

**PERTH & KINROSS INTEGRATION JOINT BOARD
COMPLETED RECOMMENDATIONS**

| Overall Action Ref | Internal or External | Report Type | Financial Year | Report Action Ref | Context / Recommendation | Action | All Leads | To be completed by | Status | Days overdue | Latest Update |
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| 38 | Internal | Annual Report | 2018-19 | 6 | We would recommend a clearer link between the organisation's highest financial and strategic risks and reporting received. Whilst not recorded as a strategic risk to the organisation at the time of our report, Inpatient Mental Health Services clearly represents a complex challenge to the organisation but has not featured prominently in the business of the IJB and A&PC during 2018/19. | A schedule of reporting on Inpatient Mental Health Services to the IJB will be developed and agreed with the Chair/Vice Chair. Strategic Risk concerning Inpatient Mental Health to be developed and updated on IJB's Strategic Risk Register. | Chief Officer | 30/06/19 | Complete | - | The operational responsibility for inpatient mental health services has been transferred to the new Director for MH Services in NHS Tayside. It is not intended that this service risks will be included in the HSCP Risk Register, nor now report to the Clinical and Care Governance Forum. There have been two Strategic Risk Workshops on MH held to redefine the strategic risks and these will be retained by NHST in the context of their Risk Register. |
| 46 | Internal | Risk Maturity Assessment PK04/18 | 2019/20 | - | A SMART action plan overtly addressing all the issues identified within this Risk Maturity Assessment should be prepared, taking into account available resources and the management time that will be required to remediate the other governance issues facing the IJB. | An action plan should be prepared which addresses issues identified. | Chief Financial Officer | 31/5/20 | Complete | - | A Risk Maturity action plan has been prepared. Due to the Partnership's response to COVID-19 the progress on this has not been as anticipated. The Partnership's Risk Steering Group will have ongoing oversight of this action plan and will contribute to updating progress via the Strategic Risk report to the Audit and Performance Committee. |

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CLINICAL CARE & PROFESSIONAL GOVERNANCE

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| 47 | Internal | Follow Up of PK07/17 Clinical, Care & Professional Governance PK04/19 | 2019/20 | Rec 1 | The creation of a Clinical, Care & Professional Governance Committee (CCPGC) was sought and approved at the Integration Joint Board (IJB) meeting on 30 November 2018. The Terms of Reference for the CCPGC were approved alongside this. The purpose of the CCPGC is to provide independent assurance on the adequacy of the Clinical, Care & Professional Governance Framework and workplan while scrutinising the internal CCPG arrangements. The Clinical, Care & Professional Governance Forum (R2) will report directly to CCPGC. The CCPGC will meet a minimum of three times per year, whilst the R2 Forum will meet bi-monthly. A workshop to discuss a refresh of the Getting It Right for Everyone (GIRFE) framework was due to take place on 13 February 2019 and a verbal update was given at the 6 April 2019 R2 Forum meeting. | Any updates to GIRFE framework should be discussed and approved by the IJB or a nominated Committee/Group. Any impact on clinical and care governance processes for P&K HSCP should be included in this. | Clinical Governance & Risk Coordinator, Chief Social Work Officer, Clinical Director, Perth & Kinross IJB | 31/3/19 | Complete | - | The GIRFE framework has now been updated and approved by the Clinical, Care and Professional Governance Forum. |
| 49 | Internal | Follow Up of PK07/17 Clinical, Care & Professional Governance PK04/19 | 2019/20 | Rec 3 | The Terms of Reference advises that all services/localities will provide assurances on the provision of high quality care as well as the identification and mitigation of risks to the R2 Forum via a detailed annual report, including both qualitative and quantitative information. The 2018/19 R2 Forum Terms of Reference were discussed at the February 2018 meeting with revisions to be made regarding domains, deputies, standing agenda items and workplan. Our fieldwork showed that they were not fully updated or formally approved by the Forum. The 2019/20 Terms of Reference were under review at the time of our fieldwork; however, we have been able to view a draft copy. The draft includes an updated remit outlining the relationship with the new CCPGC but does not include reference to all the revisions made in February 2018. | We would recommend that the Terms of Reference are updated to include the previously agreed/discussed revisions including those in the management responses to PK07/17. The remit should clearly set out the reporting framework including the flow of assurance through other groups. Both the Terms of Reference and the remit should be formally approved by CCPGC. We would also recommend that workplans for these should be created allowing for assurance reporting in a timely manner. The workplans for Forum and Committee should include the provision of a draft annual report to the Forum for review before approval at CCPGC. | Clinical Governance & Risk Coordinator, Chief Social Work Officer, Clinical Director, Perth & Kinross IJB | 31/10/19 | Complete | - | There is now a clear reporting schedule in place and an exception reporting schedule in place. An annual assurance report is also in place. This is clear to all services across the Partnership. The implementation of this has seen a clear improvement in the robustness of the reporting to the CCPG Forum. |
| 50 | Internal | Follow Up of PK07/17 Clinical, Care & Professional Governance PK04/19 | 2019/20 | Rec 5 | A timetable for service annual reports was originally included on the Agenda for the February 2018 R2 meeting, with 20 expected reports spread out across six meetings until December 2018. However, our review of the work of the R2 forum during 2018/19 showed only two of the annual reports were delivered and discussed by the group during the year. The services that provided reports between August 2017 and February 2018 were also not | a) The R2 will need to assess the outcome of the pilot reports to ensure that the format of the reporting framework also provides sufficient data, information and assurance and links to the assurance required by NHS Tayside's CQF. b) We would recommend that an R2 Forum workplan is created and includes a timetable for receipt of | Clinical Governance & Risk Coordinator, Chief Social Work Officer, Clinical Director, | 31/8/19 | Complete | - | See update to recommendation 3. |

