Mental Health and Learning Disability Services are delegated to the 3 Tayside IJBs, having previously been hosted by Perth & Kinross. In early 2020, the operational management of these services was returned to NHS Tayside, however under health and social care integration legislation, the strategic planning of these services remains delegated to the 3 Tayside IJB's as per the revised integration scheme approved in June 2022.
- 4.2 Currently, there is no recurring budget delegated to the IJB's for Inpatient Mental Health and Learning Disability Services and the service reported a final overspend of c£5.1m across Tayside in 2023/24. However, given the IJB's have strategic planning responsibility for the services, there is a requirement to show a delegated budget and spend position within the IJB annual accounts.
- 4.3 Agreement had been reached by the 3 IJB Chief Officers, Chief Finance Officers, Chief Executives of the 3 local authorities, Chief Executive of NHS Tayside and the NHST Tayside Director of Finance for a funding solution in 2023/24. This was considered by the P&K IJB in February 2024. The IJB subsequently gave approval to release funding held within earmarked reserves of £0.650m, originally provided by NHS Tayside, to contribute to the overall service shortfall. The impact of this has been reflected within Section 5 and Appendix 3 to this report.
- 4.4 The funding outlined above supports the financial stabilisation of the service in 2023/24 as work progresses to develop a deliverable financial recovery plan and future financial framework over 2024/25 and beyond, reflecting a shift in the balance of care from inpatient services to community based provision.
- 4.5 It was previously reported to this committee that a potential additional funding commitment of up to £0.125m may also be required in 2023/24 should Inpatient Mental Health Services be unable to reduce spend over the

remainder of the financial year. However, the overall overspend of £5.1m was lower than the overspend of c£5.6m reported at Month 9, meaning a further contribution of only £0.020m was required from P&K. This has been funded from general reserves. The total contribution from P&K towards the Inpatient Mental Health and Learning Disability Services overspend in 2023/24 was, therefore, £0.670m.

## **5. RESERVES**

- 5.1 The IJB holds both earmarked and unearmarked (general) reserves. In April 2023 the earmarked reserve balance was £7.3m. This is fully committed for future years.
- 5.2 A balance of £0.6m Covid-19 funding was carried forward from 2022/23 into this financial year. The Scottish Government has authorised Perth & Kinross IJB to apply this funding against incurred system pressure costs in 2023/24. As noted in section 3.5, this has been applied to older people services.
- 5.3 As mentioned in Section 4, the IJB approved the release of funding held within earmarked reserves of £0.650m, originally provided by NHS Tayside, to contribute to the overall Inpatient Mental Health service shortfall. In addition, an additional contribution of £0.020m towards the Inpatient Mental Health service overspend of c£5.1m has been made, funded from general reserves. This has been reflected within Appendix 3.
- 5.4 The unearmarked (general) reserve balance in April 2023 was £9.5m. The IJB had approved the use of reserves for specific purposes (amount required £4.8m). This reduces the IJBs general reserve balance to £4.7m and 1.9% of the IJBs net expenditure budget. This is below the IJB's 2% reserve policy to maintain an adequate reserve to support unanticipated expenditure pressures.
- 5.5 The last report to this committee advised that there was the considerable likelihood that reserves would be required to support transformation and to balance the IJB Budget in 2024/25. Approval for this was sought from the IJB on 20 March 2024, with £1.448m of general reserves approved to balance the 2024/25 budget. If required, this will reduce the general reserve balance available to c£3.3m. This has been reflected within Appendix 3.

## **6. FUTURE RISKS**

- 6.1 The Perth & Kinross IJB 2024/25 Budget Report (Report G/24/45) detailed the current financial risks facing the organisation and these risks remain unchanged.
- 6.2 In addition, national reforms included in the Agenda for Change Pay Deal for 2023-24 committed to a reduction in the working week from 37.5 hours to 37 hours, protected learning time for staff and a review of Band 5 nursing roles, could lead to a future cost pressures in 2024/25 and beyond. Although the Scottish Government have committed funding of £200m to Health Boards

nationally to fund this, it is estimated this is significantly short of the amount required. Additionally, this funding has only been earmarked as non-recurring. Discussions are continuing with Chief Finance Officers and the Scottish Government and updates will be reported regularly to this committee throughout 2024/25.

## 7. 2024/25 : 2026/27 BUDGET UPDATE

- 7.1 On 20 March 2024 the IJB approved the budget for 2024/25 and noted the provisional budgets for 2025/26 and 2025/27. The 2024/25 (year 1) budget required the use of £1.448m of general reserves to balance, with years 2 and 3 identified further recurring gaps.
- 7.2 Considerable work is underway to develop plans for delivering upon the savings and efficiencies identified within the budget. Transformation work is underway with a view to strategically identifying and delivering on opportunities to transform the services we deliver in Perth & Kinross. Additional sessions have also been arranged with the IJB Budget Review Group, with the first of these sessions taking place on 7 May 2024. These sessions provide the opportunity for the IJB Budget Review Group to provide challenge, feedback, and scrutiny on progress to date and the ability and foresight to plan ahead for the 2025/26 budget and beyond.

## 8. CONCLUSION

- 8.1 The overall projected outturn for 2023/24, before the application of general reserves is an overspend of £4.814m. The Chief Officer and Executive Management Team will continue into 2024/25 to work on actions to mitigate cost pressures across the service where possible.

### Author(s)

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Donna Mitchell	Chief Finance Officer	

### Appendices

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

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

P&K Position as at 31st March 2024

	March Actual Position					
	Health		Social Care		Health & Social Care Partnership	
	Budget £'000	Final Out-turn Over / (Under) £'000	Budget £'000	Final Out-turn Over / (Under) £'000	Budget* £'000	Final Out-turn Over / (Under) £'000
Older People Services	31,008	175	58,017	2,735	89,025	2,910
Adult Services	6,390	(549)	32,258	(1,055)	38,648	(1,604)
Other Community Services	0	0	5,135	(317)	5,135	(317)
Management/Commissioned/Other	22,351	(425)	(12,812)	(31)	9,539	(456)
Undelivered Savings	0	740	0	708	0	1,448
<b>Sub-Total Hospital &amp; Community Health</b>	<b>59,749</b>	<b>(59)</b>	<b>82,598</b>	<b>2,040</b>	<b>142,347</b>	<b>1,981</b>
P&K IJB Lead Partner	9,966	(1,040)	0	0	9,966	(1,040)
Dundee & Angus Lead Partner Recharges In/Out	7,648	1,150	0	0	7,648	1,150
<b>Sub-Total Lead Partner Arrangement</b>	<b>17,614</b>	<b>110</b>	<b>0</b>	<b>0</b>	<b>17,614</b>	<b>110</b>
GP Prescribing/Other FHS	27,997	2,847	0	0	27,997	2,847
General Medical Services/ Family Health Services	52,910	(124)	0	0	52,910	(124)
<b>Sub-Total Perth &amp; Kinross HSCP</b>	<b>158,270</b>	<b>2,774</b>	<b>82,598</b>	<b>2,040</b>	<b>240,868</b>	<b>4,814</b>
<b>Approved Use of General Reserves in 2023-24</b>	<b>0</b>	<b>(2,774)</b>	<b>0</b>	<b>(2,040)</b>	<b>0</b>	<b>(4,814)</b>
<b>Total Perth &amp; Kinross HSCP</b>	<b>158,270</b>	<b>0</b>	<b>82,598</b>	<b>0</b>	<b>240,868</b>	<b>0</b>

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





**LEAD PARTNER ARRANGEMENT POSITION****Appendix 2**

as at 31 March 2024

	Annual Budget	Final Variance Over / (Under)
	£'000	£'000
<b>LEAD PARTNER SERVICES PERTH &amp; KINROSS</b>		
Prison Healthcare	5,137	(85)
Podiatry	3,695	(391)
Dental	2,763	(537)
Balance of Savings Target/Uplift Gap	72	(27)
<b>Grand Total</b>	<b>11,667</b>	<b>(1,040)</b>
	Annual Budget	Final Variance Over / (Under)
	£'000	£'000
<b>LEAD PARTNER SERVICES DUNDEE</b>		
Palliative Care	7,818	290
Brain Injury	2,048	11
Homeopathy	39	10
Psychology	7,378	(55)
Psychotherapy (Tayside)	1,343	(231)
Perinatal Infant Mental Health	814	-
Dietetics (Tayside)	4,964	86
Sexual & Reproductive Health	2,558	(88)
Medical Advisory Service	80	(9)
Tayside Health Arts Trust	82	-
Learning Disability (Tay Ahp)	933	(232)
Balance of Savings Target/Uplift Gap	347	(245)
<b>Grand Total</b>	<b>28,405</b>	<b>(464)</b>
	Annual Budget	Final Variance Over / (Under)
	£'000	£'000
<b>LEAD PARTNER SERVICES ANGUS</b>		
Forensic Service	1,185	145
Out of Hours	9,334	1,714
Tayside Continence Service	1,734	338
Pharmacy	3,405	-
Speech Therapy (Tayside)	1,509	(8)
Balance of Savings Target/Uplift Gap	418	(357)
<b>Grand Total</b>	<b>17,585</b>	<b>1,831</b>
<b>P&amp;K SHARE OF LEAD PARTNER ARRANGEMENT SERVICES</b>		<b>110</b>



## Appendix 3 - Reserves

	<b>2023/24 Opening Balance</b>	<b>Actual Movement 2023/24</b>	<b>Closing Balance 31st March 2024</b>	<b>Future Commitments</b>	<b>Projected Remaining Balance</b>
	<b>£m</b>	<b>£m</b>	<b>£m</b>	<b>£m</b>	<b>£m</b>
<b><u>Earmarked Reserves</u></b>					
Alcohol and Drug Partnership	1.1	0.3	0.8	0.8	-
Community Living Change Fund	0.5	0.4	0.1	0.1	-
COVID Reserve	0.6	0.6	-	-	-
Primary Care Digital Backscanning	0.4	0.3	0.2	0.2	-
Primary Care Earmarked Reserve	0.8	0.3	0.5	0.5	-
Mental Health Recovery & Renewal	0.7	0.3	0.4	0.4	-
Mental Health Action 15	0.1	0.1	-	-	-
Winter Resilience Reserve	1.1	1.1	-	-	-
Service Specific Reserve	1.4	0.2	1.6	1.6	-
Health Reserves Fund- NHS Tayside	0.6	0.6	-	-	-
	<b>7.3</b>	<b>3.8</b>	<b>3.6</b>	<b>3.6</b>	<b>-</b>
<b><u>Unearmarked Reserves</u></b>					
General Reserves - Social Care	7.5	2.8	4.7	1.4	3.3
General Reserves - Health	2.0	2.0	-	-	-
	<b>9.5</b>	<b>4.8</b>	<b>4.7</b>	<b>1.4</b>	<b>3.3</b>
<b>Total IJB Reserves</b>	<b>16.8</b>	<b>8.6</b>	<b>8.3</b>	<b>5.0</b>	<b>3.3</b>





## PERTH AND KINROSS INTEGRATION JOINT BOARD

### AUDIT & PERFORMANCE COMMITTEE

24 JUNE 2024

### STRATEGIC RISK MANAGEMENT UPDATE

Report by Chief Finance Officer  
(Report No. G/24/92)

#### PURPOSE OF REPORT

The purpose of this report is to:

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

#### 1. RECOMMENDATION(S)

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

- Note the decrease in risk exposure for SR01 Financial Resources.
- Note the decrease in risk exposure for SR06 Viability of Commissioned providers.
- Approve the IJB's Strategic Risk Register and Strategic Risk Improvement Plan.

#### 2. BACKGROUND

- 2.1 The Audit and Performance Committee has delegated responsibility from the IJB for reviewing the adequacy and effectiveness of the systems and processes in place to manage strategic risks.
- 2.2 The Strategic Risk Register (SRR) is used to record identified risks which may impact on the IJBs ability to deliver its strategic objectives. The SRR is supported by a Strategic Risk Improvement Plan which has been developed to improve either the range of controls in place or to improve the effectiveness of existing controls.

2.3 Perth and Kinross Health & Social Care Partnership's (PKHSCP) 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 review of strategic risk resulted in two amendments. These are detailed below:

- The probability of risk SR01 (Financial Resources) occurring has been reduced to 4. The risk exposure has decreased from the maximum value of 25 to 20. This remains a very high red risk.
- The probability of risk SR06 (Viability of Commissioned Providers) occurring, and the impact should it occur have both been reduced to 3 meaning the new risk score is 9. This would mean the risk exposure now decreases to a yellow strategic risk from red and is now within the IJB's risk appetite.

3.2 The full strategic risk register is attached at Appendix 1 including an overview section within each individual risk page reflecting the current position and justification for the risk scores.

#### **3.3 Escalation of Operational Risks**

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

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

3.3.3 Since the last Audit and Performance Committee meeting held on 11 March 2023, NHS Tayside's Care Governance Committee and Perth and Kinross Council's Scrutiny and Performance Committee have each received an assurance report from PKHSCP. Having reviewed the contents of these no further escalation of operational risks to a strategic level is required.

3.4 Table 1 below shows the movement in Strategic Risk Exposure since the last time strategic risk was reported to the A&PC.

**Table 1**



**4. STRATEGIC RISK IMPROVEMENT ACTION PLAN**

- 4.1 The Strategic Risk Improvement Plan (Appendix 2) sets out the actions being taken to improve the overall control environment and where possible reduce current levels of risk exposure. Given the risk environment has changed over time it remains our intention to review the action plan as we move forward so as to ensure that all actions are appropriately aligned and that they are effective in seeking to control exposure.
- 4.2 The strategic risk relating to SR06 Viability of Commissioned Providers is now within the risk appetite. Existing controls are now deemed to be effective and will continue to operate mitigating the risk. The risk will be reviewed as necessary to ensure that any change in the environment is reflected within the risk and that the score remains within appetite.
- 4.3 Table 2 below sets out the status of the improvement plan actions since March 2024 with 15 actions now deemed to be at Green status.

**Table 2**



## 5. RISK APPETITE

- 5.1 A further risk appetite development session was held with IJB Members on 24 May 2024.
- 5.2 A paper seeking formal approval of the IJB's risk appetite statement will now come forward to the IJB meeting being held in August 2024.

## 6. EMT STRATEGIC RISK SESSION

- 6.1 The IJB approved a new Strategic Plan for 2024-2027 at their meeting on 5 June 2024. EMT will now undertake a review of risk register to ensure that identified risks remain contemporary and relevant.
- 6.2 This EMT review will inform the full description and evaluation of the Whole System Mental Health & Learning Disabilities Change Programme Strategic Risk (SR15).
- 6.3 It was agreed initially that the strategic risk related to the delivery of the change programme would be replicated in the risk registers for all partners, including the Perth and Kinross IJB as this is a whole system programme of change requiring collective leadership, ownership and management of risk and mitigations. The programme has its own risk log, reporting to the Programme Board and the Executive Leadership Group.
- 6.4 The approach to identifying the strategic risks associated with the programme will now be undertaken by each of the partners individually in recognition of the variation in impact and mitigations in each context. This will allow the P&K IJB to have bespoke risks that reflect their areas of responsibility and risk exposure.



6.5 Following the EMT risk review, a new risk register will be produced, along with a revised risk improvement action plan, which will then be accommodated into the new performance and risk platform, PK Performs. This will assist in the management and reporting of our strategic risks as we move forward.

6.6 The new risk register will be brought forward to the Audit and Performance Committee before the end of the calendar year.

## 7. CONCLUSION

7.1 Since last reported to the Audit and Performance Committee in March 2024 there has been a reduction in the scoring of 2 risk indicating an improvement in the risk environment.

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

7.3 A refreshed risk register is anticipated to be brought forward for approval by the end of the calendar year.

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

### Author(s)

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### Appendices

Appendix 1 – Perth & Kinross IJB Strategic Risk Register

Appendix 2 – Strategic Risk Improvement Action Plan





# Perth & Kinross Health and Social Care Partnership Strategic Risk Register

No.	Risk Ref.	Risk	Risk Owner	Priority	Move-ment
1	<a href="#">SR01</a>	<b>FINANCIAL RESOURCES:</b> There are insufficient financial resources to deliver the objectives of the Strategic Plan.	Chief Finance Officer	1 Very High	↓
2	<a href="#">SR02</a>	<b>WORKFORCE:</b> 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	<a href="#">SR04</a>	<b>SUSTAINABLE CAPACITY AND FLOW:</b> As a consequence of the demographics of the Perth and Kinross population and increasing frailty there is a risk to the sustainability of 'capacity and flow' within our services resulting an inability of the wider health and care system to meet needs.	Head of Health	2 High	↔
4	<a href="#">SR05</a>	<b>SUSTAINABLE DIGITAL SOLUTIONS:</b> As a result of being insufficiently digitally enabled or integrated there is a risk that the Partnership will not to be able to adapt effectively and efficiently to deliver new models of working.	Acting Head of Service ASWSC Operations	2 High	↔
5	<a href="#">SR06</a>	<b>VIABILITY OF COMMISSIONED PROVIDERS:</b> 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)	3 Medium	↓
6	<a href="#">SR08</a>	<b>WIDENING HEALTH INEQUALITIES:</b> As a consequence of increasing levels of poverty, deprivation, and significant rurality there is a risk that health inequalities will increase resulting in poorer outcomes for people.	Chief Officer	2 High	↔
7	<a href="#">SR09</a>	<b>LEADERSHIP TEAM:</b> Without a new permanent and integrated senior management team there is a risk of instability in leadership within the Health and Social Care Partnership	Chief Officer	3 Medium	↔
8	<a href="#">SR11</a>	<b>SUSTAINABLE PRIMARY CARE SERVICES:</b> As a result of an inability to: <ul style="list-style-type: none"> <li>Reliably recruit, train and retain workforce,</li> <li>Have appropriate premises to deliver clinical and support services,</li> <li>Have in place adequate digital systems to support clinical care and communication between teams, patients and across the services, and</li> <li>address inequalities of access to services in remote and rural areas.</li> </ul> There is a risk we will be unable to deliver safe, effective, high quality, person centred primary care services. This could result in inadequate care, reputational damage and failure to meet legal requirements.	Clinical / Associate Medical Director	1 Very High	↔
9	<a href="#">SR14</a>	<b>PARTNERSHIP PREMISES:</b> As a result of a lack of sustainable and suitable premises within which Health and Social Care Services can be delivered, there is a risk that safe, consistent and effective care to patients will not be able to be delivered which could result in a reduction in service capacity, reduced outcomes for people and a reduction in staff wellbeing.	Chief Officer	1 Very High	↔
10	<a href="#">SR15</a>	<b>WHOLE SYSTEM MENTAL HEALTH &amp; LEARNING DISABILITIES CHANGE PROGRAMME</b> As a consequence of a lack of workforce capacity, access to suitable estates infrastructure, ambiguity in financial framework, ineffective communication and engagement, there is a strategic risk to the delivery of Tayside's Mental Health Whole System Change Programme, resulting in failure to deliver improved outcomes, patient harm and benefits of the programme.	TBC		

↔ No change in risk exposure

↑ Increase in risk exposure

↓ Decrease in risk exposure

## SR01: FINANCIAL RESOURCES

**Risk Owner:** Chief Financial Officer

**Date Added to Register:** 22 Oct 2020  
**Review Date:** 22 May 2024

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

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

**Current Risk Rating:** (priority 1, 2, 3 or 4)

**PRIORITY 1**

**Risk Movement:** (↑, ↔, ↓)

↓ **DECREASE IN RISK EXPOSURE**

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

Inherent Impact (1-5)	Inherent Probability (1-5)	Residual Impact (1-5)	Residual Probability (1-5)
5	5	5	4
<b>Inherent Score: 25</b>		<b>Residual Score: 20</b>	

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

### Existing Controls:

- A Financial Plan is approved annually as part of a 3 Year Financial Plan. This includes an efficiency savings and service redesign programme to support long term sustainability.
- Robust financial controls and regular financial monitoring and reporting so that finances are kept under review on a regular basis.
- Annual Budget Negotiation Process (PKC & NHST) is supported by robust budget review/due diligence process
- Effective member and officer working on development of the Budget through IJB Budget Development Sessions
- Financial Position is reported to each meeting of the IJB and is a standard item on the agenda.
- An IJB Reserves Policy is in place and reviewed in March 2024.
- Regular informal meetings with NHS Tayside Director of Finance and PKC Head of Finance
- 3-year strategic delivery plans in place with financial frameworks ensuring an effective link between strategic and financial planning.
- Risk Sharing arrangements between statutory partners have been agreed via the approval of the PKIJB Integration Scheme.
- Regular meetings with both PKC and NHST ELTs are in place via the Chief Officer.

### Risk Overview:

On March 20th, 2024, the IJB approved a balanced budget for 2024/25 but recognised there was a significant gap within the Provisional Budgets for 2025/26 and 2026/27, therefore the Budget Review Group will continue to meet throughout 2024/25. It will consider the additional funding solutions and reductions in expenditure required and how this can be achieved with minimal impact on the strategic plan and to the population's health and care needs. The level of risk therefore remains very high when considering the resources available to meet strategic objectives.

The existing controls for this risk are deemed to be working effectively. Whilst these can only partly mitigate this risk, there are sufficient financial controls in place to reduce the residual risk to below the inherent score. However, the extent of the cost and demand / need pressures on services, together with a decreasing real terms budget means that the risk remains high.

## SR02: WORKFORCE

**Risk Owner:** Acting Head of Service ASWSC Operations

**Date Added to Register:** 22 Oct 2020  
**Review Date:** 22 May 2024

**Description of Risk:** As a result of our ageing workforce, difficulties in recruiting and retaining sufficient suitably skilled and experienced staff, there is a risk that the Partnership will be unable to maintain its workforce appropriately, leading to unsustainable services and ability to deliver key corporate support functions

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

**Current Risk Rating:** (priority 1, 2, 3 or 4)

**PRIORITY 1**

**Risk Movement:** (↑, ↔, ↓)

↔ NO CHANGE IN RISK EXPOSURE

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

Inherent Impact (1-5)	Inherent Probability (1-5)	Residual Impact (1-5)	Residual Probability (1-5)
5	5	5	4
<b>Inherent Score: 25</b>		<b>Residual Score: 20</b>	

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

### Existing Controls:

- Established, robust recruitment processes in place within statutory partner organisations
- HSCP 3-year workforce plan in place and being implemented.
- Production and implementation of Older People's Strategic Delivery Plan 2022:2025 which sets out significant investment in additional staff to respond to increases in demand.
- A Workforce Planning Programme Manager is in place to develop and implement the 3-year workforce plan across teams and services within Perth and Kinross.
- 'What Matters to You' approach taken to support and encourage meaningful conversations and encourage positive behaviours between staff and support recruitment and retention.

### Risk Overview:

A dedicated Workforce Planning Officer has now commenced in post.

Progress continues to be made in reducing the use of agency for nursing posts and agency use in social care has ceased. Occupational Therapy positions can be particularly challenging to fill and there has been some resignations. This has resulted in longer waiting lists for the service. A review of the AHP (Allied Health Professionals) workforce is being taken forward by the AHP Director at the request of the Chief Officer.

There has been significant progress in implementing the 3-Year Workforce Plan and the actions have had a positive effect in reducing the impact of vacancies. However, we continue to experience significant challenges regarding workforce. Progressing the actions are crucial to ensuring that we can deliver our Strategic Plan priorities and support the people of Perth and Kinross.

There is no change to the risk score.

## SR04: SUSTAINABLE CAPACITY AND FLOW

Risk Owner: Head of Health

Date Added to Register: 22 Oct 2020  
Review Date: 22 May 2024

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

**Risk Related to Achievement of Strategic Aim:**

1. Working together with Communities
2. Prevention and Early Intervention
3. Person-centred health, care and support
4. Reducing Inequalities and unequal health outcomes and promoting healthy living

**Current Risk Rating:** (priority 1, 2, 3 or 4)

**PRIORITY 2**

**Risk Movement:** (↑, ↔, ↓)

↔ **NO CHANGE IN RISK EXPOSURE**

**Risk Exposure Rating Priority 1:** These are significant risks, which may have a serious impact on the Partnership or Service Delivery and the achievement of its objectives if not managed. Immediate management action needs to be taken to reduce the level of net risk.

Inherent Impact (1-5)	Inherent Probability (1-5)	Residual Impact (1-5)	Residual Probability (1-5)	Impact	Critical	5	10	15	20	25
5	5	5	3		Major	4	8	12	16	20
					Moderate	3	6	9	12	15
					Minor	2	4	6	8	10
					Insignificant	1	2	3	4	5
						Very Low	Low	Medium	High	Very High
<b>Inherent Score: 25</b>		<b>Residual Score: 15</b>		<b>Probability</b>						

### Existing Controls:

- HSCP Capacity and Flow strategic portfolio provides local management, ownership and control of the whole system that supports capacity and flow through our services.
- NHS Tayside Unscheduled Care Board supports the wider development of strategic direction alongside the P&K Whole System meeting.
- HSCP Performance Framework details the key performance measures which relate to Capacity and Flow. These are reviewed routinely across the organisation.
- Winter Planning Group oversees the Winter Plan and ensures that services are fit for purpose.
- Bronze command structure groups are in place supporting the strategic approach to capacity and flow and coordination of Delayed Discharges.
- 3 Year Strategic Delivery Plan for Older People's Services
- Implementation of strategic Discharge without Delay programme, including new pathways from hospital to home
- Frailty Unit at PRI/Ambulatory Care Area
- Enhanced integration of PRI discharge hub and hospital discharge team.

### Risk Overview:

On average, capacity and flow is maintaining an amber RAG status with good improvement work around lengths of stay for the acute wards, Tay ward and Community Hospitals. There is some good improvement work noted for HART and Care at Home pickups from hospital sites.

The Winter Plan implementation overall has been judged to have been a success and contributed to maintaining sustainable capacity and flow across the season despite some significant challenges faced.

There is no change to the risk score.

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

## SR05: SUSTAINABLE DIGITAL SOLUTIONS

**Risk Owner:** Acting Head of Service ASWSC Operations

**Date Added to Register:** 22 Oct 2020  
**Review Date:** 22 May 2024

**Description of Risk:** As a result of being insufficiently digitally enabled or integrated there is a risk that the Partnership will not to be able to adapt effectively and efficiently to deliver new models of working.

**Risk Related to Achievement of Strategic Aim:**

1. Working together with Communities
2. Prevention and Early Intervention
3. Person-centred health, care and support
4. Reducing Inequalities and unequal health outcomes and promoting healthy living

**Current Risk Rating:** (priority 1, 2, 3 or 4)

**PRIORITY 2**

**Risk Movement:** (↑, ↔, ↓)

↔ **NO CHANGE IN RISK EXPOSURE**

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

Inherent Impact (1-5)	Inherent Probability (1-5)	Residual Impact (1-5)	Residual Probability (1-5)	Impact						
5	4	4	3			Critical	5	10	15	20
					Major	4	8	12	16	20
					Moderate	3	6	9	12	15
					Minor	2	4	6	8	10
					Insignificant	1	2	3	4	5
<b>Inherent Score: 20</b>		<b>Residual Score: 12</b>				Very Low	Low	Medium	High	Very High
					<b>Probability</b>					

**Existing Controls:**

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

**Risk Overview:**

Issues are being addressed in relation to the implementation of the new auto-scheduling system which is designed to support increased efficiencies and tackle unmet need. However, the full benefits of the system are still to be realised.

Implementation of integrated case management systems MOSAIC and MORSE has not happened as yet. MOSAIC implementation is anticipated by the end of August 2024 but no timescale is available yet for MORSE. Further work will also then be required to ensure that the 2 systems can communicate with each other. The delay in implementing these systems presents challenges in realising integrated teams with no integrated IT system in place. This is a key enabler for integration and the residual risk score may need further examined in due course.

No change to the risk score at this point in time.

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



## SR06: VIABILITY OF COMMISSIONED PROVIDERS

**Risk Owner:** Interim Head of Adult Social Care (Commissioning)

**Date Added to Register:** 22 Oct 2020  
**Review Date:** 22 May 2024

**Description of Risk:** 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.

**Risk Related to Achievement of Strategic Aim:**

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

**Current Risk Rating:** (priority 1, 2, 3 or 4)

**PRIORITY 3**

**Risk Movement:** (↑, ↔, ↓)

↓ **DECREASE IN RISK EXPOSURE**

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

Inherent Impact (1-5)	Inherent Probability (1-5)	Residual Impact (1-5)	Residual Probability (1-5)	Impact	Critical	10	15	20	25	
5	5	3	3		Major	4	8	12	16	20
					Moderate	3	6	9	12	15
					Minor	2	4	6	8	10
					Insignificant	1	2	3	4	5
						Very Low	Low	Medium	High	Very High
<b>Inherent Score: 25</b>		<b>Residual Score: 9</b>			<b>Probability</b>					

**Existing Controls:**

- Local and national contractual arrangements provide a recognised framework for commissioned services.
- Maintenance of strong and supportive relationships with providers create routine and regular opportunities to highlight issues of concern.
- Care Home oversight group which provides routine and regular monitoring service provision.
- Commissioned Services Board provides strategic oversight of commissioned services and risks as they develop.
- Continued investment in commissioned services.
- Tayside meetings commenced in order to plan for National Care Homes Contract (NCHC) potential challenges.

**Risk Overview:**

The Care at Home contract is out to tender and we have had 61 notes of interest, this is very positive and bodes well for an increase in externally commissioned Care at Home provision.

External Care at Home provision is steady and continually improving and the level of unmet need is decreasing.

One small Care Home will close end May, a loss to the local community in which it is based, but this should not impact on our ability to source Care Home placements.

The effectiveness of current controls as well as our current provision being on a continual upward trend of improvement in capacity means that the residual score of this risk has decreased and is now within our risk appetite.

## SR08: WIDENING HEALTH INEQUALITIES

**Risk Owner:** Chief Officer **Date Added to Register:** 22 Oct 2020  
**Review Date:** 22 May 2024

**Description of Risk:** 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.

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

<b>Current Risk Rating:</b> (priority 1, 2, 3 or 4) <div style="background-color: #FFD700; padding: 5px; text-align: center; font-weight: bold; color: black;">PRIORITY 2</div>	<b>Risk Movement:</b> (↑, ↔, ↓) <div style="text-align: center; font-size: 24px; font-weight: bold;">↔</div> <b>NO CHANGE IN RISK EXPOSURE</b>
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**Risk Exposure Rating Priority 2:** These are significant risks, which may have a serious impact on the Partnership or Service Delivery and the achievement of its objectives if not managed. Immediate management action needs to be taken to reduce the level of net risk.

Inherent Impact (1-5)	Inherent Probability (1-5)	Residual Impact (1-5)	Residual Probability (1-5)							
4	5	3	4	Impact	Critical	5	10	15	20	25
					Major	4	8	12	16	20
					Moderate	3	6	9	12	15
					Minor	2	4	6	8	10
					Insignificant	1	2	3	4	5
Inherent Score: 20		Residual Score: 12				Very Low	Low	Medium	High	Very High
Probability										

**Existing Controls:**

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

**Risk Overview:**

The Community Planning Partnership is undergoing a refresh of the Local Outcomes Improvement Plan tackling poverty, improving employability and addressing the priority of mental health and wellbeing with a strong public health agenda. The HSCP and the IJB's strategic plan will contribute to this. This is anticipated to contribute towards tackling inequality.

In addition, a report on the IJB's legal obligations is scheduled for consideration by the IJB in October 2024.. This will include an improvement plan should any areas be identified where our approach can be strengthened.

The risk remains high whilst the work is ongoing.

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

# Perth & Kinross Health and Social Care Partnership

## SR09: LEADERSHIP TEAM CAPACITY

<b>Risk Owner:</b> Chief Officer	<b>Date Added to Register:</b> 22 Oct 2020 <b>Review Date:</b> 22 May 2024
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**Description of Risk:** Without a new permanent and integrated senior management team there is a risk of instability in leadership within the HSCP.

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

<b>Current Risk Rating:</b> (priority 1, 2, 3 or 4)	<b>Risk Movement:</b> (↑, ↔, ↓)
<b>PRIORITY 3</b>	↔ <b>NO CHANGE IN RISK EXPOSURE</b>

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

Inherent Impact (1-5)	Inherent Probability (1-5)	Residual Impact (1-5)	Residual Probability (1-5)	Impact	Probability				
5	4	4	2		Critical	5	10	15	20
				Major	4	8	12	16	20
				Moderate	3	6	9	12	15
				Minor	2	4	6	8	10
				Insignificant	1	2	3	4	5
<b>Inherent Score: 20</b>		<b>Residual Score: 8</b>			Very Low	Low	Medium	High	Very High

**Existing Controls:**

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

**Risk Overview:**

The Head of Health is due to retire in August 2024. Work continues implementing the new leadership structure. Recruitment for the posts of Head of Integrated Health and Care for Older People and Adults will commence by June 2024. Additional capacity to support transition to December 2025 has been secured.

The residual risk rating has not changed and remains a yellow priority 3 risk and within the risk appetite.

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

## SR11: PRIMARY CARE

**Risk Owner:** Clinical / Associate Medical Director

**Date Added to Register:** 22 Oct 2020

**Review Date:** 22 May 2024

**Description of Risk:** Sustainable Primary Care Services - As a result of an inability to:

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

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

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

**Current Risk Rating:** (priority 1, 2, 3 or 4)

**Risk Movement:** (↑, ←→, ↓)

**PRIORITY 1**

←→ **NO CHANGE IN RISK EXPOSURE**

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

Inherent Impact (1-5)	Inherent Probability (1-5)	Residual Impact (1-5)	Residual Probability (1-5)	Impact	Critical	5	10	15	20	25
4	4	4	4		Major	4	8	12	16	20
				Moderate	3	6	9	12	15	
				Minor	2	4	6	8	10	
				Insignificant	1	2	3	4	5	
					Very Low	Low	Medium	High	Very High	
<b>Inherent Score: 16</b>		<b>Residual Score: 16</b>			<b>Probability</b>					

### Existing Controls:

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

### Risk Overview:

The 4th Primary Care Sustainability survey has been completed in P&K and allows comparison with other practices in the HSCP and across Tayside. All PKHSCP Practices participated and the key themes identified were workload, capacity, GP recruitment and retention and premises. Work is continuing to develop key actions to support improvement working collaboratively with Practices and Clusters through the PKHSCP Sustainability Group. PKHSCP has introduced a Primary Care Premises Group to drive forward the key priorities identified in the PKHSCP Premises Strategy and also a PKHSCP Primary Care Digital Solutions group is examining potential options available and working with practices to pilot key areas and share learning. Work on a Tayside Primary Care Strategy including engagement and stakeholder events was undertaken to develop the vision, priorities, core principles and strategic enablers for Primary Care resulting in a 'Primary Care Plan on a Page'. This was considered by P&K IJB in November 2023. However, to avoid duplication, the Tayside Primary Care Strategy is now being incorporated into the NHS Tayside Strategy. The work completed to date and the Plan-on-a-Page document will form part of the wider NHS Tayside Strategy. Work remains ongoing to ensure the delivery of excellent, high quality, accessible and sustainable primary care services for the population of Perth & Kinross and Tayside overall. There is no change to the risk exposure which remains at a very high level.

## SR14: PARTNERSHIP PREMISES

<b>Risk Owner:</b> Chief Officer	<b>Date Added to Register:</b> 22 Jul 2021 <b>Review Date</b> 22 May 2024
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**Description of Risk:** As a result of a lack of sustainable and suitable premises within which Health and Social Care Services can be delivered, there is a risk that safe, consistent and effective care to patients will not be able to be delivered which could result in a reduction in service capacity, reduced outcomes for people and a reduction in staff wellbeing.

