



Council Building
2 High Street
Perth
PH1 5PH

Tuesday, 12 June 2018

A meeting of the **Audit and Performance Committee of the Perth and Kinross Integration Joint Board** will be held in **Room 415, Fourth Floor, Council Building, 2 High Street, Perth, PH1 5PH** on **Tuesday, 19 June 2018** at **13:30**.

If you have any queries please contact Adam Taylor on (01738) 475163 or email Committee@pkc.gov.uk.

Robert Packham
Chief Officer

Members

Councillor Chris Ahern, Perth and Kinross Council (Chair)
Councillor Eric Drysdale, Perth and Kinross Council
Bernie Campbell, Carer Public Partner
Jim Foulis, Associate Nurse Director, NHS Tayside
Stephen Hay, Tayside NHS Board

Audit and Performance Committee of the Perth and Kinross Integration Joint Board

Tuesday, 19 June 2018

AGENDA

- 1 WELCOME AND APOLOGIES**
- 2 DECLARATIONS OF INTEREST**
Members are reminded of their obligation to declare any financial or non-financial interest which they may have in any item on this agenda in accordance with the [Perth and Kinross Integration Joint Board Code of Conduct](#).
- 3 MINUTE OF PREVIOUS MEETING**
 - 3.1 MINUTE OF MEETING OF THE AUDIT & PERFORMANCE COMMITTEE OF 6 MARCH 2018 FOR APPROVAL** **5 - 10**
 - 3.2 ACTION POINTS UPDATE** **11 - 12**
(copy herewith G/18/77)
 - 3.3 MATTERS ARISING**
- 4 GOVERNANCE**
 - 4.1 TRANSFORMING GOVERNANCE ACTION PLAN UPDATE** **13 - 24**
Report by Chief Financial Officer (copy herewith G/18/78)
- 5 ASSURANCE: INTERNAL CONTROL AND RISK MANAGEMENT**
 - 5.1 AUDIT RECOMMENDATIONS UPDATE** **25 - 36**
Report by Chief Financial Officer (G/18/79)
 - 5.2 STRATEGIC RISK MANAGEMENT REVIEW: UPDATE**
Verbal Update by Chief Financial Officer
 - 5.3 2017/18 IJB COMPLAINTS REPORT**
Verbal Update by Chief Officer
 - 5.4 NHS TAYSIDE CLINICAL CARE & PROFESSIONAL GOVERNANCE ANNUAL REPORT** **37 - 66**
(copy herewith G/18/80)

5.5	CHIEF INTERNAL AUDITORS ANNUAL REPORT AND ASSURANCE STATEMENT 2017/18	
	Report by Chief Internal Auditor (copy to follow)	
5.6	APPOINTMENT OF INTERNAL AUDITORS 2018-19	67 - 68
	Report by Chief Financial Officer (copy herewith G/18/82)	
6	ANNUAL ACCOUNTS 2017/18	
6.1	UNAUDITED ANNUAL ACCOUNTS 2017/18	69 - 108
	Report by Chief Financial Officer (G/18/83)	
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	Report by Chief Financial Officer (copy herewith G/18/84)	
7	PERFORMANCE REVIEW	
7.1	ANNUAL PERFORMANCE REPORT 2017/18	
	Report by Chief Officer (copy to follow)	
7.2	PERFORMANCE FRAMEWORK FOR OLDER PEOPLE & UNSCHEDULED CARE	117 - 124
	Report by Chief Financial Officer (G/18/86)	
8	FOR INFORMATION / NOTING	
9	PRIVATE DISCUSSION	
10	DATE OF NEXT MEETING	
	Tuesday 18 September 2018 at 1.00pm	
	Room 410 (Committee Room), 2 High Street, Perth	

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

Minute of Meeting of the Audit and Performance Committee of the Perth and Kinross Integration Joint Board (IJB) held in Room 415, Fourth Floor, Council Building, 2 High Street, Perth on Tuesday 6 March 2018 at 1.00pm.

Present: Councillors C Ahern (Chair) and E Drysdale, Perth and Kinross Council; J Foulis, Associate Nurse Director, NHS Tayside (from Item 4.2 onwards); S Hay, Tayside NHS Board (from Item 3.2 onwards)

In Attendance: R Packham, Chief Officer; J Smith, Chief Financial Officer; J Pepper, D Fraser, E Devine, S Strathearn, A Smith and P Jerrard, Perth and Kinross Health and Social Care Partnership; A Taylor, Democratic Services, Perth and Kinross Council; J Triebs, representing Chief Internal Auditor, NHS Tayside; K Russell, NHS Tayside (from Item 5.1 onwards), N Dyce, KPMG.

Apologies: B Campbell and J Clark.

1. WELCOME AND APOLOGIES

C Ahern welcomed all those present to the meeting and apologies 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. MINUTE OF PREVIOUS MEETING

3.1 MINUTE OF MEETING OF 26 SEPTEMBER 2017

The minute of meeting of the Audit and Performance Committee of the Perth and Kinross Integration Joint Board of 26 September 2017 was submitted and approved as a correct record.

3.2 ACTION POINTS UPDATE

The Action Point Update (Report G/18/25) from the meeting of 26 September 2017 was submitted and noted.

3.3 MATTERS ARISING

There were no matters arising from the previous minute.

3.4 IMPLEMENTATION OF RECOMMENDATIONS

The Chief Financial Officer advised that this item had been withdrawn from the agenda and would be submitted to a future meeting of the Audit and Performance Committee.

4. GOVERNANCE DEVELOPMENT

4.1 GOVERNANCE & ACCOUNTABILITY ARRANGEMENTS: UPDATE

There was submitted a report by the Chief Financial Officer (G/18/26) providing an update on the progress made in formalising with both NHS Tayside and Perth and Kinross Council the governance and accountability arrangements for Perth and Kinross Integration Joint Board.

Resolved:

- (i) The contents of Report G/18/26 be noted.
- (ii) The Chief Officer be instructed to facilitate reaching clear and formal agreement with Perth and Kinross Council and NHS Tayside on the arrangements for governance and accountability.
- (iii) The Chief Officer be instructed to submit a paper to the Integration Joint Board within six months setting out in detail the governance arrangements and routes for reporting, decision making and assurance.

4.2 TRANSFORMING GOVERNANCE ACTION PLAN: UPDATE

There was submitted a report by the Chief Financial Officer (G/18/27) providing an update on progress made in taking forward the key actions set out in the Transforming Governance Action Plan shared with the Audit and Performance Committee back in June 2017.

Resolved:

The contents of Report G/18/27 be noted.

5 RISK MANAGEMENT

5.1 STRATEGIC RISK MANAGEMENT

There was submitted a report by the Chief Financial Officer (G/18/28) providing an update on risk management and seeking approval of the scope of the proposed workshop to be held.

Resolved:

The Chief Financial Officer be instructed to make arrangements for a workshop on Risk Management to be held with expert facilitation provided to ensure full and clear understanding for officers and IJB members attending.

5.2 RESOURCES TO SUPPORT MENTAL HEALTH

The Chief Officer provided a verbal update on the resources available to support mental health. He advised that there had been a lot of work ongoing around the culture of mental health, specifically a piece of work supported by Mental Health Scotland where they worked with Directors of NHS Tayside. He further advised that a Steering Group has been brought together to support the process of managing any changes. He stressed that it was important to note that mental health is very demanding on the time of Senior Management of the Health and Social Care Partnership but would like to reassure the Committee that quality is at the forefront of all their thinking.

The Committee noted the position.

6 CLINICAL CARE & PROFESSIONAL GOVERNANCE

6.1 CHIEF SOCIAL WORK OFFICER ANNUAL REPORT 2016/17

There was submitted a report by the Chief Social Work Officer (G/18/29) (1) providing an overview of social work and social care in Perth and Kinross during financial year 2016/17; (2) setting out how social care and social work services were being delivered and the key challenges in planning and delivering improvement through service redesign and transformation; and (3) showing how well social care and social work services are responding to new responsibilities associated with major legislative and policy direction as well as managing increasing demand and associated budget pressures.

Resolved:

The contents of Report G/18/29 be noted.

6.2 CLINICAL, CARE & PROFESSIONAL GOVERNANCE PROGRESS REPORT

There was submitted a report by the Chair of Clinical Care Governance (G/18/30) providing an update on arrangements for Care and Professional Governance across the partnership, and the activities and progress made to date led by the Care and Professional Governance Forum.

Resolved:

- (i) The activity and progress made to date regarding the partnership arrangements for Care and Professional Governance as detailed in Report (G/18/30) be noted.
- (ii) A further update on the actions to meet the recommendations made within the recent Internal Audit report be submitted to the next meeting of the Audit and Performance Committee in June 2018.

6.3 MENTAL HEALTH CARE & PROFESSIONAL GOVERNANCE GROUP QUARTERLY REPORT

K Russell, Chair of the Mental Health Care and Professional Group provided a verbal update on the primary focus of the Mental Health Care and Professional Group, he made reference to how the Group was established, the importance of having a clear action log where actions and needs have been identified, with the correct balance between scrutiny and assurance. He stressed the need to have appropriate risk managers in place across the four organisations (the 3 Partnerships and NHS Board) with delegated authority to make changes if required.

The Committee noted the position.

7 INTERNAL AUDIT

7.1 INTERNAL AUDIT PROGRESS REPORT

There was submitted a report by the Chief Internal Auditor (G/18/31) briefing the Committee on the completion of the 2016/17 internal audit plan and the progress made to date on the 2017/18 internal audit plan.

Resolved:

- (i) It be noted that the 2016/17 internal audit plan has been completed.
- (ii) The progress on the 2017/18 internal audit plan, as detailed in Report G/18/31, be noted.

7.2 INTERNAL AUDIT REPORT ON CLINICAL, CARE & PROFESSION GOVERNANCE

There was submitted a report by the Chief Internal Auditor, NHS Tayside (G/18/32) providing the Audit and Performance Committee with the Chief Internal Auditor's recent audit carried out on the implementation of the Clinical, Care and Professional Governance Framework.

Resolved:

The contents of Report G/18/32 be noted.

8 EXTERNAL AUDIT

8.1 2017/18 EXTERNAL AUDIT PLAN

There was submitted a copy of the Perth and Kinross Integration Joint Board Audit Strategy for the year ending 31 March 2018 produced by the External Auditors, KPMG.

N Dyce from KPMG provided the Committee with a brief summary of the main headlines of the report and answered questions from members.

Resolved:

The contents of Report G/18/33 be noted.

9 PERFORMANCE REVIEW

9.1 DELAYED DISCHARGE PERFORMANCE FOR 6 MONTHS TO 30 SEPTEMBER 2017

There was submitted a report by the Chief Officer (G/18/34) providing the Committee with an understanding of the Partnership's performance in relation to Delayed Discharge for the first 6 months of the year, the factors impacting on performance; improvement actions being taken forward and the trajectory for improvement being developed.

Resolved:

The contents of Report G/18/34 be noted.

9.2 UNPLANNED ADMISSIONS AND UNPLANNED OBD (OCCUPIED BED DAYS)

E Devine, Head of Health, provided the Committee with a slide based presentation giving an overview on the figures involved with unplanned admissions and unplanned hospital bed days in Perth and Kinross.

It was agreed that a copy of E Devine's presentation would be circulated to Councillors Ahern and Drysdale.

9.3 UNDERSTANDING PROGRESS UNDER INTEGRATION

There was submitted a report by the Chief Officer (G/18/35) providing the Committee with an understanding of the Partnership's performance in relation to three of the high level national indicators agreed by the Ministerial Strategic Group for Health and Community Care (MSG) for Integration Authorities.

Resolved:

The contents of Report G/18/35 be noted.

10 PRIVATE DISCUSSION

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

11 DATES OF NEXT MEETING / DEVELOPMENT SESSION

Tuesday 17 April 2018 – Briefing / Development Session
Tuesday 26 June 2018 – Full Meeting

Action Points Update 6th March 2018
Perth & Kinross IJB – Audit and Performance Committee

(G/18/77)

Ref.	Min. Ref.	Meeting	Action	Responsibility	Timescale	Update/Comments
23	7.1	17/06/17	Performance Reporting - A standard performance report be developed following finalisation of the Annual Performance Report to be considered at the next meeting.	JMS	September 2017	Agenda item : Performance Framework for Older People and Unscheduled Care
26	7.2	06/03/18	Clinical, Care & Professional Governance Progress Report – Further update to be provided on internal audit recommendations.	RP/ JF	June 2018	Agenda Item: Audit Recommendation Update
27	4.1	06/03/18	Governance & Accountability Arrangements – Chief Officer to bring a paper to IJB setting out in detail the governance arrangements. The Audit & Performance Committee agreed for the report to come back in September 2018.	RP / JMS	September 2018	
28	9.1	06/03/18	Audit & Performance Committee agreed for quarterly report to come forward on delayed discharge as part of a standard report on an agreed baseline of indicators.	RP / JMS	June 2018	Agenda item : Performance Framework for Older People and Unscheduled Care



PERTH AND KINROSS INTEGRATION JOINT BOARD

AUDIT & PERFORMANCE COMMITTEE

19 JUNE 2018

UPDATE: TRANSFORMING GOVERNANCE ACTION PLAN

Report by Chief Financial Officer (G/18/78)

PURPOSE OF REPORT

This report provides a further update on progress in taking forward the key actions set out in the Transforming Governance Action Plan approved by the Audit & Performance Committee in June 2017.

1. BACKGROUND

As part of the process for reviewing the integrity and effectiveness of the Integration Joint Board's governance arrangements to inform the Annual Governance Statement for 2016/17, the Chief Financial Officer has led a robust self assessment process across the Partnership and with full involvement of the management team.

As part of this process, a number of areas were identified for further development to ensure that the IJB and the Partnership Team can manage and mitigate risks more effectively. These were set out in the Transforming Governance Action Plan which was set out for the Audit & Performance Committee at its June 2017 meeting. Updates have been provided to the Committee in September 2017 and March 2018.

This report provides a further update on progress against the key areas for development identified.

2. UPDATE

Appendix 1 provides an update on progress over the last 2 months in taking forward the areas identified for development.

3. RECOMMENDATION

The Audit and Performance Committee are asked to note the progress made to date.

Author(s)

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ISSUE	AREA FOR DEVELOPMENT	ACTION	SRO	DATE	UPDATE
1.	<p>OUR GOVERNANCE FRAMEWORK: Formally establish and articulate the overall governance framework that supports the relationship with PKC and NHST and provide training and development for members and officers to ensure that roles, responsibilities within the framework are understood.</p> <p>Ensure that Standing Orders are reviewed and updates annually.</p>	Meeting with Lesley McLay/Bernadette Malone. Thereafter draft governance agreement for sign up by both. Create a standard learning and development session on IJB Governance that can be used widely.	CO/CFO	July 2017	<p>Paper on IJB Governance approved by NHST Audit Committee providing NHST support to two models of governance in NHST. Paper to go to September 2018 IJB.</p> <p>Final confirmation required from NHST and PKC of full mutual agreement to model of governance and accountability in place for P&K IJB.</p>
2.	<p>DEVELOPING OUR CULTURE AND IDENTITY: Develop a shared culture and identity based on a shared vision across the whole team of the future shape of health and social care across Perth & Kinross.</p>	EMT dedicated session with Helen Mackinnon to consider recommendations of participation and engagement sub-group around branding and identity in first instance.	CO	July 2017	<p>A logo has been approved by the IJB who asked that a strap line be added. This was approved by the IJB in January 2018.</p> <p>Development of a statement of our vision and values in early 2018/19 which will become 'front and centre' of all IJB activities moving forward</p>
3.	<p>RISK MANAGEMENT IN PRACTICE: establish clear protocols for risk management at both Strategic and Operational level that are consistent with the agreed Governance Framework, with a focus on clinical and care risk in the first instance.</p>	Following establishment of clear principles of governance and learning for EMT, set up risk management workshop with external facilitation and including PKC and NHST colleagues.	CFO	Nov 2017	<p>Audit & Performance Committee agreed that a workshop based approach to review of the Risk management arrangements would be undertaken including a workshop with officers and IJB members in June 2018.</p> <p>This workshop process has commenced. First workshop held in April 2018. Further workshops</p>

