Council Building
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01/03/2022

A Virtual Meeting of the **Audit and Performance Committee of the Perth and Kinross Integration Joint Board** will be held on **Monday, 07 March 2022** at **09:30**.

If you have any queries please contact Committee Services - Committee@pkc.gov.uk.

Jacquie Pepper
Interim Chief Officer – Health and Social Care Partnership

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

Members
Councillor Callum Purves, Perth and Kinross Council (Chair)
Councillor John Duff, Perth and Kinross Council
Pat Kilpatrick, Tayside NHS Board
Ronnie Erskine, Tayside NHS Board
Bernie Campbell, Carer Public Partner
Sandy Watts, Third Sector Forum

Audit and Performance Committee of the Perth and Kinross Integration Joint Board
Monday, 07 March 2022

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

3.3   MATTERS ARISING

4   PERFORMANCE

4.1   LOCALITY UPDATE SOUTH
Presentation

5   GOVERNANCE & ASSURANCE

8   PRIVATE DISCUSSION

9   DATE OF NEXT MEETING
7 June 2022 at 9.30am

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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 13 December 2021 at 9.30am.

Present:	Councillors C Purves (Chair) and J Duff (Perth and Kinross Council), P Kilpatrick and B Hamilton (substituting for R Erskine) (Tayside NHS Board), B Campbell (Carer Public Partner) (during Item 4.1).
In Attendance:	S Peterson, S Auld, L Glover and S Hope (all IJB Members); G Paterson, Chief Officer, J Smith, Head of Finance and Corporate Services, C Jolly, E Devine (up to and including Item 4.1), Z Robertson, K Ogilvy, A McPherson, G Morrison (up to and including Item 4.1) and P Jerrard (all Perth and Kinross Health and Social Care Partnership); J Clark, Chief Internal Auditor; and S Hendry, A Taylor, M Pasternak and A Brown, Corporate and Democratic Services (Perth and Kinross Council).
Apologies:	R Erskine (Tayside NHS Board).

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 SEPTEMBER 2021

The minute of meeting of the Audit and Performance Committee of the Perth and Kinross Integration Joint Board of 12 September 2021 was submitted and approved as a correct record.

3.2 ACTION POINTS UPDATE

The Action Points Update (Report G/21/104) was submitted and updates provided thereon.

3.3 MATTERS ARISING

There were no matters arising.

4. PERFORMANCE

4.1 LOCALITY UPDATE PERTH CITY

Allison McPherson and Gillian Morrison provided the Board with a slide-based presentation giving a Locality Update on Perth City

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/21/171) providing an update on the 2021/22 projected year-end out-turn based on financial performance for the seven months to 31 October 2021.

J Smith reported that the financial forecast for 2021/22 based on actual expenditure for the first 7 months is a break even position. This is in line with the approved budget and only £1.53m of reserves is required to deliver this break even position which is less than £2m than expected.

Covid costs of £8.7m are now forecast. The Head of Finance and Corporate Services advised that these forecasted costs are kept under significant monthly review and assured the Committee that all actions are being taken to minimise and manage any additional costs. Scottish Government funding of £3.6m has been confirmed to meet Covid pressures over and above IJB Covid Reserves of £4.6m, however it is expected that the £0.5m balance will be fully met.

The improved forecast year end position means that the forecast reserves carry forward 2022/23 position for un-earmarked reserves is higher than expected. This includes the unused NHS Tayside bridging reserve monies. A number of potential uses of non-recurring reserves have been included in the 2022/23 draft budget, as discussed at the recent IJB meeting, and will be taken forward as part of the upcoming budget process.

Councillor Duff queried the unachieved saving reported of £0.708m at section 6.2 of the report in relation to the Review of Contributions Policy and the discussions with Perth and Kinross Council (PKC) regarding this being funded by them and why this would be the case. J Smith advised that PKC colleagues have intimated that this is their responsibility to provide the non-recurring support to offset the shortfall in income given that it was their decision to delay the review.

Resolved:
(i)   The overall projected out-turn of break-even after the application of reserves, be noted.

(ii)   The Covid-19 Response and Remobilisation costs of £8.687m, expected to be met by the IJB Covid-19 Reserve and additional Scottish Government funding, be noted.

(iii)   The update regarding the IJB reserves position for 2021/22 as detailed in Report G/21/171, be noted.

(iv)   It be noted that there may be a potential future impact from financial risks on the financial forecast, against which mitigating actions continue to be identified.

4.3   SIX MONTH PROGRESS REPORT ON REMOBILISATION AND KEY STRATEGIC PERFORMANCE INDICATORS

There was submitted a report by the Chief Officer (G/21/172) providing an update on progress made in respect of Remobilisation actions and performance against the core set of integration performance indicators.

The report highlighted that an appropriate benchmarking group has been identified which will allow more meaningful benchmarks to be made rather than reporting against the Scottish average as has happened up until now. G Paterson also discussed the pilot of a new tool to gather patient and user feedback. Currently the Partnership relies heavily on complaints and comments but this new approach will allow more proactive work in this area. It is anticipated that this will allow qualitative as well as quantitative data to be gathered and enable the Partnership to make steps to measure the impact of the services we deliver upon the people who receive them.

The performance indicators also demonstrate that the Covid19 pandemic has had a significant impact on service provision and on performance over the last 18 months. This makes for difficulties in drawing meaningful comparisons over the previous years so performance information has been included from 2019/20. In that regard there is only 1 indicator where our performance has deteriorated and this relates to Falls. G Paterson advised that the Partnership is continuing to examine what this tells us and what can be done to improve falls performance.

Councillor Duff queried the Falls data and if comparisons were made to people aged over 65 and not the whole population of Perth and Kinross. C Jolly advised that the falls data related to a rate per 1000 population so is comparable. However wider demographic issues beyond age are not factored in and this may affect comparisons between Perth and Kinross and other areas in Scotland. C Jolly also stated that given there appears to have been an increase in the reporting of falls it may be the case that the Partnership is good at reporting and recording that falls have occurred. This could mean that a red number in relation to this indicator might not mean poor performance. G Paterson stated that we need to clarify if the people who fall are already known to services and if there is something we should be doing differently. The figures continue to provide the Partnership with some concern as we have a strong commitment to mitigating programmes like Care about Physical Activity, which aim to reduce the likelihood of people suffering falls.

Resolved:
The Health and Social Care Partnership's performance to date, be noted.

THERE FOLLOWED A SHORT RECESS AND THE MEETING RECONVENED AT 11.10AM

5. GOVERNANCE & ASSURANCE

5.1 STRATEGIC RISK MANAGEMENT UPDATE

There was submitted a report by the Chief Officer (G/21/173) 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.

Councillor Purves queried the decision taken to archive the strategic risk concerning Insufficient Preparedness for Future Covid-19 Pressures, and if the current situation in the pandemic meant that this was still the appropriate direction. The Chief Officer advised that the decision to archive the risk reflects the vast experience gained, the mitigations incorporated and the ability of the Partnership to flex and respond during each wave of the pandemic. The pandemic has presented many different challenges and the emerging information on Omicron is presenting further challenges as the evidence suggests increased transmission. Further response is expected from the UK and Scottish Governments so the Chief Officer advised that EMT will consider this in the coming weeks and make a determination on the validity of the decision to archive the risk.

Resolved:
(i)   The IJB's Strategic Risk Register and Strategic Risk Improvement Plan as detailed in Report G/21/173, be noted.
(ii)   The current position of the IJB's strategic risk exposure scores as detailed in Section 2 of Report G/21/173, be noted.
(iii)   The imminent inclusion of the new strategic risk in relation to GP Sustainability as detailed in Section 3 of Report G/21/173, be noted.

5.2 PARTNERSHIP IMPROVEMENT PLAN UPDATE

There was submitted a report by the Chief Officer (G/21/174) 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/21/174, be noted.

5.3 AUDIT RECOMMENDATIONS UPDATE

There was submitted a report by the Head of Finance and Corporate Services (G/21/175) 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.

The Committee heard that 1 audit recommendation is overdue and this is in relation to Corporate Support. J Smith advised that a review of corporate support has been undertaken and proposals developed, so this recommendation is on track. This will form part of the budget proposals which will come forward in the New Year.

J Smith further advised that work will soon commence to determine if the Audit Recommendations and Partnership Improvement Plan reports can be combined to produce a single good governance action plan.

The Chief Officer commented on the proposed restructure of the Executive Management Team as mentioned at previous meetings. G Paterson advised that the direction of this has now changed and that the focus of our activity will now be to ensure that the Partnership has more resilience, sustainability and continuity. There are a number of people on temporary contracts and a significant number of new initiatives and developments that require corporate support to programme manage. In this respect, Heads of Service will be asked to bring forward proposals around how this resilience can be built and to address the temporary contracts to allow the Partnership to move towards a position of greater stability. The Executive Management Team is concerned about how precarious the current arrangements are and the risks that fall from this so the actions to mitigate these will be accelerated.

Resolved:

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

5.4   INTERNAL AUDIT PROGRESS REPORT

There was submitted a report by the Chief Internal Auditor (G/21/176) providing an update on progress in relation to Internal Audit's planned activity.

Resolved:

The progress made with the delivery of the 2020/21 and 2021/22 plans as detailed in Appendix 1 to Report G/21/176, be noted.

S AULD LEFT THE MEETING AT THIS POINT.

IT WAS AGREED TO VARY THE ORDER OF BUSINESS AND CONSIDER ITEM 6.3 AT THIS POINT.

6.   CLINICAL CARE GOVERNANCE

6.3   CLINICAL CARE GOVERNANCE RISK ESCALATION REPORT

There was submitted a report by the Chief Officer (G/21/179) 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.

G Paterson provided the Board with a slide-based presentation.

The Chair stated that the paper was circulated prior to today's meeting to Members for comment and that any further comments after the meeting would be welcome. The Audit and Performance Committee expressed support for the contents of the paper with P. Kilpatrick echoing this endorsement and welcomed the level of assurance provided.

Resolved:

The assessment of Partner's Operational Risks and the assurance provided at Section 2 of Report G/21/179, be noted.

6.1 NHS TAYSIDE CARE GOVERNANCE COMMITTEE MINUTE OF 5 AUGUST 2021 FOR NOTING

The minute of meeting of the NHS Tayside Care Governance Committee of 5 August 2021 (G/21/177) were submitted for information and noted.

6.2 PERTH AND KINROSS HSCP CLINICAL AND CARE GOVERNANCE UPDATE REPORTS – AUGUST AND OCTOBER FOR NOTING

The Perth and Kinross HSCP Clinical and Care Governance Update Reports for August and October 2021 (G/21/178) were submitted for information and noted.

7. FOR INFORMATION

There were submitted and noted the following reports for information:

7.1 AUDIT & PERFORMANCE COMMITTEE WORK PLAN 2021/22 (G/21/180)

7.2 AUDIT & PERFORMANCE COMMITTEE RECORD OF ATTENDANCE 2020/21 (G/21/181)

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 March 2022 at 9.30am.

Perth & Kinross IJB – Audit and Performance Committee
7 March 2022
Action Points Update
(Report G/22/31)

Ref.	Min. Ref.	Meeting	Action	Responsibility	Timescale	Revised Timescale	Update/Comments
50	-	15/02/21	IJB Risk Workshop/Development Session to be scheduled to consider risk tolerance and acceptability	Chief Officer/ Head of Finance & Corporate Services	30/09/21	31/03/22	Due to PKHSCP corporate support capacity issues and the decision to prioritise the development session on GP Sustainability, the timescale for completion of this action has been amended.
53	6.1	13/09/21	Assurance on Dundee IJB's internal controls and governance arrangements to be brought to Audit and Performance Committee once available.	Head of Finance and Corporate Services	31/12/21	-	Confirmation of assurance has now been received as verbally reported at the December 2021 Committee meeting. Action complete.

PERTH & KINROSS INTEGRATION JOINT BOARD

AUDIT & PERFORMANCE COMMITTEE

7 MARCH 2022

2021/22 FINANCIAL POSITION

Report by the Head of Finance & Corporate Services
(Report No. G/22/32)

PURPOSE OF REPORT

The purpose of this report is to advise the Audit & Performance Committee of the 2021/22 projected year end out-turn based on financial performance for the 10 months to 31 January 2022.

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1. RECOMMENDATIONS

It is recommended that the Audit & Performance Committee:

   i.   Notes that the overall projected out-turn is a £0.767m under spend with no requirement for use of reserves to deliver financial balance;

  ii.   Notes forecast £9.447m Covid-19 costs which are to be funded in full by the IJB Covid-19 Reserve and additional Scottish Government funding;

 iii.   Notes the update regarding the IJB reserves position for 2021/22;

 iv.   Notes the financial risks that may still impact on the financial forecast.

2. BACKGROUND & OVERVIEW

2.1   The 2021/22 Budget set by the Integration Joint Board (IJB) in March 2021 (Report G/21/25) supported break-even across Health and Social Care after application of £3.483m reserves.

2.2   The last financial update for 2021/22 was received by the Audit & Performance Committee in December 2021. This was based on the 7 months to 31st October 2021 and projected a break-even position, after application of £1.532m reserves.

2.3   Based on actual expenditure to 31 January 2022, a £0.767m under spend is forecast for 2021/22. This is a significant improvement from the last report, with no requirement now forecast for use of reserves to deliver in-year financial balance, across both health services and social care services.

Table 1

	2021/22 Plan Over/(Under) £m	Month 10 Over/(Under) £m	Month 7 Over/(Under) £m
Health Core Position	0.373	(0.299)	0.237
Social Care Core Position	0.719	(0.468)	(0.531)
Savings Slippage	2.395	0	1.826
Total	**3.487**	**(0.767)**	**1.532**
Use of Reserves	(3.487)	0	(1.532)
Forecast	**0**	**(0.767)**	**0**

2.4   The most significant contributing factor to the improvement from Month 7 is Scottish Government confirmation, in January 2022, that slippage in savings will be covered by Covid Funding. This has led to a £1.826m improvement in the core forecast position across health and social care. Over and above this, the Health forecast has improved by £0.536m since Month 7 mainly due to an improvement in the forecast position on Prescribing.

2.5   Covid-19 Remobilisation costs are forecast at £9.447m for 2021/22 (Month 7 £8.687m). This now includes £1.826m of savings slippage. Of this, £4.547m will be met by the IJB Covid-19 Reserve. In February 2022, the Scottish Government allocated the full balance of funding to PKHSCP.

2.6   Financial risks have been identified that may still impact on the financial forecast moving forward. The most significant financial risk relates to the potential requirement for all 3 IJB's to support NHS Tayside with the £3.1m overspend forecast for Inpatient Mental Health. NHS Tayside is responsible for the operational management of Inpatient Mental Health Services and the forecast overspend for this service is included in their year end forecast.

2.7   The Scottish Government has announced significant additional funding for 2021/22 for Winter Resilience and Capacity. Further information is provided in Section 8 below.

3.   SOCIAL CARE

3.1   An underspend position is now forecast for Social Care Services. Table 2 below sets out the forecast position compared to plan.

Table 2

Social Care	Approved Financial Plan Over/(Under) £m	Month 10 Projection Over/(Under) £m	Month 7 Projection Over/(Under) £m

2021/22 Core Position	0.263	(0.034)	(0.045)
Recurring Deficit/ (Surplus)	0.456	(0.434)	(0.486)
Slippage in Savings Delivery	1.019	0	0.804
Sub-Total Shortfall / (Surplus)	**1.738**	**(0.468)**	**0.273**
PKIJB Reserve-2020/21	(1.738)	(0)	(0.273)
Variance Shortfall / (Surplus)	**0**	**(0.468)**	**0**

3.2   As reported previously, the positive movement in the recurring deficit from plan is driven by additional Scottish Government Living Wage funding (£0.9m). Living Wage costs had already been fully anticipated in the budget prior to the funding being announced at the end of March 2021. The application of this recurring surplus is being addressed as part of the development of the 2022/23 Financial Plan.

3.3   Appendix 1 provides a breakdown of the £0.034m underspend forecast on the core position. This remains better than the £0.263m overspend anticipated at the start of the year.

3.4   For Older Peoples Services, an underspend of £0.163m is forecast (£0.319m at Month 7). This is largely driven by an underspend of £0.835m in Care Home placements where demand is significantly lower than plan (£0.804m at Month 7). In addition, an underspend of £0.362m is forecast on Day Care, Respite and Transport due to usage levels (£0.333m at Month 7). These underspends are being offset by a £0.875m overspend forecast on Care at Home (£0.772m at Month 7) where demand continues to be higher than plan. A forecast overspend is also within the Community Alarm Service with additional staffing required to respond to increased demand (£0.202m). In addition, unanticipated equipment costs of moving from analogue to digital have been incurred (£0.088m). A recommendation to fund a 6 year capital programme, supporting the cost of analogue to digital equipment, has been included in the Perth & Kinross Council 2022/23 Capital budget, to be considered at Council on 23 February 2022.

3.5   For Adult Services, an overspend of £0.074m is forecast (£0.244m at Month 7). Placements and Supported Community Living are reporting an overspend of £0.213m (£0.331m at Month 7). The movement from the last report reflects updated cost information and staff slippage due to recruitment. This overspend is being offset by a £0.150m underspend on Day Care, Transport, and the Respite Bureau due to usage levels.

3.6   Confirmation in January 2022 of Scottish Government Covid funding for savings slippage, along with a better than expected core position, and the benefit of unanticipated Scottish Government Living Wage funding means that use of reserves is no longer required to deliver break-even.

4. HEALTH

4.1 An overall underspend of £0.299m is now forecast for health services. Table 3 below sets out the forecast position compared to plan.

Table 3

Health	Approved Financial Plan (Under)/Over £m	Month 10 Projection £m	Month 7 Projection £m
2021/22 Core Position	(0.754)	(1.597)	(1.096)
Recurring Deficit	1.127	1.298	1.333
Slippage in Savings Delivery	1.376	0	1.022
Sub-Total Shortfall / (Surplus)	**1.749**	**(0.299)**	**1.259**
PKIJB Reserve- 2020/21	(0.345)	(0)	(0.961)
PKIJB Reserve- NHST Bridging	(1.404)	(0)	(0.298)
Sub-Total Offset Funding	**(1.749)**	**(0)**	**(1.259)**
Variance Shortfall / (Surplus)	**0**	**(0.299)**	**0**

4.2 Appendix 1 provides a breakdown of the £1.597m under spend forecast on the core position. This is significantly better than the £0.754m under spend anticipated at the start of the year and relates mainly to the improved prescribing position.

4.3 Older Peoples Services are forecasting an under spend of £0.157m (Month 7 £0.038m). For Inpatient Wards, a £0.180m underspend is forecast, an improvement from the last report (£0.031m overspend at Month 7). Additional staff costs have reduced and are being further offset by vacancies and retirals. For Allied Health Professionals, a £0.145m overspend is driven by Occupational Therapy and Physiotherapy staff above budgeted levels (£0.220m at Month 7).

A review has been undertaken and recurring pressures have been identified and included in the budget planning for the next financial year. For Community Nursing, a £0.388m overspend (£0.361m at Month 7) is driven by a regrading of Band 6 staff. This pay pressure was not anticipated and opportunities for additional funding are being pursued. These areas of overspend are being offset by slippage in investment of Intermediate Care Bed Funding (£0.330m).

4.4 Within Adult Services the £0.565m forecast underspend (£0.436m at Month 7) is driven by vacancies within the Community Mental Health and Learning Disability Teams (£0.287m), along with slippage in the commencement of planned care packages (£0.278m). For both areas, the level of underspend has increased since the last report.

4.5   Within Management/Commissioned/Other Services the forecast £0.213m underspend (£0.282m at Month 7) is driven mainly by slippage in recruitment to the Primary Care Resilience Team (£0.194m).

4.6   PKHSCP Hosted Services are reporting a £0.353m underspend overall (£0.372m at Month 7). This is driven by vacancies within Prison Healthcare, Podiatry and Dental Services along with lower than budgeted supplies costs in Podiatry and Public Dental Services. Hosted Services in Dundee and Angus IJBs are forecasting an overall overspend (£0.324m). Within Angus hosted services, there are overspends within Forensic Services due to the use of supplementary staffing to ensure safe delivery of the service. Within Dundee hosted services, there are material underspends across Psychological Therapies and Sexual Health both because of workforce issues and vacancies within the services.

4.7   For Prescribing, the forecast £0.470m underspend is positive and is an improvement on the last report (£0.375m). Higher than planned rebates and income are the main drivers of the underspend.

4.8   For General Medical Services an overspend of £0.064m is forecast (£0.269m at Month 7). An underspend of £0.308m is forecast against the core budget, mainly driven by reduced Enhanced Services expenditure, related to lower activity. However, this is more than offset by an overspend in 2C practices across Dundee and Angus. Perth & Kinross continue to be allocated a share of these overspends and the share is forecast to be £0.372m for 2021/22 (£0.452m at Month 7).

4.9   Due to the higher than anticipated core underspend and the additional Scottish Government Covid-19 funding for savings slippage (as per para 2.4 above), use of reserves is no longer required to break-even.

5.   SAVINGS

5.1   Of £2.081m approved savings for 2021/22, £0.255m is projected to be delivered. Table 4 below sets out the detail of savings slippage anticipated in 2021/22. This slippage was fully anticipated as part of the 2021/22 Financial Plan and results from the impact of Covid on management capacity. The Scottish Government confirmed in January 2022 that savings slippage will be treated as a Covid cost and funded in full.

Table 4

Description	Approved Savings still to be delivered £m	Amount Projected to be delivered in 2021/22 £m	Shortfall £m
Review of Care Home Placements	0.232	0.232	0.000
Review of Care at Home	0.200	0	0.200
Complex Care Transformation	0.529	0	0.529
Integration of H&SC Teams	0.035	0	0.035

Prepaid Card Scheme	0.040	0	0.040
Sub-Total Social Care	**1.036**	**0.232**	**0.804**
Redesign of Rehabilitation Beds	0.740	0	0.740
Integration of H&SC Teams	0.305	0.023	0.282
Sub-Total Health	**1.045**	**0.023**	**1.022**
Total Health & Social Care	2.081	0.255	1.826

5.2 The Review of Contributions Policy saving remains unachieved and is in addition to the above. This saving of £0.708m is being funded by Perth & Kinross Council non-recurringly in 2021/22.

6. COVID-19 RESPONSE AND REMOBILISATION

6.1 The Quarter 2 estimate of Covid related costs submitted to the Scottish Government forecast costs across Health and Social Care of £8.687m.

6.2 A further Quarter 3 estimate has now been submitted and costs are forecast at £7.621m. Forecast costs have reduced across several areas, particularly in relation to Community Hospital contingency costs. There are also areas of expenditure no longer included within the forecast, as they are now being funded through Winter Resilience and Capacity monies (see Section 8 below).

6.3 Appendix 2 provides a detailed breakdown of both Social Care and Health forecast 2021/22 Covid Costs in line with the Quarter 3 Scottish Government Forecast submission. In addition to the £7.621m above, a further £1.826m for unachieved savings is included in the submission. The PKHSCP has now received funding from the Scottish Government that offsets the £9.447m in full.

7. RESERVES

7.1 As at 1 April 2021, Perth & Kinross IJB had £13.900m of reserves. Appendix 3 sets out the detail of these reserves and the forecast utilisation during 2021/22.

7.2 The 2021/22 Budget approved by the IJB in March 2021, set out a break-even position for both Health and Social care after the use of £5.287m general reserves. The amount required is now projected to change, as summarised in Table 5 below.

Table 5

	Total Reserve £m	Amount Required in Approved Financial Plan £m	Amount forecast as now required £m	Forecast Balance of Reserve Remaining £m
PKIJB Reserve- Health Under	0.961	0.345	0	0.961

spend 2020/21				
PKIJB Reserve -NHST Bridging Funding	1.400	1.400	0	1.400
Social Care IJB 2020/21 Under spend	2.926	1.738	0	2.926
Total	**5.287**	**3.483**	**0**	**5.287**

7.3 Due to reserves no longer being required to deliver break-even, the unearmarked general reserve balance for PKIJB is forecast to be £5.287m, plus £0.767m in year forecast under spend. This totals £6.054m and equates to 2.8% of budget. The PKIJB Reserves Policy sets out a 2% target.

8. Additional Scottish Government Funding

8.1 The Scottish Government has announced additional funding for Winter Resilience and Capacity. The funding allocated to PKHSCP in 2021/22 is £4.037m as follows:-

Table 6

Funding	**Funding Allocated to PKIJB £m**
Expanding Care at Home Capacity	1.969
Interim Care	1.271
Multi-Disciplinary Teams	0.635
Health & Care Support Staff	0.162
Total	**4.037**

Plans have been developed and the funding is expected to be spent in full over 2021/22 and 2022/23.

9. KEY FINANCIAL RISKS

9.1 Several risks that have been considered in finalising this expenditure forecast. These risks may increase or decrease over the remainder of the year, affecting the financial position. A summary of further potential and emerging risk is provided below:

Risk	**Potential extent of Financial Exposure**	**Comments**
A transfer of budget is required by NHS Tayside to support In-Patient	£1.1m	Discussions ongoing with the NHS Tayside Director of Finance.

Risk	Potential extent of Financial Exposure	Comments
Mental Health 2021/22 forecast overspend.		
Out of area client referral	£0.2m	Risk of specialist out of area referral costs need to be met by the HSCP.
Potential legal claims	£0.4m	Being managed and supported by PKC Legal Service

10.

CONCLUSION

10.1 The overall projected out-turn is a £0.767m underspend. This is forecast to be achieved without any requirement for planned use of £3.487m reserves, primarily due to a change in funding position of Scottish Government in respect of saving slippage. In line with the Integration Scheme this underspend would be carried forward to 2022/23 as a general unearmarked reserve.

10.2 Potential risks have been identified and require to be monitored closely and mitigating action taken wherever possible.

Author(s)

Name	Designation	Contact Details
Jane M Smith	Head of Finance & Corporate Services	jane.smith@nhs.scot

Appendices

Appendix 1 - Summary Financial Position

Appendix 2 – Covid-19 Costs

Appendix 3 - IJB Reserves

P&K Position as at end January 2022

	Health		Social Care		Health & Social Care Partnership	
	Budget £'000	Total Projected Out-turn Over / (Under) £'000	Budget £'000	Total Projected Out-turn Over / (Under) £'000	Budget £'000	Total Projected Out-turn Over / (Under) £'000
Older People Services	28,593	(157)	44,984	(163)	73,577	(320)
Adult Services	5,670	(565)	26,548	74	32,218	(491)
Other Community Services	0	0	4,708	55	4,708	55
Management/Commissioned/Other	29,607	(213)	(14,462)	(434)	15,145	(647)
Undelivered Savings	(1,022)	0	(804)	0	(1,826)	0
Budget Deficit	(1,175)	1,298	(420)	0	(1,595)	1,298
Sub-Total Hospital & Community Health	**61,673**	**363**	**60,554**	**(468)**	**122,227**	**(105)**
P&K IJB Hosted Services	9,835	(353)			9,835	(353)
Dundee & Angus Hosted Services Recharges In/Out Excl. Covid	5,756	97			5,756	97
Sub-Total Hosted Services	**15,590**	**(256)**			**15,590**	**(256)**
GP Prescribing/Other FHS	27,444	(470)			27,444	(470)
General Medical Services/ Family Health Services	47,921	64			47,921	64
Sub -Total PKHSCP	**152,628**	**(299)**	**60,554**	**(468)**	**213,182**	**(767)**
2020/21 Underspend Reserve		**0**		**0**		**0**
NHST Funding Reserve		**0**		**0**		**0**
Total PKHSCP	**152,628**	**(299)**	**60,554**	**(468)**	**213,182**	**(767)**

Covid-19 Response & Remobilisation Costs (as per Quarter 3 Submission)

Social Care Forecast Covid-19 Costs 2021/22	Total 2021/22 £
Social Care Provider Sustainability	3,525,000
Unachieved Savings	804,000
Additional Capacity in the Community	708,000
Adult Social Care	186,000
Additional Staff Costs	201,000
Additional PPE	60,000
Loss of Income	131,000
Reducing Delayed Discharge	15,000
Other areas	50,000
Covid-19 Vaccination	18,000
Digital & IT Costs	20,000
Total (including unachieved savings)	**5,718,000**

Health Forecast Covid-19 Costs 2021/22	Total 2021/22 £
Additional Bed Capacity	1,182,000
Unachieved Savings	1,022,000
Primary Care	264,000
Additional Staff Costs	229,000
Covid-19 Vaccination	130,000
Reducing Delayed Discharge	136,000
Additional Prescribing	137,000
Prison Healthcare	61,000

Dundee Hosted Services	124,000
Angus Hosted Services (Primary Care)	153,000
Additional FHS Contractor Costs	119,000
Digital/IT	100,000
Additional Equipment/Maintenance/PPE	72,000
Total (including unachieved savings)	**3,729,000**

In March 2017 (IJB Report G/17/51) the IJB described and agreed its 'Reserves Policy'. This set out that the IJB may hold both 'ear-marked' reserves and general reserves. Ear-marked reserves will generally be for specific projects or ear-marked due to specific constraints or factors regarding funding, while general reserves are intended to assist the IJB manage its overall resources over the longer term. The IJB agreed it would set itself a target of having a general reserves equivalent to 2% of approved budgets (c£4m).

As at March 2021, the IJB's Annual Accounts showed that Perth & Kinross IJB had £13.900m of earmarked reserves.

Earmarked reserves will most likely be for specific projects and may be triggered by specific factors regarding funding.

The table below sets out the anticipated year-end position as at 31 January 2022.

	Balance as at 1 April 2021	Increase / (Decrease)	Balance as at 31 March 2022	Utilisation	Update
	£000	£000	£000		
Primary Care Improvement Fund	1,674	0	1,674	Earmarked to Fund SG Priorities	Due to the impact of Covid-19, progress in recruiting to key posts and digital records transformation has been delayed.
Mental Health Action 15 Fund	171	(171)	0	Fully Earmarked to Fund SG Priorities	
Primary Care Transformation Fund	328	(26)	302	Earmarked to fund Local Priorities	
Alcohol and Drug Partnership Fund	522	(522)	0	Fully Earmarked to Fund SG Priorities	
Partnership Transformation Fund	408	(233)	175	Earmarked to Fund Local Priorities	Delays in recruitment have led to slippage on this fund in 2021-22.
GP Premises Improvement Fund	64	(64)	0	Fully Earmarked to Fund SG Priorities	
Community Living Change Fund	505	(27)	478	Earmarked to Fund SG Priorities	3 Year Fund. Posts are now approved for a period of 3 years.
Winter Planning Fund	188	(119)	69	Earmarked to fund local and SG priorities	Slippage on planned recruitment.
District Nursing Fund	61	(61)	0	Fully Earmarked to Fund SG Priorities	
Reduce Drugs Death Fund	67	0	67	Earmarked to Fund SG Priorities	Th ADP is working to identify a number of test of change projects to utilise this reserve and inform future development.
Drugs Death Task Force	78	0	78	Earmarked to Fund SG Priorities	Th ADP is working to identify a number of test of change projects to utilise this reserve and inform future development.

1

COVID 19 Fund	4,547	(4,547)	0	Fully Earmarked to fund Covid-19 costs	
Health Reserves Fund (NHS Tayside)	1,400	0	1,400	Fully Earmarked as part of 2021/22 budget to deliver financial balance. If not required, alternative uses may be considered by NHST.	No longer required to deliver financial balance in 2021/22, based on current forecast at M10. The 2022/23 budget sets out plans for the potential utilisation of this reserve, which will require discussion with NHST.
20/21 Health Operational Underspend	961	0	961	Partially Earmarked as part of 2021/22 budget to deliver financial balance.	No longer required to deliver financial balance in 2021/22, based on current forecast at M10. The 2022/23 budget sets out plans for the potential utilisation of this reserve.
20/21 Social Care Operational Underspend	2,926	0	2,926	Partially Earmarked as part of 2021/22 budget to deliver financial balance.	No longer required to deliver financial balance in 2021/22, based on current forecast at M10. The 2022/23 budget sets out plans for the potential utilisation of this reserve.
Total	**13,900**	**(5,770)**	**8,130**		

SG = Scottish Government

2

PERTH AND KINROSS INTEGRATION JOINT BOARD

AUDIT & PERFORMANCE COMMITTEE

7 March 2022

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

Report by the Chief Officer
(Report No G/22/33)

PURPOSE OF REPORT
This report provides the Audit & Performance Committee with an update on performance against the core set of integration indicators for the period ended 31 December 2021.

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1. **RECOMMENDATION(S)**

   It is recommended that the IJB Audit & Performance Committee:

   - Notes the Health and Social Care Partnership's (HSCP) performance for the period ended 31 December 2021 (Quarter 3).

2. **BACKGROUND**

   This report provides the Committee with an overview of performance against the Key Strategic Performance Indicators. This follows the last such report for Quarter 2 at the last meeting. Appendix 1 sets out performance for the period.

   Compared to Scotland overall in the year to date, of the 7 indicators for which data is available, 5 are green and within the target range, one is amber (between 3% and 6% from target) and one is red (more than 6% from target).

   The indictor which is red is '*readmissions within 28 days of discharge*' (NI14). Due to recording variances across Scotland it is not possible to draw meaningful comparisons to other areas and in this instance comparisons to the previous year are indeed more valid. In this respect the rate of readmissions has improved by 9.34%.

   The indicator, which is amber, NI-16, relates to the rate of *'emergency admission as a consequence of a fall'*. Compared to Scotland and the peer group the rate in Perth and Kinross has increased by 3.03% and 16.22% respectively. It is however notable that the rate in Perth and Kinross has in fact reduced by 4.52% from 2020/21. As has been reported previously

additional research has been undertaken and improvement actions are now being identified. These will be set out in the Older Peoples Strategic Delivery Plan to be considered by the IJB in March.

Overall, compared to Scotland and our peer group, Perth and Kinross remains broadly within the target range with the exception of falls where improvement actions are now being identified by the Head of Health for incorporation in the Older Peoples Strategic Delivery Plan.

3.   IMPROVEMENT ACTIONS

As we continue to implement a performance led approach, further work is being taken forward as follows:

- Our Patient/Service User feedback survey is being piloted and is expected to be ready for use across HSCP services from early 2022/23.
- The Integration Joint Board recently approved the Community Mental Health and Wellbeing Strategy and the Learning Disability and Autism Strategic Delivery Plan. The Older Peoples Strategic Delivery Plan will be considered at the March IJB Meeting. All have agreed performance management frameworks and our regular performance reporting to the committee will be extended to include these indicators in 2022/23.
- There are number of National Indicators for which data is only collated annually, or in some instances, less frequently. Where this is the case we will endeavour to source more localised data and information for inclusion in future reports where possible.

4. CONCLUSION

Comparing performance against last year can be challenging due to variances in activity levels as a consequence of the pandemic. Notwithstanding the difficulties in making such comparisons, where performance has declined year on year in Perth and Kinross the same pattern is seen across Scotland and the peer group.

Compared to Scotland and our peer group, when considering in year performance, Perth and Kinross remains broadly within the target range.

Author(s)

Name	Designation	Contact Details
Chris Jolly Jane Smith	Service Manager (Business Planning and Performance) Head of Finance & Corporate Services	christopher.jolly@nhs.scot

1.   IMPLICATIONS, ASSESSMENTS, CONSULTATION AND COMMUNICATION

The undernoted table should be completed for all reports. Where the answer is 'yes', the relevant section(s) should also be completed. Where the answer is 'no', the relevant section(s) should be marked 'not applicable (n/a)'.

Strategic Implications	Yes / None
HSCP Strategic Commissioning Plan	**YES**
Transformation Programme	**None**
Resource Implications	
Financial	**None**
Workforce	**None**
Assessments	
Equality Impact Assessment	**None**
Risk	**None**
Other assessments (enter here from para 3.3)	**None**
Consultation	
External	**None**
Internal	**YES**
Legal & Governance	
Legal	**None**
Clinical/Care/Professional Governance	**None**
Corporate Governance	**YES**
Directions	**None**
Communication	
Communications Plan	**None**

1. Strategic Implications

1.1 Strategic Commissioning Plan

This routine performance report supports the delivery of the Perth and Kinross Strategic Commissioning Plan in relation to all five deliverables below:

1   *prevention and early intervention,*
2   *person centred health, care and support*
3   *work together with communities*
4   *inequality, inequity and healthy living*
5   *best use of facilities, people and resources*

2. Resource Implications

2.1 Financial

This report has no direct financial implications.

2.2 Workforce

This report has no direct workforce related implications

3. Assessments

3.1 Equality Impact Assessment

Under the Equality Act 2010, PKC and NHS Tayside is required to eliminate discrimination, advance equality of opportunity, and foster good relations between equality groups. Carrying out Equality Impact Assessments for plans and policies allowing the HSCP to demonstrate that it is meeting these duties.

This report sets out progress in respect to performance in against the nationally agreed integration indicators. In doing so it provides assurance of progress in relation to our Strategic Commissioning Plan including the reduction of in the impact of inequalities.

3.2 Risk

None.

3.3 Other assessments

This report provides an assessment of performance against integration indicators.

4. Consultation –

4.1 External

None

4.2 Internal

The contents of this report have been reviewed internally with the Executive Management Team.

4.3   Impact of Recommendation

N/A this report if for noting.

5.   **Legal and Governance**

This report supports the delivery of the IJBs public reporting responsibilities.

6.   **Directions**

N/A

7.   **Communication**

7.1   N/A

8.   **BACKGROUND PAPERS/REFERENCES**

This section should list the documents that have been relied on in preparing the report, other than those committee reports already referenced within the main body of the report. All documents must be kept available by the author for inspection by the public for four years from the date of the meeting at which the report is presented.

9.   **APPENDICES**

Appendix 1 – Perth and Kinross Health and Social Care Partnership, Key Strategic Performance Indicator Report covering the period to December 2021 or latest (Quarter 3)

Perth and Kinross Health and Social Care Partnership, Key Strategic Performance Indicator Report covering the period to December 2021 or latest (Quarter 3)

NATIONAL INDICATOR TABLES

ID	Indicator	measure	2019/20			2020/21			Latest Data for 2021/22				Comparison				
			Scotland	Peer	Perth & Kinross	Scotland	Peer	Perth & Kinross	Scotland	Peer	Perth & Kinross	Latest Period	How we compare to 2020/21	Scotland latest compares to 2020/21	Peer latest compares to 2020/21	How we compare to Scotland	How we compare to Peer
NI-11	Premature Mortality Rate per 100,000	Rolling 12 month rate	425	443	327	460	464	363	na	na	na	na	na	na	na	na	na
NI-12	Rate of emergency admissions per 100,000 population for adults (18+ all specialities)	Rolling 12 month rate	12,408	11,497	11,396	10,673	9,949	10,391	11,298	10,540	10,762	Oct-21	3.57%	5.53%	5.61%	-4.98%	2.06%
NI-13	Rate of emergency bed day per 100,000 population for adults (18+)	Rolling 12 month rate	118,679	107,639	111,125	101,027	91,748	93,903	105,489	97,338	99,835	Sep-21	6.32%	4.23%	5.74%	-5.66%	2.50%
NI-14	Readmissions to hospital within 28 days of discharge per 1,000 discharges (18+)	Rolling 12 month rate	138	137	138	112	114	129	104	105	117	Sep-21	-9.34%	-7.36%	-7.98%	11.08%	10.10%
NI-15	Proportion of last 6 months of life spent at home or in a community setting	Rolling 12 month rate	88.19%	89.01%	89.67%	90.17%	90.98%	90.32%	90.12%	90.84%	90.92%	Oct-21	0.60%	-0.05%	-0.14%	0.80%	0.08%
NI-16	Falls rate per 1,000 population (65+)	Rolling 12 month rate	22.35	19.31	22.11	21.50	18.86	23.74	21.97	18.99	22.66	Oct-21	-4.52%	2.17%	0.64%	3.03%	16.22%
NI-17	Proportion of Care Services rated good or better in Care Inspectorate inspections	Rolling 12 month rate	81.80%	na	86.39%	82.00%	na	86.00%	na	na	na	na	na	na	na	na	na
NI-18	Percentage of 18+ with intensive social care needs receiving Care at Home	Rolling 12 month rate	63.0%	na	59.3%	62.1%	na	60.7%	na	na	na	na	na	na	na	na	na
NI-19	Number of days people aged 75+ spend in hospital when they are ready to be discharged per 1,000 population	Rolling 12 month rate	768	646	497	484	377	197	590	462	325	Nov-21	65.12%	17.98%	18.31%	-81.47%	-42.00%
NI-20	Percentage of health and care resource spent on hospital stays where the patient was admitted as an emergency	Rolling 12 month rate	24.08%	na	26.63%	25.95%	na	24.93%	na	na	na	na	na	na	na	na	na
MSG 3	A&E attendances per 100,000 population	Rolling 12 month rate	28,504	21,358	22,650	20,408	15,400	14,268	23,771	17,557	16,034	Oct-21	12.38%	14.15%	12.23%	-48.25%	-9.50%

Data is provisional and is subject to validation.

Within 3%, or are meeting or exceeding our target	Between 3% and 6% away from meeting our target	More than 6% away from meeting our target

PERTH AND KINROSS INTEGRATION JOINT BOARD

AUDIT & PERFORMANCE COMMITTEE

7 MARCH 2022

STRATEGIC RISK MANAGEMENT UPDATE

Report by Chief Officer (G/22/34)

PURPOSE OF REPORT

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

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1.   BACKGROUND

1.1   As a key part of its governance process, the Strategic Risk Register examines the risks that impact on the IJB's ability to deliver its Strategic Commissioning Plan. The Audit and Performance Committee has delegated responsibility from the IJB for reviewing the adequacy and effectiveness of the systems and process in place to manage strategic risk.

1.2   The Strategic Risk Register is supported by a Strategic Risk Improvement Plan. This has been developed to improve either the range of controls in place or to improve the effectiveness of existing controls.

1.3   Perth & Kinross Health and Social Care Partnership's Executive Management Team (EMT) routinely monitors, reviews and provides a balanced assessment of the nature and extent of the strategic risks to which the IJB is exposed in pursuit of its strategic objectives. As part of this EMT regularly review Operational Risks across PKHSCP to determine whether escalation is required to Strategic Risk level. This includes Clinical and Care Risks.

2. ASSESSMENT

2.1 Having reviewed progress against the implementation of improvement actions, considered progress against audit recommendations, consulted risk owners and reviewed partnership operational risks, the strategic risks have been assessed and amended as set out below:

- SR09 Leadership Team Capacity has increased to a red risk from amber;

- SR10 Corporate Support has increased to a red risk from amber;

- SR13 Inpatient Mental Health Services has increased to a red risk from yellow.

PKHSCP'S Executive Management Team specifically reviewed the archiving of the strategic risk concerning Insufficient Preparedness for Future Covid 19 (or other pandemic) Pressures and confirmed that the decision to archive this risk was appropriate.

The Partnership is considered to have the processes and controls in place that can be stepped up immediately to oversee services and ensure resilience and capacity. Whilst the Omicron wave has presented new challenges, these appropriate governance and decision making mechanisms continue to ensure preparedness.