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| | | | | | <p>included on the next year's timetable. The three Mental Health Services reports that were due to go to the October 2017 meeting were, in total, deferred five times between them. The timetable was included on the agenda for the April and July meetings but was removed afterwards. The minutes of the July meeting show that the service leads for Care Homes, Care at Home, Home Assessment Recovery Team (HART) and Hospital Discharge Team as well as Adult Social Work & Social Care Occupational Therapy, Community Alarm and the Joint Equipment Loan Service were unaware that these reports were on the agenda and agreed to discuss on delivery of the reports, highlighting that each service would report separately. Our work showed that no annual reports were received for any of these services, jointly or separately, in 2018/19. Management informed us that service updates and exception reports were instead presented and discussed at the Clinical Governance (Health) Group and the Adult Social Work & Social Care Quality Assurance Group. A report/minute of each meeting should be provided to the R2 Forum. This was not always the case, with verbal updates having been provided on occasion. We would consider these minutes to be insufficient assurance to the Forum.</p> <p>Whilst the subgroups for domains do not exist anymore, the lack of uptake by services in using the annual reporting template and timetable means that we cannot conclude positively on the CCPG arrangements within P&K HSCP during 2018/19. We note this lack of engagement with concern.</p> <p>The Forum discussed at the meeting in July the need to report more regularly and it was agreed that a smaller meeting would be scheduled to discuss. This meeting took place on 10 August 2018.</p> | <p>these annual reports and that escalation procedures are confirmed regarding delays and insufficient data.</p> | <p>Perth & Kinross IJB</p> | | | | |
| 51 | Internal | Follow Up of PK07/17 Clinical, Care & Professional Governance PK04/19 | 2019/20 | Rec 6 | <p>The P&K IJB Integration Scheme sets out that the IJB is responsible for the operational oversight of hosted services. Care and Clinical Governance Arrangements have also now formally been devolved to the three HSCPs. We were able to confirm that the annual reports for Public Dental Services and Podiatry went to the expected R2 meetings. Inpatient Mental Health Services was carried forward to the next meeting to allow members to read the report before discussion at the April 2018 R2 Forum. Whilst not recorded as a strategic risk to the organisation at the time of our report, this area</p> | <p>We recommend that the organisation, in addition to responding to the substantive points within the external report(s), undertakes a holistic review to understand why the internal systems did not identify these issues and how systems will do this in future.</p> | <p>Clinical Governance & Risk Coordinator, Chief Social Work Officer, Clinical Director, Perth & Kinross IJB</p> | 31/10/19 | Complete | - | <p>A significant amount of work has progressed by the HSCP and the Prison Healthcare service since the HMP Perth Inspection report was received in May 2018. Much of this activity has focussed on remedial actions to address the specific findings contained within the report. The Prison Healthcare service has also been working to improve its internal performance and assurance processes. It now has in place a performance dashboard which is regularly updated, and will form part of its annual report to the R2 Forum. The dashboard and accompanying report was received and considered at the R2 Forum meeting on the 10 June 2019.</p> |

