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 via Microsoft Teams on Monday 7 March 2022 at 10.05am.

Present: Councillors C Purves (Chair) and J Duff (Perth and Kinross Council), P Kilpatrick and D McPherson (substituting for vacant position) (Tayside NHS Board), and S Watts (Third Sector Forum).

In Attendance: S Auld (up to Item 5.1), L Glover (up to and including Item 5.6) and M Summers (all IJB Members); J Pepper, Interim Chief Officer, J Smith, Head of Finance and Corporate Services, C Jolly, Z Robertson, K Ogilvy, Amanda Taylor, T Dixon (up to and including Item 5.6), D Mitchell, F Low and P Jerrard (all Perth and Kinross Health and Social Care Partnership); J Clark, Chief Internal Auditor; and S Hendry, Adam Taylor, M Pasternak and A Brown, Corporate and Democratic Services (Perth and Kinross Council); and C Batchelor (KPMG).

Apologies: B Campbell (Carer Public Partner) and E Devine (Perth and Kinross Health and Social Care Partnership).

Councillor Purves, Chair.

1. WELCOME AND APOLOGIES

Councillor Purves 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 THE AUDIT AND PERFORMANCE COMMITTEE OF 13 DECEMBER 2021

The minute of meeting of the Audit and Performance Committee of the Perth and Kinross Integration Joint Board of 13 December 2021 was submitted and approved as a correct record.

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3.2 ACTION POINTS UPDATE

The Action Points Update (Report G/22/31) were submitted, and updates provided thereon.

3.3 MATTERS ARISING

There were no matters arising.

4. PERFORMANCE

4.1 LOCALITY UPDATE SOUTH

Tia Dixon provided the Board with a slide-based presentation giving a South Locality Update.

The Board thanked the presenters for the highly informative presentation and noted the position.

4.2 2021/22 FINANCIAL POSITION

There was submitted a report by the Head of Finance and Corporate Services (G/22/32) providing an update on the 2021/22 projected year-end out-turn based on financial performance for the ten months to 31 January 2022.

J Smith advised that the 2021/22 budget, as set out in March 2021, supported a break even position after application of £3.84m of reserves. At the last Committee meeting in December 2021 a break even position was forecast after application of £1.5m of reserves, demonstrating an improving position. This position was in the main possible as a result of underspends in the core position of both health and social care. This report presents a further improved position with a projected out-turn of £0.767m without the need for the use of any reserves. A significant contributing factor is the confirmation in January 2022 by the Scottish Government that slippage in savings will be deemed as a Covid cost and will therefore be covered by Covid funding. Therefore, there is £1.8m improvement in the core forecast position. A forecast improved prescribing position has also improved the position in health by £0.5m.

However, financial risks have been identified which may still impact. The most significant of these relates to the overspend forecast for Inpatient Mental Health Services which currently sits within NHS Tayside's year end forecast.

Resolved:

(i) The overall projected out-turn of £0.767m underspend with no requirement for the use of reserves to deliver financial balance, be noted.

(ii) The forecasted £9.447m Covid-19 costs funded in full by the IJB Covid-19 Reserve and additional Scottish Government funding, be noted.

(iii) The updated position regarding the IJB reserves for 2021/22, be noted.

(iv) The financial risks that may still impact on the financial forecast, be noted.

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4.3 KEY STRATEGIC PERFORMANCE INDICATOR REPORT FOR THE PERIOD TO DECEMBER 2021: QUARTER 3 OF 2021/22

There was submitted a report by the Chief Officer (G/22/33) providing an update on performance against the core set of integration indicators for the period ending 31 December 2021.

The report provides an overview of the 7 available key strategic indicators. Of these 5 are green, 1 amber and 1 red. The red indicator relates to readmissions and, as discussed previously at this Committee, due to recording variances across Scotland comparisons of performance to other areas in Scotland or Scotland overall are not meaningful. However, the Committee were asked to note an improvement of 9.34% in performance from the previous year. The amber risk relates to emergency admissions and, compared to 2021, Perth and Kinross performance has decreased by 4.52%. Improvement actions will be set out in the Older People's Strategic Delivery Plan which will be considered by the IJB later this month.

P Kilpatrick queried the lack of performance data in some areas such as Mental Health, Learning Disabilities and Primary Care. To undertake performance management meaningfully we should be providing performance information on all the services we provide. J Smith advised that we are committed to providing performance frameworks in all our strategic delivery plans; the Learning Disability strategic delivery plan approved at the last IJB meeting contained such a framework. The frameworks will support reporting on services early next year. The Primary Care strategic delivery plan is currently being developed with a performance framework being aligned to this.

Resolved:
The Health and Social Care Partnership's performance for the period ending 31 December 2021 (Quarter 3), be noted.

5. GOVERNANCE & ASSURANCE

5.1 STRATEGIC RISK MANAGEMENT UPDATE

There was submitted a report by the Chief Officer (G/22/34) providing an update on (1) the Integration Joint Board Strategic Risk Register; (2) the progress of the improvement actions being taken to improve the overall control environment and further mitigate the risks; and (3) new or emerging risks and material changes to existing risks.

P Kilpatrick queried where the temporary non-operational status of the GP Unit at Pitlochry Community Hospital sits in the strategic risk register as this is an important issue and does not feature anywhere. J Smith advised the Clinical and Care Governance Risk Escalation report on today's agenda will address these issues and will consider high risks which are highlighted as part of our clinical and care governance processes and where escalation of the IJB's strategic risks should be considered. J Smith stated that the Committee can be assured that the Executive Management Team are regularly examining clinical and care governance risks and workforce issues.

