

# FTF Internal Audit Service

## Follow Up of PK07/17 Clinical, Care & Professional Governance Report No. PK04/19

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Perth and Kinross Integration Joint Board

External Audit – KPMG

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Date Draft Issued:	14 June 2019
Date Response Required:	28 June 2019
Target Audit Committee Date:	16 September 2019
Final Report Issued:	08 January 2020
Final Report Re-issued:	04 February 2020

## EXECUTIVE SUMMARY

1. Internal Audit report PK07/17 on Clinical, Care & Professional Governance was issued in March 2018. As part of the annual planning process for 2018/19, it was agreed to include time on following up actions taken in response to this report, to ensure actions have been implemented and to take into account events subsequent to the issue of that report.

## RISKS

2. The following risks could prevent the achievement of the above objectives and have been identified as within scope for this audit:
  - Actions taken in response to internal audit report PK07/17 Clinical, Care & Professional Governance may not be sufficient.

## AUDIT OPINION

3. Internal Audit report PK07/17 Clinical, Care & Professional Governance was issued in March 2018 with nine recommendations agreed with management. The most recent Audit Follow Up position to the February 2019 Audit & Performance Committee reported that five recommendations were complete while four had extended completion dates.
4. However, our fieldwork showed that while two actions were technically complete; revised new arrangements have since been implemented and the actions taken therefore no longer address the original finding. In addition, one action to nominate deputies for the R2 Forum has been progressed but is not complete.
5. The remaining six actions were assessed by internal audit as ongoing. In these instances, whilst some action had been taken, it was not sufficient to fully address the recommendation and there was a risk that control weaknesses were still present.
6. Noting that Clinical and Care Governance arrangements are currently being reviewed across NHS Tayside, and that the IJB has identified that it does not have the capacity to provide assurance on Mental Health, we conclude that the new structures put in place since our audit should provide for adequate assurance routes in the future over most services. However, our work on reviewing the work of the R2 forum during 2018/19 shows that the work of the group was insufficient to allow it to conclude positively on clinical and care governance arrangements for Perth & Kinross HSCP for 2018/19. Whilst progress is being made, 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.
7. In addition, our concern is that current internal clinical & care governance systems did not identify issues subsequently raised as significant findings by external inspections, especially in relation to hosted services including Inpatient Mental Health and Prisoner Healthcare.

### **ACTION**

8. An action plan has been agreed with management to address the identified weaknesses. A follow-up of implementation of the agreed actions will be undertaken in accordance with the audit reporting protocol.

### **ACKNOWLEDGEMENT**

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

A Gaskin, BSc. ACA,  
Chief Internal Auditor

## Section 2

## Issues and Actions

Ref.	Original Finding	Original Recommendation/ Management Response	P&K AFU Response February 2019	IA Conclusion
1.	<p>The R1 group as originally described within the GIRFE was not established. However, the September 2017 NHS Tayside Clinical Quality Forum received its updated terms of reference which now state that <i>'There will be three meetings per year [of the CQF] which will focus on Clinical and Care Governance assurances and learning from the three HSCPs'</i>. The paper also sets out future arrangements including a requirement to <i>'Seek assurance through performance reports from the three HSCPs that the Getting it Right for Everyone, Clinical and Care Framework is implemented across all HSCPs.'</i> Currently, minutes of all three Tayside IJB R2 groups are reported here.</p> <p>From a review of the draft minutes of this meeting it is not clear that this proposed arrangement for an R1 group operating through the CQF entirely fulfils all of the requirements of GIRFE and the Integration Scheme.</p>	<p>It is recommended that any new arrangements be considered and approved by the IJB or a nominated Committee/group.</p> <p>A paper detailing the new arrangements to be considered and approval sought by P&amp;K IJB at it's meeting on 22 June 2018.</p>	Not Yet Due (31 March 2019)	Ongoing

## Section 2

## Issues and Actions

Ref.	Original Finding	Original Recommendation/ Management Response	P&K AFU Response February 2019	IA Conclusion
2.	Whilst the terms of reference of the Audit & Performance Committee do not specifically refer to clinical, care & professional governance, the overall duty of the committee is to review the internal control arrangements of the IJB which would include clinical & care governance; as well as responsibility for risk management arrangements.	<p>We would recommend that the R2 Forum prepares an annual report for consideration by either the Audit &amp; Performance Committee or the IJB itself.</p> <p>The P&amp;K Care &amp; Professional Governance Forum has provided reports to the meetings of the IJB on the:</p> <ul style="list-style-type: none"> <li>• 15 June 2016</li> <li>• 4 November 2016</li> <li>• 30 June 2017</li> </ul> <p>and to the meetings of the Audit &amp; performance Committee on the:</p> <ul style="list-style-type: none"> <li>• 28 March 2017</li> <li>• 27 June 2017</li> </ul> <p>It is intended that a progress report will be reported to the Audit &amp; Performance Committee meeting on 6 March 2018, and to the IJB meeting on 22 June 2018.</p> <p>Thereafter, reports will continue to be presented to both the Audit &amp; performance Committee and the IJB at</p>	Not Yet Due (30 June 2019)	Ongoing