ISSUE	AREA FOR DEVELOPMENT	ACTION	SRO	DATE	UPDATE
		Ensure risk management template is adjusted to include information on assurances on controls set out in the Risk management Strategy (Appendix 2)			have been delayed whilst further work undertaken by EMT to clarify Strategic Delivery Plan Priorities. Further workshops to take place 6 th and 12 th June 2018 with workshop with IJB Members now planned for September 2018.
4.	OUR STRATEGIC PLANNING GROUP: Clarify and strengthen role of Strategic Planning Group, ensuring links to localities and care group strategies.	Review how Strategic Planning groups are operating across other IJBs across Tayside and beyond. Thereafter review the role, remit and membership and consider alignment to EMT	CO	Aug 2017	The IJB received a paper in 2017/18 outlining future structure for Strategic Planning. The Strategic Planning Group's role is confirmed as part of that structure. The Partnership is obliged to refresh its Strategic Plan during 2018/19. An extended Strategic Planning Group has begun that refresh and this will link closely to emerging principles of the 4 Care Programmes.
5.	LEADERSHIP CAPACITY: Review the organisational structure of the partnership team to ensure sufficient leadership and strategic planning capacity which takes account of our responsibility for significant hosted services.	Undertake a needs assessment and thereon identify revised organisational structure for approval by partners/IJB.	CO	Aug 2017	Key gaps identified as follows:- <ul style="list-style-type: none"> • Business Planning & Performance • Mental Health (Medical Leadership/General Management) • Strategic Planning Service Manager (Business Planning and Performance) Job Description developed and to be appointed on a secondment basis. Temporary Associate Medical Director for Mental Health has been appointed. Recruitment is underway for a permanent appointment. A General Management post to lead the Mental

ISSUE	AREA FOR DEVELOPMENT	ACTION	SRO	DATE	UPDATE
					Health Improvement Plan and coordinate activities across Tayside is undergoing recruitment.
6.	CLINICAL LEADERSHIP AND ENGAGEMENT: Develop and implement a model for clinical and leadership across services that embeds medical staff at the heart of redesign.	In line with the Strategic Delivery Plan, consider the key priority areas for medical involvement/leadership and thereon consider the arrangements that will best support the Clinical Director to ensure full and effective engagement.	CD	Aug 2017	<p>Increase to Clinical Director Capacity and supporting infrastructure has now been agreed.</p> <p>Discussions ongoing with NHST Medical Director regarding Medical Leadership model and ensuring that IJB Clinical Directors key leadership role is understood and appropriately dovetailed with wider NHST Medical leadership Model to ensure clear lines of accountability and responsibility for decision making.</p> <p>Clinical leadership forum has now been established for development of PKHSCP Clinical Strategy and Mental Health Community.</p>
7.	MEANINGFUL ENGAGEMENT WITH COMMUNITIES: Review the basis on which the partnership are engaging with communities ensuring that there is a clear process and that we are actively encouraging active participation of service users, carers and communities in the redesign of services.	Process for signing off stakeholder engagement plans to come forward to Transformation Board	Heads of Service/ Helen Mackinnon	Revised deadline – end June 2018	The route for approval of stakeholder engagement plans has been impacted by the temporary standing down of the Transformation Board whilst a review of its role and remit is undertaken. A follow up communication will now be issued asking that all stakeholder engagement plans come forward to the Executive Management Team.
8.	A FOCUS ON DELIVERY: Develop a three year Strategic Delivery Action Plan with timescales	Workshop session planned for 6/7 July 2017. 17/18 Project Plan to be key	EMT	Aug 2017	EMT is currently overseeing the development and implementation of a programme board structure to take forward the implementation of agreed

ISSUE	AREA FOR DEVELOPMENT	ACTION	SRO	DATE	UPDATE
	<p>and agreed SRO's against agreed actions with clear alignment to the Performance Management Framework.</p> <p>A locality development planning workshop to be held in September with GP involvements to agree clear milestones for future development and alignment to work of Community Planning Partnerships.</p>	<p>output.</p> <p>Locality Development Workshop session to be held September 2017</p>	<p>Heads of Service/ Clinical Director</p>	<p>Sept 2017</p>	<p>Strategic Delivery Plans (SDP) for :-</p> <ul style="list-style-type: none"> • Older People and Unscheduled Care • Primary Care • Wellbeing (including Mental Health, Learning Disabilities, Drug and Alcohol Services) • Carers <p>The Strategic Delivery Plan (SDP) for Older People ad Unscheduled Care has been drafted and will be formalised by the new Programme Board. A BITE event is being planned to take forward the development of the SDP for Wellbeing. The Clinical Director will take forward the development of the SDP for Primary Care.</p> <p>Each Programme Board will agree a Performance Framework with appropriate targets. A Programme Budget will also be agreed. Draft Programme budgets for each programme have been shared and the proposed performance framework for Older People and Unscheduled Care will be considered by the Audit & Performance Committee in June.</p> <p>Leadership arrangements within PKHSCP are undergoing significant review to ensure that strategic leadership to each of the programmes is clear and effective programme/planning support is aligned.</p>

ISSUE	AREA FOR DEVELOPMENT	ACTION	SRO	DATE	UPDATE
					Financial Planning will be taken forward on a Care Programme Basis for 2019/20 and beyond. The move to a care programme planning approach will require careful consideration of how locality planning will dovetail with the work of the programmes.
9.	MANAGING THE BUSINESS: Review the role, remit and membership of all of our key groups (EMT, COG, Transformation Board etc) to ensure that there are robust forums to support ongoing planning of future services as well as appropriate and effective mechanisms to oversee operational delivery of services.	Head of Legal Services (PKC) to facilitate a planning session to review and refresh role and remits of key group to ensure clear linkages, routes and accountabilities.	EMT	Aug 2017	EMT has been established as the key forum to oversee development and implementation of the service redesign and transformation required to deliver Strategic Plan objectives. The establishment of Programme Boards to oversee the development of Care Group Strategic Delivery Plans will require the role of EMT to be reviewed to ensure its fit with the new programme structure is clear and effective.
10.	LARGE HOPITAL SET ASIDE: Working with NHST, establish robust planning arrangements for large hospital services that ensure that we are leading on the design of future models of care across devolved hospital and community services and unscheduled care across the PRI site.	Role remit and membership of PRI Review Group to be formally agreed along with strategic planning process, key touch points and outputs.	EMT	July 2017	PRI Clinical Strategy Group meeting weekly which seeks to develop clinical model for unscheduled care across medical beds at PRI and within Community Hospitals. Further formal discussion will however be required with NHST during 2018/19 to understand how decisions affecting General Medicine and Emergency Department at PRI will be taken forward jointly by NHST and PKIJB.
11.	HOSTED SERVICES: Working with other IJB's, ensure	Hosted Services Strategic Planning Event to be set up	EMT	Dec 2017	Significant work undertaken to establish clear and appropriate governance route for agreement of

ISSUE	AREA FOR DEVELOPMENT	ACTION	SRO	DATE	UPDATE
	mechanisms are in place to ensure that each IJB is effectively and appropriately involved in developing major transformational change plans and ensure regular sharing of information in relation to all hosted services.	in September to review each hosted service, emerging strategic and operational issues and next steps.			new model of care for IP GAP and LD which are hosted by PKIJB. Significant learning from this which will now be fed into review of risk management. The 2018/19 Financial Planning process across all IJB's has involved significant formal and informal cross-review and approval of service redesign plans.
12.	EFFECTIVE CORPORATE SUPPORT ARRANGEMENTS: Review the effectiveness of corporate support arrangements and develop a draft improvement plan and mechanism for ongoing discussion with both parent bodies.	Internal Audit Review to be undertaken.	CIA/CO	Aug 2017	From 1 st April 2018, the Community Care Finance Team and Community Care Business Improvement Team have been directly aligned to PKHSCP reporting to the Chief Finance Officer. This gives a significant opportunity to redesign a number of crucial corporate functions. Key to this redesign will be the appointment of a Head of Business Planning and Performance who will lead on the design of integrated business support functions and will identify material gaps in corporate support for discussion with both NHST and PKC. The CFO is in discussion with the Interim Director of Finance NHST and other CFO's around the future shape and scale of finance support and how an integrated approach can be achieved.
13.	OUR BOARD MEMBERS: Work with the Chair of the IJB to establish a training and development plan for Board members that recognises the needs of the individuals as well s the Board as a whole.	Options for assessing training development needs to be pulled together for meeting with Chair and Vice Chair	CHAIR/CO	Mar 2018	The considerable changes to membership of the IJB during 2017/18 have meant that this work has not been taken forward. A meeting with the IJB Chair and Chief Officer will take place in May 2018. Supported by the CFO, Legal Services and the Secretary to the Board, a fundamental review of training and development needs will be undertaken.

PERTH & KINROSS IJB
TRANSFORMING GOVERNANCE ACTION PLAN

Appendix 1

ISSUE	AREA FOR DEVELOPMENT	ACTION	SRO	DATE	UPDATE
14.	A SYSTEMATIC APPROACH TO PERFORMANCE MANAGEMENT: Develop and implement a performance monitoring system that provides EMT with regular, robust management information on performance against agreed strategic performance indicators and other supporting performance measures that ensures appropriate and effective scrutiny and review against agreed targets.	Leadership arrangements around performance to be agreed. Interim support to set up reporting system to be identified.	CO	Aug 2017	See (8) above.
15.	SETTING CLEAR OBJECTIVES FOR THE TEAM: Ensure that annual objectives are set for each member of the partnership team that align with agreed strategic transformation and other priorities.	Objectives to be set for all EMT and direct reports by end of July.	CO	July 2017	Objectives agreed for CO and CFO.
16.	DELIVERING FINANCIAL SUSTAINABILITY: Work with NHST to consider the sufficiency of the GP Prescribing budget as part of our overall ambition to deliver sustainable future services.	Meeting to take place with CO/DOF NHST in July	CFO	Aug 2017	During 2017/18 significant work has been undertaken to develop the 2018/19 Financial Plan for GRP Prescribing. This was presented in draft to the IJB in March 2018. At this stage a gap of £600k was forecast for 18/19. This represents very significant progress. Further work is being undertaken by the Clinical Director and with support from NHST Prescribing Management Group to close the gap. A further update will be provided to the IJB in June. The IJB BRG will consider in detail the 2018/19 Financial Plan for GP Prescribing at a dedicated meeting at the end of

ISSUE	AREA FOR DEVELOPMENT	ACTION	SRO	DATE	UPDATE
					<p>June.</p> <p>The 2018/19 Budget Negotiation process concluded with a very challenging settlement from PKC and a recurring deficit against social care of £1.5m. The risk profile of the IJB has shifted and careful consideration now needs to be given to a new process for budget negotiation involving both parent bodies. It will also be crucial that an effective mechanism for ongoing discussion with PKC Elected Members is identified early in 2018/19.</p> <p>For 2018/19 the financial position within IP Mental Health remains a significant risk to the IJB. Whilst significant programme of redesign has been identified that should deliver financial balance in the medium term, NHST have indicated that bridging finance made available in 2018/19 will not be available in 2018/19.</p> <p>The pace of delivery of the transformation plans is wholly linked to clear and effective leadership arrangements including medical leadership. Such arrangements are being developed but are not yet in place.</p>
	Develop a three year financial strategy aligned to the Strategic Delivery Plan that sets out the detailed investment and disinvestment plans that supports future financial sustainability.	Fully cost Strategic Delivery Plan and link to existing and emerging savings proposals to set out three year financial plan.		Dec 2017	<p>See (8) above. The shift to a Care Programme Strategic Planning approach with an aligned programme budget will ensure that investment/disinvestment decisions are taken as part of core strategic planning of services rather than as a separate budget exercise. There will</p>

ISSUE	AREA FOR DEVELOPMENT	ACTION	SRO	DATE	UPDATE
	<p>Work with NHST and PKC to develop principles to underpin an aligned approach to budget setting from 18/19.</p> <p>Working with NHST and PKC ensure that the partnership's approach financial planning effectively supports the budget setting process in both parent bodies.</p>	<p>Input proactively to PKC Budget Setting Process and planned changes to approach for 18/19. In parallel feed into NHST Budget planning Group</p> <p>Joint SMT workshop to determine cornerstones of a joint approach to budget setting.</p>		<p>Aug 2017</p> <p>Aug 2017</p>	<p>however undoubtedly be difficult decisions required to be considered by each Programme Board as they seek to deliver objectives within a very difficult financial landscape. The role of the IJB Budget Review Group (established during 17/18 to provide strong scrutiny to the financial planning process) will require to be reviewed to ensure it can play an effective role</p> <p>See above. Careful consideration now needs to be given to a new process for budget negotiations involving both parent bodies and to the development of an effective mechanism for ongoing discussion with PKC Elected members.</p> <p>Complete. All necessary timescales met in full in the financial planning process for 2018/19 with full sharing of detailed financial plans with each parent body as appropriate.</p>
17.	CLINICAL CARE & GOVERNANCE: Review Domain subgroups and identify SRO's for key programmes	Recommendations from Chief Social Worker/Clinical director to come forward to	CD/ Chief Social	Aug 2017	Initial review of Clinical and Care Governance Programme has been completed by Clinical Director and Partnership Clinical Care Professional

**PERTH & KINROSS IJB
TRANSFORMING GOVERNANCE ACTION PLAN**

Appendix 1

ISSUE	AREA FOR DEVELOPMENT	ACTION	SRO	DATE	UPDATE
	<p>of work.</p> <p>Review required during 17/18 of CCGF and continuing health and LA quality groups to develop clear link and routes for escalation.</p> <p>Agree reporting requirements for Chief Social Work Officer to provide necessary assurances.</p>	<p>Chief Officer.</p> <p>Agree reporting requirements for Chief Social Work Officer to provide necessary assurances.</p>	Work Officer.		Governance Forum. Agreed annual reporting process for each service.
18.	<p>MANAGING DATA</p> <p>Consider the arrangements required by the IJB to comply with FOI and Public Records Legislation</p>	<p>Consider the arrangements required by the IJB to comply with FOI and Public Records Legislation and make necessary recommendations to the IJB.</p>	CFO	31 st March 2018	A meeting has taken place with Head of Legal Services (PKC) to discuss the appointment of a Data Protection Officer for the IJB. Formal follow up and appointment is now being taken forward



PERTH AND KINROSS INTEGRATION JOINT BOARD

AUDIT & PERFORMANCE COMMITTEE

19 JUNE 2018

UPDATE: AUDIT RECOMMENDATIONS

Report by Chief Financial Officer (G/18/79)

PURPOSE OF REPORT

This report provides the Audit & Performance Committee with progress on the implementation of all internal and external audit recommendations arising since the formal inception of the Integration Joint Board (IJB) on 1st April 2016.

1. BACKGROUND

It is best practice for Audit Committees to receive regular updates on progress in implementation of audit recommendations. A full review has therefore been undertaken on all internal and external audit recommendations since inception of the IJB on 1st April 2016. Resources have now been put in place to ensure this is updated on a regular basis

2. UPDATE / SUMMARY OF FINDINGS

In terms of progress against recommendations, the follow up work undertaken as shown in Appendix 1 indicate the following:

Status	
Complete	12
Not Yet Due	3
Overdue	7

For all items in progress for which the completion date has passed, a revised timeline has been agreed and will be closely monitored.

3. RECOMMENDATION

The Audit & Performance Committee are asked to note the progress made to date on implementing agreed recommendations.

Author(s)

Name	Designation	Contact Details
Jane M Smith	Chief Financial Officer	janemsmith@nhs.net janemsmith@pkc.gov.uk 01738 459556 07966 875713

PERTH & KINROSS IJB

Overall Action Ref	Internal or External	Report Type	Financial Year	Report Action Ref	Finding	Recommendation	Action	All Leads	To be completed by	Priority	Status	Days overdue	Latest Update
1	Internal	Annual Report	16-17	1	Our evaluation of the IJB's governance framework is set out in the body of this report and includes our review of improvements identified by management for 2017/18 as well as further issues for consideration. Whilst the important broad areas we would expect to see based on identified gaps are all already included in the 'Transforming Governance Action Plan' developed we made further recommendations for specific additional details to be included in this work.	We would recommend that the governance action plan is updated for any further issues identified in this report and presented to the Performance and Audit Committee for approval and monitoring.	The governance action plan will be updated.	Jane Smith	30/06/17	2	Complete		The Transforming Governance Action Plan has been updated to include the appropriate recommendations
					During the 2017-18 budget setting the board was informed that the Chief Finance Officer could not recommend approval of the budget proposition from NHS Tayside for GP prescribing. As at August 2017 there is still no approved 2017-18 GP prescribing budget or an agreed action plan to form a sustainable budget.	A budget for GP prescribing in 2017-18 should be finalised. In forming it the IJB should meet with NHS Tayside and agree a strategic action plan to address the prescribing spend. A sustainable prescribing position needs to be formed and the 2018-19 GP prescribing budget should be agreed before the start of the financial year.	The Chief Officer and Chief Finance Officer have written to both Parent Bodies asking for a formal discussion to take place around the sufficiency of the GP Prescribing budget and the implications for risk sharing arrangements moving forward.	Rob Packham, Jane Smith	31/10/17	1	Complete		An 18/19 financial plan for GP prescribing was presented to the IJB in March 2018. Significant progress has been made in identifying a range of plans to deliver financial balance. Whilst the plan is not in full balance (600k gap), further actions are being taken with the Clinical Director.
					The IJB produces a finance update for each IJB meeting. The update presents information on IJB and Partnership year end over/under spend forecast, a summary of savings planned and savings booked and narrative to support to figures. The base budget position is not reported, only the over/under spend forecast against the budget.	The financial update should present the base budget position and variance year to date against this base budget position. This would allow appropriate levels of scrutiny over balances depending on the level of variance reported against budget.	The base budget position will now be incorporated as part of routine monthly reporting.	Jane Smith	31/10/17	2	Complete		The finance update presented at each IJB meeting has included the base budget position from month 5 onwards.