**Risk Related to Achievement of Strategic Aim:**

1. Working together with our communities
2. Prevention and Early Intervention
3. Making best use of available facilities, people and other resources

<b>Current Risk Rating:</b> (priority 1, 2, 3 or 4)	<b>Risk Movement:</b> (↑, ↔, ↓)
<b>PRIORITY 1</b>	↔ <b>NO CHANGE IN RISK EXPOSURE</b>

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

Inherent Impact (1-5)	Inherent Probability (1-5)	Residual Impact (1-5)	Residual Probability (1-5)	Impact	Probability					
4	5	4	4		Impact	Critical	5	10	15	20
				Major		4	8	12	16	20
				Moderate		3	6	9	12	15
				Minor		2	4	6	8	10
				Insignificant		1	2	3	4	5
<b>Inherent Score: 20</b>		<b>Residual Score: 16</b>			Very Low	Low	Medium	High	Very High	

**Existing Controls:**

- Corporate support arrangements provided by HSCP Statutory Partners who support the delivery of accommodation needs.
- HSCP membership of Statutory Partner Capital Asset Groups.
- HSCP representation on PKC office/accommodation group.
- Formal and informal lease agreements/arrangements for current Partnership premises in place
- HSCP involvement in One Public Estate forum.
- Perth and Kinross Primary Care Premises Strategy which identifies our premises needs for the short, medium and long term.
- Agreed relocation plan in place with NHS Tayside and Perth & Kinross Council.

**Risk Overview:**

There is now an agreed plan with NHS Tayside and Perth and Kinross Council to achieve a series of relocation of key services to address the significant risk to delivery from suitable premises. The relocation of services is as follows:

- IDART to relocate from Drumhar to Birnham Day Centre, MRH
- Primary Care Services Team to relocate from Beechgrove to 2 High Street
- CCATS Perth City will relocate from Beechgrove to Drumhar
- (Non HSCP Services involved include Vaccination centre to locate to Pullar House, Child Immunisation Services also to locate to Pullar House)

The risk exposure level remains very high but this will be revised once the relocations have occurred.

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

# Perth & Kinross Health and Social Care Partnership

## SR15: WHOLE SYSTEM MENTAL HEALTH & LEARNING DISABILITIES CHANGE PROGRAMME

Risk Owner: Chief Officer

Date Added to Register: 6 June 2024  
Review Date

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

**Risk Related to Achievement of Strategic Aim:**

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

**Current Risk Rating:** (priority 1, 2, 3 or 4)

TBC

**Risk Movement:** (↑, ↔, ↓)

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

Inherent Impact (1-5)	Inherent Probability (1-5)	Residual Impact (1-5)	Residual Probability (1-5)	Impact	Critical	5	10	15	20	25
TBC	TBC	TBC	TBC		Major	4	8	12	16	20
				Moderate	3	6	9	12	15	
				Minor	2	4	6	8	10	
				Insignificant	1	2	3	4	5	
					Very Low	Low	Medium	High	Very High	
Inherent Score: TBC		Residual Score: TBC		Probability						

**Existing Controls:**

- TBC

**Risk Overview:**

TBC

Existing control rating: TBC

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

## Background

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

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

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

## Appetite

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

Table 1.

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

## Risk Exposure Rating

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

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

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

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

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

## Controls and Actions

Where controls have been put in place to treat a risk, consideration is given on how this will affect the risk:

- Reduces impact of the consequences should the risk materialise
- Reduces the probability of the risk occurring

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

Table 2.

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



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



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

ACTION	RESPONSIBLE	STATUS	DATE ACTION ADDED	TARGET COMPLETION DATE	REVISED COMPLETION DATE	IMPROVEMENT TYPE	STATUS	EMT LAST REVIEW DATE	
<b>SR01 - FINANCIAL RESOURCES: There are insufficient financial resources to deliver the objectives of the Strategic Plan.</b>									
1d	In partnership with NHS Tayside and the 3 IJB's, develop an outline financial plan for the Mental Health and Learning Disability Whole system Change Programme by 30th June 2023 and a detailed financial framework including agreed financial recovery actions by 30th Sept 2023.	NHST DoF / 3 IJB CFO's	In Progress	-	30/09/23	-	Improve existing control	Red	22/05/24
1g	Development of options for contraction of Strategic Commissioning Plan that may be required to support recurring financial balance over 2023: 2026	Chief Officer	Complete	27/10/22	31/03/23	30/06/24	New Control	Blue	22/05/24
1h	Development of refreshed Quality Safety and Efficiency in Prescribing (QSEP) Programme to ensure future growth can be offset by increased efficiency.	Clinical Director	In Progress	27/10/22	31/03/23	31/03/24	New Control	Red	22/05/24
1i	Implementation and delivery of transformation programmes at pace with accountability processes in place to ensure that programmes can be delivered and have a clear trajectory and description of impact.	Acting Head of Service ASWSC Operations	Complete	16/11/23	31/03/24	-	New Control	Blue	22/05/24
1f	Approval of budget for 2024/25 and provisional budget for 2025/26 and 2026/27 which supports a balanced budget in year 1 pending delivery of cost reductions in full.	Chief Officer / Chief Finance Officer	In Progress	20/05/23	31/03/25	-	New Control	Green	22/05/24
1g	Budget Review Group meetings during 2024/25 which will ensure delivery of cost reductions are on track, future savings identified and action taken to mitigate whenever necessary.	Chief Finance Officer	In Progress	20/05/23	31/03/25	-	New Control	Green	22/05/24
1f	Regular updates on the level of financial risk and deliverability of the strategic plan provided to EMT and Audit and Performance Committee.	Chief Finance Officer	In Progress	20/05/23	31/03/25	-	New Control	Green	22/05/24
<b>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.</b>									
2d	Implementation of 3 year Workforce plan strategic actions.	Acting Head of Service ASWSC Operations	In Progress	30/03/23	31/03/25	-	New Control	Green	22/05/24
2e	Establishment of a robust overseas recruitment campaign.	Acting Head of Service ASWSC Operations	Complete	16/11/23	31/03/24	-	New Control	Blue	22/05/24
2f	Participation in a national project being delivered by NHS Education for Scotland's Centre for Workforce Supply Social Care, Scottish Government, COSLA and Social Care Providers to identify opportunities to internationally recruit Social Care Workers.	Acting Head of Service ASWSC Operations	In Progress	20/05/24	30/03/25	-	New Control	Green	22/05/24
2g	Review of AHP Workforce	AHP Director	In Progress	20/05/24	30/03/25	-	New Control	Green	22/05/24
<b>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</b>									
4b	Produce and implement a revised preferred model of delivery for Care at Home services.	Interim Head of Adult Social Care (Commissioning)	In Progress	-	30/11/22	31/05/24	New Control	Red	22/05/24
4d	Recruitment of Service Manager: Whole System Transformation of Care at Home, who will undertake a Best Value Review and Recommissioning of new model for care at home services.	Interim Head of Adult Social Care (Commissioning)	Complete	-	30/06/23	31/05/24	New Control	Blue	22/05/24
4g	Implementation of the PKHSCP Winter Plan for 2023/24	Head of Health	Complete	16/11/23	31/03/24	-	New Control	Blue	22/05/24
4h	Develop Performance Framework for key performance measures which relate to Care Home and Care at Home	Head of Health	In Progress	21/05/24	31/03/25	-	New Control	Green	22/05/24
4i	Develop a community Single Point of Contact (SPOC) to manage referrals from GPs and Care Homes	Senior Service Manager for Older People, Palliative and Urgent Care	In Progress	21/05/24	31/12/24	-	New Control	Green	22/05/24
<b>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.</b>									
5g	Implementation of an integrated case management system.	Acting Head of Service ASWSC Operations	In Progress	01/02/24	31/03/25	-	New Control	Amber	22/05/24
5h	Implementation of Pinpoint GIS mapping of unmet need system.	Acting Head of Service ASWSC Operations	Complete	01/02/24	31/03/24	-	New Control	Blue	22/05/24
5i	Implementation of Pinpoint GIS mapping for all Care at Home/Reablement provision across Perth and Kinross.	Acting Head of Service ASWSC Operations	In Progress	20/05/24	30/09/24	-	New Control	Green	22/05/24

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



STATUS			
<b>Red</b>	Not on track with major issues	<b>Amber</b>	On track with minor issues
<b>Green</b>	On track	<b>Blue</b>	Complete

ACTION	RESPONSIBLE	STATUS	DATE ACTION ADDED	TARGET COMPLETION DATE	REVISED COMPLETION DATE	IMPROVEMENT TYPE	STATUS	EMT LAST REVIEW DATE
<b>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</b>								
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.	In Progress	-	31/10/22	31/12/25	Improve existing controls	Green	22/05/24
8e	Approval of revised Strategic Commissioning Plan which will address the health and social care needs of our population and ensure that health inequalities are reduced.	Complete	01/02/24	31/03/24	05/06/24	Improve existing controls	Blue	22/05/24
<b>SR11 - SUSTAINABLE PRIMARY CARE SERVICES: As a result of an inability to:</b>								
<ul style="list-style-type: none"> <li>• Reliably recruit, train and retain workforce,</li> <li>• Have appropriate premises to deliver clinical and support services,</li> <li>• Have in place adequate digital systems to support clinical care and communication between teams, patients and across the services, and address inequalities of access to services in remote and rural areas.</li> </ul> <p>There is a risk we will be unable to deliver safe, effective, high quality, person centred primary care services. This could result in inadequate care, reputational damage and failure to meet legal requirements.</p>								
11c	Implementation of approved Perth & Kinross Primary Care Premises Strategy 2023-28.	In Progress	24/08/23	31/03/28	-	New Control	Green	22/05/24
11d	Implementation of approved Perth & Kinross Primary Care 3 year Strategic Delivery Plan 2023-26 for Primary Care.	In Progress	24/08/23	31/03/26	-	New Control	Green	22/05/24
11g	Production of the NHS Tayside Strategy which will ensure the delivery of excellent, high quality, accessible and sustainable primary care services for the population of Perth & Kinross and Tayside overall.	In Progress	20/05/24	tbc	-	New Control	Green	22/05/24
<b>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.</b>								
14f	Implementation of approved Perth & Kinross Primary Care Premises Strategy 2023-28.	In Progress	24/08/23	31/03/28	-	New Control	Green	22/05/24
14g	Continue to engage with asset management and property teams to affect the team relocations.	In Progress	21/11/23	31/07/24	-	New Control	Green	22/05/24



## PERTH & KINROSS INTEGRATION JOINT BOARD

### AUDIT & PERFORMANCE COMMITTEE

24 JUNE 2024

### BEST VALUE: OUTCOME OF SELF ASSESSMENT

Report by Chief Finance Officer  
(Report No. G/24/93)

#### PURPOSE OF REPORT

To provide the Audit & Performance Committee with a report on the IJBs compliance with the principles of Best Value and the results of a Best Value self-assessment undertaken by the Executive Management Team.

#### 1. RECOMMENDATION(S)

It is recommended the Audit & Performance Committee:

- i. Notes the report on the IJB's compliance with the principles of Best Value and the results of the recent self-assessment exercise.
- ii. Notes the actions and improvements identified in Appendix 1.

#### 2. BACKGROUND

- 2.1 Audit Scotland completed the audit of the IJB's 2022/23 Annual Accounts and made the following assessment and recommendation:

"The IJB clearly recognises the importance of securing Best Value with the building blocks to achieve this being set out in its Annual Performance Report. It acknowledges that more needs to be done, however, to demonstrate it is securing Best Value from available resources and has committed to conducting a self-assessment against the Best Value characteristics in 2023/24.

The IJB should ensure it completes its self-assessment against the Best Value characteristics and report the outcome to the Audit and Performance Committee."

- 2.2 IJB's have a statutory duty to make arrangements to secure best value. Best Value is about ensuring that there is good governance and effective

management of resources, with a focus on improvement, to deliver the best possible outcomes for the public.

- 2.3 Statutory [Best Value Guidance](#) was updated in 2020 and it is framed around seven themes. IJB's must be able to demonstrate a focus on continuous improvement in performance around each of the themes.

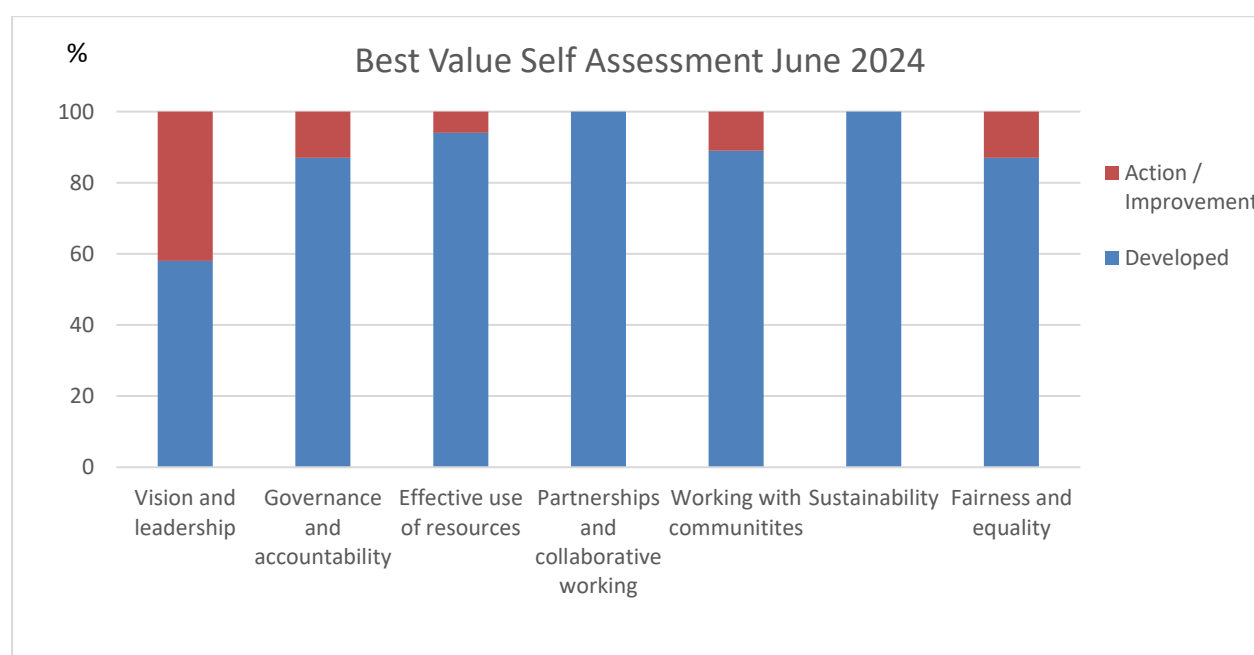
**Best Value Themes:**

1. Vision and leadership
2. Governance and accountability
3. Effective use of resources
4. Partnerships and collaborative working
5. Working with communities
6. Sustainability
7. Fairness and equality

**3. SELF ASSESSMENT**

3.1 The Health & Social Care Partnership Executive Management Team have now carried out a Best Value self-assessment exercise. Relevant senior staff across the service were asked for an assessment of performance against the criteria of the seven Best Value themes.

3.2 There are 87 criteria<sup>1</sup> across the themes. Against each criteria, evidence was added to support the assessment and proposals for improvement were provided, where appropriate. Evidence supported that 76 of the criteria are being met by the IJB and 11 criteria identified action or improvement, some of which is already underway. The areas requiring action or improvement are detailed in appendix 1 of this report. A summary of the results is shown in the table below.



<sup>1</sup> [Section 1 – Overview - Best Value: revised statutory guidance 2020 - gov.scot \(www.gov.scot\)](#)

3.3 The assessment shows that the IJB is able to demonstrate that the criteria is either being met or has actions identified across all of the seven themes. As a result of the exercise, actions and improvements will be brought together to form a Best Value improvement plan and will be monitored and reported on throughout the year.

#### 4. CONCLUSION

4.1 The self-assessment has identified the IJB can demonstrate that the majority of Best Value characteristics are being met. The assessment has recognised that some actions and improvements are required, but that a number of these are already underway. Progress against these actions will be monitored and regular self-assessment will be built in to ensure Best Value continues to be delivered.

#### Author(s)

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**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.

Appendix 1 – Best Value Self-Assessment Actions and Improvements



Ref.	BV Criteria	Evidence	Action / Improvement
1	The IJBs vision and strategic priorities are clearly communicated to its citizens, staff and other partners.	The Strategic Commissioning Plan (SCP) is accessible through the Perth and Kinross Health and Social Care Partnership website, <a href="https://www.pkc.gov.uk/health-and-social-care-integration">Health and Social Care Integration - Perth &amp; Kinross Council (pkc.gov.uk)</a> .	<p>As a result of the Self Assessment on Community Engagement, an action is being proposed in the updated SCP to:</p> <ol style="list-style-type: none"> <li>1. implement a continual cycle of community consultation and engagement, where feedback becomes integral.</li> <li>2. The information is clearer and more accessible.</li> </ol> <p>The plan due to be approved by the IJB in June 2024 has been written in a way which is more accessible and a plan on a page will accompany this along with an easy-read version post approval.</p>
2	There is a corporate approach to continuous improvement, with regular updating and monitoring of improvement plans.	<p>Progress against the core group of Health and Social Care integration indicators is reported to the Audit &amp; Performance Committee routinely. This includes comparisons to Scotland overall as well as Tayside and peer group of similar HSCPs.</p> <p>Strategic Delivery Plans for individual Care Groups have been approved by the IJB and progress made in delivering these plans is monitored regularly, including KPI reporting, to the Audit &amp; Performance Committee.</p>	<p>A new Performance Management Framework will be produced to support the delivery of the Strategic Plan once approved in June 2024. The aim is to ensure there is a performance driven approach and culture of using data to drive improvement. Assisting in the targeting of resources and celebrating success, ensuring an effective and efficient process and structure is put in place for the management and reporting of</p>

Ref.	BV Criteria	Evidence	Action / Improvement
		<p>The Care and Professional Governance Forum identifies areas for improvement through annual and exception reports from services, complaints, LAERS, SAERS and Significant Events Analyses and monitors implementation of improvement actions across the HSCP.</p> <p>The IJB has a <a href="#">Partnership Improvement Plan</a> in place. This plan incorporates all internal/external audit recommendations, actions identified from our annual review of governance or any improvement actions identified from external inspections or Scottish Government bodies, etc. Progress on the plan is reported to the Audit and Performance Committee where robust scrutiny is provided, promoting a continuous and transparent improvement culture.</p>	<p>performance for the Partnership and the IJB.</p> <p>The Partnership Improvement Plan will be refined in 2024 to ensure that there is a relevant, up to date set of manageable improvements which align with a deeper understanding of the current operating context.</p>
3	<p>The IJB and its partners agree on how the key elements of Best Value will contribute to achieving the commonly agreed local priorities and outcomes. These key elements include the need to:</p> <ul style="list-style-type: none"> <li>• secure continuous improvement, in particular for those services aligned to the IJBs priorities</li> <li>• provide customer- and citizen-focused public services, which meet the needs of diverse communities</li> </ul>	<p>The HSCP has a Partnership Improvement Plan which is reviewed and reported regularly by the IJB Audit and Performance Committee, this ensure s that there is a focus on continuous improvement and good governance, The HSCP contributed to Perth &amp; Kinross Council’s Best Value Review carried out by Audit Scotland and has included the recommendations within the improvement plan.</p>	<p>Financial Principles are used to support decision making, our aim is to review and recognise these principles with the updated SCP.</p>



Ref.	BV Criteria	Evidence	Action / Improvement
	<ul style="list-style-type: none"> <li>• achieve the best balance of cost and quality in delivering services (having regard to economy, efficiency, effectiveness and equalities)</li> <li>• contribute to sustainable development</li> <li>• encourage and support innovation and creativity.</li> </ul>	<p>The internal audit plan is closely aligned to the IJB/HSCP top strategic risks and includes services commissioned in pursuit of the IJB’s strategic objectives.</p> <p>The revised Strategic Needs Assessment carried out in 2023/4 was reported to the IJB in November 2023 and forms the basis of the Strategic Commissioning Plan and the data used to inform other strategic plans including the Council’s Corporate Plan, NHS Tayside’s Annual Delivery Plan and Strategic Plan (under development) and the LOIP. The IJB has committed to approving a new Co-Production &amp; Engagement Plan which will aim to ensure that the voices and needs of service users will be at the heart of service development.</p> <p>Our HSCP Clinical and Care Governance Arrangements take account of quality and performance and there is an agreed schedule of reporting across the year for all aspects of the HSCP business.</p> <p>The HSCP Transformation Programme includes a series of transformation projects which are focused on improving efficiency and redesign to meet the changing needs of our population.</p> <p>The implementation of service design and co-production has taken hold across the HSCP with exemplars nationally such as</p>	

Ref.	BV Criteria	Evidence	Action / Improvement
		<p>Together for Good Lives (HIS &amp; SG supported work with people attending day services for learning disabilities); working with people affected by autism and neuro-diversity in designing access to services.</p> <p>The IJB budgeting process has been participative with decisions firmly based on population data, performance information and cost-benefit analysis and a financial strategy set out in the IJB Budget papers on 20 March 2024.</p>	
4	<p>Members and senior managers communicate the approach to Best Value methodically throughout the IJB in terms that are relevant to its staff and set out clear expectations of them. The IJB has a positive culture in which its people understand its vision and objectives and how their efforts contribute to their achievement, and they are engaged with and committed to improvement.</p>	<p>The IJB is aware of the responsibilities associated with Best Value and this is covered in the induction and development opportunities for IJB members.</p> <p>The HSCP contributed to the Council's Best Value Assurance process and the most recent independent report highlighted that there had been a decline in the inspection gradings of care services commissioned by the HSCP on behalf of the Council and in line with the IJB strategic commissioning plan. This is now part of the ongoing support and improvement work led by our multi-agency care home oversight group and the contract and commissioning team.</p> <p>The HSCP takes part in the iMatter survey and consistently returns a high</p>	<p>An area for improvement identified is the inclusion of the extent to which reports (and decisions arising from them) relate explicitly to Best Value characteristics:</p> <ul style="list-style-type: none"> <li>• Vision and Leadership</li> <li>• Effective Partnerships</li> <li>• Governance and Accountability</li> <li>• Use of Resources</li> <li>• Equality</li> <li>• Sustainability</li> </ul> <p>A mechanism for relating reports to the IJB Strategic Plan, Equalities Duties and Best Value Characteristics will be included in the reporting format in order that this can be clearly understood and monitored.</p>

Ref.	BV Criteria	Evidence	Action / Improvement
		<p>engagement index of 79. Highlights include staff report being</p> <ul style="list-style-type: none"> <li>• Well Informed</li> <li>• Appropriately Trained and Developed</li> <li>• Involved in Decisions</li> <li>• Treated Fairly and Consistently, with Dignity and Respect, in an Environment where Diversity is Valued</li> <li>• Provided with a Continuously Improving and Safe Working Environment</li> </ul> <p>Staff are conscious of the importance of achieving best value in their work and are actively engaged in the budget setting process. They are aware of financial constraints and encouraged to think creatively about how they can reduce inefficiency and achieve results.</p> <p>The IJB can demonstrate taking informed and evidenced decisions which take account of costs and benefits.</p> <p>The commissioning strategy has led to decommissioning of services which are not value for money and recommissioning to achieve better outcomes for more people and in a more effective manner.</p>	
5	<p>Members and senior managers are self-aware. They commit to training and personal development to update and enhance their knowledge, skills, capacity and capabilities to deliver Best Value and</p>	<p>Reliance is placed on the established and documented systems of performance and development reviews embedded within each partner for all senior managers.</p>	<p>It is proposed that the IJB will undergo a self-assessment against the blue print for good governance in 2024/25 and through this identify a development plan.</p>

Ref.	BV Criteria	Evidence	Action / Improvement
	<p>perform their leadership roles, and they receive sufficient support to do so.</p>	<p>A Leadership Competency Framework was introduced in Perth &amp; Kinross Council to provide clarity on the skills and behaviours expected of leaders across the organisation.</p> <p>Development opportunities to support leaders to gain and build on their existing skills are available through the Leadership Competency Framework supporting documents. A 'Leadership for All' Programme has been introduced where all leaders can access training and mentoring to enhance their technical and interpersonal skills and support their wellbeing.</p> <p>A programme of IJB development sessions are arranged and content is agreed and reviewed by members regularly. There is a programme of training in place for IJB members.</p>	

**P&K Best Value Self-Assessment Action Plan**  
**Theme 2 – Governance and Accountability**

Ref	BV Criteria	Evidence	Action / Improvement
6	<p>The IJB has a responsible attitude to managing risk, and business continuity plans (including civil contingencies and emergency plans) are in place to allow an effective and appropriate response to planned and unplanned events and circumstances.</p>	<p>The IJB approved the Tayside Risk Management Strategy along with partner bodies across Tayside. Strategic risks are monitored and managed locally via the Risk Management Framework. This includes routine reporting to the Executive Management Team and the Audit &amp; Performance Committee.</p> <p>Services have Business Continuity Plans in place and these are routinely reviewed. The HSCP maintains membership of the Local Resilience Partnership which supports the IJB's role as a Category 1 responder.</p> <p>The Support for People plan can be implemented in response to a Civil Contingency and a plan for evacuating care homes. This plan continues to be reviewed and updated as required after every incident. Regular training, local and regional, is available to volunteer Emergency Rest Centre Managers and staff.</p>	<p>The IJB risk appetite is currently being reviewed and projected for completion mid 2024/25. Following this the Local Risk Management Framework will be reviewed and updated accordingly.</p>
7	<p>Members and senior managers promote the highest standards of integrity and responsibility, establishing shared values, mutual trust and sound ethics across all activities. Effective procedures are in place to ensure that members and staff comply with relevant codes of conduct and policies. This includes ensuring that appropriate policies on fraud</p>	<p>The <a href="#">IJB Code of Conduct</a>, Register of Interests and Register of Gifts and Hospitality are in place for the IJB.</p> <p>Reliance is placed on each partner's arrangements for the investigation of fraud &amp; whistle blowing, anti-corruption, bribery procedures etc in place for partnership</p>	<p>An amendment to Perth &amp; Kinross Council's Whistleblowing policy is being sought to ensure HSCP staff employed by the local authority are aware of the National Whistleblowing Standards process</p>

**P&K Best Value Self-Assessment Action Plan**  
**Theme 2 – Governance and Accountability**

Ref	BV Criteria	Evidence	Action / Improvement
	<p>prevention, investigation and whistleblowing are established and implemented.</p>	<p>staff to report breaches of the IJB/partner's values.</p> <p>Policies are in place for Perth &amp; Kinross Council and NHS Tayside for fraud prevention and whistleblowing.</p> <p>NHS Tayside's policy and response plan for detected or suspected fraud is set out within NHS Tayside's Code of Corporate Governance, which provide guidance to NHS Tayside staff on the action which should be taken when fraud, theft or corruption is suspected.</p> <p>Procedures for HSCP staff employed by NHS Tayside for raising and handling whistleblowing concerns are detailed in the National Whistleblowing Standards.</p> <p>Perth and Kinross Council has a counter fraud and corruption strategy in place as well as a whistleblowing policy and anti-bribery policy.</p> <p>These policies and procedures are subject to regular update.</p>	<p>to raise whistleblowing concerns related to health services.</p>

**P&K Best Value Self-Assessment Action Plan**  
**Theme 3 – Effective Use of Resources**

**Performance Management**

Ref	BV Criteria	Evidence	Action / Improvement
8	<p>Effective performance management arrangements are in place to promote the effective use of the IJBs resources. Performance is systematically measured across all areas of activity, and performance reports are regularly scrutinised by managers and elected members. The performance management system is effective in addressing areas of underperformance, identifying the scope for improvement and agreeing remedial action.</p> <p>There is a corporate approach to identifying, monitoring and reporting on improvement actions that will lead to continuous improvement in priority areas. Improvement actions are clearly articulated and include identifying responsible officers and target timelines.</p>	<p>Performance management of delegated services is reported through the Audit &amp; Performance Committee at each meeting of the committee (at least quarterly). This includes the core suite of integration indicators and directly links to improvement work being progressed through Care Group Strategic Delivery Plans. Progress against the delivery of these Deliver Plans is reported to the IJB and to the Audit &amp; Performance Committee (KPI reporting). This systemic reporting ensures performance and improvement is linked to strategy.</p>	<p>Development of a performance management framework linking planning, performance and risk management.</p> <p>This will include local targets for KPIs and identification of improvement actions will be identified.</p>
9	<p>The IJB seeks and takes account of feedback from citizens and service users on performance when developing improvement plans.</p>	<p>Feedback is collected using a number of methods. Mainly this is focussed via Care Opinion and via our internal Service User and Patient Experience Survey. This feedback provides the data required for a broad range of KPIs within each of our care group strategies. This links the feedback received to the improvement which are made.</p> <p>User feedback is included in the HSCP Contract Monitoring approach and annual reporting, this is used to evidence outcomes being met and that our strategic</p>	<p>Implementing monthly locality-based Community Engagement programme of work, allowing the opportunity for iterative feedback and engagement and embedding service redesign into an existing rolling programme of engagement activity.</p>

**P&K Best Value Self-Assessment Action Plan**  
**Theme 3 – Effective Use of Resources**

Ref	BV Criteria	Evidence	Action / Improvement
		<p>direction and subsequent commissioning activity is meeting the needs of our communities.</p> <p>The recently refreshed Strategic Commissioning Plan involved a full community consultation, spanning three months and inclusive of multiple methodologies.</p>	



**P&K Best Value Self-Assessment Action Plan**  
**Theme 5 – Working with Communities**

Ref	BV Criteria	Evidence	Action / Improvement
10	The IJB engages effectively with customers and communities by offering a range of communication channels, including innovative digital solutions and social media.	Within Perth & Kinross we use all social media channels available and appropriate to promote activity and engage our communities, but do acknowledge this is an area of improvement for us.	Require an updated HSCP website and dedicated resource that moderates and updates the HSCP and IJB online social media presence and activity.

**P&K Best Value Self-Assessment Action Plan**  
**Theme 7 – Fairness and Equality**

Ref	BV Criteria	Evidence	Action / Improvement
11	<p>The IJB and its partners have an agreed action plan aimed at tackling inequality, poverty and addressing fairness issues identified in local communities.</p>	<p>The IJB is committed to engagement and has agreed to bring forward a Co-production and Engagement Framework for all of its work and within the HSCP. This will incorporate the ladder of engagement ensuring that the right approach is taken at the right time with the right people. This will ensure that there is appropriate participation and involvement in all aspects of the HSCP/ and IJB's work and address exclusion and inequality.</p> <p>As part of the HSCP leadership structure, there will be a senior manager designated as the Equalities lead for the HSCP. This is currently missing from the roles and remits of EMT.</p>	<p>An updated Coproduction and Engagement Framework will be approved by September 2024.</p> <p>Equalities Lead appointed by August 2024.</p>



## PERTH AND KINROSS INTEGRATION JOINT BOARD

### AUDIT & PERFORMANCE COMMITTEE

24 JUNE 2024

### PARTNERSHIP IMPROVEMENT PLAN - UPDATE

Report by Chief Finance Officer  
(Report No. G/24/94)

#### PURPOSE OF REPORT

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

#### 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.
- (ii) Notes the completion of all recommendations included as part of the combined internal audit report on Sustainability of Primary Care Services.

#### 2. BACKGROUND

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

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

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

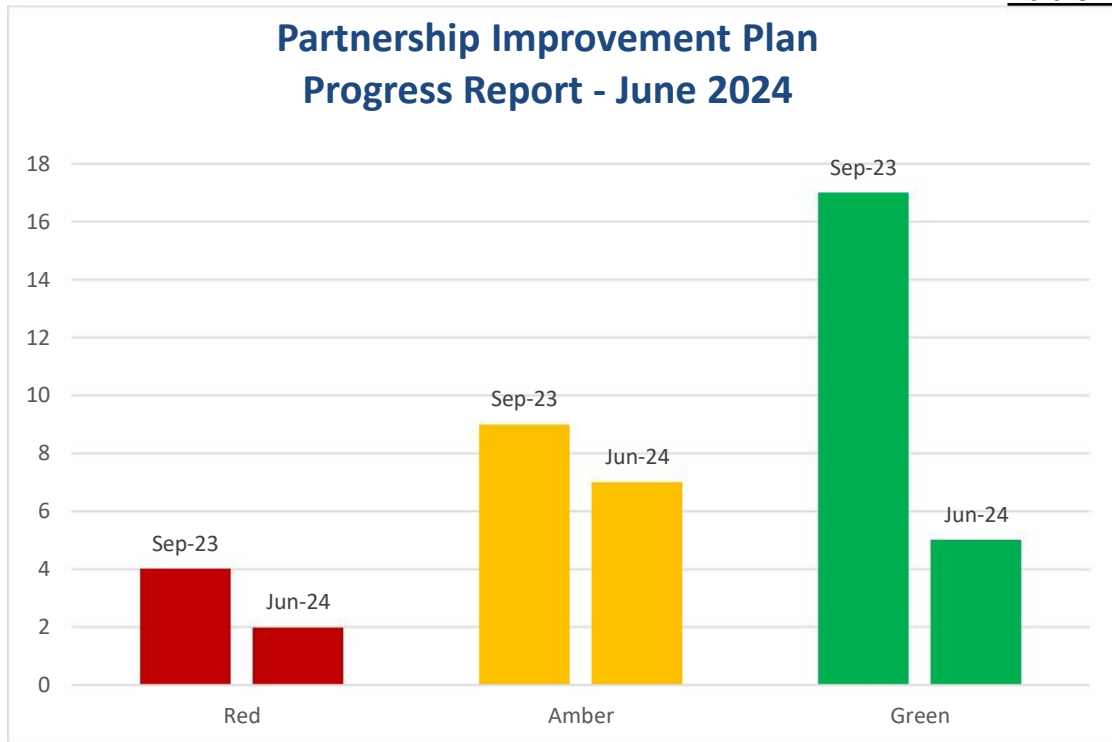
#### 3. PROGRESS UPDATE

- 3.1 Since the last report to the Audit and Performance Committee no audit assignments have been completed and no new actions identified from any

self-assessment. Therefore, no new actions have been added to the Partnership Improvement Plan.

- 3.2 The current status of Partnership Improvement Plan actions is shown at table 1 below. 10 actions were marked as being complete the last time the plan was reported to Committee in September 2023. These actions have now been removed from the plan and archived.

**Table 1**



- 3.3 The Partnership Improvement Plan now contains 30 actions. Of these 30 actions, 5 are marked as at green status, 7 are amber and 2 are red.
- 3.4 The actions with a red status are all scheduled for completion in 2024-25. Some progress has been made with these actions however the date for completion has now passed.
- 3.5 16 improvement actions of the current 30 actions on the plan have been marked as having been fully implemented or marked as complete since the last update was presented to this Committee in September 2023. These actions are marked with a blue status in the plan as set out at Appendix 1.
- 3.6 These completed actions will be removed from the plan and archived following today's meeting.

**4. INTERNAL AUDIT REPORT – SUSTAINABILITY OF PRIMARY CARE**

- 4.1 An audit of the Primary Care Improvement Plan was approved as part of the Internal Audit Plan for 2021/22 ([Report G/21/81](#) refers). The scope of this work was to provide assurance to the IJB over the arrangements in place for the implementation of the Primary Care Improvement Plan. Assignments connected with the strategic risks relating to Sustainability of Primary Care

Services were also commissioned by NHS Tayside and Angus IJB. Therefore, to ensure that there was no duplication of audit effort and to ensure that a holistic approach was taken, the Internal Audit team in the NHS undertook these assignments as a combined assignment.