2.2 Table 1 below provides the justification for movements in scores.

2.3 A summary of the current strategic risk register is attached at Appendix 1.

Table 1

No.	Risk Reference	Impact	Probability	Previous Score	Justification	Impact	Probability	Current Score	Change
1	SR01 Financial Resources	5	4	20	There is no change to risk exposure at present. Existing controls are operating as expected, the review of the IJB's Integration Scheme continues, with the review of Financial Risk Sharing agreements being a key priority. Whilst a budget settlement has been received from the Scottish Government for 2022/23, it is too early to confirm the overall impact that this will have on ongoing financial sustainability. Further, discussions are ongoing with NHS Tayside and the 3 Integration Joint Boards in respect of the responsibility for Strategic Planning of Inpatient Mental Health Services. This may have a significant impact on the financial sustainability of the IJB moving forward and further supports retaining the overall red risk rating at this point.	5	4	20	→
2	SR02 Workforce	5	4	20	The Scottish Government deadline for completion of the 3 year workforce plan has been extended to 31 July 2022. However within P&K it is intended to produce our 3 year workforce plan by 30 June 2022. This will	5	4	20	→

| No.	Risk Reference	Impact	Probability	Previous Score	Justification	Impact	Probability	Current Score	Change
					however rely on the capacity of Heads of Service and their teams which has been significantly affected by the recent Covid surge.				
					The workforce challenges faced across PKHSCP are such that the 3 Year Workforce Plan will in itself be insufficient to mitigate the current level of risk. The Scottish Government have indicated that their Health & Social Care Workforce Strategy is expected in early 2022 and as national solutions are essential to respond to national shortages across a number of professional staff groups this will be key in addressing growing workforce shortages to sustain existing and new service models.				
					The significant workforce challenges facing the Partnership are demonstrated by the temporary closure of the GP Inpatient Unit at Pitlochry Community Hospital due to long standing nursing recruitment challenges. In recent months these challenges have been further exacerbated by Covid 19 which has impacted on the availability of staff across the health and social care system.				
					The Older Peoples Strategic Delivery Plan 2022:2025 and the Community Mental Health & Wellbeing Strategy set out significant investment in additional staff to respond to increases in demand. Recruitment to additional posts is underway with the success of both strategies being dependant on being able to fulfil recruitment required.				
					As such there is no change to the risk exposure.				
3	SR03 Safe Working	4	4	16	The production of an accommodation strategy, which is the key improvement action related to this strategic risk, now requires appropriate leadership to progress. The capacity of Heads of Service to undertake this is not available. Heads of Service have scoped out Partnership needs in terms of WTE requiring accommodation and the associated services. There however is no capacity to take this forward to formalise a strategy which can go to statutory partners for an integrated solution to be sought and delivered. This however has not been a priority due to the operational challenges Omicron has presented. As such, discussions with statutory partners on how a strategy can be procured will now be progressed. Proposals to increase service management capacity have been agreed however are not yet implemented There is no change to the risk score at present.	4	4	16	➡
4	SR04 Sustainable	5	4	20	Our Strategic Delivery Plan for Older Peoples Services is being developed and will seek to	5	4	20	➡

No.	Risk Reference	Impact	Probability	Previous Score	Justification	Impact	Probability	Current Score	Change
	Capacity and Flow				address pressures in a sustainable manner. The plan will be reviewed to ensure that strategic actions which will mitigate the risk are captured and monitored. Care at Home capacity has a direct impact on capacity and flow however and our approach to winter resilience and new models of service delivery will, in time, further mitigate pressures. A very high red operational risk in relation to Care at Home is currently being mitigated and will continue to be monitored for any implications for the strategic risk. The winter planning process is being used as a test of change in order to improve and enhance the resilience of services to maintain capacity and flow through hospitals and to prevent admissions. Learning will be taken from this test of change to consider what can be achieved on a permanent basis to support capacity and flow. Despite the pressures brought on by the Omicron surge and the significant issues with Care at Home providers, flow is being maintained with patients and service users continuing to move through the system. However this is being maintained at the potential expense of other services which may result in future service demand. There is no change to risk exposure at this time.				
5	SR05 Sustainable Digital Solutions	4	3	12	The Steering Group and Strategy Group are working well and directing the need for change as expected. Regular reporting to EMT is not yet in place and this remains a concern; however a new improvement action has been put in place to rectify this which will be added to the current controls when reporting is in place. There is no change to risk scores at present as improvement actions still progressing.	4	3	12	→
6	SR06 Viability of External Providers	4	4	16	The Older People's Strategic Delivery Plan is due to be considered by the IJB in March 2022. With this will come a range of improvements and investment which will seek to enhance the viability of external providers. There is no change to the risk exposure at this time.	4	4	16	→
7	SR08 Widening Health Inequalities	3	4	12	Joint work continues with PKHSCP and the CPP in relation addressing inequalities with improved capacity to increase volunteering and improve early intervention work. Close working continues in partnership with our communities via attendance at regular Stronger Communities meetings. The risk score remains unchanged.	3	4	12	→

No.	Risk Reference	Impact	Probability	Previous Score	Justification	Impact	Probability	Current Score	Change
8	SR09 Leadership Team Capacity	4	3	12	EMT has approved the funding solution identified that will establish posts within Head of Service teams on a substantive basis from 2022. However the imminent departure of the CO will likely mean that leadership capacity is compromised for a period. Further, ongoing discussion at senior level across Tayside around the leadership of Mental Health Transformation may have a serious compounding impact on leadership capacity. Due to this and despite the completion of improvement action 9a, the impact of this risk has moved from 3 to 4 increasing the risk exposure to 16.	4	4	16	↑
9	SR10 Corporate Support	4	3	12	The Chief Officer has determined that, following a review, the most appropriate, effective and efficient route to ensure Partnership increased capacity and corporate support resilience is for the current Executive Management Team structure to be retained. In parallel, the strategic risk improvement action concerning the rapid review of corporate support has been finalised and has informed the need for additional corporate support resource. Approval has been granted by EMT to progress the proposals identified. However the imminent departure of the CO may mean implementation of the proposals on a substantive basis may be compromised. The uncertainty concerning the appointment of a new CO will also present capacity challenges for the Corporate Support function Due to the above and despite the completion of 2 improvement actions, the probability of the risk occurring has been increased from 3 to 4, meaning the new risk exposure is 16.	4	4	16	↑
10	SR11 Primary Care	4	4	16	Progress has been limited with no changes so the risk exposure remains the same. However this risk and improvement plan will be updated following the IJB development session which was held at the end of January 2022.	4	4	16	→
11	SR13 Inpatient Mental Health Services	3	3	9	Improvement actions remain ongoing with the review of the Integration Scheme continuing. However discussion is underway across the parties around accountabilities and their consistency with leadership arrangements. The gap that has been created between operational management and strategic planning following Scottish Government direction in June 2019 has created a complex governance challenge and there is the potential for significantly increased risks to the IJB.	4	4	16	↑
12	SR14 Partnership Premises	4	4	16	The production of an accommodation strategy, which is the key improvement action related to this strategic risk, now requires appropriate	4	4	16	→

No.	Risk Reference	Impact	Probability	Previous Score	Justification	Impact	Probability	Current Score	Change
					leadership to progress. The capacity of Heads of Service to undertake this is not available. Heads of Service have scoped out Partnership needs in terms of WTE requiring accommodation and the associated services. There however is no capacity to take this forward to formalise a strategy which can go to statutory partners for an integrated solution to be sought and delivered. This however has not been a priority due to the operational challenges Omicron has presented Proposals to increase service management capacity have been agreed however are not yet implemented. As such, discussions with statutory partners on how a strategy can be procured will now be progressed. There is no change to the risk score at present.				

➔ No change in risk exposure exposure   ⬆ Increase in risk exposure   ⬇ Decrease in risk

2.4   Table 2 below shows the Strategic Risk Exposure at the last Committee meeting and today's meeting:

Table 2

Strategic Risk Exposure

	Priority 1	Priority 2	Priority 3	Priority 4
Dec-21	7	4	1	0
Jan-22	10	2	0	0
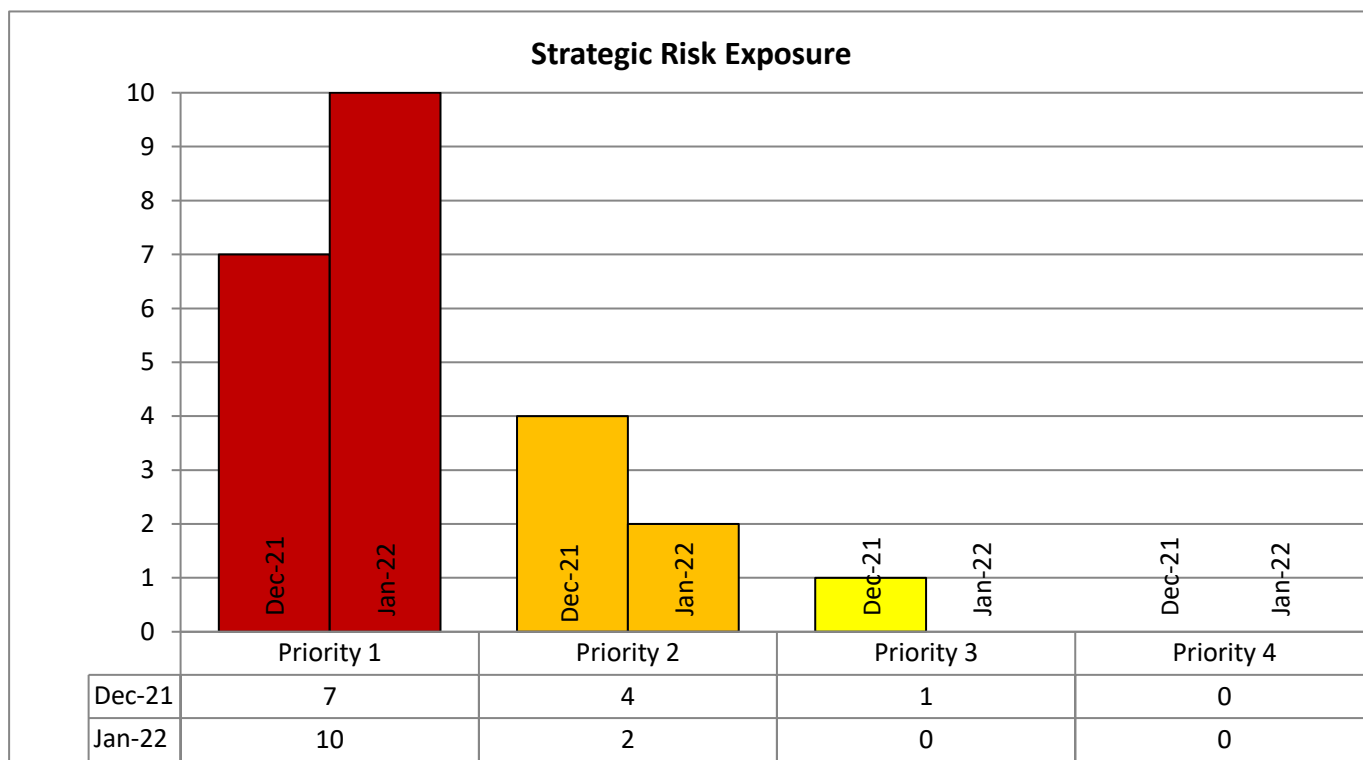
3. IJB DEVELOPMENT SESSION - GP SUSTAINABILITY

3.1 A development session was held for IJB members on 26 January 2022 concerning GP sustainability. The session highlighted the range of issues which are being experienced within General Practice and how these relate to the HSCP and the IJB.

3.2 Following this session the implications for the GP Sustainability strategic risk and associated improvement actions are now being considered and the register and improvement plan will be updated accordingly as soon as possible.

4. STRATEGIC RISK IMPROVEMENT ACTION PLAN

4.1 The Strategic Risk Improvement Plan sets out the actions being taken to improve the overall control environment and where possible reduce current levels of risk exposure. This has been updated and is attached at Appendix 2.

4.2 Since the Improvement Plan was last presented to the Audit and Performance Committee, the following changes have been made:

Table 3

Ref.	Risk	Ref	Improvement Action Description	Narrative
1	SR01 Financial Resources	1a	Timetable of Joint Engagement meetings with key stakeholders (PKC Head of Finance, NHST Director of Finance, Chief Executives).	Target date overdue. However it is noted that this is not within the direct control of the Chief Officer/Chief Financial Officer. RAG changed from Amber to Red.
2	SR01 Financial Resources	1d	In partnership with NHS Tayside and the 3 IJB's, develop an affordable long term financial framework for delegated Mental Health functions across Tayside including a jointly agreed approach to bridging finance.	New improvement action added.
3	SR01 Financial Resources	1e	Review the role of medicines management governance in Tayside and the role of HSCP's/IJB's therein to ensure that new SMC approved medicines for Primary Care are not approved locally without the necessary budgetary provision being agreed.	New improvement action added.
4	SR02 Workforce	2a	Development of 3 year 2022/25 PKHSCP Workforce Plan.	Target date changed from 31/3/22 to 30/6/22 in line with SG extension. However work

Ref.	Risk	Ref	Improvement Action Description	Narrative
				progressing well.
5	SR02 Workforce	2b	Implementation of P&K Mental Health & Wellbeing Strategy - Key Theme 5.1 - Review of Workforce Requirements	Strategy approved by IJB. RAG changed from Green to Blue. Action complete.
6	SR03 Safe Working	3a	Produce a Perth & Kinross HSCP Accommodation Strategy to address infrastructure needs across the organisation for the short, medium and long term to ensure that capacity and demand can be managed safely and in accordance with the achievement of our Strategic ambitions".	Target date overdue. RAG changed from Amber to Red.
7	SR04 Sustainable Capacity & Flow	4a	Development of 3 Year Strategic Delivery Plan for Older People's Services. This will seek to address issues that demographic growth presents and ensure capacity across the system is sufficiently robust.	Target date amended from 30 November 2021 to 30 March 2022 when the Older Peoples Strategy will be considered for approval by the IJB.
8	SR04 Sustainable Capacity & Flow	4c	Implementation of P&K Mental Health & Wellbeing Strategy - Key Theme 2.2 - Access to Mental Health Services and Support	Strategy approved by IJB. RAG changed from Green to Blue. Action complete.
9	SR05 Sustainable Digital Solutions	5b,5c,5d	Responsibility for these actions amended to Acting Head of Service ASWSC Operations.	
10	SR05 Sustainable Digital Solutions	5e	Regular reporting from Digital Steering Group to EMT to be agreed and implemented.	New improvement action added.
11	SR09 Leadership Team Capacity	9a	Review of PKHSCP Service Management Structure to sustainably increase leadership capacity including Strategic Planning and Performance.	The Chief Officer has determined that, following a review, the most appropriate, effective and efficient route to ensure Partnership increased capacity and resilience is for the current EMT level structure to be retained. The narrative for the action has been amended to "Review of PKHSCP Service Management Structure to sustainably increase leadership capacity including Strategic Planning and Performance" and RAG changed from Green to Blue. Action complete.

Ref.	Risk	Ref	Improvement Action Description	Narrative
12	SR09 Leadership Team Capacity	9b	Implementation of PKHSCP Management Structure Review.	Improvement action amended to "Review of service management support to all Heads of Service to ensure sufficient capacity and protect resilience." However proposals are not yet fully developed so the RAG has been amended from Green to Amber.
13	SR09 Leadership Team Capacity	9c	Develop and appropriately resource leadership arrangements to support the development of a Mental Health Strategic Delivery Plan for delegated functions across Tayside that are consistent with the revised Integration Scheme and that effectively mitigate the material risk that emerges from the split of responsibility for strategic planning from operational management.	New improvement action added with responsibility aligned to NHST & PKC CE's / IJB Chairs & IJB CO's
14	SR10 Corporate Support	10a	Chief Officer to work with the EMT to progress a restructure of the HSCP that will seek to ensure adequate capacity across the organisation to improve functioning and effectiveness and address identified capacity shortfalls, within available finance.	Improvement action removed.
15	SR10 Corporate Support	10b	Implementation of PKHSCP Management Structure Review.	Improvement action removed.
16	SR10 Corporate Support	10c	Finalise rapid review of Corporate Support and identify an appropriate funding solution as required to ensure sustainable corporate services for inclusion in the Draft 2022/23 Financial Plan.	Proposals identified in the rapid review for investment in Performance & Planning and Finance have now been approved. RAG changed from Green to Blue. Action complete.
17	SR10 Corporate Support	10d	With HR support from both parties implement outcomes of Corporate Support review to ensure necessary capacity in place at the earliest opportunity.	New Improvement action added.
18	SR13 Inpatient Mental Health Services	13b	Following approval in principle of the Tayside Mental Health Strategy by Tayside HSCP's bring	RAG changed from Amber to Red.

Ref.	Risk	Ref	Improvement Action Description	Narrative
			forward the Strategic Delivery Plan.	
19	SR14 Partnership Premises	14a	Produce a Perth & Kinross HSCP Accommodation Strategy to address infrastructure needs across the organisation for the short, medium and long term to ensure that capacity and demand can be managed safely and in accordance with the achievement of our Strategic ambitions.	Target date overdue. RAG changed from Amber to Red.

5. ESCALATION OF OPERATIONAL CLINICAL CARE GOVERNANCE RISKS

5.1 The Chief Officer has now initiated a process to routinely consider operational clinical care governance risks and their impact on PKIJB's Strategic Objectives. The routine examination of these risks allows for consideration to be given to the need for further assessment of existing strategic risks or the extent to which new strategic risks should be reported.

5.2 This review was last undertaken on 27 January 2022 and a report setting out the outcome of this review is being considered at item 6.1 on today's agenda.

6. NEXT STEPS

6.1 The risk scores, controls and improvement actions for each of the risks will continue to be reviewed and updated by risk owners, supporting forums and the Executive Management Team as per the frequency set out in the reviewing and reporting schedule included in the Partnership's Risk Management Framework.

7. RECOMMENDATIONS

The Audit and Performance Committee is asked to:

i) Note the IJB's Strategic Risk Register and Strategic Risk Improvement Plan.

ii) Note the current position of the IJB's strategic risk exposure scores as at section 2.

Author(s)

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Appendices
Appendix 1 – Perth & Kinross IJB Strategic Risk Register Summary
Appendix 2 – Strategic Risk Improvement Action Plan
Appendix 3 – Strategic Risk Register Matrix

Perth & Kinross Health and Social Care Partnership

No.	Risk Ref.	Risk	EMT Risk Owner	Priority	Status
1	SR01	**FINANCIAL RESOURCES**: There are insufficient financial resources to deliver the objectives of the Strategic Plan.	Head of Finance and Corporate Services	1	←→
2	SR02	**WORKFORCE**: As a result of our ageing workforce, difficulties in recruiting suitably skilled and experienced staff in some areas, and the impact of COVID-19, there is a risk that the Partnership will be unable to maintain its workforce appropriately leading to unsustainable services.	Acting Head of Service ASWSC Operations	1	←→
3	SR03	**SAFE WORKING**: There is a risk that COVID-19 restrictions on safe working practice and social distancing leads to a reduction in service provision inhibiting the ability of the Partnership to achieve its strategic aims.	Head of Health	1	←→
4	SR04	**SUSTAINABLE CAPACITY AND FLOW:** As a result of the demographics of the people who use our services in Perth and Kinross and the impact of COVID-19 on our population there is a risk of 'capacity and flow' within our services being unsustainable.	Head of Health	1	←→
5	SR05	**SUSTAINABLE DIGITAL SOLUTIONS:** As a result of being insufficiently digitally enabled or integrated there is a risk that the Partnership will not to be able to adapt effectively and efficiently to deliver new models of working.	Acting Head of Service ASWSC Operations	2	←→
6	SR06	**VIABILITY OF EXTERNAL PROVIDERS:** As a result of social care market conditions, availability of services, and COVID-19, there is a risk that external providers of care will not be able to meet people's assessed needs in the most appropriate way.	Interim Head of Adult Social Care (Commissioning)	1	←→
7	SR08	**WIDENING HEALTH INEQUALITIES:** As a consequence of COVID-19 there is a risk that health inequalities widen significantly.	Chief Officer	2	←→
8	SR09	**LEADERSHIP TEAM CAPACITY:** As a result of insufficient capacity in the Leadership Team there is a risk that the clear direction and leadership required to achieve the vision for integration is not achieved.	Chief Officer	1	↑
9	SR10	**CORPORATE SUPPORT:** As a result of insufficient Corporate staff resource there is a risk that functions (such as improvement and project support, robust administration as well as core corporate duties such as performance, risk management, strategic planning, governance and audit) will be Service unable to deliver as required to achieve strategic objectives.	Head of Finance and Corporate Services	1	↑
10	SR11	**PRIMARY CARE:** As a result of insufficient suitable and sustainable premises, and a lack of available national and cross-system flow of financial support, there is a risk that we will not be able to provide, within the legislative timeframe, the necessary services as defined within the 2018 General Medical Services Contract.	Clinical / Associate Medical Director	1	←→
11	SR13	**INPATIENT MENTAL HEALTH SERVICES:** There is a risk that due to the complexity of the governance arrangements for Inpatient Mental Health Services Perth and Kinross IJB will not be able to meet its Strategic Planning responsibilities.	Chief Officer	1	↑
12	SR14	**PARTNERSHIP PREMISES:** Due to a lack of sustainable and suitable premises within which Health and Social Care Services can be delivered, there is a risk that services will be displaced without appropriate alternative accommodation having been developed or identified, resulting in a reduction in service capacity, reduced outcomes of patients and service users and a reduction in staff wellbeing.	Chief Officer	1	←→

<> No change in risk exposure	↑ Increase in risk exposure	↓ Decrease in risk exposure

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

Appendix 2

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

ACTION		RESPONSIBLE	STATUS	TARGET DATE	IMPROVEMENT TYPE	RAG	REVIEW DATE	MOVEMENT
SR01 - FINANCIAL RESOURCES: There are insufficient financial resources to deliver the objectives of the Strategic Plan.								
1a	Timetable of Joint Engagement meetings with key stakeholders (PKC Head of Finance, NHST Director of Finance, Chief Executives)	Chief Officer/CEs of PKC & NHST	Part Complete / In Progress	31/10/21	Improve existing control	Red	27/01/22	
1b	Development of 3 Year Strategic Delivery and Financial Plan for 2022/23:2024/25. This will be developed across 5 priority areas: Older People, Mental Health, Drug and Alcohol, Learning Disabilities and Primary Care. This will include the review of current approved plans, analysis of Covid-19 impact, remobilisation requirements and the inclusion of Scottish Government priorities and any associated additional funding.	Heads of Service	In Progress	31/03/22	New Control	Amber	27/01/22	
1c	Agree risk sharing arrangements between statutory partners.	Head of Finance & Corporate Services	In Progress	31/03/22	New Control	Amber	27/01/22	
1d	In partnership with NHS Tayside and the 3 IJB's, develop an affordable long term financial framework for Mental Health functions across Tayside including a jointly agreed approach to bridging finance.	NHST DoF / 3 IJB CFO's	In Progress	31/03/22	Improve existing control	Red	-	-
1e	Review the role of medicines management governance in Tayside and the role of HSCP's/IJB's therein to ensure that new SMC approved medicines for Primary Care are not approved locally without the necessary budgetary provision being agreed.	David Coulson. Stuart Lyall 3 IJB CFO's	In Progress	30/06/22	New Control	Green	-	-
SR02 - WORKFORCE: As a result of our ageing workforce, difficulties in recruiting suitably skilled and experienced staff in some areas, and the impact of COVID-19, there is a risk that the Partnership will be unable to maintain its workforce appropriately leading to unsustainable services.								
2a	Development of 3 year 2022/25 PKHSCP Workforce Plan	Chief Officer	In Progress	30/06/22	Improve existing control	Green	27/01/22	
2b	Implementation of P&K Mental Health & Wellbeing Strategy - Key Theme 5.1 - Review of Workforce Requirements	Heads of Service	In Progress	30/04/22	New Control	Blue	27/01/22	
SR03 - SAFE WORKING: There is a risk that COVID-19 restrictions on safe working practice and social distancing leads to a reduction in service provision inhibiting the ability of the Partnership to achieve its strategic aims.								
3a	Produce a Perth & Kinross HSCP Accommodation Strategy to address infrastructure needs across the organisation for the short, medium and long term to ensure that capacity and demand can be managed safely and in accordance with the achievement of our Strategic ambitions	Chief Officer	In Progress	31/12/21	New Control	Red	27/01/22	
SR04 - SUSTAINABLE CAPACITY AND FLOW: As a result of the demographics of the people who use our services in Perth and Kinross and the impact of COVID-19 on our population there is a risk of 'capacity and flow' within our services being unsustainable.								
4a	Development of 3 Year Strategic Delivery Plan for Older People's Services. This will seek to address issues that demographic growth presents and ensure capacity across the system is sufficiently robust.	Heads of Service	In Progress	30/03/22	New Control	Green	27/01/22	
4b	Produce and implement a revised preferred model of delivery for Care at Home services.	Interim Head of Adult Social Care (Commissioning)	In Progress	31/07/22	New Control	Green	27/01/22	
4c	Implementation of P&K Mental Health & Wellbeing Strategy - Key Theme 2.2 - Access to Mental Health Services and Support	Heads of Service	In Progress	31/03/22	New Control	Blue	27/01/22	
SR05 - SUSTAINABLE DIGITAL SOLUTIONS: As a result of being insufficiently digitally enabled or integrated there is a risk that the Partnership will not to be able to adapt effectively and efficiently to deliver new models of working.								
5b	Develop engagement strategy to ensure patient and service user needs are addressed in respect to any/all technology based developments.	Acting Head of Service ASWSC Operations	In Progress	31/05/22	New Control	Green	27/01/22	
5c	Consult and engage with our staff to understand their technological needs so as to maximise efficiency and facilitate effective ways of joint working.	Acting Head of Service ASWSC Operations	In Progress	31/05/24	New Control	Green	27/01/22	
5d	Develop Business Case and 3 year plan to transition from analogue to digital solutions for telehealth/telecare.	Acting Head of Service ASWSC Operations	In Progress	31/05/24	New Control	Green	27/01/22	
5e	Regular reporting from Digital Steering Group to EMT to be agreed and implemented.	Acting Head of Service ASWSC Operations	In Progress	30/04/22	New Control	Green	27/01/22	
SR06 - VIABILITY OF EXTERNAL PROVIDERS: As a result of social care market conditions, availability of services, and COVID-19, there is a risk that external providers of care will not be able to meet people's assessed needs in the most appropriate way.								
6a	Produce and implement a revised preferred model of delivery for Care at Home services.	Interim Head of Adult Social Care (Commissioning)	In Progress	31/07/22	New Control	Green	27/01/22	

Strategic Risk Action Plan v20.6.xlsx

Appendix 2

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

ACTION		RESPONSIBLE	STATUS	TARGET DATE	IMPROVEMENT TYPE	RAG	REVIEW DATE	MOVEMENT
SR08 - WIDENING HEALTH INEQUALITIES: As a consequence of COVID-19 there is a risk that health inequalities widen significantly.								
8a	Work with community planning partners to reach hard to reach group mitigating health inequalities	Interim Head of Adult Social Care (Commissioning)	In Progress	31/03/22	New control	Green	27/01/22	
8b	Develop an Integrated Resource Framework (IRF) to enable us to understand health and social care inequalities across each locality and enable informed strategic decision making.	Head of Finance & Corporate Services	In Progress	31/03/22	New control	Red	27/01/22	
SR09 - LEADERSHIP TEAM CAPACITY: As a result of insufficient capacity in the Leadership Team there is a risk that the clear direction and leadership required to achieve the vision for integration is not achieved.								
9a	Review of PKHSCP Service Management Structure to sustainably increase leadership capacity including Strategic Planning and Performance	Chief Officer	Complete	31/10/21	Improve existing controls	Blue	27/01/22	
9b	Review of service management support to all Heads of Service to ensure sufficient capacity and protect resilience.	Heads of Service / Head of Finance & Corporate Services	In Progress	31/03/22	Improve existing controls	Amber	27/01/22	
9c	Develop and appropriately resource leadership arrangements to support the development of a Mental Health Strategic Delivery Plan for delegated functions across Tayside that are consistent with the revised Integration Scheme and that effectively mitigate the material risk that emerges from the split of responsibility for strategic planning from operational management.	NHST/PKC CE's / IJB Chairs / IJB CO's	In Progress	31/03/22	Improve existing controls	Amber	-	-
SR10 - CORPORATE SUPPORT: As a result of insufficient Corporate staff resource there is a risk that functions (such as improvement and project support, robust administration as well as core corporate duties such as performance, risk management, strategic planning, governance and audit) will be unable to deliver as required to achieve strategic objectives.								
10c	Finalise rapid review of Corporate Support and identify an appropriate funding solution as required to ensure sustainable corporate services for inclusion in the Draft 2022/23 Financial Plan	Head of Finance & Corporate Services	Complete	31/12/21	New control	Blue	27/01/22	
10d	With HR support from both parties implement outcomes of Corporate Support review to ensure necessary capacity in place at the earliest opportunity	Head of Finance & Corporate Services / HR	In Progress	28/02/22	Improve existing controls	Red	27/01/22	
SR11 - PRIMARY CARE: As a result of insufficient suitable and sustainable premises, and a lack of available national and cross-system flow of financial support, there is a risk that we will not be able to provide, within the legislative timeframe, the necessary services as defined within the 2018 General Medical Services Contract.								
11a	Produce a Perth and Kinross Primary Care Premises Strategy which identifies our premises needs for the short, medium and long term.	Clinical Director	In Progress	30/06/22	Improve existing controls	Green	27/01/22	
11b	Development of 3 Year Strategic Delivery Plan for 2022/23:2024/25 for Primary Care. This will also address the further implementation of wider services in support of the GMS contract.	Heads of Service	In Progress	31/03/22	New Control	Amber	27/01/22	
SR13 - INPATIENT MENTAL HEALTH SERVICES: There is a risk that due to the complexity of the governance arrangements for Inpatient Mental Health Services Perth and Kinross IJB will not be able to meet its Strategic Planning responsibilities.								
13a	Review of Integration Scheme	NHST/PKC	In Progress	31/03/22	Improve existing controls	Amber	27/01/2022	
13b	Following approval in principle of the Tayside Mental Health Strategy by Tayside HSCP's bring forward Strategic Delivery Plan.	NHST/3 Chief Officers	In Progress	31/03/22	New control	Red	27/01/2022	
SR14 - PARTNERSHIP PREMISES: Due to a lack of sustainable and suitable premises within which Health and Social Care Services can be delivered, there is a risk that services will be displaced without appropriate alternative accommodation having been developed or identified, resulting in a reduction in service capacity, reduced outcomes of patients and service users and a reduction in staff wellbeing.								
14a	Produce a Perth & Kinross HSCP Accommodation Strategy to address infrastructure needs across the organisation for the short, medium and long term to ensure that capacity and demand can be managed safely and in accordance with the achievement of our Strategic ambitions	Chief Officer	In Progress	31/12/21	New Control	Red	27/01/2022	

Strategic Risk Action Plan v20.6.xlsx

Perth & Kinross Health and Social Care Partnership

Risk Rating Matrix				Inherent Score	Residual Score										
Ref.	Risk	Risk Title	Risk Owner	Risk Exposure – no controls	Mar 21	Apr 21	May 21	Jun 21	Jul 21	Aug 21	Sep 21	Oct 21	Nov 21	Dec 21	Jan 22
1	SR01	Financial Resources	Head of Finance and Corporate Services	25 (5x5) RED	20 (5x4) RED	20 (5x4) RED	20 (5x4) RED	20 (5x4) RED	20 (5x4) RED	20 (5x4) RED	20 (5x4) RED	20 (5x4) RED	20 (5x4) RED	20 (5x4) RED	20 (5x4) RED
2	SR02	Workforce	Acting Head of Service ASWSC Operations	25 (5x5) RED	20 (5x4) RED	20 (5x4) RED	20 (5x4) RED	20 (5x4) RED	20 (5x4) RED	20 (5x4) RED	20 (5x4) RED	20 (5x4) RED	20 (5x4) RED	20 (5x4) RED	20 (5x4) RED
3	SR03	Safe Working	Head of Health	25 (5x5) RED	9 (3x3) YELLOW	9 (3x3) YELLOW	16 (4x4) RED	16 (4x4) RED	16 (4x4) RED	16 (4x4) RED	16 (4x4) RED	16 (4x4) RED	16 (4x4) RED	16 (4x4) RED	16 (4x4) RED
4	SR04	Sustainable Capacity And Flow	Head of Health	20 (5x5) RED	15 (5X3) AMBER	15 (5X3) AMBER	20 (5X4) RED	20 (5X4) RED	20 (5X4) RED	20 (5X4) RED	20 (5X4) RED	20 (5X4) RED	20 (5X4) RED	20 (5X4) RED	20 (5X4) RED
5	SR05	Sustainable Digital Solutions	Interim Head of Adult Social Care (Commissioning)	20 (5x4) RED	12 (4X3) AMBER	12 (4X3) AMBER	12 (4X3) AMBER	12 (4X3) AMBER	12 (4X3) AMBER	12 (4X3) AMBER	12 (4X3) AMBER	12 (4X3) AMBER	12 (4X3) AMBER	12 (4X3) AMBER	12 (4X3) AMBER
6	SR06	Viability Of External Providers	Interim Head of Adult Social Care (Commissioning)	25 (5x5) RED	15 (5X3) AMBER	15 (5X3) AMBER	8 (4x2) YELLOW	8 (4x2) YELLOW	8 (4x2) YELLOW	8 (4x2) YELLOW	8 (4x2) YELLOW	16 (4x4) RED	16 (4x4) RED	16 (4x4) RED	16 (4x4) RED
7	SR08	Widening Health Inequalities	Chief Officer	20 (4x5) RED	12 (3X4) AMBER	12 (3X4) AMBER	12 (3X4) AMBER	12 (3X4) AMBER	12 (3X4) AMBER	12 (3X4) AMBER	12 (3X4) AMBER	12 (3X4) AMBER	12 (3X4) AMBER	12 (3X4) AMBER	12 (3X4) AMBER
8	SR09	Leadership Team Capacity	Chief Officer	20 (5x4) RED	16 (4X4) RED	16 (4X4) RED	12 (4x3) AMBER	12 (4x3) AMBER	12 (4x3) AMBER	12 (4x3) AMBER	12 (4x3) AMBER	12 (4x3) AMBER	12 (4x3) AMBER	12 (4x3) AMBER	16 (4X4) RED
9	SR10	Corporate Support	Head of Finance and Corporate Services	20 (5x4) RED	16 (4X4) RED	16 (4X4) RED	12 (4x3) AMBER	12 (4x3) AMBER	12 (4x3) AMBER	12 (4x3) AMBER	12 (4x3) AMBER	12 (4x3) AMBER	12 (4x3) AMBER	12 (4x3) AMBER	16 (4X4) RED
10	SR11	Primary Care	Clinical / Associate Medical Director	16 (4x4) RED	16 (4x4) RED	16 (4x4) RED	16 (4x4) RED	16 (4x4) RED	16 (4x4) RED	16 (4x4) RED	16 (4x4) RED	16 (4x4) RED	16 (4x4) RED	16 (4x4) RED	16 (4x4) RED
11	SR13	Inpatient Mental Health Services	Chief Officer	16 (4x4) RED	9 (3x3) YELLOW	9 (3x3) YELLOW	9 (3x3) YELLOW	9 (3x3) YELLOW	9 (3x3) YELLOW	9 (3x3) YELLOW	9 (3x3) YELLOW	9 (3x3) YELLOW	9 (3x3) YELLOW	9 (3x3) YELLOW	16 (4x4) RED
12	SR14	Partnership Premises	Chief Officer	20 (4x5) RED						16 (4x4) RED	16 (4x4) RED	16 (4x4) RED	16 (4x4) RED	16 (4x4) RED	16 (4x4) RED

PERTH AND KINROSS INTEGRATION JOINT BOARD

AUDIT & PERFORMANCE COMMITTEE

7 March 2022

PARTNERSHIP IMPROVEMENT PLAN - UPDATE

Report by Chief Officer/Director – Integrated Health & Social Care
(Report No G/22/35)

PURPOSE OF REPORT

This report provides an update on progress against the actions within the Partnership Improvement Plan

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1. **RECOMMENDATIONS**

   It is recommended that the Audit & Performance Committee:

   (i)   Notes the progress towards the achievement of actions within the Partnership Improvement Plan

2. **BACKGROUND**

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

   i)   the IJB's Annual Review of Governance;
   ii)   the Ministerial Strategic Group Review of Integration of Health and Social Care, and;
   iii) the Healthcare Improvement Scotland/Care Inspectorate Joint Inspection (Adults).

   Regular updates are provided to the Audit & Performance Committee on progress achieved against actions over the previous quarter.

3. **PROGRESS UPDATE**

   Notwithstanding the continuing challenges of the pandemic, progress has been made across several areas with 54% of the actions within the plan have been completed so far. This compares to 44% in the last report.

The table below shows the movement in RAG status for May, July, October 2021 and January 2022:

Partnership Improvement Plan - Progress Report - March 2022

RAG Status	May	July	Oct	Jan
Red				
Amber	23	19	13	10
Green	9	7	9	8
Complete	7	13	17	21
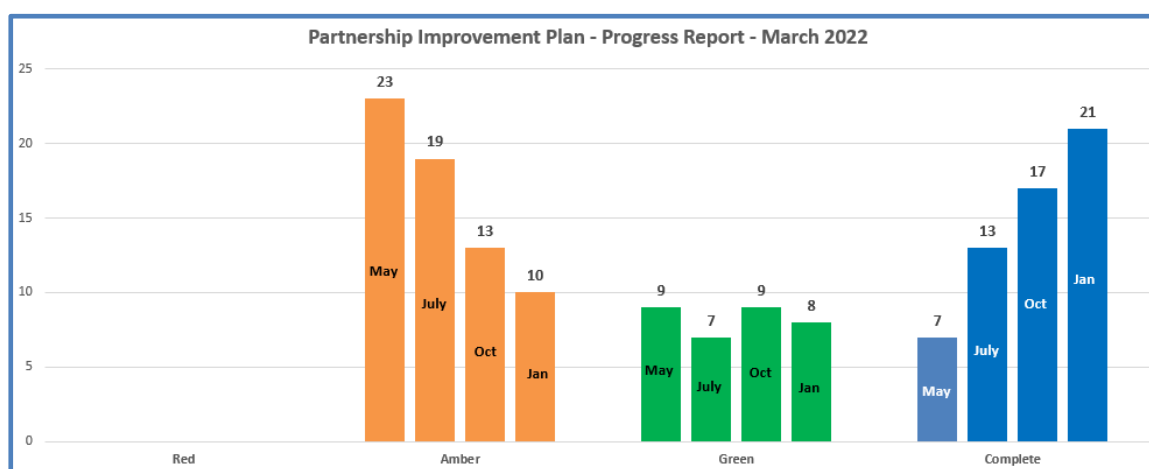
Improvement actions fully implemented since the last report are as follows:

- We now have a systemic approach in place for engaging with our local communities to co-design services. This is an ongoing iterative process which links into the work of the Strategic Planning Group
- The ongoing process of evaluating the impact of strategies has been embedded through the Commissioning cycle as well as through our Strategy Groups and the Strategic Planning Group. The continuing development of the Performance Frameworks for strategies will also ensure that both qualitative and quantitative information is taken into account.
- There is now a systematic process in place for reviewing reports presented to the IJB and ensuring that Directions to partner bodies are issued as required
- Following careful consideration, the Chief Officer has determined that the most appropriate, effective and efficient route to ensure Partnership increased capacity and resilience is for Heads of Service to progress proposals to increase capacity.

4. **PROPOSAL TO AMALGAMATE PARTNERSHIP IMPROVEMENT PLAN AND AUDIT RECOMMENDATIONS REPORT**

Following reflection and discussion with the Chair and Chief Internal Auditor, due to the continuing progress being made against actions within the Partnership Improvement Plan and the overlap with some of the actions included in the Audit Recommendations paper presented regularly to this Committee, it is proposed that going forward these reports be amalgamated into one Partnership Improvement Plan.

We are liaising with the Chief Internal Auditor regarding the format of the new report to ensure it will allow an appropriate level of scrutiny over both strategic and operational improvement actions and are proposing to have separate sections for each. The new report will be brought to the next meeting of this Committee on 27 June 2022.