PERTH & KINROSS IJB

Overall Action Ref	Internal or External	Report Type	Financial Year	Report Action Ref	Finding	Recommendation	Action	All Leads	To be completed by	Priority	Status	Days overdue	Latest Update
4	External	Annual Report	16-17	3	The partnership accountant provides significant support to the day to day financial management and control within the IJB. The position is on a fixed term basis which ends in July 2018.	It is recommended that a longer term solution is approved, either through a permanent post or extension of the temporary one with enough notice to enable the CFO to plan activities.	The Chief Finance Officer has now received the full support from NHST and PKC colleagues to appoint to the Partnership Accountant Post on a permanent basis.	Jane Smith	30/09/17	2	Complete		This post was made permanent on the 9th March 2018
5	External	Annual Report	15-16	1	The Local Authority Accounts (Scotland) Regulations 2014 require the board to publish on its website; a copy of the annual accounts submitted to the auditor, clearly identified as an unaudited version, a public notice of the right of interested persons to inspect and object to its accounts. The public notice was not completed within statutory deadlines and was only published through Perth & Kinross Council's website on 28 July 2016.	The board should ensure compliance with the publication requirements of the 2014 regulations and ensure its website is updated timeously with the required information.	Agreed the public notice deadline would be met for year 2016-17.				Complete		The 2016-17 unaudited accounts were published online in line with the Public Notice by 28 June 2017.
6	External	Annual Report	15-16	2	The board did not agree a budget for 2015-16 and did not monitor the actual cost incurred.	The budget should be established and agreed prior to the commencement of the year and monitored regularly throughout the year.	The CFO will work with NHS Tayside and Perth and Kinross Council to align a budget setting timetable to support the delivery of a budget by 31 March each year.				Complete		A budget for 2017-18 was set on 24 March 2017. The budget was presented to the IJB through a formal procedure and agreed upon during the meeting. This report includes unidentified savings.
7	External	Annual Report	15-16	3	The budget agreed in March 2016 highlighted the need to develop a financial recovery plan. The financial recovery plan was agreed in July 2016 however this highlighted that the funding was still considered by officers to be insufficient to meet the board's requirements. There is a risk the board is unable to fund the services.	The board should develop and agree key performance measures to be used in monitoring performance against its strategic objectives.	All possible efforts continue to be made to identify further saving opportunities and reduced supplementary staffing expenditure. Progress will be reported to the IJB at each meeting.				Complete		A "Savings plan V Savings booked/ anticipated" is included in financial update, the information included comes from budget holders who are actively involved in providing services and from the CFO and Partnership Accountant. This is monitored on a monthly basis and included within each financial update presented to the board.

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Overall Action Ref	Internal or External	Report Type	Financial Year	Report Action Ref	Finding	Recommendation	Action	All Leads	To be completed by	Priority	Status	Days overdue	Latest Update
8	External	Annual Report	15-16	4	The board has approved a performance management framework to comply with guidance set out in the Public Bodies (Joint Working) (Scotland) Act 2014. However, performance measures have yet to be developed.	The board should develop and agree key performance measures to be used in monitoring performance against its strategic objectives.	Work is on-going to agree key performance measures in the first instance they have focused on Capacity and Flow, however a wider framework of key performance measures will be developed for agreement by the board.				Overdue		EMT is currently overseeing the development and implementation of a programme board structure to take forward the implementation of agreed Strategic Delivery Plans (SDP) for: Older People and Unscheduled Care, Primary Care, Wellbeing (including Mental health, Learning Disabilities, Drug & Alcohol services), Carers. Each Programme Board will agree a Performance Framework with appropriate targets. A Programme Budget will also be agreed. Draft Programme budgets for each programme have been shared and the proposed performance framework for Older People and Unscheduled Care will be considered by the Audit & Performance Committee in June. A Performance Framework for all care programmes will be in place by the end September 2018
9	Internal	Clinical & Care Governance	17-18	1	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 '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'. The paper also sets out future arrangements including a requirement to 'Seek assurance through performance reports from the three HSCPs that	It is recommended that any new arrangements be considered and approved by the IJB or a nominated Committee/group.	A paper detailing the new arrangements to be considered and approval sought by P&K IJB at it's meeting on the 22nd June 2018.	Hamish Dougall, Jacquie Pepper	22/06/18	2	Not yet due		Paper drafted and submitted for discussion at the IJB on 22 June 2018.

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Overall Action Ref	Internal or External	Report Type	Financial Year	Report Action Ref	Finding	Recommendation	Action	All Leads	To be completed by	Priority	Status	Days overdue	Latest Update
					the Getting it Right for Everyone, Clinical and Care Framework is implemented across all HSCPs.' Currently, minutes of all three Tayside IJB R2 groups are reported here. 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.								
10	Internal	Clinical & Care Governance	17-18	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.	We would recommend that the R2 Forum prepares an annual report for consideration by either the Audit & Performance Committee or the IJB itself.	The P&K Care & Professional Governance Forum has provided reports to the meetings of the IJB on the 15th June 2016, 4th November 2016 and 30th June 2017, and to the meetings of the Audit & performance Committee on the 28th March 2017, 27th June 2017. It is intended that a progress report will be reported to the Audit & Performance Committee meeting on the 6th March 2018, and to the IJB meeting on the 22nd June 2018. Thereafter, reports will continue to be presented to both the Audit & performance Committee and the IJB at least annually.	Hamish Dougall, Jacquie Pepper	22/06/18	2	Not yet due		Paper drafted and submitted for discussion at the IJB on 22 June 2018.
11	Internal	Clinical & Care Governance	17-18	3	The terms of reference for the R2 Forum were approved by the IJB in November 2016.	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.	The terms of reference and work plan for the forum were reviewed at the Care & Professional Governance meeting on the 9th February 2018. Draft versions of the 2018/19 terms of reference and work plan will then be presented to the IJB along with the progress report on the 22nd June 2018 to seek approval.	Hamish Dougall, Jacquie Pepper	22/06/18	3	Not yet due		Terms of reference submitted along with the annual report to the IJB on 22nd June 2018

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Overall Action Ref	Internal or External	Report Type	Financial Year	Report Action Ref	Finding	Recommendation	Action	All Leads	To be completed by	Priority	Status	Days overdue	Latest Update
12	Internal	Clinical & Care Governance	17-18	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 actions are agreed where weaknesses are identified by the sub groups.	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.	The domain subgroups were discussed as part of the review of the terms and reference and work plan for the forum on the 9th February 2018. 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 work plan for 2018/19 will reflect this approach.	Hamish Dougall, Jacquie Pepper	31/03/18	3	Complete		Complete
13	Internal	Clinical & Care Governance	17-18	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 work plan 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 activities, there may be benefit in ensuring that the level of assurance received is consistent.	A timetable has been created for future meetings which details the services which are due to report. Starting with the meeting on the 6th April 2018, there will be either 3 or 4 services reporting at each meeting. This timetable will be reflected in the forum work plan for 2018/19. 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.	Hamish Dougall, Jacquie Pepper	31/03/18	2	Complete		Complete

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Overall Action Ref	Internal or External	Report Type	Financial Year	Report Action Ref	Finding	Recommendation	Action	All Leads	To be completed by	Priority	Status	Days overdue	Latest Update
14	Internal	Clinical & Care Governance	17-18	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 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 either the R2 Forum, A&PC or the IJB itself during the year.	We would suggest that these would most naturally align with the work of the forum.	With regards to the reporting from hosted services: Public Dental services presented their annual report to the forum on the 18th August 2017. Inpatient Mental Health services reported to the forum on the 9th February 2018. Podiatry reported to the forum on the 6th April 2018. Prison Healthcare is due to report to the forum on the 5th October 2018. With regards to reports from the Care Inspectorate, this will be incorporated into the 2018/19 terms and reference and work plan for the forum.	Hamish Dougall, Jacquie Pepper	31/03/18	2	Complete		Complete
15	Internal	Clinical & Care Governance	17-18	7	Although the terms of reference of the R2 Forum state that 'It is highly important that members attend the Care & 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', we noted a high level of apologies at meetings with 15 members missing 2 or more meetings in 2017/18 to date, including four members who did not attend any meetings.	We would recommend that deputies are nominated for all members.	A review of the dates and times of future meetings were discussed by the forum on the 9th February 2018. Deputies for members will be identified and listed within the 2018/19 terms and reference.	Hamish Dougall, Jacquie Pepper	31/03/18	3	Overdue	54	Deputies for group member are being established at present. To be further discussed and agreed at the next meeting on the 6th June 2018.
16	Internal	Clinical & Care Governance	17-18	8	Not all services were able to confirm as part of the gap analysis that comprehensive risk management processes are in place.	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.	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.	Hamish Dougall, Jacquie Pepper	31/03/18	2	Overdue	54	Services asked to provide updates on areas within their service which had been identified as "red" within the GAP analysis. This will be further discussed at the Care & Professional Governance Forum on the 6th June

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Overall Action Ref	Internal or External	Report Type	Financial Year	Report Action Ref	Finding	Recommendation	Action	All Leads	To be completed by	Priority	Status	Days overdue	Latest Update
17	Internal	Clinical & Care Governance	17-18	9	Our review of minutes of the R2 Forum to date also do not show overt consideration of the IJB's strategic clinical & care governance risk or clinical risks. We also note that the remit does not cover the escalation of operational risks.	We would also recommend regular consideration of relevant risks by the forum with clear routes for escalation.	The forum discussed the forums remit regarding clinical and operational risks as part of the review of the terms of reference on the 9th February 2018. The forum agreed that a standing item would be added to the agenda for clinical and care risk management. 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.	Hamish Dougall, Jacquie Pepper	06/04/18	2	Overdue	48	Copy of the Tayside Mental Health risk register obtained. It is intended to present the current Health risks and the Adult Social Work & Social Care risks to the Care & Professional Governance Forum on the 6th June 2018
18	Internal	Delayed Discharge	17-18	1	The Delayed Discharges Plan 2016/17 does not clearly set out SMART action points linked to resources and allocated to responsible officers and timescales. An updated Delayed Discharges Action Plan 2017 was created which sets out responsibility, timescales and progress/ deliverables; however, this has yet to be presented to the IJB for their consideration.	We recommend that a 2017/18 Delayed Discharges Plan is presented to the IJB in the format of a SMART action plan, identifying specific actions to be undertaken, those officers who will be responsible for putting the actions in place, the time frames by which actions will be implemented and the review to be undertaken to ensure that action described has been implemented. Financial consequences of actions to be taken should also be clearly indicated in this plan.	A Capacity & Flow Programme Board is to be set up lead by PKHSCP Clinical Director which will oversee delivery of the 6 Key Measures of Performance under Integration which includes reducing delayed discharges. A key output of the Board will be a SMART Action Plan and clear identification of all financial consequences linked to the wider Financial Plan. The Board will be supported by a dedicated Programme Manager. To support the Board, a performance reporting framework will be established to ensure robust, routine performance data. Regular performance reports against the 6 Key Measures of performance under integration will be presented to the IJB and this will include investment proposals as required to ensure delivery of performance objectives to support Strategic	Hamish Dougall	30/09/17	2	Overdue	236	This a defined priority being progressed as part of the work ongoing by the P&K Clinical Forum, using the ECAP methodology. An action plan will be developed based on the output of the ECAP work and will be overseen by the new Older People and Unscheduled Care Programme Board (30 th September 2018)

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Overall Action Ref	Internal or External	Report Type	Financial Year	Report Action Ref	Finding	Recommendation	Action	All Leads	To be completed by	Priority	Status	Days overdue	Latest Update
							Plan delivery.						
19	Internal	Delayed Discharge	17-18	2	Delayed discharges arising due to 'Care home' reasons are not currently clearly addressed in the documentation reviewed by internal audit as part of our fieldwork.	A needs analysis against current provision should be carried out and any future delayed discharge action plan should seek to address the findings of such an analysis and the impact this has on achieving a reduction in delayed discharges, including any strategic resource realignment necessary to achieve the required outcomes.	As part of budget setting for 17/18 a detailed forecast has been undertaken of anticipated increase in demand and additional budget for Care Home Placements made. The budget setting process ensures the strategic alignment of resources to support this increased investment in Care Home capacity.	Jane Smith	23/06/17	2	Complete		

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Overall Action Ref	Internal or External	Report Type	Financial Year	Report Action Ref	Finding	Recommendation	Action	All Leads	To be completed by	Priority	Status	Days overdue	Latest Update
20	Internal	Delayed Discharge	17-18	3	No update report against the original Delayed Discharge Action Plan 2016/17 was presented to the IJB. Overall, reporting to IJB level has not yet enabled members to scrutinise what effect actions taken have had on delayed discharge performance.	<p>We would recommend that management review delayed discharges reporting at governance level to ensure reporting addresses:</p> <ul style="list-style-type: none"> - Progress reports against the updated Delayed Discharges Action Plan 2017/18 including analysis of whether the IJB is on track to achieve these targets, of the success of actions taken and of lessons learned. - Performance against the targets set out in the Business Management and Improvement Plan for Perth and Kinross Council's Housing and Community Safety service. - Reporting should also include consideration of whether resources are sufficient at present to achieve targets and any recommended strategic realignments which may be required. 	A Capacity & Flow Programme Board is to be set up lead by PKHSCP Clinical Director which will oversee delivery of the 6 Key Measures of Performance under Integration which includes reducing delayed discharges. A key output of the Board will be a SMART Action Plan and clear identification of all financial consequences linked to the wider Financial Plan. The Board will be supported by a dedicated Programme Manager. To support the Board, a performance reporting framework will be established to ensure robust, routine performance data. Regular performance reports against the 6 Key Measures of performance under integration will be presented to the IJB and this will include investment proposals as required to ensure delivery of performance objectives	Hamish Dougall	30/09/17	2	Overdue	236	This a defined priority being progressed as part of the work ongoing by the P&K Clinical Forum, using the ECAP methodology. An action plan will be developed based on the output of the ECAP work and will be overseen by the new Older People and Unscheduled Care Programme Board (30 th September 2018)
21	Internal	Delayed Discharge	17-18	4a	The Strategic Risk Framework includes a strategic risk on Capacity & Flow and some of the current controls listed relate to ongoing activities to address delayed discharges at management level. Whilst the delayed Discharge Plan is mentioned as a relevant document in the IJB's summary risk profile, it is not listed as a control against the Capacity & Flow risk.	<p>The updated Delayed Discharges Plan 2017, once approved by the IJB, should be referenced as a control against this risk.</p> <p>Consideration should be given to the format of risk reporting.</p>	The establishment of the Capacity and Flow Programme Board, the investment in a dedicated programme manager and the development of a SMART Action Plan and supporting Performance Reporting Framework will be added to the Risk Register as a proposed control at this stage.	Jane Smith	30/11/17	2	Complete		Proposed controls added to the existing register under the Capacity and Flow risk
22	Internal	Delayed Discharge	17-18	4b	We would also note that the format of the IJB's risk register does not currently set out how assurance against the controls will be received nor does it provide current performance information as laid out in Appendix 2 to the Risk	<p>The updated Delayed Discharges Plan 2017, once approved by the IJB, should be referenced as a control against this risk.</p> <p>Consideration should be given to the format of risk reporting.</p>	The format of the risk register will be considered as part of the planned Risk Management Workshop outlined in the 17/18 Transforming Governance Action Plan.	Jane Smith	30/11/17	2	Overdue	175	Audit & performance Committee agreed that a workshop based approach to review of the Risk management arrangements would be undertaken including a workshop with

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Overall Action Ref	Internal or External	Report Type	Financial Year	Report Action Ref	Finding	Recommendation	Action	All Leads	To be completed by	Priority	Status	Days overdue	Latest Update
					Management Strategy								officers and IJB members in June 2018. This workshop process has commenced. First workshop held in April 2018. Further workshops have been delayed whilst further work undertaken by EMT to clarify Strategic Delivery Plan Priorities. Further workshops to take place , with the workshop with IJB members now planned for September 2018

TAYSIDE NHS BOARD**ANNUAL REPORT OF THE CLINICAL AND CARE GOVERNANCE COMMITTEE 2017-18****1. PURPOSE**

In order to assist the Board in conducting a regular review of the effectiveness of the systems of internal control, the Code of Corporate Governance requires that the Clinical and Care Governance Committee submits an annual report to the Audit Committee. This report is submitted in fulfilment of this requirement.