## Section 2

## Issues and Actions

Ref.	Original Finding	Original Recommendation/ Management Response	P&K AFU Response February 2019	IA Conclusion
		least annually.		
3.	The terms of reference for the R2 Forum were approved by the IJB in November 2016.	<p>We would recommend that following a review and refresh of this document based on the findings of this report, the IJB should again have an opportunity to comment on the work of the forum to ensure it will receive the assurances it requires.</p> <p>The terms of reference and workplan for the forum were reviewed at the Care &amp; Professional Governance meeting on 9 February 2018.</p> <p>Draft versions of the 2018/19 terms of reference and workplan will then be presented to the IJB along with the progress report on 22 June 2018 to seek approval.</p>	Not Yet Due (31 March 2019)	Ongoing
4.	Domain sub groups are in operation alongside the R2 Forum including a regular agenda item on exception reporting. However, from our review of minutes of the forum and the remit in place, it is not clear how information is reported and how	<p>More clarity is needed on how the work of the subgroups flows into the forum and helps the forum to fulfil its overall remit and this should be taken into account in the refresh of the forum's remit.</p> <p>The domain subgroups were discussed as</p>	Complete	Ongoing/ Weaknesses remain

## Section 2

## Issues and Actions

Ref.	Original Finding	Original Recommendation/ Management Response	P&K AFU Response February 2019	IA Conclusion
	actions are agreed where weaknesses are identified by the sub groups.	<p>part of the review of the terms and reference and workplan for the forum on 9 February 2018.</p> <p>The forum agreed that assurances regarding progress with each of the domains should be via service annual reporting and updates on specific activity ongoing with the partnership, rather than to continue with discrete sub-groups for the domains. The forum terms of reference and workplan for 2018/19 will reflect this approach.</p>		
5.	A gap analysis across 18 partnership services against the 6 domains of the GIRFE framework has been carried out and reported. Given the forum meets every two months, a minimum of 3 services would have to report to each meeting. However, in 2017/18 to date, only 4 services' annual reports have been planned and only one was received by the group.	A workplan should be developed for the R2 Forum to ensure sufficient reporting across each of the partnership's services as set out in Annex 1 and 2 to the Integration Scheme. This should be linked to a mapping exercise where external inspections of the services are planned or expected. Within this context, we would also highlight the need to apply a consistent assurance appetite to all aspects of IJB activity; whilst there are different assurance sources for different	Complete	Ongoing/ Weaknesses remain



## Section 2

## Issues and Actions

Ref.	Original Finding	Original Recommendation/ Management Response	P&K AFU Response February 2019	IA Conclusion
		<p>activities, there may be benefit in ensuring that the level of assurance received is consistent.</p> <p>A timetable has been created for future meetings which details the services which are due to report. Starting with the meeting on 6 April 2018, there will be either 3 or 4 services reporting at each meeting. This timetable will be reflected in the forum workplan for 2018/19.</p> <p>The forum will add a standing item on the agenda for services which have been subject to an internal or external inspection to provide assurances to the forum that any actions identified are being progressed. Services will also be expected to make the forum aware of any announced or unannounced inspections.</p>		
6.	Our review of minutes of the R2 Forum to date has not shown any overt reporting on hosted services. Perth & Kinross IJB hosts General Adult Psychiatry Mental Health Inpatient Services on behalf of the other Tayside IJBs. There is a high risk associated	<p>We would suggest that these would most naturally align with the work of the forum.</p> <p>With regards to the reporting from hosted services:</p> <ul style="list-style-type: none"> <li>Public Dental services presented their</li> </ul>	Complete	Weaknesses remain