5.   CONCLUSION

Significant progress continues to be made against the actions within the Partnership Improvement Plan

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

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

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

IP No.	RO	Action	Update - Jan 22	Update - Oct 21	Revised Priority Level as at Jan 22	Revised Priority Level as at Oct 21	Date for Completion as at Jan 22	Date for Completion as at Oct 21	RAG as at Jan 22	RAG as at Oct 21
1. LEADERSHIP, CULTURE AND VALUES										
IP01	CO	How effective is the IJB Board? Undertake a self-assessment of performance against the PKIJB Integration Scheme with IJB members and Executive Management Team to provide improved understanding of the IJB's role and remit.	Development Sessions have taken place with IJB Members to highlight their roles and responsibilities and induction guidance and training is provided to all new members. An annual programme of topic specifc development sessions continue to be provided and specific sessions for public partners are being planned. The finalisation of the revised Integration Scheme is expected by June 2022 and this wil provide a further development opportunity to refresh knowledge and understanding.	Work ongoing - sessions held with IJB Members and scheduled to take place with PKC Councillors - Project Team continues to meet and Project Lead reports regularly to Chief Executives. Development Sessions have taken place with IJB Members to highlight their roles and responsibilities and Induction Guidance and training is provided.		2		31 March 2022		Green
IP02	CO	Review of PKHSCP organisational structure and overall senior leadership capacity	The Chief Officer has determined that, following a review, the most appropriate, effective and efficient route to ensure Partnership increased capacity and resilience is for the current structure to be retained. Not advancing EMT or HSCP-wide restructure will enable Heads of Service to more swiftly put in place the necessary management capacity to support the delivery of Business As Usual, the Strategic Delivery plans and a range of new projects and initiatives. To support resilience, EMT and theefater the IJB have now approved investment in additional resources.	In order to focus on building capacity below EMT level and to address an increasing number of temporary posts the Chief Officer is minded to not now progress this Senior Team restructure. The process of restructuring at EMT then IMT-level is likely to take us towards the timescale for the NCS legislation being considered. The Chief Officer is considering whether there is a greater risk in progressing the EMT restructure, than not and is minded to prioritise the need to build capacity and resilience at third-tier level and below in the next 6 months.		1	complete	31 March 2022	**Complete**	Amber
IP03	CO	Implement a Leadership Development Program focused on Collaborative Practice	Unfortunately due to the significant focus and priority that has had to be given to responding to the pandemic over the last 2 years this action has not progressed.	No further updates.		2	31 March 2023	31 March 2022		Amber
2. STAKEHOLDER ENGAGEMENT										
IP09	H of ASCSW	Effective Communication with our Public: Development of a coordinated approach to communication and marketing supported by dedicated expertise, ensuring that the effectiveness of the approach developed is evaluated in terms of its impact.	Digital Marketing Officer has commenced employment, and is a key memebr of the PKHSCP Communications Group. They will link in with other communication resources across the HSCP and PKC/NHST to develop a co-ordinated approach to communications and marketing.	Further investment and skill development on Agenda for the next Communication, Engagement and Particpation meeting on 12 November 2021		1	ongoing	01 January 2022	Green	Amber
IP11	H of F&CS	Effective engagement with PKC Elected members: embed a Health & Social Care Session into the PKC rolling program for elected members	A development session for newly elected members will be developed so that they can gain a full understanding of the IJB and the challenges being faced, including the implications of the Independent Review of Adult Social Care. EMT will take time in March 2022 to agree and develop the contents for the session. A session to support development of a PKC response to the National Care Service Consultation has been supported and a similar session is planned in respect of the review of the PKIJB Integration Scheme.	A development session for newly elected members will be developed so that they can gain a full understanding of the IJB and the challenges being faced, including the implications of the Independent Review of Adult Social Care. EMT are scheduled to take time in early January 2022 to agree and develop the contents for the session. A session to support development of a PKC response to the National Care Service Consultation has been supported in the meantime.		2		31 May 2022		Green
IP12	H of ASCSW	We will engage with local communities to co-design future services	Complete	This is an ongoing and iterative activity, as referred to in the July update, systems are in place regards centralising locality based engagement. In addition the Communication, Participation and Engagement Group will link to the work of the Strategic Planning Group, ensuring a broad range of consultation is undertaken.		1	complete	Ongoing	**Complete**	Green
IP13	H of ASCSW	The partnership should build on existing good relationships with care providers and housing services to identify where there is potential to coproduce solutions to strategic challenges. This should include co-producing a market facilitation plan.	The Draft Market Facilitation Plan has been presented to the Strategic Planning Group and providers are engaging with us regarding the proposals. The final draft will go to EMT for approval in March 2022.	The Market Facilitation Plan is on the agenda for the next Strategic Planning Group on 23 November 2021		2	31 March 2022	30 November 2021		Amber
3. VISION, DIRECTION AND PURPOSE										
IP14	CO	Development of our next five-year Strategic Commissioning Plan will set a shared vision (with statutory partners) and clear priorities which align our collective and collaborative activity ensuring that SMART objectives are used appropriately to drive improvements in outcomes. Progress against implementation should be systemic and routine to ensure robust prioritisation is undertaken bearing in mind short and long term goals	We continue to progress through Remobilisation from Covid-19. In doing so, the actions taken are strongly linked to the IJBs Strategic Commissioning Plan objectives. Our 6 month performance report highlights this. Moving forward, as we implement new Strategic Delivery Plans for specific portfolios we will continue to report to the Scottish Government as required on a quarterly basis in respect of further remobilisation progress and this will be in tandum with performance reporting to Audit & Performance Committee.	We have reviewed and revised our Remobilisation Plan 3 and drafted the fourth iteration reflecting changes in demand and priority and with a focus on building resilience for the Winter months.		2		31 March 2022		Green
IP15	H of ASCSW / H of Health	Measuring our performance: Develop a 'measure what you value rather than value what you measure' approach aligned to the refreshed strategic plan with accountability arrangements in place to deliver integrated performance reporting and review making best use of available data/benchmarking, including at locality level, to identify areas of service improvement.	The Performance Framework for the Learning Disability/Autism Stratgeic Delivery Plan was approved by the IJB in February. A proposed performance framework for the Older Peoples Services will be incorporated into the Older Peoples Strategic Delivery Plan to be considered by the IJB for approval in March. Work is ongoing to develop the Community Mental Health Performance Framework . This work forms part of a rolling development programme to ensure that the IJB has a basis for measuring the success of its key strategic plans supporting delivery of the overall Strategic Commissioing Plan .	Meetings with leads for performance indicators have commenced. Additonal comparator data has been added to the EMT Performance Report to enhance the richness of the information. Higher level information for operational reporting for localities has been clarified. Benchmarking Group is being established to ensure consistency re data collection and reduce duplication.		1		ongoing		Amber
IP16	H of ASCSW	How effective are our Strategy Groups? : Building on our Strategy Groups, review our planning and commissioning structures and leadership arrangements to ensure a strong connection to localities, and clear leadership arrangements to support capacity. This will be taken forward under the Strategic Planning Group which provides a balanced focus on all priorities and a mechanism for systematic review and monitoring using SMART principles	The development of a TOR that is applicable across all PKHSCP Strategy Groups is complete and out for consultation. These will be signed off by EMT by the end of March 2022.	Terms of Reference for Strategy groups will be produced by the end of November 2021		1	31 March 2022	30 November 2021		Amber

IP No.	RO	Action	Update - Jan 22	Update - Oct 21	Revised Priority Level as at Jan 22	Revised Priority Level as at Oct 21	Date for Completion as at Jan 22	Date for Completion as at Oct 21	RAG as at Jan 22	RAG as at Oct 21
IP17	H of ASCSW / H of F&CS	Ensure greater priority on evaluating impact of strategies and plans including - Putting in place a systematic approach to involve stakeholders. - Effectively evaluating specific developments and initiatives to determine their impact on improving outcomes and to inform future strategy.	Ongoing process is embedded both through the mechanism of the Strategy Groups, the Strategic Planning Group and also through commissioning activity, contractual monitoring, logic modelling and annual reviews (The Commisisoning Cycle). This together with the continuing development of Performance Frameworks as noted in IP15 will ensure that both qualitative and quantitative information will be reviewed to evaluate the impact of our strategies.	Each service user group has an aligned Strategy and associated Action Plan which have specific timescales for activity identified, which in turn is reviewed by the Strategy Group membership, this will include the independent sector, carers and service users or service user representatives. Strategy groups will look at all relevant developments, whether they are local or national and work to implement and improve service delivery based on this information. Strategy groups are designed to ensure reciprocity of knowledge and information and to ensure a co-produced approach to our work.		1	complete	Ongoing	**Complete**	**Green**
IP20	CO	Conduct regular reviews of priorities bearing in mind emerging issues being prepared to reorganise, reprioritise and reallocate capacity from lower level priorities or secure additional resource which can avoid or reduce future risks.	Strategic Delivery plans for Autism & LD and Older People will be considered at IJB meetings in February and March. The plan for Drug & Alcohol was approved by the Alcohol & Drug Partnership and has been considered by the IJB. Due to capacity issues the Primary Care plan has not yet been developed but will be considered in light of potential additional funding through the Scottish Government settlement.	To refocus our priorities in light of Covid and to begin to look towards a three-year plan and financial plan we are developing high-level Strategic Delivery Plans for care groups. This will redefine our priorities and require the allocation of staff resource, or additional capacity to advance these plans.		1	30 October 2022	31 March 2022		**Amber**
IP21	H of ASCSW / H of Health	Take a systematic approach to reviewing and updating the partnership's strategic needs assessment bearing in mind the objectives of the Strategic Commission Plan.	A Joint Strategic Needs Assessment is being undertaken to ensure that strategic planning across the partnership takes cognisance of demographic change, service transformation, and influences the formation of all strategic documentation. This has been completed in part for the recently approved Community Mental Health Strategy and is now focussed on Older People data, both quantitative and qualitative, this is in its early stages but will provide the data necessary to inform the design and implementation of an Older People Strategy. The lessons learned from the development of the Mental Health Strategy and the Older People Strategy will then be used to formalise the partnership approach to be used in future.	Joint Strategic Needs Assessment is progressing. Working groups have been established to complete the Strategic Delivery Plans for Olders People, Mental Health and Wellbeing, and Autism and Learning Disability. Governance re Older People's Strategy is being established.		2	30 October 2022	31 December 2021		**Amber**
4. DECISION MAKING										
IP22	H of F&CS	Develop an effective workforce plan linking organisational development, E-Health and Care Plans to encompass the needs of both partner bodies (NHS Tayside and Perth and Kinross Council)	PKHSCP continue to develop the 3 Year Workforce Plan. The Scottish Government have extended the date for submission of HSCP Workforce Plans from 31st March 2022 to 31 July 2022.	Good progress has been made on the preparation of our 3 Year Workforce Plan. A refreshed Workforce Planning Group has been established. Corporate resources have been reprioritised to support the production of the plan, initially around working with various data to identify the current and predicted gap in resources per staff grouping. Workhas started on Phase 2 which entails professional leads and relevant staff reviewing the data and developing proposals to address the gap on a local, regional and national level. In order to support these discussions a Development Group for professional leads has been established to provide support and ensure that progress continues at pace to meet the 31 March 2022 submission deadline.		1		31 March 2022		**Green**
5. FINANCIAL CONTROLS										
IP26	H of F&CS	Create integrated budgets to support improved planning of services and ensure devolution to locality level.	The intgerated financial frameworks for Mental Health and Learning Disabilities have been approved by the IJB as part of their consideration of the relevant Strategies in recent months. The intgerated Older Peoples Financial Framework will be considered by the IJB when it considers the Older Peoples Strategic Delivery Plan in March 2022.	Draft 3 Year Financial Frameworks for Older People, Mental Health and Learning Disabilities are under development and are due to be shared with the IJB Budget Review Group in November/December prior to inclusion in the 3 Year Financial Plan.		2		31 March 2022		**Green**
6. INTERNAL CONTROLS										
IP32	H of F&CS	Embed the routine issue of Directions as part of normal business process and ensure appropriate learning from other integration authorities	Complete	Routine review now embedded and Directions issued as required. Use of Directions Tayside wide is being considered as part of the Tayside wide review of the Integration Scheme.		2	complete	31 March 2022	**Complete**	**Green**
REQUIRING COLLABORATION WITH STATUTORY PARTNERS										
IP18	CO	Ensure robust oversight of the implementation of the strategic delivery plan for Older People and Unscheduled Care taking into account fully delegated hospital services and large hospital set aside.	The Older People Strategic Delivery Plan 2022:2025 is due to be considered by the IJB in March 2022. It is anticipated that this will set out significant investment in additional staff to respond to increases in demand. However the success of the implementation of this Strategic Delivery Plan will be dependent on success in recruitment which will be dependent on appropriate and fair 'shifting the balance of care' funding being released over the 3 year period.	The emerging Older People's Strategic Delivery Plan highlights the reduction in occupied bed days we have achieved against the demographic challenges we are facing and identifies the need for 'shifting the balance' funding to be released to support further transformation, reduce the demands on acute hospital and deliver further improvement against key indicators.		3		31 March 2022		**Amber**
IP23	CO	Seek appropriate levels of Corporate support from Statutory Partners including organisational and workforce development.	A rapid review of Corporate Support has been undertaken across key pressure areas. EMT have now approved investment in a number of additional posts to enhance capacity across performance and planning. Necessary resource for workforce planning has been identified in the short term and any need for longer term support will be considered on completion of the 3 Year Workforce Plan. A number of areas not included in the rapid review (capital planning, communications, clinical care professional governance) will be taken forward during 2022/23.	This has not been able to be achieved, except for HR input into Workforce Planning Group and we will need to invest in Corporate Services capacity as well as operational management in order to support the Strategic Delivery Plans and three-year planning.		3	Ongoing	Ongoing	**Green**	**Amber**
IP25	H of ASCSW / H of Health	Improve the effectiveness of the connection of PKHSCP planning with Statutory Body Strategic Planning (Transforming Tayside/ Perth & Kinross Offer)	HSCP is represented on the Community Planning Partnership and associated working groups. HSCP also contributing to the ongoing development and implementation of the P and K Offer through representation on working groups including the P and K Offer Employee Experience, contributing to the values and behavioural framework supporting the offer, embedding these in practice and providing real life examples of the Offer in action. We have also strengthened our inks to Tayside-wide programme boards such as Planned Care and Unscheduled Care as well as Urgent Care.	No further updates.		3	30 October 2022	31 March 2022		**Amber**

IP No.	RO	Action	Update - Jan 22	Update - Oct 21	Revised Priority Level as at Jan 22	Revised Priority Level as at Oct 21	Date for Completion as at Jan 22	Date for Completion as at Oct 21	RAG as at Jan 22	RAG as at Oct 21
IP29	H of F&CS	Agree risk sharing arrangements between statutory partners	Significant support has been provided to statutory partners over the last 6 months in their consideration of PKIJB Integration Scheme Financial Risk Sharing arrangments. At this point it is not known whether a change to the current arrangements will be agreed by NHS Tayside and PKC Executive Teams.	The Project Group chaired by Vivienne Davidson on behalf of all parties continues to meet on a monthly basis. The review of financial risk sharing arrangements across Tayside is being actively progressed by the Head of Finance PKC and Director of Finance NHS Tayside.		3		31 March 2022		Green
IP36	CO	With the governance and accountability structures of both statutory bodies, as well as those of the IJB, there is considerable duplication in reporting to potentially 5-6 different committees/forum/groups and thus great potential to explore a more integrated and efficient approach. We will review current arrangements and work with partners to explore the potential to reduce duplication	Significant work has been undertaken by NHS Tayside and by PKHSCP to improve the effectiveness and efficiency of Clinical Care Governance reporting. This was an area of concern that has now been resolved and will be kept under ongoing review. Other areas where such further clarification is being pursued include primary care. It is therefore proposed that the date for completion be changed to 31/3/23.	No further updates.		3	31 March 2023	31 March 2022		Amber
IP39	CO	Clarify the governance and accountability arrangements in respect of Inpatient Mental Health Services	This continues to be advanced by the Chief Executives of NHS Tayside, 3 Local Authorities through the review of the Integration Scheme.	This is being advanced in the context of the review of the Integration Scheme.		3		31 March 2022		Amber

PERTH AND KINROSS INTEGRATION JOINT BOARD

AUDIT & PERFORMANCE COMMITTEE

7 MARCH 2022

UPDATE: AUDIT RECOMMENDATIONS

Report by Head of Finance and Corporate Services
(Report No G/22/36)

PURPOSE OF REPORT

This report provides the Audit & Performance Committee with progress on the implementation of all internal and external audit recommendations.

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1. BACKGROUND

1.1 It is best practice for Audit Committees to receive regular updates on progress in implementation of audit recommendations. A full review is therefore undertaken on a regular basis and presented to each Audit and Performance Committee meeting.

2. UPDATE / SUMMARY OF FINDINGS

2.1 There have been no audits completed since the last report to this Committee and therefore no additional recommendations have been added to this report.

2.2 In terms of progress against recommendations, the review work undertaken indicates the following:

Status	Recommendations (excluding CCG)	CCG Recommendations	Total
Complete	46	9	55
Part Complete	0	0	0
Not Yet Due	3	0	3
Overdue	0	0	0
Total	**49**	**9**	**58**

2.3 Since the last report to the Audit and Performance Committee, 2 recommendations have been marked as being complete, 34 and 58, with none now overdue.

2.4 The 2 completed actions are:

- Action 34: Consideration to be given to allocating Corporate Support resources and capacity and the provision of greater clarity and accountability through restructure - Approval has now been given by EMT to progress the review of corporate support proposals with a funding solution identified.

- Action 58a - Management should complete its planned review of current leadership and management arrangements to ensure sufficient strategic planning capacity - The review of EMT leadership capacity arrangements has been completed.

2.4 **Appendix 1** lists all recommendations either overdue, not yet due, completed or part complete since the last report to this Committee.

3. RECOMMENDATION

The Audit & Performance Committee are asked to:

- Note the progress made to date on implementing agreed recommendations**.**

Author(s)

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Appendices
Appendix 1 – Audit Recommendations list

Overall Action Ref	Internal or External	Report Type	Financial Year	Report Action Ref	Context / Recommendation	Action	All Leads	To be completed by	Status	Days overdue	Latest Update
34	Internal	Annual Report	2018-19	2	The IJB should be provided with assurance that sufficient capacity and organisational structure is in place to support the planned work.	Consideration to be given to allocating Corporate Support resources and capacity and the provision of greater clarity and accountability through restructure.	Chief Officer	31/10/21	Complete	-	Consideration has been given to restructure following review with the current structure being retained as being the most appropriate solution to ensure stability and resilience. In parallel a review of corporate support has now been undertaken by the Head of Finance & Corporate Services. This review addressed and further informed the need for additional corporate resource and presented solutions for the temporary posts and gaps in key support services. Approval has now been given by EMT to progress the proposals and funding solution identified and this will now be taken forward. Action complete.
58	External	Annual Report	2019/20	3	Strategic and corporate planning capacity: Although management understand the importance of having a strategic plan in place, there have been significant delays to the preparation of the plan mainly due to lack of capacity within the organisation. We also note that the IJB is currently developing a workforce plan. The revised deadline was 31 March 2019 having been deferred on several occasions. However, from discussion with management in September 2020, this continues to not be achieved. Continued changes in IJB membership reduce the level of experience and ability of members to adequately consider, challenge and support management proposals. In this context, the importance of officer capacity is enhanced. In addition, it was indicated as part of our 2018-19 work that the Chief Officer would undertake a review of current leadership and management arrangements in 2019, however, this has also been delayed. This recommendation is unchanged from 2018-19.	Management should: • Complete its planned review of current leadership and management arrangements to ensure sufficient strategic planning capacity; and • Prepare a workforce plan.	Chief Officer	a.Complete b.Complete	Complete	-	The review of EMT leadership capacity arrangements has been completed. As intimated at the last Committee meeting, this review has determined that a restructure at this level is not considered the best of enhancing strategic planning, corporate and leadership capacity. As such, EMT have identified a funding solution that will establish posts within Head of Service teams on a substantive basis from 2022 This includes service management to ensure sufficient capacity and to protect resilience. A paper is to come forward to the IJB in February setting out the capacity plan. Action complete.
71	External	Annual Report	2020/21	1	The budget should reflect the intentions of management to build reserves in line with its reserves strategy, which will also require significant discussion and planning with its partner bodies.	The IJB and its partners should work towards developing a plan to achieve the reserves outlined in its reserves strategy.	Head of Finance and Corporate Services	31/03/22	Not Yet Due	-	This will be developed in line with the three year financial plan to be considered by the IJB in March 2022.
72	External	Annual Report	2020/21	2	The integration scheme states that any overspend incurred from 2018-19 onwards may be allocated on a proportionate basis of each partners contribution to the IJB. For 2019-	We recommend that partners are requested formally agree the approach for overspends on an annual basis in advance of the	Chief Officer	31/03/22	Not Yet Due	-	A review of all 3 Tayside IJB Integration Schemes is underway, and we are contributing fully to ongoing discussions with partners around future financial risk share arrangements.

Overall Action Ref	Internal or External	Report Type	Financial Year	Report Action Ref	Context / Recommendation	Action	All Leads	To be completed by	Status	Days overdue	Latest Update
					20, there has not yet been any agreement between partners on how any overspend may be shared and we understand discussions have been limited. 2020-21 update: We understand that there is a revision process underway of the integration scheme in line with Scottish Government requirements between the IJB and its partners. We will continue to assess progress against best value and effective integration arrangements. It is generally recognised that proportionate risk sharing facilitates effective integration.	financial year on which agreement is sought. Consistency of approach, and consideration of third party guidance should be included as part of the agreement.					
73	External	Annual Report	2020/21	3	As reported on page 31, management have carried out implementing our recommendation to develop a workforce plan. Through discussion with management, there is a need to address the findings in the workforce plan, which include filling posts where key gaps in management's capacity have been identified.	It is recommended that management continues with its progress on filling the key gaps identified as part of its workforce plan.	Chief Officer	30/06/22 (amended target date in line with Scottish Government extension)	Not Yet Due	-	Ongoing. The development of the PKHSCP 3 Year Workforce Plan is well underway and with work ongoing to set out the solutions required to address key workforce gaps. These solutions may be local, regional or national since many of PKHSCP staff shortages are being experienced across the UK and local or regional solutions will not in themselves address the shortages being experienced.

PERTH AND KINROSS INTEGRATION JOINT BOARD

AUDIT & PERFORMANCE COMMITTEE

7 MARCH 2022

APPOINTMENT OF INTERNAL AUDITORS 2022-25

Report by Head of Finance & Corporate Services
(Report No G/22/37)

PURPOSE OF REPORT

This report considers the proposed Internal Audit Arrangements for the Integration Joint Board for 2022/23 – 2024/25.

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1. **BACKGROUND**

The Scottish Government issued Finance Guidance for Integration Joint Boards (IJB) via the "Integrated Resources Advisory Group" (IRAG). That guidance states:-

> "It is the responsibility of the Integration Joint Board to establish adequate and proportionate internal audit arrangements for review of the adequacy of the arrangements for risk management, governance and control of the delegated resources. This will include determining who will provide the internal audit service for the Integration Joint Board and nominating a Chief Internal Auditor."

The IJB is also required to comply with the article 7 of the Local Authority Accounts (Scotland) regulations 2014 which state:-

> "A local authority must operate a professional and objective auditing service in accordance with recognised standards and practices in relation to internal auditing."

For the last 3 years the IJB approved Jackie Clark as the Chief Internal Auditor with internal audit services to be provided by Perth & Kinross Council Internal Audit Services and Fife, Tayside and Forth Valley Internal Audit Services (FTF). The appointments in these years have each been for a period

of 1 year. The processes and procedures followed during these terms have been agreed by a working group of the Chief Internal Auditors of all Local Authority in the Tayside region as well as the NHS Tayside.

2.   KEY ISSUES

The continued impact of the COVID-19 global pandemic has restricted the planned progress of the IJB's internal audit plan. the service has faced significant staffing challenges as a result of the pandemic as well as recruitment difficulties in the sector which are nationally recognised. A 3 year Chief Internal Auditor appointment, as opposed the 1 year appointments as has been the case, would facilitate improved and better planning by internal audit as well as a greater level of continuity throughout what is likely to be a challenging period for the IJB and Health and Social Care Partnership.

The approval of the Integration Joint Board is now sought to appoint Jackie Clark as Chief Internal Auditor with Perth & Kinross Council Internal Audit Service and FTF being appointed as the IJB's Internal Auditors for the period 2022/23 – 2024/25.

3.   RECOMMENDATION

The Audit and Performance Committee is asked to recommend to the Integration Joint Board that they:-

- Approve the appointment of Jackie Clark as Chief Internal Auditor; and;
- Approve Perth and Kinross Council Internal Audit Services and FTF as the IJB's Internal Auditors for 2022/23 for a period of 3 years.

Author(s)

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KPMG

Perth and Kinross Integration Joint Board

Draft Audit strategy

Year ending 31 March 2022

For Audit and Performance Committee 7 March 2022

Contents

About this report

This report has been prepared in accordance with the responsibilities set out within the Audit Scotland's *Code of Audit Practice* ("the *Code*").

This report is for the benefit of Perth and Kinross Integration Joint Board and is made available to Audit Scotland and the Controller of Audit (together "the Beneficiaries"). This report has not been designed to be of benefit to anyone except the Beneficiaries. In preparing this report we have not taken into account the interests, needs or circumstances of anyone apart from the Beneficiaries, even though we may have been aware that others might read this report. We have prepared this report for the benefit of the Beneficiaries alone.

Nothing in this report constitutes an opinion on a valuation or legal advice.

We have not verified the reliability or accuracy of any information obtained in the course of our work, other than in the limited circumstances set out in the scoping and purpose section of this report.

This report is not suitable to be relied on by any party wishing to acquire rights against KPMG LLP (other than the Beneficiaries) for any purpose or in any context. Any party other than the Beneficiaries that obtains access to this report or a copy (under the Freedom of Information Act 2000, the Freedom of Information (Scotland) Act 2002, through a Beneficiary's Publication Scheme or otherwise) and chooses to rely on this report (or any part of it) does so at its own risk. To the fullest extent permitted by law, KPMG LLP does not assume any responsibility and will not accept any liability in respect of this report to any party other than the Beneficiaries.

Restrictions on distribution

This report is intended solely for the information of those charged with governance of the Board and the report is provided on the basis that it should not be distributed to other parties; that it will not be quoted or referred to, in whole or in part, without our prior written consent; and that we accept no responsibility to any third party in relation to it.

Complaints

If at any time you would like to discuss with us how our services can be improved or if you have a complaint about them, you are invited to contact Michael Wilkie, who is the engagement leader for our services to Perth and Kinross Integration Joint Board, telephone 0141 300 5890 email: michael.wilkie@kpmg.co.uk , who will try to resolve your complaint. If your problem is not resolved, you should contact Hugh Harvie, our Head of Audit in Scotland, either by writing to him at Saltire Court, 20 Castle Terrace, Edinburgh, EH1 2EG or by telephoning 0131 527 6682 or email to hugh.harvie@kpmg.co.uk. We will investigate any complaint promptly and do what we can to resolve the difficulties. After this, if you are still dissatisfied with how your complaint has been handled you can refer the matter to Diane McGiffen, Audit Scotland, 4th Floor, 102 West Port, Edinburgh, EH3 9DN.

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Introduction

2021-22 is the sixth year of our external audit appointment to Perth and Kinross Integration Joint Board (''the Board''), having been appointed by the Accounts Commission as auditor of the Board under the Local Government (Scotland) Act 1973 ("the Act"). The period of appointment is 2016-17 to 2021-22, inclusive, as extended by Audit Scotland.

Our planned work in 2021-22 will include:

— an audit of the financial statements and provision of an opinion on whether the financial statements:

- give a true and fair view in accordance with the applicable law and the Code of Practice on Local Authority Accounting in the United Kingdom ("the 2021-22 Code") of the state of the affairs of the Board as at 31 March 2022 and of the income and expenditure of the Board for the year then ended; and

- have been prepared in accordance with International Financial Reporting Standards ("IFRS") as adopted by the European Union, as interpreted and adapted by the 2021-22 Code, the requirements of the Local Government (Scotland) Act 1973, The Local Authority Accounts (Scotland) Regulations 2014 and the Local Government in Scotland Act 2003.

— completion of returns to Audit Scotland;

— a review and assessment of the Board's governance arrangements and review of the governance statement;

— a review of arrangements for preparing and publishing statutory performance information; and

— contributing to the audit of wider scope and Best Value through performance of risk assessed work.

How we deliver audit quality

Audit quality is at the core of everything we do at KPMG and we believe that it is not just about reaching the right opinion, but how we reach that opinion. We consider risks to the quality of our audit in our engagement risk assessment and planning discussions.

We define 'audit quality' as being the outcome when audits are:

— executed consistently, in line with the requirements and intent of applicable professional standards within a strong system of quality controls; and

— all of our related activities are undertaken in an environment of the outmost level of objectivity, independence, ethics and integrity.

Adding value

Throughout the audit, we will consider opportunities to add value and will conclude on this in our annual audit report. We add value through:

— our experience, which brings insight and challenge;

— our tools and approach, which contribute to audit quality; and

— transparency and efficiency, which improves value for money.

Our team

The team has significant experience in the audit of local authorities and integration joint boards. All members of the team are part of our wider local government and health network. The engagement lead is Michael Wilkie, and is responsible for the audit opinion, and engagement manager is Carol Batchelor. Michael has many years' experience within the public sector and specifically in respect of integration joint boards. Their contact details are provided on the back page of this report.

Our work will be completed in three phases from December 2021 to September 2022. Our key deliverables are this audit strategy document and an annual audit report.

Acknowledgements

We would like to take this opportunity to thank officers and members for their continuing help and co-operation throughout our audit work.

Headlines

Materiality

Materiality for planning purposes has been based on 2020-21 gross expenditure and set at £2.3 million (1% of gross expenditure). We will review gross expenditure on receipt of draft accounts for 2021-22, and assess whether we are required to updated this calculated materiality.

In line with the Code of Audit Practice, we are obliged to report uncorrected omissions or misstatements other than those which are 'clearly trivial' to those charged with governance and this threshold has been set at £0.1 million.

Audit risks

We have identified management override of controls as a default fraud risk which requires specific audit attention, in line with the International Standards on Auditing ("ISA") and plan to consider this risk as part of our standard audit approach.

The risks with less likelihood of giving rise to a material error, but which are nevertheless worthy of audit understanding, relate to:

— completeness and accuracy of expenditure;

— financial sustainability; and

— grant funding accounting (including COVID-19 grants)

We plan to consider each of these areas, and will report on our findings in our annual audit report which we plan to issue in September 2022.

Financial statement audit

Our financial statements audit work follows a three stage audit process which is identified below. Appendix three provides more detail on the activities that this includes. This report concentrates on the audit planning stage of the financial statements audit.

These stages are:

Financial statements audit planning	Substantive procedures	Completion
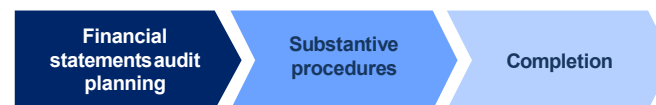
There are no significant changes to the 2021-22 Code, which means for this year there is consistency in terms of accounting standards the Board needs to apply.

Wider scope

Auditors are required to assess and provide conclusions in the Annual Audit Report in respect of four wider scope dimensions:

— financial sustainability;

— financial management;

— governance and transparency; and

— value for money.

We test wider scope areas where there are identified risks. We consider that there are wider scope risks in respect of demand pressures and the transformation programme. We have identified financial sustainability as a wider scope financial statement level focus area as set out opposite.

In addition, due to ongoing challenges related to the Covid-19 pandemic, we will consider the impact, and the Board's response to pressures as part of our risk assessment procedures and wider scope responsibilities. Audit Scotland have also specified consideration of the risk of fraud at audited entities, which we have extended to consider the Board's approach to managing fraud risk in respect of procurement.

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Headlines (continued)

Independence

In accordance with ISA 260 and the Financial Reporting Council's ("FRC") Ethical Standards, we are required to communicate to you all relationships between KPMG and the Board that may be reasonably thought to have bearing on our independence both:

— at the planning stage; and

— whenever significant judgements are made about threats to objectivity and independence and the appropriateness of safeguards put in place.

Appendix two contains our confirmation of independence and any other matters relevant to our independence.

Total fees charged by us for the period ended 31 March 2021 were communicated in our Annual Audit Report issued in September 2021. Total fees for 2021-22 will be presented in our annual audit report issued on completion of the audit. The proposed audit fee for 2021-22, as agreed with those charged with governance, is £30,660 as set out below:

Total fee	Pooled costs	Contribution to PABV (Audit Scotland)	Contribution to Audit Scotland	Auditor remuneration (including VAT)
£30,660	£2,010	£5,670	£1,030	£21,950

Quality

International Standard on Quality Control (UK and Ireland) 1 ("ISQC1") requires that a system of quality control is established, as part of financial audit procedures, to provide reasonable assurance that professional standards and regulatory and legal requirements are being complied with and that the independent auditor's report or opinion is appropriate in the circumstances.

Our Audit Quality Framework and KPMG Audit Manual comply with ISQC1. Our UK Senior Partner has ultimate responsibility for quality control. Operational responsibility is delegated to our Head of Quality & Risk who sets overall risk management and quality control policies. These are cascaded through our Head of Audit in Scotland and ultimately to Michael Wilkie as the Director leading delivery of services to the Council.

The nature of our services is such that we are subject to internal and external quality reviews. KPMG UK's annual financial statements include our UK transparency report which summarises the results of various quality results and developments over the course of each year.

We also provide Audit Scotland with details of how we comply with ISQC1 and an annual summary of our achievement of key performance indicators and quality results.

We welcome your comments or feedback related to this strategy and our service overall.

Regularity

We consider the risk of fraud and error over income and expenditure recognition, in line with *Practice Note 10 Audit of financial statements of public sector bodies in the United Kingdom.* As the Board is a net spending body, we consider it appropriate to extend our consideration to cover expenditure as well as income. We do not consider there to be a significant risk over income or expenditure, see page seven. We have identified the completeness and accuracy of expenditure as an other focus area, see page eight.

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Document Classification: KPMG Confidential

Financial statements audit planning

Materiality

We are required to plan our audit to determine with reasonable confidence whether or not the financial statements are free from material misstatement. An omission or misstatement is regarded as material if it would reasonably influence the user of financial statements. This therefore involves an assessment of the qualitative and quantitative nature of omissions and misstatements.

Generally, we would not consider differences in opinion in respect of areas of judgement to represent 'misstatements' unless the application of that judgement results in a financial amount falling outside of a range which we consider to be acceptable.

Materiality for planning purposes has been set at £2.3 million (2020-21 £2.1 million), which equates to 1% of 2020-21 gross expenditure (2020-21: 1% of gross expenditure). Materiality will be revised once draft financial statements for 2020-21 are received.

To respond to aggregation risk from individually immaterial misstatements, we design our procedures to detect misstatements at a lower level of materiality for the IJB of £1.7 million (2020-21: £1.6 million).

Audit and Performance Committee

Under ISA 260, we are obliged to report uncorrected omissions or misstatements other than those which are 'clearly trivial' to those charged with governance. ISA 260 defines 'clearly trivial' as matters that are clearly inconsequential, whether taken individually or in aggregate and whether judged by any quantitative or qualitative criteria.

In the context of the Board, we propose that an individual difference could normally be considered to be clearly trivial if it is less than £0.1 million.

If management has corrected material misstatements identified during the course of the audit, we will consider whether those corrections should be communicated to the Audit and Performance Committee to assist it in fulfilling its governance responsibilities.

Materiality

£2.3 million
Materiality for the financial statements as a whole (2021: £2.1m, 1% of gross expenditure)

£1.7 million
Performance materiality for each individual account (2021: £1.6 million, 75% of materiality)

£0.1 million
Misstatements reported to the audit committee (2021: £0.1m)
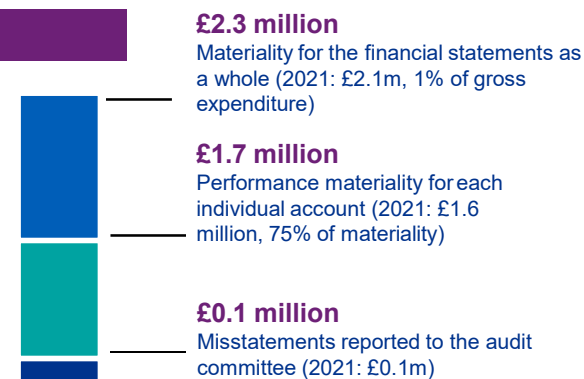
Control environment

The impact of the control environment on our audit is reflected in our planned audit procedures. Our planned audit procedures reflect findings raised in the previous year and management's response to those findings. We will assess the impact of the COVID-19 pandemic on key controls, which may result in subsequent changes in our audit approach.

Timing of our audit and communications

We will maintain communication led by the engagement lead and senior manager throughout the audit. We set out our communications in Appendix three.

Financial statements audit planning (continued)

Significant risks and other focus areas

Risk assessment: Our planning work takes place during December 2021 and February 2022. This involves: risk assessment; determining the materiality level; and issuing this audit plan to communicate our audit strategy. We use our knowledge of the Board, discussions with management and review of Board papers to identify areas of risk and audit focus categorised into financial risks and wider dimension risks as set out in the Code.

Significant risk	The risk	Planned response
Financial statement risks		
Fraud risk from management override of controls	Professional standards require us to communicate the fraud risk from management override of controls as a significant risk; as management is typically in a unique position to perpetrate fraud because of its ability to manipulate accounting records and prepare fraudulent financial statements by overriding controls that otherwise appear to be operating effectively.	— Our audit methodology incorporates the risk of management override as a default significant risk. We have not identified any specific additional risks of management override relating to the audit of the Board. — Strong oversight of finances by management provides additional review of potential material errors caused by management override of controls. — In line with our methodology, we will carry out appropriate substantive procedures, including over journal entries, accounting estimates and significant transactions that are outside the organisation's normal course of business, or are otherwise unusual.
Fraud risk from income revenue recognition and expenditure	Professional standards, as interpreted by Practice Note 10 *Audit of financial statements of public sector bodies in the United Kingdom* require us to make a rebuttable presumption that the fraud risk from revenue recognition and expenditure are significant risks.	— The Board receives funding requisitions from Perth and Kinross Council and NHS Tayside. These are agreed in advance of the financial year, with any changes arising from changes in need, requiring approval from each body. There is no estimation or judgement in recognising this stream of income and we do not regard the risk of fraud to be significant. — The Board works with Perth and Kinross Council and NHS Tayside in order to deliver services delegated by the Board. The Board makes these directions based on its budget agreed in advance of the financial year. There is no estimation or judgement in recognising expenditure to these bodies, and we do not regard the risk of fraud to be significant.

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Financial statements audit planning (continued)

Other focus area	The risk	Planned approach
Financial statement focus area		
Completeness and accuracy of expenditure	The Board's integrated finance team, led by the Chief Finance Officer, prepare expenditure forecasts as part of the annual budgeting process. There is a risk that actual expenditure and resulting funding is not correctly captured.	— Our substantive audit will obtain support for gross expenditure included in Perth and Kinross Council and NHS Tayside's accounting records. We will obtain confirmations of expenditure from each of these bodies.
Financial sustainability	Financial sustainability looks forward to the medium and longer term to consider whether the Board is planning effectively to continue to deliver its services or the way in which they should be delivered. This is inherently a risk to the Board given the challenging environment where funding is reduced and efficiency savings are required	— The Board receives funding from NHS Tayside and Perth and Kinross Council, and as part of an Integration Scheme, has a risk sharing agreement with both bodies. This agreement stipulates that, from 2018-19, any overspends by the Board may be funded by NHS Tayside and Perth and Kinross Council based on each body's proportionate contribution in the financial year, or by the body with operational responsibility as a default position. This gives the Board comfort overall with regards to overspends, however, there is a risk going forward regarding ongoing budget balance, specifically in the context of challenging NHS and Council budgets. This was raised as a 'grade one' matter in September 2021. — We will consider the Board's financial planning, reserves strategy, and Board's use of reserves, concluding on the appropriateness of these in our annual audit report. — See page 13 for further information regarding the financial sustainability wider scope. — Covid-19 has an inherent impact on the Board's operations, including the Board's long term financial position. As at February 2022, the Scottish Government confirmed that further funding will be allocated with the result that reserves will no longer be required for the entity to break-even. The forecast balance of remaining reserves is expected to be £5.287 million at year end. Further detail regarding any restrictions or conditions related to the additional funding is expected to be received before the 2022 financial year end.

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Financial statements audit planning (continued)

Other focus area	The risk	Planned approach
Financial statement focus area		
Grant funding accounting	As part of the economic support provided by the Scottish government, the IJB will need to consider the continued accounting treatment for Covid-19 related grants as well as other additional grant funding. Due to the complexity, development of guidance and relative inexperience of administering the schemes, there remains an element of risk of fraud and error in respect of payments made periods to which funding relates, applicable funding restrictions and disclosure.	— We will inquire of Officers how the partners and the IJB plan to account for the grants in respect of potential accruals, prepayments and provisions or liabilities. — We will inquire of Officers to determine how the partner bodies administer any grants or payments provided, and how the IJB obtain sufficient assurance that these payments are correctly made and that any related funding restrictions or conditions are correctly accounted for, including any applicable disclosure. — We will consider and report upon whether the required accounting treatment within the annual accounts is appropriately made in respect of CIPFA / LASAAC guidance and the 2021-22 Code.

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Other matters

Accounting framework update

There are no significant changes in the accounting framework that require disclosure other than those potential changes described in the Covid-19: Audit implications section opposite.

Recommendations

In respect of the financial statements, we identify the constituent account balances and significant classes of transactions and focus our work on identified risks. Determining the most effective balance of internal controls and substantive audit testing enables us to ensure the audit process runs smoothly and with the minimum disruption to the Board's finance team.

In 2020-21 we identified one 'grade two' recommendation in relation to delivery of the reserves strategy, one 'grade one' recommendation in relation to the risk sharing agreement, and one 'grade three' recommendation in relation to strategic and corporate planning capacity with respect to the the filling of key gaps as identified per the workforce plan. We will follow-up progress in implementing these recommendations and report any new recommendations arising from our work in 2021-22 and report our view of progress.

Appendix three summarises our approach across each phase of the audit.

Internal audit

ISA 610 *Considering the work of internal audit* requires us to:

— consider the activities of internal audit and their effect, if any, on external audit procedures;

— obtain an understanding of internal audit activities to assist in planning the audit and developing an effective audit approach;

— perform a preliminary assessment of the internal audit function when it appears that internal audit is relevant to our audit of the financial statements in specific audit areas; and

— evaluate and test the work of internal audit, where use is made of that work, in order to confirm its adequacy for our purposes.

We will continue liaising with internal audit and update our understanding of its approach and conclusions were relevant. The general programme of work will be reviewed for significant issues to support our work in assessing the statement of internal control.

Covid-19: Audit implications

We report our assessment of the impact of Covid-19 on our planned audit scope, timing, materiality, audit procedures, and fees.

— The **planned scope and timing** of our audit has not changed significantly from the prior year to respond to any assessed risks of material misstatement.

— Given the rapidly changing environment, the **scope and timing** of our audit may need to be modified further to respond to new events or changing conditions. If we make significant changes, then we will communicate these to you. We anticipate considering management's assessment of the treatment, value and number of claims or disbursements of various government grants and funding streams which are new and associated with Covid-19.

— **Materiality** for the financial statements as a whole has been maintained from the prior year due to increased demand and expenditure required to maintain service delivery.

— Due to the rapidly evolving situation, determining whether **subsequent events** should be reflected (adjusting) vs. disclosed (non-adjusting) in the financial statements may require significant judgement, and more subsequent events may be identified.

— Our **audit procedures** will be adjusted to respond to any increased risks of material misstatement, and we highlight the risk of potential delays to the completion of our audit to enable us to obtain sufficient appropriate evidence to support our audit opinion.

— We do not anticipate any changes to our procedures or risk assessment in respect of the Board's ability to continue as a **going concern**.

— Based on the efficient working relationship between KPMG and the finance team in 2020-21, we do not anticipate adjusting our **audit fee** beyond that proposed on page five.

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Wider scope and Best Value

Approach

We are required to assess and provide conclusions in the Annual Audit Report in respect of four wider scope dimensions: financial sustainability; financial management; governance and transparency; and value for money. We set out below an overview of our approach to wider scope and Best Value requirements of our annual audit.

We provide on pages 13 to 15 our risk assessment in respect of these areas.

Risk assessment

We consider the relevance and significance of the potential business risks faced by Integration Joint Boards, and other risks that apply specifically to the Board. These are the significant operational and financial risks in achieving statutory functions and objectives, which are relevant to auditors' responsibilities under the *Code of Audit Practice.*

In doing so we consider:

— The Board's own assessment of the risks it faces, and its arrangements to manage and address its risks.

— Evidence gained from previous audit work, including the response to that work.

We use the shared risk assessment process to consider if there are wider scope risks relevant to the Annual Audit Report.

Linkages with other audit work

There is a degree of overlap between the work we do as part of the wider scope/Best Value and our financial statements audit. For example, our financial statements audit includes an assessment and testing of the control environment, many aspects of which are relevant to our wider scope audit responsibilities.

We always seek to avoid duplication of audit effort by integrating our financial statements and wider scope/Best Value work, and this will continue. We consider information gathered through the shared risk assessment and the Audit Commission's five strategic priorities when planning and conducting our work.

Wider scope and Best Value (continued)

Approach (continued)

Identification of significant risks

The Code identifies a matter as significant *'if, in the auditor's professional view, it is reasonable to conclude that the matter would be of interest to the audited body or the wider public. Significance has both qualitative and quantitative aspects.'*

If we identify significant wider scope risks, we will highlight the risk to the Board and consider the most appropriate audit response in each case, including:

— Considering the results of work by the Board, inspectorates and other review agencies.

— Carrying out local risk-based work to form a view on the adequacy of the Board's arrangements for securing economy, efficiency and effectiveness in its use of resources.

Concluding on wider scope and Best Value

At the conclusion of the wider scope/Best Value testing we will consider the results of the work undertaken and assess the assurance obtained against each of the wider scope audit dimensions, regarding the adequacy of the Board's arrangements for securing economy, efficiency and effectiveness in the use of resources.

If any issues are identified that may be significant to this assessment, and in particular if there are issues that indicate we may need to consider qualifying our wider scope conclusion, we will discuss these with management as soon as possible. Such issues will also be considered more widely as part of KPMG's quality control processes, to help ensure the consistency of auditors' decisions.

Reporting

We have completed our initial wider scope risk assessment and have not identified any significant risks, as noted on the pages 13-15. We will update our assessment throughout the year and should any issues present themselves we will report them in our Annual Audit Report.

We will report on the results of the wider scope and Best Value work through our Annual Audit Report. This will summarise any specific matters arising, and the basis for our overall conclusion.

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Wider scope and Best Value (continued)

Risk assessment

We have not identified any financial statement significantrisks in relation to wider scope and Best Value.

Wider scope area	Why	Audit approach
Financial sustainability and financial management	**Financial management** is concerned with financial capacity, sound budgetary processes and whether the control environment and internal controls are operating effectively. **Financial sustainability** looks forward to the medium and longer term to consider whether the Board is planning effectively to continue to deliver its services or the way in which they should be delivered. ***Specific identified focus areas:*** Demand pressures and the transformation programme This is inherently a risk to the Board given the challenging environment where funding is unlikely to increase and efficiency savings are required to meet the demand pressures for services, in particular GP Prescribing burden and cost pressures such as the Scottish Living Wage and National drug costs.	— We will obtain an understanding of the Board's financial position and year end outturn position through review of board reports and other management information. We will assess management's progress with implementation of efficiency savings. Commentary and analysis on these areas will be provided within the annual audit report. — We will perform substantive procedures, including substantive analytical procedures, over income and expenditure comparing the final position to budget. — The Board receives funding from NHS Tayside and Perth and Kinross Council, and has a risk sharing agreement in place with both bodies. It is noted that Scottish Government has indicated additional funding to the IJB for the 2021/2022 and 2022/2023 financial years. This will assist the IJB to rebuild and scale up services and to limit the impact of the financial positions of its partners, NHS Tayside and Perth and Kinross Council (refer to page 8) — We will consider the Board's financial planning and reserves strategy and conclude on the appropriateness of these in our annual audit report.

Wider scope and Best Value (continued)

Risk assessment (continued)

Wider scope area	Why	Audit approach
Financial sustainability and financial management (continued)	***Specific identified focus areas (continued):*** Covid-19 As an entity with strategic responsibilities for health and social care in Perth and Kinross, the Covid-19 pandemic has an inherent impact on the Board's financial health, and those decisions made by the Board on public health.	— We will consider the transparency, regularity and adequacy of information presented to the Board in order to support effective decision making. — We will consider whether any changes to the governance structure as a result of national and regional social restrictions are sufficient for democratic governance. — We will review the Board's budget setting process in order to conclude whether identified Covid-19 services and pressures are appropriately resourced. We will also consider how officers advise members on the current financial position in respect of Covid-19 pressures.
Governance and transparency	**Governance and transparency** is concerned with the effectiveness of scrutiny and governance arrangements, leadership and decision making, and transparent reporting of financial and performance information. ***Specific identified focus area:*** Audit Scotland planning guidance requires us to consider the matters opposite.	— We will consider the effectiveness of scrutiny and governance arrangements, by evaluating the challenge and transparency of the reporting of financial and performance information. — We will update our understanding of the controls and processes around capturing officers' and Board members' interests. — We will obtain and review minutes of meetings of the various committees to assess the level of transparency, and consider the Board's plan for enhancing transparency.