2. CLINICAL AND CARE GOVERNANCE COMMITTEE**2.1 Composition**

During the financial year ended 31 March 2018 membership of the Clinical and Care Governance Committee comprised:

Chairperson
Vice Chair

Mrs Alison Rogers
 Mrs Linda Dunion (to October 2017)

Members

Mrs Gillian Costello	Nurse Director, NHS Tayside
Dr Andrew Cowie	Non-Executive Member, Tayside NHS Board
Mrs Judith Golden	Non-Executive Member, Tayside NHS Board
Mr Stephen Hay	Non-Executive Member, Tayside NHS Board
Ms Lesley McLay	Chief Executive, NHS Tayside
Dr Robert Peat	Non-Executive Member, Tayside NHS Board
Cllr Crawford Reid	Non-Executive Member, Tayside NHS Board (from October 2017)
Prof Andrew Russell	Medical Director, NHS Tayside
Prof Margaret Smith	Non-Executive Member, Tayside NHS Board

In attendance

Dr Alan Cook	Medical Director, Operational Unit (to December 2017)
Ms Margaret Dunning	Board Secretary, NHS Tayside
Prof Clare McKenzie	Postgraduate Dean, East Deanery, NHS Education for Scotland (NES) (to June 2017)
Ms Arlene Napier	Associate Director, Clinical Governance and Risk, NHS Tayside (to September 2017)

Ex officio attendance

Prof John Connell	Chairman, Tayside NHS Board
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2.2 Meetings

The Committee has met on six occasions during the period from 1 April 2017 to 31 March 2018 on the undernoted dates:

11 May 2017

12 June 2017

17 August 2017

5 October 2017

14 December 2017

8 February 2018

The attendance schedule is attached as Appendix 1.

2.3 Business

Details of the business items considered are attached at Appendix 2. Minutes of the meetings of the Committee have been timeously submitted to the Tayside NHS Board for its information.

3. OUTCOMES

Business was conducted in both open session and reserved session.

Year	Total reports	Open	Reserved	% Reserved
2017-18	93	74	19	20
2016-17	102	72	30	29
2015-16	79	44	35	44
2014-15	101	64	37	37

4. BEST VALUE

The Board is required to provide overt assurance on Best Value. An updated Best Value Framework was approved by the Board on the 26 October 2017. The Committee has considered the elements relevant to it and this evidence is provided at Appendix 3.

5. RISK REPORTING

The following risks aligned to the Clinical Governance Committee were considered at each meeting:

15	Delivering Care for Older People
16	Clinical Governance
22	Health Protection of Children and Young People
121	Person Centredness
144	Maternity Services (to December 2017)
302	PRI/ Patient Flow
395	Mental Health Services: Sustainability of Safe and Effective Services
414	Managed/ 2c Practices

6. CONCLUSION

As Chair of the Clinical and Care Governance Committee during financial year 2017/18, I am satisfied that the integrated approach, the frequency of meetings, the breadth of the business undertaken, and the range of attendees at meetings of the Committee has allowed us to fulfil our remit as detailed in the Code of Corporate Governance. As a result of the work undertaken during the year I can confirm that adequate and effective Clinical Governance arrangements were in place throughout NHS Tayside during the year.

I would again pay tribute to the dedication and commitment of fellow members of the Committee and to all attendees. I would thank all those members of staff who have prepared reports and attended meetings of the Committee, and to express my thanks to the Committee Support Officer for their support of the Committee.

(signed).....

Mrs Alison Rogers
CHAIRPERSON 2017-18
On behalf of Clinical and Care Governance Committee

Record of Attendance

NHS Tayside

CLINICAL AND CARE GOVERNANCE COMMITTEE FOR YEAR 1 APRIL 2017 TO 31 MARCH 2018 ATTENDANCE RECORD

			11 May 2017	12 June 2017	17 August 2017	5 October 2017	14 Dec 2017	8 February 2018
Members								
Prof John Connell	Chairman	Tayside NHS Board	present	apologies	present	apologies	present	present
Mrs Gillian Costello	Nurse Director	NHS Tayside	apologies	present	present	present	present	present
Dr Andrew Cowie	Non-Executive Member	Tayside NHS Board	present	apologies	apologies	present	present	present
Mrs Linda Dunion	Non-Executive Member	Tayside NHS Board	present	present	present	present	-	-
Mrs Judith Golden	Non-Executive Member	Tayside NHS Board	present	apologies	present	present	present	apologies
Mr Stephen Hay	Non-Executive Member	Tayside NHS Board	present	present	apologies	present	apologies	present
Ms Lesley McLay	Chief Executive	NHS Tayside	present	present	apologies	apologies	present	apologies
Dr Robert Peat	Non-Executive Member	Tayside NHS Board	apologies	apologies	present	present	present	present
Cllr Crawford Reid	Non-Executive Member	Tayside NHS Board	-	-	-	apologies	apologies	apologies
Mrs Alison Rogers	Non-Executive Member	Tayside NHS Board	present	present	present	present	present	present
Prof Andrew Russell	Medical Director	NHS Tayside	present	present	present	present	present	present
Prof Margaret Smith	Non-Executive Member	Tayside NHS Board	present	present	apologies	apologies	present	present
In Attendance								
Dr Alan Cook	Medical Director, Operational Unit	NHS Tayside	present	apologies	present	present	apologies	-
Ms Margaret Dunning	Board Secretary	NHS Tayside	present	present	apologies	apologies	present	apologies
Prof Clare McKenzie	Postgraduate Dean	NHS Education for Scotland	present	-	-	-	-	-
Ms Arlene Napier	Associate Director, Clinical Governance and Risk	NHS Tayside	present	present	present	-	T Passway	T Passway

CLINICAL AND CARE GOVERNANCE COMMITTEE

SCHEDULE OF BUSINESS CONSIDERED DURING YEAR 1 APRIL 2017 TO 31 MARCH 2018

11 May 2017

Open Business

Draft Clinical and Care Governance Committee Annual Report 2016-17	CCGC/2017/38
Draft Clinical and Care Governance Committee Workplan 2017-18 Open and Reserved Business	CCGC/2017/40
Delivering Care for Older People	verbal report
Clinical Governance	verbal report
Children, Young People and Families	verbal report
Person Centredness	verbal report
Maternity Services	verbal report
PRI/ Patient Flow	verbal report
Mental Health Services: Sustainability of Safe and Effective Services	verbal report
Managed/ 2C Practices	verbal report
Clinical Governance and Risk Management Update	CCGC/2017/39
Scottish Public Services Ombudsman (SPSO) Reports	CCGC/2017/36
Radiation Safety Annual Report	CCGC/2017/37
Spiritual Healthcare Committee Annual Report 2015-16	CCGC/2017/42
Hospital Standardised Mortality Ratio (HSMR)	CCGC/2017/41

Reserved Business

Chair's Assurance Report for the Clinical Quality Forum (CQF)	CCGC/2017/43
Action Note Clinical Quality Forum 16 January 2017	
Action Note Clinical Quality Forum 6 February 2017	
Perth Royal Infirmary Briefing	CCGC/2017/44
Perth Royal Infirmary Patient Flow (302) and Capacity and Flow (313)	CCGC/2017/45
Update – Environment Programme for Mental Health Sites	CCGC/2017/46

DRAFT

12 June 2017

Single item agenda Reserved Business

Mental Health Service Redesign Transformation (MHSRT) Programme Option
Review

CCGC/2017/47

DRAFT

17 August 2017

Open Business

Clinical Governance Strategy 2017- 2019	CCGC/2017/55
Draft Clinical and Care Governance Committee Terms of Reference 2017-18	CCGC/2017/70
Delivering Care for Older People	CCGC/2017/47
Clinical Governance	CCGC/2017/66
Children, Young People and Families	CCGC/2017/48
Person Centredness	CCGC/2017/68
Maternity Services	CCGC/2017/71
Capacity and Flow	CCGC/2017/49
Mental Health Services: Sustainability of Safe and Effective Services	CCGC/2017/69
Clinical Governance and Risk Update	CCGC/2017/62
Scottish Public Services Ombudsman (SPSO) Reports	CCGC/2017/57
NHS Tayside's Annual Feedback Report 2016 – 17	CCGC/2017/58
Scottish Patient Safety Progress Acute Adult and Primary Care Update	CCGC/201756
Quality Assurance and Improvement (QAI) Arrangements for Child Protection in Tayside	CCGC/2017/52
The Future of the Family Nurse Partnership (FNP) in Tayside	CCGC/2017/53
Safer Management of Controlled Drugs (CDs) – 2016/17	CCGC/2017/51
Donation Committee Annual Report 2016 17	CCGC/2017/50
Department of Spiritual Wellbeing, Quality Care and Professional Governance Strategy 2017-2022	CCGC/2017/54
Clinical Quality Forum Annual Report 2016-17	CCGC/2017/63
Clinical Quality Forum Workplan 2017-18	CCGC/2017/64
Clinical Quality Forum Terms of Reference 2017-18	CCGC/2017/67
Responsibility for Prescribing between Secondary and Primary Care Policy	CCGC/2017/60

Reserved Business

Chair's Assurance Report for the Clinical Quality Forum (CQF) for the meetings held on 17 April 2017 and 15 May 2017

CCGC/2017/61

Murray Royal Hospital Adult Mental Health Inpatient Care: Exception Report on Environmental Actions from the Health and Safety Executive Investigation and Improvement Notice

CCGC/2017/59

Risk 414
Managed/ 2C Practices

CCGC/2017/65

DRAFT

5 October 2017**Open Business**

Delivering Care for Older People	CCGC/2017/77
Clinical Governance	CCGC/2017/81
Children, Young People and Families	CCGC/2017/75
Person Centredness	CCGC/2017/78
Maternity Services	CCGC/2017/82
Capacity and Flow	CCGC/2017/73
Mental Health Services: Sustainability of Safe and Effective Services	CCGC/2017/83
Clinical Governance and Risk Management Update	CCGC/2017/76
Medical Education Report	CCGC/2017/70
Scottish Public Services Ombudsman (SPSO) Reports	CCGC/2017/72
Pressure Ulcer Prevention and Care for Adults in Hospital	CCGC/2017/85
Guidelines for the Management of Chest Drains for Adult Inpatients	CCGC/2017/71

Reserved Business

Chair's Assurance Report for the Clinical Quality Forum (CQF) for the meeting held on 17 July 2017	CCGC/2017/74
Risk 414 Managed/ 2C Practices	CCGC/2017/80
Performance Review Framework – Directorate of Public Health	CCGC/2017/79
Murray Royal Hospital Adult Mental Health Inpatient Care: Exception Report on Environmental Actions from the Health and Safety Executive Investigation and Improvement Notice	CCGC/2017/84

14 December 2017

Open Business

Mental Health and Learning Disability Service Redesign Transformation (MHLDSRT) Programme – Consultation Feedback	CCGC/2017/100
Delivering Care for Older People	CCGC/2017/88
Clinical Governance	CCGC/2017/89
Children, Young People and Families	CCGC/2017/98
Person Centredness	CCGC/2017/101
Maternity Services	verbal report
Mental Health Services: Sustainability of Safe and Effective Services	CCGC/2017/103
Managed/ 2C Practices	CCGC/2017/90
Capacity and Flow	CCGC/2017/98
Clinical and Care Governance Strategy 2017 – 2019 Update on Progress	CCGC/2017/86
Clinical Governance and Risk Management Update	CCGC/2017/87
Maternity and Child Quality and Improvement Collaborative (MCQIC) <ul style="list-style-type: none">• Maternity Services Update	CCGC/2017/91
Maternity and Child Quality and Improvement Collaborative (MCQIC) <ul style="list-style-type: none">• Neonatal Patient Safety	CCGC/2017/92
Medicines Safety and Quality Group Update	CCGC/2017/93
Scottish Patient Safety Programme in Mental Health Update Report	CCGC/2017/94
Update on NHS Tayside Scheme for Medical Appraisal and Revalidation	CCGC/2017/105
Nurse Revalidation	CCGC/2017/106
Scottish Public Services Ombudsman (SPSO) Reports	CCGC/2017/95
NHS Tayside Protocol: Concern for Unborn Babies	CCGC/2017/97
Draft Clinical and Care Governance Committee meeting dates for 2018/19	CCGC/2017/96

Reserved Business

Chair's Assurance Report for the Clinical Quality Forum (CQF) for the meetings held on 11 September 2017 and 13 November 2017

CCGC/2017/104

Murray Royal Hospital Adult Mental Health Inpatient Care: Exception Report on Environmental Actions from the Health and Safety Executive Investigation and Improvement Notice

CCGC/2017/99

Draft NHS Tayside Mental Health Service Improvement Plan

CCGC/2017/102

DRAFT

8 February 2018

Open Business

Delivering Care for Older People	CCGC/2018/01
Clinical Governance	CCGC/2018/03
Children, Young People and Families	CCGC/2018/02
Person Centredness	CCGC/2018/16
Mental Health Services: Sustainability of Safe and Effective Services	CCGC/2018/11
Managed/ 2C Practices	CCGC/2018/19
Capacity and Flow	CCGC/2018/14
Research Governance Annual Report NHS Tayside	CCGC/2018/17
Medical Education Report	CCGC/2018/10
Clinical Governance and Risk Management Update	CCGC/2018/04
Annual Report for Volunteering in Tayside	CCGC/2018/05
Scottish Public Services Ombudsman (SPSO) Reports	CCGC/2018/06
Scottish Public Services Ombudsman (SPSO) Annual Report /Annual Letter to NHS Boards	CCGC/2018/07
Supporting and Protecting Adults at Risk of Harm: The Adult Support and Protection (Scotland) Act 2007 – Operational Guidelines for NHS Staff	CCGC/2018/09

Reserved Business

Chair's Assurance Report for the Clinical Quality Forum (CQF)	CCGC/2018/18
Clinical Quality Forum Action Note 22 January 2018 (unapproved)	
Claims Report	CCGC/2018/08
Murray Royal Hospital Adult Mental Health Inpatient Care: Exception Report on Environmental Actions from the Health and Safety Executive Investigation and Improvement Notice	CCGC/2018/15
NHS Tayside Mental Health Service Improvement Plan	CCGC/2018/12

Tayside NHS Board
Best Value Framework 2017/18

DRAFT

Vision and Leadership

A Best Value organisation will have in place a clear vision and strategic direction for what it will do to contribute to the delivery of improved outcomes for Scotland's people, making Scotland a better place to live and a more prosperous and successful country. The strategy will display a clear sense of purpose and place and be effectively communicated to all staff and stakeholders. The strategy will show a clear direction of travel and will be led by Senior Staff in an open and inclusive leadership approach, underpinned by clear plans and strategies (aligned to resources) which reflect a commitment to continuous improvement.