- 4.2 This combined Internal Audit assignment concerning the [Sustainability of Primary Care Services](#) was presented to the Audit and Performance Committee for noting on 13 March 2023.
- 4.3 The assignment presented 7 recommendations. The responsibility for actioning all of these recommendations lay with the Chief Officer of Angus IJB as the Lead Partner for Strategic co-ordination in relation to Primary Care Services.
- 4.4 The 7 recommendations were monitored through the NHS Tayside Audit Follow Up process which requires updates to be taken to the NHS Tayside Audit and Risk Committee. To avoid duplication the position reported to that Committee has been brought to the Perth and Kinross Audit and Performance Committee for information as set out at Appendix 2 and not added to the Partnership Improvement Plan.
- 4.5 Appendix 2 presents the updates provided to NHS Tayside’s Audit and Risk Committee meetings held on 14 September 2023 and 14 March 2024 in relation to the internal audit assignment recommendations.
- 4.6 All 7 recommendations from the assignment have now been completed.

## 5. CONCLUSION

- 5.1 Considerable progress continues to be made against the actions within the Partnership Improvement Plan with the successful completion of 16 important actions as detailed in Appendix 1.
- 5.2 The 7 recommendations included in the combined internal audit assignment concerning the Sustainability of Primary Care Services have now been marked as complete as detailed at Appendix 2.

### Author(s)

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### Appendices

Appendix 1 – PKHS CP Partnership Improvement Plan

Appendix 2 – Sustainability of Primary Care Internal Audit Assignment - Conclusion



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

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

STATUS			
<b>Red</b>	Not on track with major issues	<b>Amber</b>	On track with minor issues
<b>Green</b>	On track	<b>Blue</b>	Complete

Area	IP No.	Resp. Officer	Source	Action	Update - May 2024	Priority Level	Revised Date for Completion	Date for Completion	Status
<b>1. LEADERSHIP, CULTURE AND VALUES</b> 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.	NHS Education for Scotland (NES) have agreed to lead a self-assessment exercise with IJB Members. This is currently in planning stage. This will inform how effective the IJB is performing. Results will be discussed with the IJB in a development session with an improvement plan then being developed. This session will complete this action.	2	30 Sep 24	30 Sep 23	Green
	IP03	Chief Officer	MSG	Implement a Leadership Development Program focused on Collaborative Practice	Action complete. Perth and Kinross Council has developed a leadership development programme to which all P&K HSCP leaders/managers are able to participate during 2024/25. NHS Tayside has embarked on a series of systems leadership events on 29/1/24 and 11/3/24 to assist in the preparation of a 3 year strategy. This is enabling HSCP leaders/managers to collaborate with all key partners locally and across Tayside. Development opportunities will be supported by OD colleagues on the completion of the senior leadership structure for HSCP.	2	-	31 Dec 23	Blue
	IP46	Chief Officer	AGS 2021/22	Provide training and development opportunities in relation to the revised PKIJB Integration Scheme and its implications.	This action is complete for current membership and will be contained within the induction experience for new members.	2	-	31 Dec 23	Blue
	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.	This action is complete for current membership and will be contained within the induction experience for new members.	2	30 Jun 24	31 Mar 24	Blue
	IP57	Chief Officer	AGS 2022/23	Develop and implement an improvement plan that ensures full and demonstrable compliance with the Public Sector Equality Duty.	The progress report has been delayed and will now go to the IJB in October 2024 and the implementation and improvement plan will form a part of this report.	1	02 Oct 24	31 Mar 24	Amber
<b>2. STAKEHOLDER ENGAGEMENT</b> 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.	A participation and engagement strategy is due to be considered by the IJB in October 2024. The Communication Protocol with the IJB's partners has been updated. In addition, a dedicated HSCP Communication and Digital Media post is being funded with a view to ensuring that a sustained approach to communication and a bespoke social media/web presence can be implemented.	2	02 Oct 24	31 Mar 23	Green
	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 co-producing a market facilitation plan.	Work on the market facilitation plan is ongoing. A wide range of engagement opportunities are facilitated, both at an operational and strategic level, ranging from provider forums, Strategy Groups to the Strategic Planning Group, all of which have a wide representation from all service user groups/providers. This has bolstered the good working relationships in place.	2	-	31 Dec 23	Red
	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.	Whilst the IJBs revised Strategic Plan is focussed on Health and Social Care, we are also considering the ways in which the Council (beyond social care), NHST and wider community partners can support people Perth and Kinross's Local Outcome Improvement Plan (LOIP) sets out what the Community Planning Partnership (CPP) will do over the short, medium and longer term to make Perth and Kinross a place where everyone can live life well. Community planning in Perth and Kinross is about how we realise our ambition for our area to be the best place in Scotland for everyone to live life well, free from poverty and inequality. The CPP and Health and Social Care Partnership's work is intertwined, and it is essential we work closely together to maximise the impact of our collective response. As such, the Chief Officer is now a regular attendee and member of the CPP ensuring connectivity between the LOIP, the IJB's Strategic Plan and the priorities for the HSCP. This action is complete.	2	-	31 Mar 24	Blue
<b>3. VISION, DIRECTION AND PURPOSE</b> Defining outcomes in terms of sustainable economic, social and environmental benefits	IP15	H of ASCSW / H of Health	MSG/JI	Align the refreshed Strategic Commissioning Plan with a developing Performance Management Framework. The framework will support the delivery of the SCP and be the mechanism for reporting performance information and informing the Annual Performance Report.	This action description has been refreshed and a new, realistic date for completion added. Work on a Performance Management Framework has commenced.	1	31 Dec 24	Ongoing	Green
	IP44	Chief Officer	AGS 2021/22	Joint review of strategic planning processes encompassing Lead Partner Services and including consideration of performance reporting.	Links to IP15 and will be completed once Strategic Plan is published in June 2024.	2	05 Jun 24	31 Dec 23	Amber
	IP59	H of ASCSW	AGS 2022/23	Refresh of our Strategic Commissioning Plan	The refresh of the Strategic Plan will be considered by the IJB in June 2024. Regular feedback has been gained from the Strategic Planning Group and other stakeholders over the last 12 months.	1	05 Jun 24	31 Mar 24	Amber



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

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

STATUS			
<b>Red</b>	Not on track with major issues	<b>Amber</b>	On track with minor issues
<b>Green</b>	On track	<b>Blue</b>	Complete

Area	IP No.	Resp. Officer	Source	Action	Update - May 2024	Priority Level	Revised Date for Completion	Date for Completion	Status
<b>5. FINANCIAL CONTROLS</b>	IP40	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	Budget has been set in line with reserves policy. Action complete.	1	-	31 Mar 23	Blue
	IP64	Chief Finance Officer	AGS 2022/23	Undertake a review of the IJB's reserves policy.	Action Complete. This was completed at the IJB meeting on 20 March 2024.	2	20 Mar 24	31 Dec 23	Blue
	IP65	Chief Finance Officer	AGS 2022/23	Undertake a review of financial regulations.	Action Complete. This was completed at the IJB meeting on 20 March 2024.	2	20 Mar 24	31 Dec 23	Blue
<b>6. ORGANISATIONAL DEVELOPMENT</b>	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 has now been superseded by the review of the HSCP's management and support structure. This will seek to better integrate health and social care functions with the aim of co-ordinating staff and resources in a more effective and efficient way.	2	-	30 Jun 23	Blue
<b>7. INTERNAL CONTROLS</b>	IP47	Chief Officer	AGS 2021/22	With IJB Members review and update the risk management framework	The IJB Risk Appetite development session was delayed until May 2024 meaning that the IJB consideration of risk appetite is now scheduled for 21 August 2024.	2	21 Aug 24	31 Mar 24	Amber
	IP66	Chief Officer	AGS 2022/23	Ensure greater clarity in the consideration of risks in IJB decision making.	This action will be completed once IP47 has been delivered and the risk appetite has been set. Target date amended to December 2024.	2	11 Dec 24	31 Mar 24	Amber
	IP67	Chief Officer	AGS 2022/23	Establish a process for monitoring the implementation of Directions issued by the IJB.	This action has been delayed but is planned for completion during 2024-25.	2	-	31 Mar 24	Red
	IP68	Chief Officer	AGS 2022/23	Production of an annual Strategic Risk Management Assurance report for consideration by the IJB.	Assurance on the IJB's Strategic Risk Management will be encompassed within the Annual Report of the Audit and Performance Committee which is scheduled to be considered by the IJB in August 2024.	2	21 Aug 24	31 Mar 24	Amber
	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.	Clarification of the Memorandum of Understanding has been achieved. Signing of the MoU will now be progressed. Action is now complete.	2	-	31 Mar 24	Blue
	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.	A Training session was held in March 2024. The Chief Officer and Interim Head of Adult Social Work (Operations) are undergoing local resilience partnership training. Therefore this action is now complete.	1	-	31 Mar 24	Blue





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

**Priority Levels:**  
 1 – Critical  
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STATUS			
<b>Red</b>	Not on track with major issues	<b>Amber</b>	On track with minor issues
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Area	IP No.	Resp. Officer	Source	Action	Update - May 2024	Priority Level	Revised Date for Completion	Date for Completion	Status	
<b>8. REQUIRING COLLABORATION WITH STATUTORY PARTNERS</b>	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.	This action is complete.	3	-	30 Sep 23	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.	This action is now complete. We have improved our HSCP Care and Professional Governance reporting to both statutory partners which enables an assurance report to be provided to the Audit and Performance Committee at each of their meetings. A business planning document detailing upcoming reporting requirements is now routinely provided to the EMT.	3	-	30 Sep 23	Blue
		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	This action is now marked as complete. The Chief Officer has a lead partner role and these elements are now contained within the Tayside wide mental health and learning disability whole system change programme.	3	-	30 Sep 23	Blue
		IP50	Chief Officer	AGS 2021/22	Review of Partner Body Anti-Fraud and Information Governance policies and reach agreement on PKIJB member responsibilities	This action is now complete. The HSCP management team will engage in any appropriate review of policies of NHST and PKC policies.	3	-	31 Mar 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	This action is now complete. The integration scheme was reviewed in June 2022 and finalised in November 2022. This sets out the process for dispute resolution and addresses this action.	3	-	30 Sep 23	Blue
		IP71	Chief Officer	AGS 2022/23	Improve the effectiveness of links with Partner bodies in relation to Strategic Planning.	This action is now complete. The effectiveness of links in relation to Strategic Planning has been improved. The P&K extended executive leadership team are involved in the development of the new Strategic Plan for 2024-2027. We have strengthened links with Community Planning Partnership. PKHSCP are connected and are also contributing to the NHST Development of their Strategic Plan	3	-	31 Mar 24	Blue
		IP72	Chief Officer	AGS 2022/23	Ensure compliance with the NHS National Whistleblowing Standards.	Scheduled for completion in 2023-24. This will be included as part of the Imatter session to ensure awareness and responsibilities are raised for HSCP staff. An amendment to PKC's Whistleblowing policy is being sought to ensure HSCP staff employed by PKC are aware of the process to raise whistleblowing concerns related to health services. This is substantially complete and is anticipated to be approved by September 2024.	3	30 Sep 24	31 Dec 23	Amber
<b>9. SCRUTINY &amp; ACCOUNTABILITY</b>		IP63	Chief Finance Officer	AGS 2022/23 / External Audit 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	This is scheduled to be considered by the Audit and Performance Committee in June 2024.	1	05 Jun 24	31 Mar 24	Green



### Report No. T15/22, AN05/22 & PKIJB20-02 - Sustainability of Primary Care

	Report issued	Total Recommend	Total Complete	Superseded	Extended this cycle	Not yet due
T15/22, AN05/22 & PKIJB20-02 – Sustainability of Primary Care Services	11 Jan 2023	7	7	0	0	0

*Note 1: Whilst in some cases the action taken is not always a complete match to the original recommendation, it has effectively addressed the original weakness. Internal Audit have taken assurance from the evidence provided and the close cooperation from Officers and the focused effort in improving the management of this risk.*

*Note 2: Internal Audit has validated management responses to provide assurance that appropriate action has been taken and, where possible, that action has been effective.*

Action point reference 1 – Facets of the Primary Care risk. Following in depth discussions at the Strategic Risk Management Group, a Board Development Session, and NHS Tayside Board, it was agreed that the existing Risk 353 can be archived and replaced with a new revised risk for 2023/2024. The new risk, Risk 1374 Sustainability of Primary Care Services, encompasses all the associated risks for primary care services, and accurately reflects the ongoing mitigation. \*

Action point reference 2 – This action related to the need for all four organisations (NHS Tayside and the three IJBs) to work together to manage the risk to sustainable primary care services. The Service Manager, NHST Primary Care Services and the HSCP Primary Care Managers now meet every six weeks. Risk updates across the local and Tayside wide risks form part of this agenda to ensure that local issues and mitigations from each of the HSCP Sustainability of Primary Care Services Risks are incorporated within the Tayside wide Sustainability of Primary Care Services Risk (1374). \*\*

Action point reference 3 – This action point related to the need for a coordinated strategic approach to the overall issue of sustainability of primary care. Work including engagement and stakeholder events was undertaken to develop the vision, priorities, core principles and strategic enablers for Primary Care resulting in a ‘Primary Care Plan on a Page’. To avoid duplication, it was proposed that the Tayside Primary Care Strategy is incorporated into the NHS Tayside Strategy. The work completed to date and the Plan-on-a-Page document will form part of the wider NHS Tayside Strategy. Work remains ongoing to ensure the delivery of excellent, high quality, accessible and sustainable primary care services for the population of Tayside. This approach was agreed at NHST Care Governance Committee on 1 February 2024. \*\*

\* Taken from 14 September 2023 [NHS Tayside Audit and Risk Committee Item 7.8](#)

\*\* Taken from 14 March 2024 [NHS Tayside Audit and Risk Committee Item 7.7](#)

Action point reference 4 – Assurance over Primary Care risk. A risk assurance report for the Sustainability of Primary Care Services continues to be presented at each Care Governance Committee (CGC) meeting due to the NHS Tayside risk appetite being exceeded. In addition, two sessions have been held in relation to the scheme of delegation discussing roles and responsibilities. \*

Action point reference 5 – This action related to the Sustainability of GP Practices. The results from the first round of the Sustainability Survey have been analysed and a report sent to each HSCP for them to address the sustainability issues at partnership level. The NHST Primary Care Services Manager is meeting with all three HSCP Primary Care Managers every six weeks to progress the national work linked to sustainability. The project team has reviewed and revised the Sustainability Framework Risk Matrix and associated General Practice Sustainability Survey, reflecting on learning from the first set of regional results. The next iteration of the Sustainability Survey went live in February 2024<sup>1</sup>. \*\*

Action point reference 6 – This action related to the remit and reporting structure of the Primary Care Board. The updated membership and Terms of Reference were approved on 23 November 2023. \*\*

Action point reference 7 – Roles & Responsibilities. The job description for the Operational Medical Director for Primary Care has been agreed, the post is advertised, and the recruitment process has commenced.<sup>2</sup> \*

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<sup>1</sup> Latest update - The 2<sup>nd</sup> Tayside wide sustainability survey has now concluded, and the individual practice results circulated to each practice. Each HSCP has a local overall report and is working through the actions.

<sup>2</sup> Latest update - This post was successfully recruited to.

\* Taken from 14 September 2023 [NHS Tayside Audit and Risk Committee Item 7.8](#)

\*\* Taken from 14 March 2024 [NHS Tayside Audit and Risk Committee Item 7.7](#)



## AUDIT & PERFORMANCE COMMITTEE

24 June 2024

### INTERNAL AUDIT PROGRESS REPORT

Report by Chief Internal Auditor  
(Report No. G/24/95)

#### PURPOSE OF REPORT

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

#### 1. BACKGROUND

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

#### 2. PROGRESS

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

From previous years' Internal Audit Plans, fieldwork is ongoing for Assignment 22-03, Premises and Property. This work was temporarily paused due to resourcing issues and is due to re-commence in the summer.

Testing for two assignments from the 2023/24 Internal Audit Plan is well progressed, and the reports arising from these should be presented to the next meeting of the Audit & Performance Committee. It is anticipated that testing for the final assignment from the Plan, namely PKIJB 23-02 Workforce, will commence in July 2024.

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

### 3. RECOMMENDATION

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

### 4. CONSULTATION

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

#### Author(s)

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### APPENDICES

Appendix 1 - Internal Audit Plan Progress

## Internal Audit Plans Progress Report December 2023

2022/23								
	Audit	Indicative Scope	Target Audit Committee	Planning commenced	Work in progress	Draft Issued	Completed	Grade
PKIJB 22/03	Premises and Property	To provide assurance over the risks arising from premises and property which support the delivery of services on behalf of the IJB.	September 2024	✓	✓			
2023/24								
PKIJB 23-01	Sustainability of Commissioned Service Providers	To review the sustainability of commissioned service providers	September 2024	✓	✓			
PKIJB 23-02	Workforce	To provide assurance over the management of workforce planning risks.	November 2024	✓				
PKIJB 23-03	Joint Equipment Loans Store	To ensure the efficient and effective provision of services which support people in their own homes	September 2024	✓	✓			







## AUDIT & PERFORMANCE COMMITTEE

24 June 2024

### INTERNAL AUDIT ANNUAL REPORT 2023/24

Report by Chief Internal Auditor  
(Report No. G/24/96)

#### PURPOSE OF REPORT

This report presents the year-end report and audit opinion of the Chief Internal Auditor for 2023/24, as set out in Section 5.

#### 1. BACKGROUND

- 1.1 The Integrated Resources Advisory Group (IRAG) guidance outlines the responsibility of the Integration Joint Board (the IJB) to establish adequate and proportionate internal audit arrangements for review of the adequacy of arrangements for risk management, governance and control of the delegated resources.
- 1.2 This guidance states that the IJB has responsibility for reviewing the effectiveness of the governance arrangements including the system of internal control. To inform this review and the preparation of the governance statement, as stated in the CIPFA framework on Delivering Good Governance in Local Government, Internal Audit is required to provide an annual assurance statement on the overall adequacy and effectiveness of the framework of governance, risk management and control.
- 1.3 The IJB considered the appointment of Internal Auditors for 2022/23 to 2024/25 in March 2022 ([G/22/37](#)). The Chief Internal Auditor for Perth & Kinross Council was appointed as the Chief Internal Auditor for the IJB with the Internal Audit resources being provided jointly by Perth & Kinross Council and the NHS through Fife, Tayside & Forth Valley Internal Audit Services.
- 1.4 The Public Sector Internal Audit Standards (PSIAS) require the Chief Internal Auditor to provide an annual opinion which must conclude on the overall adequacy and effectiveness of the organisation's framework of governance, risk management and control. The report must incorporate the opinion, a summary of the work that supports this opinion, a statement on conformance

with the PSIAS and the results of the quality assurance and improvement programme. This report fulfils this requirement.

- 1.5 Internal Audit is an independent, objective assurance and consulting activity designed to add value and improve an organisation's operations. In accordance with the PSIAS, it helps the council accomplish its objectives by bringing a systematic, disciplined approach to evaluating and improving the effectiveness of risk management, control and governance processes.
- 1.6 Perth & Kinross IJB's internal controls include the full range of policies, procedures and practices intended to ensure the proper conduct of its operations and the achievement of its objectives. They include processes and procedures, organisational structures, job descriptions, authorisation limits, management supervision, risk management processes, reports and decisions.
- 1.7 It is the responsibility of management to devise, implement and maintain appropriate controls over the activities for which they are responsible. The role of Internal Audit is to provide an opinion to the IJB as to the effectiveness of the controls that have been put in place by management in order to ensure that the organisation achieves its objectives. Internal Audit is thus a key part of the process by which the IJB ensures the management of the risks that threaten the achievement of its objectives.
- 1.8 Internal Audit's work is planned in such a way as to take account of these risks. Prioritising work towards the areas of highest assessed risk enables the Council to identify and remedy the most material weaknesses in its framework of internal controls.
- 1.9 In line with the PSIAS, Internal Audit undertakes a process of planning resulting in an annual plan. For 2023/24, the report containing Internal Audit's planned workload was considered and approved in October 2023 ([report G/23/146](#)). All the IJB's activities are reviewed as part of the planning process along with reports arising from external scrutiny, including those relating to the Joint Inspection and the Partnerships response to the Ministerial Steering Group's report. The plan for 2023/24 aimed to cover the most significant areas of risk within the resources available whilst ensuring that there was a balance of coverage for all Service areas.
- 1.10 This report summarises the audit work carried out in 2023/24 and presents the Chief Internal Auditor's opinion on the effectiveness of the Council's internal control environment for that year.

## **2. INTERNAL AUDIT'S WORK IN 2023/24**

- 2.1 This section presents an overview of Internal Audit's work during 2023/24 in its role as independent reviewer of the IJB's systems of internal control, risk management and governance. The Internal Audit Plan approved in October 2023 included 3 planned internal audit assignments along with the completion of one assignment for a previous Internal Audit Plan.

- 2.2 Resource availability for both Internal Audit partners has impacted on the delivery of the Internal Audit service in the year. These issues have been resolved and a plan is in place for the plan's completion over the coming months. The audit carried forward from the 2022/23 Internal Audit Plan is due for completion in the summer. Two assignments have commenced from the 2023/24 Internal Audit Plan with the remaining assignment to commence in July 2024. The outcomes from these assignments, where available, have been taken into account when arriving at the Internal Audit Opinion.
- 2.3 The results detailed in this report relate to all internal audit activity between May 2023 and May 2024 relating to Internal Audit's work during that period, both planned and unplanned.
- 2.4 The Chief Internal Auditor has reviewed reports and evidence which has been considered by the IJB and the Audit & Performance Committee throughout the year. In addition, reports considered by NHS Tayside and Perth & Kinross Council's Audit & Risk Committees have been considered, where these impact on the control environment for Perth & Kinross' IJB. Unplanned work, whether reported or otherwise, has also been taken into account.
- 2.5 The Chief Internal Auditor has reviewed and validated the self-assessment process undertaken to arrive at the IJB's Annual Governance Statement.
- 2.6 From this activity, broadly satisfactory controls are in place.

### **Follow Up of Action Plans**

- 2.7 The responsibility for considering (and accepting or rejecting) Internal Audit's findings rests with management. Final audit reports record the agreed plan of action, including the individual(s) responsible; and the planned timescales for completion. The audit process is of little value unless action is taken to remedy deficiencies in internal control where these are identified.
- 2.8 The Chief Officer provides the Audit & Performance Committee with a regular update on progress with agreed Internal Audit Actions.
- 2.9 In the Chief Internal Auditor's opinion, the procedures in place provide a sound basis for ensuring that progress against the agreed plans is exposed to the proper level of scrutiny.

### **3. THE AUDIT & PERFORMANCE COMMITTEE**

- 3.1 The Audit & Performance Committee operates within an approved 'Role and Remit' and, as a formally constituted Committee of the IJB. The Committee conducts its meetings in public, with its meetings routinely recorded and available to view via a link from the Committee's webpage, thus ensuring a high degree of accountability for its activities.

#### **4. COMPLIANCE WITH AUDITING STANDARDS**

- 4.1 The Public Sector Internal Audit Standards (PSIAS) have been adopted by Perth & Kinross Council as the relevant professional standards. These standards are applied to Internal Audit's work in relation to the IJB.
- 4.2 Internal Audit services are required to be externally validated against these standards every 5 years. Perth & Kinross Council's Internal Audit function was assessed in 2018/19 as being fully compliant with these standards. The Chief Internal Auditor's annual self-assessment of conformance also supports this opinion. There has been a delay in the process for the 2023/24 external validation and this is due to be completed later in the year. This delay is partially as a result of the impact of the COVID pandemic and partially due to resourcing of Internal Audit across the Scottish Public Sector.

#### **Code of Ethics**

- 4.3 Internal Auditors must conform to the Code of Ethics included within the Standards. This Code incorporates the principles and rules of conduct for Internal Auditors' integrity, objectivity, confidentiality and competency.

#### **5. AUDIT OPINION**

- 5.1 In the Chief Internal Auditor's opinion, reasonable reliance can be placed on the IJB's risk management and governance arrangements, and systems of internal control for 2023/2024, subject to management implementation of the agreed actions detailed in Internal Audit reports.

#### **6. CONCLUSION AND RECOMMENDATION**

- 6.1 It is recommended that the Committee notes the content of this report and specifically the Audit Opinion at Section 5.

#### **Author(s)**

<b>Name</b>	<b>Designation</b>	<b>Contact Details</b>
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## PERTH AND KINROSS INTEGRATION JOINT BOARD

### AUDIT & PERFORMANCE COMMITTEE

24 JUNE 2024

### ANNUAL GOVERNANCE STATEMENT

Report by Chief Finance Officer  
(Report No. G/24/97)

#### PURPOSE OF REPORT

The purpose of the report is to seek approval of the Annual Governance Statement for the financial year 2023/24 which provides assurance as to the effectiveness of the Integration Joint Board's (IJB) governance framework and in particular the system of internal control.

#### 1. RECOMMENDATION(S)

- 1.1 It is recommended that the Audit and Performance Committee:
- (i) Approve the 2023/24 Annual Governance Statement for inclusion in the unaudited Annual Accounts.

#### 2. SITUATION / BACKGROUND / MAIN ISSUES

- 2.1 On an annual basis the IJB has to include an Annual Governance Statement (AGS) (Appendix 1) within its Annual Accounts.
- 2.2 The purpose of the AGS is to give assurance to our stakeholders that we have effective governance arrangements in place to ensure that, as an IJB, we are doing the right things for the right people at the right time in an open, honest and accountable way.
- 2.3 Reliance is also placed on the systems of internal control of NHS Tayside, Perth & Kinross Council, and Angus and Dundee IJB's. These support compliance with each organisations' policies and promote achievement of organisational aims and objectives.

- 2.4 The AGS provides an opportunity to review our rules, resources, systems, processes, culture and values to make sure that our governance framework and, in particular, our system of internal control is:
- legally compliant
  - ethically sound; and
  - fit for its purpose
- thereby enabling the IJB to achieve its strategic objectives and facilitates the provision of high quality services that meet the needs of our communities, in an appropriate, efficient and affordable way. It is important therefore, that governance issues are identified systematically and comprehensively and reported in an open and transparent manner.

### 3. PROPOSALS

- 3.1 The process for reviewing the integrity and effectiveness of our governance arrangements to inform the AGS has been led by the Chief Finance Officer. Evidence has been gathered by way of self-assessment and progress
- 3.2 The self-assessment and Partnership Improvement Plan identified many areas of progress which have been highlighted clearly in the AGS.
- 3.3 However, a number of areas for further improvement have also been identified. These will be considered for inclusion in PKHSCP's Partnership Improvement Plan.
- 3.4 The Partnership Improvement Plan is presented separately to the Audit and Performance Committee for scrutiny and assurance.

### 4. CONCLUSION

- 4.1 The assurance process has demonstrated that the IJB has in place adequate and effective internal controls that are considered fit for their purpose in accordance with the governance framework.
- 4.2 The process has been successful in identifying areas for improvement which will further strengthen the IJB's governance arrangements.
- 4.3 These further areas of governance improvements will form additional key elements of the Partnership Improvement Plan as it rolls forward to 2024/25.

#### Author(s)

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### **APPENDIX**

Appendix 1 - Draft Annual Governance Statement 2023-24

## SECTION 4: ANNUAL GOVERNANCE STATEMENT

### INTRODUCTION

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

### SCOPE OF RESPONSIBILITY

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

To meet this responsibility the IJB has established arrangements for governance that includes a system of internal control. The system is intended to manage risk to support achievement of the IJB's aims and objectives. The governance arrangements are broadly consistent with the principles of CIPFA and the Society of Local Authority Chief Executives (SOLACE) framework "Delivering Good Governance in Local Government".

Reliance is also placed on the NHS Tayside and Perth & Kinross Council systems of internal control that support compliance with each organisations' policies and promotes achievement of each organisations' aims and objectives. Reliance is also placed on the internal control environment operating in Dundee City IJB and Angus IJB in respect of Lead Partner services.

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

### THE GOVERNANCE FRAMEWORK

Perth and Kinross IJB comprises of eight voting members, four nominated from Perth and Kinross Council and four from NHS Tayside. IJB membership also includes non-voting members including a Chief Officer, Chief Finance Officer, professional advisers for health, social work and social care along with stakeholder members from carers groups, service user representatives, the third sector and staffside representation. The IJB has an Audit and Performance Committee which is chaired by an IJB voting member. The Audit and Performance Committee met six times during 2023-24.

The governance framework comprises the systems, processes, culture and values the IJB has in place to help achieve its strategic objectives. The IJB recognises that the following are fundamental elements of good governance within public sector organisations: -

- Leadership, Culture & Values
- Stakeholder Engagement
- Vision, Direction & Purpose
- Decision Making
- Organisational Development
- Scrutiny & Accountability
- Internal Controls

## SECTION 4: ANNUAL GOVERNANCE STATEMENT

The system of internal control is a crucial part of that framework and is designed to manage risk to a reasonable level. The system of internal control is based on a continuous process designed to identify and prioritise risks in relation to the achievement of Perth & Kinross IJB's intended outcomes. These risks are evaluated based on likelihood and impact and they need to be mitigated and managed proportionately.

The key features of the governance arrangements that were in place during 2023/24 are summarised below, along with the improvement activity that has been undertaken during the year to increase effectiveness.

### LEADERSHIP, CULTURE AND VALUES

A code of conduct for members and employees is in place along with a register of interests. A standards officer has been appointed and standing orders are in place which are reviewed on a regular basis. The standards officer provides advice and guidance to Members of the Board on issues of conduct and ensures that a Register of Interests is kept. A development programme for IJB members has been in place since inception and this has been a key feature in developing working relationships between the Chair, members and officers.

The IJB Chair and Chief Officer meet regularly. The Strategic Commissioning Plan provides a clear and shared direction and purpose across the IJB membership and the Perth and Kinross Health and Social Care Partnership (PKHSCP) Executive Management Team.

The IJB Chair is supported to carry out the role with independent legal and governance support and effective committee secretariat services. The Chief Officer is a Director in the partner organisations and a member of their Executive Leadership Teams, attends the NHS Board and Perth and Kinross Council meetings and is directly accountable to both Chief Executives.

The Chief Officer benefits from the support of Perth and Kinross Council's Chief Social Work Officer, who is also a member of the IJB. Health Care Professionals who are members of the board also provide a level of support to the IJB, helping to align oversight and assurance.

The Chief Officer continues to progress a more integrated management structure within the Health and Social Care Partnership. This has been partly implemented during 2023/24 and the full revised leadership arrangements are now due for completion in 2024/25. This will further mitigate the risk



## SECTION 4: ANNUAL GOVERNANCE STATEMENT

identified in relation to senior management stability and capacity.

### Improvement activity during the year:

- P&K HSCP leaders and managers are participating in a Leadership Development Programme which has been developed by Perth and Kinross Council. This will continue in 2024-2025.
- We have offered and provided development opportunities in relation to the PKIJB Integration Scheme for the current IJB Membership. This will be included in the induction programme for any new IJB Members.
- We have continued to develop a culture and ethos striving to be the best that we can be. This ethos has been delivered through a series of values-based Perth and Kinross Offer sessions delivered to staff and led by the Chief Officer.
- [What Matters to You?](#) events have continued to contribute to our positive culture and ethos relating to ambition, compassion and integrity.

## STAKEHOLDER ENGAGEMENT

Perth and Kinross IJB Meetings are held in public and online. Membership includes wide stakeholder representation including carers' representatives, service users, the third sector and the independent sector.

We have dedicated support for communications through our partner bodies which supports communication with staff and wider stakeholders.

Our Engagement and Participation Strategy is being reviewed and will be refreshed to strengthen stakeholder engagement and the evaluation of the impact we are making.

The HSCP has a dedicated Community Engagement Team who play a key role in delivering community engagement and participation across the Partnership area.

The Strategic Commissioning Plan 2020-2025 was published following engagement with local people. The Strategic Planning Group meets regularly throughout the year and this group has a broad and diverse membership which represents all localities and service user groups to ensure the voice of all is represented in our Strategic Planning work. We maintain close links with the Community Planning Partnership and Local Action Partnerships.

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

The Partnership has engaged with elected members of Perth & Kinross Council around the Financial Plan and the challenges facing the IJB.

## SECTION 4: ANNUAL GOVERNANCE STATEMENT

### Improvement activity during the year:

- All members of the IJB were involved in the budget development for 2024/25.
- A wide range of engagement opportunities have been facilitated, both at an operational and strategic level, ranging from provider forums, Strategy Groups to the Strategic Planning Group, all of which have a wide representation from all service user groups/providers. This has bolstered the good working relationships in place.
- Our Communications Protocol in partnership with Perth and Kinross Council and NHS Tayside Communications Teams, which has been shared across the IJB, has been updated.
- Perth and Kinross's Local Outcome Improvement Plan sets out what the Community Planning Partnership will do over the short, medium and longer term to make Perth and Kinross the best place in Scotland where everyone can live life well, free from poverty and inequality.
- We have strengthened our connection with the Public Health Division and this helped inform our revised Strategic Plan.
- A dedicated HSCP Communication and Digital Media post is being funded which will ensure that a sustained approach to communication and a bespoke social media/web presence can be implemented.

### VISION, DIRECTION AND PURPOSE

The Strategic Commissioning Plan 2020-2025 sets out the IJB's strategic aims and ambitions, how these link to the National Health and Wellbeing Outcomes and how progress will be measured. The IJB will be asked to consider a refreshed Strategic Plan in June 2024 and this new plan will be supported by a performance management framework.

To support progress against the 2020-25 plan we have developed Care Group Strategic Delivery Plans, underpinned by outcomes focused performance management frameworks.

These Strategic Delivery Plans have been approved by the IJB and closely aligned to the 3 Year Financial Plan and Workforce Plan. Progress is overseen by Strategy Groups, the P&K HSCP Transformation Board and Executive Management Team. Annually, the IJB reviews strategic progress and the Audit and Performance Committee considers performance against approved Strategic Delivery Plan outcomes.

The publication of our Annual Performance Report documents our achievement throughout the year in achieving our strategic objectives and national outcomes.

## SECTION 4: ANNUAL GOVERNANCE STATEMENT

### Improvement activity during the year:

- The Perth and Kinross extended executive leadership teams are engaged in the development of the new Strategic Plan for 2024-2027. This has improved links with our partner bodies.
- HSCP Heads of Service now routinely attend Community Planning Partnership meetings ensuring cohesion and good partnership working.
- A Joint Strategic Needs Assessment has been completed informing the vision, direction and purpose of the new Strategic Plan.
- The Transformation Board has been re-established and meets regularly. This board seeks to deliver an appropriately robust governance structure which provides vision, direction, purpose as well as approval, oversight, scrutiny and assurance on the significant health and social care transformation and improvements taking place.
- A Primary Care Strategic Delivery plan was approved by the IJB in June 2023 and is now being implemented and aims to support the delivery of excellent, high quality, accessible and sustainable primary care services for the population of Perth and Kinross
- A Primary Care Premises Strategy was approved by the IJB during 2023-24 which identifies our premises needs for the short, medium and long term.

### DECISION-MAKING

All reports to the IJB are in an agreed format that supports effective decision-making. The IJB and Audit and Performance Committee Annual Work plans ensure regular opportunity for review and scrutiny of progress in delivering strategic priorities.

The Executive Management Team (EMT) meet regularly to oversee delivery service redesign priorities and for escalation of operational risk that may impact on strategic delivery.

The work of our Transformation Board supports informed decision making on health and social care transformation and improvement.

Development sessions have taken place throughout the year to support informed decision making by IJB members.

Integrated financial planning across health and social care services and the development of financial frameworks to support strategic delivery plans ensures an effective link between strategic and financial planning.

The Partnership's Business Improvement Team is a key project and programme management resource supporting the leadership team in reviewing strategic and service priorities where business improvement and transformation is required.

## SECTION 4: ANNUAL GOVERNANCE STATEMENT

### ORGANISATIONAL DEVELOPMENT

IJB Members are supported by a programme of training throughout the year. Induction is provided for any new IJB Members when required.