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Wider scope and Best Value (continued)

Risk assessment (continued)

Wider scope area	Why	Audit approach
Value for money	Value for money is concerned with how effectively resources are used to provide services.	— We will specifically consider performance indicators, performance reporting and arrangements to provide for continuous improvement.

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Appendices

Mandated communications with the Audit and Performance Committee

Matters to be communicated	Link to Audit and Performance Committee papers
Independence and our quality procedures ISA 260 (UK and Ireland).	— See page 17.
The general approach and overall scope of the audit, including levels of materiality, fraud and engagement letter ISA 260 (UK and Ireland).	— Main body of this paper
— Disagreement with management about matters that, individually or in aggregate, could be significant to the entity's financial statements or the auditor's report, and their resolution (AU 380).	— In the event of such matters of significance we would expect to communicate with the Audit and Performance Committee throughout the year.
— Significant difficulties we encountered during the audit. — Significant matters discussed, or subject to correspondence, with management (ISA 260).	— Formal reporting will be included in our annual audit report for the Audit and Performance Committee meeting, which focuses on the financial statements.
— Our views about the qualitative aspects of the entity's accounting and financial reporting. — The potential effect on the financial statements of any material risks and exposures, such as pending litigation, that are required to be disclosed in the financial statements (ISA 260 and ISA 540).	
— Audit adjustments, whether or not recorded by the entity, that have, or could have, a material effect on its financial statements. We will request you to correct uncorrected misstatements (including disclosure misstatements) (ISA 450).	
— The selection of, or changes in, significant accounting policies and practices that have, or could have, a material effect on the entity's financial statements (ISA 570).	
— Material uncertainties related to events and conditions that may cast significant doubt on the entity's ability to continue as a going concern (ISA 570).	
— Expected modifications to the auditor's report (ISA 705).	
— Related party transactions that are not appropriately disclosed (ISA 550)	

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Auditor Independence

Assessment of our objectivity and independence as auditor of Perth and Kinross Integration Joint Board (the Board)

Professional ethical standards require us to provide to you at the planning stage of the audit a written disclosure of relationships (including the provision of non-audit services) that bear on KPMG LLP's objectivity and independence, the threats to KPMG LLP's independence that these create, any safeguards that have been put in place and why they address such threats, together with any other information necessary to enable KPMG LLP's objectivity and independence to be assessed.

This letter is intended to comply with this requirement and facilitate a subsequent discussion with you on audit independence and addresses:

— General procedures to safeguard independence and objectivity;

— Independence and objectivity considerations relating to the provision of non-audit services; and

— Independence and objectivity considerations relating to other matters.

General procedures to safeguard independence and objectivity

KPMG LLP is committed to being and being seen to be independent. As part of our ethics and independence policies, all KPMG LLP partners and staff annually confirm their compliance with our ethics and independence policies and procedures including in particular that they have no prohibited shareholdings. Our ethics and independence policies and procedures are fully consistent with the requirements of the FRC Ethical Standard. As a result we have underlying safeguards in place to maintain independence through:

— Instilling professional values

— Communications

— Internal accountability

— Risk management

— Independent reviews.

We are satisfied that our general procedures support our independence and objectivity.

Independence and objectivity considerations relating to other matters

There are no other matters that, in our professional judgment, bear on our independence which need to be disclosed to the Audit and Performance Committee.

Confirmation of audit independence

We confirm that as of the date of this letter, in our professional judgment, KPMG LLP is independent within the meaning of regulatory and professional requirements and the objectivity of the director and audit staff is not impaired.

This report is intended solely for the information of the Audit and Performance Committee of the Board and should not be used for any other purposes.

We would be very happy to discuss the matters identified above (or any other matters relating to our objectivity and independence) should you wish to do so.

Yours faithfully

KPMG LLP

Timeline

Communication

February
Presentation of
Audit Strategy

September
Presentation
of Annual
Audit Report

Statutory
inspection
period

| Dec | | Jan | Feb | Mar | | Apr | May | Jun | | Jul | Aug | Sept | Nov |

2021   **2022**

February
Audit planning
meeting

July
Final audit
fieldwork
commences.

September
Financial statements
signed by the Board
and KPMG

Audit workflow

— Perform risk assessment procedures and
identify risks

— Determine audit strategy

— Determine planned audit approach

— Understand accounting and reporting
activities

— Plan substantive procedures

— Perform substantive procedures

— Consider if audit evidence is sufficient and
appropriate

— Form opinion

— Review wider scope objectives
and areas

— Perform completion procedures

Audit outputs

Output	Description	Report date
Audit strategy	Our strategy for the external audit of the Board, including significant risk and audit focus areas.	By 21 February 2022
Independent auditor's report	Our opinion on the Board's financial statements.	By 30 September 2022
Annual audit report	We summarise our findings from our work during the year.	By 30 September 2022
Audit reports on other returns	We will report on the following returns: — Current issues returns — Fraud returns	 January, March, July and October 2022 November 2021, February, May and August 2022

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Audit Scotland code of audit practice – responsibility of auditors and management

Responsibilities of management
Financial statements

Audited bodies must prepare an annual report and accounts containing financial statements and other related reports. They have responsibility for:

— preparing financial statements which give a true and fair view of their financial position and their expenditure and income, in accordance with the applicable financial reporting framework and relevant legislation;

— maintaining accounting records and working papers that have been prepared to an acceptable professional standard and that support their financial statements and related reports disclosures;

— ensuring the regularity of transactions, by putting in place systems of internal control to ensure that they are in accordance with the appropriate Council;

— maintaining proper accounting records; and

— preparing and publishing, along with their financial statements, an annual governance statement, management commentary (or equivalent) and a remuneration report that are consistent with the disclosures made in the financial statements. Management commentary should be fair, balanced and understandable and also clearly address the longer- term financial sustainability of the body.

Further, it is the responsibility of management of an audited body, with the oversight of those charged with governance, to communicate relevant information to users about the entity and its financial performance, including providing adequate disclosures in accordance with the applicable financial reporting framework. The relevant information should be communicated clearly and concisely.

Audited bodies are responsible for developing and implementing effective systems of internal control as well as financial, operational and compliance controls. These systems should support the achievement of their objectives and safeguard and secure value for money from the public funds at their disposal. They are also responsible for establishing effective and appropriate internal audit and risk-management functions.

Audited bodies are responsible for providing the auditor with access to all information relevant to the preparation of the financial statements, additional information requested and unrestricted access to persons within the entity.

Prevention and detection of fraud and irregularities

Audited bodies are responsible for establishing arrangements for the prevention and detection of fraud, error and irregularities, bribery and corruption and also to ensure that their affairs are managed in accordance with proper standards of conduct by putting proper arrangements in place.

Audit Scotland code of audit practice – responsibility of auditors and management

Responsibilities of management
Corporate governance arrangements
Each body, through its chief executive or accountable officer, is responsible for establishing arrangements to ensure the proper conduct of its affairs including the legality of activities and transactions, and for monitoring the adequacy and effectiveness of these arrangements. Audited bodies should involve those charged with governance (including Audit and Performance Committees or equivalent) in monitoring these arrangements.
Financial position
Audited bodies are responsible for putting in place proper arrangements to ensure that their financial position is soundly based having regard to: — such financial monitoring and reporting arrangements as may be specified;   — compliance with any statutory financial requirements and achievement of financial targets;   — balances and reserves, including strategies about levels and their future use;   — how they plan to deal with uncertainty in the medium and longer term; and   — the impact of planned future policies and foreseeable developments on their financial position.
Best Value, use of resources and performance
The Scottish Public Finance Manual sets out that accountable officers appointed by the Principal Accountable Officer for the Scottish Administration have a specific responsibility to ensure that arrangements have been made to secure best value.

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Audit Scotland code of audit practice – responsibility of auditors and management

Responsibilities of auditors
Appointed auditor responsibilities

Auditor responsibilities are derived from statute, this Code, International Standards on Auditing (UK and Ireland), professional requirements and best practice and cover their responsibilities when auditing financial statements and when discharging their wider scope responsibilities. These are to:
 	
— undertake statutory duties, and comply with professional engagement and ethical standards;
 	
— provide an opinion on audited bodies' financial statements and, where appropriate, the regularity of transactions;
 	
— review and report on, as appropriate, other information such as annual governance statements, management commentaries, remuneration reports, grant claims and whole of government returns;
 	
— notify the Auditor General when circumstances indicate that a statutory report may be required;
 	
— participate in arrangements to cooperate and coordinate with other scrutiny bodies (local government sector only);
 	
— demonstrate compliance with the wider public audit scope by reviewing and providing judgements and conclusions on the audited bodies:
 	
  – effectiveness of performance management arrangements in driving economy, efficiency and effectiveness in the use of public money and assets;
 	
  – suitability and effectiveness of corporate governance arrangements; and
 	
  – financial position and arrangements for securing financial sustainability.
 	
Weaknesses or risks identified by auditors are only those which have come to their attention during their normal audit work in accordance with the Code, and may not be all that exist. Communication by auditors of matters arising from the audit of the financial statements or of risks or weaknesses does not absolve management from its responsibility to address the issues raised and to maintain an adequate system of control.
 	
This report communicates how we plan to identify, assess and obtain sufficient appropriate evidence regarding the risks of material misstatement of the financial statements due to fraud and to implement appropriate responses to fraud or suspected fraud identified during the audit.

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Audit Scotland code of audit practice – responsibility of auditors and management

Responsibilities of auditors
General principles
This Code is designed such that adherence to it will result in an audit that exhibits these principles.
Independent
When undertaking audit work all auditors should be, and should be seen to be, independent. This means auditors should be objective, impartial and comply fully with the Financial Reporting Council's (FRC) ethical standards and any relevant professional or statutory guidance. Auditors will report in public and make recommendations on what they find without being influenced by fear or favour. Our independence confirmation letter (Appendix two) discloses matters relating to our independence and objectivity including any relationships that may bear on the firm's independence and the integrity and objectivity of the audit engagement partner and audit staff. We confirm that, in our professional judgement, KPMG LLP is independent within the meaning of regulatory and professional requirements and that the objectivity of the Director and audit staff is not impaired.
Proportionate and risk based
Audit work should be proportionate and risk based. Auditors need to exercise professional scepticism and demonstrate that they understand the environment in which public policy and services operate. Work undertaken should be tailored to the circumstances of the audit and the audit risks identified. Audit findings and judgements made must be supported by appropriate levels of evidence and explanations. Auditors will draw on public bodies' self-assessment and self-evaluation evidence when assessing and identifying audit risk.
Quality focused
Auditors should ensure that audits are conducted in a manner that will demonstrate that the relevant ethical and professional standards are complied with and that there are appropriate quality-control arrangements in place as required by statute and professional standards.

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Document Classification: KPMG Confidential

Audit Scotland code of audit practice – responsibility of auditors and management

Responsibilities of auditors
Coordinated and integrated
It is important that auditors coordinate their work with internal audit, Audit Scotland, other external auditors and relevant scrutiny bodies to recognise the increasing integration of service delivery and partnership working within the public sector. This would help secure value for money by removing unnecessary duplication and also provide a clear programme of scrutiny activity for audited bodies.
Public focused
The work undertaken by external audit is carried out for the public, including their elected representatives, and in its interest. The use of public money means that public audit must be planned and undertaken from a wider perspective than in the private sector and include aspects of public stewardship and best value. It will also recognise that public bodies may operate and deliver services through partnerships, arm's-length external organisations (ALEOs) or other forms of joint working with other public, private or third sector bodies.
Transparent
Auditors, when planning and reporting their work, should be clear about what, why and how they audit. To support transparency the main audit outputs should be of relevance to the public and focus on the significant issues arising from the audit.
Adds value
It is important that auditors recognise the implications of their audit work, including their wider scope responsibilities, and that they clearly demonstrate that they add value or have an impact in the work that they do. This means that public audit should provide clear judgements and conclusions on how well the audited body has discharged its responsibilities and how well they have demonstrated the effectiveness of their arrangements. Auditors should make appropriate and proportionate recommendations for improvement where significant risks are identified.

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*Represents a continuation from 2020-21

PERTH AND KINROSS INTEGRATION JOINT BOARD

AUDIT & PERFORMANCE COMMITTEE

7 MARCH 2022

EXTERNAL AUDIT – PROPOSED AUDIT FEE 2021/22

Report by Head of Finance and Corporate Services
(Report No G/22/40)

PURPOSE OF REPORT

This report presents the proposed External Audit Fee for 2021/22 for approval to the Audit and Performance Committee.

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1. **RECOMMENDATIONS**

   It is recommended that the Audit and Performance Committee:

   (i) Approve the proposed External Audit fee for 2021/22, subject to Audit Scotland approval.

2. **BACKGROUND / OVERVIEW**

2.1 Audit fees are based on Audit Scotland's Funding & Fee Strategy. The two key principles for these fee setting arrangements are:

   • Audit fees should be set with the objective to recover the full cost of audit work in each sector;

   • The cost of the audit should be independent of the identity or location of the auditor.

2.2 On 10 December 2021, the Head of Finance and Corporate Services received an indication of the fees for 2021/22 audits from Audit Scotland. This proposed a fee of £27,960 for Perth & Kinross Integration Joint Board (IJB). However, the actual amount the IJB pay may vary depending on the amount of the audit fee agreed with the auditor. Fees can be agreed between the auditor and the IJB by varying the auditor remuneration by up to 10% above the level set by Audit Scotland. If the fee is above that threshold, then approval must be given by Audit Scotland.

2.3 Since 2018/19 the KPMG fee has been higher than that proposed by Audit Scotland. KPMG have indicated that the overall requirements of the Audit, including the need to consider financial sustainability and wider scope, require the increased fee to be charged. The year on year fee variation is consistent in amount and percentage when compared to the Audit Scotland expected fee. KPMG are obtaining approval from Audit Scotland for the variation, as required when in excess of 10%, as they have in previous periods.

2.4 The fee of £30,660 is being proposed and represents a 2% increase from 2020/21, as set out in Appendix 1.

3. Conclusion

3.1 The Audit & Performance Committee are recommended to approve the proposed External Audit fee for 2021/22, subject to Audit Scotland approval.

Author(s)

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Appendices

Appendix 1 – Summary of Fees

Appendix 1

	Auditor Remuneration	Pooled Costs	Contribution to PABV costs	Contribution to Audit Scotland costs	Total: Expected fee		Total: Agreed*/ Proposed fee
2020/21	18,850	1,790	5,650	1,040	£ 27,330	£	30,060*
2021/22	21,950	2,010	5,670	1,030	£ 27,960	£	30,660
Difference (£)	3,100	220	20	-10	630		600
Difference (%)	16.5%	12.3%	0.4%	-1.0%	2.3%		2.0%

PERTH AND KINROSS INTEGRATION JOINT BOARD

AUDIT & PERFORMANCE COMMITTEE

7 MARCH 2022

CLINICAL CARE GOVERNANCE RISK ESCALATION REPORT

Report by Chief Officer
(Report No G/22/41)

PURPOSE OF REPORT

The purpose of this report is to Identify significant operational clinical care governance risks which are likely to impact on Perth and Kinross Integration Joint Board's (PKIJB) Strategic Objectives and which therefore require to be considered as part of the ongoing review of the IJB Strategic Risk Register.

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1. **BACKGROUND**

1.1   At their meeting on 29 September 2021, the IJB agreed a process for them to receive assurance regarding Clinical Care Governance.

1.2   Part of this agreed assurance process included a Risk Escalation Report from the Chief Officer identifying significant operational clinical care governance risks which are likely to impact on PKIJB's Strategic Objectives and which therefore requires to be included in the IJB Strategic Risk Register, together with mitigating actions aligned to the strategic planning responsibilities of the IJB.

2. **ASSESSMENT**

2.1   The December 2021 and February 2022 PKHSCP reports to the NHS Tayside Care Governance Committee, as set out at Appendices 1 & 2 have been reviewed by the Executive Management Team (EMT).

2.2   In relation to workforce, the following very high risks were identified :-

December	February
	Mental Health Workforce
Community Hospitals Staffing	POA Inpatient Staffing

2.3 In February 2022, the operational risk concerning Community Hospital staffing levels was downgraded to an amber risk as a result of the mitigations which have been implemented. Whilst this operational risk has been de-escalated, a paper was presented to the IJB in February 2022 concerning the temporary closure of Pitlochry GP Unit which recognised that a strategic review of new models of care is now required in North Perthshire to ensure services are safe, sustainable and able to keep people at home or in a homely environment for longer. This review will be a key priority within the Older Peoples Strategic Delivery Plan to be considered by the IJB in March.

2.4 A further operational workforce risk has been included in relation to POA Inpatient Staffing. Mitigations are being put in place to address the issue.

2.5 The Mental Health workforce operational risk has also been re-escalated. The risk was downgraded late in 2021 due to the contingency measures which were implemented. However further work is now taking place in collaboration with NHST to ensure these workforce challenges can be mitigated as soon as possible.

2.6 EMT agreed that, as the strategic workforce risk is already at a very high level, there were no further implications at this stage for the IJB's strategic risk. However, this will continue to be closely monitored by EMT in the coming weeks

2.7 Work continues at service level to mitigate the very high operational risk concerning accommodation. However, the key improvement action for the Partnership premises strategic risk relates to the production of an IJB Premises Strategy. This strategic improvement action is ongoing with the measures necessary to accelerate this being considered by EMT in January 2022. The operational risk has no implications at this stage for the IJB's strategic risk register.

2.8 The further very red risk was identified in both the December and February Reports relates to Care at Home provision and this was included in the last report. This very high risk has potential implications for the IJB's Strategic Risk relating to Viability of External Providers (SR06). As reported at the last Committee the Chief Officer and EMT reviewed this with the risk exposure score of Strategic Risk SR06 being subsequently increased. The risk level of the operational risk has not increased over this review period so EMT concluded that there are no further implications for the strategic risk at this stage. The Older Peoples Strategic Delivery Plan, to be considered by the IJB in March 2022, will set out proposals for reshaping and rescaling of Care at Home Services in a way that responds to the current issues.

2.9 The status and movement in risk scores of identified significant risks set out in the PKHSCP Clinical Care Governance Reports to NHS Tayside Care Governance Committee are detailed in Appendix 3.

2.10   To fulfil its obligations as set out in the PKIJB Integration Scheme, the IJB
        requires assurance that:-

- Arrangements are in place for professional supervision, learning, support and continuous improvement for all staff;
- There is evidence of effective information systems and that relevant professional and service user networks or groups feed into the agreed Clinical and Care Governance and Professional Governance framework;
- Arrangements are in place for embedding mechanisms for continuous improvement of all services through application of a Clinical and Care Governance and Professional Governance Framework;
- Arrangements are in place for ensuring effective mechanisms for service user and carer feedback and for complaints handling.

The Chief Officer can confirm that the Clinical Care Governance Reporting Framework, overseen by the PKHSCP Clinical Care Governance Forum, supports regular review of all services to ensure that such arrangements are in place.

3.   NEXT STEPS

3.1   The PKHSCP Clinical Care Governance Forum Reports will continue to be reviewed with the findings being considered by the Chief Officer and EMT for any implications for the IJB's Strategic Risks.

3.2   The Audit and Performance Committee will continue to be provided with a Clinical Care Governance Risk escalation report at each meeting.

3.3   A full update will be provided at the next meeting on the progress in ensuring that the PKC Scrutiny Committee regularly reviews the PKHSCP Clinical Care Governance Report in relation to social care risks and is in a position to provide assurance to PKIJB of appropriate management of PKC operational risks.

4.   RECOMMENDATIONS

The Audit and Performance Committee is asked to:

i)   Note the assessment of Partner's Operational Risks and the assurance at Section 2.

ii) Note the PKHSCP Assurance Reports as considered at the NHST Clinical Care Governance Committees of 2 December 2021 and 3 February 2022 as attached at appendices 1 & 2.

iii) Note the minutes of the NHST Clinical Care Governance Committee meetings of 7 October and 2 December 2021 as attached at appendices 4 and 5.

Author(s)

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Appendices
Appendix 1 – PKHSCP Assurance Report to NHST CCGC 2 December 2021
Appendix 2 – PKHSCP Assurance Report to NHST CCGC 3 February 2022
Appendix 3 – Health and ASWSC Operational Risk Register Status
Appendix 4 – NHST CCGC Minutes 7 October 2021
Appendix 5– NHST CCGC Minutes 2 December 2021

NHS Tayside

Care Governance Committee

2 December 2021

Assurance Report: Perth & Kinross Health and Social Care Partnership

Responsible Officer: Dr Hamish Dougall, Associate Medical Director
Jacquie Pepper, Chief Social Work Officer

Report Authors: Dr Hamish Dougall, Associate Medical Director
Jacquie Pepper, Chief Social Work Officer
Mark Dickson, Clinical Governance Coordinator
Angie McManus, AHP Lead

1   Purpose

This is presented to the Board for:

- **Assurance**

This report relates to:
- Government policy/directive
- Legal requirement

This aligns to the following NHS Scotland quality ambition(s):
- Safe
- Effective
- Person Centred

2   Report summary

2.1   Situation

This report is being brought to the meeting to provide assurance on the clinical and care governance activities and arrangements across the Partnership as outlined in the Getting It Right For Everyone (GIRFE) Framework in accordance with the Partnership integration scheme. Clinical Governance is a statutory requirement to report on, at Board level, from Scottish Government as per NHS MEL (1998) 75. The Care Governance Committee is being asked to provide their view on the level of assurance this report provides and therefore the level of assurance regards clinical and care governance within the Partnership. The timescale for the data within this report is from September to October 2021.

As Lead Officer for P&K HSCP I would suggest that the level of assurance provided is: **Moderate Assurance.**

The Care & Professional Governance activity across the partnership is evolving, and it is acknowledged that further improvements are required to gain comprehensive assurance. Three of the five sections below have a level of Comprehensive Assurance, and two (Mental Health and Adverse Event Management) have a level of Moderate Assurance.

2.2 Background

The role of the P&K CPGF is to provide assurance to the P&K Integration Joint Board, NHS Tayside Board (through the Care Governance Committee) and P&K Council, that there are effective and embedded systems for Clinical, Care & Professional Governance in all services within P&K Health and Social Care Partnership.

The Tayside Getting in Right For Everyone (GIRFE) Framework has been agreed by all three HSCPs and the recent refresh of the document was endorsed at Care Governance Committee. To ensure consistency of approach between Local Authorities, Tayside NHS Board and the IJBs for the three HSCPs, quality assurance is assessed against an agreed, prioritised common data set for each of the governance domains as detailed below. A GIRFE Steering Group was established and continues to meet, with representatives from each of the three Partnerships and part of its remit is to support additional common assurance measures and this template.

Clinical, Care and Professional Governance performance is assessed against an agreed, prioritised framework for each of the six governance domains as detailed below. The domains continue to evolve over time and must be adaptable and responsive to the changes in legislation and external support and monitoring. The domains reflect the principles set out in the Health and Social Care Standards, My support, My life; Scottish Government, 2018 and the Quality of Care Approach, HIS and Care Inspectorate, September 2018. The domains are:

1. Information Governance
2. Professional Regulation and Workforce Development
3. Patient/Service user/Carer and Staff Safety
4. Patient/Service user/Carer and Staff Experience
5. Quality and effectiveness of care
6. Promotion of Equality and Social Justice

There is a clinical governance strategic risk for NHS Tayside - Clinical Governance Risk 16. The current risk exposure rating of this risk considers the Clinical and Care Governance reporting arrangements within the Partnerships and reflects the complexity in moving towards integrated Clinical and Care Governance arrangements within each of the HSCPs. The Interim Evaluation of Internal Control Framework Report No T09/20 identifies the need for greater consistency in reporting of performance and quality by the HSCPs; the provision of pertinent information relating to the situation and; summarisation

of significant issues, any National / Local objectives involved and relevant legislative / Healthcare Standards.

2.3   Assessment

2.3.1   Partnership Risks

The integrated leadership team, including professional leads, within the partnership, are collectively committed to driving forward service improvements to reduce risk. Health related service risks within the partnership are logged on DATIX and Adult Social Work and Social Care (ASWSC) have in place a risk register, and allows for a discussion and scrutiny of all HSCP risks at the CPGF. ASWSC risks are also discussed at Locality Governance Groups and the ASWSC Forum.

A summary of all DATIX risks are presented and discussed at the monthly HSCP Care & Professional Governance Forum. DATIX risks for health and HSCP delegated services are additionally reviewed weekly at the Health Senior Management Team Huddle and Locality Governance Groups. Work continues to ensure that all risks have appropriate scoring, mitigated actions and are updated within timescales.

In addition to the service risks, the HSCP also has in place 14 Strategic risks, and each of the service risks is aligned to one of the HSCP strategic risks.

The partnership has 27 current service risks recorded on DATIX (full list provided within appendix 2). These are risks for health services.

Of these 27 current service risks, 3 are graded "Very High", 18 as "High", and 6 as "Medium".

The three "Very High" graded risks are:

Ref	Locality/Service	Grading and Title of risk	Risk Score & Grading	Last updated
657	**North**	P&K HSCP Community Hospital Registered Nurse Staffing Levels	20 RED	19-11-21
Exploring local pools to work across P&K HSCP. Implementing a SCN huddle twice a week to review workforce across P&K. Sharing staff across the four sites to manage the risk regarding staffing. Block contract for bank/agency for 3 months requested for Pitlochry and Crieff. Escalation Plans developed and signed off by AND to support escalation processes for agency staff taking charge of ward areas. Contingency plans being developed to consider future options of bed model across Community Hospitals including intermediate care options/skill mix/advanced practice. SLWG for recruitment campaign being developed for Community Hospitals				

829	**P&K wide**	Challenges in relation to accommodation for clinical and non-clinical staff across P&K	20 RED	18-06-21
All options have been explored in the NHS and PKC family within Perth & Kinross. Premises requirements identified and summarised in a briefing paper for various services.				

1071	**Prison Healthcare**	Development of the Female Community Custody Unit (CCU)	20 RED	29-09-21
SBAR presented to NHST ELT to advise Executive team of the development and potential implications. Model and costing supplied to Scottish Government team involved with CCU via SPS lead. Ongoing discussions with SG re funding provision. P&K CFO involved in discussions				

The partnership has 4 current service risks recorded within the Adult Social Work & Social Care risk register. Of these 4 current service risks, 1 is graded "Very High", and the remaining three as "High".

The "Very High" graded risk is:

4	**Adult Social Work & Social Care**	A lack of Care at Home capacity, especially in rural P&K, is resulting in people not receiving their assessed levels of care	20 RED	27-11-21
HART often provides support until CAH package available. When required, clients are prioritised to free up capacity to support people at greatest risk. When required, staff are re-tasked from other services. All HART vacancies being advertised as permanent posts and permission given to over recruit. Links with Social Care Academy to improve recruitment. Creation of Enhanced Carer posts in Independent Sector as part of developing a career pathway. Creating work experience and shadowing opportunities. Learn to work in Adult Care programme. Implementation of Digital Information post to support recruitment. Creation of training passport. We will introduce a new CAH model, Wellbeing Teams based within existing integrated locality teams initially focussing on unmet need in both the North and South locality April 2022 An uplift in External provider employee hourly rate to be implemented Nov 2021. Contractual agreement to be produced and signed up to by providers on an agreed set of pay and conditions, thus reducing movement of the workforce.				

2.3.2 Clinical & Care Governance Arrangements - Comprehensive Assurance

Full details of the Clinical & Care Governance Arrangements in P&K HSCP are provided within appendix 4. A summary of recent assurances received at the P&K Care & Professional Governance Forum (CPGF) are:

Key risks identified within the exception reports from the CPGF meetings held on the **24 September & 22 October 2021:**

- Public Dental Service:
  - o it was noted that there has been slow progress with essential COVID ventilation modifications in HMP Perth and Springfield and Kings Cross dental clinics, and this continues to impact on the services ability to treat patients safely and efficiently. Scottish Government have confirmed funding for this work as a significant remobilisation priority however NHS Tayside Facilities colleagues have not been able to progress.
  The reason for this is not clear and this has been escalated to the Director of Facilities given the significant delay.

- Mental Health Officer Team
  - o it was noted that due to the current contingency arrangements in place in P&K HSC regarding Consultant Psychiatrist cover, there is a risk of delays in full assessment of patients mental state and therefore the potential for delay in development of care and treatment plans, and admission to hospital.

- Inpatient PRI services
  - o It was noted that Inpatient Occupational Therapy staffing have significant mismatch with demand / capacity ratio and this is affecting safe and effective practice, capacity and flow, staff wellbeing and opportunity for professional activities. This has been captures as a red risk on DATIX.

- North Locality
  - o It was noted that Advanced Nurse Practitioners are unable to access real time information from EMIS practices, and access is only available within the Practice, not remotely.
  - o It was noted that there is still a significant risk regarding staffing levels at Pitlochry Hospital, and the service is still heavily reliant on Bank and Agency staff due to resignations, retirement and maternity. Sickness absence is also still having an impact. The situation is being monitoring daily to ensure safety and supported by block booking of agency staff.

- South Locality
  - o It was noted that a lack of office capacity at MRH and Kinross is affecting Community Mental Health Team staffs ability to work appropriately and easily access team support. This Issue has

been escalated and included in the P&K HSCP accommodation paper.

At the **September 2021** meeting of the CPGF, an update to the NHS Tayside Podiatry annual report was provided, with the following key points noted:

- Stepping down the 'routine' podiatry service in early 2020 due to COVID 19 allowed some podiatry staff to be redeployed to support the clinical activity of the community nursing teams who were experiencing staffing challenges resulting from the pandemic. During this period, the Podiatry service prioritised urgent patients only, with high risk patients being contacted to discuss what they could do to self-manage as there was a risk that some of these patients would develop ulceration, or otherwise deteriorate.
- With the continued advent of the Community Care & Treatment Service, the sharing of care with podiatry to ensure safe and effective outcomes was felt to be compromised due to a lack of access to relevant systems. This has been addressed in so far as an agreed quota of staff have received access to Vision Anywhere and CCaTs staff to EMIS further improvement would require all podiatry staff to have access to Vision Anywhere
- Recruitment of podiatrists has been identified as a challenge nationally both in recruitment at undergraduate level and into the NHS following qualification.
- The service is encouraging further use of 'Near Me' in specialist podiatry services where appropriate e.g. Rheumatology, MSK.

2.3.3 Adverse Event Management - Moderate Assurance

Systems are in place for services/localities to review DATIX incidents. Regarding adverse events <u>with harm</u>, the main themes reported during the months of September and October 2021 were:

Highest frequency events:
1. Slips, Trips and Falls (further detail below)
2. Violence & Aggression (further detail below)
3. Accident (*mostly minor moving and handling issues; staff burns from handling hot drinks; other relatively minor knocks and bumps*)
4. Pressure Ulcers (further detail below)
5. Fatality (*unexpected death of a patients in the community who were known to an HSCP service*)

- **Violence & Aggression**
  During the months of September and October 2021, there were a total of 29 V&A incidents reported. Of these, 8 involved incidents with harm . A

review of the 29 total incidents showed that the majority (19/29) occurred across the three Psychiatry of Old Age (POA) wards at Murray Royal Hospital (MRH), and the majority (19/29) were regarding physical aggression.

The Older Peoples Mental Health In-Patient Teams have been proactively implementing person-centred care activity planning for those with symptoms of dementia, including aggression, agitation, anxiety to reduce stress and distress. This work will continue and in time it is envisaged that it could reduce incidents.

- **Pressure Ulcers**
  During the months of September and October 2021, there were a total of 7 Pressure Ulcer incidents reported. A review of the 7 total incidents showed that 2 occurred within an inpatient setting, 2 within the patients home, and 3 within a care home setting.

  One of these incidents was a grade 4 pressure ulcer, which occurred in a patients home. All identified grade 3 and 4 pressure ulcers have a Local Adverse Event Review (LAER) undertaken to ensure any learning from the adverse event.

- **Slip, Trip & Falls**
  During the months of September and October 2021, there were a total of 119 Slips, Trips and Falls incidents reported. Of these, 26 involved incidents with harm. A review of the 119 total incidents showed that 65 occurred within POA wards at MRH, 38 within Community Hospitals wards, 8 within PRI wards , and 2 in a non-inpatient setting.

- **Accident**
  During the months of September and October 2021, there were a total of 13 Accident incidents reported. Of these, 5 involved incidents with harm. A review of the 8 total incidents showed that 8 of these were in an inpatient setting, 3 in a Prison establishment, 1 in a patients home and 1 in a Care Home.

- **Fatalities**
  Within the months of September and October 2021, there was 1 unexpected fatality within our community reported. As these patients were known to an HSCP Community Service, these fatalities will be explored in line with the Adverse Event Management Policy.

  For all 'extreme' or 'major' events a Local Adverse Event Review (LAER) is conducted and the outputs are taken to the regular CPGF meetings under the standardised Exception Reporting template, and the learning is discussed and shared for further dissemination.

  A review has taken place of the overdue red and amber events within Perth & Kinross, showing that in:

- September 2020 – 24 outstanding events
- January 2021- 19 outstanding events
- May 2021 - 13 outstanding events
- July 2021 – 13 outstanding events
- November 2021 – 11 outstanding events

Progress has been made throughout the year regarding the outstanding red events, and as of November 2021, there are 11 outstanding which are overdue. The reason for some of these being outstanding relates to complexity of events; delays due in part to the COVID pandemic response; co-ordination across multiple agencies and services etc. Reviews will continue until a further sustained improvement is evident. Further details regarding these incidents are provided within Appendix 5.

With regards to Adverse Event information in general, each geographical locality in P&K is provided with a summary of adverse events specific for their locality to enable them to identify trends and any learning.

Adverse events are regularly reviewed and form a standing agenda item at the locality governance groups to identify learning, improvements, training needs or themes.

It has been identified and acknowledged by the CPGF that further performance improvement is required regarding the timescales for reporting and verifying DATIX incidents. This is being monitored at CPGF meetings.

2.3.4 Complaints - Comprehensive Assurance

Complaints summary for HSCP Health Services:

Current Complaints as at 09/11/21 -
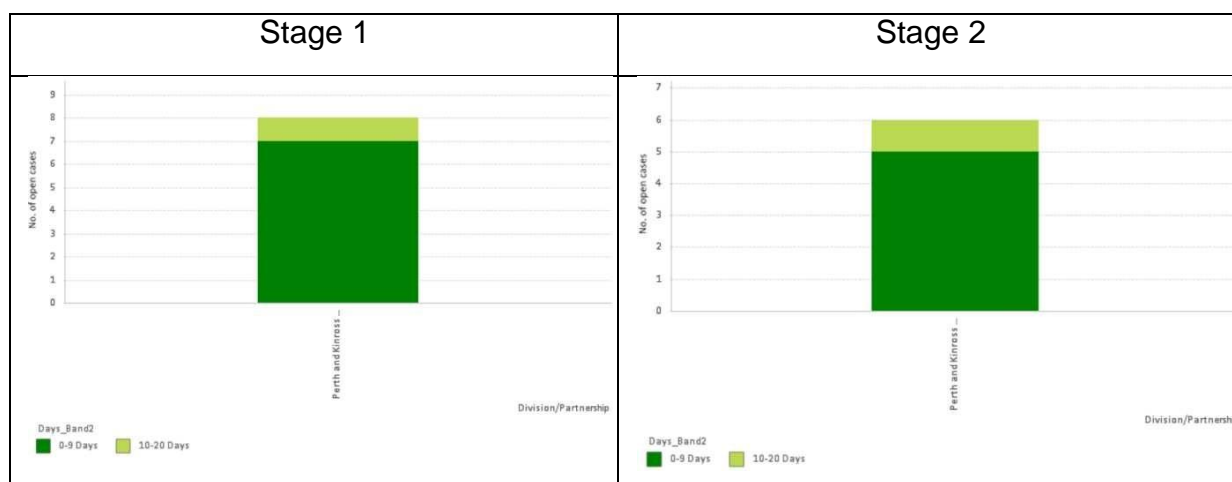
Stage 1	Stage 2

Number of complaints closed by month:
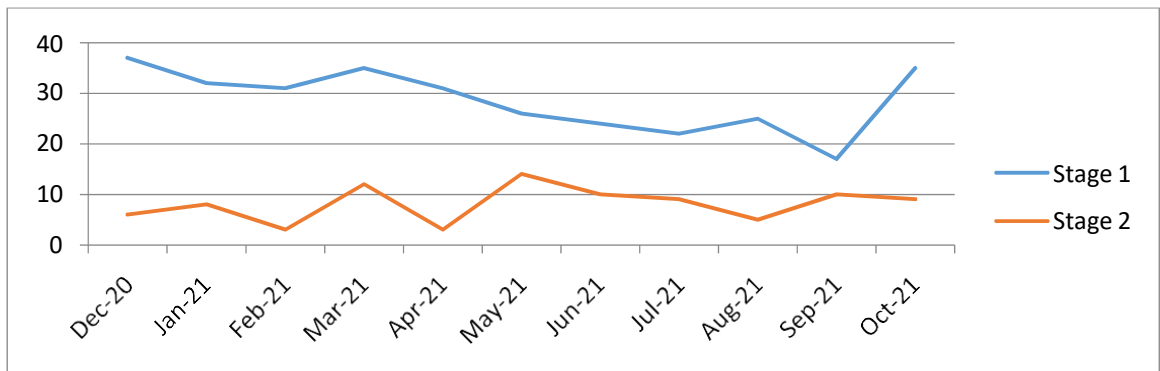
- **Total number of complaints received in September 2021 = 32**
- **Total number of complaints closed in September 2021 = 27**
  - Stage 1 = 17 (7 upheld or partially upheld)
  - Stage 2 = 10 (4 upheld or partially upheld)

- **Total number of complaints received in October 2021 = 37**
- **Total number of complaints closed in October 2021 = 44**
  - Stage 1 = 35 (12 upheld or partially upheld)
  - Stage 2 = 9 (5 upheld or partially upheld)

- **Top themes (Prison Healthcare):**
  - **Overall**
    - Disagreement with treatment plan
    - Wait times
    - Error with prescription

  - **Upheld or Partially Upheld complaints**
    - Wait times
    - Disagree with treatment plan

- **Top themes (other HSCP services):**
  - **Overall**
    - Unhappy with treatment plan
    - Unhappy with cancellation of treatment

  - **Upheld or Partially Upheld complaints**
    - Unhappy with treatment plan

Complaints and Feedback are managed by locality/service managers (including hosted services), complaints are signed off by the Head of Health. Professional Leads are additionally sighted on responses, which supports identifying/sharing learning and areas for improvement.

Feedback and positive reports from patients, carers etc are also being promoted for reporting at Locality Governance Meetings as part of performance and learning focus.

Learning from service complaints / service-user experiences are expected to be reported via the exception reporting template system.

Further work is underway to better understand where and why responses to some complaints take longer than the standard 20 days. The CPGF monitor response times, themes and support the sharing of learning from complaints.

Summary information for complaints within Adult Social Work & Social Care services is not currently available due to a change in IT systems, but it is intended that this is included in future reports.

2.3.5 External Reports & Investigations - Comprehensive Assurance

- No inspections during the time period to delegated HSCP services. Inspections continue to our Commissioned Care Homes by the Care Inspectorate.

There is an expectation from the HSCP that following any external inspection, a copy of the report and drafted improvement plan would be presented to the Care & Professional Governance Forum and ongoing updates provided within exception reports.

Learning from Inspection recommendations/learning summaries across Tayside are considered and reflected by the CPGF and are shared with locality Governance groups for cascading.

2.3.6 Mental Health – Moderate Assurance

Our Mental Health specific Clinical, Care & Professional Governance Group has now commenced and meets on a monthly basis. This reports directly to P&K CPGF and the Tayside Mental Health Quality & Performance Review. The focus of this group is reviewing performance against Mental health KPI's, progressing mitigating actions in respect of Mental Health service risks and monitoring progress against HIS and Listen, Learn, Change improvement plans.

The Group will be provide a summary of learning to NHS Tayside, as per the

new process in place for NHST Mental Health Quality Performance Review.

As per the risk section of this report, note that P&K have now added to DATIX the operational Mental Health risks associated with NHS strategic Mental Health risks.

Mental Health Quality Performance data will continue to be under scrutiny by locality managers and the cleansing process on Trakcare will continue.

Level of Assurance		System Adequacy	Controls
Comprehensive Assurance		Robust framework of key controls ensures objectives are likely to be achieved.	Controls are applied continuously or with only minor lapses.
Moderate Assurance		Adequate framework of key controls with minor weaknesses present.	Controls are applied frequently but with evidence of non-compliance.
Limited Assurance		Satisfactory framework of key controls but with significant weaknesses evident which are likely to undermine the achievement of objectives.	Controls are applied but with some significant lapses.
No Assurance		High risk of objectives not being achieved due to the absence of key internal controls.	Significant breakdown in the application of controls.

2.3.7 Quality/ Patient Care

The following are examples of where we are working to support improved quality since the last report:

- Prison Healthcare Person of Concern Review Group – Prison Healthcare have a daily meeting with SPS, including hall managers, chaplaincy, Recovery staff and prison based social work to discuss and agree actions to support any person who is raised. Concerns may be due to mental health, substance use or physical health issues. Over 500 cases have been discussed since April 2021

- In response to the capacity and flow being significantly affected over recent weeks, P&K HSCP, in collaboration with senior clinicians and operational managers across NHS Tayside Unscheduled Care, has developed a resilience plan to support capacity and flow across the whole system over the winter months. Central to the resilience plan is the increase to the workforce capacity of our Locality Integrated Care Services to provide alternatives to hospital admission and / or earlier discharge from hospital to incorporate assistant practitioners and clinical coordinators.

Some of the challenges we are encountering:
- Increase in Mental Health Referrals
- Competing priorities and workload
- One of our services are currently working within contingency as described previously in this report
- Availability of suitable accommodation across P&K HSCP
- Increasing pressures within POA Inpatient services; both with capacity and Nursing workforce.

2.3.8 Workforce

Remobilising is challenging for staff in the HSCP who are tired and feeling the impact of the past year working through a pandemic.

- Locality and Service Managers focusing on supporting their staff to recover
- Workforce modelling is collaboration with service managers regarding specific staff shortages.

Challenges:
- Winter and contingency
- Competing Priorities and Workload
- Impact on Workforce normal availability through Covid impact
- Nursing workforce at Pitlochry Community Hospital
- Care at Home capacity

2.3.9 Financial

The composition of the Executive Management Team allows for a discussion of any financial issues from the perspective of Care & Professional Governance.

2.3.10 Risk Assessment/Management

Key risks and risk assurance process is detailed under section 2.3a.

2.3.11 Equality and Diversity, including health inequalities

Equality, diversity and health inequalities are core to the Getting it Right Framework and the domains within. Each service provides exception reports which include this aspect. Currently there are no exceptions requiring to be escalated to CGC.

2.3.12 Other impacts

N/A

2.3.13 Communication, involvement, engagement and consultation

HSCP Staff have recently completed the latest iMatter survey, and feedback provided to individual teams.

The HSCP are recommencing both the Strategic Planning and Communication and Engagement Groups to support more effective consultation moving forward.

2.3.14 Route to the Meeting

This has been previously considered by the following groups as part of its development. The groups have either supported the content, or their feedback has informed the development of the content presented in this report.