Resolved:

(i) The IJB's Strategic Risk Register and Strategic Risk Improvement Plan as detailed in Report G/22/34, be noted.

(ii) The current position of the IJB's strategic risk exposure scores as detailed in Section 2 of Report G/22/34, be noted.

S AULD LEFT THE MEETING DURING THE ABOVE ITEM.

5.2 PARTNERSHIP IMPROVEMENT PLAN UPDATE

There was submitted a report by the Chief Officer (G/22/35) providing an update on progress against the actions within the Partnership Improvement Plan.

Resolved:

The progress towards the achievement of actions within the Partnership Improvement Plan as detailed in Report G/22/35, be noted.

5.3 AUDIT RECOMMENDATIONS UPDATE

There was submitted a report by the Head of Finance and Corporate Services (G/22/36) providing an update on progress on the implementation of all internal and external audit recommendations arising since the formal inception of the Integration Joint Board on 1 April 2016.

Resolved:

The progress made to date on implementing agreed recommendations, be noted.

5.4 APPOINTMENT OF INTERNAL AUDITORS 2020/21

There was submitted a report (G/22/37) by the Head of Finance and Corporate Services proposing Internal Audit Arrangements for the Integration Joint Board for the period 2022-2025.

D McPherson enquired how the performance of the internal audit function will be evaluated. J Smith advised that it was agreed previously that the timescale of the delivery of reports would be reviewed and monitored as the initial core performance measurement. D McPherson added it would be helpful to include an annual evaluation at the end of the delivery of the internal audit plan. The Chief Internal Auditor stated that any relevant information would be included in her annual report.

Resolved:

(i) The recommendation to Integration Joint Board of the appointment of Jackie Clark as Chief Internal Auditor be approved.

(ii) The appointment of Perth and Kinross Council Internal Audit Services and FTF as the IJB's Internal Auditors for 2020/21 for a period of 3-years, be approved.

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5.5 INTERNAL AUDIT PROGRESS REPORT

There was submitted a report by the Chief Internal Auditor (G/22/38) providing an update on progress in relation to Internal Audit's planned activity.

Resolved:

(i) The progress made with the delivery of the 2020/21 and 2021/22 plans as detailed in Appendix 1 of Report G/22/38, be noted.

(ii) The outputs from the two reports considered by NHS Tayside's Audit Committee, as detailed in Appendix 2 of Report G/22/38, be noted.

5.6 AUDIT STRATEGY

There was submitted a copy of the Perth and Kinross Integration Joint Board Audit Strategy (G/22/39) for the year ending 31 March 2022 produced by the External Auditors, KPMG.

C Batchelor 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/22/39 be noted.

T DIXON AND L GLOVER BOTH LEFT THE MEETING DURING THE ABOVE ITEM.

5.7 EXTERNAL AUDIT – PROPOSED AUDIT FEES 2021-22

There was submitted a report by the Chief Financial Officer (G/22/40) presenting the proposed Audit Scotland External Audit Fee for 2019/20 for approval.

Resolved:

The proposed External Audit fee for 2021/22 as detailed in Appendix 1 to Report G/22/40, be approved subject to Audit Scotland approval.

6. CLINICAL CARE GOVERNANCE

6.1 CLINICAL CARE GOVERNANCE RISK ESCALATION REPORT

There was submitted a report by the Chief Officer (G/22/41) identifying significant operational clinical care governance risks which are likely to impact on Perth and Kinross Integration Joint Board's Strategic Objectives and which therefore require to be included in the IJB Strategic Risk Register.

P Kilpatrick commended the report as being honest, upfront and easy to understand.

Resolved:

(i) The assessment of Partner's Operational Risks and the assurance provided at Section 2 of Report G/22/41, be noted.

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(ii) The Perth and Kinross Health and Social Care Partnership Assurance Reports as considered at the NHS Tayside Clinical Care Governance Committees of 2 December 2021 and 3 February 2022, as detailed in Appendices 1 and 2 of Report G/22/41, be noted.

(iii) The minutes of the NHS Tayside Clinical Care Governance Committee meetings of 7 October and 2 December 2021 as detailed in Appendices 4 and 5 of Report G/22/41, be noted.

6.2 CHIEF SOCIAL WORK OFFICERS ANNUAL REPORT 2021/22

There was submitted a report by the Chief Social Work Officer (G/22/42) (1) providing the Chief Social Work Officer's overview of social work and social care in Perth and Kinross during financial year 2020/21.

D McPherson stated this was a detailed and interesting report and useful to understand what has been happening. However, the accessibility of the document for people who use our services should be considered. Also, the vast majority of source of adult protection referrals seem to come from the Police; are we missing opportunities to pick up concerns from people who need protection. J Pepper responded to the accessibility of the document and advised that the report must follow a national format to allow the Scottish Government to develop a national report. The concern regarding the referrals coming from the Police was noted, however the volume and activity level provides a level of reassurance that vulnerable adults have remained visible throughout the pandemic. A development session is being held in April on Adult Protection and this will provide an opportunity to consider this in more detail.

Resolved:

The Chief Social Work Officer Annual Report as set out in Report G/22/42 be noted.

7. FOR INFORMATION

There were submitted and noted the following reports for information:

7.1 AUDIT & PERFORMANCE COMMITTEE WORK PLAN 2021/22 (G/22/43)

7.2 AUDIT & PERFORMANCE COMMITTEE WORK PLAN 2022/23 (G/22/44)

7.3 AUDIT & PERFORMANCE COMMITTEE RECORD OF ATTENDANCE 2021/22 (G/22/45)

8. PRIVATE DISCUSSION

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

9. DATE OF NEXT MEETING

Monday 7 June 2022 at 9.30am.

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