REQUIREMENT	PRIMARY RESPONSIBILITY	OUTCOME/EVIDENCE Fully in place or Partially in place or Not demonstrated in year	COMMENT For example: Future work planned / to be added to workplan for next year
NHS Tayside has defined quality standards for its outcomes.	CLINICAL AND CARE GOVERNANCE COMMITTEE	11 May 2017 Clinical Governance and Risk Management Update CCGC/2017/39	
		17 August 2017 Clinical Governance and Risk Management Update CCGC/2017/62	
		5 October 2017 Clinical Governance and Risk Management Update CCGC/2017/76	
		14 December 2017 Clinical Governance and Risk Management Update CCGC/2017/87	
		8 February 2018 Clinical Governance and Risk Management Update CCGC/2018/01	
		8 February 2018 NHS Tayside Mental Health Service Improvement Plan CCGC/2018/12	

REQUIREMENT	PRIMARY RESPONSIBILITY	OUTCOME/EVIDENCE Fully in place or Partially in place or Not demonstrated in year	COMMENT For example: Future work planned / to be added to workplan for next year
The Board agrees a strategic plan which incorporates the organisations's vision and values and reflects stated priorities.	BOARD and RELEVANT STANDING COMMITTEES	<p>12 June 2017 Mental Health Service Redesign Transformation (MHSRT) Programme Option Review CCGC/2017/47</p> <p>17 August 2017 Clinical and Care Governance Strategy 2017 – 2019 CCGC/2017/55</p> <p>17 August 2017 Department of Spiritual Wellbeing, Quality Care and Professional Governance Strategy 2017 – 2022 CCGC/2017/54</p> <p>14 December 2017 Clinical and Care Governance Strategy 2017 – 2019 Update on Progress CCGC/2017/86</p> <p>14 December 2017 Mental Health and Learning Disability Service Redesign Transformation (MHLDSRT) Programme – Consultation Feedback CCGC/2017/100</p> <p>8 February 2018 Clinical and Care Governance Strategy 2017 – 2019 Update on Progress verbal report</p>	

REQUIREMENT	PRIMARY RESPONSIBILITY	OUTCOME/EVIDENCE Fully in place or Partially in place or Not demonstrated in year	COMMENT For example: Future work planned / to be added to workplan for next year
The strategic plan and operational plans are based on relevant, reliable and sufficient evidence.	BOARD and RELEVANT STANDING COMMITTEES BOARD	<p>12 June 2017 Mental Health Service Redesign Transformation (MHSRT) Programme Option Review CCGC/2017/47</p> <p>17 August 2017 Clinical Governance Strategy 2017 – 2019 CCGC/2017/55</p> <p>17 August 2017 Department of Spiritual Wellbeing, Quality Care and Professional Governance Strategy 2017 – 2022 CCGC/2017/54</p> <p>14 December 2017 Clinical Governance Strategy 2017 – 2019 Update on Progress CCGC/2017/86</p> <p>14 December 2017 Mental Health and Learning Disability Service Redesign Transformation (MHLDSRT) Programme – Consultation Feedback CCGC/2017/100</p> <p>8 February 2018 Clinical and Care Governance Strategy 2017 – 2019 Update on Progress verbal report</p>	

GOVERNANCE AND ACCOUNTABILITY

The "Governance and Accountability" theme focuses on how a Best Value organisation achieves effective governance arrangements, which help support Executive and Non-Executive leadership decision-making, provide suitable assurances to stakeholders on how all available resources are being used in delivering outcomes and give accessible explanation of the activities of the organisation and the outcomes delivered.

OVERVIEW

A Best Value organisation will be able to demonstrate structures, policies and leadership behaviours which support the application of good standards of governance and accountability in how the organisation is improving efficiency, focusing on priorities and achieving value for money in delivering its outcomes. These good standards will be reflected in clear roles, responsibilities and relationships within the organisation. Good governance arrangements will provide the supporting framework for the overall delivery of Best Value and will ensure openness and transparency. Public reporting should show the impact of the organisations activities, with clear links between the activities and what outcomes are being delivered to customers and stakeholders. Good governance provides an assurance that the organisation has a suitable focus on continuous improvement and quality. Outwith the organisation, good governance will show itself through an organisational commitment to public performance reporting about the quality of activities being delivered and commitments for future delivery.

REQUIREMENT	PRIMARY RESPONSIBILITY	OUTCOME/EVIDENCE Fully in place or Partially in place or Not demonstrated in year	COMMENT For example : Future work planned/To be added to Workplan for next year
Board and Committee decision-making processes are open and transparent.	BOARD and RELEVANT STANDING COMMITTEES	Meetings are held in open session. The Clinical and Care Governance Committee Agenda and Minutes are available on the NHS Tayside website and Staffnet.	
Board and Committee decision-making processes are based on evidence that can show clear links between activities and outcomes	BOARD and RELEVANT STANDING COMMITTEES	11 May 2017 Perth Royal Infirmary Patient Flow (302) and Capacity and Flow (313) CCGC/2017/45	
		11 May 2017 Update – Environment Programme for Mental Health Sites CCGC/2017/46	
		12 June 2017 Mental Health Service Redesign Transformation (MHSRT) Programme Option Review CCGC/2017/47	
		17 August 2017 Murray Royal Hospital Adult Mental Health Inpatient Care: Exception Report on Environmental Actions from the Health and Safety Executive Investigation and Improvement Notice CCGC/2017/59	

REQUIREMENT	PRIMARY RESPONSIBILITY	OUTCOME/EVIDENCE Fully in place or Partially in place or Not demonstrated in year	COMMENT For example : Future work planned/To be added to Workplan for next year
		5 October 2017 Murray Royal Hospital Adult Mental Health Inpatient Care: Exception Report on Environmental Actions from the Health and Safety Executive Investigation and Improvement Notice CCGC/2017/84	
		14 December 2017 Murray Royal Hospital Adult Mental Health Inpatient Care: Exception Report on Environmental Actions from the Health and Safety Executive Investigation and Improvement Notice CCGC/2017/99	
		14 December 2017 Mental Health and Learning Disability Service Redesign Transformation (MHLDSRT) Programme – Consultation Feedback CCGC/2017/100	
		8 February 2018 Murray Royal Hospital Adult Mental Health Inpatient Care: Exception Report on Environmental Actions from the Health and Safety Executive Investigation and Improvement Notice CCGC/2018/15	
NHS Tayside has developed and implemented an effective and accessible complaints system in line with Scottish Public Services Ombudsman guidance.	CLINICAL AND CARE GOVERNANCE COMMITTEE	11 May 2017 Scottish Public Services Ombudsman (SPSO) Reports CCGC/2017/36	
		17 August 2017 Scottish Public Services Ombudsman (SPSO) Reports CCGC/2017/36	
		17 August 2017 NHS Tayside's Annual Feedback Report 2016 – 17 CCGC/2017/58	
		5 October 2017 Scottish Public Services Ombudsman (SPSO) Reports CCGC/2017/72	

REQUIREMENT	PRIMARY RESPONSIBILITY	OUTCOME/EVIDENCE Fully in place or Partially in place or Not demonstrated in year	COMMENT For example : Future work planned/To be added to Workplan for next year
		14 December 2017 Scottish Public Services Ombudsman (SPSO) Reports CCGC/2017/95	
		8 February 2018 Scottish Public Services Ombudsman (SPSO) Reports CCGC/2018/06	
		8 February 2018 Scottish Public Services Ombudsman (SPSO) Annual Report /Annual Letter to NHS Boards CCGC/2018/07	
		8 February 2018 Claims Report CCGC/2018/08	
		8 February 2018 Annual Report for Volunteering in Tayside CCGC/2018/05	
		Complaints and feedback are discussed at the directorate performance review meetings and these are discussed at the CQF. The Chairs Assurance report and the Action note from the CQF provide the Committee with this information.	
NHS Tayside can demonstrate that it has clear mechanisms for receiving feedback from service users and responds positively to issues raised.	CLINICAL AND CARE GOVERNANCE COMMITTEE	17 August 2017 NHS Tayside's Annual Feedback Report 2016 – 17 CCGC/2017/58	
		14 December 2017 Mental Health and Learning Disability Service Redesign Transformation (MHLDSRT) Programme – Consultation Feedback CCGC/2017/100	
		8 February 2018 Scottish Public Services Ombudsman (SPSO) Annual Report /Annual Letter to NHS Boards CCGC/2018/07	

REQUIREMENT	PRIMARY RESPONSIBILITY	OUTCOME/EVIDENCE Fully in place or Partially in place or Not demonstrated in year	COMMENT For example : Future work planned/To be added to Workplan for next year
		Complaints and feedback are discussed at the directorate performance review meetings and these are discussed at the CQF. The Chairs Assurance report and the Action note from the CQF provide the Committee with this information.	

USE OF RESOURCES

The "Use of Resources" theme focuses on how a Best Value organisation ensures that it makes effective, risk-aware and evidence-based decisions on the use of all of its resources.

OVERVIEW

A Best Value organisation will show that it is conscious of being publicly funded in everything it does. The organisation will be able to show how its effective management of all resources (including staff, assets, information and communications technology (ICT), procurement and knowledge) is contributing to delivery of specific outcomes.

REQUIREMENT	PRIMARY RESPONSIBILITY	OUTCOME/EVIDENCE Fully in place or Partially in place or Not demonstrated in year	COMMENT For example: Future work planned/To be added to Workplan for next year
NHS Tayside understands and exploits the value of the data and information it holds.	BOARD and RELEVANT STANDING COMMITTEES	11 May 2017 Clinical Governance and Risk Management Update CCGC/2017/39	
		17 August 2017 Clinical Governance and Risk Management Update CCGC/2017/62	
		17 August 2017 Scottish Patient Safety Progress Acute Adult and Primary Care Update CCGC/2017/56	
		17 August 2017 Quality Assurance and Improvement (QAI) Arrangements for Child Protection in Tayside CCGC/2017/52	
		5 October 2017 Clinical Governance and Risk Management Update CCGC/2017/76	
		5 October 2017 Performance Review Framework – Directorate of Public Health CCGC/2017/79	
		14 December 2017 Clinical Governance and Risk Management Update CCGC/2017/87	
		14 December 2017 Maternity and Child Quality and Improvement Collaborative (MCQIC) Maternity Services Update CCGC/2017/91	

REQUIREMENT	PRIMARY RESPONSIBILITY	OUTCOME/EVIDENCE Fully in place or Partially in place or Not demonstrated in year	COMMENT For example: Future work planned/To be added to Workplan for next year
		14 December 2017 Maternity and Child Quality and Improvement Collaborative (MCQIC) Neonatal Patient Safety CCGC/2017/92	
		14 December 2017 Medicines Safety and Quality Group Update CCGC/2017/93	
		14 December 2017 Scottish Patient Safety Programme in Mental Health Update Report CCGC/2017/94	
		8 February 2018 Clinical Governance and Risk Management Update CCGC/2018/04	
		8 February 2018 Annual Report for Volunteering in Tayside CCGC/2018/05	
		Directorate performance reports include performance data. The Chairs Assurance report and the Action note from the CQF provide the Committee with this information.	
NHS Tayside understands and measures the learning and professional development required to support statutory and professional responsibilities and achieve organisational objectives and quality standards.	STAFF GOVERNANCE COMMITTEE/ CLINICAL AND CARE GOVERNANCE COMMITTEE	5 October 2017 Medical Education Report CCGC/2017/70	
		14 December 2017 Update on NHS Tayside Scheme for Medical Appraisal and Revalidation CCGC/2017/105	
		14 December 2017 Nurse Revalidation CCGC/2017/106	
		8 February 2018 Medical Education Report CCGC/2018/10	
		Learning and sharing of good practice is discussed at directorate performance review meetings. Assurance is provided via the CQF Chairs assurance report and the CQF action note.	

PERFORMANCE MANAGEMENT

The "Performance Management" theme focuses on how a Best Value organisation embeds a culture and supporting processes which ensures that it has a clear and accurate understanding of how all parts of the organisation are performing and that, based on this knowledge, it takes action that leads to demonstrable continuous improvement in performance and outcomes.

OVERVIEW

A Best Value organisation will ensure that robust arrangements are in place to monitor the achievement of outcomes (possibly delivered across multiple partnerships) as well as reporting on specific activities and projects. It will use intelligence to make open and transparent decisions within a culture which is action and improvement oriented and manages risk. The organisation will provide a clear line of sight from individual actions through to the National Outcomes and the National Performance Framework. The measures used to manage and report on performance will also enable the organisation to provide assurances on quality and link this to continuous improvement and the delivery of efficient and effective outcomes.

REQUIREMENT	PRIMARY RESPONSIBILITY	OUTCOME/EVIDENCE Fully in place or Partially in place or Not demonstrated in year	COMMENT For example: Future work planned/To be added to Workplan for next year
Performance is systematically measured across all key areas of activity.	BOARD and RELEVANT STANDING COMMITTEES	Action notes and the Chair's Assurance report from the CQF provide the Committee with assurance on the Performance Review Process. Strategic Clinical risks aligned to the CCGC are discussed at each meeting of the CCGC and the CQF.	
The Board and its Committees approve the format and content of the performance reports they receive which should include – Assess its performing against the following criteria: Performance reporting provides an understanding of whether the organisation is on track to achieve its short and long-term strategic, operational and quality objectives	BOARD and RELEVANT STANDING COMMITTEES	May 2017 Perth Royal Infirmary Patient Flow (302) and Capacity and Flow (313) CCGC/2017/45 May 2017 Update – Environment Programme for Mental Health Sites CCGC/2017/46 June 2017 Mental Health Service Redesign Transformation (MHSRT) Programme Option Review CCGC/2017/47	
		17 August 2017 Capacity and Flow CCGC/2017/49	

REQUIREMENT	PRIMARY RESPONSIBILITY	OUTCOME/EVIDENCE Fully in place or Partially in place or Not demonstrated in year	COMMENT For example: Future work planned/To be added to Workplan for next year
		17 August 2017 Quality Assurance and Improvement (QAI) Arrangements for Child Protection in Tayside CCGC/2017/52	
		17 August 2017 The Future of the Family Nurse Partnership (FNP) in Tayside CCGC/2017/53	
		17 August 2017 Department of Spiritual Wellbeing, Quality Care and Professional Governance Strategy 2017-2022 CCGC/2017/54	
		17 August 2017 Murray Royal Hospital Adult Mental Health Inpatient Care: Exception Report on Environmental Actions from the Health and Safety Executive Investigation and Improvement Notice CCGC/2017/59	
		5 October 2017 Capacity and Flow CCGC/2017/73	
		5 October 2017 Murray Royal Hospital Adult Mental Health Inpatient Care: Exception Report on Environmental Actions from the Health and Safety Executive Investigation and Improvement Notice CCGC/2017/84	
		5 October 2017 Performance Review Framework – Directorate of Public Health CCGC/2017/79	
		14 December 2017 Capacity and Flow CCGC/2017/98	
		14 December 2017 Clinical and Care Governance Strategy 2017 – 2019 Update on Progress CCGC/2017/86	

REQUIREMENT	PRIMARY RESPONSIBILITY	OUTCOME/EVIDENCE Fully in place or Partially in place or Not demonstrated in year	COMMENT For example: Future work planned/To be added to Workplan for next year
		14 December 2017 Maternity and Child Quality and Improvement Collaborative (MCQIC) <ul style="list-style-type: none"> • Maternity Services Update CCGC/2017/91	
		14 December 2017 Maternity and Child Quality and Improvement Collaborative (MCQIC) <ul style="list-style-type: none"> • Neonatal Patient Safety CCGC/2017/92	
		14 December 2017 Medicines Safety and Quality Group Update CCGC/2017/94	
		14 December 2017 Murray Royal Hospital Adult Mental Health Inpatient Care: Exception Report on Environmental Actions from the Health and Safety Executive Investigation and Improvement Notice CCGC/2017/99	
		14 December 2017 Draft NHS Tayside Mental Health Service Improvement Plan CCGC/2017/102	
		8 February 2018 Capacity and Flow CCGC/2018/14	
		Action notes and the Chair's Assurance report from the CQF provide the Committee with assurance on the Performance Review Process.	
Clients, citizens and other stakeholders are involved in developing indicators and targets and monitoring and managing performance so that information provided is relevant to its audience	BOARD via RELEVANT STANDING COMMITTEES	12 June 2017 Mental Health Service Redesign Transformation (MHSRT) Programme Option Review CCGC/2017/47	
		17 August 2017 NHS Tayside's Annual Feedback Report 2016 – 17 CCGC/2017/58	

REQUIREMENT	PRIMARY RESPONSIBILITY	OUTCOME/EVIDENCE Fully in place or Partially in place or Not demonstrated in year	COMMENT For example: Future work planned/To be added to Workplan for next year
		14 December 2017 Mental Health and Learning Disability Service Redesign Transformation (MHLDSRT) Programme – Consultation Feedback CCGC/2017/100	

CROSS-CUTTING THEME – EQUALITY

The “Equality” theme is one of the two cross-cutting themes and focuses on how a Best Value organisation has embedded an equalities focus which will secure continuous improvement in delivering equality.

OVERVIEW

Equality is integral to all our work as demonstrated by its positioning as a cross-cutting theme. Public Bodies have a range of legal duties and responsibilities with regard to equality. A Best Value organisation will demonstrate that consideration of equality issues is embedded in its vision and strategic direction and throughout all of its work.

The equality impact of policies and practices delivered through partnerships should always be considered. A focus on setting equality outcomes at the individual Public Body level will also encourage equality to be considered at the partnership level.