- Care & Professional Governance Forum members
- Executive Management Team

2.4 Recommendation

This report is being presented for:

- **Assurance**

As Lead Officers for Perth & Kinross HSCP we would suggest that the level of assurance provided is: **Moderate Assurance**

Appendix 1 – List of services within P&K HSCP

The P&K HSCP works within a locality model to deliver the following delegated services and hosted services:

Perth City Locality	Community Nursing, Community Mental Health Teams (Adult and Older Peoples), Community Allied Health Profession Teams	Delegated
North Locality	Integrated Drug & Alcohol Recovery Team, Advanced Nurse Practitioners, Community Hospitals (x4),	Delegated
South Locality	Community Care & Treatment Teams, Community Learning Disability Services, Adult Social Work Teams Respiratory Team Care Home Liaison (Mental Health) Access Team Mental Health Officer Team Wellbeing Team Hospital Discharge Team Discharge Hub	Delegated
Perth Royal Infirmary	Stroke Ward Medicine for the Elderly Ward Discharge Liaison Team Allied Health Profession Team (Inpatients) Allied Health Professions (Outpatient Teams)	Delegated
Murray Royal Hospital	3 Older Peoples Mental Health Inpatient Wards	Delegated
Commissioned Services	Care at Home, 42 Care Homes, Supported Accommodation	Delegated
Registered Services	Dalweem & Parkdale Care Homes, Day Care, HART	Delegated
Equipment & TEC	Joint Equipment Loan Store, Community Alarm	Delegated
Mental Health Officer Team	Mental Health Officers across P&K	Delegated
Prison Healthcare	Across 2 sites – HMP Perth and HMP Castle Huntly Pharmacy Team Primary Care Medical & Nursing Team Integrated Mental Health & Substance Misuse Team Occupational Therapy Team Physiotherapy Clinical Psychology In-reach Podiatry In-reach Dental In-reach Blood Borne Virus	Hosted
Public Dental Service	Tayside wide Services	Hosted
Podiatry	Tayside wide Services	Hosted

Appendix 2 – DATIX service risks within P&K HSCP health services (as at 22nd November 2021)

Current service risks within health services (27):

Ref	Locality/Service	Grading and Title of risk	Risk Score & Grading	Last updated / Manager
657	North	P&K HSCP Community Hospital Registered Nurse Staffing Levels	20 RED	19-11-21 Amanda Taylor
829	Perth City	Challenges in relation to accommodation for clinical and non-clinical staff across P&K	20 RED	18-06-21 Evelyn Devine
1071	Prison Healthcare	Development of the Female Community Custody Unit (CCU)	20 RED	29-09-21 Angela Cunningham
982	Mental Health P&K wide	Workforce	16 AMBER	22-11-21 Chris Lamont
886	MFTE, POA / Intermediate Care	Staffing challenges within the OT service at PRI	16 AMBER	19-11-21 Morag Ottley
981	Mental Health P&K wide	Pathways of Care	16 AMBER	22-11-21 Chris Lamont
664	Perth City	Care & treatment hub accommodation within Perth City	16 AMBER	19-08-21 Alisson McPherson
1055	Primary Care	Risk regarding long term GP Practice sustainability	16 AMBER	17-09-21 Ruth Buchan
983	Mental Health P&K wide	Ligature Anchor Points	15 AMBER	19-08-21 Shelley Milligan
563	Prison Healthcare	Risk to patient safety within the Prison Healthcare Service due to the hazards of New Psychoactive Substances (NPS)	15 AMBER	06-07-21 Angela Cunningham
321	Public Dental Service	IT Failure - Public Dental Service	12 AMBER	10-08-20 Michelle Hamilton-Smith
468	Prison Healthcare	VISION health record system does not meet service need	12 AMBER	06-07-21 Rachel Bennison
565	Prison Healthcare	Prison Healthcare Staffing levels (nursing)	12 AMBER	06-07-21 Angela Cunningham
613	Perth City	Excessive wait times for Adult Mental Health OT intervention	12 AMBER	23-07-21 Lindsey Griffin
827	Perth City	Provision of Dialectical Behaviour	12	12-08-20

		Therapy(DBT) within P&K Community Mental Health Teams	AMBER	Chris Lamont
911	**Prison Healthcare**	Medical Cover for HMP Castle Huntly	12 AMBER	02-07-21 Angela Cunningham
980	**Mental Health P&K wide**	Environment and Infrastructure	12 AMBER	22-11-21 Chris Lamont
984	**Mental Health P&K wide**	Doctors in Training	12 AMBER	22-11-21 Chris Lamont
1038	**Podiatry**	Excessive patient waiting times within Tayside Podiatry service	12 AMBER	02-08-21 Mark Finnon
272	**MFTE, POA / Intermediate Care**	Tay & Stroke wards – workforce	10 AMBER	25-10-21 Anne Davidson
569	**Prison Healthcare**	Medication administration within HMP Perth	10 AMBER	06-07-21 Airlie Dewar

1087	**iDART**	iDART recruitment and retention and increasing caseload challenges	9 YELLOW	08-11-21 Alisson McPherson
1010	**P&K HSCP wide**	Lack of clarity from NHST of operational delivery model for Flu Vaccination and CV-19 booster	9 YELLOW	17-09-21 Caitlin Charlton
701	**Prison Healthcare**	Mental Health Waiting Times within the Prison Healthcare Service	9 YELLOW	06-07-21 Airlie Dewar
780	**Prison Healthcare**	No available drug testing for street Benzodiazepines	8 YELLOW	06-07-21 Angela Cunningham
978	**Mental Health P&K wide**	Mental Health Strategy	8 YELLOW	22-11-21 Chris Lamont
985	**Mental Health P&K wide**	Stakeholder and Partnership Engagement	6 YELLOW	22-11-21 Chris Lamont

|Perth & Kinross Health & Social Care Partnership

SERVICE RISK PROFILE - Adult Social Work and Social Care   Last updated: **22nd Nov 2021**

Ref	Risk Description	Likelihood Score (1-5)	Conse-quence Score (1-5)	Overall risk Score and rating	Current controls and mitigation in place	Further mitigation or action required.	Risk Manager
1	**WORKFORCE** Limited number of Adult Protection trained social workers, may result inability to meet demand of ASP inquiries/investigations and on-going ASP Work.	3	5	15	ASP training is to commence shortly but due to developing an on-line platform training in this area has been delayed. To try and ensure this demand is met, there has been an offer of support from all Adult SW teams. However, it is recognised that they too are under pressure with number of AP inquiries and investigations. Resources in this area are scarce. ASP council officer training has been changed to provide more in-depth learning and practice experience for social workers. This training involves 10-week course spread out a period of several months. This training is to be facilitated across Tayside. Permanent funding for Social Work posts to be requested.	The following factors have been discussed with all Team Leaders and Service Manager to be addressed: - Length of time to arrange training and to complete. - Number of participants that can attend is limited due to demand. - Ensuring all workforce have opportunity to access more in-depth training, including existing council officers. Confirmation given that Social Workers doing the ASP course are able to carry out lead worker role if they are post 1 year qualified	**Alison Fairlie**
2	**OT CAPACITY** As a result of historical demand and various service challenges, there is a significant backlog in referrals/waiting list. This has	4	4	16	OT capacity issues have been escalated to all Locality Governance and Management Meetings. Efforts are being made to support staff off sick back to work.	Although permission has now been given for visits to resume; a significant waiting list has built up within the locality teams. Due to new referrals coming in	**Shona Maclean**

	resulted in significant delays in service users receiving assessments.				Extra funding for OT posts to be requested. OT Integration Project to be resumed.	all the time there is a risk that people will not be assessed within the timeframes set out by PKC. • Full Waiting list review every 3 months – all clients contacted by phone. • 2 x part time staff accepted additional hours till March 22 • OTA (24hrs week) post recruited from Covid Monies. Commenced on 10th May until March 22 • OT admin part time post has been recruited to. Awaiting employment checks. They will assist with systems, processes and admin support.	
3	**TRAINING & LEARNING** As a result of there being limited availability of Practice Educator support in ASW&SC to support student placements, this may result in being unable to provide Social Worker training.	4	3	12	• Limited availability of practice educator in ASW & SC to support student placement • Reduced income - generated by number of students we can offer placements to • Reduced ability to identify students for future workforce • The Newly Qualified SW experience – Induction and retention	• Exploring and developing different models of Practice and tools • Working with Universities • SBAR completed – Releasing survey about PL to workforce • Understanding following the survey	Zoe Robertson

						to influence next steps	
4	**CARE AT HOME** A lack of Care at Home capacity, especially in rural P and K, is resulting in people not receiving their assessed levels of care	5	4	20	• HART often provides support until CAH package available • When required, clients are prioritised to free up capacity to support people at greatest risk • When required, staff are re-tasked from other services • All HART vacancies being advertised as permanent posts and permission given to over recruit • Links with Social Care Academy to improve recruitment • Creation of Enhanced Carer posts in Independent Sector as part of developing a career pathway • Creating work experience and shadowing opportunities • Learn to work in Adult Care programme • Implementation of Digital Information post to support recruitment • Creation of training passport • Block booked 18 Care Home beds which in all three localities, thus reducing demands across the system.	• We will introduce a new CAH model, Wellbeing Teams based within existing integrated locality teams initially focussing on unmet need in both the North and South locality April 2022 • An uplift in External provider employee hourly rate to be implemented Nov 2021. • Contractual agreement to be produced and signed up to by providers on an agreed set of pay and conditions, thus reducing movement of the workforce.	Zoe Robertson

Appendix 4– Clinical & Care Governance Arrangements

The P&K Care & Professional Governance Forum (CPGF) has responsibility to ensure that there are effective and embedded systems for Clinical, Care & Professional Governance in all services within the partnership. This includes seeking assurances from all partnership localities and hosted services within the context of the six domains of Clinical, Care & Professional governance. Localities and Hosted Services have regular Governance Forums within their own services attended where appropriate by HSCP professional leads.

The HSCP remain committed to improving Care & Professional Governance. Work is progressing to develop governance and performance dashboards to support Care Assurance across agreed professional standards. Although delayed due to the Covid response, work to progress this has now resumed and is being tested in one of the localities. Additionally, work is underway to improve availability of locality performance data.

The HSCP has also commenced a Mental Health Clinical Care & Professional Governance Group, which reports directly to P&K CPGF and the Tayside Mental Health Quality & Performance Review. This will allow targeted improvement to improve Mental Health performance data, mitigation of Mental Health risks and to support scrutiny on progress made in respect of HIS Improvement Plan and Listen, Learn, Change work streams.

Exception reporting is a mechanism for services to quickly and easily flag up where work or events vary significantly from that which would be expected.

Exception reports were provided by all HSCP service grouping and localities (including hosted services) at each meeting of the previous bi-monthly Care & Professional Governance Forum (CPGF). Now that these meetings are occurring monthly such exception reports are now expected from half the services at each meeting, thus continuing the service reporting every 2-months.

Exception reports received during the previous year have been:

	NOV 2020	MAR 2021	APR 2021	MAY 2021	JUNE 2021	JULY 2021	JULY 2021	AUG 2021	SEPT 2021	OCT 2021
ACCESS TEAM & MHO	✓	✓	NOT RECEIVED	NOT REQUIRED	✓	NOT REQUIRED	✓	NOT REQUIRED	✓	NOT REQUIRED
COMMISSIONED SERVICES	✓	✓	✓	NOT REQUIRED	✓	NOT REQUIRED	NOT REQUIRED	NOT REQUIRED	NOT REQUIRED	NOT REQUIRED
EQUIPMENT & TEC	✓	✓	NOT REQUIRED	✓	NOT REQUIRED	**NOT RECEIVED**	✓	NOT REQUIRED	NOT REQUIRED	✓
NORTH LOCALITY	✓	✓	NOT REQUIRED	✓	NOT REQUIRED	✓	NOT REQUIRED	✓	NOT REQUIRED	✓
PERTH CITY LOCALITY	✓	✓	NOT REQUIRED	NOT RECEIVED	NOT REQUIRED	✓	NOT REQUIRED	✓	NOT REQUIRED	✓

Service										
MFTE/POA IN-PATIENTS & INTERMEDIATE CARE	✓	✓	✓	NOT REQUIRED	✓	NOT REQUIRED	✓	NOT REQUIRED	✓	✓
PODIATRY	✓	✓	NOT REQUIRED	✓	NOT REQUIRED	✓	NOT REQUIRED	✓	NOT REQUIRED	✓
PRISON HEALTHCARE	✓	✓	✓	NOT REQUIRED	✓	NOT REQUIRED	**NOT RECEIVED**	✓	NOT REQUIRED	NOT REQUIRED
PUBLIC DENTAL SERVICES	✓	✓	✓	NOT REQUIRED	✓	NOT REQUIRED	✓	NOT REQUIRED	✓	NOT REQUIRED
REGISTERED SERVICES	✓	✓	NOT REQUIRED	✓	NOT REQUIRED	**NOT RECEIVED**	✓	NOT REQUIRED	NOT REQUIRED	✓
SOUTH LOCALITY	✓	✓	✓	NOT REQUIRED	✓	✓	NOT REQUIRED	NOT REQUIRED	NOT REQUIRED	✓

* non submission of reports highlighted to manager for action

Annual reports are provided by all HSCP services and localities (including hosted services).

The structured annual reporting template brings together the six domains of Clinical, Care & Professional Governance outlined in the Getting it Right Framework, and also seeks to incorporate the new Health & Social Care Standards. Managers submit report and attend Care Governance Forum to present report, give assurance and answer questions. The HSCP have just started begun cycle three and has received the following reports thus far (items in grey are scheduled reporting dates):

	1st Cycle	2nd Cycle	3rd Cycle
ACCESS TEAM & MHO	January 2020	November 2020	December 2021
COMMISSIONED SERVICES	February 2020	July 2021	July 2022
EQUIPMENT & TEC	February 2020	June 2021	May 2022
NORTH LOCALITY	June 2020	July 2021	June 2022
PERTH CITY LOCALITY	October 2019	April 2021	February 2022
MFTE/POA IN-PATIENTS & INTERMEDIATE CARE	May 2020	May 2021	April 2022
PODIATRY	June 2020	September 2021	September 2022
PRISON HEALTHCARE	January 2020	March 2021	March 2022
PUBLIC DENTAL SERVICES	August 2019	November 2020	January 2022
REGISTERED SERVICES	July 2021	August 2021	August 2022
SOUTH LOCALITY	August 2019	September 2020	November 2021
POA Inpatients (added in cycle 3)			November 2021

Service / site visits to all HSCP services and localities (including hosted services).

15 step challenge site visits were stood down during COVID, however it is planned for these to be re-implemented in June 2021 and will be progressed by the Lead Nurse, Associate Nurse Director and Infection Prevention & Control Team. Initially the site visits will focussed on inpatient areas, however visits to Community bases is additionally being explored.

Wider governance arrangements:

- Integrated Locality Care Governance Groups (bi monthly)
- Prison Healthcare Medicines Management Governance Group (monthly)
- Prison Healthcare Business & Governance Group (monthly)
- Nursing and Allied Health Profession Forum (bi-monthly) to explore pertinent professional issues with CPTMs and other relevant colleagues.
- Senior Nurses, AHP Professional Leads, and the Clinical & Professional Team Managers meet regularly on an individual 1:1 basis with the Lead Nurse and also the AHP Lead to discuss relevant professional and governance issues.
- Mental Health Portfolio Lead contributes to the Mental Health QPR Forum
- Partnership Short Life Working Group commenced to improve care governance for mental health services
- Health Senior Management Team Huddle weekly to review Datix risks and red adverse events
- Clinical Governance Coordinator supports locality groups to undertake Local Adverse Event Reviews (LAER's) where required. All LAER's are signed off by a senior manager.
- Care Home Oversight Group meeting at times daily to monitor and provide support to Care Home resident and staff safety wellbeing.
- The P&K CPGF co-chairs contribute to the NHST Getting It Right For Everyone (GIRFE) group.
- Adult Social Work and Social Care Forum (monthly)

Appendix 5 – Outstanding LAER's for red and amber events

DATIX reference	Date reported	Date of event	Service	Event Type	LAER Status
99587	30/08/18	15/06/18	Perth City - CMHT	Suspected Drug related Death	Review to be completed; last update noted on 1st March 2021 is that Clinical Lead to use RPsych tool to look at previous 12 months of contact.
115070	10/07/19	07/07/19	Perth City - CMHT	Suspected Suicide	Review to be completed; last update noted on 1st March 2021 is that Clinical Lead to undertake LAER and involve family.
131988	25/06/20	25/06/20	North	Unexpected Death	LAER underway and seeking medical input
141016	07/12/20	04/12/20	IDART	Suspected Drug related Death	Mortality & Morbidity undertaken and no issues found. Second review to be carried out.
143314	15/01/21	15/01/21	Prison Healthcare	Death in Custody	LAER to be carried out
143467	18/01/21	18/01/21	Prison Healthcare	Death in Custody	LAER completed, summary to be finalised and incident will then be completed.
145810	01/03/21	01/03/21	Prison Healthcare	Attempted Suicide	LAER held, report being finalised
149731	11/05/21	05/04/21	South	Fatality – suspected overdose	Review underway but delayed due to inability to clarify if a suspected suicide and inability to contact family members
151582	11/06/21	07/06/21	POA	Unexpected Death	LAER meeting held and draft report shared with family. Further meeting with family to take place.
152271	24/06/21	24/06/21	IDART	Unexpected Death	Mortality & Morbidity review to be undertaken in the first instance.
153199	11/07/21	11/07/21	Prison Healthcare	Death in Custody	Date for LAER being set

NHS Tayside

Care Governance Committee

3 February 2022

Perth & Kinross HSCP Clinical and Care Governance Assurance Report

Responsible Officer   Dr Hamish Dougall, Associate Medical Director

Report Authors: Dr Hamish Dougall, Associate Medical Director
        Angie McManus, AHP Lead
        Mark Dickson, Clinical Governance Coordinator
        Jacquie Pepper, Chief Social Work Officer and P&K CPGF
        Co-Chair

1   Purpose

This is presented to the Board for:

- **Assurance**

This report relates to:
- Government policy/directive
- Legal requirement

This aligns to the following NHS Scotland quality ambition(s):
- Safe
- Effective
- Person Centred

2   Report summary

2.1   Situation

This report is being brought to the meeting to provide an update regarding areas of existing or emerging risk across P&K HSCP.

As Lead Officer for P&K HSCP I would suggest that the level of assurance provided is: **Moderate Assurance.**

The Care & Professional Governance activity across the partnership is evolving, and it is acknowledged that further improvements are required to gain comprehensive assurance.

2.2 Background

The role of the P&K Care & Profession Governance Forum (CPGF) is to provide assurance to the P&K Integration Joint Board, NHS Tayside Board (through the Care Governance Committee) and P&K Council, that there are effective and embedded systems for Clinical, Care & Professional Governance in all services within P&K Health and Social Care Partnership.

2.3 Assessment

2.3.1 Partnership Risks

The integrated leadership team, including professional leads, within the partnership, are collectively committed to driving forward service improvements to reduce risk. Health related service risks within the partnership are logged on DATIX, and Adult Social Work and Social Care (ASWSC) have in place a risk register. This allows for a discussion and scrutiny of all HSCP risks at the CPGF on a monthly basis.

The partnership has 25 current service risks recorded on DATIX. These are risks for health services. Red risk 1128 detailed below is a new risk.

Of these 25 current service risks, 3 are graded "Very High", 16 as "High", and 6 as "Medium".

The three "Very High" graded risks are:

829	**P&K wide**	Challenges in relation to accommodation for clinical and non-clinical staff across P&K	20 RED	11-01-22
All options have been explored in the NHS and PKC family within Perth & Kinross. Premises requirements identified and summarised in a briefing paper for various services. These include Community Care & Treatment Centres (CCAT's), Integrated Drug & Alcohol Recovery Team (IDART) , Child & Adolescent mental Health Services (CAMH's), and the potential relocation of GP premises in Perth City and a multi-disciplinary team supporting young people and adults with a learning disability and/or Autism with complex needs. Accommodation secured for the vaccination service in St.Johns Centre, Perth.				

982	**Mental Health P&K wide**	Workforce	20 RED	19-01-22
Significant medical workforce challenges are ongoing, therefore Mental health mitigating actions are in place with the medical team now centrally based as a team at MRH, supported by administrators, Pharmacy and Advanced Nurse Practitioner. Further developments are required to ensure sustainability of this new model of care delivery. This work is ongoing in collaboration with NHST Mental Health AMD and AND.				

Ref	Locality/Service	Grading and Title of risk	Risk Score & Grading	Last updated
1128	POA Inpatient areas	P&K HSCP POA Inpatient area Staffing Levels	20 RED	21-01-21

The inpatient wards for Psychiatry of Old age at Murray Royal are facing significant staffing pressures. Some of these have been long standing but have been compounded with COVID. An SBAR has been formulated and will be presented to EMT within the next few weeks. This outlines the current issues, skill mix, vacancy factor and measures required to try and address the issues.

The partnership has 4 current service risks recorded within the Adult Social Work & Social Care risk register. Of these 4 current service risks, 1 is graded "Very High", and the remaining three as "High".

The "Very High" graded risk is:

4	Adult Social Work & Social Care	A lack of Care at Home capacity, especially in rural P&K, is resulting in people not receiving their assessed levels of care	20 RED	27-11-21

We will introduce a new CAH model, Wellbeing Teams based within existing integrated locality teams initially focussing on unmet need in both the North and South locality April 2022

An uplift in External provider employee hourly rate to be implemented Nov 2021.

Contractual agreement to be produced and signed up to by providers on an agreed set of pay and conditions, thus reducing movement of the workforce.

There is an emerging risk regarding an increasing number of Care Homes requiring to close due to COVID outbreaks (20 as of 12th January 2022). This has an effect on the wider HSCP in terms of admissions, capacity, and flow. The local and Tayside-wide oversight groups continue to monitor the situation providing advice and support as necessary.

There has also been a Care Home that has notified PKC of its intention to cease providing services, and 29 residents of this Care Home will require to be re-housed moved to alternative care placements in the next few months. This is diverting operational staff to the review and management of this.

2.3.3 Adverse Event Management - Moderate Assurance

No exceptions to report regarding Adverse Event Management during November and December 2021

Ongoing oversight of the overdue red and amber events within Perth & Kinross continues, showing that in January 2022 there are 11 outstanding events

2.3.4 Complaints - Comprehensive Assurance

No exceptions to report regarding complaints received during November and December

2.3.5 External Reports & Investigations - Comprehensive Assurance

No exceptions to report regarding External Reports & Investigations during November and December

2.3.6 Mental Health – Moderate Assurance

As agreed at the Mental Health ILG meeting in December, the P&K Mental health risk with regards to workforce has been further reviewed and returned to a red risk score. This is due to the ongoing fragility of the medical workforce across Mental Health services.

2.3.7 Quality/ Patient Care

Some of the challenges we are encountering:

- Increasing pressures within POA Inpatient services; both with capacity and Nursing workforce.
- Several inpatient areas have required to close over the time period due to outbreaks of COVID and D&V.
- Competing priorities and workload

2.3.8 Workforce

Some of the challenges we are encountering:

- Staff absent due to COVID or self isolating
- Rearrangement of wards at PRI and ensuring staffing in the new COVID ward in Ward 1.
- Nursing workforce within Community Hospital inpatient areas
- Care at Home capacity

2.3.9 Financial

No exceptions to report

2.3.10 Risk Assessment/Management

Key risks and risk assurance process is detailed under section 2.3a.

2.3.11 Equality and Diversity, including health inequalities

No exceptions to report

2.3.12 Other impacts

No exceptions to report

2.3.13 Communication, involvement, engagement and consultation

No exceptions to report

2.3.14 Route to the Meeting

This report has been previously considered by the following groups as part of its development. The groups have either supported the content, or their feedback has informed the development of the content presented in this report.

- Care & Professional Governance Forum members
- Executive Management Team

2.4 Recommendation

This report is being presented for:

- **Assurance** – Examine and state level of assurance.

As Lead Officers for Perth & Kinross HSCP we would suggest that the level of assurance provided is: **Moderate Assurance**

Level of Assurance		System Adequacy	Controls
Comprehensive Assurance		Robust framework of key controls ensures objectives are likely to be achieved.	Controls are applied continuously or with only minor lapses.

Moderate Assurance		Adequate framework of key controls with minor weaknesses present.	Controls are applied frequently but with evidence of non-compliance.
Limited Assurance		Satisfactory framework of key controls but with significant weaknesses evident which are likely to undermine the achievement of objectives.	Controls are applied but with some significant lapses.
No Assurance		High risk of objectives not being achieved due to the absence of key internal controls.	Significant breakdown in the application of controls.

Appendix 3

Table 1.

Health Significant Operational Risks

Table 2.

ASWSC Significant Operational Risks

Table 3.

		CONSEQUENCE				
		1 - Negligible	2 - Minor	3 - Moderate	4 - Major	5 - Extreme
LIKELIHOOD	5 - Almost Certain	Medium	High	High	Very High	Very High
	4 - Likely	Medium	Medium	High	High	Very High
	3 - Possible	Low	Medium	Medium	High	High
	2 - Unlikely	Low	Medium	Medium	Medium	High
	1 - Rare	Low	Low	Low	Medium	Medium

Appendix 4

Minute   **NHS Tayside**

Tayside NHS Board
Care Governance Committee

Minutes of the above meeting held on Thursday 7 October 2021 at 1000 hours in the Board Room, Level 10, Ninewells Hospital and via Microsoft Teams.

Present:
Non Executive Members

Mrs P Kilpatrick	Vice Chair, Care Governance Committee/ Non-Executive Member, Tayside NHS Board (from item 7.4)
Professor G Martin	Non-Executive, Tayside NHS Board (to item 7.4)
Mrs T McLeay	Chair, Care Governance Committee/Non-Executive, Tayside NHS Board
Dr N Pratt	Non-Executive, Tayside NHS Board

Executive Members

Mrs C Pearce	Director of Nursing and Midwifery, NHS Tayside

In attendance:

Mrs D Campbell	Associate Nurse Director/Director for Patient Safety, Care Governance and Risk Management
Mrs T Passway	Head of Patient Safety Clinical Governance and Risk Management
Mrs N Richardson	Director of Allied Health Professions

Attendee:

Mrs H Barnett	Director of Performance
Dr A Clement	Clinical Director, Angus HSCP
Dr H Dougall	Clinical Director, Perth and Kinross HSCP
Ms S Gourlay	Chief Nurse Care Homes & Primary Care
Dr E Henry	Associate Medical Director (from item 7)
Dr S Hilton-Christie	Associate Medical Director Patient Safety, Clinical Governance and Risk Management
Ms D McCulloch	Head of Health and Community Care, Dundee HSCP
Dr S Pillai	Clinical Director, Diagnostics
Mr K Russell	Associate Nurse Director
Ms L Wiggin	Chief Officer, Acute Services

Apologies:

Mrs J Alexander	Non-Executive member, Tayside NHS Board/Employee Director
Mr G Archibald	Chief Executive, NHS Tayside
Mrs A Buchanan	Non-Executive Member, Tayside NHS Board
Mr G Doherty	Director of Workforce
Mrs M Dunning	Board Secretary
Dr E Fletcher	Director of Public Health
Reverend A Gibbon	Head of Spiritual Care
Mr M Kendall	AHP Lead, Dundee Health and Social Care Partnership
Professor P Stonebridge	Medical Director, NHS Tayside

Mrs Trudy McLeay in the Chair

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1   **WELCOME AND APOLOGIES**

Mrs McLeay welcomed all to the meeting.

She thanked health and social care staff across all of Tayside for their continuing hard work in this most challenging of times. Mrs McLeay also thanked all of the staff who had prepared reports for the meeting.

Apologies were received and noted above.

The Chair advised that Ms Pat Kilpatrick would be joining the meeting at approximately 11:00am.

It was noted that the meeting required two out of three Executive Directors to be present for a quorum. Mrs Pearce advised that the Chief Executive was in another meeting and would join as soon as he was available. It was agreed that the meeting would continue and if required items for decision would be discussed and circulated for approval and homologated at the next meeting.

2   **DECLARATIONS OF INTEREST**

No interests were declared.

3   **MINUTES AND CHAIR'S ASSURANCE REPORT**

3.1   **Minute: Care Governance Committee 5 August 2021**

The Minute of the Care Governance Committee of 5 August 2021 was approved on the motion of Professor G Martin and seconded by Dr N Pratt.

The Committee approved the Minute of the meeting held on 5 August 2021

3.2   **Chair's Assurance Report to the Board following the Care Governance Committee 5 August 2021**

The Chair advised that the Chairs' Assurance Report had been submitted to the Board on 26 August 2021.

The Committee noted the Chair's Assurance Report of 5 August 2021

4   **ACTION POINTS UPDATE AND MATTERS ARISING**

4.1   **Action Points Update**

The Action Points Update was noted and discussed.

Action 1 Adverse Event Management Process evaluation to come forward to the meeting on 2 December 2021.

Action 2 SPSO Reports

Mrs Hazel Barnett advised that the three Health and Social Care Partnerships (HSCPs) had different complaints processes in place to that of NHS Tayside.

It was noted that Mrs Barnett had met with two of the HSCP Leads for Complaints (Angus and Dundee) and was still to meet with the Perth and Kinross Lead. These meetings would consider SPSO recommendations and the governance processes for health related complaints and outcomes in the HSCPs.

Action 3 SPSO Feedback to Equality and Diversity Group

Mrs Hazel Barnett advised that the learning from SPSO reports would be shared via the Equality and Diversity Governance Group.

Action 4 Sage and Thyme or equivalent training

Mrs Claire Pearce advised that she had discussed this with Mr George Doherty. In terms of the ongoing COVID situation and challenges, it would not be possible to take this forward.

Action 6 NHS Tayside Feedback Annual Report 2020/21 – action completed. The Feedback Report was approved by Tayside NHS Board on 26 August 2021.

Action 7 Dundee HSCP Assurance Report – information on number of GP sessions per 100,000 of population in Dundee to be included in the 2 December report to the Committee.

Actions 8, 9 and 10 – due to the ongoing COVID situation, leads for these services had been asked to provide summaries on emerging risks. The updates requested would come to the December meeting dependent on the COVID challenge.

Action 11 – Level of detail to be included in SPSO reports to be discussed with the Caldicott Guardian – meeting still to be arranged with the Medical Director (Caldicott Guardian). Update to come forward to December meeting.

Action 12 – Update to DATIX re reason for refusal of final reports – completed.

The Committee noted the updates provided.

4.2 Matters Arising

There were no other matters arising.

5 COMMITTEE ASSURANCE AND WORKPLAN

5.1 Committee Assurance Plan and Workplan 2021/2022

The Committee noted the Assurance and Workplan 2021/22.

5.2 Record of Attendance

The Committee noted the Record of Attendance.

6 Patient Experience

6.1 Patient Story

The Chair noted the importance of hearing experiences through stories at this meeting, the standing committee that has a real focus on the care of patients and people. The Chair gave her thanks to the staff member who had provided her experience on behalf of the Care Governance Committee and expressed condolences to the family.

Ms Nic Richardson read aloud, verbatim, the patient story and advised the Committee of the learning and improvements that have been made since receiving this feedback. It was noted these included sympathy cards; a flowchart for aftercare to the family of a deceased patient and Thistle Bags for a patient's belongings.

It was evident from feedback provided by the meeting members that hearing the story in this way had a profound effect. The Chair shared the assurance she received from this item that stories are used for learning and improvement.

The Care Governance Committee noted that it was planned to feature patients' stories in future meetings, also potentially staff stories; these would include both positive and negative feedback and actions taken from the learning. The power and value of an apology was noted.

The Committee noted the Patient Story and that patient' stories both negative and positive would feature in future meetings

6.2 Person Centredness Approach (CGC60/2021)

Ms Nic Richardson spoke to this report. She advised the report provided an update on the distributed leadership person-centredness model in Tayside that was approved by the Care Governance Committee in

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October 2020, and that progress had been reported to the Committee in April 2021.

Ms Richardson gave an overview of the four key areas that were supported by the Whole System Person Centredness Leadership Group. These were improve care experience for staff, patients, families and carers; transform person-centred leadership and care cultures; community engagement, including public and patient involvement and shared decision making.

Areas of note were facilitated training for c250 staff in Compassionate First Response: Power of Apology, Responding to Concerns and Complaints, Conflict and Challenging Behaviour and Writing Patient Centred Responses; a 40% increase in Care Opinion stories in 2020/21 compared to 2019/20.

It was noted that Appendix 2 to the Report gave an overview of the alignment of the Person Centred approach within NHS Tayside to the refreshed NHS Tayside Collective Leadership and Cultural Strategic Framework and Talent Framework.

Training in MS Teams has been provided by the Communications and Engagement Team for public partners to ensure they were able to take part in events throughout the pandemic. Tayside has been praised by Healthcare Improvement Scotland Community Engagement (HISCE) for the rapid training of public partners in MS Teams and our approach has been shared by HISCE as an example of good practice.

Progress in shared decision making was highlighted with the Testing of Treatment Escalation Planning documentation with the assistance of the Patient Safety Team, and the engagement of design students as interns to develop patient and family engagement material to encourage conversations about treatment plans.

Ms Richardson advised that some progress had inevitably been delayed due to the challenges of the COVID pandemic. She outlined the NHS Tayside Person-Centred Care Logic Model at Appendix and noted the intention to spread patient centred care across the organisation.

In response to a query from Mrs McLeay about the involvement of carers in the decision-making process, Ms Richardson advised that this would be discussed as part of the Logic Model and would be included in future reports.

The Care Governance Committee noted this paper for awareness.

Dr Elaine Henry joined the meeting.

7   Reports for Assurance

Integration Joint Board

7.1   Dundee Health and Social Care Partnership: Assurance Report

Ms Diane McCulloch was in attendance and spoke to this report. She advised that Dundee HSCP Service Risks are considered within the Dundee Clinical, Care and Professional Governance Group every two months. It was noted that each Primary Governance Group (PGG) reviews the risks for their service area on a monthly basis. The DHSCP Governance Group met on 23 September 2021.

Ms McCulloch advised there were 3 new current risks added to Datix since the last report - Psychiatry of Old Age – Older People Services (Dundee),   Workforce and Pathways of Care/Complex Needs Patients and Psychiatry of Old Age – Older People Services (Dundee) – Ligature Risk.

Red risks highlighted included the workforce capacity in the Dundee Drug and Alcohol Service, the implementation of the Medication Assisted Treatment (MAT) Standards, and the suitability of the building at Constitution House. Ms McCulloch outlined the mitigation actions in place, and highlighted the issue in respect of the job banding of District Nurses in Dundee. The Committee noted that this was also having an impact on the retention, recruitment, morale and contributed to the overall tiredness of staff.

Level of Assurance – Moderate

The Committee considered and accepted the report from Dundee HSCP which was provided for assurance.

7.2   Assurance Report: Perth and Kinross Health and Social Care Partnership (CGC62/2021)

Dr Hamish Dougall was in attendance and presented this report. He advised that the governance processes on the management of risk and the quality of clinical and care services in Perth and Kinross Health and Social Care Partnership had been agreed at the IJB meeting on 29 September 2021.

Dr Dougall highlighted access to assessment beds within psychiatry of old age (POA), winter pressures and the prisoner healthcare female custody unit as new and emerging risks.

The Committee noted the other key risk areas of community hospital registered nurse staffing levels and workforce within Mental Health Services with limited additional mitigations recorded. Dr Dougall advised that since the report was written there had been an improvement in the

mental health medical workforce (2.5 to 4.6 WTE consultants).

Dr Dougall also advised the Committee of the risk around Primary Care Sustainability. It was noted that this strategic risk sat with the Angus IJB as the host for Primary Care Services. He advised that a survey had been undertaken on the sustainability of all GP practices in Perth and Kinross and the results had been shared with the Medical Director and the Chief Executive.

There was detailed discussion on mitigating actions and controls to address these risks. It was noted that there was ongoing partnership working across NHS Tayside and the Health and Social Care Partnerships to mitigate these risks.

Level of Assurance: Moderate**.** Following discussion about the level of assurance offered from this report, due to the reporting of limited assurance in some areas, it was agreed that further discussion would be held outwith the meeting, with Dr Dougall on the reporting of the levels of assurance.

- **The Committee: Considered and accepted the report from Perth and Kinross HSCP which was provided for assurance.**

7.3   Assurance Report: Angus Health and Social Care Partnership (CGC63/2021)

Dr Alison Clements was in attendance and spoke to this report. She gave an overview of new emerging risks, key risks that are becoming increasingly significant in terms of likelihood or severity and other issues and concerns.

The three risks highlighted were the Sustainability of Primary Care Services, Workforce Optimisation and the Implementation of Strategic Planning Priorities. The mitigating actions were outlined and it was noted that in respect of the governance of the strategic and service risks for primary care, that discussion was ongoing to adopt a similar approach to that of the Tayside Mental Health risk. The Committee noted that an internal audit was planned for the Sustainability of Primary Care Strategic Risk.

There was discussion about the workforce element of the Sustainability of Primary Care Services strategic risk. The Committee noted the key risk around 2c general practices.

Dr Clements advised of the extensive ongoing work with universities on workforce recruitment and retention, and the Committee recognised that GP recruitment and retention was an issue nationally.

Dr Henry noted that she would contact Dr Clements outwith the meeting to discuss leadership development in the recruitment to posts in Primary

Care.

Dr Clement advised of the various actions including working in an integrated way, avoiding duplication, reviewing the level and type of healthcare support and the opportunities of investing in other roles. She highlighted that prevention and early intervention was key.

Level of Assurance – Moderate

The Committee considered and accepted the report from Angus HSCP which was provided for assurance.

Care Governance

7.4 **Acute Services Division Clinical and Care Governance Report (CGC65/2021)**

Ms Lorna Wiggin spoke to this paper and provided the Committee with an update on the areas of risk or concern within Acute Services. Issues raised included workforce pressures, remobilisation challenges and elective activity.

Ms Wiggin informed the Committee that supplementary spend for nursing and midwifery staffing continues to be managed within funded budgets and is below pre-COVID levels. However it was noted that bank staff and contract agencies were still needed due to increased demand and COVID-related absence.

The Care Governance Committee noted and welcomed the newly qualified practitioners that would be joining NHS Tayside.

In relation to medical staffing, Ms Wiggin advised that the main risk was the ongoing challenge of recruiting into several specialities which were experiencing a shortage of available medical staffing at a national level. These specialties included medicine for the elderly; anaesthetics; radiology; infection prevention and control; and oncology.

Other areas of risk were the challenges responding to remobilisation and elective activity alongside the clinical activity and pressures commensurate with delivering care in pandemic. It was noted that these were monitored by the Quality Performance Review process.

Staff well-being was also highlighted. Ms Wiggin advised that everything possible was being done to support staff and an example of this support was a chaplaincy attendee at the daily huddle meetings.

Ms Wiggin provided a detailed overview of other service specific areas including breast screening, planned care, critical care and COVID-19

pathways.

During discussion the following points were noted.

Work was underway to align breast screening radiography with mainstream radiography to facilitate advanced practitioner training Dr Pratt noted that he had previously highlighted that in his opinion, based on discussion he had with staff groups, that breast cancer oncology should be a strategic risk in its own right.

Ms Wiggin outlined the mitigating actions that were in place including the recruitment of a breast cancer surgeon along with support from NHS Grampian and that the clinical team were actively recruiting, however, there were oncology recruiting difficulties across Scotland. She noted that Dr Hannah Lord, Clinical Leader, Oncology was working with the service to rebuild the team.

Following further discussion, it was agreed that Dr Pratt and Ms Wiggin would discuss this matter outwith the meeting. Mrs Pearce advised that the Medical Director was scheduled to meet with the Oncology staff.

Additional capacity was discussed and Ms Wiggin gave an overview of what was available including Medinet at PRI and Ninewells and the Vanguard Unit for endoscopy, as well as additional mobile MRI and CT scanning units.

Dr Henry highlighted that thanks to the leadership across the whole organisation covering both health and social care, NHS Tayside was in a good position and staff were working together to the benefit of the patients.

Ms Kilpatrick joined the meeting.
Prof. Martin left the meeting.

Level of Assurance – Moderate

The Committee noted the report on the Acute Services Division Clinical and Care Governance Report and the following highlighted points:

- **The ongoing staffing challenges in both the nursing and medical workforce.**
- **The impact of COVID-19 on elective care.**
- **The measures required by NHS Tayside in order to provide safe COVID-19 pathways and environments, and the consequent necessary reduction in the activity which is able to be delivered.**

7.5   **Mental Health and Learning Disability Services Quality and**

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Performance Review Report (CGC65/2021)

Mr Keith Russell, Associate Nurse Director was in attendance and presented the committee with an update on Mental Health and Learning Disability Services. Key risks noted were:

- Capacity and flow
- Delayed discharge
- Patient safety measures
- Workforce availability and wellbeing

Mr Russell advised that in relation to General Adult Psychiatry capacity and flow was managed day to day as they are experiencing high levels of occupancy. The admission of patients was monitored at the daily Hospital Capacity and Flow huddles, however, pressure on beds across the service was significant and this was a similar position with other NHS Boards across Scotland.

It was noted that work was ongoing with the Health and Social Care Partnerships to reduce delayed discharges and the factors that were influencing the rates of adverse events within the wards were discussed.

Mr Russell advised of the work currently underway including improving observation practice, a planned test of Safe Wards and an environmental design project being led through the Design meets Healthcare Module of 5th Year Medical Student Training.

In relation to workforce availability, it was noted that 16 Newly Qualified Practitioners had been recruited and that the medical workforce in General Adult Psychiatry and Learning Disabilities inpatient services in Tayside was in a more stable position.

In response to queries raised by Committee Members, it was noted that the three Health and Social Care Partnerships were working with the Team and the workforce was also being supported by the newly appointed General Managers - Louise Ewing, General Manager for Inpatient General Adult Psychiatry, Crisis Team, IHTT and Liaison Psychiatry with a portfolio for Unscheduled Care, and Lindsey Bailie, General Manager for Inpatient Learning Disabilities, Specialist Inpatient General Adult Services and with a portfolio for Scheduled Care.

There was discussion in respect of performance indicators for mental health. Mrs Barnett advised that work was ongoing with the Business Unit and the Mental Health Team to develop a dashboard. Mr Russell advised of the performance information that was available in relation to average length of stay, admission etc. and that these were reported through the Quality, Performance and Review process.

Ms Kilpatrick asked about the availability of step down beds and Mr Russell advised of the redesign of the crisis pathway; with the focus on ensuring that the point of crisis contact with the service best met the needs of the patient and this was not necessarily in the secondary care service.

Level of Assurance - Moderate

The Committee considered and accepted the report relating to the Mental Health and Learning Disability Services Quality and Performance Review which was provided for assurance

Strategic Risks

7.6   **Assurance Report: Strategic Risk 934 Mental Health and Learning Disability Services (CGC66/2021)**

Mr Russell spoke to this report. He advised that the three month review of the Strategic Risk for Mental Health and Learning Disabilities was undertaken by the Integrated Leadership Group at its meeting on Tuesday 24 August.

It was noted that all service areas covered under this risk had been asked to review the adequacy of their controls.

Mr Russell advised that the system wide risks in mental health are complex and inter related and the majority of current and planned controls will require longer than the three month risk review to mitigate the risks to a degree that would enable a reduction in risk ratings.

Risks that have increased have done so on the basis of deterioration experienced by the system and the recognition that current and planned controls are either inadequate and/or require further development. The Integrated Leadership Group's view was that the overall risk rating for the strategic risk remains unchanged and it will be reviewed again in three months.

It was highlighted that feedback from the first review has presented opportunities for learning and strengthening the collective approach and will be used to further develop the process.

Mr Russell advised that the Chief Internal Auditor had been involved throughout the process and had given positive feedback.

In response to queries from Non Executive Members, Mr Russell advised that the third sector were involved with the Health and Social Care Partnerships and their Strategic Commissioning Groups and that National Services Scotland (NSS) were providing Programme Team Support to the implementation of the Mental Health and Well-being Strategy.

The Committee noted the level of assurance as moderate for Strategic Risk 934 Mental Health and Learning Disability Services

The Care Governance Committee agreed to take Item 7.10 next on the agenda.

7.7   Thrombectomy Pilot – Impact and Assurance Report (CGC70/2021)

Dr Sanjay Pillai was in attendance and presented this report. He gave the background to the establishment of the Thrombectomy Pilot in November 2020.

The Committee noted that initially it had been assessed that there would be an average of four patients per month. Currently 13 patients had been treated; there had been more put forward as suitable for treatment, but this had not been possible due to other co-morbidities. Dr Pillai advised that permission had been given to extend the pilot to patients from Aberdeen, and this would assist with training the team.

Dr Pillai outlined the mitigations in place to keep up the skills of the team including the use of the Thrombectomy simulator and that two or three interventional radiologists were present for every procedure undertaken.

The Committee noted the opportunities for the future that included the development of a North of Scotland based Thrombectomy training facility, supporting and advancing Thrombectomy research and improving patient outcomes.

During discussion, it was noted that the impact of significant workforce vacancies across some of the staff groups involved (i.e. anaesthetics, radiography), on the development of the Thrombectomy service would need to be included in the risk register along with a record of the mitigating actions.

It was noted that updates on the Thrombectomy Pilot would be submitted to the Operational Unit Clinical Governance meeting.

Level of Assurance: Following discussion, the Committee agreed a Moderate level rather than the Comprehensive that had been proposed.

The Care Governance Committee considered the contents of this paper as evidence of a moderate level of assurance on the steps being taken to minimise risk and maximise patient safety within the provision of Thrombectomy within Ninewells Hospital, Dundee (as the regional North of Scotland Hub).