Over the year, a program of development sessions has been provided to IJB Members to inform and support ongoing decision-making. An extensive development programme is scheduled in advance to ensure IJB members remain fully informed of significant developments. This programme is presented to Members at each meeting and is continually updated to reflect the changing environment.

In addition to this, the IJB has met on four occasions to ensure members are informed in relation to prioritisation of financial resources and budget setting.

The HSCP is midway through implementation of a 3-year workforce plan. This has an associated action plan to support implementation with updates on progress being provided to the IJB for information, assurance and scrutiny.

#### Improvement activity during the year:

- A series of IJB Member visits took place during the year. This ensured Members remain informed and supported in decision making and aware of good practice as well as the challenges facing health and social care services in Perth and Kinross. These included visits to the Prison Healthcare Service, Public Dental Service, Psychiatry of Old Age, amongst others.

### SCRUTINY AND ACCOUNTABILITY

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

We report at each Audit and Performance Committee meeting on financial performance and we are required to publish externally audited Annual Accounts each year. The Annual Performance Report details our activity, reports on our success and outlines further areas for improvement and development.

Our performance against the core set of integration indicators is reported quarterly to the Audit and Performance Committee and to the Executive Management Team.

We have a robust process in place to capture and encourage service user feedback via [Care Opinion](#) and our SUPER Survey platform and will begin to include stories in our formal reporting to highlight individual experiences and outcomes.

Our Partnership Improvement Plan is presented to the IJB's Audit and Performance Committee and provides an update on implementing improvement actions/recommendations arising from our Annual Review of Governance and other self-assessments as well as internal and external audit recommendations and other external inspections.

## SECTION 4: ANNUAL GOVERNANCE STATEMENT

We have included an assessment of how we are delivering against our Best Value responsibilities within the Annual Performance Report.

### Improvement activity during the year:

- We have scheduled regular updates to the IJB on Strategic Delivery Plans thereby improving our assurance reporting on achieving the IJB's Strategic Plan objectives.
- We have sought and gained clarification on the Memorandum of Understanding with Perth and Kinross Council and NHS Tayside for the sharing of data.
- The Chief Officer, as Lead Partner for the coordination and strategic planning of inpatient mental health and learning disability services, has rationalised the detailed reporting of the Whole System Mental Health and Learning Disabilities Change Programme across Tayside.
- We conducted a self-assessment ensuring we comply with the characteristics of Best Value in accordance with the Local Government in Scotland Act 2003 Best Value Guidance. Improvement actions identified from this have been included in our Partnership Improvement Plan.

## INTERNAL CONTROL FRAMEWORK

The governance framework operates on the foundation of internal controls including management and financial information, financial regulations, administrative procedures, management supervision and a system of delegation and accountability. During 2023/24 this included the following:

The development of a 3-year financial plan 2023 to 2026 informed by the financial frameworks underpinning our Strategic Delivery Plans. The 3-year financial plan has been developed and considered with engagement from all IJB members via Budget Development Sessions.

The IJB's approach to risk management is set out in the Tayside IJB Risk Management Strategy. During 2023/24, the Audit and Performance Committee has overseen and provided robust scrutiny on the IJB's strategic risk register and its associated risk improvement plan.

A schedule of strategic risk reporting to the Executive Management Team is in place. The overall strategic risk profile is reviewed and a balanced assessment is made.

Our approach to strategic risk continues to mature with a development session on the IJB's risk appetite having taken place. The IJB's risk appetite is scheduled to be set in the first half of 2024-25.

The annual work plan for the IJB sets out clear timescales for reporting on key aspects of strategy implementation and transformation. A work plan is also in place for the IJB's Audit and Performance Committee. An annual report from this Committee is presented to the IJB providing assurance that the Committee has met its remit throughout the year.

A Directions policy and procedure is now in place with enhanced governance arrangements being practiced.

Regular review of service quality against recognised

## SECTION 4: ANNUAL GOVERNANCE STATEMENT

professional clinical and care standards is provided by the PKHSCP Care and Clinical Governance Forum. This provides assurance to NHS Tayside Care Governance Committee and Perth and Kinross Council Performance and Scrutiny Committee. Assurance is then provided to the IJB from its partners on the effectiveness of the clinical and care governance arrangements in place.

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

We have a Data Protection Officer in place to ensure the IJB's our GDPR requirements are met.

The HSCP has business continuity plans in place which are regularly reviewed in accordance with processes in place with Partner organisations and any applicable national guidance.

We are working with the other IJBs in Tayside to ensure strong and effective arrangements are in place to support the strategic planning and delivery of lead partner services.

The following wider internal control framework also includes:

- *Complaints handling procedures;*
- *Clinical Care Governance monitoring arrangements;*
- *Procedures for whistle-blowing;*
- *Data Sharing Arrangements;*
- *Code of Corporate Governance including Scheme of Delegation, Standing Financial instructions, standing orders, scheme of administration;*
- *Reliance on procedures, processes and systems of partner organisations*
- *The Annual Internal Audit Report which concludes that reasonable reliance can be placed on the Council's risk management and governance arrangements, and systems of*

*internal control for IJBs have also provided formal assurance that adequate and effective governance arrangements were in place throughout during 2023/24.*

Improvement activity during the year:

- We have ensured that P&K IJB are meeting their statutory obligations as a Category 1 responder.
- We have reviewed the appropriateness of the arrangement where the IJB's Chief Officer also had the role of Chief Social Work Officer. Independent professional advice and leadership for the IJB in this area is confirmed by the appointment by the Perth and Kinross Council Chief Executive of a new CSWO.
- We have undertaken reviews of the IJB's Reserves Policy and Financial Regulations.
- We have improved our HSCP Care and Professional Governance reporting by now reporting to both statutory partners. This provides assurance that effective and robust systems of Clinical, Care and Professional Governance are in place within our Statutory Partners.

## SECTION 4: ANNUAL GOVERNANCE STATEMENT

### ONGOING REVIEW AND FURTHER DEVELOPMENTS

To support the annual review of governance, we have undertaken a full self-assessment using the Internal Control Environment Self-Assessment Tool provided by Internal Audit. The annual self-assessment has been informed by a full progress update of our Partnership Improvement Plan.

Governance areas that require further development are highlighted in the Partnership Improvement Plan. This includes areas identified via our self-assessment as well as recommendations received from other external or internal auditors during 2023/24. Progress updates on the Partnership Improvement Plan are provided to the IJB's Audit and Performance Committee.

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

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

- *the work of the Executive Management Team who have responsibility for development and maintenance of the governance environment.*
- *the Annual Report by the Chief Internal Auditor.*
- *reports from Audit Scotland and other review agencies.*
- *self-assessment against Internal Audit's Internal Control Environment Self-Assessment Tool 2023/24.*
- *progress reported against PKHSCP's Partnership Improvement Plan to the IJB's Audit and Performance Committee.*
- *the draft Annual Governance Statements for Perth & Kinross Council, NHS Tayside, Dundee IJB and Angus IJB.*

### REVIEW OF ADEQUACY AND EFFECTIVENESS

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

In addition to regular reports to the IJB's Audit and Performance Committee during 2023/24, the Chief Internal Auditor prepares an annual report to the Audit and Performance Committee including an assurance statement containing a view on the adequacy and effectiveness of the systems of internal control.

The Internal Audit Annual Report 2023/24 received by the IJB's Audit and Performance Committee on 24 June 2024 concluded by stating that; in the Chief Internal Auditor's opinion, reasonable reliance can be placed on the IJB's risk management and governance arrangements and systems of internal control for 2023/24, subject to management implementation of any agreed actions.

The draft Annual Governance Statements of NHS Tayside, Perth and Kinross Council, Dundee IJB and Angus IJB have been considered in preparing this Annual Governance Statement. There were no issues arising which require any further disclosure in the Integration Joint Board's Governance Statement.

## SECTION 4: ANNUAL GOVERNANCE STATEMENT

### ACTION PLAN FOR 2023/24

To strengthen governance arrangements 17 actions were identified in 2023/24. Of these, 11 have been fully completed. Progress on implementation of the actions is provided via the Partnership Improvement Plan. The remaining actions continue to be a part of the Partnership Improvement Plan until completion. The Partnership Improvement Plan is monitored by the Executive Management Team and scrutiny provided via the Audit and Performance Committee.

The 6 remaining outstanding actions from 2023/24 are all nearing completion or have a plan in place to ensure implementation can be achieved during 2024/25.

### ACTION PLAN FOR 2024/25

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

#### Decision Making

- *To support informed and effective decision making, we will review and refresh the standard IJB reporting template to ensure that information is made clearer to Members. This may include specific references to Best Value Characteristics and Sustainability Impact.*
- *We will strengthen the approach to the completion of EQIAs on all Audit and Performance Committee reports to support more effective decision making and improve reporting and transparency.*

#### Scrutiny and Accountability

- *Conduct a self-assessment utilising the Scottish Government's "[Programme and Project Management Principles](#)" to ensure that project and programme Management Governance is effective.*

#### Internal Controls

- *Evaluate the objectives within the new strategic plan to ensuring strategic risks are refreshed and relevant.*
- *Investigation and establishment of an appropriate procedure to ensure that the IJB's Whistleblowing processes are fit for purpose.*
- *Conduct a review and update of the IJB's Standing Committee Terms of Reference.*

#### Requiring Collaboration with Statutory Partners

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

- *Review the arrangements and the information presented by the IJB in relation to statutory Public Bodies Climate Change reporting.*

The above areas will form new key elements of the Partnership Improvement Plan as it rolls forward to 2024/25.



## SECTION 4: ANNUAL GOVERNANCE STATEMENT

### CONCLUSION AND OPINION ON ASSURANCE

Whilst recognising that improvements are required, as detailed above, we consider that the internal control environment operating during 2023/24 provides reasonable and objective assurance that any significant risks impacting on the achievement of our objectives will be identified and actions taken to avoid or mitigate their impact. Systems are in place to continually review and improve the governance and internal control environment.

**Councillor Colin Stewart**  
*IJB Chair*

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**Jacqueline Pepper**  
*Chief Officer*

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## PERTH AND KINROSS INTEGRATION JOINT BOARD

### AUDIT & PERFORMANCE COMMITTEE

24 JUNE 2024

### UNAUDITED ANNUAL ACCOUNTS 2023/24

Report by Chief Finance Officer  
(Report No. G/24/98)

#### PURPOSE OF REPORT

This report presents the Integration Joint Board's (IJB) Unaudited Annual Accounts for the financial year 2023/24 in accordance with the Local Authority Accounts (Scotland) Regulations 2014.

#### 1. RECOMMENDATION(S)

It is recommended that:

- (i) The Audit and Performance Committee authorises the Chief Finance Officer to sign the Unaudited Annual Accounts on behalf of the IJB.

#### 2. SITUATION / BACKGROUND / MAIN ISSUES

- 2.1 The Unaudited Annual Accounts for 2023/24 are due to be submitted to the Controller of Audit by 28 June 2024.
- 2.2 The Annual Accounts are prepared in accordance with the 2023/24 CIPFA Code of Practice on Local Authority Accounting ("the Code").
- 2.3 These accounts also comply with the Local Authority Accounts (Scotland) Regulations 2014 which came into force in October 2014.

#### 3. PROPOSALS

- 3.1 The regulations require an annual review of the effectiveness of the IJB's system of internal control. This requirement will be met by the approval of the Annual Governance Statement by the IJB prior to inclusion in the Unaudited Annual Accounts.

- 3.2 The Annual Accounts include a Management Commentary. The purpose of which is to provide users of the financial statements with integrated information on management's view of performance, position and progress (including forward looking information). This is set out from page 3 of the Accounts.
- 3.3 The regulations require the IJB, or an appropriate Committee of the IJB, to consider the unaudited accounts at a meeting to be held no later than 30 August 2024. Best practice is for the IJB, or an appropriate Committee, to have formally considered the Unaudited Annual Accounts prior to submitting them to the appointed auditor and making them available for public inspection.
- 3.4 Following consideration of the Unaudited Annual Accounts, the IJB is asked to authorise the Chief Finance Officer to sign the Accounts, submit for external audit and make them available for public inspection.
- 3.5 Further information and detail on performance will be set out in the full Annual Performance Report which will be brought forward for approval to the Audit and Performance Committee on 29 July 2024

#### **4. NEXT STEPS**

- 4.1 Assuming approval by the Audit and Performance Committee on behalf of the IJB at its meeting on 24 June 2024, the audit of the Annual Accounts will take place during September 2024. Audit Scotland will consider whether the Annual Accounts:
- Give a true and fair view, in accordance with applicable law and the Code, of the state of the affairs of the IJB at 31 March 2024 and of the income and expenditure of the IJB for the year then ended;
  - Have been properly prepared in accordance with IFRSs as adopted by the European Union, as interpreted and adapted by the Code; and
  - Have been prepared in accordance with the requirements of the Local Government (Scotland) Act 1973 and the Local Government in Scotland Act 2003.
- 4.2 It is anticipated that the results of the audit will be summarised in the Draft Annual Report which incorporates the ISA260: Report to those Charged with Governance. It is anticipated that this Final Audit Report will be considered by the Audit and Performance Committee on 28 October 2024.
- 4.3 The Unaudited Annual Accounts are also available for public inspection between 28 June 2024 and 18 July 2024 (inclusive) with any objections being sent to the auditor.

#### **5. CONCLUSION**

- 5.1 The Unaudited Annual Accounts will be submitted to the Controller of Audit by 28 June 2024 subject to approval by the Audit and Performance

Committee on behalf of the IJB and authorisation by the Chief Finance Officer.

**Author(s)**

<b>Name</b>	<b>Designation</b>	<b>Contact Details</b>
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**APPENDIX**

Appendix 1 - Unaudited Annual Accounts 2023/24

**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.







**SECTION 1**  
MANAGEMENT COMMENTARY

**SECTION 2**  
STATEMENT OF RESPONSIBILITIES

**SECTION 3**  
REMUNERATION REPORT

**SECTION 4**  
ANNUAL GOVERNANCE STATEMENT

**SECTION 5**  
ANNUAL ACCOUNTS

**SECTION 6**  
NOTES TO THE ANNUAL ACCOUNTS

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

**SECTION 8**  
GLOSSARY OF TERMS



## SECTION 1: MANAGEMENT COMMENTARY

### INTRODUCTION

The purpose of this document is to provide the financial statements of Perth and Kinross Integration Joint Board (IJB) for the year ending 31 March 2024. The Management Commentary also outlines the key messages in relation to the IJB's financial planning and performance for the year, and how this has supported strategic delivery.

### ROLE AND REMIT

The IJB is a legal entity with responsibility for strategic planning and commissioning of a broad range of integrated health and social care services within Perth and Kinross.

The functions delegated to the IJB by Perth and Kinross Council and NHS Tayside are detailed in the [Integration Scheme](#) which was given Ministerial approval in November 2022. The Scheme defines the main purpose of integration as follows:

- To improve the wellbeing of people who use health and social care services, in particular those whose needs are complex, and which require support from health and social care at the same time;
- To improve the wellbeing of those for whom it is necessary to provide timely and appropriate support in order to keep them well;
- To promote informed self-management and preventative support to avoid crisis or ill health; and
- To jointly deliver on the national health and wellbeing outcomes.

The IJB sets the strategic direction for delegated services via the preparation and implementation of the [Strategic Commissioning Plan](#) and seeks assurance on the management and delivery of integrated services through appropriate scrutiny, oversight and performance monitoring.

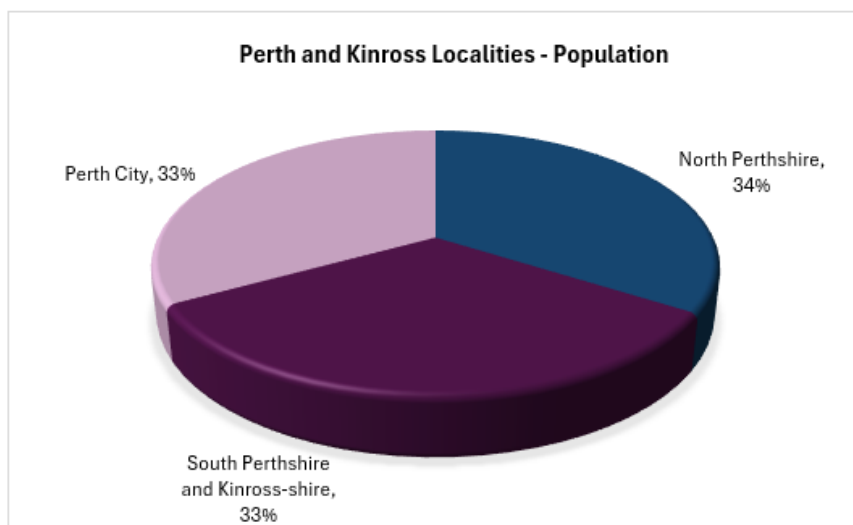
The future direction of health and social care delivery in Perth and Kinross will be set by the IJB in June 2024 when a new Strategic Plan for 2024-2027, based on a revised strategic needs assessment, will be considered for approval.

### PERTH AND KINROSS POPULATION CONTEXT

Perth and Kinross is a geographically large Local Authority area with significant rurality and with the total population of 154,000 split evenly across three localities North Perthshire, South Perthshire, and Perth City.

# SECTION 1: MANAGEMENT COMMENTARY

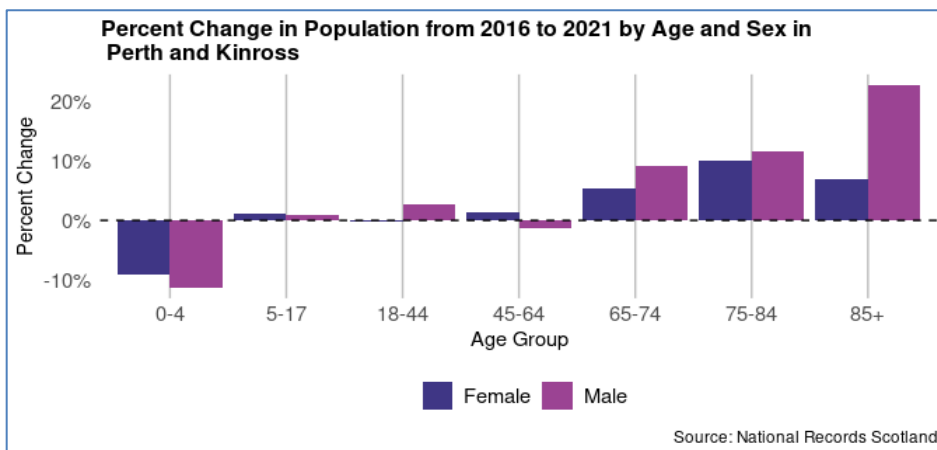
Chart 1



The population of Perth and Kinross is older when compared to Scotland overall with over 24% of people aged 65 or above compared to 19.6% for Scotland. The number of people over 85 is projected to increase by over 100% in the next 20 years.

There has been minimal change in the size of the working population, together these population changes present considerable challenges in the delivery of sustainable and effective Health and Social Care Services.

Chart 2



The Scottish Index of Multiple Deprivation indicates that 23.2% of our population lives in the least deprived quintile and 6% in the most deprived. Perth and Kinross is classified as “Mainly Rural” (Scottish Government - Rural and Environmental Science and Analytical Services) and is the 8<sup>th</sup> most rural Local Authority area in Scotland. This means that service accessibility is the main contributor to health inequalities. Perth and Kinross is experiencing and will continue to experience the combined challenges of an increasing older population, rurality, reduced availability of working age population, and reduced economies of scale.

Life expectancy in Perth and Kinross is above the Scottish average, 79 years for males and 82.9 years for females compared to 76.8 years and 81 years respectively.

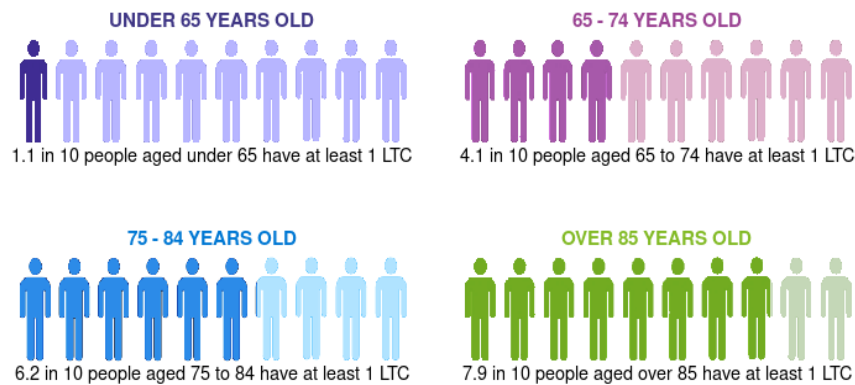
The number of people supported in the treatment of Long-Term Conditions (LTCs) provides some additional context on the health of our population and the consequential

## SECTION 1: MANAGEMENT COMMENTARY

need for Health and Social Care support. It is estimated (based on people who had contact with NHS services) that 21.6% of the population have at least one LTC. These include cardiovascular, neurodegenerative, and respiratory conditions, as well as other organ conditions namely liver disease and renal failure, arthritis, cancer, diabetes, and epilepsy.

Chart 3 shows how our population is affected by LTCs overall. We can see that the prevalence of LTCs increases with age and with an increasingly elderly population this increases pressure on Health and Social Care services.

Chart 3



## STRATEGIC PLAN AND KEY ACTIVITIES FOR THE YEAR

The current [Strategic Commissioning Plan](#) covering 2020-25 sets out the following priorities and strategic aims of the IJB.

### 1. Working Together with our communities

Strategic Aim: We want people to have the health and care services they need within their local communities and to empower people to have greater control over their lives and stronger connections in their community.

### 2. Prevention and early intervention

Strategic Aim: We will aim to intervene early, to support people to remain healthy, active and connected in order to prevent later issues and problems arising.

### 3. Person-centered health, care and support

Strategic Aim: By embedding the National Health and Care Standards we will put people at the heart of what we do.

### 4. Reducing inequalities and unequal health outcomes and promoting healthy living

Strategic Aim: Our services and plans will seek to reduce health inequalities, to increase life expectancy, increase people's health and wellbeing and to reduce the personal and social impact of poverty and inequality.

### 5. Making best use of available facilities, people and other resources

Strategic Aim: We will use our combined health and social care resources efficiently, economically, and effectively to improve health and wellbeing outcomes for the people of Perth and Kinross.

## SECTION 1: MANAGEMENT COMMENTARY

To deliver against these priorities and strategic aims, we have established Care Groups to ensure sufficient focus on the needs of our population. To date the IJB has approved Care Group strategic delivery plans for:

- [Community Mental Health and Wellbeing](#)
- [Learning Disabilities and Autism](#)
- [Older People's Services](#)
- [Carers](#)
- [Primary Care](#)
- [Alcohol and Drug Partnership](#)

These plans provide more detail on how we deliver our services and they are underpinned by outcomes focused Performance Management Frameworks which are strongly linked to the [National Health and Wellbeing Outcomes](#).

### PRINCIPAL ACTIVITIES, KEY ACHIEVEMENTS IN 2022/23

#### Community Mental Health and Wellbeing

##### Activities and Achievements

- There has been a 27% reduction in people waiting for an assessment and all other initial mental health assessments are currently being undertaken within 10 working days.
- Demand for all mental health services is high and teams are collectively working with around 5,000 people (around 3% of the population).
- The Primary Care Mental Health Transformation Programme, launched in March 2024, supports a sustainable longer-term approach to population mental health. This provides an early intervention and prevention role with the ability to offer 240 appointments per week at capacity.
- The first Mental Health Symposium was held in October 2023, in partnership with the Gannochy Trust it was led by 3<sup>rd</sup> sector organisations focusing on improvements in supporting people with mild/moderate mental health issues and early intervention and prevention.
- Perth and Kinross HSCP were recently awarded Accreditation with Excellence by the Scottish ECT Accreditation Network. Electroconvulsive Therapy (ECT) is a highly specialised, evidence-based treatment intervention delivered by our Therapeutics Team to patients experiencing the most severe, and at times, life threatening mental illness.
- Funding has been secured to develop the Health Hub in the main foyer of Murray Royal Hospital.
- A locations of concern steering group has been established and a suicide awareness and prevention action plan will be developed.
- In 2023 the overall vacancy factor in the mental health workforce was 9%, a reduction of 4.5% from 2022.

#### Older People Services

##### Activities and Achievements

- The development of our community-based services continues with the implementation of Clinical Co-ordinators and Assistant Practitioners. These are new roles which are helping to ensure people receive the right care at the right time.

## SECTION 1: MANAGEMENT COMMENTARY

- Achieved Age Friendly Accreditation and joined the Age Friendly Network - making us one of three areas in Scotland to have done so.
- A Walking with Strength and Balance Evaluation and Toolkit was produced. The Toolkit has taken all the learning from Perth and Kinross to help support other health boards.
- Secured funding from the Community Led Local Development Fund (CLLD), Scottish Government and working in partnership with Rannoch Community Trust and Dunkeld, Birnam and District Community Development Trust, the Perth and Kinross HSCP and SKS Scotland Community Interest Company (SKS), to develop a model for community-led care.
- Delayed discharges have reduced by over 29% (for those over 75 years of age) and we are now over 35% lower than Scotland as a whole.
- We commissioned external service provision to support our Early Discharge Project to improve rapid discharges over the winter period.
- Unmet need in Care at Home has reduced by 20%.
- The length of time that people wait for Care at Home to start has improved by almost 60%\*\*.
- While there was an increase in over 65-year-old emergency admissions, the rate of emergency bed days reduced, supported also by improved delayed discharge performance. This illustrates the positive impact of the Strategic Delivery Plan to improve capacity and flow through secondary care and shift the balance of care back into the community.
- Considerable success with the implementation of activity workers to support older people to remain mentally and physically active while they are in hospital.
- Within the Perth Royal Infirmary site our dedicated Stroke Unit team deliver integrated acute and rehabilitative care. A clinical improvement group has been established to implement a person-centred multi-disciplinary goal setting approach for stroke rehabilitation, so that patients can work to achieve what matters to them.
- Our Care at Home transformation programme aims to ensure that high-quality care is available for people in the right place at the right time, promoting healthy, independent, and dignified lives. We have been delivering 'Get into Care' courses in Perth College, schools, and employment hub to promote social care as a career and taking part in a national project to identify opportunities for international recruitment. We are also introducing more efficient and effective IT solutions and exploiting their capabilities to allow robust data analysis.

\*\*period of comparison - April 22 to Feb 23 compared to Feb 23 to Mar 24.

### Primary Care

#### Activities and Achievements

- [Primary Care Strategic Delivery Plan](#) and [Premises Strategy](#) approved by the IJB.
- Having expanded Community Care and Treatment Services more than 7,700 appointments are now provided per month.
- First Contact Physiotherapy service successfully treated 75% of people without the need for a further follow-up appointment\*.
- Primary Care Mental Health and Wellbeing Nursing Service supported almost 4,000 people during the year.
- 22 projects supported to improve the premises in which we deliver our services. These included the physical and digital infrastructure (digital platform and Medlink which provides for routine online clinical review long term conditions).

## SECTION 1: MANAGEMENT COMMENTARY

- We continued community engagement to understand the health and care needs of the Bridge of Earn community. More broadly we created a range of opportunities and methodologies for greater engagement across services, with staff, and with the people that use our services.
  - 100% of our Primary Care Services signed up to Care Opinion to promote feedback from the people that use our services.
- \* Jan 23 - Dec 23, 75% of patients were discharged after their first appointment.

### Dental

#### Activities and Achievements

- The Public Dental Service (PDS) continued to reinstate delivery equivalent to pre-pandemic levels. This included clinical care for core PDS patients and a return to full clinical capacity.
- In terms of the Oral Health Improvement Team, fluoride varnish has been reinstated in the most deprived 20% of the population along with toothbrushing in schools and nurseries.
- The Public Dental Service recently reached a care opinion milestone with 100 stories shared. Of the 93 stories told in the 2023-24 financial year, all were responded to by HSCP staff within a mean time of 12 hours. 100% of staff responses were rated helpful.

### Podiatry

#### Activities and Achievements

- The service has a fluid caseload of around 7,000 people generating over 46,000 appointments per year (a rise from the previous twelve months of 38,500) and a rising referral rate of approximately 600 per month.
- Following the success of the community initiative 'Footwise' in Perth City this has been replicated in Angus and more recently in Dundee. The service is exploring similar opportunities with community partners in Blairgowrie.
- Recruitment is a national issue, however the increase in capacity for student placements and improvement of the programme offered is helping to attract future recruits to Tayside.

### Learning Disability and Autism

#### Activities and Achievements

- The development of the Independent Living Panel and the commitment to provide core and cluster models of accommodation has meant more people have been supported to live within their own communities rather than in long stay institutional establishments. Since the start of our Complex Care Transformation Programme, we have seen an increase of 27% in those living in non-residential care from 2018/19 to 2023/24.
- Additional members of staff completed the supported employment qualification in 2023/24. All Employment Support Team members now either hold this qualification or are scheduled to complete it. This is helping to ensure that we can continue to support people with job retention and crisis employer support.
- In 2023/24, 97 people were supported to prepare for, find and maintain paid employment.
- Work commenced on a multi-disciplinary dementia post-diagnostic support pathway to ensure those with a diagnosis of learning disability and dementia are offered post diagnostic support, in line with all other members of the general population.

## SECTION 1: MANAGEMENT COMMENTARY

- The Learning Disability Intensive Support Service continues to offer a physical health check to people on their caseload. In the past year 74 checks were undertaken.
- Led by service users we successfully applied to “the angels’ share” and secured funding for improvements to our sensory room, based within Gleneagles Day Centre.
- The Learning Disability Allied Health Professionals team implemented postural care clinics in line with the Postural Care Strategy requirements. This is a multi-disciplinary approach involving Physiotherapy, Occupational Therapy and Speech and Language colleagues. To date 22 people have attended.
- There has been an increase in the use of Day Opportunities and FUN Network of over 10%, highlighting the ongoing need for meaningful activity which is local and within communities.
- SCOPE team has been operational since May 2022, providing a multi-disciplinary approach in delivering support to over 340 people and their carers/families. The team support people in a variety of settings across Perth and Kinross and beyond, ensuring they have the right support at the right time in the right place. The multi-disciplinary approach has enabled people to remain in communities, as result there were no admissions into hospital or institutional care in 2023/24.
- Work has been undertaken with the SCOPE team and Day Opportunities to redesign the service based on the work which was done with service users and their families through collaborative workshops in 2022/23. This led to the implementation of a dedicated transition worker in Day Opportunities and programme of development with four workstreams that commenced in March 2024.
- Established the Hear Us Roar Group - Aim of this group is to ensure people with learning disabilities are heard. They possess a powerful voice, a mighty roar, however, they often encounter mountains to climb, barriers to cross to live life well and struggle to be heard or taken seriously. Led by people with disabilities within Perth and Kinross, the group will come together with leaders and advocates to speak up, and actively shape decisions that directly impact them.
- Technology enabled care - Work has been ongoing to deliver an Overnight Responder service (ONRS) within Perth and Kinross offering an alternative option of overnight care, supporting the promotion of independence within a community setting. A Test of Change commenced on 29 January at the Supported Living Team, St Catherine’s Road for six months with five service users, with the potential to remove one waking night long term. Work has commenced to expand the ONRS within Perth City and Crieff.
- The input from SCOPE’s outreach team was crucial in terms of offering additional support to prevent carer breakdown and providing care at home when there were gaps in care provision, enabling service users to remain within their own home.
- There is a Tayside Annual Health Checks Strategic Group which the Perth and Kinross Learning Disability team and Perth and Kinross Primary Care Managers provide representation on, and this is looking at a Tayside wide approach for implementation and delivery.
- The Tayside Mental Health and Learning Disabilities Whole System Change Programme recommenced in May 2023 with two main workstreams identified in Perth & Kinross, Pathways and Processes, and Workforce for the Future.

### Unpaid Carers

#### Activities and Achievements

- Continued to support the development of integrated teams by revising “Introduction to the Carer (Scotland) Act 2016” training materials to ensure their relevance to differing professionals.

## SECTION 1: MANAGEMENT COMMENTARY

- The percentage of people admitted to permanent care due to carer breakdown has remained largely stable (17.3% in 2022/23, 17.5% in 2023/24). This demonstrates the positive impact of having support available for carers and the success of this approach in keeping families together longer, staying at home.
- Promoted and developed peer to peer support networks with 15 groups now having been established.
- The telephone befriending service (provided by the Carers' Centre) increased the number of calls by almost 17% (147 calls per week) with 424 carers registered for the service.
- Day services (delivered via the Carers' Centre) provided over 4,100 spaces against a target of 3,700.

### Substance Use

#### Activities and Achievements

- The first "RecoverMay" took place across Perth and Kinross during May 2023. The purpose is to highlight what recovery means to people with living and lived experience of recovery, their families and carers and people working in support services.
- Development of a new three-year Alcohol and Drug Partnership Strategic Delivery Plan.
- The implementation of [MAT Standards](#) 6 - 10, the expansion of the successful community alcohol detox service and consideration of how to respond to the emerging trend of benzodiazepine and stimulant use, both locally and across Tayside.
- The expansion of the same day prescribing clinic to five days a week.
- The establishment of our first Living Experience Engagement Group.
- The commencement of Tayside Council on Alcohol's Collaborate Routes of Recovery Project which is aimed at providing a wrap-around support for individuals who are contemplating/in the early stages of accessing medically assisted treatment or other forms of substance use support.
- The restarting of Hillcrest Futures young person's service.

#### Partnership-wide activity

- We have undertaken a substantial review our Strategic Commission Plan and will present for approval a refreshed plan to the IJB in June 2024. This has involved a large number of consultation and engagement events with communities, colleagues and partner organisations and will set the direction for the delivery of HSCP services for the next five years.
- Through our "What Matters to You" programme (Working in partnership with Health and Social Care Alliance Scotland), we are creating a movement to support our ambition in enabling a culture of kindness, compassion and civility. This approach advocates respect, innovation and action to improve outcomes for colleagues and communities.
- Over the year 1500 staff engaged in What Matters to You events culminating in a report in May 2024.
- In the past year, the peer learning programme facilitated learning for 32 students, 11 of which have now qualified and successfully gained employment. A further seven individuals have chosen to return to Perth and Kinross to undertake their dissertation research projects, which in turn are being utilised by our Contracts and Commissioning Team to inform strategic planning and design of services.
- The Community of Practice, peer learning forum facilitated five events in total throughout 2023 and 2024 that included Analysis of Trauma Informed Practice, The National Care



## SECTION 1: MANAGEMENT COMMENTARY

Service, Decision Making in Adult Support and Protection, Family Group Decision Making and Human Rights and Advocacy. An event for World Social Work Day was held in March 2024 looking at learning in practice and underpinned by the What Matters to You approach. All events have proven highly popular with attendances of between 50 and 70 people.

### PERFORMANCE MANAGEMENT

The IJB has delegated the authority for Performance, Risk and Audit to the Audit and Performance Committee (A&PC) which met six times in 2023/24 and received the following performance reports.