REQUIREMENT	PRIMARY RESPONSIBILITY	OUTCOME/EVIDENCE: Fully in place or Partially in place or Not demonstrated in year	COMMENT For example: Future work planned/ To be added to Workplan for next year
NHS Tayside meets the requirements of equality legislation.	CLINICAL AND CARE GOVERNANCE/ STAFF GOVERNANCE		The following items are scheduled for 2018-19: <ul style="list-style-type: none"> • Specific Duties Update • Interpretation and Translation Update • Equality and Diversity Workplan
The Board and senior managers understand the diversity of their customers and stakeholders.	BOARD and RELEVANT STANDING COMMITTEES	Policies for adoption include evidence of Equality Impact Assessments.	The following items are scheduled for 2018-19: <ul style="list-style-type: none"> • Specific Duties Update • Interpretation and Translation Update • Equality and Diversity Workplan
		12 June 2017 Mental Health Service Redesign Transformation (MHSRT) Programme Option Review CCGC/2017/47	
		17 August 2017 NHS Tayside's Annual Feedback Report 2016 – 17 CCGC/2017/58	
		17 August 2017 Department of Spiritual Wellbeing, Quality Care and Professional Governance Strategy 2017-2022 CCGC/2017/54	

REQUIREMENT	PRIMARY RESPONSIBILITY	OUTCOME/EVIDENCE: Fully in place or Partially in place or Not demonstrated in year	COMMENT For example: Future work planned/ To be added to Workplan for next year
		14 December 2017 Mental Health and Learning Disability Service Redesign Transformation (MHLDSRT) Programme – Consultation Feedback CCGC/2017/100	
		14 December 2017 Draft NHS Tayside Mental Health Service Improvement Plan CCGC/2017/102	
		8 February 2018 Supporting and Protecting Adults at Risk of Harm: The Adult Support and Protection (Scotland) Act 2007 – Operational Guidelines for NHS Staff CCGC/2018/09	
		8 February 2018 Draft NHS Tayside Mental Health Service Improvement Plan CCGC/2017/12	
NHS Tayside's Performance Management system regularly measures and reports its performance in contributing to the achievement of equality outcomes.	CLINICAL AND CARE GOVERNANCE/ STAFF GOVERNANCE	Equality and Diversity Steering Group Minute 14 September 2016 6 December 2016 19 April 2017	The following items are scheduled for 2018-19: <ul style="list-style-type: none"> • Specific Duties Update • Interpretation and Translation Update • Equality and Diversity Workplan
NHS Tayside's policies, functions and service planning overtly consider the different current and future needs and access requirements of groups within the community.	BOARD and RELEVANT STANDING COMMITTEES	Policies for adoption include evidence of equality Impact Assessment e.g.	The following items are scheduled for 2018-19: <ul style="list-style-type: none"> • Specific Duties Update • Interpretation and Translation Update • Equality and Diversity Workplan
		5 October 2017 Pressure Ulcer Prevention and Care for Adults in Hospital CCGC/2017/85	
		14 December 2017 NHS Tayside Protocol: Concern for Unborn Babies CCGC/2017/97	

REQUIREMENT	PRIMARY RESPONSIBILITY	OUTCOME/EVIDENCE: Fully in place or Partially in place or Not demonstrated in year	COMMENT For example: Future work planned/ To be added to Workplan for next year
		11 May 2017 Update – Environmental Programme for Mental Health Sites CCGC/201746	
		12 June 2017 Mental Health Service Redesign Transformation (MHSRT) Programme Option Review CCGC/2017/47	
		14 December 2017 Mental Health and Learning Disability Service Redesign Transformation (MHLDSRT) Programme – Consultation Feedback CCGC/2017/100	
Wherever relevant, NHS Tayside collects information and data on the impact of policies, services and functions on different equality groups to help inform future decisions.	BOARD and RELEVANT STANDING COMMITTEES	Policies for adoption include evidence of equality Impact Assessment e.g. 5 October 2017 Pressure Ulcer Prevention and Care for Adults in Hospital CCGC/2017/85	
		12 June 2017 Mental Health Service Redesign Transformation (MHSRT) Programme Option Review CCGC/2017/47	
		5 October 2017 Pressure Ulcer Prevention and Care for Adults in Hospital CCGC/2017/85	
		14 December 2017 NHS Tayside Protocol: Concern for Unborn Babies (CCGC/2017/97)	
		14 December 2017 Mental Health and Learning Disability Service Redesign Transformation (MHLDSRT) Programme – Consultation Feedback CCGC/2017/100	



PERTH AND KINROSS INTEGRATION JOINT BOARD

AUDIT & PERFORMANCE COMMITTEE

19 JUNE 2018

APPOINTMENT OF INTERNAL AUDITORS 2018/19

Report by Chief Financial Officer (G/18/82)

PURPOSE OF REPORT

This report seeks approval to proposed Internal Audit Arrangements for 2018/19.

1. BACKGROUND

At its meeting on the 1st July 2016, the Integration Joint Board (IJB) approved the appointment of Tony Gaskin (as Chief Internal Auditor) and Fife, Tayside and Forth Valley Internal Audit Services (FTF) be appointed as the IJB's Internal Auditors for 2016/17. This approval was extended in September 2017 to 2017/18.

2. KEY ISSUES

The approval of the Audit & Performance Committee is now sought to extend the Internal Audit Arrangements previously agreed to 2018/19.

NHS Tayside is currently carrying out a review of Internal Audit Services. It is therefore appropriate for the IJB to await the outcome of this review and agree longer term arrangements for Internal Audit Provision thereafter.

3. RECOMMENDATION

The Audit and Performance Committee is asked to:-

- approve the appointment of Tony Gaskin (as Chief Internal Auditor) and FTF as the IJB's Internal Auditors for 2018/19.

Author(s)

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PERTH AND KINROSS INTEGRATION JOINT BOARD

AUDIT & PERFORMANCE COMMITTEE

19 JUNE 2018

UNAUDITED ANNUAL ACCOUNTS 2017/18

Report by Chief Financial Officer (G/18/83)

PURPOSE OF REPORT

This report presents the Integration Joint Board's (IJB) Unaudited Annual Accounts for the financial year 2017/18 in accordance with the Local Authority Accounts (Scotland) Regulations 2014.

1. BACKGROUND

- 1.1 The Unaudited Annual Accounts for 2017/18 are due to be submitted to the Controller of Audit by 30 June 2018.
- 1.2 The Annual Accounts are prepared in accordance with the 2015 CIPFA Code of Practice on Local Authority Accounting ("the Code").
- 1.3 These accounts also comply with the Local Authority Accounts (Scotland) Regulations 2014 which came into force in October 2014.

2. ANNUAL ACCOUNTS

- 2.1 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 Audit & Performance Committee of the IJB. The Statement is set out from page 16 of the attached accounts.
- 2.2 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 1 of the Accounts.
- 2.3 The regulations require the IJB to consider the unaudited accounts at a meeting to be held no later than 31 August 2018. Best practice is for the IJB to have formally considered the Unaudited Annual Accounts prior to submitting them to the appointed auditor and making them available for public inspection.

- 2.4 Following consideration of the Unaudited Annual Accounts, the Audit & Performance Committee is asked approve these and agree their submission to the IJB for their consideration on the 22 June 2018.

3. NEXT STEPS

- 3.1 Assuming approval by the IJB at its meeting on the 22 June 2018, the audit of the Annual Accounts will take place during July and August 2018. Audit Scotland (working with Council officers) will consider whether the Annual Accounts:

Give a true and fair view in accordance with applicable law and the 2015/16 Code of the state of the affairs of the IJB at 31 March 2018 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 2015/16 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.

- 3.2 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 Audit Scotland report will be considered by the Audit & Performance Committee on 25 September 2018 with the Final Annual Report on the 2017/18 Audit being considered by the IJB on 28 September 2018.
- 3.3 The Unaudited Annual Accounts are also available for public inspection between 2 July and 20 July 2018 (inclusive) with any objections being sent to the auditor.

4. CONCLUSION AND RECOMMENDATIONS

- 4.1 The Unaudited Annual Accounts will be submitted to the Controller of Audit by 30 June 2018 subject to approval by this Committee; approval by the IJB at its meeting on the 22 June 2018 and authorisation by the Chief Financial Officer
- 4.2 It is recommended that the Audit & Performance Committee approves the Unaudited Accounts and passes these for consideration by the IJB.

Author(s)

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Perth and Kinross Integration Joint Board Annual Accounts 2017/18

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SECTION 1: MANAGEMENT COMMENTARY

INTRODUCTION

This publication contains the financial statement for Perth & Kinross Integration Joint Board (IJB) for the year ended 31 March 2018.

The Management Commentary outlines key messages in relation to the objectives and strategy of Perth & Kinross Integration Joint Board (IJB) and the financial performance of the IJB for the year ended 31 March 2018. It also provides an indication of the issues and risks which may impact upon the finances of the IJB in the future and the challenges we face in meeting the needs of the people of Perthshire & Kinross.

Perth & Kinross Integration Joint Board was established as a body corporate by order of the Scottish Ministers on 3 October 2015 as part of the establishment of the framework for the integration of health and social care in Scotland under the Public Bodies (Joint Working) (Scotland) Act 2014.

The IJB has responsibility for providing social care and defined health care services for the residents Perthshire and Kinross encompassing an area of 5,000 square kilometres and a population of 150,000. In addition, the IJB provides specific health care services across Tayside by means of hosted services arrangements agreed in the Integration Scheme between NHS Tayside and Perth & Kinross Council. Perth & Kinross Council and the NHS Tayside (Health Board), as the parties to the Integration Scheme, each nominate four voting members to sit on the IJB. The Council nominates Elected Members and the Health Board Non-Executive Directors.

A Council nominee was the Chair of the IJB until 30th September 2017 and the Vice-Chair was drawn from NHS Board Non-Executive Directors. From 1st October an NHS Board Non-Executive Director was the Chair and a Council nominee was appointed as Vice Chair. A number of non-voting Representative Members sit on the Integration Joint Board and contribute to its proceedings. These Representatives are chosen from the Third Sector, Carers, Services Users, and Council and NHS Board staff. A GP Stakeholder Member has also been appointed along with a Medical Practitioner who is not a GP.

Management support to the IJB is led by the Chief Officer. The operational structure is a composite of three principal service areas:

- Community Health / Hospital & Other Hosted Services
- Adult Social Care Services
- Inpatient Mental Health Services

The IJB has appointed a Clinical Director and a Chief Finance Officer. Corporate services including strategic planning, performance and business support services to the IJB are provided by NHS Tayside and Perth & Kinross Council.

PURPOSE AND OBJECTIVES OF THE IJB

The main purpose of integration is to improve the wellbeing of families, communities and people who use health and social care services, particularly those whose needs are complex and involve support from health and social care at the same time. The Integration Joint Board has approved the following Vision for the Health and Social Care Partnership as part of its approved Strategic Plan for 2016-19: "We will work together to support people living in Perth and Kinross to lead healthy and active lives and live as independently as possible in their own homes, or in a homely setting with choice and control over the decisions they make about their care and support." The Integration Scheme puts in place a framework designed to deliver the National Health and Wellbeing Outcomes prescribed by the Scottish Ministers in Regulations under Section 5(1) of the Public Bodies (Joint Working) (Scotland) Act 2014. The IJB Strategic Plan sets out a number of Strategic Objectives and Policy Priorities with accompanying Implementation and Resource Plans, Performance Framework and Strategic Risk Assessment, all designed to ensure a direction of travel by the Partnership consistent with National Objectives. The Partnership's agreed Strategic Objectives are as follows:

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

The plan places a lot of emphasis on the need for services and support to intervene early to prevent later, longer term issues arising, and enabling people to manage their own care and support by taking control and being empowered to manage their situation. Where this is not possible, our aim is for services to target resources where they are needed most, reducing ill health and deterioration and ultimately reducing health inequalities.

OPERATIONS FOR THE YEAR

The IJB's strategic ambitions sit alongside operational imperatives across a wide range of services. This creates a very challenging landscape to deliver major service redesign at the pace expected. However much progress has been made including:

- The development of Integrated Care Teams (ICTs) across the three localities in Perth & Kinross has continued aimed at providing targeted health and social care to restore and improve the quality of life for individuals in our communities. A Person Centered Framework has been developed for the purposes of identification of a named key worker.
- A redesign of Psychiatry of Old Age (POA) services has been taken forward increasing the Older Peoples Mental Health community based teams across Perth & Kinross allowing enhanced care in peoples homes. The enhanced teams are an integral part of the Integrated Care Team in each locality. In addition a multi-disciplinary POA Liaison Service has been established supporting wards at Perth

Royal Infirmary and Murray Royal Hospital dementia care, diagnosis of delirium and managing cognitive impairment needs.

- During the year, the fully implemented Discharge Hub at Perth Royal Infirmary has had a significant impact on ensuring timely and appropriate discharge from hospital, improving health and well being outcomes by reducing significantly the length of stay in a hospital setting and the overall risk of a delay. Further a new Social Care 'HART' team (Home Assessment Recovery Team) has been established in further support of timely discharge and early intervention and prevention. Care Home liaison services have also been enhanced ensuring timely and appropriate discharge to care home settings. A better locality focus on Care Home Liaison has also been established.
- During the year, a full review of residential care was undertaken. In Perth & Kinross there is a decline in demand for residential care home placements in line with national trend. However demand for nursing care home placements continues to increase and further investment will be required moving forward.
- The implementation of the Carer's Act has been a significant program of work. The IJB approved eligibility criteria during the year following consultation with key stakeholders. Additional carer support workers have been recruited. Further significant investment will be required moving forward.
- The implementation of a new care home contract was completed following an extensive tendering process. The demand of care at home continues to increase however and the sector has struggled to keep pace with demand. A review of the sustainability of the current service model is required.
- During 2017/18 the significant restructure of social work and social care field work teams was completed, ensuring a shift in resources to provide early and preventative interventions. Moving forward we will be working with communities to support the work that they can do to reduce isolation and loneliness.
- We have worked closely with clinicians at Perth Royal Infirmary and with staff across Community Hospitals to develop a sustainable service model for the future with pathways that ensure appropriate capacity and flow in and out of the inpatient environments.
- As the IJB responsible for hosting In Patient Mental Health and Learning Disabilities, we have completed an extensive review of these services with options identified and a three month public consultation on proposals for the future delivery of services. The preferred option will see the relocation of all 4 General Adult Psychiatry wards at the Carseview Centre in Dundee and all Learning Disability Inpatient Wards relocated to Murray Royal Hospital in Perth.
- Across our other hosted services, the Podiatry Service has successfully implemented a move to single use instrumentation in a number of areas. Further it has undertaken a review of workforce to ensure equity of access to specialist podiatry care across each locality. Within our Public Dental Service, the provision

of person centered care has continued with close community working to promote oral health prevention an intervention across all ages. Within Prison Healthcare, the completion of significant redesign of workforce has improved the effectiveness of service delivery including medicines prescribing.

- During 2017/18, we have provided funding to support GP capacity to work with us on quality, safe and cost effective prescribing. The program of engagement will step up further in 2018/19.
- The role of the Executive Management Team has been strengthened and this pivotal group now provides scrutiny review and support to all key transformation projects across the Partnership.

Looking forward to 2018/19, the Partnership has a number of key priorities focused on ensuring future sustainability of services:

- We will take forward the development of our Primary Care Improvement Plan aimed at ensuring that the benefits set out in the new contract for GP's are realised.
- We plan to expand Technology Enabled Care in the year ahead and enable people to choose the way their care and support are provided. This will complement our support to carers and reduce the need for Care at Home where this is appropriate.
- We will increase our support to carers through further enhanced community support, enabling people to remain at home for longer and avoiding unnecessary admissions and longer stays in hospital.
- For Inpatient Mental Health services the planning for and implementation of approved transformational changes will be taken forward. Further opportunities to deliver sustainable services will also be developed. This will include a review of the current inpatient drug and alcohol service.
- We will finalise the review of Inpatient model for Tay Ward, Stroke Services and our Community Hospitals. This forms a significant part of the wider development of a Perth & Kinross Integrated Clinical Strategy. The timescales for this will be determined by the broader NHS Tayside review of Unscheduled Care for which an Option Appraisal is to be completed by July. This will include a review of Emergency Department and General Medical Wards at PRI which form part of the IJB's large hospital set aside budget.
- There will be a further review of Psychiatry of Old Age Inpatient Services with an even greater focus on community based provision through the Integrated Care Teams in each locality.
- Within Prison Healthcare we will work with the Scottish Prison Service to consider implications of a move to Smoke Free Prisons

PERFORMANCE REVIEW

The Scottish Government has determined a key set of performance indicators that they consider measure the progress of integration. Our performance compared to last year against each of the indicators is set out below:-

Data indicators

MSG Indicator	MSG Description	P&K Total Previous Year	P&K Current Year	P&K YTD diff from 16/17
1a	Emergency Admissions	15,128	15,021	↓ 107
2a	Unscheduled hospital bed days	111,324	102,451	↓ 8,873
3a	A&E Attendances	31,825	32,506	↑ 681
4.1	Delayed discharge bed days**	19,176	16,785	↓ 2,391
5.1	Proportion of last 6 months of life spent at home or in a community setting	88%	89%	↑ 0.46%
6.1	Percentage of population at home unsupported	98%	98%	↑ 0.03%

* Takes the last 12 months from the date shown in column D, except for MSG 5 and 6, where the previous financial year before is taken for comparison

** Changes to the calculation of delayed discharges came into effect in July 2016

Our work to ensure effective and appropriate flow into and from our hospital services has impacted positively on both levels of delayed discharge and unplanned admissions.