The Care Governance Committee took a break at this point and the

meeting resumed at 12:20pm.

7.8 **Assurance Report: Strategic Risk 637 Child and Adolescent Mental Health Services (CGC/67/2021)**

Dr Elaine Henry presented this report.

The Committee noted that there was still work to do to sustain performance but the performance of the neurodevelopmental part of the service was emerging as a greater risk.   It was noted that an update would be brought to the December meeting about this.

Dr Henry advised that referral rates into CAMHS Outpatients had returned to pre COVID levels. It was noted that preliminary analysis suggested that more children with eating disorders are presenting and at an earlier age.

Dr Henry gave an overview of the recently announced Scottish Government funding. It was noted that the first phase of the funding is to meet the expansion to age18 for all and 25 for some young people.

The second phase of investment covered seven areas - access to liaison services for young people getting inpatient care, increased access to neurodevelopmental professionals, out-of-hours unscheduled care, intensive home treatment teams, National units for Forensic and Learning disability CAMHS and for services to secure CAMHS care.

It was noted that there is also a commitment to develop intensive psychiatric care units for young people. The need for this last development is a national issue as no service currently exists in Scotland.

The regional intensive psychiatric care beds for young people will be located adjacent to the Young Person Unit in Dundee and also a national approach to supporting the mental health of young people in secure care. This will be done on a national basis rather than by individual community mental health teams as at present.

The Committee noted that workforce remained a risk. Initiatives such as non-medical prescribers and advanced nurse practitioners were highlighted as an area of focus to attract and recruit staff, as was the inpatient development, acknowledging the risks with competition from other NHS Boards for staff.

Dr Henry highlighted a risk in relation to the CAMHS accommodation in Perth and advised that a paper was to be submitted to the Asset Management Group to seek approval for alternative accommodation.

The Care Governance Committee noted:

- The ongoing risk to mental health of young people as we continue

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- to live with COVID
- Staff wellbeing and resilience as we work with COVID and physical distancing
- Recruitment to local posts at the same time as all other Scottish Boards
- The pace and scale of delivery of CAMHS and Neurodevelopmental standards and the extension of this in recent weeks to National and Regional initiatives. These are much hoped for initiatives and bring opportunity and the leadership team will focus on bringing in support to deliver recruitment with governance and accountability

Mrs McLeay welcomed the plan to site the Young Persons IPCU next to the current North of Scotland regional young person's recovery unit in Tayside. She also welcomed the innovative approaches to recruitment and noted that applications for funding for training in areas such as non-medical prescribing could be made to Tayside Health Fund.

Mrs McLeay highlighted the recurring themes of staff recruitment, retention and well-being, and she noted she would raise this at the next meeting of the Staff Governance Committee.

In response to queries from Ms Kilpatrick, it was noted that the Perth CAMHS replacement accommodation was included in the capital plan and that work was ongoing with the national group in respect of the flexibility of accommodation for YPU or IPCU, and the bed modelling across the North of Scotland region.

The Committee noted the level of assurance as moderate for the strategic risk 637 Child and Adolescent Mental Health Services

7.9 Assurance Report: Strategic Risk 880 Care Home Oversight (CGC68/2021)

Ms Sandra Gourlay was in attendance and presented this report. She advised that the risk exposure rate had remained the same as COVID was still prevalent in communities. Since the last report to the Committee there had been significantly less COVID outbreaks in care homes.

The Committee noted the current controls and the assessment of adequacy in the report along with the planned and proposed controls. It was noted that the Care Homes Oversight Group had discussed the risk at a recent meeting and the next six monthly review of the risk was scheduled for March 2022.

The Committee noted the level of assurance as moderate for the strategic risk 880 Care Home Oversight.

Patient Centred Care

7.10   Scottish Public Services Ombudsman (SPSO) Reports (CGC69/2021)

Mrs Hazel Barnett was in attendance and presented this report. She advised that during July and August 2021, four cases were investigated by the Ombudsman in respect of NHS Tayside and decision reports on their findings were published.

It was noted that one case was not upheld (with no recommendations) and three cases were upheld (with recommendations). The detail of these cases, including any action or learning taken within NHS Tayside was included in Appendix 1 of Report CGC69/2021.

The Committee noted that Appendix 2 of Report CGC69/2021 gave an update on outstanding actions taken in respect of cases previously reported to the Care Governance Committee. It demonstrated that all recommendations and actions have been progressed and are now considered closed by the SPSO.

The Care Governance Committee took moderate assurance in respect of NHS Tayside's systems and processes for responding and learning from recommendations made by the SPSO.

The Committee noted that the report evidences the local implementation of recommendations, and that further controls are required to provide assurance regarding organisational learning from recommendations.

8   ITEMS FOR DECISION

Policies and Guidance

8.1   Clinical Policy Governance Group Report (CGC71/2021)

Dr Sharon Hilton-Christie presented the Clinical Policy Governance Group Report.

She advised that the newly formed Group had met on 8 September 2021 and had approved four organisational polices for submission to the Care Governance Committee for adoption:

- Food fluid and nutrition policy section 1.2.3 – Sip until send
- Adult missing patient policy
- Child protection case supervision policy
- Child protection policy

Dr Hilton-Christie highlighted the policy changes in respect of fasting in the Food fluid and nutrition policy section 1.2.3 – Sip until send. It was noted that a Communications Plan had been developed to ensure all

across the organisation were aware of this major change, and the changes required to patient information leaflets.

Mrs Claire Pearce acknowledged the hard work that had been undertaken around clinical policies and that she gave her approval to the policies.

8.2   T06/22 Annual Internal Audit Report 2020/21 (CGC72/2021)

Mrs Tracey Passway spoke to this item. She highlighted the themes in respect of clinical and care governance that were covered in the Internal Audit Annual Report.

Four areas of note were:

- The Revision of the Clinical and Care Governance Strategy
- An evaluation/development event for the Care Governance Committee
- The quality aspects of the waiting times risk and mitigating controls to be presented to the Care Governance Committee (potentially in the format of a new strategic risk)
- The alignment of the Public Health Strategy, strategic risk management, performance reporting and assurance flow to the Public Health Committee

Mrs Passway gave an overview of the ongoing work, outlined in Report CGC72/2021 that addressed each of these areas.

As the meeting was not quorate, it was agreed that both of these items would be circulated to the Care Governance Committee by e-mail for approval and the decisions would be homologated at the next meeting.

9   ITEMS FOR AWARENESS

9.1   Feedback from Sharing Intelligence for Health & Care Group (Letter from Alastair McLellan/Simon Watson dated 6 July 2021)

The letter dated 6 July 2021 in respect of feedback from the Sharing Intelligence for Health and Care Group was noted.

Mrs Tracey Passway advised that the further information on audits requested by Public Health Scotland would be taken forward through the Operational Unit Clinical Governance meetings.

The Committee noted the Feedback from Sharing Intelligence for Health & Care Group for awareness.

Items for Noting

9.2   Area Drug and Therapeutics Committee Minute 17 June 2021

The Committee noted the Minute of the Area Drug and Therapeutics Committee of 17 June 2021.

10.   DATE OF NEXT MEETING

The next meeting will take place at 1000 hours on 2 December 2021

11.   MEETING REFLECTIONS AND CONSIDERATION OF MATTERS FOR CHAIR'S ASSURANCE REPORT THE BOARD ON 28 OCTOBER 2021

The Committee agreed to highlight :

- The very powerful patient story on care for the family after death from Nic Richardson, Director of Allied Health Professions.

- The update on the distributed leadership person-centredness model in Tayside that was approved by the Committee in October 2020, and the moderate assurance from the update on the person centredness approach in Tayside.

- The key risks in each of the Health and Social Care Partnerships. Acute Services Division and Mental Health and Learning Disability Services, receiving moderate assurance from each of the reports. Noting the ongoing staffing challenges across all of the areas along with the wellbeing of staff.

- Collaborative working across the Health and Social Care Partnerships.

- The Strategic Risks considered - Mental Health and Learning Disability Services, Child and adolescent Mental Health Service and Care Homes Oversight – all moderate assurance.

- The virtual approval of the following policies via the Clinical Policy Governance Group Report (decision to be homologated at next meeting as meeting not quorate) :
  ➢ Food fluid and nutrition policy section 1.2.3 – Sip until send
  ➢ Adult missing patient policy
  ➢ Child protection case supervision policy
  ➢ Child protection policy

- The update on the Thrombectomy Pilot report

Subject to any amendments recorded in the Minute of the subsequent meeting of the Committee, the foregoing Minute is a correct record of the business proceedings of the

meeting of Tayside NHS Board Care Governance Committee held on 7 October 2021, and approved by the Committee at its meeting held on 2 December 2021.

2 December 2021

....………….....   ....
CHAIR   DATE

Appendix 5

Tayside NHS Board - Care Governance Committee

Minute of the Tayside NHS Board Care Governance Committee held at 1000 hours on Thursday 2 December 2021.

Present
Non-Executive Members
Mrs J Alexander, Non-Executive Member, Tayside NHS Board/Employee Director (until 1135 hrs)
Mrs A Buchanan, Non-Executive Member, Tayside NHS Board
Mrs K Kilpatrick, Vice Chair, Care Governance Committee/Non-Executive Member, Tayside NHS Board
Mrs T McLeay, Chair, Care Governance Committee/Non-Executive Member, Tayside NHS Board
Mr G Martin, Non-Executive Member
Executive Members
Mr G Archibald, Chief Executive, NHS Tayside
Mrs C Pearce, Director of Nursing and Midwifery, NHS Tayside
Professor P Stonebridge, Medical Director, NHS Tayside
In Attendance
Ms G Bell, Committee Support Officer (observing)
Mrs K Brechin, Associate Nurse Director (from 1105 until 1215hrs)
Dr A Clement, Clinical Director, Angus HSCP
Mr D Courtney, Head of HR – Workforce Planning
Mrs D Campbell, Associate Nurse Director/Director for Patient Safety, Care Governance and Risk Management.
Mrs P Davidson, Infection Prevention and Control Manager, Ninewells Hospital (from 1150hrs)
Mr M Dickson, Clinical Governance Coordinator, Perth & Kinross Health and Social Care Partnership
Ms I Duckett, Midwifery Team Manager (until 1024 hrs)
Ms M Dunning, Board Secretary, Tayside NHS Board
Dr E Fletcher, Director of Public Health
Mrs H Ford, Committee Support Officer
Reverend A Gibbon, Head of Spiritual Care
Ms B Hamilton, Non-Executive Member, Tayside NHS Board (observing)
Dr S Hilton-Christie, Associate Medical Director for Patient Safety, Clinical Governance and Risk Management
Mr M Kendall, Allied Health Professional Lead, Dundee Health and Social Care Partnership
Mr C Lamont, Mental Health Strategic Lead, Perth & Kinross Health and Social Care Partnership
Mrs A McManus, AHP Lead, Perth & Kinross Health and Social Care Partnership
Ms A Michie, Communications Manager, Level 10 Ninewells Hospital.
Mrs T Passway, Head of patient Safety Clinical Governance and Risk Management
Mr K Russell, Associate Nurse Director, Mental Health and Learning Disability Services (from 1100 hrs until 1241 hrs)
Dr S Thakore, A & E Consultant (until1024 hrs)
Ms L Wiggin, Chief Officer, Acute Services (from 1105 hrs to 1215 hrs)
Apologies
Mr G Doherty, Director of Workforce
Mrs N Richardson, Director of Allied Health Professionals.
Mrs Trudy McLeay in the Chair.

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1. **WELCOME AND APOLOGIES**

   Mrs McLeay welcomed everyone to the meeting and apologies were noted as above. She requested that those presenting papers should only relay the key highlights as it was expected that members will already have read the content of the reports prior to the meeting

   Mrs McLeay advised that this was Diane Campbell's last meeting as she was due to retire on Tuesday 14 December 2021 with 37 years' service. She advised that the Committee had been hugely supported and guided by Diane and thanked her for the work she had undertaken to improve governance around risk which has been reflected in the quality of papers now presented at meetings. Mrs McLeay also thanked Diane for the support she had provided to colleagues in the Health and Social Care Partnerships and wished her well in her retirement.

2. **DECLARATION OF INTERESTS**

   Mrs McLeay reminded members of their responsibility to declare interests. No declarations of interest were noted

3. **MINUTE AND CHAIR'S ASSURANCE REPORT**

   3.1 Minute of Care Governance Committee held on 7 October 2021

   Mrs McLeay noted a typo on page 86 of 1st paragraph 3rd line the word "approve" should be changed to "approved". The Minute of the Care Governance Committee on 7 October was approved on the motion of Pat Kilpatrick and seconded by Graeme Martin. Mrs McLeay expressed her thanks to the Committee Support Officers for production of the minutes.

   The Committee approved the Minute of the meeting held on 7 October, 2021.

   3.2 Chair's Assurance Report to the Board following the Care Governance Committee 7 October 2021

   Mrs McLeay advised that the Chair's Assurance Report had been submitted to the Board on 28 October, 2021. Mrs McLeay expressed her thanks to Mrs Donna Tosh for producing the report on her behalf.

   The Committee noted the Chair's Assurance Report of 7 October 2021.

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4. ACTION POINTS UPDATE AND MATTERS ARISING

4.1 Action Points Update
The Action Points Update was noted and discussed.

Action 1 Assurance Report: Strategic Risk 16 Clinical Governance
Tracey Passway reported that CG Risk 16 provides information on the system and process to manage Significant Adverse Event Reviews. This is in the early stages of development and early indications are that it is working; however, a more formal evaluation will be undertaken in 3 months' time and reported through to the newly established Safety Oversight Group which is also described in the risk 16 paper.

Action 2 Assurance Report Dundee HSCP
Claire Pearce noted that Dundee HSCP had been asked to provide the number of GP sessions per 100,000 population within their assurance report. She noted this information is not included in the report being presented today and will liaise with officers outwith the meeting to request that it is included in the Assurance Report for the February 2022 meeting.

Action 3 Assurance Report Perth & Kinross HSCP
Claire Pearce noted that Perth & Kinross HSCP had been asked to provide an implementation date for sharing of Assurance Reports across the IJBs in Tayside, however, this appears to have been omitted from the report presented today.   Officers will be asked outwith the meeting to ensure this is included in the Assurance Report coming to the Committee in February 2022.

Discussion took place regarding the sharing of reports within the IJBs and Diane Campbell advised it was her understanding that Hamish Dougall was to have a conversation with his colleagues within the other 2 partnerships to agree a process for sharing reports. Pat Kilpatrick suggested that it was felt this could not be done until it had been signed off by this committee. Tracey Passway agreed to work with Chief Officers to progress this and the wording within the action point will be changed to ensure there is complete clarity around the action to be taken.

Action 4 Acute Services Division Quality and Performance Review Report
Claire Pearce reported that the information requested on the number of cardiac arrests had been captured within the report being presented today.

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Action 5 Mental Health and Learning Disability Services Quality and Performance Review Report

Claire Pearce noted that the brief update requested on improving observational practice implementation had not been included in the report being presented today. She will liaise with managers to ensure this is included in their next report.

Action 6 Scottish Public Services Ombudsman Reports

Tracey Passway reported that this will come back to the next meeting to allow the discussions at Medical Director level to be concluded.

The Committee noted the updates provided.
4.2 Matters Arising
There were no other matters arising.

5. **COMMITTEE ASSURANCE AND WORKPLAN**
   5.1 Committee Assurance Plan and Workplan 2021/2022

   The Committee noted the Assurance and Workplan 2021/22.

   5.2 Record of Attendance

   Diane Campbell noted the lack of representation from Human Resources at previous meetings and queried whether a deputy should be requested. Daniel Courtney advised that he had been asked by Christopher Smith, Deputy Director of Workforce, to attend meetings on behalf of HR going forward

   The Committee noted the Record of Attendance.

6. **PATIENT EXPERIENCE**

   6.1 Patient Story

   Trudy McLeay introduced Dr Shobhan Thakore and Iona Duckett. Iona Duckett outlined Emily's story which had been written up following receipt of her letter to the Complaints and Feedback Team in July 2021. The letter detailed her concerns in relation to the antenatal care pathway, lack of midwifery continuity, her intrapartum care, professionalism of staff and decisions made during her labour, poor communication and lack of after care support.

   From this story improvements were made to ensure continuity of midwifery care and a designated primary midwife for each patient was reinstated. Other simple improvements made included ensuring that when patients are discharged they are told when someone will be calling in to see them and who to contact should they not appear. The Maternity Service also ensures that there is a

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discussion with all women before their onward care is passed over to health visitors so any aspect of their care is acknowledged and correctly triaged. Actions from the complaint included examining the complaints process itself, arranging a meeting with the patient and her partner with the Consultant Obstetrician and Senior Midwife to afford them opportunity to discuss their experience and agreeing how the patient journey could have been different. The Consultant Obstetrician and Senior Midwife ensured that they were fully prepared for the meeting by reviewing case records and the patient journey and agreeing who would answer what aspect and what responses would be to support the patient, her partner as well as the partner professions and shared services. Iona stressed the importance of listening without interruption to understand the patient's journey, experience and distress which ensured that the meeting remained positive and they felt able to contribute to the discussion on suggested improvements. Actions from the meeting were agreed and the patient and partner appeared satisfied with the approach that had been taken. Subsequent to the meeting, feedback had been received from their Health Visitor that it had been a positive meeting which had contributed to Emily's healing.

Mrs McLeay thanked Shobhan and Iona for bringing the story, which was very moving, to the Committee. She was pleased to note the improvements that had been made in recognising the absolute need for continuity of midwifery care. In response to Claire Pearce's observation regarding a change of pathway due to the COVID-19 pandemic, Iona advised that the story was multifactorial but changes had required to be made to antenatal appointments at that time to ensure safe midwifery care was delivered.

Iona advised that following the meeting with the Consultant Obstetrician, although there had been a number of distressing elements, it had been a very positive meeting where the patient seemed visibly relaxed and took away some actions in relation to her concerns regarding her baby's excessive weight loss and long term health which she found very supportive and reassuring. Anne Buchanan found the approach taken by the multidisciplinary team hugely powerful and the family being involved in education was really positive.

The Committee noted the patient story.

7.   **REPORTS FOR ASSURANCE**

Integration Joint Board

7.1 Assurance Report: Dundee Health and Social Care Partnership (CGC73/2021)

Matthew Kendall highlighted the following key areas:

Dundee Drug and Alcohol Recovery Service (DDARS) continue to hold four of the top five risks across the HSCP with scores remaining high. There had been improvements made to the recruitment and retention of staff, however, not sufficient to impact on the risk scoring.

The clinical treatment of patients within Mental Health risk is showing improvement although significant gaps remain in medical recruitment. They are looking at alternative models of care for this team and developing support around staff members to deliver the services.

Recruitment challenges remain across the partnership in a range of staff groups (medical, nursing, AHPs and social care). Matthew reported that this increases the challenges for service delivery, covid 19 response and winter pressures and although there is new funding available, they are often recruiting from within their own staff to do specialist pieces of work which is impacting on waiting times and other aspects of care delivery.

Although some progress had been made in regard to overdue adverse events, they have seen a recent increase in this due to unplanned leave. The teams were not able to put focus into reviewing overdue adverse events as time required to be diverted to clinical services. They are expecting to see a downward trajectory by the next report.

There has been some concerns expressed about the ability to get complaints (some of which are over 40 days) through the system in a timely manner. The NHST Complaints Team have been providing support to HSCP colleagues to improve performance with complaints management and try to close complaints at an earlier stage. Matthew paused at this stage and invited questions.

Trudy McLeay noted that in Appendix 1 Dundee HSCP Governance Structure on pages 2 and 3 there were paragraphs where the text included "XXX" and queried the services that should have been added. Matthew reported that the document was produced for services to adapt and add in their own services. In response to Trudy's query regarding the development of an EPR (electronic patient record) and whether systems between health and social care will be compatible, Matthew advised that they will need to link with the digital strategy on how to move forward as currently there are a number of systems across the partnership which do not speak to each other which is a constant source of

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frustration. He advised that there is currently a drive from the partnership to engage with all relevant parties to ensure digital connectivity is available to support the transition of clinical care to support clinical practice.

Anne Buchanan noted the delays in Agenda for Change job approval which was holding up 2 key posts and queried what the Committee could do to support progress with this. Matthew Kendall reported that processes have now improved sufficiently that this is no longer an issue. Jenny Alexander, as Co-Lead for Agenda for Change, advised that having undertaking training some managers or staff side colleagues are not being released to participate on panels which has been part of the delay and she agreed to have a discussion with Anne Buchanan outwith the meeting. Jenny expressed concern at the statement at the top of page 5 of the report which stated that "as a result of the demand for medical review outweighing current capacity, people will not receive appropriate treatments…." and suggested that if this is the case then it required to be escalated to Tayside NHS Board immediately. Diane McCulloch reported that she felt it was the way the statement had been phrased and agreed to provide information and data which will help inform the position regarding waiting times and the approach taken. She reported that there are a number of areas where capacity and demand are not matching and it is not unique to mental health but seen in social care where recruitment and retention of staff is causing difficulties. She acknowledged the challenges in medical recruitment within mental health and advised of the work being progressed to try to stabilise the pathways to ensure staff have the right skills to deliver care that meets the needs of the patient. Trudy noted the assurance being provided by Diane McCulloch that patients were being treated in the right place, at the right time with the right person but care may be delivered in a different way.

Claire Pearce acknowledged the work that had been undertaken since the last report to reduce the number of service risks with outstanding actions down to 2. She made reference to the pressures on mental health and learning disability beds locally and nationally and noted the increasing number of delayed discharges within Mental Health (13 in General Adult Psychiatry, 4 in Learning Disabilities and 6 in Secure Care). Claire queried whether delayed discharges are routinely discussed by the CCPG group and what the barriers and challenges were to discharging patients as it was not appropriate to be keeping patients in hospital when they are ready for discharge. Diane provided an overview of the fora where delayed discharge discussions take place and gave an example of delay caused by inability to recruit staff which had delayed a community transfer. She also spoke of an accommodation plan which had been lodged with the City Council for a number of years but had fallen through after problems had been identified with the

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site. She reported that the team look for all options on the table for housing and how to create packages around that but most patients delayed in hospital have complex needs which require greater input.

Claire Pearce expressed concern about patients who do not require therapeutic care remaining in hospital and the detrimental effect this may have on their recovery and suggested that further work is required to progress delayed discharges and that there is a mechanism in place to ensure that delays are routinely reported back to IJB Committees.

The Committee considered and accepted the report from Dundee HSCP and agreed Moderate assurance was received.

7.2 Assurance Report: Perth and Kinross Health and Social Care Partnership (CGC74/2021)

Angie McManus introduced her colleagues Mark Dickson and Chris Lamont and spoke to the report which she advised was being offered with moderate assurance by the partnership. She highlighted the following key areas:

Systems are in place to address risk and datix risks for health and HSCP delegated services are reviewed and discussed during the weekly Health Senior Management Team Huddle and Locality Governance Groups. At the time of writing this report there were 14 strategic risks which they have aligned to each of the HSCP service risks. There are 27 current service risks recorded on Datix – 3 of which are graded "very high". Risk 657 North Locality Service relates to registered nurse staffing levels and they are investing in securing nursing staff to deliver the service via block booking agency staff which they have extended to March 2022. Workforce is reviewed on a twice weekly basis. Risk 829 pertains to challenges in relation to accommodation for clinical and non clinical staff in P & K which have been escalated but, to date, no solution has been found. Risk 1071 relates to the development of the Female Community Custody Unit and they are awaiting further feedback from Scottish Government regarding the investment required to support the unit when it opens next year. This risk will remain red until they have clarity on where the investment will come from.

Adult Social Work Social Care Risk Register has 4 risks, 1 "very high" and 3 "high". The red risk relates to lack of Care at Home capacity and difficulty in ensuring people receive their assessed levels of care. Ms McManus advised that they are introducing a new model of care (Wellbeing Teams) to offer that sector the opportunity of a positive career experience and looking to embed within the care team as part of support services and are looking at an uplift in hourly rate salary to make this a positive proposition.

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In regard to clinical and care governance arrangements Ms McManus was pleased to report that since October some of the issues have moved on positively, but North Locality Workforce issues, as previously mentioned, is still causing some concern. A deep dive annual report from podiatry colleagues was presented at the September meeting and key points were noted.

There have been concerns expressed regarding the increased number of violent and aggressive episodes within Psychiatry of Old Age and she explained that this is a complex client care group and some presentations have been from a younger demographic in these facilities. Staff are receiving support from the appropriate sectors with regards to management of violence and aggression.

In regard to Pressure Ulcers, they have a clear process and any learning is brought back to the locality groups for discussion. They are working with the Falls Lead to ensure that all reasonable efforts are made to minimise risk around this agenda. Appropriate action will be taken in line with the Adverse Event Management Policy in regard to the fatality reported on. Learning from events is discussed and shared at the regular CPGF meetings.

Ms McManus advised that at this time last year there were 24 outstanding red and amber events and at the time of writing the report this had reduced to 11, which is a great achievement. The reason for the remaining outstanding events relate to complexity of events; delays due in part to COVID pandemic response; multiple agency/ services involvement. Reviews of these events will continue to support sustained improvement.

A high number of complaints from Prisoner Healthcare are received, with main themes being around disagreement with treatment plans, waiting times or prescription errors. Feedback and positive reports from patients and carers are being promoted for reporting at Locality Governance Meetings.

Section 2.3.6 noted that Mental Health have set up a Clinical Care and Professional Governance Group which meets on a monthly basis. The focus of the group is to review performance against Mental Health KPIs, progressing mitigating actions in respect of Mental Health service risks and monitoring progress against HIS and Listen, Learn Change Improvements plans.

In regard to Quality/Patient Care, Ms McManus advised that Prisoner Health Care have set up a Person of Concern Review Group which meets daily. She noted that over 500 cases had been discussed since April, 2021. P & K HSCP are working with senior clinicians and operational managers and have developed a resilience plan to provide resilience to support an unscheduled

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care approach as we move through winter. As part of this they are looking to increase workforce capacity to provide alternatives to hospital admission or earlier discharge from hospital.

In response to a query from Mrs McLeay on what the acronym HART was, Ms McManus reported that it referred to the Home Assessment Reablement Team. Mrs McLeay noted the challenges being faced by the Public Dental Service in terms of accommodation and queried whether this required to be highlighted in the Chairs Assurance Report to ensure that the Board are aware. She suggested that unless the flow of communication goes to the IJB with filters through the Audit Committees then we may be missing some focus on current challenges to clinical care. Mark Dickson provided assurance that more recently the ventilation modifications had been added to the minor works list, funding had been identified and this will be reviewed at next week's Health & Safety Committee. Mrs McLeay also referred to recruitment challenges and Angie reported that they are employing new roles, such as assistant practitioners across nursing and AHP services. The picture in regard to OTs is improving via positive recruitment and they hope to continue to provide support in a generic way, where appropriate, with the ambition of new models of care. In regard to a query raised regarding support for carers, Ms McManus advised that the ambition is that people who are supporting care delivery to people within any care environment will have their training needs met, especially in regard to pressure care and ulcer prevention.

Annie Buchanan expressed interest in the person centred work and activities being taken forward for those with cognitive impairment and also in relation to the persons of concern in Prisoner Healthcare. Annie expressed an interest in participating in a visit to the service when time allows to understand a bit more about work in that field and the outcomes achieved which Ms McManus advised would be welcomed.

Pat Kilpatrick made reference to performance and audit and how this is reported to the IJBs as she was not aware of any report or information being presented to date. She advised that the Mental Health Strategy produced by Chris Lamont had been signed off by the IJB and is an excellent piece of work which has attracted a lot of enthusiasm and plaudits from IJB Board Members. She thanked Chris and his team for their work in producing this and suggested it was important for this Committee to note this achievement.

Claire Pearce queried the risks associated with the delivery of substance use services as there had been no mention of this in the report. Angie advised that there is one risk on the register for the iDART (Integrated Drug and Alcohol Recovery Team) services in relation to recruitment and case load pressures. Chris Lamont

reported that there is also a risk embedded in the accommodation paper as there are significant issues with availability of clinic space and ability to see clients at Drumhar Health Centre, which regularly has issues with infrastructure. In response to Mrs Pearce's query regarding the outstanding red and amber events, some of which went back to 2018/19, Chris reported that he had been in discussion with Dr.Tim Elworthy regarding the LAER process and if the situation does not improve and outstanding cases are not concluded then this will be escalated as a risk.

Ms McManus advised that it had not been included within this report, but there had been 11 drug related deaths between April and November of this year whereas this figure had been reported as 34 last year. Whilst every death is unacceptable, the service continues to make progress and hope that this downward trend will continue.

Mrs McLeay thanked Ms McManus, Mr Lamont and Mr Dickson for their report.

The Committee considered and accepted the report provided by Perth & Kinross HSCP which they agreed provided moderate assurance.

7.3 Assurance Report: Angus Health and Social Care Partnership (CGC75/2021)

Dr Clement advised that it had been difficult to know what level of information the Committee wished to see included in their report and it had been difficult to give instruction to the team on how reports should be prepared in future. This report contains a description of the main risks, sustainability of primary care services, workforce optimisation, implementation of strategic priorities and also mental health services.

The NHS Tayside Trial without Catheter Procedure and supporting guidance has been approved for use. Care of Bariatric Patients has also been discussed and those requiring inpatient care will be cared for within the Isla and Clova Unit in Whitehills Community Care Centre. This will ensure that there is safe means of escape (e.g. in event of fire) for this client group. She advised that within care homes risk assessments are already in place which include provisions for bariatric residents. Further work is planned across Tayside regarding the provision for bariatric patients across the whole system.

Dr Clement reported that a lot of work is ongoing in regard to the sustainability of Primary Care Services and they have revised the risk to better describe the range of mitigation measures being taken. Further discussion is due to take place at this afternoon's

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Primary Care Board meeting on how to take this forward on a system wide basis.

In regard to the commissioned service provider failure, Dr. Clement noted that the risk score had increased from 16 to 20 and related to recruitment and retention issues within the Care at Home Service. The risk relating to implementation of strategic planning priorities had also been revised to a score of 20 and continues to be reviewed and revised through links to plans for remobilisation of services via the Angus Strategic Planning Group. A combined bid with Angus Alive had been accepted and they are looking to develop evidence based interventions to improve physical health and reduce inequalities within the leisure centre which will support patients and help remove some of the service pressures being experienced within the nursing and AHP families.

Angus HSCP continues to participate in the mental health system wide review to support improved performance and shared learning. The Adult CMHT and Psychiatry of Old Age Teams are looking to review patients following discharge within 7 days and are also progressing work to help improve readmission rates and delayed discharges.

In regard to drug related deaths, Dr Clement reported lengthy timescales for receipt of post mortem and toxicology reports being shared with health services but they continue to monitor drug deaths closely and ensure any learning from these is shared. Receipt of funding via the Drug Death Task Force has also supported a real time review of drug death data. Dr Clement reported that there had been a reduction in new referrals for the first quarter although these are now beginning to pick up. The ratio of referral to treatment start remains positive and are interested to see how the local development of Medication-Assisted Treatment (MAT) standards impacts on this. They are also looking at how working can be improved between Alcohol Drugs and Alcohol Rehabilitation Service (AIDARS) and Primary Care and hope to submit a bid for a support project worker who will support a community facing whole system approach with the wider community services and community pharmacy colleagues.

Mrs McLeay was pleased to note the improvements in discharge planning. In response to Mrs McLeay's query in regard to 2C practices, Dr Clement reported that there are 5 x 2C practices in Tayside, 2 of which are in Angus and 3 in Dundee. Difficulties have been experienced in regard to the recruitment of workforce, time spent in the practices by Dr. Clement has identified there are some management issues and a refreshed approach to how professional leadership can be delivered is being considered. They are looking at different models of care to enable safe and sustainable services to be delivered. In Abbey Practice there are 2 salaried GPs

recruited and they are now up to complement with high functioning Advanced Nurse Practitioners. In Brechin they have struggled to recruit to the medical workforce and are relying on locum cover. One of the longer term locum doctors has been making improvements and QI projects are ongoing in areas such as prescribing etc. Mrs McLeay queried whether there was any support provided to carers in regard to the trial without catheter. Dr Clement reported that the Community nursing service are able to support patients and carers who are given clear advice but was not aware of any bespoke training in regard to advice re catheter care. Dr Clement agreed to speak with nursing colleagues who had already been doing some work in this area.

In response to a query from Anne Buchanan regarding review of infection rates to monitor success of the non catheter project, Dr Clement reported that they regularly provide Infection and Prevention reports which consider e.coli bacteraemia where urinary catheters are a recognised source of infection. She was not aware of specific reporting in regard to monitoring of UTI infections in housebound or catheterised patients. She advised that call-outs for catheter problems were common within the Primary Care OOH Service and that she would liaise with colleagues on how improvements may be captured within this service.

Dr Clement advised that work with Angus Alive is at a very early stage and a meeting involving Gail Smith and the Chief Officer of Angus Alive is due to take place on 13 December to look at wider access to more generic forms of exercise available to access through social prescribing as well as more bespoke exercise which have evidence for long-term conditions. She advised of some of the aspirations in regard to bespoke exercise plans for people suffering from prolonged pain or long term mental health issues and advised of opportunities for improved access to cardiac rehab classes within leisure facilities.

Pat Kilpatrick expressed an interest in substance misuse and use of naloxone and advised of some of the discussions that had taken place within the IJBs. She queried whether there was any wide agreement within Angus to hold supplies of or to be able to administer Naloxone either iv or via spray. Dr. Clement was unsure about this but agreed to make enquiries and provide an update at the next meeting.

Jenny Alexander queried if Dr. Clement could expand on the reference to issues with implementation of the GMS contract, shortage of premises within Angus and issues with the IT infrastructure and queried why we are selling off or closing down buildings if this is the case. Dr. Clement reported that the new GP contract is designed to allow GPs to focus on an expert generalist role and build up a multidisciplinary team which would support

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people with additional roles. Funding had been ring fenced by the Scottish Government, however, there are major issues nationally with the recruitment and retention of staff especially in pharmaceutical services.

In regard to premises, they have relatively good practice premises in areas of Angus, however, some are coming to the end of their lease agreements and GPs require to make decisions on whether to renew or not. Some are not fit for purpose and they are in the process of developing a sustainability survey and have a more formal approach to identifying where possible gaps are. She made reference to work in progress within the Forfar area and advised that community hospitals are currently being used to provide community care and treatment services such as phlebotomy services where possible. They continue to work hard to try to provide services for patients in the community that are aligned with GP practices where possible.

In response to Claire Pearce's query on whether having 16 drug deaths over the past 10 months is better or worse than in previous years, Dr. Clement reported that it was her understanding that this was an improving stable picture. Mrs Pearce suggested that it would be helpful if the next report could include further detail so we can consider any themes or learning. Dr Clement was aware that an annual assurance report is currently being prepared and she will ensure that more detailed information is provided in the next report to this Committee.

Diane Campbell queried what the risk appetite was in relation to drug deaths within the three IJB areas and how this is being managed and spoke of areas which could be considered via the work of the GIRFE Group. Diane McCulloch advised new posts have been put in place to support the MATstandards (2wte across Tayside) which will work as 1 full time post for Dundee and x half time in Perth & Kinross and Angus. A meeting of ADP leads will look at how this resource can be used collectively across Tayside. She reported that whilst some of the specifics may be local, a number of systems and approaches will be Tayside-wide.   Diane reported that she would be happy to look at how they could report risks collectively.

Mrs McLeay thanked Dr Clement for her report.

The Committee considered and accepted the report from Angus HSCP which they agreed provided moderate assurance.

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A comfort break took place until 1150 hrs.

7.4 Acute Services Division Quality and Performance Review Report (CGG75/2021)

Lorna Wiggin advised that Kathryn Brechin was in attendance to assist with any queries from the report. Lorna advised that the report covers the period from 1 September until 31 October, 2021 and moderate assurance is provided by the report which is underpinned by the Acute Services Performance Reviews, Infection Prevention and Control and newly formed newly formed Operational Unit Clinical Governance Meetings.

Lorna Wiggin referred to page 3 of the report in regard to Adverse Events Management and advised that learning is crucial to continually improve person-centred safe and effective delivery of care. The ratio of adverse events with harm to adverse events without harm during August and September had remained stable. Three SAERs had been commissioned but she had noted an error on the table on page 4 which noted the target completion date as 18.3.21 which should read 18.3.22.

Of the 7 main categories reported slips, trips and falls was the highest volume reported followed by clinically challenging behaviour which related to patients within the Child and Adolescent Mental Health Unit who had required enteral feeding as part of the therapeutic care pathway. Medication adverse events (the next highest category) relates to issues with ordering of supplies, near miss etc. Blood Sciences reporting remains high as they have a mandatory process to ensure that all near misses are recorded and evaluated as part of their quality review update. Pressure ulcer reporting has increased with the 2 main causes being in relation to the increased reporting of pressure ulcers observed on admission and secondly linked to increased activity in critical care where positioning of patients being treated with Covid-19 has increased the risk of pressure damage. Staffing in Tayside and across all mainland Boards in NHS Scotland has been challenging but Ms Wiggin advised that the Safe Care system utilised within NHS Tayside and reviewed 5 times daily has enabled a site wide review of risks, in-charge cover and staffing levels.

Ms Wiggin reported that mortality has remained stable with no adverse issues to report. In regard to cardiac arrests, reporting and review this is captured within the Datix system and reviewed by the Resuscitation Team to ensure that any learning or issues in relation to practice are picked up and addressed.

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NHST are participating in the SPSP Acute Adult Collaborative launched in September 2021 until March 2023. It is hoped this will provide rich information in regard to the improvement journey and how we can manage and prevent patients from deteriorating in hospital.

Page 8 of the reports outlines the progress made with pressure ulcer prevention and Ms Wiggin was pleased to report that there had been no Grade 4 ulcers reported for the last 230 days, which is a major achievement. There has been some random variation demonstrated in regard to falls, however, Acute Services have re-established a Falls Network to support work in reducing risk of falls and falls with harm. NHST will also be participating in national work which commenced in September 2021 and will take learning from this.

Department specific challenges are set out on page 11 and these are regularly reviewed and have appropriate mitigation in place. In future reports mitigation information will be included so the Committee can see how ongoing risks are managed within services.

Complaints and feedback remain a critical part of the improvement journey and Ms Wiggin noted that there has been a steady increase in the number of complaints received on a monthly basis. Response times are discussed at the Operational Governance Forum and at Performance and Review Committees. Work is ongoing to address overdue complaints and clinical services are now being asked to provide a timeline for addressing those. Clinical Care Groups are also currently looking to resolve historical complaints.

Principal themes of the complaints received are outlined on page 15 and Ms Wiggin is happy to answer any questions members may have. A Public Interest Disclosure Action (PIDA) 51 has been received following an anonymous letter regarding orthopaedic services at Ninewells being received by Healthcare Improvement Scotland. NHS Tayside has engaged positively with the process and feedback received provided assurance that Tayside has systems and processes in place to effectively monitor and respond to quality of care concerns and the episode has been closed with no follow up action required.

Ms Wiggin provided an update regarding the Covid-19 response and recognised the impact this has had on delivery of services across all clinical care groups. New pathways and footprints for Covid-19 inpatient and critical care have required to be developed and as a result planned care patients have had to wait longer for treatment. Priority has been given to Emergency, Urgent and cancer patient and Ms Wiggin reported that delivery of planned

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care within NHS Tayside has remained at higher levels than other mainland boards in Scotland, which demonstrates the progress made in terms of remobilisation of services. Key areas of work are across adult pathway with the escalation and de-escalation required to take account of new guidance as released. Workforce remains challenging and these have been highlighted within the report to help members understand the current position. Mrs McLeay thanked Ms Wiggin and Mrs Brechin for the detailed report and opened the floor to questions.

Mrs Pearce reported that during a recent CNO visit colleagues had been impressed by NHS Tayside's use of the Safe Care system, and a number of meetings are taking place with Scottish Government, HIS and NHST as Scottish Government are keen to understand if this would be helpful nationally.

In response to a query in relation to the breaching of adverse events timescales, Kathryn Brechin reported that a number of outstanding legacy reviews that are breaching had been discussed during the recent Operational Governance Committee Meeting. Support is being given by Sharon Hilton Christie (AMD) and they are confident these will be concluded and signed off. A process has been put in place to regularly monitor the adverse events to ensure that no future backlogs occur. A lot of work is being undertaken to improve monitoring around this but Mrs Brechin was confident that progress was being made and advised it remains a key focus of discussion through the QPR and Governance Committees. She advised it was important to get legacy events concluded as it detracts from focus on current issues from which learning could be taken. In response to a query from Anne Buchanan, Kathryn Brechin agreed to have an off line discussion with her regarding the appointment of a Tissue Viability Nurse. Kathryn advised there was good engagement around care bundles and policy work but we are seeing a population who have greater acuity and dependency and are working through the new driver diagrams as we move through improvement programmes.

Pat Kilpatrick queried whether there had been any opportunity to benchmark our cardiac arrest rates against other board areas. Kathryn Brechin advised that HIS do produce national data, however, this had been paused during the pandemic. Diane Campbell suggested that some of the information being sought may be available via the Resuscitation Officers database and she agreed to check to see what data is available.

Mrs McLeay was very impressed by NHST use of Safe Care and suggested that a presentation on this could be included at the next Board Development Day.

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Diane Campbell made reference to the background section of the paper and asked whether in the next report Ms Wiggin could describe the connection between the two new groups and how assurance flows between them. Ms Wiggin agreed to include this.

The Committee noted the report on the Acute Services Division Clinical and Care Governance Report and agreed that moderate assurance was received.

7.5 Mental Health and Learning Disabilities In Patient Services (CGC77/2021)

Keith Russell advised that the report had been compiled following the Quality Performance Review meeting on 15 November 2021 and offers moderate assurance to the Committee. Key issues highlighted included:

Capacity and flow issues within General Adult Psychiatry (GAP) and Learning Disabilities Service (LD) with continuing high level of occupancy within the GAP admission wards and the need to utilise non funded beds at times. The bed situation is being exacerbated by the number of delayed discharges in the system which is 18.5% of available beds in GAP and 28% of available beds in LD Services. There are also 7 delayed discharges within the low secure service which account for 29% of available beds. There are daily pressures on beds within mental health due to the combination of demand and flow and use of non funded beds is required to meet patient demand.

There are workforce challenges within all services and the vacancy position for nursing across services is set out in the table on page 4 of the report. Sickness absence levels across the services has been of concern in recent months and there is continued focus on staff wellbeing. A number of developments are being taken forward to support staff including providing restorative space for CPD and staff development as part of their work-based learning. In regard to medical workforce as of November 2021 all consultant posts across GAP and LD Inpatient Services have been filled by either a substantive doctor working to an NHS contract or via Agency Locum contract.

In secure care delayed discharge and nursing workforce availability are the main challenges. In regard to women's' services, the low secure pathway (North of Scotland) had an issue in relation to seclusion facilities which are required to support people when there may be increased levels of risk behaviours or violence and aggression.

The top 5 event themes for adverse events are violence and aggression, self harm, clinical challenging, staff and security. A key focus is around the therapeutic management of self-harm and supporting people. 60 staff are undertaking Decider Skills training which is a CBT (cognitive behavioural therapy) approach to teaching people new skills to support self-management strategies. There were less than 5 extreme events reported between August and September 2021 which were as a result of fatalities recorded by the Crisis Resolution and Home Treatment Team. Plans are in place to progress these in line with the Adverse Events Management Policy. There are 12 historical events incomplete and plans are in place to meet with families to share outcomes of reviews undertaken.

Key themes from complaints received within General Adult Psychiatry include communication, medication, access to services and diagnosis and significant work and improvements have taken place on the management of complaints with a weekly huddle with the CAFT Team being embedded into practice. The report provides feedback from 125 patients gained over a 6 month period in Carseview Centre and Moredun Ward which represents 25% of admissions during that time. Complaints within Rohallion Secure Care Services have been low.

There have been no inspections/visits since the last report but the Mental Welfare Commission had visited Ward 1 on the 23rd November and Ward 2 Carseview Centre on the 29th November. Initial verbal feedback received was that commissioners were very impressed by the staff team, quality of feedback from patients regarding quality of care received and quality of care planning, had evidenced therapeutic engagement with patients and patients had a good understanding of their care plans and what is contained therein. Areas for improvement included elements of the ward environments and patient receiving paper copies of their care plans.