## Section 2

## Issues and Actions

Ref.	Original Finding	Original Recommendation/ Management Response	P&K AFU Response February 2019	IA Conclusion
	with the Mental Health service which is recorded as a strategic risk for NHS Tayside and referred to within the IJB's clinical & care governance risk. However, no reports have come to the R2 forum on this which would allow P&K IJB to provide assurance to Angus & Dundee IJB. We have also not seen evidence of reporting of care commission inspection reports at the R2 Forum, A&PC or the IJB itself during the year.	<p>annual report to the forum on 18 August 2017.</p> <ul style="list-style-type: none"> <li>• Inpatient Mental Health services reported to the forum on 9 February 2018.</li> <li>• Podiatry is due to report to the forum on 6 April 2018.</li> <li>• Prison Healthcare is due to report to the forum on 5 October 2018.</li> </ul> <p>Reports from the Care Inspectorate, will be incorporated into the 2018/19 terms and reference and workplan for the forum.</p>		
7.	Although the terms of reference of the R2 Forum state that <i>'It is highly important that members attend the Care &amp; Professional Governance Forum on a regular basis. No more than two meetings should be missed in any one year unless due to extenuating circumstances agreed with the chair of the forum'</i> , we noted a high level of apologies at meetings with 15 members missing 2 or more meetings in 2017/18 to date,	<p>We would recommend that deputies are nominated for all members.</p> <p>A review of the dates and times of future meetings were discussed by the forum on 9 February 2018.</p> <p>Deputies for members will be identified and listed within the 2018/19 terms and reference.</p>	Complete	Weaknesses remain

## Section 2

## Issues and Actions

Ref.	Original Finding	Original Recommendation/ Management Response	P&K AFU Response February 2019	IA Conclusion
	including four members who did not attend any meetings.			
8.	Not all services were able to confirm as part of the gap analysis that comprehensive risk management processes are in place.	<p>We would recommend that action plans are agreed for each service to move towards a 'green' position within each of the gap analysis questions under the 6 key domains and that this is monitored by the R2 Forum.</p> <p>All services will be asked to provide actions planned or in progress to move towards a 'green' position within each of the gap analysis questions. This will be included within the service annual report.</p>	Complete	Ongoing/ Weaknesses remain
9.	<p>Our review of the minutes of the R2 Forum to date does not show overt consideration of the IJB's strategic clinical &amp; care governance risk or clinical risks.</p> <p>We also note that the remit does not cover the escalation of operational risks.</p>	<p>We would recommend regular consideration of relevant risks by the forum with clear routes for escalation.</p> <p>The forum discussed the forums remit regarding clinical and operational risks as part of the review of the terms of reference on 9 February 2018.</p> <p>The forum agreed that a standing item would be added to the agenda for clinical</p>	Overdue (31 March 2019)	Ongoing/ Weaknesses remain

## Section 2

## Issues and Actions

Ref.	Original Finding	Original Recommendation/ Management Response	P&K AFU Response February 2019	IA Conclusion
		<p>and care risk management.</p> <p>It was acknowledged that Angus HSCP and the Mental Health Directorate both have a more developed process for the oversight of clinical and care risks, and it was agreed that contact be made with these areas to further discuss.</p>		

## Section 3

## Status: Original Recommendations

Original Recommendation 1	
Finding:	
<p>The creation of a Clinical, Care &amp; 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 &amp; Professional Governance Framework and workplan while scrutinising the internal CCPG arrangements. The Clinical, Care &amp; 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.</p> <p>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.</p>	
Internal Audit Assessment:	
Ongoing	
Further Audit Recommendation 1:	
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.	
Management Response/Action:	
An update report will be presented to the R2 Forum, and to the P&K Clinical, Care & Professional Governance Committee outlining the update to the Tayside GIRFE framework, including any impact on clinical and care governance processes for P&K HSCP. There is an ongoing local contribution to the process of updating the GIRFE Framework.	
Action by:	Date of expected completion:
Clinical Governance & Risk Coordinator Chief Social Work Officer Clinical Director, Perth & Kinross IJB	31 December 2019

**Original Recommendation 2****Finding:**

Internal Audit recommended that the R2 prepare an annual report for consideration by the Audit & Performance Committee or the IJB. Whilst none was prepared for 2017/18, this action point has been extended to 30 June 2019 to allow for the R2 Forum to prepare an Annual Report for the CCPGC, which in turn will report to the IJB. Management have advised that the 2018/19 R2 Forum annual report is expected to be presented at the June R2 Forum meeting, before being presented to the newly established CCPGC by June 2019, although there are no meetings arranged at this time. The CCPGC will report directly to the IJB.