FINANCIAL MANAGEMENT

Background

The IJB's finances are overseen by the IJB's Chief Finance Officer with support from Finance functions within Perth & Kinross Council and NHS Tayside. This support is provided as part of overall arrangements for corporate support services whereby Perth & Kinross Council and NHS Tayside provide a range of services including, for example, Finance, Human Resources and Committee Services support without charge to Perth & Kinross IJB.

Prior to April 2016, the IJB had developed the financial governance infrastructure required to allow it to assume new responsibilities from 1st April 2016. That financial governance infrastructure continues to be reviewed and refreshed.

Analysis of Financial Statements

The main objective of the Annual Accounts is to provide information about the financial position of the IJB that is useful to a wide range of users in making and evaluating decisions about the allocation of resources.

The 2017/18 Annual Accounts comprise:-

- a) Comprehensive Income and Expenditure Statement – This statement shows that the IJB achieved a breakeven position overall.
- b) Against health budgets an underlying over spend of £1.279m was reported. However in line with the risk sharing agreement agreed with NHS Tayside and Perth & Kinross Council for the first three years of the IJB, NHS Tayside devolved further non-recurring budget to the IJB to balance income with expenditure. A breakeven position for 2017/18 is therefore reported against health budgets.
- c) Against Social Care budgets an underlying under spend of £2.637m was delivered. The Integration scheme sets out that under spends can be retained by the IJB as reserves following agreement with the Partners. Such agreement was not reached in relation to 2017/18 under spend. Instead Perth & Kinross Council reduced the budget to deliver breakeven and will carry forward the under spend in an earmarked reserve for Social Care.
- d) Movement in Reserves – The IJB carried £1.386m reserves into 2017/18 and these reserves were fully released into the budget in 2017/18. As above, the under spend on Social Care will be carried forward by Perth & Kinross Council. Therefore the IJB is reporting no reserve.
- e) Balance Sheet – In terms of routine business the IJB does not hold assets, however the movement in reserves noted above are reflected in the year-end balance sheet.
- f) Notes, comprising a summary of significant accounting policies, analysis of significant figures within the Annual Accounts and other explanatory information.

The Annual Accounts for 2017/18 do not include a Cash Flow Statement as the IJB does not hold any cash or cash equivalents.

The overspend on health services has arisen across GP Prescribing and Inpatient Mental Health Services. For GP Prescribing, anticipated national price reductions on specific medicines were not realized impacting significantly on the in year financial position. For Inpatient Mental Health, nursing costs and medical costs continue to be significantly higher than budgeted. Both areas are undergoing significant review and transformation with plans in place for 2018/19 that should see a significant reduction in levels of spend.

Financial Outlook, Risks and Plans for the Future

The IJB, like many others, faces significant financial challenges and will be required to operate within very tight financial constraints for the foreseeable future due to the difficult national economic outlook and increasing demand for services.

A Financial Plan for 2018/19 is currently in development with the objective that the IJB operates within resources available. A budget settlement with Perth & Kinross Council and NHS Tayside has been agreed. Discussions are continuing with NHS Tayside in relation to Prescribing and Inpatient Mental Health (which Perth & Kinross IJB hosts on behalf of all three IJB's). However significant transformation and cost improvement plans are being developed for both areas which should support future financial sustainability.

However both settlements present significant challenges in terms of accommodating demographic and inflationary type pressures across core services. In particular pay, price and demand pressures across social care services are estimated at £4.6m for 2018/19 with similar levels forecast for the next two years. Whilst a significant transformation and efficiency programme has been identified for 2018/19 the scope of opportunity for further major transformation across services will not be sufficient to address the level of social care pressures moving forward. Both parent bodies are facing a very difficult financial outlook. Perth and Kinross Council have set an indicative budget for the IJB for 2019/20 and 2020/21 which could see further net cuts to the budget in both years. Early discussions are taking place with NHS Tayside and Perth and Kinross Council to ensure a collective understanding of the significant challenges and to provide a forum for agreement for the IJB's budget for 2019/20 and beyond.

In addition to the recurring settlement for 2018/19, NHS Tayside have agreed to distribute non-recurring funding to the IJB to take forward a number of agreed projects for which expenditure has been delayed and will now not be incurred until 2018/19.

FURTHER INFORMATION

These Annual Accounts refer to both the Perth & Kinross IJB Integration Scheme and the Perth & Kinross IJB Strategic Plan. These can be found at:
Perth & Kinross IJB Integration Scheme:

http://www.pkc.gov.uk/media/36049/Perth-and-Kinross-Integration-Scheme/pdf/Approved_Health_Social_Care_Integration_Scheme

Perth & Kinross IJB Strategic Plan:

http://www.pkc.gov.uk/media/38714/Health-and-Social-Care-Strategic-Commissioning-Plan/pdf/2016193_strat_comm_plan_CLIENT

Perth & Kinross IJB publishes all formal Board papers at:

<http://www.pkc.gov.uk/ijb>

Further information regarding the Annual Accounts can be obtained from:
Chief Finance Officer, Perth & Kinross IJB, 2 High Street, Perth PH1 5PH.

CONCLUSION AND ACKNOWLEDGEMENTS

We are pleased to record that during 2017/18 the IJB has successfully delivered health and social care services to the population of Perth and Kinross and, for hosted services, to the population of Tayside. We acknowledge this has been a challenging year and the IJB's success has only been achieved through the hard work of staff employed in Perth & Kinross Council and NHS Tayside and other partner organisations.

Looking forward, while the IJB faces continuing challenging financial circumstances it also plans to continue to take advantage of the opportunities available through Health and Social Care Integration to best deliver affordable health and social care

services for the population of Perth & Kinross.

Stephen Hay
IJB Chair

28/9/18

Rob Packham
Chief Officer

28/9/18

Jane Smith
Chief Financial Officer

28/9/18

SECTION 2: STATEMENT OF RESPONSIBILITIES

This statement sets out the respective responsibilities of the IJB and the Chief Financial 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 financial 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 Integrated Joint Board on 28 September 2018.

Signed on behalf of the Perth and Kinross IJB

Stephen Hay
IJB Chair

28/9/18

Responsibilities of the Chief Financial Officer

The Chief Financial 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 Financial 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 Financial 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 2018 and the transactions for the year then ended.

Jane Smith
Chief Financial Officer

28/9/18

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 below 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 2018, Perth and Kinross IJB had 8 voting members and 12 non-voting members as follows:

Voting Members:

Linda Dunion (Chair)	Councillor Xander McDade
Councillor Crawford Reid (Vice Chair)	Judith Golden (NHS Employee Director)
Councillor Chris Ahern	Sheila Tunstall-James (Non Executive Member)
Councillor Eric Drysdale	Stephen Hay (Non Executive Member)

Non-voting Members:

Robert Packham (Chief Officer)	Dr Drew Walker (Director of Public Health)
Jane Smith (Chief Financial Officer)	Allan Drummond (Staff Organisations Rep.)
Jacqueline Pepper (Chief Social Work Officer)	Fiona Fraser (Staff Organisations Rep.)
Dr Neil Prentice (Associate Medical Director)	Helen McKinnon (Third Sector Representative)
Jim Foulis (Associate Nurse Director)	Linda Lennie (Service User Representative)
Dr Alistair Noble (SACH and External Advisor)	Bernie Campbell (Carers Representative)

During 2017/18 the position of Chair was held by Councillor Dave Doogan until 3rd May 2017, then by Councillor Crawford Reid from 17th May until 30th September 2017, it was then held by Linda Dunion (NHS non-executive) from 1st October 2017 until 30th April 2018. The Chair is now held by Stephen Hay

(NHS non-executive).

The position of Vice-Chair was held by Linda Dunion (NHS non-executive) until 30th September 2017, then Councillor Crawford Reid until 30th April 2018. The position of Vice-Chair is to be confirmed at the June IJB.

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 post holders 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 2017/18.

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.

Chief Officer

The Integration Joint Board requires 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 Financial Officer will adhere to the legislative and regulatory governance of the employing partner organisation. The remuneration terms of the Chief Financial Officer as approved by the IJB.

Other Officers

No other staff are appointed by the IJB under a similar legal regime. Other non-voting board members who meet the criteria for disclosure are included in the disclosures below.

Total 2016/17 £	Senior Employees	Salary, Fees & Allowances £	Total 2017/18 £
83,965	Rob Packham Chief Officer	86,112	86,112
69,933	Jane Smith Chief Financial Officer	70,539	70,539
153,898	Total	156,651	156,651

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.

Senior Employee	In Year Pension Contributions		Accrued Pension Benefits		
	For Year to 31/03/17 £	For Year to 31/03/18 £		Difference from 31/03/17	As at 31/03/18
Rob Packham Chief Officer	12,703	13,168	Pension	1,257	24,945
			Lump sum	3,771	74,834
Jane Smith Chief Financial Officer	10,409	10,513	Pension	1,081	20,914
			Lump sum	(983)	49,679
Total	23,112	23,681	Pension	2,338	45,859
			Lump Sum	2,788	124,513

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.

Number of Employees in Band 2016/17	Remuneration Band	Number of Employees in Band 2017/18
1	£65,000 - £69,999	0
0	£70,000 - £74,999	1
1	£85,000 - £89,999	1

Stephen Hay
IJB Chair

28/9/18

Rob Packham
Chief Officer

28/9/18

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.

2016/17		2017/18			
Gross Income	Net Expenditure		Gross Expenditure	Gross Income	Net Expenditure
£000	£000		£000	£000	£000
0	43,423	Community and Hospital Health Services	46,120	0	46,120
0	20,751	Hosted Health Services	20,970	0	20,970
0	28,190	GP Prescribing	28,467	0	28,467
0	35,448	General Medical/Family Health Services	39,678	0	39,678
0	17,672	Large Hospital Set aside	11,793	0	11,793
0	226	IJB Operating Costs	232	0	232
0	46,831	Community Care	46,808	0	46,808
0	192,541	Cost of Services	194,068	0	194,068
(193,927)	(193,927)	Taxation and Non-Specific Grant Income (Note 4)	0	(194,068)	(194,068)
(193,927)	(1,386)	(Surplus) or Deficit on Provision of	194,068	(194,068)	0
	(1,386)	Total Comprehensive (Income) and Expenditure (Note 3)			0

GP Prescribing costs are now separately presented in the Comprehensive Income and Expenditure Statement and 2016/17 figures have been amended to reflect this change.

Large Hospital expenditure has moved significantly from prior year. This is due to a change in methodology used to establish the amount set aside. For the 2016/17 accounts, the amount of set aside was calculated at £17.672m. This was based on the net cost attributed to occupied bed days. The net cost includes both direct and overhead costs. The changed in methodology has moved to a direct cost only and therefore reduced the set aside amount to £11.793m.

There are no statutory or presentation adjustments which affect the IJBs 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 and Expenditure Statement. Consequently, an Expenditure and Funding Analysis is not shown in these annual accounts.

MOVEMENT IN RESERVES STATEMENT

This statement shows the movement in the year on the IJB's reserves. The movements which arise due to statutory adjustments which affect the General Fund balance are separately identified from the movements due to accounting practices.

Movements in Reserves During 2017/18	General Fund Balance	Unusable Reserves: Employee Statutory Adjustment Account	Total Reserves
	£000	£000	£000
Opening Balance at 31 March 2017	(1,386)	0	(1,386)
Total Comprehensive Income and Expenditure	0	0	0
Increase or Decrease in 2017/18	1,386	0	1,386
Closing Balance at 31 March 2018	0	0	0

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.

31 March 2017		Notes	31 March 2018
£000			£000
1,386	Short term Debtors	5	0
1,386	Current Assets		0
0	Short-term Creditors		0
0	Current Liabilities		0
0	Provisions		0
0	Long-term Liabilities		0

1,386	Net Assets		0
(1,386)	Usable Reserve: General Fund	6	0
0	Unusable Reserve: Employee Statutory Adjustment Account		0
(1,386)	Total Reserves		0

Jane Smith

28/9/18

Chief Financial Officer

SECTION 6: NOTES TO THE FINANCIAL STATEMENTS

NOTE 1: SIGNIFICANT ACCOUNTING POLICIES

A. GENERAL PRINCIPLES

The Financial Statements summarise the Integration Joint Board's transactions for the 2017/18 financial year and its position at the year-end of 31 March 2018.

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 2017/18, supported by International Financial Reporting Standards (IFRS), unless legislation or statutory guidance requires different treatment.

The accounts are prepared on a going concern basis, which assumes that the IJB will continue in operational existence for the foreseeable future. The historical cost convention has been adopted.

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 and 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 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 Financial 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.

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.

The IJB's only Unusable Reserve is the Employee Statutory Adjustment Account. This is required by legislation. It defers the charge to the General Fund for the Chief Officer's absence entitlement as at 31 March, for example any annual leave earned but not yet taken. The General Fund is only charged for this when the leave is taken, normally during the next financial year.

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 and 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 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. 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 and 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.

J. 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 Financial Officer on 28 September 2018. 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 2018, the figures in the financial statements and notes have been adjusted in all material respects to reflect the impact of this information.

NOTE 3: EXPENDITURE AND INCOME ANALYSIS BY NATURE

2016/17		2017/18
£000		£000
46,831	Services commissioned from Perth and Kinross Council	46,808
145,484	Services commissioned from NHS Tayside	147,028
199	Other IJB Operating Expenditure	205
3	Insurance and Related Expenditure	3
24	External Audit Fee	24
(193,927)	Partner Funding Contributions and Non-Specific Grant Income	(194,068)
(1,386)	(Surplus) or Deficit on the Provision of Services	0

Costs associated with the Chief Officer and Chief Financial 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

2016/17		2017/18
£000		£000
(48,229)	Funding Contribution from Perth and Kinross Council	(46,924)
(145,698)	Funding Contribution from NHS Tayside	(147,144)
(193,927)	Taxation and Non-specific Grant Income	(194,068)

The funding contribution from NHS Tayside shown above includes £11.793m 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.

The funding contributions from the partners shown above exclude any funding which is ring-fenced for the provision of specific services. Such ring-fenced

funding is presented as income in the Cost of Services in the Comprehensive Income and Expenditure Statement.

NOTE 5: DEBTORS

2016/17		2017/18
£000		£000
1,386	Perth and Kinross Council	0
1,386	Debtors	0

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.

NOTE 7: AGENCY INCOME AND EXPENDITURE

On behalf of all IJBs within the NHS Tayside area, Perth and Kinross IJB acts as the host partnership for Learning Disability Inpatient services, Substance Misuse Inpatient services, Public Dental services/Community Dental services, General Adult Psychiatry (GAP) Inpatient services, Prisoner 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.

2016/17		2017/18
£000		£000
21,228	Expenditure on Agency Services	21,348
(21,228)	Reimbursement for Agency Services	(21,348)
0	Net Agency Expenditure excluded from the CIES	0

NOTE 8: RELATED PARTY TRANSACTIONS

The IJB has related party relationships with the NHS Tayside and the Perth and 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

2016/17		2017/18
£000		£000
48,229	Perth and Kinross Council	46,924
145,698	NHS Tayside	147,144
193,927	Total	194,068

Expenditure – payments for delivery of integrated functions

2016/17		2017/18
£000		£000
62,005	Perth and Kinross Council	64,624
130,337	NHS Tayside	129,239
199	NHS Tayside: Key Management Personnel Non-Voting Board	205
192,541	Total	194,068

Key Management Personnel: The non-voting Board members employed by the NHS Board and recharged to the IJB include the Chief Officer; the Chief Financial Officer. Details of the remuneration for some 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 Board but there is no discrete charge for this representation.

Balances with Perth and Kinross Council

2016/17		2017/18
£000		£000
1,386	Debtor balances: Amounts due from Perth and Kinross Council	0
0	Creditor balances: Amounts due to Perth and Kinross Council	0
1,386	Total	0

Balances with NHS Tayside

2016/17		2017/18
£000		£000
0	Debtor balances: Amounts due from NHS Tayside	0
0	Creditor balances: Amounts due to NHS Tayside	0
0	Total	0

NOTE 9: CONTINGENT ASSETS AND LIABILITIES

A review for contingent assets and liabilities has been undertaken for the IJB and none have been identified at 31 March 2018.

NOTE 10: 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 IJBs 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 H.M. 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 recoverable from H.M. 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.

SECTION 7: INDEPENDENT AUDITOR'S REPORT

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 overpaid.

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.

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 e.g. 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 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.



PERTH AND KINROSS INTEGRATION JOINT BOARD

AUDIT & PERFORMANCE COMMITTEE

19 JUNE 2018

ANNUAL GOVERNANCE STATEMENT

Report by Chief Financial Officer (G/18/84)

PURPOSE OF REPORT

The purpose of the report is to seek approval of the Annual Governance Statement for the financial year 2017/18 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. INTRODUCTION

- 1.1 The purpose of the Annual Governance Statement (AGS) is to give assurance to our stakeholders that we have effective 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.
- 1.2 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 purpose

thereby enabling the IJB to achieve its strategic objectives and provide 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.