- [Annual Performance Report](#) 2022/23 was approved on 31 July 2023 and provides a detailed overview of how Health and Social Care services were delivered, progress against the IJB's strategic ambitions and the performance achieved. The report describes a period when our services were continuing to recover from the effects of the pandemic when demand for services changed significantly. This presented significant challenges but overall, the performance achieved was good when compared to the previous year and the feedback received from the people that use our services was positive.
- [Key Strategic Performance Report](#) covering the first quarter of 2023/24. This report presented a positive position in terms of strategic performance compared to the previous reporting year with delayed discharges improving in particular.
- [Key Strategic Performance Report](#) covering quarter two of 2023/24. This report presented continued good performance when compared to the previous year and highlights the improvements made with delayed discharge, occupied bed days, and admissions due to a fall.
- [Key Strategic Performance Report](#) covering quarter three of 2023/24. This report presented a sustained level of good performance noting a continuation of improvements in delayed discharge and occupied bed days.
- [Community Mental Health and Wellbeing Strategic Delivery Plan Key Performance Indicator Report](#) covering the period to quarter two. This report describes progress made in delivering the approved outcomes set out within the Community Mental Health and Wellbeing Strategic Plan. In doing so it highlights that performance is very good with three quarters of the related indicators meeting their target.
- [Learning Disability and Autism Key Performance Indicator Report](#) covering the period to the end of quarter three. This report describes progress made in the delivery of the outcomes identified in the Learning Disabilities and Autism Strategic Delivery Plan. Performance in this respect is very good with all indicators meeting or exceeding target.

#### Latest Performance

Strategic performance is measured against the Core Suite of Integration Indicators (National Indicators) combined with those of Ministerial Steering Group (MSG). The Annual Performance Report for 2023/24 will be considered for approval by the Audit and Performance Committee on the 29 July 2024 and will provide a broader overview of the activities of HSCP services and the performance achieved.

Table 1 below provides a summary of our performance for 2023/24 against these strategic indicators and provides comparisons to last year and to Scotland overall.

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KPI Number	Indicator Description	22/23 Perth and Kinross	23/24 Perth and Kinross	How we compare to 22/23	Scotland 23/24	How we compare to Scotland
NI-12	Emergency admission rate for adults (18+) (per 100,000 population)	12,526	13,320	6.3%	11,614	14.7%
NI-13	Emergency bed day rate for adults (18+) (per 100,000 population)	121,394	112,585	-7.3%	110,257	2.1%
NI-14	Emergency readmissions to hospital within 28 days of discharge (rate per 1,000 discharges) (18+)	137	146,4687	6.9%	n/a	n/a
NI-15	Proportion of last 6 months of life spent at home or in a community setting	88.7%	88.9%	0.2%	89.2%	-0.2%
NI-16	Falls rate per 1,000 population aged 65+ (Falls which result in a hospital admission)	28	28	-0.1%	23	22.5%
NI-18	Percentage of adults with intensive care needs receiving care at home	67.0%	63.8%	-3.2%	64.8%	-1.0%
NI-19	Number of days people aged 75+ spend in hospital when they are ready to be discharged, per 1,000 population	939	664	-29.2%	902	-26.3%
MSG 1a	Emergency admissions per 100,000 population (all ages in acute hospitals)	11,589	12,328	6.4%	10,629	16.0%
MSG 2a	Number of unscheduled hospital bed days; acute specialties per 100,000 population	82,031	77,732	-5.2%	75,421	3.1%
MSG 3	A&E attendances per 100,000 population (18+)	16,286	15,943	-2.1%	22,012	-27.6%
MSG 4.1	Delayed Discharge bed days per 100,000 population (18+)	19,055	16,213	-14.9%	14,821	9.4%
Please note that all indicators are based on a 12 month rolling rate The data used for this update is unpublished data for Management Information purposes only. It is subject to change and validation as more information becomes available.				Within 3%, of meeting or exceeding the reference period	Between 3% and 6% away from the reference period	More than 6% from the reference period

As our population continues to age and demands for our services grow, we have continued to invest in community-based services to support people in communities and to limit the need for hospital admission.

Our rate of A&E attendances (MSG 3) has improved by 2.1% and is over 27% better than Scotland overall. Where people do require admission to hospital (6.3% increase NI-12) we look to support their recovery as quickly as possible and to expedite their discharge so that they can return safely to their home. We can see that we are being successful in this respect as we have improved the rate that we use emergency beds by (NI-13) 7.3% and improved our rate of delayed discharges for the 75+ population (NI-19) by over 29.2%. Our delayed discharge performance is more than 26% better than Scotland and when we consider all age groups (MSG 4.1) it has improved by over 14.9%.

Emergency Readmissions within 28 days following discharge (NI-14) remain higher than expected (increased by 6.9%). Absolute numbers are known to be relatively low however and we have committed to undertake a clinical review of cases to understand the reasons for readmission and any lessons learned.

As people age and become frailer their risk of falling increases. The characteristics of our population mean that this increasing risk is impacted to a greater extent than in other areas. Implementing early intervention and prevention measures to support those at highest risk of falling is part of our Older People Strategic Delivery Plan and we can see that the rate of falls which result in an admission to hospital (NI-16) has remained stable. Continuing to support people at home as they age can be increasingly challenging, and we can see that the percentage of adults with care needs who receive care at home (NI-18) has declined by 3.2% but remains within 1% of Scotland overall.

At end-of-life people should have the choice over where they are cared for and often this is in their own home or in a community-based setting rather than in hospital. We have improved marginally (0.2%) the proportion of the last six months of life that people spend at home or in a community setting (NI-15). It is acknowledged that this is a slow-moving indicator which is affected by the choices people make and the effectiveness of how their care is planned. Maintaining a rate of almost 90% is evidence of good performance.

## SECTION 1: MANAGEMENT COMMENTARY

We use Care Opinion to gather feedback from the people who use our services. We now have 108 services signed up 314 stories were shared within the year. These were viewed 19,808 times and overall feedback is 99% positive.

### FINANCIAL OVERVIEW

#### Financial Performance

The Financial Plan, approved by the IJB in March 2023, projected a break-even position across Health and Social Care after the application of general reserves. The IJBs financial performance compared to the Financial Plan for 2023/24 is summarised in Table 1 below.

Table 1

	2023/24 Financial Plan Position Over/(Under) £m	2023/24 Year-End Out-Turn Over/(Under) £m	Movement from Plan Over/(Under) £m
Health	3.206	2.774	(0.432)
Social Care	0.636	2.040	1.404
<b>Sub-Total</b>	<b>3.842</b>	<b>4.814</b>	<b>0.972</b>
PKIJB General Reserve	(3.842)	(4.814)	(0.972)
<b>Total</b>	<b>-</b>	<b>-</b>	<b>-</b>

Finance updates have been presented to the Audit & Performance Committee throughout 2023/24, reporting on the projected in year position.

The main movements from plan relate to:

- The provision of additional capacity within Older Peoples services mainly in Care at Home, inpatient community hospitals, residential placements, and inpatient wards at PRI due to demographic growth, and increased demand for services. In October 2023, the IJB approved the HSCP Winter Plan which included additional expenditure of £1.1m to support whole system resilience over the winter period through the continued investment in additional surge beds and the extension of the Early Discharge Project.
- GP Prescribing experienced increased prices and volumes throughout 2023-24 which resulted in the final overspend exceeding planned levels. Prescribing continues to be a source of pressure for the Partnership, however measures to tackle the ongoing position have been outlined within the IJB Budget for 2024-25.
- A share of the costs associated with general medical practices in Dundee and Angus, where NHS Tayside is directly managing the practices, has been attributed to P&K in 2023-24. These are known as '2C Practices' and this share of costs was above planned levels. An interim risk share arrangement was reached between the Tayside Partnerships in 2023-24 whilst a revised risk sharing agreement is developed. Work is progressing on this into 2024-25.
- In addition to the core position, the IJB has utilised various earmarked reserves. This has provided additional capacity and ensured resilience across services, whilst the Strategic Delivery Plan actions are being implemented.

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## Reserves

Throughout 2023/24, earmarked reserves held for specific purposes have been either partially or fully utilised or carried forward to 2024/25 for specific use in future years. This has led to a decrease in the value of earmarked reserves held at 31st March 2024. One of the main movements in earmarked reserves relates to the NHST Tayside Earmarked Reserve of £0.650m. This has been fully utilised in 2023/24 following an agreement between the Chief Officers and Chief Finance Officers of Tayside Partnerships and Partner Organisations, and subsequent IJB approval, to contribute towards the overspend in Inpatient Mental Health Services in 2023/24.

The IJB reserves balance as at 31 March 2024 is £8.3m, of this £3.6m is earmarked. The funding has been earmarked to meet Scottish Government priorities, specific projects, and local objectives, as well as balancing the 2024/25 Budget. The balance of un-earmarked (general) reserves remaining is £4.7m. This reserve balance falls slightly below the recommended levels for the IJB to meet its Reserves Policy. The updated IJB reserves policy states a level of contingency of 2% of IJB net expenditure which is recognised as good practice and can provide the IJB with the financial capacity to manage unforeseen financial risks from year to year.

## Financial Statements

The 2023/24 Annual Accounts comprise:

### (a) Comprehensive Income and Expenditure Statement

This shows a deficit of £8.540m. The underlying operational out-turn is a £4.814m overspend of which Health Services are £2.774m and Social Care £2.040m (Table 1 refers). In line with the Integration Scheme, this deficit has been deducted from the IJB general reserve and reduces the amount available to carry forward into 2024/25. The remaining deficit of £3.726m relates to the net decrease in earmarked reserves. Further detail is provided in section (b) and (c) below and in Note 6 to the financial statements.

### (b) Movement in Reserves

In 2023/24 earmarked and general reserves had an opening balance of £16.834m, this has decreased by £8.540m, providing a closing balance of £8.294m. During 2023/24, funding has been received from the Scottish Government to the IJB via NHS Tayside and Perth & Kinross Council to meet specific, earmarked outcomes in relation to the Primary Care Improvement Fund, Alcohol & Drug Partnership and Mental Health Action 15. In addition, earmarked reserves brought forward from 2022/23 have been either partially or fully utilised, and the general overspend of £4.814m has been funded from General Reserves.

### (c) Balance Sheet

In terms of routine business, the IJB does not hold assets, however the balance of £8.294m reserves is reflected in the year-end balance sheet.

### (d) Notes

Comprising a summary of significant accounting policies, analysis of significant figures within the Annual Accounts and other explanatory information.

The Annual Accounts for 2023/24 do not include a Cash Flow Statement as the IJB does not hold any cash or cash equivalents.

## SECTION 1: MANAGEMENT COMMENTARY

### FINANCIAL OUTLOOK

In March 2024, the IJB approved a budget for 2024/25 and provisional budgets for 2025/26 and 2026/27. The budget requires the use of reserves (general and earmarked) and Transformation Funding from Perth & Kinross Council to balance in year 1, as well as identifying recurring shortfalls in years 2 and 3.

A range of Transformation Programmes have also commenced and will continue throughout the financial year 2024/25 and beyond. The IJB continues to face significant and increasing financial challenges due to uncertainty around funding, inflation, a growing ageing population and increasing demand and complexities. In setting this budget the IJB remained committed to supporting the Strategic Plan by prioritising and ensuring best use of available resources, underpinned by an ambitious transformation programme.

The IJB understands there are key risks and uncertainties that require to be monitored and managed closely throughout 2024/25 and Budget Review Group meetings have commenced with IJB voting members to keep members involved and aware of any upcoming issues or opportunities.

The IJB will still need to consider additional funding solutions, wider transformation of services and reductions in overall expenditure to ensure the budget can be balanced in future years.

### STRATEGIC RISKS AND OUTLOOK FOR FUTURE YEARS

The Strategic Risk Register records the identified risks that may impact on Perth and Kinross IJB's ability to deliver its Strategic Commissioning Plan. The Audit and Performance Committee has delegated responsibility from the IJB for reviewing the adequacy and effectiveness of the systems and processes in place to manage the risks. Strategic Risks are therefore reported to each A&PC meeting. PKHSCP's Executive Management Team (EMT) routinely considers and reviews the IJB's strategic risks to make a collective and balanced assessment of the nature, and extent, of the key risks to which the IJB is exposed and is willing to take in pursuit of its objectives.

The following risks were regularly monitored during 2023-2024:

Risk		Risk Status end March 2024
1	<b>FINANCIAL RESOURCES:</b> There are insufficient financial resources to deliver the objectives of the Strategic Plan.	VERY HIGH
2	<b>WORKFORCE:</b> 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.	VERY HIGH
3	<b>SUSTAINABLE CAPACITY AND FLOW:</b> 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.	HIGH
4	<b>SUSTAINABLE DIGITAL SOLUTIONS:</b> As a result of being insufficiently digitally enabled or integrated there is a risk that the Partnership will not to be able to adapt effectively and efficiently to deliver new models of working.	HIGH
5	<b>VIABILITY OF COMMISSIONED PROVIDERS:</b> 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	VERY HIGH

## SECTION 1: MANAGEMENT COMMENTARY

Risk	Risk Status end March 2024
<p>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.</p>	
<p><b>6 WIDENING HEALTH INEQUALITIES:</b> 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.</p>	HIGH
<p><b>7 LEADERSHIP TEAM:</b> Without a new permanent and integrated senior management team there is a risk of instability in leadership within the Health and Social Care Partnership</p>	MEDIUM
<p><b>8 SUSTAINABLE PRIMARY CARE SERVICES:</b> As a result of an inability to:</p> <ul style="list-style-type: none"> <li>• Reliably recruit, train and retain workforce,</li> <li>• Have appropriate premises to deliver clinical and support services,</li> <li>• Have in place adequate digital systems to support clinical care and communication between teams, patients and across the services, and</li> <li>• address inequalities of access to services in remote and rural areas.</li> <li>• There is a risk we will be unable to deliver safe, effective, high quality, person centred primary care services. This could result in inadequate care, reputational damage and failure to meet legal requirements.</li> </ul>	VERY HIGH
<p><b>9 PARTNERSHIP PREMISES:</b> 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.</p>	VERY HIGH
<p><b>10 WHOLE SYSTEM MENTAL HEALTH &amp; LEARNING DISABILITIES CHANGE PROGRAMME</b> As a consequence of a lack of workforce capacity, access to suitable estates infrastructure, ambiguity in financial framework, ineffective communication and engagement, there is a strategic risk to the delivery of Tayside's Mental Health Whole System Change Programme, resulting in failure to deliver improved outcomes, patient harm and benefits of the programme.</p>	TBC

## SECTION 1: MANAGEMENT COMMENTARY

*Signed on behalf of the Perth and Kinross IJB*

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**Councillor Colin Stewart**

IJB Chair

Date: 28 October 2024

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**Jacqueline Pepper**

Chief Officer

Date: 28 October 2024

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**Donna Mitchell**

Chief Finance Officer

Date: 28 October 2024

## SECTION 2: STATEMENT OF RESPONSIBILITIES

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

### RESPONSIBILITIES OF THE INTEGRATION JOINT BOARD

The Integration Joint Board is required to:

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

I confirm that these Annual Accounts were approved for signature at a meeting of the Integration Joint Board's Audit & Performance Committee on 28 October 2024.

*Signed on behalf of the Perth and Kinross IJB*

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**Councillor Colin Stewart**  
IJB Chair

Date: 28 October 2024



## SECTION 2: STATEMENT OF RESPONSIBILITIES

### RESPONSIBILITIES OF THE CHIEF FINANCE OFFICER

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

In preparing the Annual Accounts, the Chief Finance Officer has:

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

The Chief Finance Officer has also:

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

I certify that the financial statements give a true and fair view of the financial position of the Perth and Kinross Integration Joint Board as at 31 March 2024 and the transactions for the year then ended.

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**Donna Mitchell**  
Chief Finance Officer  
Date: 24 June 2024

## SECTION 3: REMUNERATION REPORT

### INTRODUCTION

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

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

### BOARD MEMBERS

At 31 March 2024, Perth and Kinross IJB had 8 voting members and 12 non-voting members, there was one non-voting position vacant.

However, there were three changes in voting positions on 1st April 2024. This follows the resignation of vice chair and non-executive member Jacquie Jenson. This position has been replaced by Beth Hamilton. Heather Dunk was appointed to the position of non-executive member on 1st April 2024, replacing the position previously held by Beth Hamilton. Finally, Bob Benson vacated his position as non-executive voting member on 1st April 2024 and a successor has yet to be appointed.

One, non-voting, Third Sector Representative position was vacant as at 31st March 2024, this has yet to be appointed to. Dr Lee Robertson, Secondary Practitioner Representative vacated her post on 1st April 2024, replaced by Dr Monica Doyle. The position as at 31st March 2024 was as follows:

#### **Voting Members:**

Councillor Colin Stewart (Chair) - from 4<sup>th</sup> October 2023

Jacquie Jenson (Vice-Chair) - from 4<sup>th</sup> October 2023

Councillor Sheila McCole

Councillor Michelle Frampton

Councillor David Illingworth

Beth Hamilton (Non-Executive Member)

Martin Black (Non-Executive Member)

Bob Benson (Non-Executive Member) - from 4<sup>th</sup> October 2023

#### **Non-voting Members:**

Jacqueline Pepper (Chief Officer)

Donna Mitchell (Chief Finance Officer)

Dr Lee Robertson (Secondary Practitioner Representative)

Dr Sarah Peterson (GP Representative)

Susie Flowers (Associate Nurse Director) from 27<sup>th</sup> April 2023

## SECTION 3: REMUNERATION REPORT

Maureen Summers (Carer Public Partner)

Sandra Auld (Service User Public Partner)

Ian McCartney (Service User Public Partner)

Lyndsay Hunter (Staff Representative)

Stuart Hope (Staff Representative)

Vacant (previously Sandy Watts, Third Sector Representative)

Dave Henderson (Independent Sector Representative)

Dr Emma Fletcher (Public Health Representative)

During 2023/24, the position of chair was held by Bob Benson who was replaced by Councillor Colin Stewart on 4<sup>th</sup> October 2024. The position of vice chair, previously held by Councillor Colin Stewart was replaced by Jacquie Jensen on 4<sup>th</sup> October 2023.

The Chief Social Work Officer position held by Jacqueline Pepper to 14<sup>th</sup> February 2024 is an advisory position rather than a non-voting position and is therefore excluded from the above list of non-voting members. Arun Singh, Strategic Lead - Children, Families and Justice, was appointed to the position of Chief Social Worker on 14<sup>th</sup> February 2024.

### IJB CHAIR AND VICE-CHAIR

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

The IJB does not provide any additional remuneration to the Chair, Vice-Chair or any other board members relating to their role on the IJB. The IJB does not reimburse the relevant partner organisations for any voting board member costs borne by the partner. There were no taxable expenses paid by the IJB to either the Chair or the Vice-Chair in 2023/24.

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

### OFFICERS OF THE IJB

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

#### Other Officers

The IJB is required to appoint a proper officer who has responsibility for the administration of its financial affairs in terms of Section 95 of the 1973 Local Government (Scotland) Act. The employing contract for the Chief Finance Officer adheres to the legislative and regulatory governance of the employing partner organisation. The Chief Finance Officer is included in the disclosures below.

## SECTION 3: REMUNERATION REPORT

<b>Total</b>	<b>Senior Employees</b>	<b>Salary, Fees &amp; Allowances</b>	<b>Total</b>
<b>2022/23</b>		<b>£</b>	<b>2023/24</b>
127,786	<b>Jacqueline Pepper</b> Chief Officer	135,517	135,517
64,352	<b>Jane Smith</b> Chief Finance Officer (left 12 <sup>th</sup> January 2023)	27,720	27,720
18,012	<b>Donna Mitchell</b> Chief Finance Officer	85,098	85,098
<b>210,150</b>	<b>Total</b>	<b>248,335</b>	<b>248,335</b>

Donna Mitchell was appointed to the position of Interim Chief Finance Officer on the 23<sup>rd</sup> December 2022 and to the position of Chief Finance Officer on 1<sup>st</sup> January 2024. The above costs for Donna Mitchell include a change in salary scale point for the period December 2022 to December 2023.

The previous Chief Finance Officer, Jane Smith, left the organisation on 12th January 2023, however costs associated with a backdated pay award have been incurred in this financial year and disclosed within the table above.

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

The IJB however has responsibility for funding the employer contributions for the current year in respect of the officer time spent on fulfilling the responsibilities of their role on the IJB. The following table shows the IJB's funding during the year to support officers' pension benefits. The table also shows the total value of accrued pension benefits which may include benefits earned in other employment positions and from each officer's own contributions. Some employees of NHS Scotland have been affected by the 'McCloud' Public Service Pension Remedy rollback. This has the effect of increasing the lump sum and reducing the annual pension benefit presented in this report.

## SECTION 3: REMUNERATION REPORT

Senior Employee	In Year Pension Contributions		Accrued Pension Benefits		
	For Year to 31/03/23 £	For Year to 31/03/24 £		Difference from 31/03/23 £	As at 31/03/24 £
Jacqueline Pepper Chief Officer	21,724	23,038	Pension	11,022	54,859
			Lump sum	2,013	35,281
Jane Smith (left 12 <sup>th</sup> Jan 2023) Chief Finance Officer	13,352	5,493	Pension	-4,643	28,188
			Lump sum	19,192	76,522
Donna Mitchell Chief Finance Officer	3,062	14,467	Pension	5,306	21,138
			Lump sum	2,853	11,077
<b>Total</b>	<b>38,138</b>	<b>42,998</b>	<b>Pension</b>	<b>11,685</b>	<b>104,185</b>
			<b>Lump Sum</b>	<b>24,058</b>	<b>122,880</b>

## SECTION 3: REMUNERATION REPORT

### DISCLOSURE BY PAY BANDS

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

<b>Number of Employees in Band</b>	<b>Remuneration Band</b>	<b>Number of Employees in Band</b>
<b>2022/23</b>		<b>2023/24</b>
1	£60,000 - £64,999	0
0	£85,000 - £89,999	1
1	£125,000 - £129,999	0
0	£135,000 - £139,999	1

### EXIT PACKAGES

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

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**Councillor Colin Stewart**  
*IJB Chair*

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**Jacqueline Pepper**  
*Chief Officer*

Date: 28 October 2024

## SECTION 4: ANNUAL GOVERNANCE STATEMENT

## SECTION 5: ANNUAL ACCOUNTS

### COMPREHENSIVE INCOME AND EXPENDITURE STATEMENT

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

<b>2022/23</b>		<b>2023/24</b>
<b>Net Expenditure</b>		<b>Net Expenditure</b>
<b>£000</b>		<b>£000</b>
48,495	Community and Hospital Health Services	50,875
28,337	Hosted Health Services	31,205
28,054	GP Prescribing	30,844
51,231	General Medical/Family Health Services	52,787
25,752	Large Hospital Set aside	26,206
309	IJB Operating Costs	359
94,277	Community Care	105,603
<b>276,455</b>	<b>Cost of Services</b>	<b>297,879</b>
(260,040)	Taxation and Non-Specific Grant Income (Note 4)	(289,339)
<b>16,415</b>	<b>(Surplus) or Deficit on Provision of Services</b>	<b>8,540</b>
<b>16,415</b>	<b>Total Comprehensive (Income) and Expenditure (Note 3)</b>	<b>8,540</b>

This statement shows a deficit of £8.540m which includes the balances remaining on various Scottish Government and Partnership funds and constitutes the Movement on Reserves in year. This deficit has been included within reserves at 31st March 2024 (as per Movement in Reserves Statement and Note 6 below).



## SECTION 5: ANNUAL ACCOUNTS

### MOVEMENT IN RESERVES STATEMENT

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

<b>Movements in Reserves During 2023/24</b>	General Fund Balance
	£000
<b>Opening Balance at 1 April 2023</b>	<b>(16,834)</b>
Total Comprehensive Income and Expenditure	8,540
(Increase) or Decrease in 2023/24	8,540
<b>Closing Balance at 31 March 2024</b>	<b>(8,294)</b>

<b>Movements in Reserves During 2022/23</b>	General Fund Balance
	£000
<b>Opening Balance at 1 April 2022</b>	<b>(33,249)</b>
Total Comprehensive Income and Expenditure	16,415
(Increase) or Decrease in 2022/23	16,415
<b>Closing Balance at 31 March 2023</b>	<b>(16,834)</b>

## SECTION 5: ANNUAL ACCOUNTS

### BALANCE SHEET

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

<b>31 March 2023</b>		<b>Notes</b>	<b>31 March 2024</b>
£000			£000
16,834	Short Term Debtors	5	8,294
<b>16,834</b>	<b>Current Assets</b>		<b>8,294</b>
-	Short-Term Creditors		-
-	<b>Current Liabilities</b>		-
-	Provisions		-
-	<b>Long-Term Liabilities</b>		-
<b>16,834</b>	<b>Net Assets</b>		<b>8,294</b>
(16,834)	Usable Reserve: General Fund	6	(8,294)
<b>(16,834)</b>	<b>Total Reserves</b>		<b>(8,294)</b>

The unaudited annual accounts were issued on 24 June 2024, and the audited annual accounts were authorised for issue on 28 October 2024.

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**Donna Mitchell**

Chief Finance Officer

24 June 2024

## SECTION 6: NOTES TO THE FINANCIAL STATEMENTS

### NOTE 1: ACCOUNTING POLICIES

#### A. GENERAL PRINCIPLES

The Financial Statements summarise the Integration Joint Board's transactions for the 2023/24 financial year and its position at the year-end date of 31 March 2024.

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

The Financial Statements are therefore prepared in compliance with the Code of Practice on Local Authority Accounting in the United Kingdom 2023/24, supported by International Financial Reporting Standards (IFRS), unless legislation or statutory guidance requires different treatment.

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

#### B. ACCRUALS OF INCOME AND EXPENDITURE

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

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

#### C. FUNDING

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

#### D. CASH AND CASH EQUIVALENTS

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

## SECTION 6: NOTES TO THE FINANCIAL STATEMENTS

partner as at 31 March is represented as a debtor or creditor on the IJB's Balance Sheet.

### E. EMPLOYEE BENEFITS

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

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

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

### F. PROVISIONS, CONTINGENT LIABILITIES AND CONTINGENT ASSETS

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

A contingent liability is a possible liability arising from events on or before 31 March, whose existence will only be confirmed by later events. A provision that cannot be reasonably estimated, or where settlement is not probable, is treated as a contingent liability. A contingent liability is not recognised in the IJB's Balance Sheet but is disclosed in a note where it is material. Details of contingent liabilities for 2023/24 can be found in note 11 to the accounts.

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

### G. RESERVES

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

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

### H. INDEMNITY INSURANCE

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

Unlike NHS Boards, the IJB does not have any 'shared risk' exposure from participation in

## SECTION 6: NOTES TO THE FINANCIAL STATEMENTS

Clinical Negligence and Other Risks Indemnity Scheme (CNORIS). The

IJB participation in the CNORIS scheme is therefore analogous to normal insurance arrangements.

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

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

### I. CRITICAL JUDGEMENTS AND ESTIMATION UNCERTAINTY

In applying the accounting policies set out above, the Integration Joint Board has had to make certain judgments about complex transactions or those involving uncertainty about future events. The critical judgments made in the Annual Accounts are:

The Integration Scheme sets out the process for determining the value of the resources used in Large Hospitals, to be Set-Aside by NHS Tayside and made available to the IJB.

An estimate is used for the expenditure and is based on 2023/24 activity and direct cost per occupied bed day, uplifted for inflation.

The figure of £26.206m for 2023/24 has been agreed with NHS Tayside and will be included in both the NHS Tayside and Perth & Kinross IJB annual accounts. This is consistent with the treatment of Large Hospital Set-Aside in 2022/23 financial statements. Work is progressing at a national and local level to refine the methodology for calculating and planning the value of this in the future.

### J. RELATED PARTY TRANSACTIONS

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

### K. SUPPORT SERVICES

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

#### NOTE 2: EVENTS AFTER THE REPORTING PERIOD

The Annual Accounts were authorised for issue by the Chief Finance Officer on 28 October 2024. Events taking place after this date are not reflected in the financial statements or notes. Where events taking place before this date provided information about conditions existing at 31 March 2024, the figures in the financial statements and notes have been

## SECTION 6: NOTES TO THE FINANCIAL STATEMENTS

adjusted in all material respects to reflect the impact of this information.

### NOTE 3: EXPENDITURE AND INCOME ANALYSIS BY NATURE

2022/23		2023/24
£000		£000
94,277	Services commissioned from Perth and Kinross Council	105,603
181,869	Services commissioned from NHS Tayside	191,917
275	Other IJB Operating Expenditure	323
3	Insurance and Related Expenditure	3
31	External Audit Fee	33
(260,040)	Partner Funding Contributions and Non-Specific Grant Income	(289,339)
<b>16,415</b>	<b>(Surplus) or Deficit on the Provision of Services</b>	<b>8,540</b>

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

### NOTE 4: TAXATION AND NON-SPECIFIC GRANT INCOME

2022/23		2023/24
£000		£000
(79,034)	Funding Contribution from Perth and Kinross Council	(83,241)
(181,006)	Funding Contribution from NHS Tayside	(206,098)
<b>(260,040)</b>	<b>Taxation and Non-specific Grant Income</b>	<b>(289,339)</b>

The funding contribution from NHS Tayside shown above includes £26.206m in respect of ‘set aside’ resources relating to acute hospital and other resources. These are provided by the NHS which retains responsibility for managing the costs of providing the services. The IJB however has responsibility for the consumption of, and level of demand placed on, these resources.

## SECTION 6: NOTES TO THE FINANCIAL STATEMENTS

### NOTE 5: DEBTORS

2022/23		2023/24
£000		£000
7,825	NHS Tayside	3,500
9,009	Perth & Kinross Council	4,794
<b>16,834</b>	<b>Debtors</b>	<b>8,294</b>

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

### NOTE 6: USABLE RESERVE: GENERAL FUND

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

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

As at March 2024, the IJB's Annual Accounts showed that Perth and Kinross IJB had reserves totalling £8.294m. The following table sets out the reserve balances as at 31 March 2024.

## SECTION 6: NOTES TO THE FINANCIAL STATEMENTS

	Balance as at 1 April 2023	Transfers In/(Out)	Balance as at 31 March 2024
	£000	£000	£000
COVID 19 Fund	642	(642)	0
Winter Resilience Fund	1,084	(1,084)	0
Primary Care : Digital Back scanning	446	(282)	164
Primary Care Improvement Fund	0	18	18
Primary Care Reserve	755	(255)	500
Alcohol and Drug Partnership Fund	1,152	(295)	857
Mental Health Recovery and Renewal Fund	682	(276)	406
Mental Health Action 15 Fund	106	(106)	0
Community Living Change Fund	475	(386)	89
Service Specific Reserve	1,378	233	1,611
Health Reserves Fund (NHS Tayside)	650	(650)	0
<b>Sub-total Earmarked Reserves</b>	<b>7,370</b>	<b>(3,725)</b>	<b>3,645</b>
General Reserves - Health	2,009	(2,009)	0
General Reserves - Social Care	7,455	(2,806)	4,649
<b>Sub-total General Reserves</b>	<b>9,464</b>	<b>(4,815)</b>	<b>4,649</b>
<b>Closing Balance at 31 March 2024</b>	<b>16,834</b>	<b>(8,540)</b>	<b>8,294</b>

The above table shows the remaining balance of each funding stream as at 31 March 2024. The Transfers In/(Out) column represents the movement in funding i.e. the net of budget received and expenditure incurred in 2023-24.

The Primary Care Improvement Fund Reserve included receipts of £5.182m and expenditure of £5.164m, resulting in a closing balance of £0.018m.

### NOTE 7: AGENCY INCOME AND EXPENDITURE

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

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

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



## SECTION 6: NOTES TO THE FINANCIAL STATEMENTS

2022/23		2023/24
£000		£000
6,693	Expenditure on Agency Services	7,067
(6,693)	Reimbursement for Agency Services	(7,067)
-	<b>Net Agency Expenditure excluded from the CIES</b>	-

### NOTE 8: RELATED PARTY TRANSACTIONS

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

#### Income - payments for integrated functions

2022/23		2023/24
£000		£000
79,034	Perth and Kinross Council	83,241
181,006	NHS Tayside	206,098
<b>260,040</b>	<b>Total</b>	<b>289,339</b>

## SECTION 6: NOTES TO THE FINANCIAL STATEMENTS

### Expenditure - payments for delivery of integrated functions

<b>2022/23</b>		<b>2023/24</b>
£000		£000
94,311	Perth and Kinross Council	105,639
181,869	NHS Tayside	191,917
275	NHS Tayside: Key Management Personnel Non-Voting Board Members	323
<b>276,455</b>	<b>Total</b>	<b>297,879</b>

This table shows that expenditure within Perth and Kinross Council is £22.398m greater than Perth and Kinross Council funding contributions. This represents IJB funding received from NHS Tayside being directed into Perth and Kinross Council (£19.110m), the PKC contribution towards IJB key management personnel (-£0.161m), the transfer from reserves (£4.215m) included in note 5 and a contribution from Social Care General Reserve towards overspends incurred on partnership health budgets (-£0.766m).

**Key Management Personnel:** The non-voting board members employed by the NHS Board and Perth and Kinross Council and recharged to the IJB include the Chief Officer and the Chief Finance Officer. Details of the remuneration for these specific post-holders are provided in the Remuneration Report.

Perth and Kinross Council employs the council staff and Chief Social Work Officer representatives on the IJB but there is no discrete charge for this representation. Similarly, NHS Tayside employs the health board representatives and there is also no charge for this.

### Balances with Perth and Kinross Council

<b>2022/23</b>		<b>2023/24</b>
£000		£000
9,009	Debtor balances: Amounts due from Perth and Kinross Council	4,794
-	Creditor balances: Amounts due to Perth and Kinross Council	-
<b>9,009</b>	<b>Total</b>	<b>4,794</b>

## SECTION 6: NOTES TO THE FINANCIAL STATEMENTS

### Balances with NHS Tayside

2022/23		2023/24
£000		£000
7,825	Debtor balances: Amounts due from NHS Tayside	3,500
-	Creditor balances: Amounts due to NHS Tayside	-
7,825	<b>Total</b>	<b>3,500</b>

### NOTE 9: VAT

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

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

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

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

### NOTE 10: INPATIENT MENTAL HEALTH

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

The IJB is responsible for the planning of Inpatient Mental Health Services. This means that £11.698m has been included within the Hosted Services line in the CIES in 2023-24, which constitutes Perth & Kinross IJB's share of Inpatient Mental Health.

## SECTION 6: NOTES TO THE FINANCIAL STATEMENTS

2022/23		2023/24
£000		£000
17,508	Share of Hosted Services	19,507
10,829	Share of Inpatient Mental Health	11,698
<b>28,337</b>	<b>Total share of Hosted Services</b>	<b>31,205</b>

### NOTE 11: CONTINGENT ASSETS AND LIABILITIES

A review of contingent assets and liabilities has been undertaken on behalf of the IJB by Legal Services, as at 31 March 2024 the following contingent liabilities have been identified:

There is a contingent liability relating to a package of care being delivered by Moray Council and a dispute with Perth and Kinross Council about ordinary residence. In the event of an adverse decision Perth and Kinross IJB would be liable for the costs incurred in the delivery of care to date.

As part of the Agenda for Change pay deal for 2023/24 it was agreed to look at modernisation of staff terms and conditions. Three commitments were made:-

- Implementation of protected learning time
- Review of the working week
- Review of Band 5 nursing profiles

Further details can be found in Scottish Government circulars; PCS(AFC)2024/1 and PCS(AFC)2024/2, issued in March 2024. This confirms protected learning time and review of the working week are effective from 1 April 2024, meaning there is no impact on the 2023/24 financial statements. There is currently no circular for the Band 5 nursing profiles review and as such, no sufficiently reliable estimate can be made of the likely cost, timing and uptake.

### NOTE 12: ACCOUNTING STANDARDS ISSUED BUT NOT YET ADOPTED

The Code requires the disclosure of information relating to the impact of an accounting change that will be required by a new standard that has been issued but not yet adopted. There are no such standards which would have a significant impact on the P&K IJB annual accounts.

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

## SECTION 8: GLOSSARY OF TERMS

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

### Accounting Period

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

### Accruals

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

### Asset

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

### Audit of Accounts

An independent examination of the IJB's financial affairs.