**Internal Audit Assessment:**

Ongoing

**Further Audit Recommendation 2:**

For 2019/20 onwards, timing of reporting should ensure that the R2 prepares and considers its own annual report, following receipt of which by the CCPGC the Committee then should provide its own annual report to the IJB concluding on the clinical and care governance arrangements in place during the year.

**Management Response/Action:**

The R2 Forum has prepared an annual report for 2018/19, which will be presented at the first meeting of the CCPGC. The R2 Forum will prepare and submit an annual report for 2019/20, and for subsequent financial years.

**Action by:**

Clinical Governance & Risk Coordinator  
Chief Social Work Officer  
Clinical Director, Perth & Kinross IJB

**Date of expected completion:**

31 March 2020

## Section 3

## Status: Original Recommendations

Original Recommendation 3	
Finding:	
<p>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.</p> <p>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.</p>	
Internal Audit Assessment:	
Ongoing	
Further Audit Recommendation 3:	
<p>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.</p> <p>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.</p>	
Management Response/Action:	
R2 Forum Terms of Reference for 2019/20 to clearly set out reporting and assurance arrangements. A workplan to be prepared detailing the annual reporting calendar and timescales for the creation of an R2 annual report.	
Action by:	Date of expected completion:
Clinical Governance & Risk Coordinator Chief Social Work Officer Clinical Director, Perth & Kinross IJB	31 October 2019

## Section 3

## Status: Original Recommendations

Original Recommendation 4	
Finding:	
<p>At the time of our original audit, subgroups for each of the domains set out in the GIRFE framework reported to the R2. It was agreed at the time that this data would be captured within the service annual reporting template. Assurance would be achieved through ongoing reporting at each meeting and these annual reports.</p> <p>This was not implemented in practice and no annual reports have been discussed at the R2 Forum after April 2018.</p> <p>For 2019/20 onwards, assurance is planned to be provided '<i>via ongoing reporting and provision of assurance, which will include both qualitative and quantitative information and will be used to provide assurances of the provision of high quality care, identification and mitigation of risks</i>'.</p>	
Internal Audit Assessment:	
Ongoing	
Further Audit Recommendation 4:	
See Recommendation 5 below.	
Management Response/Action:	
See response to recommendation 5 below	
Action by:	Date of expected completion:
Clinical Governance & Risk Coordinator Chief Social Work Officer Clinical Director, Perth & Kinross IJB	31 August 2019



## Original Recommendation 5

## Finding:

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 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. Only verbal updates in relation to improvements to the Care at Home service and the HART service were provided in November 2018. These updates were separate of any annual report that should have been issued.

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.

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.

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.

A summary paper of this meeting was provided to the R2 Forum in December 2018 highlighting the planned future reporting routes for CCPG arrangements and the next steps to be taken:

1. *To develop a suite of Care & Professional Governance measures/ indicators which should be guided by the Strategic Commissioning Plan, the 4 Care Programmes and the Health & Social Care Standards. Also develop key questions for scrutiny.*
2. *To ensure the Forum has a key focus on both the Tayside Care & Professional Governance Framework and the six domains, as well as the Health & Social Care Standards.*
3. *To review the Term of Reference/Role & Remit for the Forum, and make clear the forums role in terms of Risk Management and Performance. Also consider renaming the Forum to simply the "Quality Forum".*

4. *To review the Workplan for the Forum.*
5. *To establish a clear communications pathway on how we communicate to the partnerships workforce and give the key message that Care & Professional governance is everyone's responsibility.*
6. *To review the governance context around the forum, and the formal reporting and escalation routes within the IJB and to the parent bodies. (IJB, Audit & Performance, IMT, EMT).*
7. *To consider moving towards a more "back to basics" approach to quality.*
8. *Further develop an Improvement Network to support improvement and facilitate Care & Professional Governance delivery, and to promote a self evaluation culture.*
9. *Review assurance and reporting arrangements for hosted services.*

Action point updates to the April 2019 R2 Forum meeting show that this work is ongoing and a draft Performance Review Framework has been created. It was reported to the Clinical Quality Forum (CQF) on 27 May 2019 that the South Locality would pilot using this framework for reporting along with a hosted service (Public Dental Service).

It is expected that they will report to the R2 Forum in September 2019 and that future reporting will be on an annual basis, with the four Localities (North, South, Perth City, Inpatients) and four hosted services (Public Dental, Podiatry, Mental Health, Prisoner Healthcare) also to be reporting in this way. At least two Social Work reports are expected as well.