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| | | | | | <p>clearly represents a complex challenge to the organisation, with a number of external reviews completed and ongoing. Her Majesty's Inspectorate of Prisons for Scotland (HMIPS)/Health Improvement Scotland (HIS) completed an inspection of HMP Perth and Prisoner Healthcare in May 2018 and ongoing updates on this report and its subsequent action plan have been provided to the R2 Forum on a regular basis. Following a re-inspection of HMP Perth, the report now published acknowledges the good progress made and being made against the original recommendations.</p> <p>However, Prisoner Healthcare was expected to provide an annual report to the October 2018 R2 Forum which did not come forward to the group.</p> <p>Our concern is that current internal clinical & care governance systems did not identify issues subsequently raised as significant findings by external inspections.</p> | | | | | <p>Part of the assurance framework to the R2 Forum includes a programme of visits to services and localities, and HMP Perth will be included as part of these visits in future. Prior to this programme of visits starting, a visit to HMP Perth took place on 27th June 2019, and was an</p> <p>All hosted services are reporting into the CCPG Forum as they should.</p> | |
| 52 | Internal | Follow Up of PK07/17 Clinical, Care & Professional Governance PK04/19 | 2019/20 | Rec 7 | <p>Internal Audit recommended the nomination of deputies for all members and for those to be listed within the 2018/19 Terms of Reference. The update to Audit & Risk Committee says that deputies have been identified however the membership list shows only two nominated deputies along with two Managers for each locality (one is expected to attend each meeting). The Co-Chairs are expected to deputise for each other as the need arises. Our review of the draft 2019/20 Terms of Reference shows a further three deputies nominated.</p> <p>We reviewed the attendance records for meetings between April 2018 and December 2018 (6 meetings) and noted the following:</p> <ul style="list-style-type: none"> -At least one Co-Chair was in attendance at each meeting. - There were two meetings where a deputy was not utilised where appointed. - There was one meeting where no Locality Managers attended. - At only one meeting has a representative from each Locality attended. - On two occasions, both representatives from the same Locality attended. - On three occasions, only two Localities were represented. - A number of members do not have appointed deputies. <p>Our review of the R2 agendas/minutes showed that the much of the agenda for the September</p> | <p>We would recommend that membership list should be reviewed and updated with all members included. Quoracy rules should ensure that as well as requiring representatives for both Health and Social Care, Localities and Hosted Services should also be represented. Deputies should be nominated for all members.</p> | <p>Clinical Governance & Risk Coordinator, Chief Social Work Officer, Clinical Director, Perth & Kinross IJB</p> | 31/10/19 | Complete | - | <p>Membership list within the terms of reference to be updated and deputies identified. Members will also be expected to prioritise attendance at the R2 Forum.</p> <p>Attendance at the CCPG Forum has been prioritised and there has been a general improvement in attendance at this group. Membership of the forum has been reviewed.</p> <p>Terms of Reference for the CCPG Forum have also been reviewed and are reviewed on a regular basis.</p> |