### Balance Sheet

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

### CIPFA

The Chartered Institute of Public Finance and Accountancy.

### Consistency

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

### Contingent Asset/Liability

A Contingent Asset/Liability is either:

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

### Creditor

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

### Debtor

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

## SECTION 8: GLOSSARY OF TERMS

### Defined Benefit Pension Scheme

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

### Entity

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

### Post Balance Sheet Events

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

### Exceptional Items

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

### Government Grants

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

### IAS

International Accounting Standards.

### IFRS

International Financial Reporting Standards.

### IRAG

Integration Resources Advisory Group

### LASAAC

Local Authority (Scotland) Accounts Advisory Committee

### Liability

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

### Provisions

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

### PSIAS

Public Sector Internal Audit Standards

### Related Parties

Bodies or individuals that have the potential to control or influence the IJB or to be controlled or influenced by the IJB. For the IJB's purposes, related parties are deemed to

## SECTION 8: GLOSSARY OF TERMS

include voting members, the Chief Officer, the Chief Finance Officer, the Heads of Service and their close family and household members.

### Remuneration

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

### Reserves

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

### Revenue Expenditure

The day-to-day expenses of providing services.

### Significant Interest

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

### SOLACE

Society of Local Authority Chief Executives.

### The Code

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



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اگر آپ کو یا آپ کے کسی جاننے والے کو اس دستاویز کی نقل دوسری زبان یا فارمیٹ (بعض دفعہ اس دستاویز کے خلاصہ کا ترجمہ فراہم کیا جائے گا) میں درکار ہے

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## PERTH AND KINROSS INTEGRATION JOINT BOARD

### AUDIT & PERFORMANCE COMMITTEE

24 JUNE 2024

### CLINICAL AND CARE GOVERNANCE ASSURANCE

Report by Chief Officer  
(Report No. G/24/99)

#### PURPOSE OF REPORT

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

#### 1. RECOMMENDATIONS

The Audit and Performance Committee is asked to:

- (i) Note the responsibilities of Perth and Kinross Integration Joint Board in respect of Clinical, Care and Professional Governance and those of the IJB's partners;
- (ii) Note the arrangements in place for providing the IJB with assurance that effective and robust systems of Clinical, Care and Professional Governance are in place;
- (iii) Note that NHS Tayside's Care Governance Committee received an exception report regarding Clinical & Care Governance (appendix 1) on 1 February 2024, and a full report regarding Clinical & Care Governance (appendix 2) on 4 April 2024, where it was agreed as providing "Reasonable Assurance".
- (iv) Note that PKC's Scrutiny & Performance Committee received the same full report as the above regarding Clinical & Care Governance on 24 April 2024, where it was agreed as providing "Reasonable Assurance".
- (v) Note that the Chief Officer confirms the effectiveness of the above systems in place in the IJB's partner organisations.
- (vi) Note the assurance provided by NHS Tayside's Care Governance Committee and PKC's Scrutiny & Performance Committee.

## **2. BACKGROUND**

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

## **3. SITUATION**

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

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

#### 4. ASSESSMENT

- 4.1 The Chief Officer can confirm that the Clinical Care Governance Reporting Framework, overseen by the PKHSCP Clinical and Professional Governance Forum, supports regular review of all services to ensure that effective and embedded Clinical, Care and Professional Governance arrangements are in place and that these arrangements can evidence continuing improvements.
- 4.2 P&K HSCP’s reports to NHS Tayside’s Care Governance Committee on 1 February 2024 and 4 April 2024, and PKC’s Scrutiny & Performance Committee on 24 April 2024 are attached at appendices 1 & 2 to evidence the above. The level of assurance for the full assurance report recommended and accepted by both Committees was “Reasonable Assurance”.

#### 5. CONCLUSION

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

#### Author(s)

Name	Designation	Contact Details
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Kenny Ogilvy	Acting Head of Service Adult Social Work and Social Care (Operations)	

#### Appendices

- Appendix 1 – Clinical & Care Governance Exception report  
 Appendix 2 – Clinical & Care Governance Assurance report



Item

CGC/2024



**Meeting:** Care Governance Committee  
**Meeting date:** 1<sup>st</sup> February 2024  
**Title:** Exception Report: P&K HSCP  
**Responsible Officer:** Dr Hamish Dougall – P&K HSCP AMD  
**Report Author:** Mark Dickson – P&K HSCP Clinical Governance Coordinator

## 1 Purpose

This is presented to the Board for:

- Awareness

This report relates to:

- Emerging issues

## 2 Report summary

### 2.1 Situation

A risk with regards to staffing in Tay Ward, PRI has been reassessed as a red risk on DATIX.

#### Background

A risk has existed on DATIX for staffing challenges across Tay and Stroke Wards for many years, as the stability of staffing levels and skill mix within these areas has fluctuated over time.

#### Assessment

The overall risk level has recently increased in Tay ward specifically due to the high number of supplementary staff being used on the ward who may not know the patients and routine of the ward. This may lead to the potential of patients being harmed, not receiving acceptable levels of care, or extending their length of stay. The funded staffing levels for the ward are for 14 beds, and there are currently 21 beds. This is in combination with a vacancy which has been advertised on three occasions. A series of controls are in place to manage safe staffing levels, and a process of bed modelling is in progress to help inform future bed numbers.

#### Recommendation

The Committee is asked to note this new red risk and that risk mitigations are currently in place.

## **2.2 Situation**

A risk with regards to Occupational Therapy staffing across the PRI site has been reassessed as a red risk on DATIX.

### **Background**

A risk had previously existed on DATIX regarding OT staffing challenges across the PRI site, and this risk had been archived due to positive progress being made and the situation going through a period of stability.

### **Assessment**

The OT service currently has 2 vacancies which were permanent with non-recurring funding. Due to there being no identified funding for these posts, they were required to be absorbed by the service. This exacerbates a historical staffing situation, impacting on service resilience and staff morale as well as on a patient access to the service for those who have not been identified as a priority. Controls are in place to manage the risk, and the service identifies and communicates at the PRI site huddle on a daily basis specific wards that may not have adequate OT cover.

### **Recommendation**

The Committee is asked to note this new red risk and that risk mitigations are currently in place.

## **3 List of appendices**

The following appendices are included with this report:

- None



**Please report under the following sections if they are relevant to the exception report:**

**Quality/Patient Care**

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

**Workforce**

No specific impact

**Financial**

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

**Risk Assessment/Management**

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

**Equality and Diversity, including health inequalities**

No specific impact

**Other impacts**

No other identified impacts

**Communication, involvement, engagement and consultation**

The exceptions raised in this report were escalated at the CPGF meeting on the 19<sup>th</sup> January 2024

**Route to the Meeting**

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





Meeting: Care Governance Committee  
Meeting date: 4<sup>th</sup> April 2024  
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 are the four months between 1<sup>st</sup> November 2023 and 29 February 2024.

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

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

### 2.2 Background

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

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

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

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

## 2.3 Assessment

### 2.3.1 Exceptions

A risk with regards to staffing in Tay Ward, PRI has been reassessed as a red risk on DATIX.

A risk has existed on DATIX for staffing challenges across Tay and Stroke Wards for many years, as the stability of staffing levels and skill mix within these areas has fluctuated over time.

The overall risk level has recently increased in Tay ward specifically due to the high number of supplementary staff being used on the ward who may not know the patients and routine of the ward. This may lead to the potential of patients being harmed, not receiving acceptable levels of care, or extending their length of stay. The funded staffing levels for the ward are for 14 beds, and there are currently 21 beds. This is in combination with a vacancy which has been advertised on three occasions. A series of controls are in place to manage safe staffing levels, and a process of bed modelling is in progress to help inform future bed numbers.

A risk with regards to Occupational Therapy staffing across the PRI site has been reassessed as a red risk on DATIX.

A risk had previously existed on DATIX regarding OT staffing challenges across the PRI site, and this risk had been archived due to positive progress being made and the situation going through a period of stability.

The OT service currently has 2 vacancies which were permanent with non-recurring funding. Due to there being no identified funding for these posts, they were required to be absorbed by the service. This exacerbates a historical staffing situation, impacting on service resilience and staff morale as well as on a patient access to the service for those who have not been identified as a priority. Controls are in place to manage the risk, and the service identifies and communicates at the PRI site huddle on a daily basis specific wards that may not have adequate OT cover.

### 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 health red risks as at 15<sup>th</sup> March 2024:

DatixRef	Risk Exposure – No controls			Current Risk Exposure Rating												Planned Risk Exposure			Risk Trend (↑/→/↓)			
				Please include data from previous <b>four</b> reporting periods																		
				April 2023			Aug 2023			Nov 2023			Mar 2024									
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	→			
701	5	3	15	5	4	20	5	4	20	5	4	20	5	4	20	1	4	4	→			
1321	5	4	20	-	-	-	5	4	20	5	4	20	5	4	20	2	4	8	→			
886	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.

Short life working group has now met twice, and new estates manager is taking forward the work, and is currently reviewing the timelines to allow the different moved to happen.

IDART will move to accommodation previously used for the Birnam Day Centre at Murray Royal, CCATS to Drumhar, Adult Mental health team to the Murray Royal site, and the CAMHS team to Cairnwell. Timelines for this are being finalised, and all information has been entered into Smartsheet. The first team to move will be IDART.

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

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

New Patients (routine) are waiting over 18 weeks to be assessed by the Mental Health Team, as a result of demand higher than resource, high acuity of case load, this may lead to patients deteriorating, not improving and or not being provided follow up care on liberation from prison.

Listening service has now commenced and it appears clear that it will have an impact on the waiting list for lower level anxiety / depression  
Trainee ANP for MH in post

### Risk 886 - Staffing challenges within the OT service at PRI

This is a new risk added as a result of the OT service at PRI having three posts which are permanently recruited with non recurring funding. This means when a vacancy comes up, these will require to be absorbed by the service. This will exacerbate a historical staffing situation within the service, leading to service resilience and staff morale being low, staff sickness increasing, as well as a significant impact on patient access to the service for those who have not been identified as a priority. With increasing pressures within PRI, this increases the overall risk level.

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

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

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

P&K HSCP Adult Social Work & Social Care red risks as at 15<sup>th</sup> March 2024:

Risk	Risk Exposure – No controls			Current Risk Exposure Rating												Risk Trend (↑/→/↓)
				Please include data from previous <i>four</i> reporting periods												
				April 2023			Jul 2023			Nov 2023			Mar 2024			
	L	C	RER	L	C	RER	L	C	RER	L	C	RER	L	C	RER	
1	4	5	20	4	5	20	4	5	20	4	5	20	4	5	20	→
2	4	5	20	4	5	20	4	5	20	4	5	20	4	5	20	→

L = Likelihood C = Consequence RER = Risk Exposure Rating

Adult Social Work and Social Care Risk 1 – Lack of Care at Home capacity, especially around rural P&K.

Care at Home Transformation group and workstreams in action. Automated scheduling went live 20 September. HART rotas in Perth updated and efficiency realised. North and South in progress. PinPoint system will be live end of March. Alliance contracting with independent sector progressing. 6 International staff starting with Living Well in April. 1 start date in April for HART. Waiting on 4 further start dates for HART and 1 x for LWC going through the recruitment.

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

0.5 North OTs out to advert. Not meeting priority targets and no M and H reviews getting done. 1 admin advert liveDuty Team have had a resignation which will impact on signposting and advice

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 November 23, December 23, January 24 and February 24:

- North Locality:
  - Critical Staffing levels North Locality CRT & LInCS. The LInCS AP's, Physio and admin teams have been affected by high levels of long and short term sickness reporting continuous Amber and sporadic Red status despite working flexibility across P & K. This has significant impact on the wider system.
  - Storm Impact – BCPs/ Winter contingency plans evoked and tested on three occasions – services maintained despite exceptional circumstances.
  
- Urgent Care:
  - Medical cover on Red from 19/01/24 – 04/02/24. this has had an impact on Hospital at Home's ability to accept referrals. Vacant medic post recruited to; candidate coming from overseas – plan to be in post and orientated by spring. GP Locum/Medical Bank not available. PRI Consultant cover limited in ability to support. Lead ANP unable to support as supporting PCH.
  - Impact on Advanced Nurse Practitioner capacity due to demand for service, reduced staffing, vacancies and unplanned leave. Current staffing on Hot Amber.
  - Non Mandatory CPD time has been cancelled due to staffing levels and demand on services. CPD time being reviewed as part of ANP service review to support protected time for CPD.
  
- Podiatry:
  - At end December 23, there is an active caseload of approx 7,000 patients. 607 people on the Podiatry waiting list with 241 Podiatry MSK - 577 referrals on waiting list with 406 waiting over 12 weeks.
  
- Primary Care:
  - The Carse Medical Practice is currently operating from temporary accommodation with limited space. Future capital investment monies will be difficult to secure if there is any dubiety in relation to sustainable GMS in that area.
  
- Public Dental Service:
  - Awaiting input from Property Department to progress essential ventilation and building works. Work has been approved in principle by AMG and funding in place.

- Medicine for the Elderly, AHP and discharge services at PRI:
  - Risk in Tay Ward related to ongoing 50% bed increase and high usage of agency nursing. Risk added to DATIX.
  - AHP OT core staffing affected re budget controls on vacant posts. Risk had previously been archived due to investment in the substantive workforce in 2021 however this had never been supported with a permanent funding solution .

Key exceptions identified within the **annual reports** from the CPGF meetings held in November 23, December 23, January 24 and February 24:

- Perth City
  - Adverse events; the highest number over the past year were with regards to Pressure Ulcers, five of these were graded as being moderate, the remainder were graded as minor. Two of the five moderate incidents were deemed to be avoidable, and pressure ulcer reviews have been undertaken for all pressure ulcer incidents. Learning from Angus has shown a process to review Pressure Ulcer incidents. This involves a six monthly in-depth review of incidents that involve pressure ulcers to collate and share the learning and improve the identification and understanding of any themes. The Perth City CPTM will work with the District Nursing Team Leads to apply this process in Perth City.
  - As part of the induction for the Associate Director of Nursing visits to a number of Perth City Teams was undertaken with the Lead Nurse.
  - Care Opinion is rolled out across all teams and continues to provide the opportunity for people to communicate their experience through this digital platform. It provides valuable feedback and helps us to understand when we are doing well and also when we can improve. Towards the end of the year a report was scheduled to run monthly enabling the collation of stories to be shared within the Locality Governance Meeting and wider teams. In 2023, 30 stories were told and at the time of the report to date, have been viewed on Care Opinion 2,348 times in all. Further work is planned in 2024 to promote the use of Care Opinion across the teams and explore other ways for our client group to provide feedback as the digital interface is not always the preferred method of feedback.
  
- South Locality
  - The frailty and complexity of the patient groups has presented challenges across the locality and particularly within the inpatient areas. Core staffing levels have struggled to maintain safety with increased delirium, falls and distress behaviours, requiring additional staffing resource to maintain patient and staff safety.
  - The shortage of care at home across the locality has resulted in longer waits than we would want for some to access the support they have been assessed as requiring. This has had a significant impact on many clients and their carers waiting for care, particularly those who are waiting in care home placements for a care package, sometimes for many months. However we are supporting more clients than ever before, many of whom have complex needs, and whose

wish is to remain in their community. Well established and some new multi-disciplinary forums and partnership working have enabled workers to develop bespoke packages of care, in many cases enabling people to remain in their own homes for longer.

- Media reports in September 2023 highlighted the lack of Healthcare Improvement Scotland (HIS) inspections of community hospitals. Taking a proactive approach, the HSCP commenced a short life 'Inspection Ready' group to scope and agree preparatory work and set up peer walk around inspections.
- With Care Opinion rolled out across all teams this has continued to provide the opportunity for people to tell their story in their own words. It provides valuable feedback and a level of dialogue with families and service users that helps us understand what we do well and what needs to improve.

## **Adverse Events:**

Systems are in place for services/localities to review DATIX incidents.

The Nursing & AHP leads meet along with the Clinical Governance Coordinator on monthly basis to review the top 5 incident categories. This helps to identify any trends or any appropriate action and supports closing the loop.

Regarding adverse events, the main themes reported during the months between November 2023 and February 2024 were:

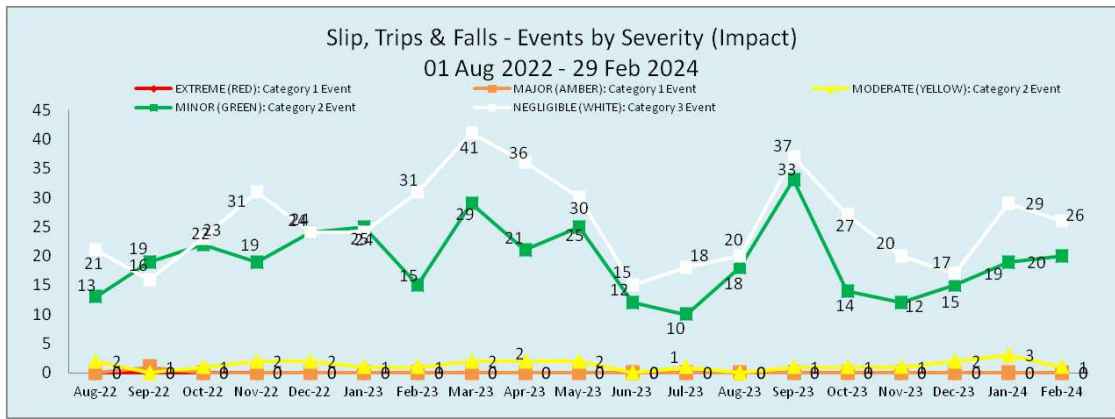
Highest frequency events:

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

**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 November 2023 and February 2024, there were **165** incidents recorded, of which 23 involved harm. 74 occurred at MRH, 34 at PRI, 51 in Community Hospitals and the remaining 6 in other areas.



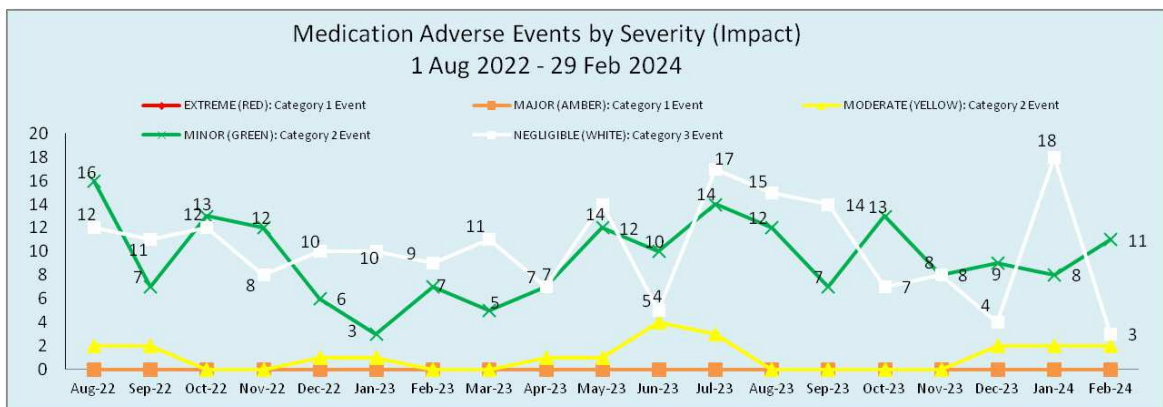
The Psychiatry of Old Age inpatient wards at Murray Royal Hospital experienced a higher than usual number of falls at the end of 2021 due to several patients who had multiple falls (many of which were controlled). Ward staff were doing all they could to manage the falls, and they had support from the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

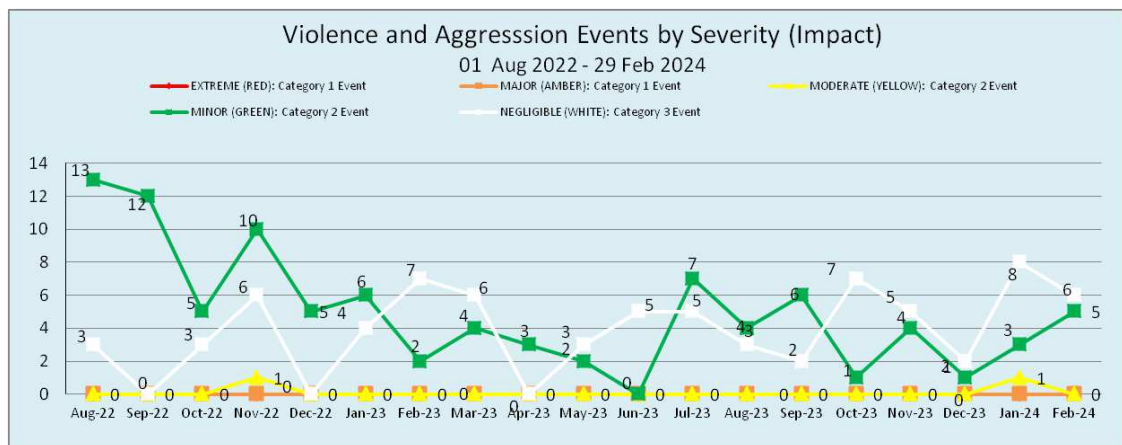
During the time period between November 2023 and February 2024, there were **75** incidents recorded, of which 5 involved harm. 6 occurred at MRH, 8 at PRI, 13 in Community Hospitals, 34 within a Prison Establishment and the remaining 14 in other areas.



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

- **Violence & Aggression**

During the time period between November 2023 and February 2024, there were **35** incidents recorded, of which 3 involved harm. 18 occurred at MRH, 5 at PRI, 2 in Community Hospitals, and the remaining 10 in other areas.



All but one of the 18 incidents within Murray Royal Hospital were within the Psychiatry of Old Age wards. All three of the incidents involving harm involved physical aggression, and two were in an inpatient setting. Two were graded as green and one as amber (due to the level of injury sustained by a patient after being pushed by another patient and falling)

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

During the time period between November 2023 and February 2024 there were **55** incidents recorded, of which 2 involved harm. 45 occurred at MRH, 3 at PRI, 5 in Community Hospitals and 2 others.

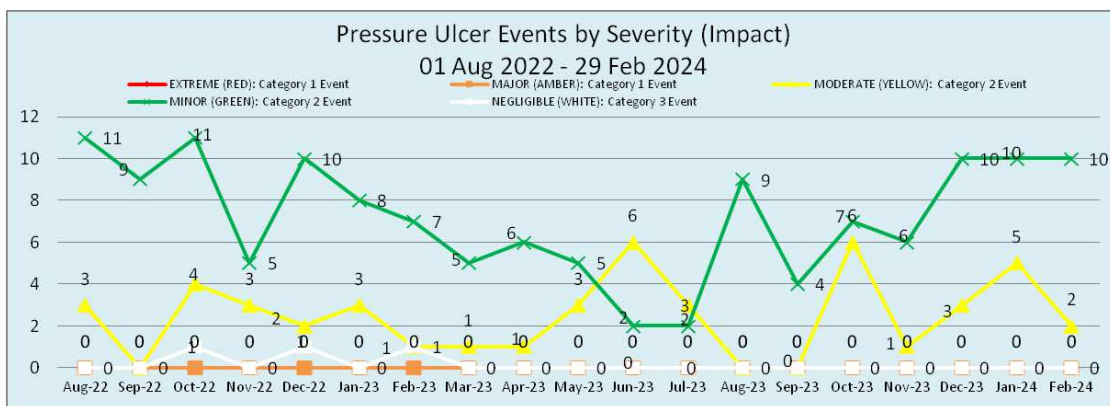


The vast majority of these incidents were within the Psychiatry of Old Age wards at Murray Royal Hospital. The rise in incidents (albeit of negligible grading) in October 2023 have been noted by the service. This appears to be attributable to a small group of patients in one particular POA ward who are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

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

- **Pressure Ulcers**

During the time period between November 2023 and February 2024, there were **47** incidents recorded, of which 40 involved harm. 32 were within the patients home, 7 within Care Homes, 5 within Community Hospitals, and the remaining 3 in other areas.



The yellow graded events are discussed at the relevant locality Care Governnace meeting. It should be noted that some of these pressure ulcer incidents are regarding patients who have been discharged from hospital to the community with a pressure ulcer, which has then been picked up and reported by a service in P&K HSCP.

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 improve and to be monitored at CPGF meetings.

#### 2.3.4 Significant Adverse Event Reviews

There are currently no pending SAER's in P&K HSCP.

#### 2.3.5 Pressure Ulcers & Falls

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

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

#### 2.3.6 Complaints

Current Health Complaints as at 15/03/2024 - Stage 1

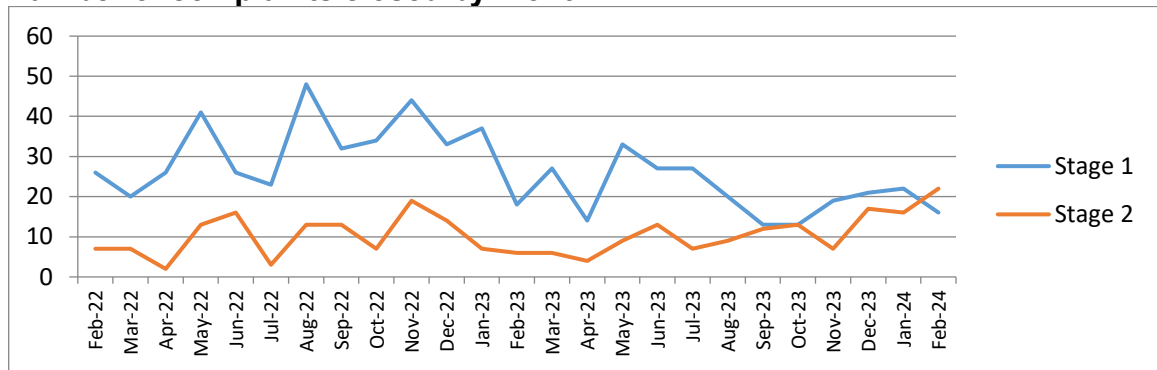
Service Area	0-4 Days	5-9 Days	Total
Perth & Kinross HSCP	2	0	2

Current Health Complaints as at 15/03/2024 - Stage 2

Service Area	0-5 days	6-10 days	11 or more days	Total
Perth & Kinross HSCP	1	1	7	9

**HEALTH COMPLAINT SUMMARY FOR FEBRUARY 2024:**

**Number of complaints closed by month:**

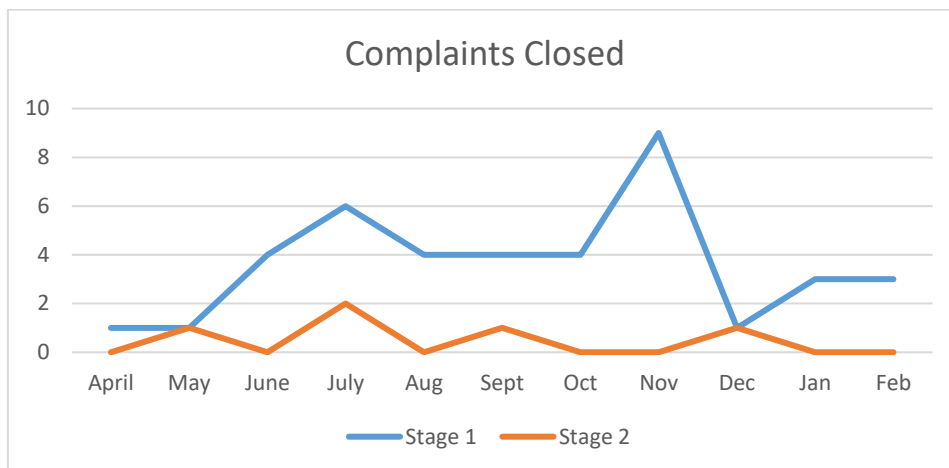


- **Total number of complaints received in Feb 2024 = 33**
- **Total number of complaints closed in Feb 2024 = 38**
  - Stage 1 = 16 (6 upheld or partially upheld)
  - Stage 2 = 22 (6 upheld or partially upheld)
    - % Stage 2 completed within timescales = 73%
    - % Stage 2 not completed within timescales = 27%
  - **Services**
    - Prison Healthcare – 31
    - Mental Health - 4
    - Public Dental – 1
    - AHP – 1
    - Perth City - 1
- **Top themes for Feb 24 (Prison Healthcare):**
  - **Overall** (*more than one theme can be applicable per complaint*)
    - Medication – 12
    - Disagreement with treatment plan or outcome - 9
    - Lack of support - 5
    - Wait times / delay - 4
    - Communication -1



- **Upheld or Partially Upheld complaints** (*more than one theme can be applicable per complaint*)
  - Medication – 2
  - Disagreement with treatment plan or outcome - 2
  - Lack of support - 2
  - Wait times / delay - 2
  
- **Top themes for Feb 24 (other HSCP services):**
  - **Overall** (*more than one theme can be applicable per complaint*)
    - Disagreement with treatment plan or outcome – 2
    - Wait time – 2
    - Lack of support - 2
    - Care and treatment - 1
  
  - **Upheld or Partially Upheld complaints** (*more than one theme can be applicable per complaint*)
    - Wait time – 1
    - Lack of support - 1
    - Care and treatment - 1

**PKC COMPLAINT SUMMARY FOR February 2024:**



- **Total number of complaints received in Feb 2024 = 4**
- **Total number of complaints closed in Feb 2024 = 3**
  - Stage 1 = 3 (2 resolved, 1 upheld)
  - Stage 2 = 1
    - % Stage 2 responded to within timescales = 0%
    - % Stage 2 not responded to within timescales = 100%
  - **Services the complaints relate to as below**
    - Perth City SW (South) - 1
    - HART and EIAP – 1
    - Access Team – 1
    - HDT - 1
- **Top themes**
  - **Overall** (*more than one theme can be applicable per complaint*)
    - Waiting Times/delays – 1
    - Staff Conduct - 1
    - Entitlement to service – 1
    - Service Provision - 1

**Upheld or Partially Upheld complaints** (*more than one theme can be applicable per complaint*)

- Staff Conduct - 1

**Actions taken from upheld/partially upheld stage 1 complaints:**

Fact finding conducted, following a fully upheld complaint, social care staff member was reminded how to conduct themselves while in the community and behave in a respectful manner by reinforcing code of conduct expectations.

### 2.3.7 Scottish Public Services Ombudsman Reports

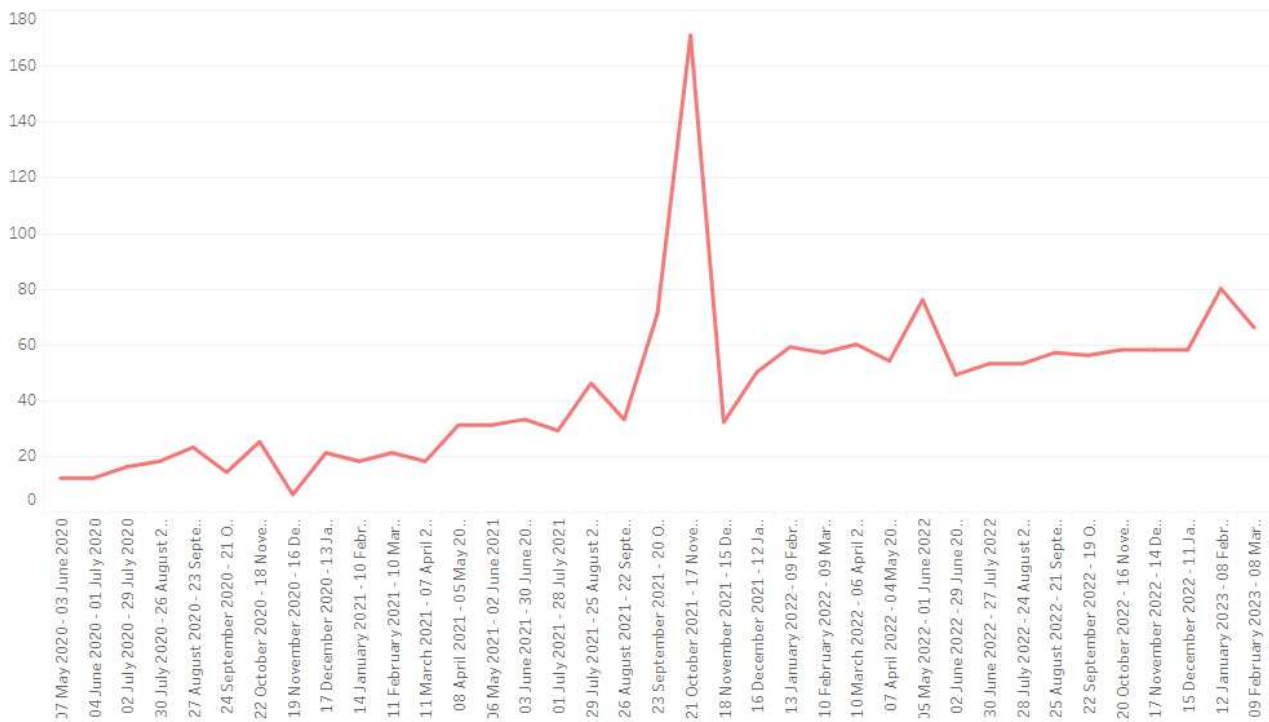
There have been no complaints referred to the SPSO during the time period.

The last complaint which was referred to the SPSO was from December 2021, and SPSO found that the Boards complaint response was reasonable and decided not to investigate further.

### 2.3.8 External Reports & Inspections

HM Inspectorate of Prisons for Scotland undertook an inspection to HMP Bella on during March 2024, and the visit report is awaited by the service.