The new Performance Review Framework uses the following as its basis for the report, with further deep-dive questions within each:

- *To what extent is care safe, effective and person centred?*
- *How reliable & effective are our care systems and processes?*
- *What are our next steps to maintain effective practices and to make improvements?*
- *What is the assessment of our capacity for improvement?*

The remit of the R2 Forum includes provision of assurance to the CQF every two months. The CQF reports on this assurance to the NHS Tayside Care Governance Committee (CGC).

At the CGC meeting on 16 August 2018, the Committee members were not assured regarding the current arrangements for clinical and care governance within Health and Social Care Partnerships (HSCPs) based on the data provided by the CQF on 9 July 2018. The CGC Chair requested a meeting take place to discuss the governance arrangements that were currently in place and consider how a level of assurance can be provided by the HSCPs regarding clinical governance. This meeting took place on 11 October 2018.

It was noted that the provision of unapproved minutes, inconsistency of reporting and poor HSCP representation at CQF meetings can make it difficult to be sufficiently assured of clinical governance arrangements in HSCPs.

In August 2018, a draft suite of measures was agreed for each HSCP to report against to the CQF and since September, an Assurance Framework for the Clinical Quality Forum report has been provided by P&K HSCP to the CQF using quarterly data from January 2018 onwards. Going forward these will use two-monthly data.

We were pleased to see that these reports were being provided to the R2 Forum in advance of CQF meetings.

## Section 3

## Status: Original Recommendations

Internal Audit Assessment:	
Ongoing	
Further Audit Recommendation 5:	
<p>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.</p> <p>b) We would recommend that an R2 Forum workplan is created and includes a timetable for receipt of these annual reports and that escalation procedures are confirmed regarding delays and insufficient data.</p>	
Management Response/Action:	
<p>a) The R2 Forum will assess the outcome of the initial reports received in August to ensure that they provide sufficient data, information and assurance</p> <p>b) A workplan to be prepared detailing the reporting calendar for annual reports. Separate escalation processes for addressing any delays or insufficient data will be agreed by the R2 Forum co-chairs.</p>	
Action by:	Date of expected completion:
Clinical Governance & Risk Coordinator Chief Social Work Officer Clinical Director, Perth & Kinross IJB	31 August 2019

**Original Recommendation 6****Finding:**

Recommendation 6 related to reporting from hosted services. 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 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.

However, Prisoner Healthcare was expected to provide an annual report to the October 2018 R2 Forum which did not come forward to the group.

Our concern is that current internal clinical & care governance systems did not identify issues subsequently raised as significant findings by external inspections.

**Internal Audit Assessment:**

Weaknesses remain

**Further Audit Recommendation 6:**

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.

**Management Response/Action:**

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.

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 27<sup>th</sup> June 2019, and was an

## Section 3

## Status: Original Recommendations

opportunity for the R2 Forum co-chair along with colleagues to discuss the continuous improvement ongoing within the establishment.

It is also worth noting that Healthcare Improvement Scotland have asked all prison establishments across Scotland to complete a self evaluation annually, and self-evaluations have recently been completed and submitted for HMP Perth and HMP Open Estate at Castle Huntly.

With regard to Inpatient Mental Health Services, the current arrangement is that Inpatient Mental Health provides direct reporting into the Clinical Quality Forum. The current membership of the R2 Forum does not currently have the sufficient expertise to carry out the oversight function of Inpatient Mental Health Services.

Action by:	Date of expected completion:
Clinical Governance & Risk Coordinator Chief Social Work Officer Clinical Director, Perth & Kinross IJB Head of PHC, OOH and FMS	31 October 2019

**Original Recommendation 7****Finding:**

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.

We reviewed the attendance records for meetings between April 2018 and December 2018 (6 meetings) and noted the following:

- 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.

Our review of the R2 agendas/minutes showed that the much of the agenda for the September 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.

**Internal Audit Assessment:**

Weaknesses remain

**Further Audit Recommendation 7:**

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.

**Management Response/Action**

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.

**Action by:****Date of expected completion**

Clinical Governance & Risk Coordinator  
Clinical Director, Perth & Kinross IJB  
Chief Social Work Officer

31 October 2019

**Original Recommendation 8****Finding:**

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.

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.

**Internal Audit Assessment:**

Ongoing / Weaknesses remain

**Further Audit Recommendation 8:**

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.