- 1.3 The Annual Governance Statement for 2017/18 is attached as Appendix 1 to this report.

2. GOVERNANCE ASSURANCE PROCESS

- 2.1 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 which has been scrutinised by the Chief Finance Officer and the Executive Management Team.

3 GOVERNANCE ISSUES

- 3.1 The assurance process demonstrated that the IJB has in place adequate internal controls that are considered fit for purpose in accordance with the governance framework.
- 3.2 The process has been successful in identifying areas and controls that would benefit from further development to ensure that they can manage and mitigate current and emerging risks more effectively. These are set out in the 2018/19 Transforming Governance Improvement Plan at Appendix 2.

4. RECOMMENDATION

- 4.1 It is recommended that the Committee:
- (i) Discuss and approve the 2017-2018 Annual Governance Statement
 - (ii) Agree for the issue of a letter to the Chairs of NHS Tayside and Perth & Kinross Council Audit Committee confirming that adequate and effective governance arrangements were in place throughout Perth & Kinross IJB during the year 2017/18

Author(s)

Name	Designation	Contact Details
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APPENDICES

1. Annual Governance Statement 2017/18
2. Transforming Governance Action Plan 2018/19

SECTION 4: ANNUAL GOVERNANCE STATEMENT

INTRODUCTION

The Annual Governance Statement explains Perth & Kinross IJB's 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 proper standards, and that public money is safeguarded and 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 policies, aims and objectives. Reliance is also placed on the NHS Tayside and Perth & Kinross Council systems of internal control that support compliance with both organisations policies and promotes achievement of each organisations aims and objectives including those of the IJB. Assurance has been received from both NHS Tayside and Perth and Kinross Council as to the effectiveness and adequacy of those systems. The systems can only provide reasonable and not absolute assurance of effectiveness.

PURPOSE OF THE GOVERNANCE FRAMEWORK

The governance framework comprises the systems and processes, and culture and values by which the IJB is directed and controlled and the activities through which it accounts to, engages with and leads the community. It enables the IJB to monitor the achievement of its strategic priorities and to consider whether those priorities have led to the delivery of appropriate, cost-effective services. The system of internal control is a significant part of that framework and is designed to manage risk to a reasonable level. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of Perth & Kinross IJB's policies, aims and objectives, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically.

GOVERNANCE FRAMEWORK

The Board of the IJB comprises voting members, nominated by either NHS Tayside or Perth & Kinross Council, as well as non-voting members including a Chief Officer appointed by the Board.

The main features of the governance framework that was in place during 2017/18 are summarised below:

- The IJB, comprising all IJB Board members, was the key decision making body. The Audit and Performance Committee considered all matters in relation to Internal and External Audit, Risk Management and Performance;
- Strategic decision-making is governed by the IJB's key constitutional documents including the Integration Scheme, standing orders, scheme of administration, scheme of delegation to officers and financial regulations;
- The IJB's purpose and vision are outlined in the IJB Strategic Plan. Regular progress reports on the delivery of Strategic Plan priorities were provided to the IJB; The arrangements for future Strategic Planning have been agreed by the IJB including the role of the Strategic Planning Group.
- The Performance Management Strategy focuses very firmly on embedding a performance management culture throughout the IJB. Regular reporting to Board Members takes place;
- The IJB has adopted a 'Code of Conduct' for all of its Board Members and employees, a register of interests is in place for all Board members and senior officers;
- The IJB has in place a development programme for all Board Members.
- The IJB has established 3 locality planning forums, reflecting the previously agreed local planning areas;
- Financial management arrangements conform to the governance requirements of the CIPFA statement: 'The Role of the Chief Financial Officer in Local Government (2010)'. Arrangements include a robust financial planning framework and has established a Budget Review Group to ensure scrutiny of investment and disinvestment proposals.
- The role of the Executive Management Team has been strengthened.
- Increased Clinical Leadership capacity has been established.

SYSTEM OF INTERNAL CONTROL

The governance framework above 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.

The Board uses the systems of NHS Tayside and Perth & Kinross Council to manage its financial records. Development and maintenance of the systems is undertaken by NHS Tayside and Perth & Kinross Council as part of the operational delivery of the Health & Social Care Partnership. In particular the systems include:-

- Comprehensive budgeting systems;

- Setting of targets to measure financial performance
- Regular reviews of periodic and annual financial reports that indicate financial performance against the forecasts;

The wider internal control framework includes:-

- Complaints handling
- Clinical Care Governance monitoring arrangements
- Whistle blowing
- Data Sharing
- Procedural frameworks including Scheme of Delegation; Standing Financial instructions, standing orders, scheme of administration
- Internal Audit Function
- Reliance on procedures, processes and systems of partner organisations

Due to ongoing concerns during 2017, NHS Tayside has been subject to a number of internal (e.g. Internal Audit) and external (e.g. Scottish Government) reviews. A series of actions have resulted to address identified weaknesses, with further review work ongoing. Agreed actions will be monitored locally by NHS Tayside's new leadership team and nationally. A number of the weakness's identified may have an impact on the IJB and its ability to deliver on its Strategic Objectives. In particular the IJB is reliant on strong strategic planning capacity and financial management support. As part of its own review of governance, weaknesses in both strategic leadership capacity and financial management support have been identified.

REVIEW OF ADEQUACY AND EFFECTIVENESS

Perth & 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 and
- the Annual Report by the Chief Internal Auditor
- Reports from Audit Scotland and other review agencies.
- Self assessment against the Delivering Good Governance in Local Government Framework 2016 Edition (CIPFA)
- Draft Annual Governance Statements for Perth & Kinross Council and NHS Tayside.

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

In addition to regular reports to the IJB's Audit & Performance Committee during 2017/18, the Chief Internal Auditor prepares an annual report to the Audit & 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 2016/17, received by the Audit & Performance Committee on 16 June 2017, highlights findings by the IJB's Internal Audit section which indicate some weaknesses in the internal control environment. None of these are considered material enough to have a significant impact on the overall control environment and it is the opinions of the Chief Internal Auditor that the systems of internal control relied upon by the IJB provide reasonable assurance against loss.

ACTION PLAN FOR 2018/19

Significant progress has been made against the 'Transforming Governance' Action Plan agreed for 2017/18. However following a full self assessment process, refreshed actions have now been set out to further strengthen the governance arrangements and these will include:-

- Development of a statement of our vision and values to be developed to become front and centre of all IJB activities moving forward.
- A refreshed annual programme of training and development for IJB Board Members to be agreed.
- An effective strategy for engaging with Perth & Kinross Council Elected members around IJB aims and objectives and the financial outlook to be developed.
- Establishment a collaborative approach to budget negotiation for 2019/20 onwards with NHS Tayside and Perth & Kinross Council.
- Further development of Strategic Delivery Plans for each Care Group including leadership arrangements, performance framework, strategy for engagement with users and carers, agreed programme budget with accountability for delivery of financially sustainable services. Role of Strategic Planning Group to be reaffirmed.
- Finalise the review of risk management and development clear escalation and reporting mechanisms.
- Review of the use of Directions
- Development of Large Hospitals Set Aside arrangements in conjunction with NHS Tayside.
- Strengthen leadership and corporate support capacity through key appointments including Head of Business Planning and Performance.
- Agree appointment of Data Protection Officer for Perth & Kinross IJB and ensure compliance with General Data Protection Regulations.

- Work with the Director of Finance of NHS Tayside to develop an appropriate and effective level of finance support to budget holders tasked with taking forward significant redesign of services.

CONCLUSION AND OPINION ON ASSURANCE

While recognising that improvements are required, as detailed above, it is our opinion that reasonable assurance can be placed upon the adequacy and effectiveness of the IJB's governance arrangements.

We consider that internal control environment operating during 2017/18 to provide 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.

Stephen Hay
IJB Chair

28/9/18

Rob Packham
Chief Officer

28/9/18

Annual Governance Statement

Action Plan 2018/19

Ref	Action	SRO	Date
1	Development of a statement of our vision and values to be developed to become front and centre of all IJB activities moving forward.	Chair/CO	31 st July 2018
2	A refreshed annual programme of training and development for IJB Board Members to be agreed.	Chair/CO	30 th June 2018
3	An effective strategy for engaging with Perth & Kinross Council Elected members around IJB aims and objectives and the financial outlook to be developed.	Chair/CO	30 th June 2018
4	Establishment a collaborative approach to budget negotiation for 2019/20 onwards with NHS Tayside and Perth & Kinross Council.	CO/CFO	30 th June 2018
5	Further development of Strategic Delivery Plans for each Care Group including leadership arrangements, performance framework, strategy for engagement with users and carers, agreed programme budget with accountability for delivery of financially sustainable services. Role of Strategic Planning Group to be reaffirmed.	EMT	30 th June 2018
6	Finalise the review of risk management and development clear escalation and reporting mechanisms.	CFO	30 th September 2018
7	Review of the use of Directions	CO	30 th September 2018
8	Development of Large Hospitals Set Aside arrangements in conjunction with NHS Tayside.	CO/CFO/CD	30 th September 2018
9	Strengthen leadership and corporate support capacity through key appointments including Head of Business Planning and Performance.	CFO	30 th July 2018
10	Agree appointment of Data Protection Officer for Perth & Kinross IJB and ensure compliance with General Data Protection Regulations.	CFO	31 st May 2018
11	Work with the Director of Finance of NHS Tayside to develop an appropriate and effective level of finance support to budget holders tasked with taking forward significant redesign of services.	CFO	30 th September 2018



Perth & Kinross Integration Joint Board

AUDIT & PERFORMANCE COMMITTEE

19 June 2018

PERFORMANCE FRAMEWORK FOR OLDER PEOPLE & UNSCHEDULED CARE

Report by Chief Financial Officer (G/18/86)

PURPOSE OF REPORT

This report seeks to provide the Audit and Performance Committee with a proposed set of indicators that will support the understanding of the Partnership's performance in relation to the Programme of Care: Older People / Unscheduled Care.

1. RECOMMENDATION

It is recommended that the Audit and Performance Committee:

- Note the proposed indicator set;
- Note the development of Programmes of Care;
- Note that the setting of targets and monitoring will be the responsibility of the Older People / Unscheduled Care Programme Board ;
- Note that the format of reporting to the Audit and Performance Committee will move to a qualitative and quantitative approach;
- Agrees that six monthly reports on performance will be received by the Audit and Performance Committee moving forward.

2. BACKGROUND

2.1 Programmes of Care

As part of the refresh of the Strategic Commissioning Plan, the P&K Health and Social Care Partnership have remodelled their service delivery into 4 Programmes of Care.

- Older People / Unscheduled Care
- Mental Health and Wellbeing
- Carers Services
- Primary Care

This will enable a more effective and focussed method of the planning, delivery and continuous improvement of these service areas and will be an essential enabler in delivering the key priorities of the refreshed Strategic Commissioning Plan.

These Programmes of Care will be supported by their Programme Boards. In the area of performance, this Board will be responsible for the monitoring and review of the indicators and the setting of targets.

The Board will be responsible for agreeing the final data set for performance and can, throughout the year, add and/or remove indicators as challenges and priorities change.

2.2 Programme Board Support

The development of the Programme Boards required also the development of robust governance which included dedicated Programme Leads, Programme Managers and Project Management support. These roles will bring a layer of scrutiny to the activity in the localities and its performance reporting back to the Programme Board.

In addition, the recent alignment of the Council's Business Support teams into the Partnership has created an opportunity to move that support into the key priorities of the partnership represented by the 4 Programmes of Care.

These business support teams bring additional resources into the partnership that encompasses finance, performance, performance reporting, programme and project management and support for transformation, change and improvement.

2.3 Older People / Unscheduled Care Reporting

It is planned to develop a performance reporting format for the Board and for Audit & Performance Committee that will focus on narratives to better explain the behaviour of the indicator

These narratives shall identify the actions and activity that have had a positive or negative impact on the relative indicator and will rely on additional causal indicators during analysis.

Ultimately it is the intention of move to exception reporting to focus attention on the areas of issue when indicators / measures are moving away from their target value

2.4 Indicators / Measures

As with all indicators and their use in performance frameworks, there is a very large selection of indicators that can be used to demonstrate performance. It will be the role of the Board to agree which ones are to be used that tells the story.

To support that selection process and refine it, the indicators in Appendix 1 have been placed into themes that represent natural groupings of indicators. Currently these groups are:

- Balance of Care
- Delayed Discharge
- Frailty
- Unscheduled Care

These indicators can be both local and national but the national indicators do come with a lag / delay in the period they report on

3. CONCLUSION

The Partnership is committed to developing comprehensive performance reporting that will accurately describe the challenges and progress of change and improvement within each of the Programmes of Care

Author(s)

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APPENDIX

Appendix 1 – Proposed dataset for Programme of Care group: Older People / Unscheduled Care

Proposed Older People / Unscheduled Care Dataset

Appendix1

Theme	Measure	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	% Change over period
Balance of Care	Number of people receiving Home Care Option 2 & 3 65+	1118	1100	1111	1108	1097	1097	1093	1092	1103	1071	1083	1081	-3.31%
Balance of Care	All people receiving Free Personal Care - 65+	1403	1396	1387	1387	1377	1376	1388	1403	1425	1416	1424	1420	1.21%
Balance of Care	% of people with intensive care needs receiving Care at Home	36.0%	36.3%	36.7%	37.2%	38.3%	38.0%	37.7%	37.6%	37.8%	38.8%	39.1%	38.6%	7.08%
Balance of Care	Number of people receiving reablement	206	218	190	202	193	187	202	218	238	273	278	279	35.44%
Balance of Care	% of people requiring no homecare following reablement	30.6%	32.9%	34.8%	38.4%	32.7%	43.6%	32.7%	37.0%	17.9%	29.4%	21.0%	31.6%	3.47%
Balance of Care	Number of people 65+ living in a Residential care home	424	425	415	413	424	425	424	422	425	430	401	389	-8.25%
Balance of Care	Number of people 65+ living in a Nursing care home	409	416	434	431	427	429	422	413	407	405	378	362	-11.49%
Delayed Discharge	Number of days people spend in hospital when they	1437	1221	1364	1339	1285	1506	1586	1245	1184	1060	1073	1204	-16.23%

Theme	Measure	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	% Change over period
	are ready to be discharged (All inc code 9)													
Delayed Discharge	Number of days people spend in hospital when they are ready to be discharged (Standard Delays all exc code 9)	1209	1036	1242	1296	1264	1506	1576	1245	1184	1060	1073	1199	-0.85%
Delayed Discharge	Number of days people spend in hospital when they are ready to be discharged (Complex Delays code 9 only)	228	185	0	42	21	0	10	0	0	0	0	5	-97.81%
Delayed Discharge	PRI progress to stable 8 target 2920 DD days	7004	6709	6600	6387	6235	6160	6034	5934	5850	5562	5374	5205	-25.69%
Frailty	Number of hospital admissions due to a fall	51	66	71	50	51	49	52	60	102	63	61	56	
Frailty	Number of people with Technology Enabled Care - Source SWIFT	1,052	1,064	1,092	1,100	1,128	1,147	1,152	1,155	1,178	1,171	1,156	1,172	11.4%

Theme	Measure	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	% Change over period
Frailty	Number and rate per 1,000 of readmissions to hospital within 28 days (exclude mental health)	11.4%	12.0%	10.7%	13.0%	10.4%	10.9%	12.0%	11.2%	12.2%	LAG	LAG	LAG	7.02% Waiting ISD Output
Unscheduled Care	Number of A&E attendances (Ninewells and PRI)	2706	2999	2669	2678	2795	2874	2695	2530	2976	2446	2399	LAG	- 11.35%
Unscheduled Care	Number of unscheduled hospital admissions, split by Acute (SMR01), Geriatric Long Stay (SMR01E) and Mental Health (SMR04) specialties.	1163	1323	1298	1196	1286	1179	1175	1213	1398	1329	LAG	LAG	14.27% Waiting ISD Output
Unscheduled Care	Number of unscheduled hospital bed days, split by Acute (SMR01), Geriatric Long Stay (SMR01E) and Mental Health (SMR04) specialties.	9023	8688	8584	7839	7726	7994	8126	7991	8548	8290	LAG	LAG	-8.12% Waiting ISD Output

Theme	Measure	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	% Change over period
Unscheduled Care	Number of emergency admissions into Acute (SMR01) specialties from A&E	477	567	470	512	509	548	486	478	632	503	LAG	LAG	5.45% Waiting ISD Output
Unscheduled Care														