### 2.3.9 Adult Support & Protection

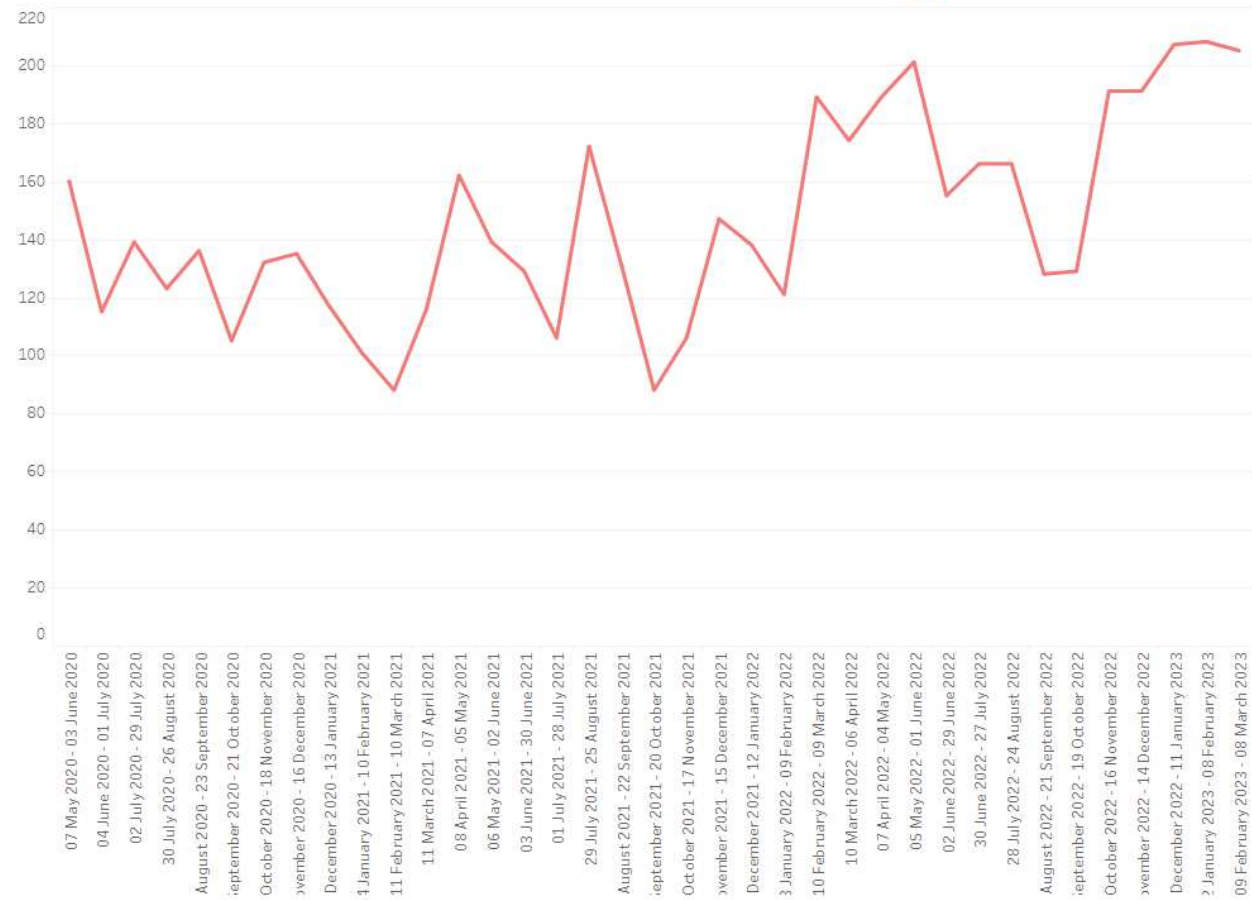


Adult Concerns Received by Local Authorities from Police Scotland - last updated with 16/03/2023 collection

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

Please select the area you are interested in

Perth and Kinross



It should be noted that the above data collected and available nationally has not been updated since March 2023. However, it shows a significant increase in both AP concerns and VPRs up until that time. 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 Feb 2024 are:

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

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

**GREEN**

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

**GREEN**

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

**GREEN**

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

**GREEN**

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

**GREEN**

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

**AWAITING ASSESSMENT – EVIDENCE BEING GATHERED AND SUBMITTED**

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

**AWAITING ASSESSMENT – EVIDENCE BEING GATHERED AND SUBMITTED**

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

**AWAITING ASSESSMENT – EVIDENCE BEING GATHERED AND SUBMITTED**

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

**AWAITING ASSESSMENT – EVIDENCE BEING GATHERED AND SUBMITTED**

**Standard 10 – All people receive trauma informed care.**



**AWAITING ASSESSMENT – EVIDENCE BEING GATHERED AND SUBMITTED**

### 2.3.10 Mental Health

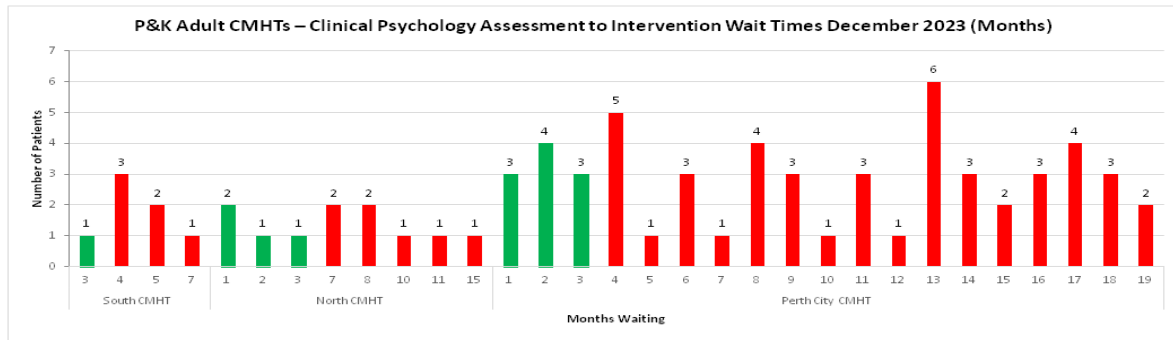
#### **P&K HSCP Mental health waiting times (1st December 2023 – 31st December 2023)**

The following is waiting time data for team's where their referral to assessment or their assessment to treatment intervention wait time standard has breached. Work is progressing to enhance this data over the coming weeks and months and future data will evolve to showcase month-on-month data and a more comprehensive analysis of the data presented.

Team	Wait Time Standards	Breach Status
Adult Mental Health Occupational Therapy Team	P1 – 5 Working Days P2 – 6 Weeks P3 – 12 Weeks	
Community Learning Disabilities Team (Wait times currently being explored for Dietetics, Speech & Language, Clinical Psychology)	12 Weeks	
Clinical Psychology, Adult Community Mental Health Teams	18 Weeks	
Consultant Psychiatrists, Psychiatry of Old Age Service	12 Weeks	
Garry Ward, Psychiatry of Old Age Inpatients	0 Days	
Integrated Drug and Alcohol Recovery Team	3 Weeks	
Learning Disability Intensive Support Service	12 Weeks	
Leven Ward, Psychiatry of Old Age Inpatients	0 Days	
Mental Health Officers	0 Days	
Mental Health Physiotherapy	P1 – 3 Working Days P2 – 5 Working Days P3 – 10 Working Days	
MoveAhead	12 Weeks	
North Perthshire Adult Community Mental Health Teams	Urgent – 72 Hours Routine - 12 Weeks	
North Perthshire Primary Care Mental Health and Wellbeing Team	12 Weeks	
Perth City Adult Community Mental Health Team	Urgent – 72 Hours Routine - 12 Weeks	
Perth City Primary Care Mental Health and Wellbeing Team	12 Weeks	
SCOPE	AP Concerns – 24 hrs ASP Inquiry – 10 days ASP Investigation – 28 Days	
South Perthshire Adult Community Mental Health Team	Urgent – 72 Hours Routine - 12 Weeks	
South Perthshire Primary Care Mental Health and Wellbeing Team	12 Weeks	
Therapeutics & ECT Team	0 Weeks	
The Wellbeing Support Team		
Tummel Ward, Psychiatry of Old Age Inpatients	0 Days	

 No Wait Time Breaches
  Wait Time Breached
  Data Pending

## Clinical Psychology – Adult CMHTs



Clinical Psychologists provide psychological therapies for people with complex mental illness who are working with the North Perthshire, Perth City and South Perthshire CMHTs. All patients on the Clinical Psychology waiting list will have received an initial mental health assessment, will be engaged in treatment interventions with another member(s) of the Adult CMHT and will have access to the CMHT Duty Worker. Clinical Psychology is a Dundee HSCP hosted service and monthly wait times are reported via this route. Further engagement with our Clinical Psychology colleagues is required to understand current and future mitigation and this will be explored in the second phase of this work.

Clinical Psychologists work to a 12 week waiting time target. The number of months waiting is shown along the bottom axis with the number of people waiting along the horizontal axis. The number of patients waiting within the stipulated 12 weeks are shown in green and all others breaching shown in red.

### South CMHT

Total Patients – 7

Within 3 Months – 1

Outwith 3 months – 6

Adherence to Standard– 14%

### North CMHT

Total Patients – 11

Within 3 Months – 4

Outwith 3 months – 7

Adherence to Standard–36%

### Perth City CMHT

Total Patients – 55

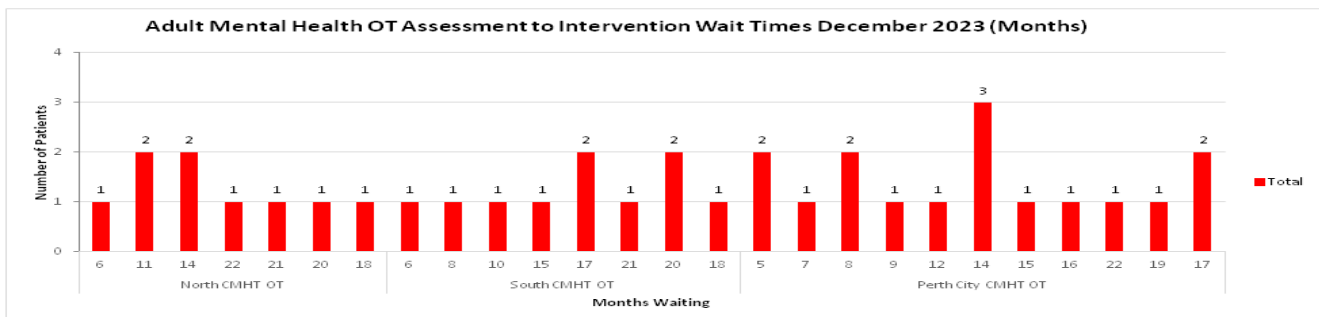
Within 3 Months – 10

Outwith 3 Months – 45

Adherence to Standard–18%

## Adult Mental Health Occupational Therapy Team

Adult Mental Health Occupational Therapists provide OT interventions for people with complex mental illness who are working with the North Perthshire, Perth City and South Perthshire CMHTs.



All patients on the OT waiting list will have received an initial mental health assessment prior to being referred on to the Mental Health Occupational Therapy and will have access to the CMHT Duty Worker. OT wait times have been impacted by a range of vacancies over a number of years. Adult Mental Health OT's work to priority bandings with a 12 week waiting time target for patients requiring routine interventions (Band 3). Safer Staffing Workforce Planning Tools will be undertaken for a two week period in February 2024 and this will inform an SBAR for EMT which is



currently in development. Critical staffing issues and wait time breaches are logged within DATIX as an organisational risk.

The number of months waiting is shown along the bottom axis with the number of people waiting along the horizontal axis. Patients waiting within the stipulated 12 weeks are shown in green and all others breaching shown in red.

**North CMHT OT**

Total Patients – 9  
 Within 3 months – 0  
 Outwith 3 months – 9  
 Adherence to standard–0%

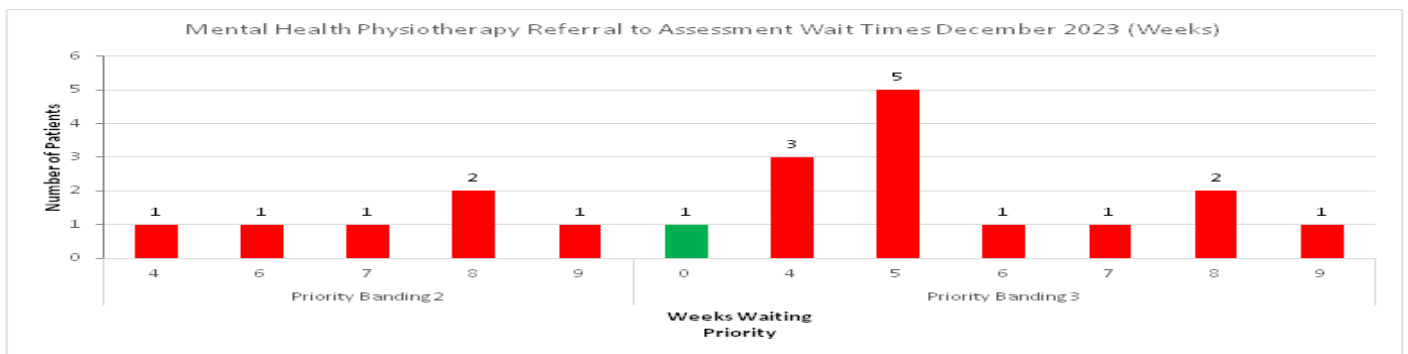
**South CMHT OT**

Total Patients – 10  
 Within 3 months – 0  
 Outwith 3 months – 10  
 Adherence to standard–0%

**Perth City CMHT OT**

Total Patients – 16  
 Within 3 months – 0  
 Outwith 3 months – 16  
 Adherence to standard–0%

**Mental Health Physiotherapy**



Mental Health Physiotherapy provides interventions for people with complex mental illness who are currently engaged in treatment with the Adult and Older People’s CMHTs within North Perthshire, Perth City and South Perthshire (6 Teams), to all inpatients within the Perth and Kinross Psychiatry of Old Age Inpatient Unit (3 wards) and the General Adult Psychiatry Inpatient Unit (3 wards). The Team is also currently assisting Secure Care services with a small number of inpatient referrals due to their inability to recruit to their vacant post. The Team has a wide remit and a small staffing resource consisting of 1.4wte Specialist Physiotherapy staff and 1.0wte Community Support Worker staff.

Safer Staffing Workforce Planning Tools will be undertaken for a two week period in February 2024 and this will inform an SBAR for EMT which is currently in development. The number of weeks waiting is shown along the bottom axis with the number of people waiting along the horizontal axis. The number of patients waiting within the stipulated banding priorities are shown in green and all others breaching shown in red.

**Priority 1**

Total Patients – 0  
 Within 3 months – 0  
 Outwith 3 months – 0  
 Adherence to standard–100%

**Priority 2**

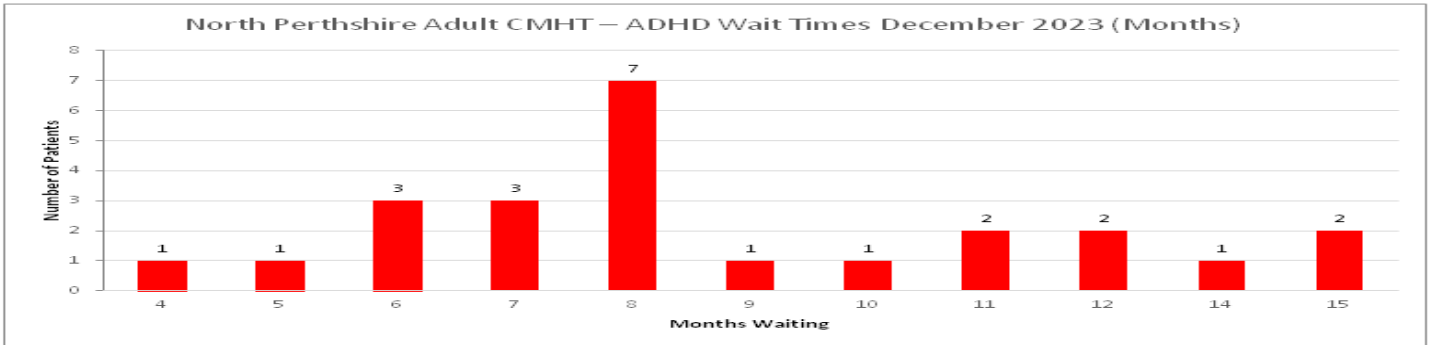
Total Patients – 6  
 Within 3 months – 0  
 Outwith 3 months – 6  
 Adherence to standard– 0%

**Priority 3**

Total Patients – 14  
 Within 3 months – 1  
 Outwith 3 months – 13  
 Adherence to standard–7%

### North Perthshire Adult CMHT – ADHD Wait Times

The Adult CMHTs have seen a significant increase in referrals for people with potential ADHD and are overwhelmed by the demand. This correlates with the emerging data across Scotland and



rates are expected to increase exponentially. All patients on the ADHD waiting list have received baseline screening tools to determine whether they require to be assessed by a CMHT, self help information to access whilst they wait for initial assessment and will have access to the CMHT Duty Worker. The number of months waiting is shown along the bottom axis with the number of people waiting along the horizontal axis. Patients waiting within the stipulated 12 weeks are shown in green and all others breaching shown in red. In the absence of a Tayside Neurodevelopmental Pathway, we are currently developing a Neurodevelopmental Pathway proposal which will be presented to the Mental Health Steering Group on the 6<sup>th</sup> February 2024.

#### ADHD Assessment

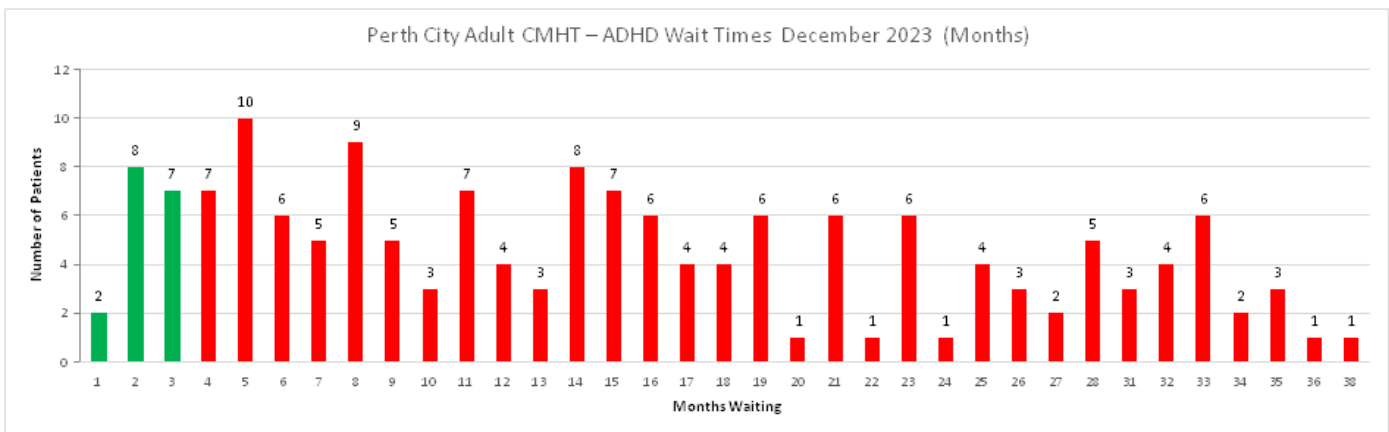
Total Patients – 24

Within 3 months – 0

Out with 3 months – 24

Adherence to standard – 0%

### Perth City Adult CMHT – ADHD Wait Times



The Adult CMHTs have seen a significant increase in referrals for people with potential ADHD and are overwhelmed by the demand. This correlates with the emerging data across Scotland and rates are expected to increase exponentially. All patients on the ADHD waiting list have received baseline screening tools to determine whether they require to be assessed by a CMHT, self help information to access whilst they wait for initial assessment and will have access to the CMHT Duty Worker. The number of months waiting is shown along the bottom axis with the number of

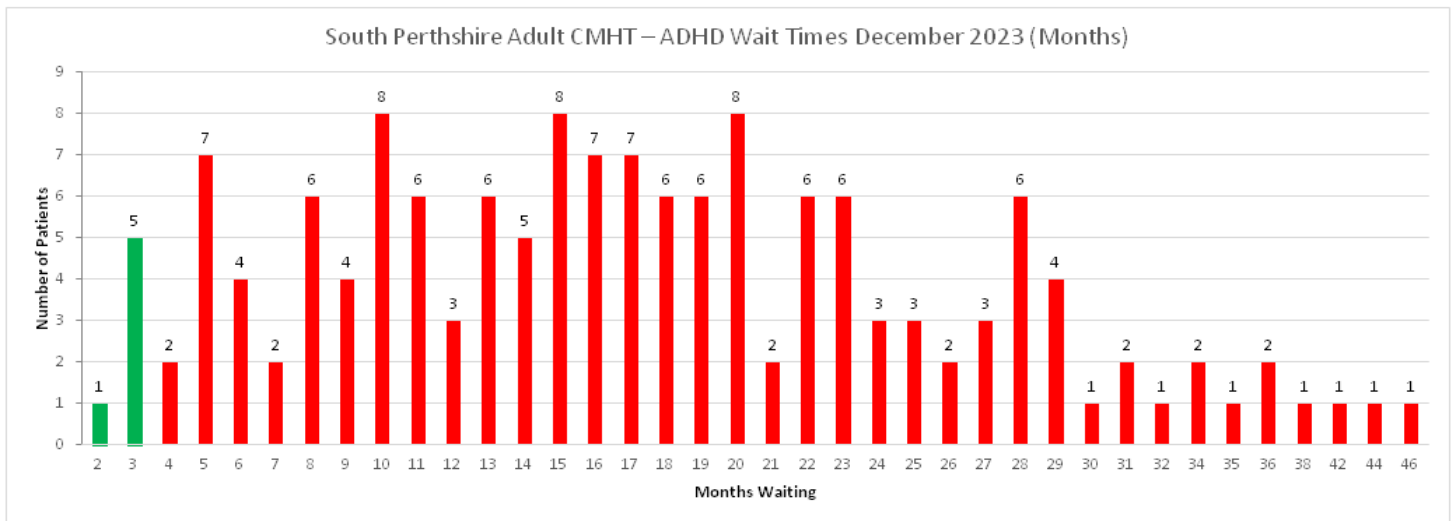
people waiting along the horizontal axis. Patients waiting within the stipulated 12 weeks are shown in green and all others breaching shown in red. In the absence of a Tayside Neurodevelopmental Pathway, we are currently developing a Neurodevelopmental Pathway proposal which will be presented to the Mental Health Steering Group on the 6<sup>th</sup> February 2024.

**ADHD Assessment**

Total Patients – 160  
 Within 3 months – 17  
 Out with 3 months – 143  
 Adherence to standard – 11%

**South Perthshire Adult CMHT – ADHD Wait Times**

The Adult CMHTs have seen a significant increase in referrals for people with potential ADHD and



are overwhelmed by the demand. This correlates with the emerging data across Scotland and rates are expected to increase exponentially. All patients on the ADHD waiting list have received baseline screening tools to determine whether they require to be assessed by a CMHT, self help information to access whilst they wait for initial assessment and will have access to the CMHT Duty Worker. The number of months waiting is shown along the bottom axis with the number of people waiting along the horizontal axis. Patients waiting within the stipulated 12 weeks are shown in green and all others breaching shown in red. In the absence of a Tayside Neurodevelopmental Pathway, we are currently developing a Neurodevelopmental Pathway proposal which will be presented to the Mental Health Steering Group on the 6<sup>th</sup> February 2024.

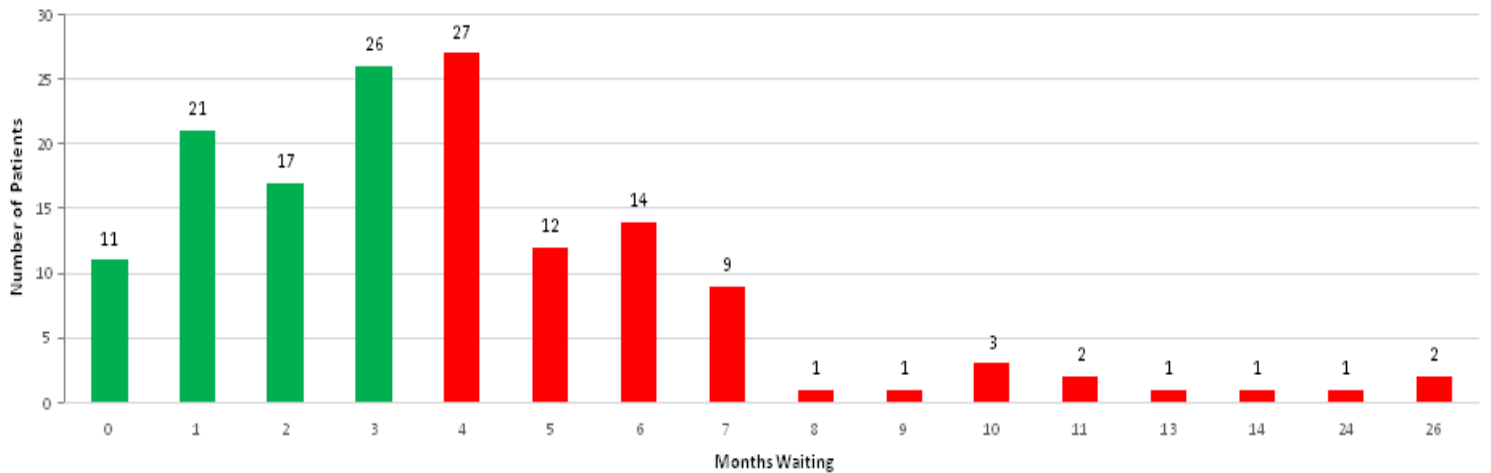
**ADHD Assessment**

Total Patients – 149  
 Within 3 months – 6  
 Out with 3 months – 143  
 Adherence to standard – 4%

## Perth City Adult CMHT – Consultant Psychiatrist Referral to Assessment

Wait times for Consultant Psychiatrist/Medical assessments are primarily due to recruitment issues

Perth City Adult CMHT - Consultant Psychiatrist Referral to Assessment Wait Times December 2023 (Months)



and a reliance on temporary locum staff alongside outdated models of practice where Consultants primarily undertake outpatient clinics largely for people with less complex needs. Work to review models of practice and existing caseloads will progress over the coming year in line with the Tayside CMHS Redesign programme. The number of months waiting is shown along the bottom axis with the number of people waiting along the horizontal axis. Patients waiting within the stipulated 12 weeks are shown in green and all others breaching shown in red.

### Consultant Psychiatrist Referral to Assessment

Total Patients – 149

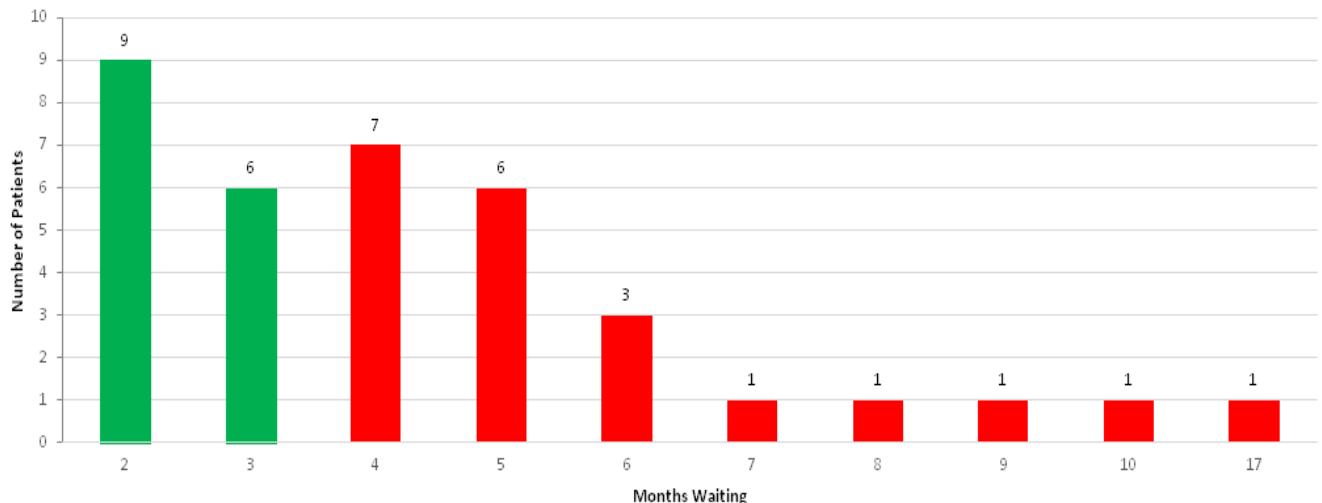
Within 3 months – 75

Out with 3 months – 74

Adherence to standard – 50%

## South Perthshire Adult CMHT – Consultant Psychiatrist Referral to Assessment

South Perthshire Adult CMHT - Consultant Psychiatrist Referral to Assessment Wait Times December 2023 (Months)



Wait times for Consultant Psychiatrist/Medical assessments are primarily due to recruitment issues and a reliance on temporary locum staff alongside outdated models of practice where Consultants primarily undertake outpatient clinics largely for people with less complex needs. Work to review models of practice and existing caseloads will progress over the coming year in line with the Tayside CMHS Redesign programme. The number of months waiting is shown along the bottom axis with the number of people waiting along the horizontal axis. Patients waiting within the stipulated 12 weeks are shown in green and all others breaching shown in red.

#### **Consultant Psychiatrist Referral to Assessment**

Total Patients – 36

Within 3 months – 15

Out with 3 months – 21

Adherence to standard – 42%

#### **Development of HSCP Mental Health KPIs**

The development of the suite of KPIs for MH across Tayside has continued with initial approval for the indicator suite having been reached. We are now in a data source/discovery phase. For data which sits within NHST systems we have agreement that the Business Unit will produce a data report covering each of the KPIs. This will be produced for Tayside, and each of the HSCPs and will therefore allow us to report independently but using the same suite of KPI data. We were due to receive the first draft of that data report by the end of Feb and so this is now overdue. This may be due to additional work which has been undertaken within NHST to produce NHST's Annual Delivery Plan and 3 year Strategic Plan.

In terms of the KPIs which are based on Local Government based data we have met recently with colleagues in Dundee and Angus to discuss the approaches that need to be taken to extract the data. Largely this will relate to our use of Social Care systems. In P&K with the move to MOSIAC upon us it may take a little longer to work through the detail and extract a first draft.

We have made good progress on this piece of the work but there are some pieces that still need to be completed. As we move forward we will insert a relatively short time horizon for us to review what's all been included in the suite of KPIs and make an assessment of the value and impact of including each of the indicators. This work will link with the NHST Strategic Plan, Scottish Government Mental Health Quality Indicators and the National Confidential Inquiry into Suicide and Safety in Mental Health Services(NCISH).

## **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. In addition:

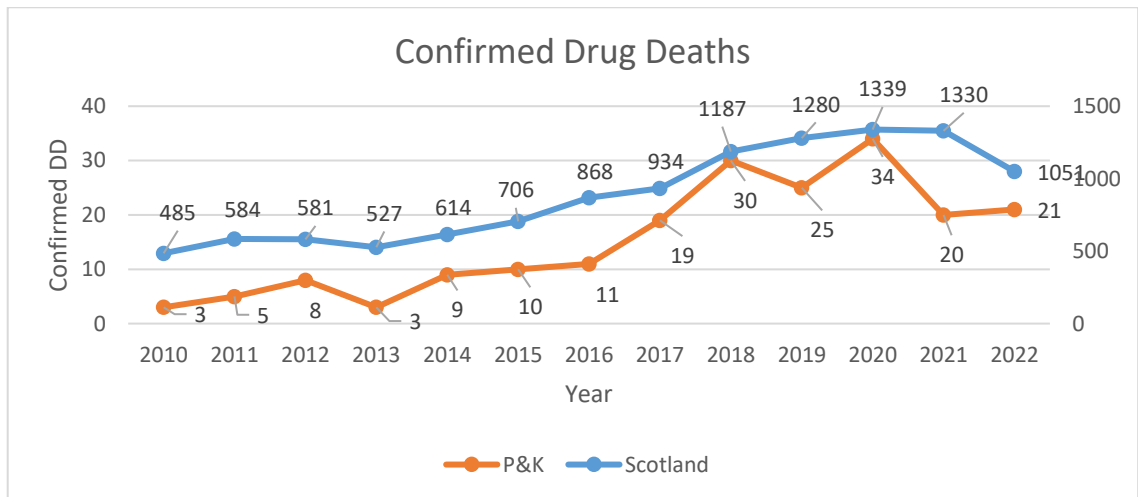
- **Reduction of bed numbers in Garry Ward, MRH to help manage the risk to risk to patient safety and staff wellbeing.**
  - From February 2024, Garry ward has had a deficit of 4.75 WTE Registered nursing staff through a combination of rolling vacancies, maternity leave and further exasperated by long term sickness. Additional hours, overtime and temporarily increases of working hours

has been offered to all staff to mitigate the risks on a short-term basis. NHST nurse bank have offered short term contracts to all RMN employed by NHST nurse bank and we have had no success with this approach to recruitment. The decision was made to reduce the ward bed compliment by 5 beds which supports the RCN recommendation for a 1:7 registrant/patient ratio. The temporary closure of these beds has been agreed until the end of October, but is under continual review and the beds may be opened if the staffing situation improves before then.

**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.

## **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**

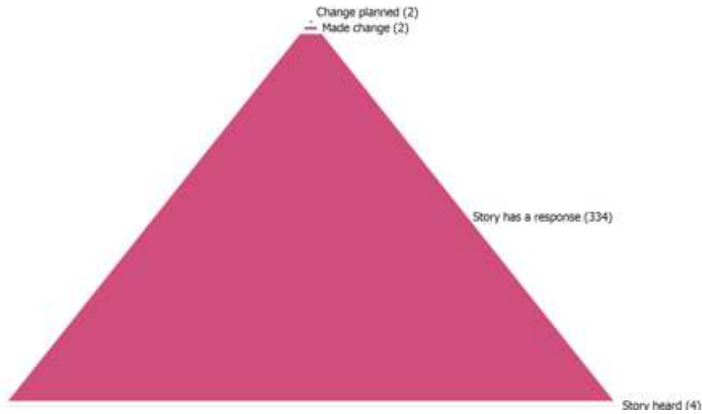
N/A

## **2.10 Communication, involvement, engagement and consultation**

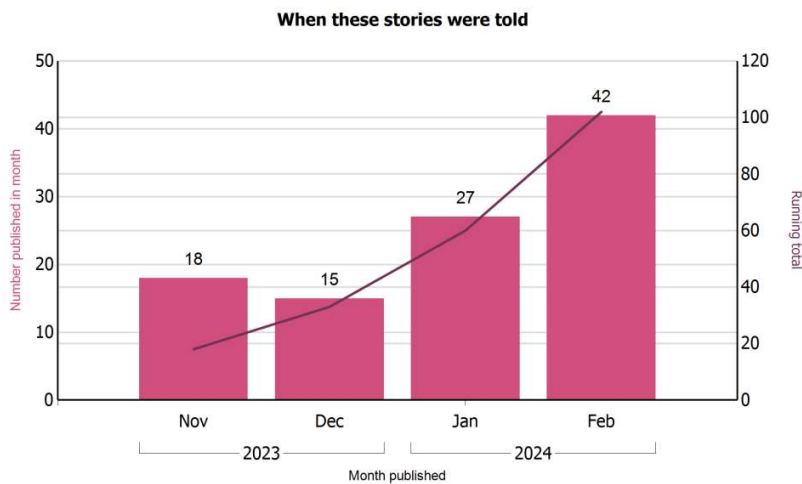
All HSCP Staff have been invited to complete the latest iMatter survey, and teams will meet to discuss the results of these and create actions to take forward.

The use of Care Opinion continues to expand within the HSCP, and during reporting this reporting period, we have continued to be the most active HSCP in Scotland, and are ranked 18th within the top 35 most active Care Opinion subscriptions across the UK. There were 102 stories between Nov 2023 – Feb 2024, viewed a total of 4191 times.

To date we have had 4 changes planned; these changes were promised before this reporting period and as you can see 2 of the changes have been made and 2 are being worked on and are yet to be completed.



In this bar chart below, you can see month by month how many stories we received over the reporting period. Currently we have a 98% response rate to the last 100 stories.