**Management Response/Action:**

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)

**Action by:****Date of expected completion:**

Clinical Governance & Risk Coordinator  
Chief Social Work Officer  
Clinical Director, Perth & Kinross IJB

Complete

<b>Original Recommendation 9</b>	
<b>Finding:</b>	
<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 &amp; care governance risk or clinical risks will now be 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.</p> <p>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.</p>	
<b>Internal Audit Assessment:</b>	
Ongoing / Weaknesses remain	
<b>Further Audit Recommendation 9:</b>	
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.	
<b>Management Response/Action:</b>	
Discussion of the HSCP service risk profile will continue to be discussed at the R2 Forum, with conclusions and actions to be taken reported to the CCPGC	
<b>Action by:</b>	<b>Date of expected completion:</b>
Clinical Governance & Risk Coordinator Chief Social Work Officer Clinical Director, Perth & Kinross IJB	31 March 2020



<b>New Action Point Reference 1:</b>	
<b>Finding:</b>	
<p>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&amp;K IJB or the NHS Tayside Care Governance Committee.</p>	
<b>Audit Recommendation:</b>	
<p>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&amp;K Clinical, Care &amp; Professional Governance Committee which is being established should be fully engaged with the NHS Tayside wide process.</p>	
<b>Priority 2</b>	
<b>Management Response/Action:</b>	
<p>This issue will be escalated to the next P&amp;K Audit &amp; Performance Committee.</p> <p>The Chief Officer has identified a Service Manager with in depth knowledge in Clinical, Care and Professional Governance to review the current overarching HSCP CCPG arrangements. This will include providing clarity around the role (relative to other groups, fora and committees) of the new IJB Clinical, Care and Professional Governance Committee. The review will include a self assessment against the Integration Scheme to ensure we are meeting the CCPG requirements of such. The review will give consideration to how robust the IJB assurance arrangements are, including hosted services. In particular we require to ensure that the most appropriate arrangements can be established to ensure the necessary assurance for the IJB is in place in relation to Inpatient Mental Health Services in Tayside.</p> <p>The formal engagement process with the sub Committee of the IJB will be discussed and established as appropriate.</p>	
<b>Action by:</b>	<b>Date of expected completion:</b>
<b>Clinical Governance &amp; Risk Coordinator</b> <b>Chief Social Work Officer</b> <b>Clinical Director, Perth &amp; Kinross IJB</b>	<b>31 December 2019</b>

## Section 5     Definition of Assurances and Priorities

### *Definition of Assurance*

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

Level of Assurance		Definition
<b>A</b>	Good	There is an adequate and effective system of risk management, control and governance to address risks to the achievement of objectives.
<b>B</b>	Broadly Satisfactory	There is an adequate and effective system of risk management, control and governance to address risks to the achievement of objectives, although minor weaknesses are present.
<b>C</b>	Adequate	Business objectives are likely to be achieved. However, improvements are required to enhance the adequacy/ effectiveness of risk management, control and governance.
<b>D</b>	Inadequate	There is increased risk that objectives may not be achieved. Improvements are required to enhance the adequacy and/ or effectiveness of risk management, control and governance.
<b>E</b>	Unsatisfactory	There is considerable risk that the system will fail to meet its objectives. Significant improvements are required to improve the adequacy and effectiveness of risk management, control and governance and to place reliance on the system for corporate governance assurance.
<b>F</b>	Unacceptable	The system has failed or there is a real and substantial risk that the system will fail to meet its objectives. Immediate action is required to improve the adequacy and effectiveness of risk management, control and governance.

## Section 5     Definition of Assurances and Priorities

### *Recommendation Priorities*

The priorities relating to Internal Audit recommendations are defined as follows:

Recommendations	Definition	Total
<b>Priority 1</b>	<b>Priority 1 recommendations</b> relate to critical issues which will feature in our evaluation of the Governance Statement. These are significant matters relating to factors critical to the success of the organisation. The weakness may also give rise to material loss or error or seriously impact on the reputation of the organisation and require urgent attention by a Director.	
<b>Priority 2</b>	<b>Priority 2 recommendations</b> relate to important issues that require the attention of senior management and may also give rise to material financial loss or error.	
<b>Priority 3</b>	<b>Priority 3 recommendations</b> are usually matters that can be corrected through line management action or improvements to the efficiency and effectiveness of controls.	
<b>Priority 4</b>	<b>Priority 4 recommendations</b> are recommendations that improve the efficiency and effectiveness of controls operated mainly at supervisory level. The weaknesses highlighted do not affect the ability of the controls to meet their objectives in any significant way.	

**Priority 1 and 2 recommendations are highlighted to the Audit/Audit & Risk Committee and included in the main body of the report within the Audit Opinion.**