In response to a query from Trudy McLeay on how many times the non-bedroom areas had been used, Mr Russell reported that in August in September these areas had been used 40 times. He advised that due to the design of the current system all referrals go via the CRHTT and he gave an overview of work being led by himself and Linda Graham to allow people to access services in their own areas and not necessarily within secondary Mental Health Services who are not always best placed to respond to factors that may be contributing to an individual's emotional distress such as housing pressures, family social pressure and suggested that the community hub being planned in Dundee will be an important step in this. Professor Stonebridge queried what steps had been taken to minimise the impact or excessive demands on beds. Mr Russell described this in the context of

demand and capacity which is a daily challenge to mental health services given the impact delayed discharges are having on patient flow. He advised that there are 2 huddles held on a daily basis to review patient flow and identify people who are ready for discharge. They are also looking to use winter planning monies to appoint 2 x Band 6 discharge planning coordinators. Claire Pearce noted that they now have a command centre in Mental Health and Learning Disabilities Service which is modelled on that used within the Acute Services so they are able to predict admissions and required discharges but the level of delays in the system is putting the services under pressure.

Jenny Alexander wished to hear more about the non-bedroom areas and what these are like for patients. She advised of the reference within the report to pass beds being used for admissions and queried if this was the case. Mr Russell confirmed that pass beds were used by other patients requiring admission which has been routine practice in mental health for many years. He advised that the non-bedroom areas identified were previously interview rooms in the main corridor which have a bed in them. The preferred position is to utilise bedrooms that have ensuite facilities in the first instance and the non-bedroom areas are only used in extremis.

The Chief Executive acknowledged the richness in the debate regarding delayed discharges from all services providing assurance reports. He suggested that a short life working group should be set up to include senior officers from Health, Chief Officers from the three HSCPs, representative from mental health and acute services to review current delayed discharges, any barriers to discharge and next steps to improve patient flow across services. The Chief Executive reminded the Committee that NHS Tayside have more beds per capita than other mainland Boards in Scotland and we need to consider other options available within community settings. Mrs Claire Pearce agreed to take this as an action.

Mrs McLeay suggested that the community wellbeing hub may help relieve some of the pressure and she concurred with the Chief Executive's view that more partnership working is required between health and the 3 HSCPs to manage patient discharge. Mrs McLeay thanked Mr Russell for his report and responses to the queries raised.

The Committee considered and accepted the report relating to Mental Health and Learning Disabilities Quality and Performance Review. The Committee agreed a moderate level of assurance was provided.

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STRATEGIC RISKS
7.6 Strategic Risk 16: Clinical Governance

Tracey Passway reported that at the Care Governance Committee meeting held on 5th August it was agreed that this risk could be archived. The report presented is a closure report detailing how risks will continue to be monitored at a service level of risk management. As well as being a strategic risk, risk 16 has fulfilled a function in driving change and providing assurance with regards to reporting to the Care Governance Committee, it has influenced the Committee workplan and provided assurance regards the Clinical Governance Strategy.

To provide continued assurance the proposal is that a suite of service level risks are developed and monitored and exception reported to Care Governance Committee if necessary i.e. if controls deteriorate.

In addition, it was suggested that the Committee might want additional assurance in the form of an annual report produced by the Patient Safety, Clinical Governance and Risk Management Team. This report would outline progress with the service level risks and provide assurance on matters such as Duty of Candour, Significant Adverse Event Reviews and the Clinical Governance Strategy. Tracey advised that members were being asked to agree with the plan to produce service level risks and archive the strategic clinical governance risk.

7.7 Strategic Risk 14: Infection Prevention and Control (CGC79/2021)

Pam Davidson spoke to the report which she advised provided limited assurance. Pam reported that the risk score remains at 20 following review in October 2021 but it is hoped to see an improvement in the risk register for the next meeting. Pam made reference to page 3 of the report which outlined the significant issues since the last report which included a number of vacancies in microbiology which had impacted on the role of the IPC Doctor. They have been unable to recruit to two posts which remain vacant which creates challenges for the labs and impacts on the IPC Service.

New Winter Respiratory Guidance with an implementation date of 13 December has been circulated and they are working with clinical teams to support them with this.

IPC Teams are providing support to acute inpatient areas in completion of hand hygiene and teach tools (an IPC tool which focusses on standard infection prevention and control practices) and will continue to do so until March 2022. A dashboard has been created and provides assurance or advises of areas to focus on for

improvement work which is available on staffnet but they are hoping to be able to roll out further within the partnerships in future.

Pam talked through the local data shown in the Assurance Section (section 5 onwards) and advised that each board has its own HAI standard/targets to meet so there may be variation with standards and percentages of reduction for each board. She hoped to be able to incorporate some comparison data in future reports. Pam spoke of the various initiatives ongoing to aid improvement and advised that in regard to all data for quarter 3 (July to September) to note this is local data which is not validated at present and may be subject to change. Validated data will be published in January 2022 Escherichia coli Bacteraemia Infection (ECB) data for Quarter 3 projected increase for healthcare associated and decrease for community associated infections. In regard to Staphylococcus aureus Bacteraemia (SAB) data for Quarter 3 (July to Sept) projected rates to remain similar to Quarter 2 for healthcare associated and projected decrease within community associated infections.

In regard to C-Difficile, an increase has been seen in both healthcare and community associated infections. They have been reviewing antibiotic prescribing and undertaken a deep dive into all patient cases. To date no themes of concern have been highlighted.

Hand hygiene compliance has been above 95% target in Quarter 3 2021. KPI data (relating to documentation on admission of patients) is noted as below 90% for Quarter 3. To give some assurance to the Committee Pam reported that the screening process is being completed by staff but is more about documentation than process. The appendices to the report outlined some of the good work ongoing within clinical teams in regard to audit programmes and SAB improvement work

Mrs Buchanan noted the comprehensive report provided but queried whether the increase seen in C Difficile in the community and in hospital was a trend or a one off. She acknowledged the work being undertaken to reduce SAB rates and queried how we will know what element had produced best impact. Pam Davidson did not feel there was one element that aided improvement which she felt was due to a number of measures. She advised that there is a lot more ownership within the clinical teams in directing the clinical work and she thanked Kathryn Brechin for the support she had provided in leading this work within the acute setting. Pam suggested that now we have local IPC Committees in place we are seeing improvement across a number of areas.

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Professor Stonebridge suggested it might be helpful for the Committee to have an annual report on antimicrobial prescribing related to C-Diff rates and he agreed to ask Dr Busi Mooka, Antimicrobial Stewardship Team Lead, to provide this.

Whilst noting the limited assurance offered by the report Mrs McLeay advised that this was not a reflection of the work undertaken by the IPC Team but due to some deficits that remain in the system. Mrs McLeay thanked Pam Davidson for presenting the report.

The Care Governance Committee agreed the level of assurance as limited for Strategic Risk 14 Infection Prevention and Control.

7.8 Assurance Report: Strategic Risk 736 Public Protection (CGC80/2021)

Claire Pearce asked the Committee to note the progress made with the Public Protection Framework. Recent successful recruitment has been undertaken and the team are now at full establishment. The Support and Protection Team had also recently submitted a bid to the Care Home Oversight monies and secured funding for an additional Care Home Oversight Adult Protection Adviser. The Public Protection Executive Group has grown in strength supported by the HSCPs and NHS Tayside which has resulted in the strategic risk rating across NHS Tayside significantly reducing. Claire reported that if the child protection function was viewed in isolation it would have provided higher assurance and the risk exposure would have been less. The current controls have developed in the last cycle and are functioning as expected. The Public Protection Executive Group continues to strengthen with agreed Terms of Reference and Membership. A number of operational improvement groups have been established which report and provide assurance to the Public Protection Executive Group. The Child Protection Assurance Framework has been used as a template to create a framework for Adult Support and Protection. It is hoped the first review will be completed by the next cycle and identify priorities and inform the workplan going forward.

Mrs Pearce provided details of the current and proposed/planned controls and discussions that are taking place with the Medical Director to strengthen leadership arrangements. As a result of the progress made, the risk rating has been reduced to 12 and it is hoped will reduce further to enable the risk to be archived at the next meeting in February 2022.

Mrs McLeay thanked Mrs Pearce for the update and acknowledged the immense work that had been undertaken to reach the current position.

The Care Governance Committee noted the level of assurance as moderate for Strategic Risk 736 Public Protection.

7.9 Assurance Report : Strategic Risk 798 Corporate Parenting

Mrs McLeay introduced Dr Simon Hilton to the Committee and apologised to him for the committee running late. Dr. Hilton reported that NHS Tayside had now convened a Corporate Parenting Group and are keen that the governance for this risk transfers from this Committee and sits with the Public Health Committee given the wide ranging implications of this subject which does not sit with one service.

Members were happy to endorse the transfer of the risk. Mrs McLeay thanked Dr. Hilton for taking the time to attend and explain the rationale behind the transfer of this risk.

The Care Governance Committee endorsed the transfer of the risk from the Care Governance Committee to the Public Health Committee.

8. **ITEMS FOR DECISION**

   Policies and Guidance

   8.1a Homologation – Clinical Policy Governance Group Report – 7 October 2021 (CGC81/2021)

   The Care Governance Committee agreed to homologate the Report.

   8.1 b Homologation – T06/22 Annual Internal Audit Report 2020/21 (CGC 82/2021)

   The Care Governance Committee agreed to homologate the Report.

   8.2 Clinical Policy Governance Group Report (CGC83/2021)

   Sharon Hilton-Christie reported that the Clinical Policies Governance Group had met on 3 November 2021 and approved the following policies which this Committee were being asked to adopt:

   - Food Fluid and Nutrition Police Section 1.2.3. Sip until send.
   - Adult Missing Patient Policy
   - Child Protection Case Supervision Policy
   - Child Protection Policy.

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The Care Governance Committee agreed to adopt the policies.

8.3 Review of Clinical and Care Governance Strategy
Tracey Passway reported that the work on revision of the Clinical & Care Governance Strategy, due by the end of 2021, has been delayed due to the competing priorities of COVID-19. The intention had been to align the revised strategy with the 'Getting it Right For Everyone' (GIRFE) Framework. However there is currently a programme of work to revise the integration schemes which may impact on the GIRFE framework. In addition an evaluation/development event for the Care Governance Committee is to be agreed with the Board Secretary that is to be co-ordinated with the publication of the next Blueprint for Good Governance; the 'Active Governance' session has now been held (26 October 2021) and also might influence the strategy. Work on the Tayside strategy for clinical and care governance will be managed by the Patient Safety, Clinical Governance and Risk Management Team and be completed by 01 September 2022 and will take cognisance of the factors mentioned above.

The Committee noted the update provided by Ms Passway.

9. **ITEMS FOR AWARENESS**

   Items for Noting

   9.1 Area Drugs and Therapeutics Committee Minute 19 August 2021

   The Committee noted the Minute of the Area Drugs and Therapeutics Committee of 19 August 2021.

   9.2 Spiritual Care Committee Minute 2 November 2021

   The Committee noted the Minute of the Spiritual Care Committee dated 2 November 2021.

   9.3 Public Protection Executive Group Minute 29 September 2021

   The Committee noted the Minute of the Public Protection Executive Group dated 29 September 2021.

   Mrs McLeay referred to a previous discussion on whether or not minutes should be coming to the Committee and advised that she will review the Terms of Reference and consult with the Board Secretary on how this should be managed in future.

10. DATE OF NEXT MEETING

The next meeting will take place at 1000 hours on Thursday 3 February 2022.

Mrs McLeay made reference to the email with the proposed dates for 2022-23 which had been circulated prior to the meeting for consideration. This item will be included on the agenda for the next meeting.

Mrs Buchanan observed that since joining NHS Tayside she was not aware of having seen anything around Maternity Services coming to the Committee which would provide assurance on how good or safe our maternity services are. Claire Pearce reminded Mrs Buchanan of a conversation they had a few months ago and now that an Associate Midwifery Director has recently been appointed (Lesley Sharkie) it is intended that a report will be provided to the next meeting in February 2022.

11. MEETING REFLECTIONS AND CONSIDERATION OF MATTERS FOR CHAIR'S ASSURANCE REPORT TO THE BOARD ON 16 DECEMBER 2021

The Committee agreed to highlight:
- Patient Story which was very powerful and highlighted areas for improvement to care delivery in future. It was suggested that a patient story from Mental Health should be presented at the next meeting.
- Discussion of key risks highlighted by HSCPs, Acute Service Division and Mental Health and Learning Disabilities which gave moderate assurance.
- The need for the three IJBs to collectively provide a single governance report covering Tayside in regard to drug deaths, use of Naloxone etc.
- Recruitment and retention and workforce challenges continue to be experienced across services.
- The importance of getting clinical performance assurance through the IJBs for wider discussion to increase their awareness of challenges and issues for services.
- High degree of concern expressed regarding increasing number of delayed discharges. Nurse Director took an action to set up a short life working group comprising of Chief Officers from NHS Tayside and three HSCPs to review delayed discharges, barriers to progress and next steps.
- Acute Services Report highlighted improvements to planned care and remobilisation. It was felt wider recognition should be given to the Safe Care work being progressed and led by NHS Tayside which had greatly impressed Scottish Government colleagues during a recent visit.

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Meeting closed at 13:19 hrs.

6.2

PERTH &
KINROSS
COUNCIL

Chief Social Work Officer Annual Report 2020/21

PHOTO CREDIT

Ben is 16 December and enjoys football, rugby and has a part time job. He has aspirations to become a teacher. He loves taking photos of outdoors and is very keen on walking and is interested in hill-walking too.

Table of Contents

1   Introduction and Context

This Chief Social Work Officer Annual Report for 2020/21 provides an overview of social work and social care delivery, statutory social work functions as well as local achievements and challenges. This report looks back over the last financial year and covers a period in which our social work and social care services have been dealing with unprecedented demands as a result of the impact of the COVID-19 pandemic. Social work and social care staff have worked ceaselessly, skilfully, and professionally, facing their own fears and anxieties with huge selflessness as they have continued to care for and protect the people they support.

I would like to thank each frontline care worker, social worker and unpaid carer for their perseverance and hard work that has been demonstrated in huge measure across Perth and Kinross. I would also like to thank care providers, their representative bodies, our managers, and a wide range of local organisations who have worked at pace and in partnership to support the care sector during this difficult time. Sadly, Scotland has witnessed the loss of lives across its communities and in care homes. The measures to combat COVID-19 have been necessary to save lives. But those measures also cause harm and can have negative impacts on people in our society who are least able to withstand them.

The harms caused by the pandemic are not felt equally and our recovery must recognise these unequal impacts. We must continue to provide additional support for those who will need it into the longer term and seek to advance equality and protect human rights.

This report focuses on the ways in which all of the diverse teams have responded to the pandemic by changing their working practices, adhering to national guidance, and responding to increasingly complex circumstances and entrenched difficulties. It sets out how staffing crises have been averted and demonstrates the value of strong teamwork in social care and public protection. The demand for social work and social care services has increased as the pandemic continues.

This report affirms the contributions and the value of the skilled and devoted people we have across the sector in Perth and Kinross. The additional demands in both adult and children's services have been acute, yet staff have rallied and put in place many new ways of working that are proving to be more effective in the long run.

As Chief Social Work Officer, I continue to be both proud and humbled by the dedication, creativity, and quiet can-do attitude of everyone working in social work and social care in Perth and Kinross. They consistently go the extra mile and are truly dedicated to making a positive and lasting impact on the lives of our more vulnerable citizens.

Jacquie Pepper
Chief Social Work Officer

Context
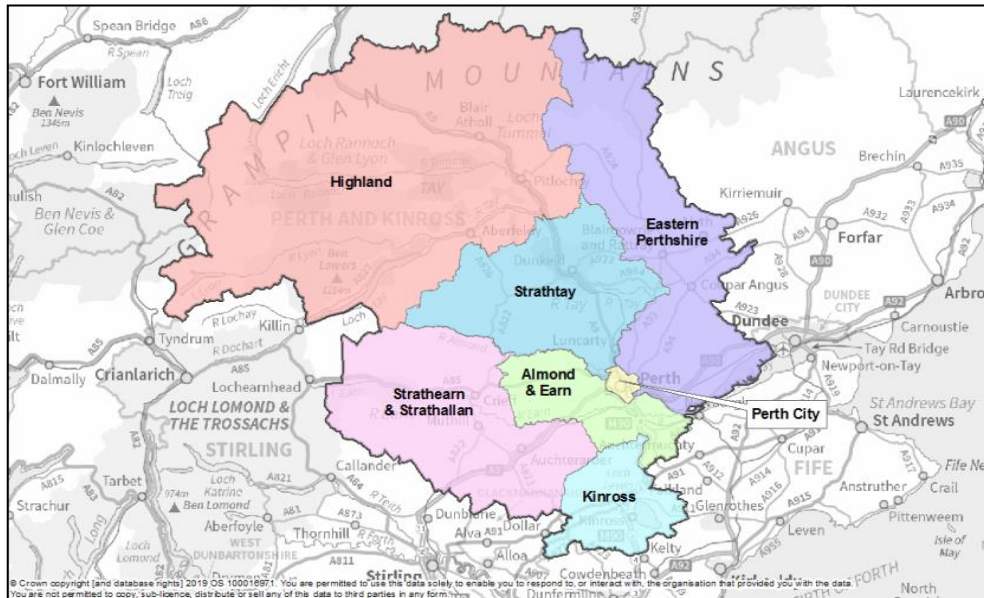
Area

5286 km^2

5th largest area by land mass in Scotland

Population

151,109

mid-year population estimate, NRS, 2020

18% 0-17 years old

12 Electoral wards

40 Councillors

Community planning local action partnership areas

Perth City   East Perthshire
Kinross-shire   Strathtay
Almond and Earn   Highland
        Strathearn and Strathallan

NHS Tayside

commissions health care for residents across Tayside

- 3 major hospitals
- community hospitals
- >60 GP surgeries
- local health centres

Police Scotland

Tayside division

7500 km^2

area covered by Tayside command

Perth & Kinross Council Chief Social Work Officer's Annual Report 2020-21

2   Governance and Accountability

Discharging the requirements of the Chief Social Work Officer

The role of Chief Social Work Officer (CSWO) includes providing professional governance, leadership, and accountability for the delivery of social work and social care services. The CSWO reports to the Chief Executive, Elected Members, and Integration Joint Board. Alongside the role of CSWO, the current CSWO is also the Depute Director of Education and Children's Services.

The CSWO has direct access to Elected Members, the Chief Executive, Chief Officer of the Integration Joint Board, Executive Directors, Heads of Service, managers, and front-line practitioners both within the Council and Health and Social Care Partnership, and with partner agencies in relation to professional social work issues.

During 2020/21, the CSWO discharged the requirements of the role as follows:

- Reporting to a range of Perth and Kinross Council committees
- Member of the Council's Executive Officer Team and Corporate Management Group
- Access to elected members, Chief Executive and Chief Officers as required
- Member of the Community Planning Partnership delivery groups for Children, Young People and Families and Community Justice
- Member of the Perth and Kinross Chief Officers Group for Public Protection
- Member of the Adult and Child Protection Committees (including chairing the Multi-agency Practice Review Group and providing advice and challenge in relation to case review)
- Chair of the Protecting People Group established in January 2021 to bring together strategic partnership working across the public protection agenda including Child Protection Committee; Adult Protection Committee; Violence Against Women Partnership; Alcohol and Drug Partnership; the Multi-Agency Public Protection Arrangements (MAPPA) Strategic Oversight Group for Tayside
- Non-voting member and professional advisor to the Perth and Kinross Integrated Joint Board (IJB)
- Non-voting member and professional advisor to the Perth and Kinross Integrated Joint Board's Audit and Performance Committee
- Co-chair of the Health and Social Care Partnership's Care and Professional Governance Forum
- member of the Tayside-wide COVID-19 Enhanced Professional Clinical and Care Strategic Oversight of Care Homes Group (SOCHG)

The CSWO takes part in the budget review process across all relevant services ensuring that the needs of vulnerable and at-risk groups needs are highlighted and considered. The CSWO also leads the Council's panel for safe recruitment, ensuring proportionate decision-making to protect service-users and the public and at the same time ensuring that the Council is an inclusive employer. The CSWO is the lead signatory for the Scottish Social Services Council as the regulator of the social care workforce ensuring that the codes of practice are adhered to and acting as a point of contact when there are concerns about an employee's fitness to practice.

The Heads of Service for Adult Social Work and Services for Children, Young People and Families, as senior social work leaders, support the CSWO to have oversight of key local, regional, and national developments and considering the most appropriate local response. Diane Fraser, Head of Adult Social Care and Social Work left the Council in January 2021 for a new role in North Lanarkshire and this role is now shared on an interim basis by Kenny Ogilvy and Zoe Robertson. Hazel Robertson, Head of Services for Children, Young People and Families and Kenny Ogilvy, Interim Head of Adult Social Work deputise for the

CSWO on a rotational basis in order that there is full-time cover for key decisions that cannot be delegated.

The CSWO has continued to provide visible leadership over the last year by meeting with staff teams across Perth & Kinross to learn first-hand of the issues faced by the workforce in social work services. It has not been possible to engage in the same level of face-to-face meetings and discussion with people who use services. The CSWO has attended a number of meetings with Care Home Managers and the local Care Home Oversight Group and engaged in visits to St. Martin's House, the Access Team, online events with Care Home Managers and residents including the Go4Gold award ceremony and an evening with the Youth Engagement Team.

In support of the Tayside Children's Services Collaborative, the CSWO chairs Priority Group 5 of the Tayside Children's Services Plan which is taking forward a collaborative approach across the three Child Protection Committees to improve practices and standards in child protection and safeguarding.

Nationally, the CSWO takes part in meetings of all 32 CSWOs supported by Social Work Scotland. She is also Co-Chair of Social Work Scotland's Children and Families Standing Committee and Co-Chair of the Scottish Government Delivery Group for Family Support.

Demand pressures and staffing have been monitored closely since March 2020 and reported through the Gold Command arrangements. Staff and managers have responded with huge determination to continue to offer the optimum response and level of service to all service users and it is to their credit that statutory requirements have continued to be met.

3   Service Quality and Performance

3.1   Adult Support & Protection

The Adult Support and Protection Act (Scotland) 2007 aims to protect adults who are unable to safeguard their own interests and are at risk of harm because they are affected by disability, mental disorder, illness or physical or mental infirmity. The Act places duties on councils and other organisations to investigate and, where necessary, act to reduce the harm or risk of harm.

Adult support and protection (AP) has been carried out over the last year within the challenging context of the COVID-19 pandemic. Adult support and protection was designated an "essential service" and prioritised by the Council's Gold Command structure. Data in relation to adult protection and the adequacy of staff resources to respond to demand has been monitored weekly. In addition to strengthening the governance and oversight of this work, a high priority was placed on ensuring that there were sufficient numbers of appropriately trained and experienced social workers to carry out this work. This included a temporary move to 7-day operations to support an increase in volume of activity outside normal office hours.

As a consequence of restrictions and the need to socially distance, staff adapted their working practices and responded by using virtual means where appropriate to carry out necessary inquiries and gather sufficient information to determine whether people required support and intervention to keep safe and protected. Face to face contact and support was also available throughout and 82% of all Adult Protection (AP) inquiries were carried out face to face between 1 April 2020 and 31 March 2021. This compares to 97.5% in the previous year.

There has continued to be a sufficient number of suitably trained social workers to carry out adult protection and more staff will be trained from August 2021.

There has been a significant increase in demand over 2020-2021 and this relates to the impact of COVID-19. Table 1 shows a slight increase in the number of overall AP concerns in 2020/21, however, the number has remained relatively steady since 2018/19. The number of VPRs (Vulnerable Person Report) has continued to rise over the last 5 years. The data shows an incremental growth in the number of AP concerns and 1819 AP concerns received in 2020/2021 compared to 1593 in 2019/20. This represents a 14% increase in AP concerns which appears to be consistent with the national picture.

The number of AP Concerns that progressed to formal Adult Support & Protection (ASP) inquiry or investigation increased by 22% over the last year and it is notable that performance against timescales for completion have continued to improve.

Table 1. Volume of Vulnerable Person Reports (VPR) and Adult Protection Concerns
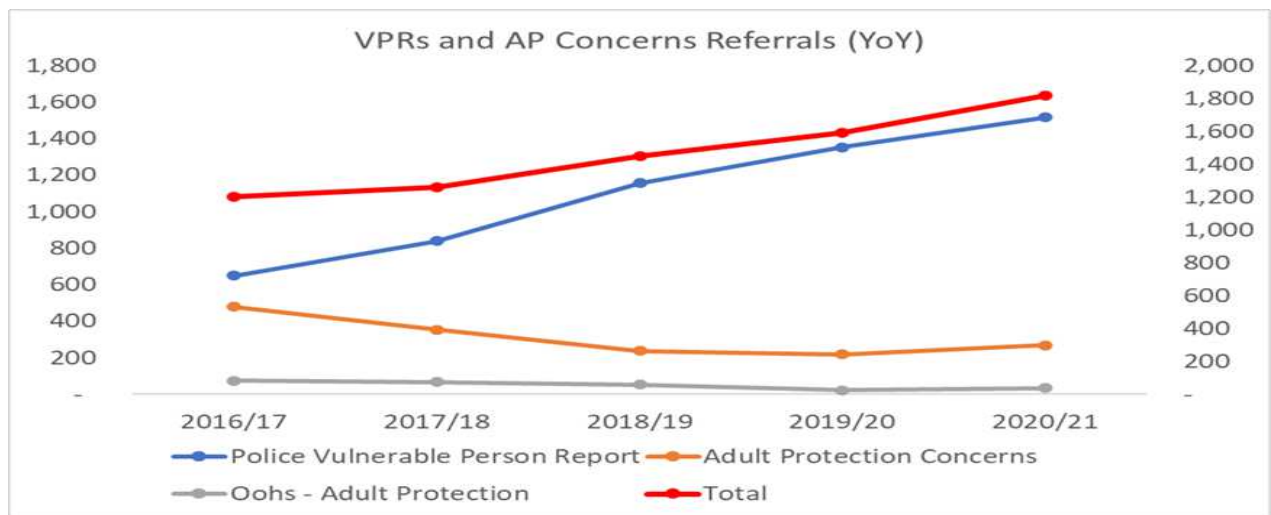
Mental ill-health has continued to be a feature in 17% of all AP concerns. Analysis of concerns screened shows that higher numbers of people requiring support and protection have experienced deteriorating mental ill-health and wellbeing as a consequence of the COVID-19 restrictions. In addition, their circumstances were more likely to be acute and complex. In response, additional experienced mental health nurses have been deployed within the Access team as a 'first point of contact' and to provide a more person centred, timely, and proportionate multi-agency response.

The performance in relation to screening has been maintained despite the significant increase in volume of activity and 98% of all concerns received were screened within 24-hours (see Table 2). The number of AP case conferences increased from 12 in 2019/20 to 75 conducted in 2020/2021 and this is considered to be a positive position and likely to be related to the implementation of new processes for inter-agency referral discussions. Consideration is being given to introducing dedicated case conference chair(s) to manage this independently and ensure consistency in quality of decisions and the experiences of people in need of protection.

Table 2: Percentage of referrals screened within 24 hours

% of VPR and AP Concern Referrals Screened within 24 Hours (YoY)

	2016/17	2017/18	2018/19	2019/20	2020/21
Yes percentage of total	95.4%	93.1%	96.5%	98.0%	97.9%
No percentage of total	4.6%	6.9%	3.5%	2.0%	2.1%
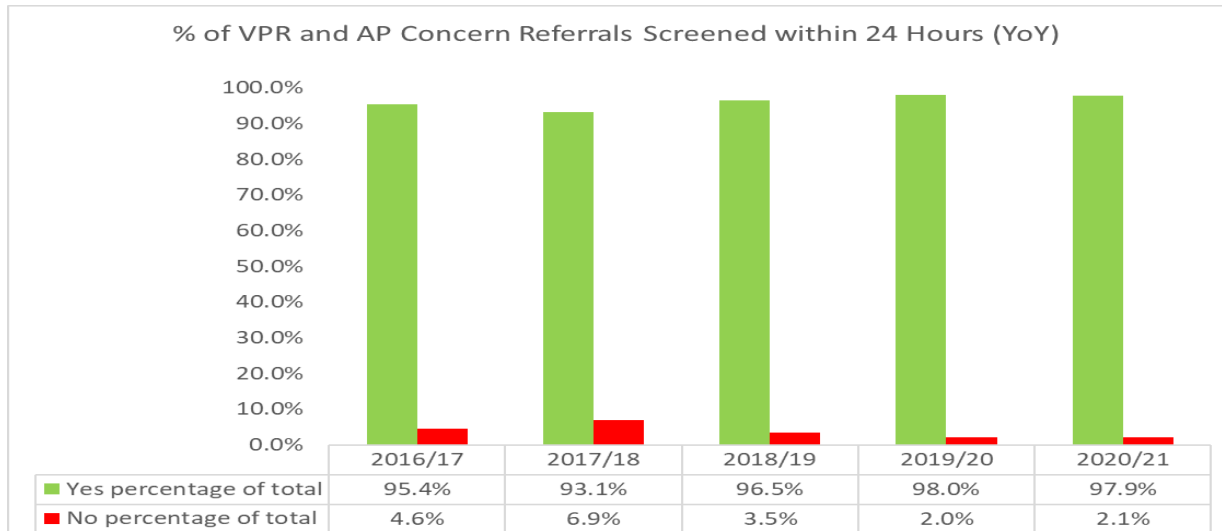
Older people, especially those over the age of 81, account for 34% of all AP investigations concluded and the majority were already receiving a care service indicating their higher levels of dependency and vulnerability. There has also been an increase in adult support and protection activity for younger adults, and in particular younger adults affected by learning disability, mental ill-health, and substance use. This is an encouraging sign that partners have an increased awareness of vulnerability and risk. Younger adults are more likely to be the subject of repeat referrals typically featuring diagnoses of borderline personality disorder, alcohol / substance misuse, and self-harming behaviour.

Adult protection referrals were received from a wide range of sources with the main three sources being Police, Health, and social work / local authority. Fire and ambulance services, care homes and the general public have also referred. This indicates a growing awareness of adult protection, and a confidence in the reporting of concerns.

Over the last two years the most common location for harm to have taken place is within the home address (43%). The proportion of AP investigations relating to people resident in care homes over the last year was 29% compared to 41% in 2019/20. In response to concerns about the high levels of risk and vulnerability of care home residents, a multi-disciplinary Perth and Kinross Care Home Oversight Group was established in May 2020. This provided a daily report on infection outbreaks and provided an opportunity to increase the levels of assurance in relation to the care and protection of care home residents. All Care Homes registered to operate in Perth and Kinross received at least two care assurance visits by experienced nursing and social work staff over the year and every resident received a care review by a social worker. This additional monitoring and support has been highly effective in managing Infection Prevention and Control measures and at the same time improved the systems for keeping people safe from abuse and harm.

The main forms of harm experienced by vulnerable adults are financial harm (35%), physical harm (21%) and neglect (22%). The key risk factors for people who need protection from harm are old age, dementia, and frailty.

In this last reporting year, three Banning Orders and one Protection Order have been applied for by Perth and Kinross Council and granted in Court.

In March 2021, The Adult Protection Committee (APC) completed and published its first Significant Case Review into the care and treatment received by Mr A. The report made a recommendation for improvement in practice. An improvement plan has been developed by the APC to take forward the recommendations within this review and includes, a review current discharge arrangements and communications from inpatient hospital settings to ensure effective co-ordination and communication; arrangements for district nurses to have

greater clinical oversight of residents in care settings; a review of how NHS Tayside pressure ulcer policy is implemented within clinical settings; training requirements in relation to protective legislation and issues relating to the deteriorating patient; and specialist input into care settings to ensure person centred care and enhancing knowledge and skills. A multi-agency short life working group has been established to drive the remaining outstanding improvements forward.

The Adult Protection Committee has prepared an annual report for 2020/2021 and updated its improvement plan for 2021/22.

3.2   The Alcohol & Drug Partnership

The Alcohol & Drug Partnership (ADP) is a multi-agency strategic partnership which focuses on the misuse of substances in Perth & Kinross. The ADP is responsible for developing local strategies for tackling, reducing, and preventing problem alcohol and drug use. The ADP also has responsibility for planning and commissioning services to deliver improved outcomes, taking account of local needs. The key priorities for all services which focus on substance misuse are promoting recovery and harm reduction with the overall aim of ensuring a consistent response to Non-Fatal Overdose incidents and drug deaths. To ensure a more joined up approach was taken to offer support to individuals, families and carers during the pandemic, NHS Tayside Substance Misuse Service and Perth & Kinross Council's Drug and Alcohol Social Work Team accelerated a plan to integrate. The new Integrated Drug Alcohol and Recovery Team (IDART) has benefited both individuals, families and carers with a more comprehensive referral process and a single-entry point into partnership services.

Significant adjustments to service delivery were made in response to COVID-19. Among these were: the introduction of telephone drop-in clinics to replace face-to-face drop-in clinics; the provision of additional duty mobile phones which allowed workers to respond to calls from people needing assistance or who were in distress; the delivery of prescribed medication to individuals with long term health conditions who had to self-isolate and/or shield; and postal delivery of naloxone and Injecting Equipment Provision (IEP).

The gradual relaxation of COVID-19 restrictions has enabled an increase in the number of face-to-face contacts with clients in Covid-safe settings such as gardens and public spaces. This has supplemented the continued use of other communication channels to maintain contact through Microsoft Teams and mobile phones which were provided by the ADP.

IDART (Integrated Drugs and Recovery Team) is currently working hard to ensure all people requiring a service are seen in a timely manner, with a continued focus on reducing the number of fatal and non-fatal overdoses. Key performance indicator data for 2020-21 highlights that while there has been an increase in both the number of alcohol and drug treatment referrals (by 12 and 10 people respectively), the percentage of people referred who started treatment and did so within 21 days has remained above target at 95%. However, the service continues to operate with a backlog and at the end of the year 28% of people referred had not yet started treatment and this is acknowledged as an area for improvement.

Services need to offer as many different entry points as possible into recovery and treatment to ensure that those who need support, receive this. Greater awareness of the early signs of substance is a recognised areas for development to support earlier intervention. IDART has recognised the important of working alongside and supporting carers. Over the next year a priority will be to further develop and embed a Whole Family Approach to support whole families affected by drug and alcohol use. A common language and shared approach will be established through techniques such as Motivational Interviewing.

3.3   Mental Health Officers

The Mental Health Officer (MHO) Team delivers a service across Perth and Kinross, as required by the Mental Health (Care and Treatment) (Scotland) Act 2003, and the Adults with Incapacity (Scotland) Act 2000. MHOs are suitably experienced and qualified social workers who complete a Post Graduate award allowing them to operate as autonomous professionals. These social workers are managed within the Health and Social Care Partnership, but the Chief Social Work Officer retains responsibility for professional leadership and standards and has responsibility for annual reaccreditation. This is to avoid any conflict of interest that may arise from this work in relation to decisions and detention of people experiencing mental disorder.

MHOs are aligned to localities with specific MHOs aligned to the Forensic Mental Health Service and the Hospital Discharge Team. In addition to undertaking specific MHO duties, MHOs provide advice and support to HSCP staff in relation to all aspects of mental health and incapacity.

The MHO Team has continued to provide a full service throughout the pandemic, with staff predominantly working from home. The team continued to provide Emergency Duty, responding to requests for MHO assessments both within and out-with normal working hours. The statutory nature of the role, and legislative requirements for face-to-face assessments where possible, meant that MHOs continued to have face-to-face contact with service users throughout the pandemic, utilising PPE and supported by COVID-19 risk assessments which were designed to assist staff working in people's homes and unfamiliar environments. Where conditions meant that there would be insurmountable risk with face-to-face contact, for example, when assessing service users who were shielding, or when there was significant risk of infection, MHOs used alternative methods to ensure that statutory duties were met, for example, use of video technology.

In response to COVID-19, MHOs had to adapt rapidly to new ways of working including increased use of technology to participate in meetings and submit legal reports, and an overnight change to all Mental Health Tribunal hearings being held by teleconference. A significant area of work has been to support service users and their families to adjust to these changes and ensure that they continue to be fully included in legal proceedings. Throughout 2020/21, the MHO Team has continued to provide a full service, as dictated by legislation. Most of the emergency easement measures in relation to mental health services, introduced by the Coronavirus (Scotland) Act 2020, were not enacted and therefore the service continued to operate as required by primary legislation.

The Coronavirus Act introduced an easement to the Adults with Incapacity (Scotland) Act 2000, with a 'Stop the Clock' effect on all welfare guardianships which were in operation between April 2020 and September 2020. This extended the expiry date of all orders by 176 days. This was driven primarily by the fact that courts during this period were only considering new and urgent requests for interim welfare guardianship and therefore existing orders could not be renewed. Since this provision ceased, from October 2020, MHOs have been closely involved in working with colleagues to identify new expiry dates of existing orders and where appropriate supporting with applications for renewal.

The MHO team has continued to deliver a statutory service, meeting legislative requirements for the completion of reports, and lodging of applications.

Detentions peaked in September/October 2020 and started to reduce in November, thereafter, stabilising for the rest of the reporting year (43 in total for October 2020 reducing to 16 in March 2021). Overall, there has been an increase in the number of people detained in Perth City Locality. A service priority is to explore changes in rates to detentions in different Locality areas, generating a clearer understanding of the factors which may influence fluctuations.

Table 3: Number of Emergency and Short-Term Detentions.
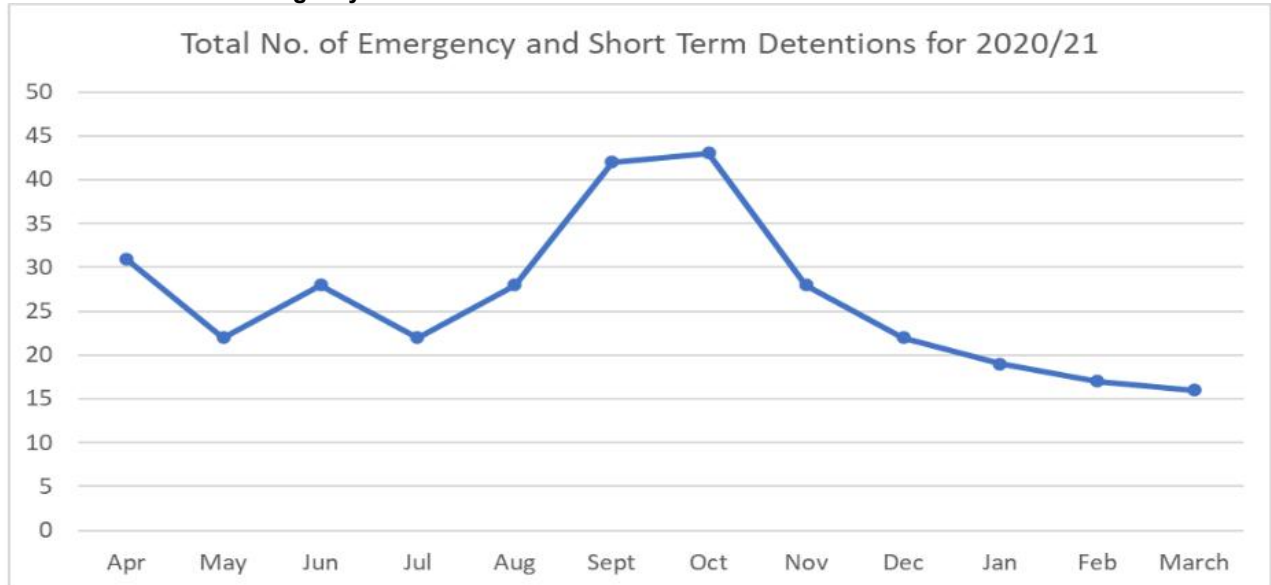
The MHO Team has sustained a high completion rate for Social Circumstances Reports within the legislative timescale of 21 days (98% in 2020/21 compared with 100% in 2019/20, and 99% in 2018/19). These reports provide a valuable tool for understanding events leading to detention and aiding discharge planning.

Over 2020/21, there has been a further decrease in the number of new Welfare Guardianship orders granted (93 in 2020/21, compared to 113 in 2019/2020 and 146 in 2018/19). The Team has continued to respond promptly to all requests from private solicitors for reports to accompany guardianship applications, with reports being completed within statutory timescales, and there are no waiting lists in relation to this.

The team has continued to support successful discharges from hospital where service users lack capacity to make decisions about the support that they require on discharge.

> **Good practice example**
> In May 2021, the Mental Welfare Commission report, _Authority to Discharge: Report into decision making for people in hospital who lack capacity_, reviewed decision-making in local authorities across Scotland in relation to the moving of adults from hospitals to care home placements in situations where they did not have capacity to consent to that move. Perth and Kinross Council practice was found to be lawful and of a high standard with all adults sampled having an appropriate legal authority to authorise their move to a care home.

A priority for 2021/22 is to continue the process of reflecting on the impact of changes to working practices introduced by necessity due to COVID-19 and incorporating new ways of working, for example, the future role of technology in assessments, Tribunals, and other meetings.

It is a legislative requirement that every local authority employs a sufficient number of MHOs to discharge statutory duties. Currently Perth and Kinross Council is well resourced in this respect, however as part of longer-term workforce planning, we will continue to support interested social workers to undertake the MHO training programme and a Scottish Government grant will help to free up staff to access the programme and the selection process is underway for the 2021/2022 intake. Work is ongoing to develop a post-qualification development structure to support newly qualified MHOs to consolidate their learning and thus encourage retention.

3.4   Access Team

The Access Team is the first point of contact for all Adult Social Work and Social Care referrals. The high volume of activity of this team was recognised and the importance of staff being able to continue to work from the ground floor in Pullar House was acknowledged by the Council's Gold Command. During Covid-19 lockdown, processes were amended enabling calls to be handled more efficiently and appropriately, whilst implementing a blended approach of home and office-based working. Additional technology, such as laptops and specialised phones, was purchased to enable this.

A duty rota covering the whole year was implemented which assisted staff to plan their time efficiently whilst ensuring crises situations and Adult Protection concerns were prioritised and responded to timeously. A new duty phone system was put into operation which ensured calls are answered by a social worker. This means callers are speaking directly with the person who can make decisions about what needs to happen when they first phone and avoids the need for a call back.

During 2020/21, 1072 Vulnerable Person Reports (VPRs) were received and screened within 24 hours of receipt. This represented an increase of 10% from the previous year. 45.7% (490) of VPRs received were in relation to Suicidal Ideation or Attempt.

Table 4: Numbers of VPRs and numbers relating to Suicidal Ideation and Attempt
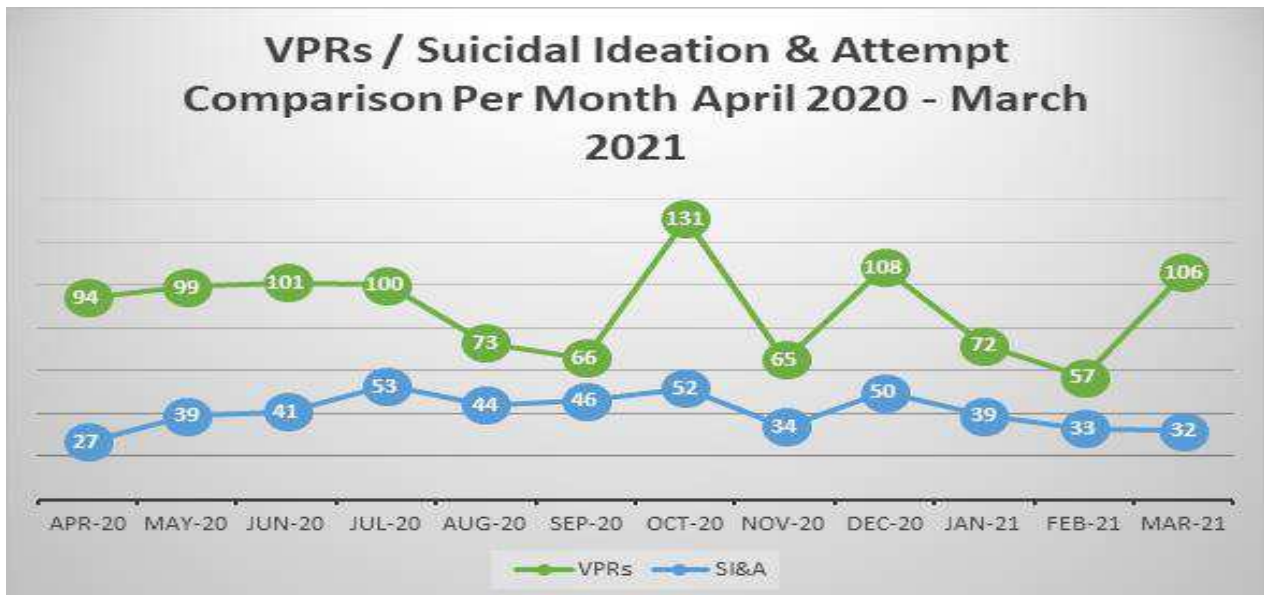
Going forward, a blended approach to home/office working will be adopted on a longer-term basis. This will ensure workers have the same equipment at home as in the office therefore making the service more proficient.