Looking at the most common word tag added by the authors, we can see by the total number of reactions that people have responded positively when sharing their story;

<b>What's good? - 149 responses</b>
<b>What could be improved? – 29 responses</b>
<b>Feelings - 89 responses</b>

<b>This is how Care Opinion have rated our stories;</b>	
94 stories – not critical	(0)
1 story – minimally critical	(1)
7 stories - mildly critical	(2)



## 2.11 Route to the Meeting

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

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





## 3 Recommendation

This report is being presented for:

- **Reasonable Assurance**

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

Please ✓ the level of assurance you are providing:

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

## Appendix 1 – List of services within P&K HSCP

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

<b>Perth City Locality</b>	Community Nursing, Community Mental Health Teams (Adult and Older Peoples), Community Allied Health Profession Teams	Delegated
<b>North Locality</b>	Integrated Drug & Alcohol Recovery Team, Advanced Nurse Practitioners, Community Hospitals (x4), Community Care & Treatment Teams,	Delegated
<b>South Locality</b>	Community Learning Disability Services, Adult Social Work Teams Respiratory Team Care Home Liaison (Mental Health) Access Team Mental Health Officer Team Wellbeing Team Hospital Discharge Team Discharge Hub	Delegated
<b>Perth Royal Infirmary</b>	Stroke Ward Medicine for the Elderly Ward Discharge Liaison Team Allied Health Profession Team (Inpatients) Allied Health Professions (Outpatient Teams)	Delegated
<b>Murray Royal Hospital</b>	3 Older Peoples Mental Health Inpatient Wards	Delegated
<b>Commissioned Services</b>	Care at Home, 42 Care Homes, Supported Accommodation	Delegated
<b>Registered Services</b>	Dalweem & Parkdale Care Homes, Day Care, HART	Delegated
<b>Equipment &amp; TEC</b>	Joint Equipment Loan Store, Community Alarm	Delegated
<b>Mental Health Officer Team</b>	Mental Health Officers across P&K	Delegated
<b>Prison Healthcare</b>	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
<b>Public Dental Service</b>	Tayside wide Services	Hosted
<b>Podiatry</b>	Tayside wide Services	Hosted

**Appendix 2 – DATIX service risks within P&K HSCP health services  
(as at 15<sup>th</sup> Mar 2024)**

Current service risks within health services (31):

Ref	Locality/ Service	Title of risk	Risk Score & Grading (Inherent)	Risk Score & Grading (Current)	Last updated / Manager	Mitigations
829	P&K HSCP wide	Challenges in relation to accommodation for clinical and non- clinical staff across P&K	20 RED	20 RED	06-12-23 Evelyn Devine	<p>P&amp;K HSCP Chief Officer and key staff are participating in the one public estate discussions in order to identify appropriate accommodation for different health and social care teams.</p> <p>Head of Health has briefed NHS Director of Facilities re all options which have currently been explored in NHS and PKC family</p> <p>Interim Chief Exec of PKC has been briefed by Chief Officer re: accommodation needs for the HSCP.</p> <p>Premises requirements identified and summarised in a briefing paper for CCATS, IDART, CAMH's, potential relocation of GP premises in Perth City and a multi-disciplinary team supporting young people and adults with a learning disability and/or Autism with complex needs. Shared with NHS Procurement and Estates</p> <p>Accommodation walkrounds have been completed across Health &amp; Social care sites with a view to mapping sites to accommodate future teams.</p> <p>Recommenced a short life working group with NHST support service and Estates in order to review the accommodation needs for CCATS, IDART, Urgent Care and Community AHP's</p> <p>Consultation paper to be completed in relation to engaging with staff re: accommodation moves.</p> <p>Paper to be written to describe the options going forward (option appraisal) in conjunction with NHST estates and support services</p>

Ref	Locality/ Service	Title of risk	Risk Score & Grading (Inherent)	Risk Score & Grading (Current)	Last updated / Manager	Mitigations
701	Prison Healthcare	Mental Health Waiting Times within the Prison Healthcare Service	15 AMBER	20 RED	15-01-23 David Hope	<p>Review of workforce model to increase capacity of PHC teams to meet demand</p> <p>Seek agency nursing staff to reduce time spent by team administering medication</p> <p>Escalate to chief officer concern over recruitment delays by HR</p> <p>SBAR to extend agency cover authorised by chief officer</p> <p>Introduced telephone consultations</p> <p>Explore skill mix within the team</p> <p>Readvertise band 6 RN 3 x CN posts to support the workforce compliment /requirement</p> <p>SCN holding clinical caseload in Perth</p> <p>Consider Learning disability RN for team to enhance service and enhance overall compliment given recruitment challenges</p> <p>SCN increasing clinical caseload</p> <p>RAG status applied to all triaged referrals and current caseload</p> <p>Further recruitment - only two band 6 nurses in post, 1 sick and working notice, the other working notice - recruitment ongoing</p>

Ref	Locality/ Service	Title of risk	Risk Score & Grading (Inherent)	Risk Score & Grading (Current)	Last updated / Manager	Mitigations
1321	Perth City	Inadequate environment for the Perth City CCATS service	20 RED	20 RED	17-01-24 Andrew Parker	<p>IPC audit undertaken in March 2023 to understand the numerous environmental concerns at Beechgrove.</p> <p>Clinical Staff undertake additional cleaning within the clinic areas</p> <p>Visit by Chief Officer to site and concerns highlighted.</p> <p>Engagement with PKC estates to explore repairs.</p> <p>Site visit from the current cleaning contractor, soft facilities and PKC estates to explore gaps and potential solutions within current provision</p> <p>Perth City CCATS incorporated in to SLWG for accomodation</p> <p>Mark Mudie NHST has set up accomodation group to address issues this will be main agenda item for this group</p> <p>Notice has been served by PKC and end date is August 2024</p> <p>Property Application submitted through smart sheet as requested by property colleagues</p> <p>Walkaround completed awaiting timeline from estates colleagues issues escalated</p>

Ref	Locality/ Service	Title of risk	Risk Score & Grading (Inherent)	Risk Score & Grading (Current)	Last updated / Manager	Mitigations
886	AHP	Staffing challenges within the OT service at PRI	20 RED	20 RED	09-01-24 Terrienne Thomson	<p>Following on from WoC Audit data, 2x band 5 posts and 1 x band 6 posts have been recruited to</p> <p>Issue of staffing challenges escalated to Lead AHP and Senior Service Manager</p> <p>recruited to x2 band 5 posts and band 6 posts</p> <p>1 member of Bank staff supporting service</p> <p>Service has prioritised banding 1 &amp; 2 patients</p> <p>Existing staff have undertaken extra hours where possible.</p> <p>Continue to look to the AHP bank where possible.</p> <p>Ensuring adequate staff supervision, and allowing staff to meet with team leads and raise any concerns. Wellbeing resources and champions available, and the NHST Wellbeing team approached for support.</p> <p>Staff advised to record missed opportunities for therapy with patients.</p> <p>Staff asked to discuss with CPTM re any additional hours worked due to clinical demand.</p> <p>Professional support from CPTM and AHP Professional lead to staff where required.</p> <p>Week of care audit undertaken in Dec 2020, which has provided real world evidence of the challenges regarding demand and capacity ratio.</p> <p>1X b6 in post (with non-recurring funding), and 2x B5 in post (with non-recurring funding)</p> <p>Identifying and communicating at the PRI site huddle on a daily basis specific wards that may not have adequate OT cover for P1 &amp; P2 referrals.</p>

Ref	Locality/ Service	Title of risk	Risk Score & Grading (Inherent)	Risk Score & Grading (Current)	Last updated / Manager	Mitigations
1458	P&K wide	Staffing levels within the P&K HSCP Community Nursing Evening Service	20 RED	16 AMBER	29-02-24 Julie Dunn	<ul style="list-style-type: none"> <li>Use of bank staff requested</li> <li>Use of extra hours/overtime</li> <li>Locality cover requested</li> <li>Support from other teams</li> <li>Proactive recruitment to vacant posts (3 posts)</li> <li>Weekly huddles with Community Nursing managers across P&amp;K</li> <li>Vacancy reporting and ongoing update to Lead Nurse, P&amp;K HSCP</li> </ul>

Ref	Locality/ Service	Title of risk	Risk Score & Grading (Inherent)	Risk Score & Grading (Current)	Last updated / Manager	Mitigations
1455	POA	Registrant workforce vacancies within 3 POA IP wards at Murray Royal Hospital Perth.	20 RED	16 AMBER	19-02-24 Zara Borthwick	<ul style="list-style-type: none"> <li>Regular use of NHST Nurse bank staff, including retired RMN's who are experienced in POA.</li> <li>Ongoing recurring recruitment for vacant posts</li> <li>Engaging in NHST newly graduated practitioner program, with a view to being able to support 9 NGP this year across the service.</li> <li>Daily staffing huddles to look at acuity, risk and workforce across the service.</li> <li>Introduction of band 4 roles</li> <li>Conversion of 1.21 WTE B5 monies to support an extra WTE B6 across all three wards</li> <li>Five non operational beds in Garry ward due to 42% WTE registrant gaps. Non-operational beds agreed by P&amp;K HSCP EMT from February 2024 - October 2024 until NGP's can be recruited.</li> <li>Use of agency staffing to support safer staffing requirements as per P&amp;K HSCP escalation pathway</li> </ul>

Ref	Locality/ Service	Title of risk	Risk Score & Grading (Inherent)	Risk Score & Grading (Current)	Last updated / Manager	Mitigations
272	MFTE, POA / Intermediate Care	Tay ward - workforce	20 RED	16 AMBER	15-03-24 Sharron Johnstone	<p>4 x daily safety huddles in PRI - staffing ratios and clinical acuity discussed.</p> <p>Skill mix managed on per shift basis by SCN</p> <p>SCN's now working predominantly in a clinical role</p> <p>Staff undertaking additional hours and/or overtime</p> <p>A rolling advert is in place to advertise substantive vacancies</p> <p>Timeous escalation for Agency and Bank</p> <p>Promoting attendance at work being managed as per policy by SCN and Senior Nurse.</p> <p>Tay staffing Gap analysis reviewed weekly with input from SCN, Senior Nurse, Service manager, Senior service Manager and Professional Lead Nurse</p> <p>There has been agreement for recruitment to 2WTE B5 staff nurses and 2 WTE B3 HCSW</p> <p>Full partnership daily huddles</p> <p>Substantive staff within HSCP services providing substantive nursing support.</p>

Ref	Locality/ Service	Title of risk	Risk Score & Grading (Inherent)	Risk Score & Grading (Current)	Last updated / Manager	Mitigations
1432	Inpatient MFTE and Intermediate Care	PRI Stroke Unit - Workforce	20 RED	16 AMBER	22-12-23 Sharron Johnstone	<p>Stroke Unit now have newly aligned budget and the wellbeing enablement practitioners have been appointed.</p> <p>A rolling advert is in place to advertise vacancies that exist in the ward.</p> <p>Full partnership daily huddles</p> <p>4 x daily safety huddles in PRI - staffing ratios and clinical acuity discussed.</p> <p>Skill mix managed on per shift basis by SCN</p> <p>SCN's now working predominantly in a clinical role</p> <p>Staff undertaking additional hours and/or overtime</p> <p>Timeous escalation for Agency and Bank</p> <p>Promoting attendance at work being managed as per policy by SCN and Senior Nurse.</p>

Ref	Locality/ Service	Title of risk	Risk Score & Grading (Inherent)	Risk Score & Grading (Current)	Last updated / Manager	Mitigations
1351	P&K Wide	P&K HSCP of framework agency use and impact on services	20 RED	16 AMBER	10-07-23 Valerie Davis	<p>Tayside escalation process now in place</p> <p>Each area has established a workforce group to oversee daily staffing challenge/escalation</p> <p>Service managers are reporting through our established huddles any emerging issues.</p> <p>Use of off framework captured on DATIX.</p> <p>Certain areas using block booking.</p>

Ref	Locality/ Service	Title of risk	Risk Score & Grading (Inherent)	Risk Score & Grading (Current)	Last updated / Manager	Mitigations
1335	Public Dental	Risk due to ageing decontamination equipment at Broxden Dental Centre	16 AMBER	16 AMBER	29-01-24 Gillian Elliot	<p>Preventative planned maintenance by estates engineers monthly</p> <p>Stored data backed up to external server</p> <p>Daily checks by staff on machinery and escalation if required</p> <p>Reciprocal contingency arrangement with CSSD at Ninewells</p>

Ref	Locality/ Service	Title of risk	Risk Score & Grading (Inherent)	Risk Score & Grading (Current)	Last updated / Manager	Mitigations
1267	P&K wide	Capacity and Flow Older Peoples Services	20 RED	16 AMBER	17-01-24 Amanda Taylor	<p>Daily multiagency meetings within PRI regarding capacity and flow and prioritising of discharges</p> <p>Weekly Silver Command in place to monitor progress and actions</p> <p>Roll out of PDD implementation and training across sites now in place</p> <p>Frailty at Front Door Model in place</p> <p>Interim Bed usage across P&amp;K to facilitate flow</p> <p>TQUIP Improvement Work for Community Hospitals</p> <p>Improvement on Guardianship Processes across P&amp;K</p> <p>Focus on length of stay in Community Hospitals and improvement plans under development</p> <p>Care at Home Reviews to free up capacity</p> <p>Development of DD dashboard for P&amp;K</p> <p>Extension of Interim Process for further 12 months</p> <p>Review of integrated discharge team</p> <p>Development of discharge pathways using home first approach</p> <p>Further developments on integrated care model</p> <p>Review of interim process across P&amp;K/New process implemented by Leads</p> <p>bronze commend commenced</p> <p>Connections made with colleagues from Dundee regarding CAH improvements</p> <p>TOC being commenced around Front Door model AWI/Guardianship</p>

Ref	Locality/ Service	Title of risk	Risk Score & Grading (Inherent)	Risk Score & Grading (Current)	Last updated / Manager	Mitigations
1226	Prison Healthcare	GP Cover for HMP Perth	15 AMBER	16 AMBER	15-01-24 Angela Cunningham	<p>AMD in communication with a practice who may be interested in a hybrid approach</p> <p>Authority given by Medical Director to utilise non-framework locum agency</p> <p>Escalate risk to red given short timescales and implications</p> <p>Clear process to attempt to secure additional cover using locum agency, local locum groups and regular locum session</p> <p>Documented escalation process should shifts remain unfilled</p> <p>Back up explored via GP practice who cover HMP Castle Huntly and GP OOH service</p> <p>Locum GP in place to cover full time in November 2022</p>



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

Ref	Locality/ Service	Title of risk	Risk Score & Grading (Inherent)	Risk Score & Grading (Current)	Last updated / Manager	Mitigations
1157	Public Dental service	Failure to meet statutory levels of ventilation within Dental Surgeries in Angus & Dundee	20 RED	16 AMBER	20-02-23 Gillian Elliott	Level 3 PPE & FFP3 masks in place Enhanced cleaning and Infection Prevention & Control procedures in place Limiting access to the appropriate people with complex care needs. The Public Dental Service has secured funding for NHST Estates to seek tenders Apply fallow time and open windows when possible Respiratory risk assessment undertaken before any Aerosol generating procedures.

Ref	Locality/ Service	Title of risk	Risk Score & Grading (Inherent)	Risk Score & Grading (Current)	Last updated / Manager	Mitigations
1151	P&K wide	Mental Health - Capacity & Flow	20 RED	16 AMBER	6-12-23 Chris Lamont	Daily multiagency meetings within POA regarding capacity, and daily Tayside GAP huddle attended by HSCP MH services. CMHT GAP & POA are supporting people within the community to prevent admission and to support discharges from hospital Funding from action 15 has enabled an increase in level 1 supports for people with less complex needs- this results in earlier intervention OP CMHT workers attend discharge planning meetings for people in MH inpatients Dementia liaison team provides specialised input for people with increased care needs in care homes across P&K GAP CMHT are in the process of aligning SW assistant to support with discharge planning. Review being undertaken of EMI patients within care home beds across P&K. This is to increase capacity. Capacity and Flow discussed at Silver Command meeting. P&K Mental Health rep present.

Ref	Locality/ Service	Title of risk	Risk Score & Grading (Inherent)	Risk Score & Grading (Current)	Last updated / Manager	Mitigations
1055	Primary Care	Risk regarding long term GP Practice sustainability	16 AMBER	16 AMBER	13-02-24 Ruth Buchan	<p>Active engagement with Westward Programme and Educational Release Programme to promote P&amp;K Sustainability requirements are being reviewed by the Senior Leadership Team</p> <p>Escalation processes through Primary Care Forum and the Primary Care Board.</p> <p>2nd Sustainability survey completed, with 23/23 practices responding. Data being collated and themed for an update report, Recruitment and Retention increasingly problematic and increasing age of workforce / imminent retrials</p> <p>HSCP have committed significant recurrent resource to develop a Primary Care Resilience Team.</p>

Ref	Locality/ Service	Title of risk	Risk Score & Grading (Inherent)	Risk Score & Grading (Current)	Last updated / Manager	Mitigations
982	Mental Health P&K wide	Workforce	20 RED	16 AMBER	06-12-23 Chris Lamont	<p>Learning from staff exit interviews</p> <p>Operational Associate Medical Director for Mental Health is currently reviewing and arranging updated recruitment tools</p> <p>Begun the exploration of a model relating to General practitioner specialists in a collaboration with the AMD for Mental health</p> <p>P&amp;K service entered contingency , and P&amp;K Mental Health contingency meeting established. As of 26th Nov 21, the service will exit contingency.</p> <p>Liaison with Mental Health AMD, Nurse Director and Medical Director</p> <p>Medical contingency team to be based at Murray Royal Hospital commencing 21 June. The team was stood Down from 29th Nov 21</p> <p>Pharmacy resource secured to support community teams from Oct 2022</p> <p>Advanced Nurse Practitioner resource being secured to support contingency team</p> <p>Drafting patient pathways between CMHT and medical contingency team</p> <p>NHST are deploying medical resource from Dundee</p> <p>Secured adequate locum psychiatrist cover for the next six months.</p>

Ref	Locality/ Service	Title of risk	Risk Score & Grading (Inherent)	Risk Score & Grading (Current)	Last updated / Manager	Mitigations
657	South	P&K HSCP Community Hospital Registered Nurse Staffing Levels	20 RED	16 AMBER	04-12-23 Tia Dixon	<p>Current shifts escalated through normal bank procedures and regular discussion with nurse bank</p> <p>Risk Assessment completed by SCN/CN for each shift to assess risk against staffing levels and actioned as appropriate</p> <p>Care Assurance Tools have been implemented by CPTM and actioned as appropriate</p> <p>12 hour shifts in place</p> <p>Contingency / Escalation Plan being developed to consider future options of bed model across Community Hospitals</p> <p>Block contract for bank/agency for 3 months requested for Crieff</p> <p>Review CV-19 testing pathway to ensure rapid testing and staff able to return to work where appropriate.</p> <p>Sharing staff across the four sites to manage the risk regarding staffing.</p> <p>Implementing a SCN huddle twice a week to review workforce.</p> <p>Exploring local pools to work across P&amp;K HSCP.</p> <p>Rolling B5 advertising in place for South Locality.</p>

Ref	Locality/ Service	Title of risk	Risk Score & Grading (Inherent)	Risk Score & Grading (Current)	Last updated / Manager	Mitigations
1329	P&K wide	Workforce Capacity risk to support Inpatient Areas	15 AMBER	15 AMBER	04-12-23 Amanda Taylor	<p>Daily huddle to review skill mix between SCN/Team</p> <p>Escalation processes in place to CPTM/Locality Managers</p> <p>SBAR to EMT describing risk and mitigation</p> <p>Contingency group set up for the South locality to manage inpatient staffing and potential risks.</p> <p>For all the areas the escalation process has been reviewed for P&amp;K and shared with all clinical leads.</p> <p>Ongoing conversations with Nurse bank to agree block booking of tier 1 agency staff.</p>

Ref	Locality/ Service	Title of risk	Risk Score & Grading (Inherent)	Risk Score & Grading (Current)	Last updated / Manager	Mitigations
983	Mental Health P&K wide	Ligature Anchor Points	20 RED	15 AMBER	21-02-24 Zara Borthwick	<p>Clinical safeguards in place including risk assessment for self harm</p> <p>Developed standardised self harm care plan</p> <p>Increased staff training and awareness</p> <p>Manchester ligature assessment completed for all wards; reviews carried out annually</p> <p>Programme of work planned for red and amber areas in Leven ward, MRH. We have been advised by NHST that Leven ward has been included within Phase 2 of the programme of works</p> <p>Risk Assessment for Electric profiling bed in situ for all patients within Leven as per Protocol for GAP</p> <p>Awaiting further updates from NHST Estates regarding ligature reduction programme in Leven ward</p> <p>Functional Ward Leven (ie locking of laudry door when not in use). An action plan has been developed by SCN/CPTM within P&amp;K, Angus and Dundee. All reflective within Manchester tool (last completed on 03/03/21)</p> <p>Implementation of NHST Improving Observation Policy</p> <p>Considering any DATIX alerts received for any new ligature anchor point use across Tayside</p> <p>Ligature Risk now being monitored through Samrt Sheet system</p> <p>Assets management Team reviewing works progress. Awaiting feedback on when Ligature point works will be commenced</p>

Ref	Locality/ Service	Title of risk	Risk Score & Grading (Inherent)	Risk Score & Grading (Current)	Last updated / Manager	Mitigations
1457	Primary Care	Risk regarding sustainability of GMS services in Carse of Gowrie	15 AMBER	12 AMBER	28-02-24 Caitlin Charlton	<p>Proposed alignment of lease/licence/hire agreement to Nov 2027 approved by PC PIG on the 27th Feb</p> <p>NHST Property working with CLO to align the lease/licence/hire agreement</p> <p>GP Practice considering becoming a GP training practice to support succession planning</p> <p>GP recruitment - primary care services providing support</p> <p>GP practice liaising with Career Start recruitment and international medical graduate recruitment</p> <p>P&amp;K HSCP Primary Care undertaking premises RAG assessment in partnership with NHST property services</p> <p>Approval granted from EMT to undertake a health needs assessment survey of registered Carse of Gowrie patients</p> <p>Regular communication between GP practice and Primary Care Services</p>

Ref	Locality/ Service	Title of risk	Risk Score & Grading (Inherent)	Risk Score & Grading (Current)	Last updated / Manager	Mitigations
1293	Mental Health P&K wide	Mental Health Nursing and AHP workforce risk	20 RED	12 AMBER	01-03-24 Lindsey Griffin	<p>Focused recruitment continues across mental health nursing and mental health OT Teams. Workforce reviews have been undertaken and posts which have been out to recruitment on multiple occasions have been varied in some areas to make these more attractive to recruitment and retention.</p> <p>For POA Inpatients, we are continuing to secure supplementary staffing via bank and agency and we have implemented five non operational beds within Garry Ward in line with critical staffing issues and the inability to secure bank and agency staff.</p> <p>Learning from staff exit interviews.</p> <p>Advanced Nurse Practitioner resource has been secured with three Trainee ANPS now in post.</p> <p>Workload tools have been undertaken within the POA Inpatient wards and the Mental Health AHP Teams. These will be implemented across all areas over the coming year. Mental Health Physiotherapy Team are also developing an SBAR to identify the disparity between demand and capacity. The SBAR and the workforce tools will be presented to the Executive Management Team.</p> <p>Significant funding has been secured to support core staffing within the POA Inpatient Ward.</p> <p>A range of posts such as Assistant Practitioners, Transition Nurse, Activity Workers, ANPs are also being implemented to enhance recruitment and diversify the nursing and AHP workforce.</p> <p>Currently utilising agency OT given the Mental Health OT Team is at critical staffing levels.</p>

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

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

Ref	Locality/ Service	Title of risk	Risk Score & Grading (Inherent)	Risk Score & Grading (Current)	Last updated / Manager	Mitigations
980	Mental Health P&K wide	Environment and Infrastructure	16 AMBER	12 AMBER	06-12-23 Chris Lamont	<p>Near Me Technology web based video consulting service implemented</p> <p>NHS Tayside guidance and process in place to support home working arrangements.</p> <p>Safer Working Physical distancing risk assessments carried out across Health &amp; Social Care services in P&amp;K</p> <p>Business Continuity Plans in place across the HSCP, and reviewed as required</p> <p>Health &amp; Safety workbook holders, Fire Duty Holders in place across the estate, and infection prevention &amp; control processes and audit ongoing</p> <p>COVID restrictions no longer in place</p> <p>Currently exploring the use of one-off capital funding to improve our clinical environments.</p> <p>Capital funding has been identified for improving environment and improving fabric of Community MH bases.</p> <p>Current needs analysis being undertaken by CPTM. Multi-Professional Working Group has been established on the MRH site to identify potential accommodation to rehouse Mental Health staff. this will meet on a monthly basis.</p>

Ref	Locality/ Service	Title of risk	Risk Score & Grading (Inherent)	Risk Score & Grading (Current)	Last updated / Manager	Mitigations
613	Perth City	Excessive wait times for Adult Mental Health OT intervention	20 RED	12 AMBER	01-03-24 Lindsey Griffin	<p>All patients on the OT waiting list have received an initial mental health assessment and been determined as appropriate for mental health OT intervention. Waiting list management systems are fully embedded.</p> <p>Communication to patients every 3 months regarding duty worker arrangements and to provide updates regarding their referral.</p> <p>Patients given contact details for OOH services.</p> <p>Group interventions implemented.</p> <p>Providing ongoing support to existing staff working within the environment of excessive waiting times.</p> <p>Communication to referrers with regards to the waiting times situation.</p> <p>Removal of OT staff from generic CMHT roles (which they are funded for) to allow clinical time to focus solely on OT intervention.</p> <p>Targeting excessive waits of more than three years with agency staff.</p>

Ref	Locality/ Service	Title of risk	Risk Score & Grading (Inherent)	Risk Score & Grading (Current)	Last updated / Manager	Mitigations
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565	Prison Healthcare	Prison Healthcare Staffing levels (nursing)	15 AMBER	12 AMBER	04-03-24 Angela Cunningham	<p>Reduced health centre opening times at Castle Huntly</p> <p>Supplementary staffing utilises to maintain safe staffing levels (nursing &amp; medical)</p> <p>SBAR requesting 12 week agency contract</p> <p>Recruitment to vacancies</p> <p>Robust promoting attendance at work processes</p> <p>Omissions of care monitoring</p> <p>Monitoring of waiting times</p> <p>SBAR approved by Chief Officer for further agency bookings until Decmeber 2019. This has subsequently been extended, and a further SBAR request to be submitted by 16/10/20.</p> <p>6 Registered Nurse have commenced in post in past month</p> <p>4 Pharmacy Assistants have commenced in post in past month</p> <p>Drafting ANP role profiles to be agreed by Nursing Directorate</p> <p>Reduced staffing within the Bella Centre</p> <p>Continued recruitment. Invite potential candidates to visit prison</p> <p>Planning an open day for interested Bank staff</p> <p>Short term contracts offered to agency staff</p>
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Ref	Locality/ Service	Title of risk	Risk Score & Grading (Inherent)	Risk Score & Grading (Current)	Last updated / Manager	Mitigations
569	Prison Healthcare	Medication administration within HMP Perth	15 AMBER	10 AMBER	04-03-24 David Hope	<p>Use of supplementary staffing</p> <p>Recruitment to vacant posts</p> <p>SBAR authorising extension of agency staff agreed by Chief Officer</p> <p>SLWG commenced jointly with SPS to review medicines administration across the prison</p> <p>SLWG commenced to review and share learning from CD incidents</p> <p>Core Agency staff in use who have received induction</p> <p>Mandatory CD traning sessions being delivered to Multidisciplinary staff in service</p> <p>Nursing monthly commenced CD audits</p> <p>Medicines incidents reviewed at Meicines managment meeting</p> <p>New medicines model implmented</p> <p>Pharmacy issuing all in possession medications</p> <p>Revised critical staffing levels and moved to core day</p> <p>Continue to work with SPS to identify novel ways of administering meds</p>

981	Mental Health P&K wide	Pathways of Care	8 YELLOW	15-08-23 Chris Lamont	<p>Whole system change programme is in place identifying key clinical pathways for development across the six project areas (Good Mental Health for All, Primary &amp; Community Mental Health, Specialist Adult Mental Health, Children &amp; Young Peoples Mental Health, Learning Disabilities &amp; Mental Health, and Older Peoples Mental Health). P&amp;K HSCP are contributing to this process, and reps have been identified.</p> <p>To discuss and monitor and feedback our local current MH provision to NHST via the MH &amp; Wellbeing strategy group.</p> <p>Engaged with stakeholders and those with lived experience to seek their views and opinions on service provision and how this can be improved through care pathways.</p> <p>As part of NHS wide workstreams, 9 key areas are about to be reinstated with appropriate leads identified.</p>
1369	South Locality	P&K HSCP South locality inpatient safe means of escape for bariatric patients	6 YELLOW	28-07-23 Tia Dixon	<p>Communication to HDT and admitting GP's that baratric patient cannot currently be admitted on transferred to the two hspitals</p> <p>HDT will explain the reasons for the inability to transfer individual patients to them and apologise that they cannot be cared for in their home locality.</p> <p>Fire risk assessments carried out at both sites to fully understand and document the issues.</p>

985	Mental Health P&K wide	Stakeholder and Partnership Engagement	4 YELLOW	15-08-23 Chris Lamont	<p>Recent "Listen" report published through independent services and as a consequence of this, there have been engagement sessions with staff to discuss its findings and improve engagement.</p> <p>Undertook an extensive consultation and engagement exercise across communities across P&amp;K to help receive feedback and information to help develop our local strategy</p> <p>All workstreams associated with delivering the strategy have lived experience and staff side representation</p> <p>The P&amp;K Mental Health and Wellbeing Strategy Group is in place with broad representation from a range of stakeholders</p> <p>Locality newsletters have been developed and are disseminated out to all stakeholders and community members</p> <p>Strategic Planning Partnerships in place across each of the HSCPs with strong links with third sector, service user and carer organisations.</p> <p>P&amp;K have in place a Local Partnership forum</p> <p>Within P&amp;K, we have arrangements in place for service user engagement</p>
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# Appendix 3 –Risks within Adult Social Work & Social Care services (as at 15<sup>th</sup> Mar 2024)

Risk Number	Risk Category	Cause (Trigger) (Because of...) Event (There is a risk of...) Effect (impacting on...)	Risk Owner	Impact Value	Probability Value	Inherent Risk		Residual Risk			Mitigating Actions
						Inherent Score	Controls	Impact Value	Probability Value	Residual Score	
<b>CARE AT HOME</b>											
1	operational	<p>Because of increased demand</p> <p>There is a risk around a lack of Care at Home capacity, especially in rural P and K.</p> <p>Impacting on people not receiving their assessed levels of care</p>	Shona MacLean	5	4	20	<ol style="list-style-type: none"> <li>Existing capacity within CAH, HART, HART+ and Living well</li> <li>Overtime</li> <li>Early Supported Discharge</li> </ol>	5	4	20	<p>Care at Home Transformation group and workstreams in action. Automated scheduling went live 20 September. HART rotas in Perth updated and efficeed realised. North and South in progress. PinPoint system will be live end of March. Alliance contracting with independent sector progressing. 6 international staff starting with Living Well in April. 1 start date in April for HART. Waiting on 4 further start dates for HART and 1x for LWC going through the recruitment.</p>
<b>OCCUPATIONAL THERAPY</b>											
2	operational	<p>Because of increased demand and staff vacancies</p> <p>There is a risk around a lack of OT capacity</p> <p>Impacting on delays in getting assessments, increased waiting lists which is currently at 405 people, service not meeting agreed response times. Staff reporting stress.</p>	Shona MacLean	5	4	20	<ol style="list-style-type: none"> <li>Online Learning Module for basic OT equipment and adaptations for all Social Work/Social Care staff. Recruitment ongoing for OT staff.</li> <li>Advert live for OT vacancy</li> <li>Single handed care training has been extended to other professional groups. Associate Trainees been upskilled to deliver support to families and carers to deliver moving and handling</li> </ol>	5	4	20	<p>0.5 North OT's out to advert.</p> <p>Not meeting priority targets and no M and H reviews getting done.</p> <p>1 admin advert live</p> <p>Duty Team have had a resignation which will impact on signposting and advice</p>
<b>TEAM LEADER AND SOCIAL WORKER FOR SOUTH KINROSS</b>											
3	operational	<p>Because of no Team Leader in Kinross Social Work Team</p> <p>There is a risk around a lack of operational management</p> <p>Impact on Impact on Due to Team Leader secondment there has been no Team Leader for Kinross Social Work Team since January 2024 and a management vacancy within the south locality since July 2023. This is despite advertising internally and externally on 5 occasions. Day to day operational management and cover are a challenge and resulting in delayed supervisions and ERDs and reduced day to day oversight of teams. Difficulty ensuring attendance at meetings due to demands of covering 2 south locality areas of business. Request for secondment to be ended early was declined until business case presented to EMT for re-structure of HDT. Due to losing ASP trained SW, Kinross has not had sufficient Council Officer cover to manage all its statutory ASP work. TL Post Out to advert - advertised 5 times, no suitable applicants. Investigating</p>	Alison Fairlie	4	4	16	<ol style="list-style-type: none"> <li>Adjustments to to some arrangements eg combined team meetings.</li> <li>Request for external support with ERDs</li> </ol>	4	3	12	<p>Proposal to bring TL and SW back from secondment. SW to return 2-4-24.</p>



## Appendix 4– Clinical & Care Governance Arrangements

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

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

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

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

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

Exception reports received during the previous year have been:

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

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

\* non submission of reports highlighted to manager for action

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

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

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

### **Wider governance arrangements:**

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





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

(Report No. G/24/100)

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

Item	Standing Item	Non Standing Item	Responsibility	Jun 24th 2024	Jul 29th 2024 <sup>1</sup>	Sep 23rd 2024	Oct 28th 2024 <sup>2</sup>	Nov 25th 2024	Feb 24th 2025
<b>Governance and Assurance</b>									
Strategic Risk Management Update	✓		Chief Officer	✓		✓		✓	✓
Partnership Improvement Plan / Audit Recommendations Update		✓	Chief Officer	✓		✓		✓	
Appointment of Internal Auditors		✓	Chief Finance Officer						✓
Internal Audit Annual Report and Assurance Statement		✓	Chief Internal Auditor	✓					
Internal Audit Reports 2022/23:			Chief Internal Auditor						
· Premises and Property PKIJB 22-03		✓	Chief Internal Auditor			✓			
Internal Audit Reports 2023/24:			Chief Internal Auditor						
· Sustainability of Commissioned Service Providers		✓	Chief Internal Auditor			✓			
· Workforce		✓	Chief Internal Auditor					✓	
· Joint Equipment Loans Store		✓	Chief Internal Auditor			✓			
Internal Audit Reports 2024/25: TBC		✓	Chief Internal Auditor						
Internal Audit Strategy and Plan 2024/25		✓	Chief Internal Auditor			✓			
Internal Audit Plan Progress Report	✓		Chief Internal Auditor	✓		✓		✓	✓
External Audit Strategy		✓	External Auditor						✓
External Audit – Proposed Audit Fee 2024/25		✓	Chief Finance Officer						✓
External Audit Annual Report 2023/24		✓	External Auditor				✓		
Best Value Self Assessment		✓	Chief Finance Officer	✓					
Perth & Kinross Risk Management Framework		✓	Chief Finance Officer					✓	
<b>Performance</b>									
Financial Position	✓		Chief Finance Officer	✓		✓		✓	✓
Progress Report - Key National Indicator Set	✓		Chief Officer			✓		✓	✓
Annual Performance Report		✓	Chief Officer		✓				
Progress of Analogue to Digital Migration		✓	Chief Officer			✓			



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

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Item	Standing Item	Non Standing Item	Responsibility	Jun 24th 2024	Jul 29th 2024 <sup>1</sup>	Sep 23rd 2024	Oct 28th 2024 <sup>2</sup>	Nov 25th 2024	Feb 24th 2025
<b>Annual Accounts</b>									
Annual Governance Statement		✓	Chief Finance Officer	✓					
Unaudited Annual Accounts 2023/24		✓	Chief Finance Officer	✓					
Audited Annual Accounts 2023/24		✓	Chief Finance Officer				✓		
Letter of Representation to External Audit		✓	Chief Finance Officer				✓		
Assurances Received from Partners		✓	Chief Finance Officer				✓		
<b>Clinical and Care Governance</b>									
Clinical & Care Governance Assurance	✓		Chief Officer	✓		✓		✓	✓
<b>For Information</b>									
Audit & Performance Committee Record of Attendance	✓		For information	✓		✓	✓	✓	✓
Audit & Performance Committee Work Plan	✓		For information	✓		✓	✓	✓	✓

<sup>1</sup> Single Item Agenda - Annual Performance Report

<sup>2</sup> Annual Accounts



(Report No. G/24/101)

**Record of Attendance 1 April 2023 - 31 March 2024**

**Members**

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

**In Attendance**

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

<sup>1</sup> Chair up to and including 11 December 2023.

<sup>2</sup> Chair from 11 March 2024 meeting.