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| | | | | | meeting was not discussed because a member would be leaving early. However, this person was not included on the membership list so quoracy would not have been affected. | | | | | | |
| 53 | Internal | Follow Up of PK07/17 Clinical, Care & Professional Governance PK04/19 | 2019/20 | Rec 8 | <p>Internal Audit was able to review the gap analyses for December 2016 and August 2018 (assessment against 43 criteria under the 6 domains over 19 services). The vast majority of the 390 areas originally assessed as requiring improvements are still assessed as red or amber. Over all services and domains, only 61 areas showed improvement with one reduction ('Standard Operating Procedures are in place' within Psychiatry of Old Age wards). Within the gap analyses, 6 services originally assessed themselves as red or amber against the criteria 'Comprehensive Risk Management process is in place'. Only 1 (POA wards) have showed an improvement in the second gap analysis. However no annual reports were provided by many services so we were unable to review any action plans created after the first gap analysis and are unable to conclude on any improvements within these services.</p> <p>Considerable progress on risk management arrangements was made during the year and the Risk Register and revised Risk Management framework were approved in November 2018. The February A&PC also received a strategic risk management update showing the organisation's strategic risks including information on current controls and treatment actions, but not assurances. Work is ongoing across the three Tayside partnerships to update and enhance risk management arrangements especially in relation to processes for ownership, identification and escalation of risk between the IJBs and their partners. Internal Audit has reviewed risk management arrangements separately and detailed recommendations will be made in this report.</p> | A new gap analysis is to be brought to the first meeting of the CCPGC. We would recommend that the gap analyses are compared and used by services to create action plans to improve underperforming areas and strengthen others. | Clinical Governance & Risk Coordinator, Chief Social Work Officer, Clinical Director, Perth & Kinross IJB | - | Complete | - | Because of the reconfiguration of services into localities, it will not be possible to carry out a further iteration of the GAP analysis which will allow for comparison against previous iterations. It is intended that future assurance with regards to the 6 domains within each service/locality will be within the assurance framework (consisting of annual reports, exception reporting at each R2 Forum meeting, and visits to services) |
| 54 | Internal | Follow Up of PK07/17 Clinical, Care & Professional Governance PK04/19 | 2019/20 | Rec 9 | <p>A recommendation was made regarding the regular consideration of relevant risks by the forum with clear routes for escalation. Management agreed that a standing item would be added to the agenda for clinical and care risk management.</p> <p>Whilst Risk Management was added to the agenda of the R2 Forum for 2018/19, we noted that there was no discussion of specific risks at meetings.</p> <p>The most recent Audit Follow Up position advises that the IJB's strategic clinical & care governance risk or clinical risks will now be</p> | We support the direction of travel set out in the Audit Follow Up position and would recommend that following discussion of individual clinical risks at the R2, conclusions and actions to be taken are reported to the CCPGC. | Clinical Governance & Risk Coordinator, Chief Social Work Officer, Clinical Director, Perth & Kinross IJB | 31/3/20 | Complete | - | HSCP Service risk profile is a standing item at every CCPG Forum. |

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| | | | | | reported through the new CCPGC. The R2 Forum will have responsibility for driving forward and monitoring of ongoing mitigation actions for any strategic clinical and care risk. There have been no CCPGC meetings so far. The Terms of Reference for the CCPGC advise that the committee will provide the IJB with an annual report whilst providing an opinion on adequacy and effectiveness of internal CCPG arrangements. | | | | | | |
| 55 | Internal | Follow Up of PK07/17 Clinical, Care & Professional Governance PK04/19 | 2019/20 | New rec 1 | As part of our audit, we identified a lack of assurance on acute mental health, for which the IJB is formally responsible as part of hosted services arrangements as set out in the Integration Scheme. Management informed us that there is no capacity and capability on the R2 Forum as it stands to undertake this. This leaves a significant gap which as yet has not been formally escalated to P&K IJB or the NHS Tayside Care Governance Committee. | The current status for assurance arrangements particularly in relation to Mental Health should be escalated to the IJB and to the NHS Tayside Care Governance Committee. The P&K Clinical, Care & Professional Governance Committee which is being established should be fully engaged with the NHS Tayside wide process. | Clinical Governance & Risk Coordinator, Chief Social Work Officer, Clinical Director, Perth & Kinross IJB | 31/12/19 | Complete | - | Acute Inpatient Mental Health Services no longer sit under the governance structure of P&K HSCP. |