Future steps include the development of a Mental Health Triage Group (MHTG) which will include statutory and Third Sector services. This is to address increasing demand and complexity, establish a multi-agency forum for getting the right help at the right time for people and improve coordination across services.

3.5   Adult Social Work Locality Teams

There are three Adult Social Work Locality Social Work teams in Perth and Kinross, one in each PKHSCP Locality: Perth City, South and North. The teams are generic and provide support to all client groups. They work with individuals with long term and complex care needs who are over the age of 16, their families and carers. The teams undertake a variety of roles including assessments, reviews, and statutory responsibilities in relation to Adults with Incapacity and Adult Support and Protection legislation.

11

During COVID-19, all locality teams moved from being officed-based within their localities to working from home. This changed working practices, with staff moving from face-to-face visits to providing virtual support as the norm. Face to face visits have been available throughout the pandemic if required.

Locality teams, together with the Access Team, worked to develop a seven-day service to respond to the potential increase in demand on community services due to people being discharged from hospital following COVID-19. This included staff covering weekends to support Out of Hours and Hospital Discharge teams. The service commenced April 2020 and was stood down in mid-June 2020 when it was established that demand could be managed within normal working hours.

Locality teams were involved in the development of the re-tasking of staff to other services such as the Home Assessment Recovery Team, Beechgrove and Parkdale Care Homes and the Carer Sitting Service.

Locality teams continued to respond to Adult Support and Protection, with protocols put in place to undertake investigations within care homes as well as in private homes. A robust home visiting guidance was developed in conjunction with home visiting risk assessments and Public Health guidance to ensure staff, clients and carers were kept safe.

Locality teams have worked closely with the wider multi-disciplinary team, including nurses, Allied Health Professionals (AHPs) and GPs, in their locality to support people to remain at home. This has included the continued roll out of LInCS (Locality Integrated Care Service) which provides rapid, multi-disciplinary support to older people who have deteriorated and are at risk of admission to hospital or a care home.

As well as supporting people in the community during the pandemic, the Locality teams have also supported people in care homes including reviewing every care home resident.

Virtual meetings have enabled staff to be more productive with a reduction in time lost with travelling to meetings, especially for those teams who are more rural. This way of working will continue and be part of working practices moving forward.

Locality teams have now resumed face to face visits where the level of risk is not high. Virtual support is still provided where appropriate. All re-tasked staff have now returned to their substantive teams. Most staff continue to work from home for some of the time, but office working is available to workers requiring it for specific roles, such as duty work, or for issues relating to their wellbeing.

Table 5 shows the number of assessments completed in 2020/21 compared to the previous four years. This was lower than previous years and a reduction of 16.5% compared to 2019/20. This reflects the drop in referrals during the early stages of the pandemic. Referral rates are now back at pre pandemic levels, and it is expected that the number will rise to at least previous levels in 2021/22.

Table 5: the number of assessments completed by the Access Team

Year	2016/17	2017/18	2018/19	2019/20	2020/21
Number of assessments completed	7,232	6,909	6,873	6,930	5,784

Table 6 shows the percentage of over 65s living at home has increased slightly (0.4% compared to the previous year). It is therefore not the case that the reduction is assessments has not led to increased admissions to institutional care.

Table 6: the percentage of over 65s living at home

Year	2016/17	2017/18	2018/19	2019/20	2020/21
% Over 65s who live at home	97.4%	97.8%	97.8%	97.5%	97.9%

3.6   Home Assessment and Recovery Team (HART)

The Home Assessment Recovery Team (HART) was created to support capacity and flow from hospital to home by intervening at an early stage of a person's recovery journey. The team provides Social Care Officers to support people in their own homes to optimise their independence.

HART has continued to provide face to face support throughout the pandemic. This service has played an integral role in maintaining people in their own homes and supporting people to return home timeously from hospital. The service had to ensure capacity and plans were in place to respond to any surge in requests whilst factoring in winter planning and moving into a renewal and recovery phase. These measures included:

- A Matching Unit so staff from other services could be trained and redeployed into the team;
- Recruitment of additional Reablement staff;
- Implementation of total mobile solutions to improve efficiency;
- Physical activity plan with Paths for All to increase activity for clients receiving support from HART;
- Health and wellbeing support for all staff;
- Investment in career pathways with additional senior Reablement Assistant posts created; and
- Improved links with commissioned Care at Home services to ensure flow through HART.

During the last quarter of 2021, referrals increased by 33.8% compared to the same period in the previous year (534 compared to 399 in 2019/2020). During 2021, referrals increased by 17.6% overall compared to 2019/20 (1928 compared to 1640 in 2019/20). The focus on increasing physical activity is a priority for the service and ensuring the client group can increase their strength and balance is critical.

Although the service was able to recruit throughout the pandemic, recruitment remains an ongoing challenge. Funding has now been secured for a digital marketing graduate to focus on positive social care media messages to aid recruitment and retention.

The service will also develop an automated scheduling system to improve consistency of carer and improve outcomes for both clients and staff.

3.7   Hospital Discharge Team

The Hospital Discharge Team (HDT) provides Social Work support to ensure the safe and timely discharge of people from hospital. The team provides discharge planning support across all inpatient services to support the discharge of Perth and Kinross residents.

The team has been under considerable pressure during the pandemic to help maintain capacity in the hospitals whilst ensuring people were supported to return home timeously, with appropriate support and in accordance with legislation and social work values.
It was recognised that more assessment capacity was needed. Administrative support was provided to the team via re-tasking from other services. This enabled social workers to

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focus on meeting statutory requirements. At the height of the pandemic delayed discharges reduced significantly from a daily figure of 50 in Feb 2020 to 8 by April 2020 with length of delay (represented by bed days lost) also dropping during the same period.

Social Workers in HDT work closely with health professionals in the Integrated Discharge Hub to ensure health and social care supports are coordinated and a seamless service is provided for people returning home from hospital. This helps reduce duplication and enables the Social Workers to focus on supporting the most complex patients, for example people who lack capacity to make informed decisions about their welfare or if there are Adult Protection issues or complex family dynamics

Table 7: Number of delayed discharged per month

Average Number of Perth and Kinross Delayed Discharges per month
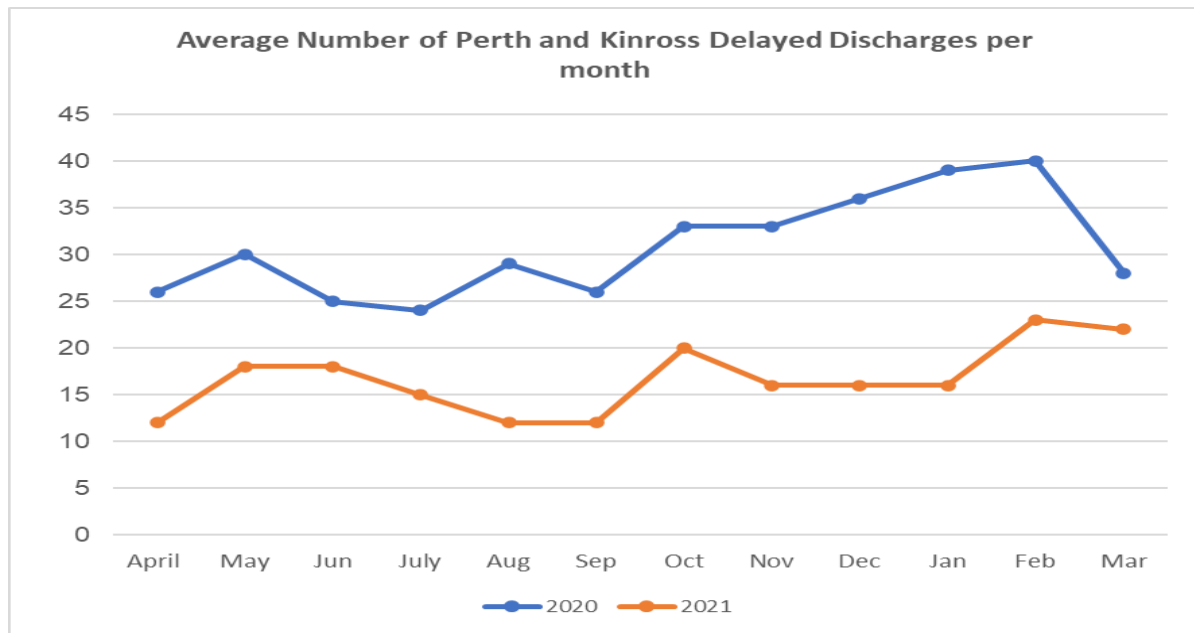
Adults with Incapacity (AWI) Case Conferences were arranged timeously to reduce delays for people requiring Welfare Guardianship prior to discharge. The use of S13ZA AWI Act ensured discharges remained legally competent.

The process of integrating the Social Work HDT with the Discharge Hub will continue. A single referral pathway is already in place and further joint working processes are being developed. This includes working with the wider multi-disciplinary teams on the wards.

Feedback from Service User:

"I want to say a heartfelt thank you for everything that you have done. I appreciate you as a consummate professional with a light touch of humour, who regularly went above and beyond the call of duty. In difficult circumstances, you were always patient, kind, compassionate, respectful, and resourceful, displaying grit and grace under pressure.

There are so many actions that I appreciate, including, to name but a few:
- taking time to get to know M
- having the integrity to provide me with clear and consistent information on current condition.
- putting thought and effort into personally packing the possessions you thought important to M.

In a world of caring professionals, you are exceptional".

3.8   Self-Directed Support (SDS)

The Social Care (Self-directed Support) (Scotland) Act 2013 ensures that people who are eligible for social care support get greater choice and control over how they receive services. This means care services can be 'personalised' to individual needs and wishes. The number of people using SDS options 1 and 2 increased between 2016/17 to 2019/20 by 10.9%. 2020/21 figures are comparable (reduced slightly) compared to the previous year this could be as a result of COVID-19 restrictions impacting on availability of services.

An essential element of the Self-Directed Support (SDS) approach is to work proactively with local communities to develop a diverse range of both formal and informal supports to enable people to live at home and to broaden the way in which SDS is used.

In the rural areas of Perth and Kinross there has been an ongoing challenge in being able to deliver flexible Care at Home support through the SDS options. To address this, a range of stakeholders (communities, local providers, third sector, social enterprises, and staff) came together to discuss how to address the current challenges. These virtual discussions have been exploring different innovative models which could create new partnerships to deliver care at home support. The diverse nature of the people involved has created some new and significant developments.

More people are benefiting from independent support to ensure people have what they need to make informed choices about their social care and Self-Directed Support and the Community Brokerage service has been expanded. Community Capacity Building has supported the development of innovative community led approaches like the 'Care and Wellbeing Community Interest Company', 'We Care-Rannoch' and 'Gien a Haund' in Dunkeld. Investing in Community Capacity Building to enable local solutions has built a broad range of stakeholders who are interested in co-producing delivery of support.

During the Covid pandemic, there have been many examples of local people coming forward to offer their help. For example, in the small rural communities around Aberfeldy an organisation called Feldy-Roo was established to link local businesses unable to operate during lockdown and local volunteers. The organisation has just delivered their 50000th meal to the elderly and vulnerable in the area https://www.facebook.com/FeldyRoo.

Perth and Kinross has around 340 adults and children in receipt of a Direct Payment and Pre-Payment Cards will be operational by mid-2022.

Table 8: Number of people using SDS options 1 and 2 as a percentage of all people using SDS.

	2016/17	2017/18	2018/19	2019/20	2020/21
No. of people using SDS options 1 and 2 as a %age of all people using SDS	14.7%	19.1%	23.6%	25.6%	25.0%

3.9   SDS for Children and Young Families

In Services for Children, Young People and Families, SDS is part of the Getting It Right For Every Child (GIRFEC) approach and staff are encouraged to be creative about how they work with families and achieve 'personalisation' for families in a wide range of circumstances. The use of SDS has continued to grow as a means to promote choice and autonomy for children and their families.

In Control Scotland helped social work staff to identify gaps in their knowledge base and training sessions have been provided to help workers build a fuller understanding of SDS. The use of SDS continues to grow however, a survey of parents carried out in August 2020, identified the need to improve information for parent/carers. An online information day and website and documentation is under development. The majority of families opt to use Option 1 for both short breaks and essential care. They employ personal carers, take up Out of School Care or employ a cleaner to help with household tasks.

J is 16 and she visited a boarding school in Edinburgh as and enjoyed a dining out experience

During COVID restrictions, the majority of SDS funding has been requested to try to improve the home circumstances and home experiences for children. Given the 'Stay at Home' COVID rule, this is seen to be an entirely appropriate use of SDS funding.

The situation created by Covid 19 enabled and promoted really creative thinking about alternative ways to support families, some examples of this are:

- funding to landscape a garden so that a young person could safely access the space on his own
- a specialist bike was purchased to enable a family to take their disabled son with them when they go out on bike rides
- garden equipment such as garden furniture, safety and play equipment for the children so they could enjoy time together in the garden as a family
- laptops and internet access

3.10   Social Prescribing

Social Prescribers help people to link with appropriate community-based groups and activities which will promote their health and wellbeing. There are six social prescribers: two in each of the three Health and Social Care Partnership localities. Social Prescribers are aligned to GP practices and people can self-refer or be referred by professionals such as GPs, Community Nurses and Social Workers.

Most of the referrals for the Social Prescribers are made by Social Workers and Allied Health Professionals (AHPs), with self-referrals and third sector being the second most frequent source, followed by GPs. The vast majority of referrals arise from a request to alleviate anxiety and social isolation. People also seek support as a result of depression and a need for emotional support.

As a result of the COVID-19 restrictions face to face visits and community drop-ins had to be suspended. Telephone and video calls, email communication and face to face visits outside were all used as effective means of supporting people.

The Social Prescribers have worked together to increase the level of outdoor activities and online communities, engaging individuals in walking groups and signposting to local services. These include Men's Sheds, Andy's Mans club, Move Ahead, Perthshire Welfare Society, Welfare Rights, PKAVS, local Foodbanks, Live Active and Perth Stronger Communities.

The Social Prescribers also undertook daily awareness raising sessions to explain their role and the benefits of the service. These sessions helped in building collaborative working relationships with fellow professionals and increased knowledge of local resources. On average Social Prescribers receive between 6 to 10 referrals per week. The referral rate is increasing as the demand for Social Prescribing increases with restrictions easing. With GP surgery services resumed, Social Prescribers have been working jointly with Practices to focus on early intervention and prevention. Social Prescribers have been able

to base themselves at Community Campuses and local hubs. Referrals around suicide prevention, transgender and trauma are becoming more common and sign posting to services such as the Lighthouse, The Neuk, Mindspace, Broke Not Broken counselling, mental health teams and Move Ahead have proven crucial in supporting wellbeing.

The Dementia and Health and Wellbeing Cafés in Perth City have recommenced and a Carers' Peer Support Group covering Highland Perth and Kinross has also been developed as a support for carers.
Over the next year, Nature/Green Prescribing which involves gardening, peer support and accessing outdoor spaces will be expanded.

3.11 Criminal Justice Social Work Services

Since lockdown in March 2020, there have been restrictions on Court and Throughcare and early releases from prisons.

Perth Sheriff Court (PSC) was initially closed, and 10 Hub Courts were established. The activity pertaining to Perth and Kinross was diverted to Dundee Sheriff Court (DSC). These arrangements worked well for the population of Perth and Kinross due to good liaison and partnership working. Following the relaxation of initial restrictions and the inception of Phase 2 in early autumn last year, PSC again opened – albeit on a limited basis – for routine business. Since the start of 2021 and the introduction of enhanced restrictions under Tier 4+, the Court has revised their operation and are primarily focusing on more serious cases. However, this has not reduced the report requests for CJSW during January and February 2021.

Social workers and criminal justice assistants have continued contact with clients via telephone and where appropriate utilising technology (MS Teams) as opposed to face to face contact. However, since the increased restrictions at the start of 2021, it has necessitated social workers to increase their use of technology options to engage with clients particularly those who require to attend St Martins House for their first report interview. These client groups include:

1. domestic violence perpetrators
2. high risk of harm and re-offending
3. people being released from prison
4. MAPPA clients in the community
5. vulnerable clients

A system was put in place for organising "virtual appointments" with certain clients who did not have access to video calls at home or where that might not have been appropriate e.g., in the case of domestic offenders. The "virtual appointments" were facilitated by a worker based in St Martins House who would show the client into an interview room with a laptop already connected to the worker at home, or multiple workers in some cases. This system ensured that workers did not need to come into the office to have direct face to face appointments.

Social workers have continued to undertake face to face contact wearing appropriate PPE where direct contact with clients is necessary.

In April 2020, the Cabinet Secretary for Justice announced that several short-term prisoners (STPs) nearing the end of their sentence in custody were to be released early. This was designed to help tackle the (COVID) outbreak and the pressures on SPS resources. This took place from May until July 2020 and in total Perth and Kinross had 13 people who were subject to early release. The process to manage these individuals was already established through the Hub at St Martins House which included Police colleagues and the Safer

Communities Team who worked closely in partnership with other justice stakeholders including housing colleagues and the Scottish Prison Service.

Unpaid Work (UPW) was suspended in line with national policy in April 2020. Initially project supervisors were placed on the re-deployment list and utilised for some emergency painting and repair work for vulnerable people. Developmental work continued and UPW management staff subsequently procured a Telehandler to add to their Forklift training capability. As part of the development work, the Westbank site is now also an authorised provider of training for the DWP and has attained a training budget through the European Social Fund to provide opportunities such as Skills Academies and RTITB (Road Traffic Industry Training Board) training. In addition, staff have developed a course in basic car mechanics funded by a grant from the Lintel Trust and CJS Section 27 Grant.

UPW staff returned on site at the end of June 2020 and operations recommenced in early July. This was incremental and in accordance with SG guidelines allowing for a staged approach to test these arrangements on-site and to build staff and client confidence. During this period management developed a project with Community Greenspace and Beautiful Perth to attend to areas of graffiti and other deterioration in the city centre.

There was a subsequent increase in UPW Requirements however as restrictions remained in place regarding, e.g., social distancing, it was not possible to return to pre-COVID service delivery. In December 2020, the SG announced the provision of funding to assist local authorities to address the backlog of UPW hours which was to be administered via the third sector. The allocation for Perth and Kinross of £15,000 was used to build on the existing partnership with St Johnstone Community Trust (Saints in the Community). This was a collaborative enterprise where a community project was established to provide outdoor furniture for schools, community centres, care homes etc.

Since the introduction of the increased restrictions in early 2021, the UPW team have continued to operate and utilise the opportunities at Westbank and in essence, it has not changed operational service delivery during these restricted times.

The information below provides highlight information on CJSW COVID related statistics include a comparison for the same time period for 2018/19 and 2019/20.

The most significant change in the performance indicators is the drop in Orders, e.g., CPOs are down from 322 in 2018/19, 347 in 2019/20 to 142 in 2020/21.

There was a significant downturn in report numbers in the early months of 2020, from our 2019 monthly average of 77 reports a month to 10 reports in June 2020, with those mostly for outside Courts and the Parole Board, however from September 2020, as the Court opened our numbers increased to an average of 57 reports a month. At the Court's request, a substantial effort was made to submit all reports a week early, to allow the Court to establish how much time to schedule in Court for each case.

Table 9: Percentage of CJSW reports submitted to Court on time.

Percentage of Criminal Justice Social Work Reports (CJSWR) submitted to court on time

99%	
98%	
97%	
96%	
208/19	98%
2019/20	97%
2020/21	98%
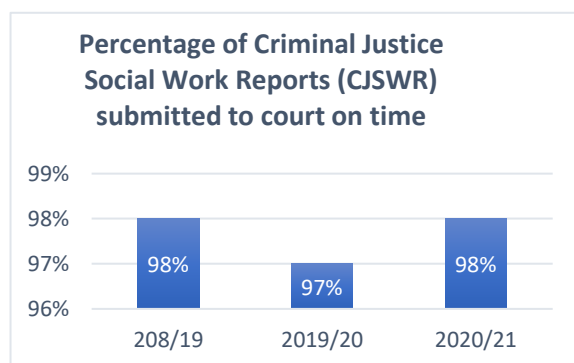
In 2020/21, 361 out of 368 Criminal Justice Social Work reports were submitted to court by 12pm the day before the case was due to heard as per Criminal Justice Social Work National Standards. 7 reports were submitted after 12pm, but all 36were submitted before 4pm on the day before court.

The number of reports required by the Court reduced by 49% when compared with the previous year. This is a direct result of the COVID-19 situation which resulted in the closure of Perth Sheriff Court and the suspension of a significant amount of court business nationally during the initial stages of the pandemic.
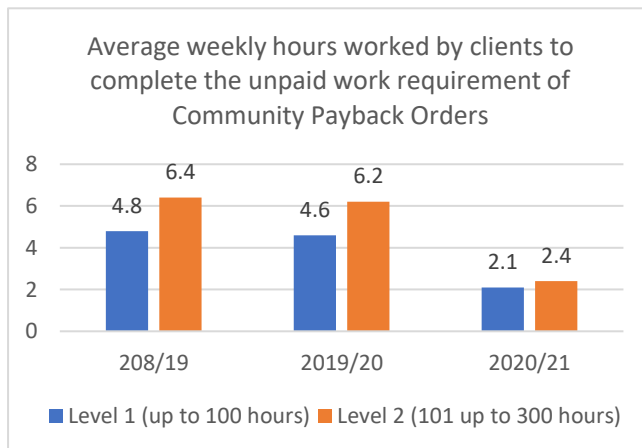
Table 10: Number of new Community Payback Orders

Number of new Community Payback Orders

Year	Value
208/19	322
2019/20	347
2020/21	142
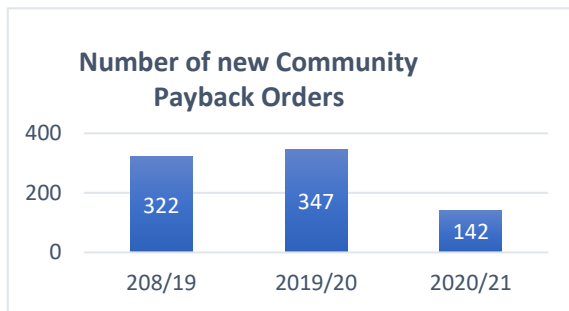
When compared with the previous year, this is a decrease of 59%. This is a direct result of the COVID-19 situation which resulted in the closure of Perth Sheriff Court and the suspension of a significant amount of court business nationally during the initial stages of the pandemic.

Percentage of Community Payback Order clients with improving outcomes is usually presented in this report, however, the downturn in new CPOs, coupled with a move by social work staff to telephone contact with clients has resulted in a lack of meaningful questionnaire data being collated during 2020/21.

Table 11: The number of job requests for the unpaid work team.

Number of job requests for the unpaid work team

Year	Value
208/19	380
2019/20	355
2020/21	72
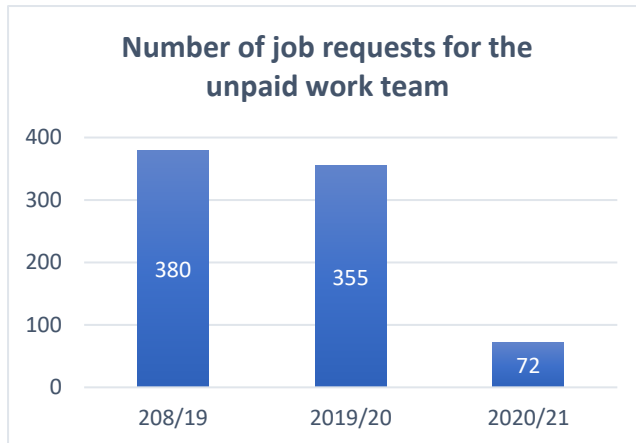
72 requests were made to the Unpaid Work (UPW) in 2020-21. This is 80% below the figure for the previous year. Unpaid work was suspended during the first Quarter of 2020-21 and the referral process was suspended. A limited amount of work commenced in Quarter 2 and continued into Quarter 3. However, this was subject to COVID-19 restrictions meaning that only certain types of jobs could be undertaken and with a limited number of UPW clients.

Table 12: Average weekly hours worked to complete unpaid work requirements (UPW).

Average weekly hours worked by clients to complete the unpaid work requirement of Community Payback Orders

Year	Level 1 (up to 100 hours)	Level 2 (101 up to 300 hours)
208/19	4.8	6.4
2019/20	4.6	6.2
2020/21	2.1	2.4

Unpaid work was suspended during the first Quarter of 2020-21 and no Unpaid Work Requirements were completed in Quarter 1. Unpaid Work restarted in a limited form during Quarters 2 and 3, during which only 21 Requirements were able to be completed. Work was suspended again throughout the whole of Quarter 4, however 24 UPW Requirements were completed as a result of the Scottish Government's decision to reduce the number of outstanding hours by 35% for certain categories of offences. All current Unpaid Work Requirements have been extended by 12 months following the implementation of the Coronavirus Act 2020 in order to afford more time for completion.

2020-21 was a significant and challenging year for the Unpaid Work Team in Perth and Kinross. The Westbank Project is the ESF (European Social Fund) funded, training scheme based at Westbank House, Perth with workshops and a large allotment. Our vision is to create a widely used therapeutic and training space which is shared by a cross-section of client groups as well as offenders. This inclusive space and mixing with, and helping other groups, benefits our clients and has a restorative effect. We believe strongly in the principle of Payback to all our communities and the Unpaid Work Team support communities and community groups across the Local Authority area.

In March 2020 unpaid work was suspended until July 2020 in accordance with government guidance. This has had a significant impact on the reporting of performance against agreed indicators.

Community Payback Team clients working on the potato field *(pictured, left),* working in the polytunnel growing tomatoes, peppers, and chillies this year as well as strimming the general growth around the site.
Community Payback clients also started working on jobs outside, in limited numbers and jobs have been taking much longer than normal.
A large painting project in Blair Atholl - at the Country Life Museum was completed *(pictured right)*

The Community Payback Team also built a large polytunnel for the Community Farm.
This will extend the growing season and also created positive partnership working.

Table 13: Throughcare Orders

Throughcare Orders

- Number of new Voluntary Throughcare Orders
- Number of new Throughcare in Prison Orders
- Number of new Throughcare in the Community Orders

	2018-19	2019-20	2020-21
Number of new Voluntary Throughcare Orders	4	8	5
Number of new Throughcare in Prison Orders	15	37	5
Number of new Throughcare in the Community Orders	10	8	13
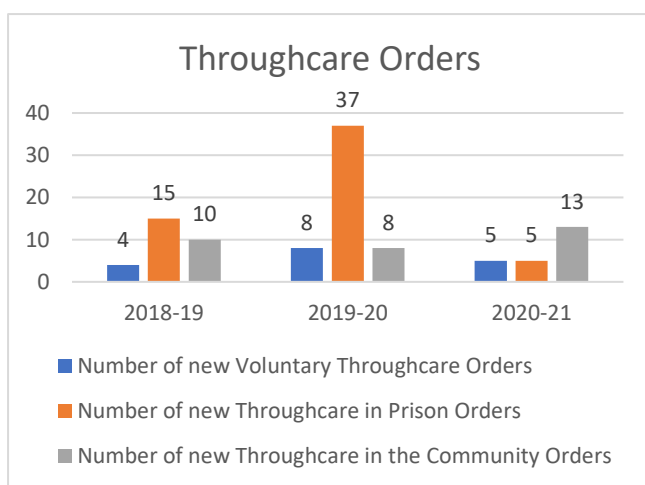
There was an unusually high number of new Throughcare in Prison Orders in recorded in 2019/20. The data for 2020/21 shows some considerable differences as a direct result of impact of the pandemic.

Criminal Justice Social Work (CJSW) offers Bail Supervision in partnership with Services for Young People to those aged from 16 to 26 years old. This service compliments and dovetails with Structured Deferred Sentence (Right Track) which supports young people entering the justice system. As the focus is on reducing re-offending and changing behaviours, it is effective in providing Sheriffs with the evidence of a young person's compliance should the Sheriff be considering a Community Payback Order. In an effort to build on the present Bail Supervision service and expand the options available to the Courts, CJS will be expanding the service to those aged 26 and over. By extending this opportunity to a wider age group and acknowledging the complex nature and compliance challenges it is offering the Court a tested alternative to remand and thereby increasing the available disposal options. This will have a positive impact for families, children and the individual who has the opportunity and lessens the opportunity to fracture family and social and economic relationships.

Quote from the Bail Supervision worker "*I think my biggest success has been that the project has not failed and totally shut down through Covid. It was only a year old and still in its infancy prior to the first lockdown and it came to a halt. I have worked hard with CJS, Court and solicitors to keep communication going and offer support to potential individuals meeting the requirements for Bail Supervision*".

Perth Court reduced their business for the duration of this first Covid lock down and Court business including custodies were redirected to Dundee Sheriff Court. This had a detrimental impact on the relationship with Defence Agents and ultimately affected the ability to ensure Bail Supervision was universally available.

In addition, there was also confusion around Court dates and location which exacerbated difficulties for young people. Staff worked – Covid restrictions permitting and out-with office hours – to ensure the young people were supported. Over the last year, the service has continued support for all young people on Bail Supervision and restrictions permitting, there have been opportunities for face-to-face with intensive support. Planned liaison with HMP / YOI Polmont has established a positive working relationship and linked to the Promise the service, in partnership has been able to offer young people a more robust community-based alternative to a Remand sentence.

A "Whole System's Approach Review" was completed in partnership with Criminal Justice and REACH. The outcome was fed back to Children and Young People's Centre for Justice (CYCJ) and Scottish Government.

Table 14: Bail Supervision numbers
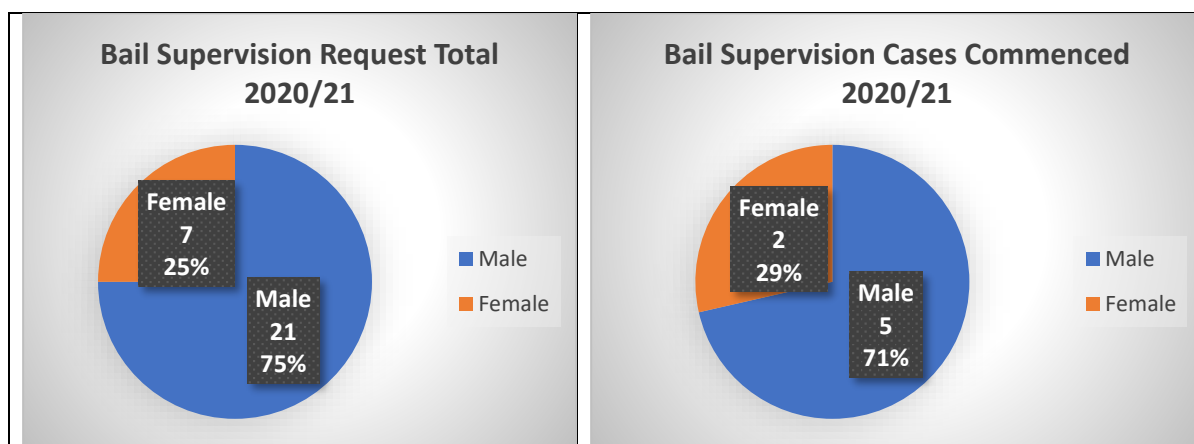
- 28 young people under 26 years through custody
- 7 young people given Bail Supervision Order
- 2 were arrested during the period of Bail and released back on Bail Supervision
- 1 successful completion, remaining open to Services for Young People

The Prison Based Social Work (PBSW) Team at HMP Perth has managed 268 statutory cases with and supported 29 Integrated Case Management Meetings and averages 14 Parole Reports and associated risk assessments per month. The Team has continued to meet statutory deadlines and to provide high quality reports despite the considerable challenges posed by Covid restrictions.

In view of the significant increase in the workload over the past 10 years, an initial business case for funding for an additional social worker has been submitted to the Scottish Prison Service. This is to reflect the introduction of risk assessment processes and tools and further changes which will mean the PBSW in Perth will be required to complete Risk Management Plans for all ROSHs prior to progression. In addition, there has been a

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marked increase in oral hearings, short term sex offender licences, Order for Lifelong Restriction cases and people in custody with complex mental and physical health and care needs, which is reflected by an aging prison population.

The Team have also been working in conjunction with HMP Inverness and Highland CJSW since 2020, to revise and develop Quality Assurance tools, Team Plans, Service Improvement Plans and Induction Packs and to benchmark processes. The templates have integrated elements of recent research, national standards, and Parole Board/SPS MOU documents to review and update tools for assessing quality of reports, input into ICMs etc. and stakeholder surveys with a view to improving our service. Through ongoing consultation with the Parole Board, it is proposed to undertake a pilot over a twelve-month period in HMP Perth, HMP Castle Huntly and HMP Inverness with the aim of joint QA/shared learning sessions between the authorities.

HMP Castle Huntly is Scotland's only 'open' prison which provides an opportunity for testing individuals who may present the greatest risk of reoffending and or harm to society. The Prison Based Social Work Team at HMP Castle Huntly has continued to support colleagues, partners, and clients over the past 12 months, despite the difficulties presented by the Covid-19 pandemic. Whilst it has presented challenges it has also provided opportunities to embed new ways of working – the most obvious of which has been the development of remote working, which was unheard of for prison-based staff prior to Covid-19. Prison based staff work with 'statutory' prisoners, (individuals who will be released on some form of supervision in the community). The social work team has contributed to multi-agency and inter-agency risk management meetings, and prepared risk assessments and reports for Integrated Case Management meetings, Risk Management Team meetings and the Parole Board. In April 2021, there were 239 individuals in HMP Castle Huntly. In the last year, the Castle Huntly social work team have been trained in delivering the Caledonian Project pre-group work sessions, and a Pilot of the project was completed at HMP Castle Huntly, the first piece of accredited Intimate Partner Violence intervention work to take place within custody. This was done in conjunction with Community Justice Scotland and Scottish Prison Service.

With the project incorporating a combination of cognitive-behavioural psychology, personal construct psychology, person-centred counselling, and motivational interviewing, ultimately with the aim of supporting clients to understand, manage and change their behaviour, these sessions gave team members an opportunity to both develop their practice and experience taking a different approach to working with clients. Upon completion of the Pilot, a final report was compiled, and the team members involved are currently participating in an evaluation of the Pilot, carried out by Community Justice Scotland.

One of the most pressing issues for the team has been a significant increase in the requests for prison based Social Worker attendance at Oral Hearings from the Parole Board. Over the past year (until April 2021), prison-based staff have received 56 citations to attend Oral Hearings.

Following on from the successes of delivering a gender specific service for women at OWLS (One-Stop Women's Learning Service), the Public Protection Team have designed an exciting new project specifically for men open to Criminal Justice Services. The project now called EVOLVE, works with men in a trauma informed manner, using a combination of intensive one to one work, and a focussed programme of group work which will include activities designed to increase positive life chances and pro-social decision making for males who offend, to help them find purpose, improve their wellbeing, and rebuild relationships within their communities and families.

Based at Anchor House's Neuk project, is helping men find new, positive identities, and relationships. The environment is more trauma informed than traditional Criminal Justice settings. The project began actively working with men in October 2020 and although COVID restrictions have limited the groupwork element, one to one work has continued.

Staff have spent the lock down developing a groupwork modular programme focussing on problem solving, emotional regulation, and relationship skills, as well as the cycle of change and managing addictions. Feedback from the men has also led to the inclusion of modules on fatherhood, engaging with education, as well as some work less traditionally found in community Criminal Justice work, such as art and music therapy, healthy outdoor activities, and diet.

During the COVID-19 Pandemic, the One-Stop Women's Learning Service (OWLS) adapted to deliver the same quality and level of support using new ways of working. All clients continued to receive support specific to their needs and risk. This was through face-to-face meetings, home visits, telephone calls and virtual meetings. OWLS staff responded to all support needs on an individual needs-led basis and delivered support in line with the National Guidance.

Staff completed Trauma Informed Training to enhance existing skills and in support of relationship-based practice. The prevalence and impact of trauma on people involved in the justice system is high, and this training has strengthened understanding of trauma-informed practice and policy and built a trauma-informed approach into long-term recovery, renewal, and transformation for OWLS clients.

In recognition of the isolation some clients experienced, OWLS used 'Motivational Messages' by text twice week. The telephone and text support was recognised by almost all of our clients to have worked well. The messages were all carefully selected to be uplifting and translate hope but also recognise the unusual and worrying times we all found ourselves in. Some of the messages are:- '*Remember you are all unique and strong women, and every journey begins with a single step*'; '*If you don't like something change it. If you can't change it, change the way you think about it*'.

Recognising the power of peer support, women were also encouraged to share any favourite messages they had. These messages were then disseminated: '*Everyone is on a journey of their own, just try to take life day by day as you don't know what happiness will come your way…happiness can come at unexpected times*' and '*Be strong because things will get better. It may be stormy now, but it never rains forever*' and also *"Hey you today might be a hard day but just remember you have survived all the hard days before and you can survive today too"*. We often received responses such as '*Good one*' and '*These messages "actually make my day"*, and *"keep these coming they are so uplifting"*. Sometimes women found themselves isolated, with little or no support and in order to reduce risks of going out, food was collected from Food Banks and delivered to their homes by OWLS staff. One woman, LZ, who had used such a service, decided she would like to give back by means of volunteering with a Foodbank. OWLS staff provided coaching around how she could use her lived life experience regarding using this service, and the importance of how staff had welcomed her and made her feel. LZ contacted a Foodbank in her area, started to Volunteer in a rural Foodbank and went on to gain part time paid work there, thus creating an opportunity out of a crisis.

OWLS worked with Welfare Rights, Connecting Scotland, TCA, and Housing to secure 6 iPads. These have benefited women to access self-help work sheets, courses, improve their IT skills, and enhance their knowledge on using new technology. Women will also use them to help with Peer Mentor Training which will be commencing later this year.

For the second year OWLS raised funds for MacMillan Cancer Coffee morning. Due to the Covid-19 restrictions, a cake stall was arranged outside St John's Shopping Centre. This was very successful, colleagues, and members of the public were very generous with their purchases and donations and OWLS raised over £500 for MacMillan Cancer, beating our 2019 amount by £200!

As Christmas 2020 was so different for many we still endeavoured to reach out, seek donations. The "Neuk", showed great partnership working by providing us with some

additional items. We managed to provide a well-presented small Christmas gift to our women, for which their thanks and gratitude was overwhelming.

> **Feedback from Tayside Council on Alcohol re OWLS**
> *"…we have developed a very good working relationship over the years which has resulted in us being able to deliver a seamless service to clients who have required support of both services"*
>
> **Feedback from Barnardo's Tayside Domestic Abuse Service re OWLS**
> *"I have worked for the Barnardo's Tayside Domestic Abuse Service since January 2021. During this time OWLS have demonstrated great partnership working by being supportive and collaborative with their approach towards myself. They have extended invitations to their team meetings where they share their knowledge of services and resources within Perth. They have also offered space and time in their facilities for mutual service users whilst promoting safe and healthy practice. The team have always offered advice, help and support in helping develop the TDAS service within Perth."*
> *"…the OWLS worker and I have worked as a team...we have supported a woman who has suffered from domestic abuse for over 2 decades. We have worked alongside one another, discussed the complexities and needs of the case and managed to develop an action plan to support this woman. We have so completed actions that have allowed this individual to access her own funds, she agreed to support for substance misuse and she has started to do the work in understanding the dynamics and impacts of domestic abuse".*

3.12   Child Protection

From March 2020, the COVID-19 pandemic and subsequent restrictions required staff to quickly change and adapt to new ways of working. The Council identified child protection as an essential service and staff were supported to continue to deliver key child protection processes with the support of new practice guidance and technologies.

Key data was collected as requested by Scottish Government, CoSLA and SOLACE which were selected for their significance, in identifying the impact of the COVID-19 pandemic on children and young people at risk. This data was reported weekly to Education and Children's Services Management Team, the Council's Gold Command and the Public Protection Chief Officers Group ensuring that there was close monitoring of any changes that may impact on the effectiveness of the Council's response to children and young people at risk.

This data was incorporated into the CPC data set and outlined in the annual Standards and Quality report. Headline data for the academic year 1 August 2020 – 31 July 2021 and, where possible, compared with previous years is presented below.

Table 15: Child Concern Reports (CCRs)

The total number of Child Concern Reports (CCRs) shows a continued, longitudinal increase over the last five years; whilst the number of children and young people subject to a CCR has risen more slowly over the last two years. Many of these CCRs relate to concerns which are both multiple and complex in their nature. There can be multiple or repeated concerns about the same child or young person. CCRs are all subject to multi-agency screening arrangements led by the Child Protection Duty Team and shared proportionately with partners.

Following multi-agency screening arrangements there are a number of possible outcomes. Where the child or young person is known to social work services, the CCR is shared with the Lead Professional (almost always the social worker) for further investigation, assessment and follow-up; or for single or multi-agency assessment and support; or referral to The Reporter (Scottish Children's Reporter Administration – SCRA) for compulsory measures of supervision; or referral to a Third Sector organisation for help and support. CCRs which relate to child protection are immediately fast-tracked for an Inter-Agency Referral Discussion (IRD).
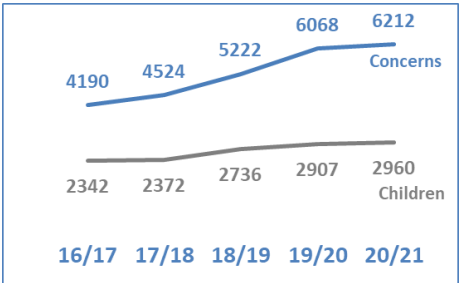
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Table 16: Child Concern Reports by Age

The number of children and young people with a CCR in each age group has remained relatively steady; with the number in the 5-10 and 11-15 age groups being the largest. Whilst some of the age groups are either levelling out or reducing, of particular note is the children and young people in the 11-15 age group, which continues to increase and feature more prominently.
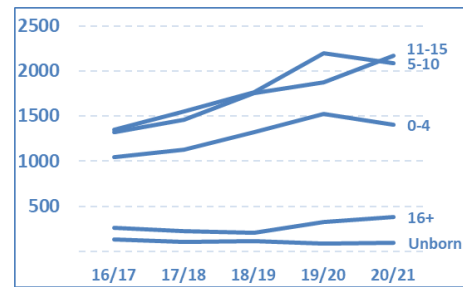
Table 17: Child Concern Reports by Source

The main source of CCRs continues to be Police Scotland, followed by Education Services and Health Services: these three sources account for over 80% of all CCRs. The number of CCRs submitted by Police Scotland has been continually increasing over the last 5 years although this has slowed in the last year. This is potentially a consequence of the COVID-19 pandemic lockdown measures, which resulted in a reduced visibility of children and young people. CCRs have continued to be submitted and of particular note is the increasing numbers of CCRs being submitting from Education.
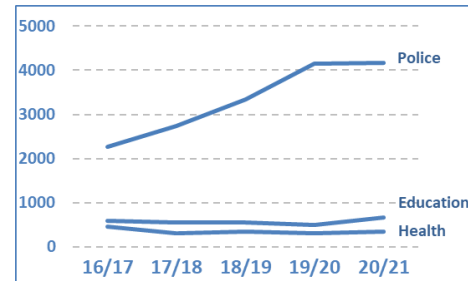
Monthly analysis has shown that after the COVID-19 related lockdown periods and schools having closed (resulting in home-learning) and then re-opened, there has been identifiable surges in the numbers of CCRs being submitted during some months. CCRs relate to a wide range of child welfare, child care and protection concerns and are all subject to multi-agency screening. Overall, 39% of all CCRs relate to the Trio of Risks (Domestic Abuse 24%; Parental Mental Ill-Health 9%; Problematic Alcohol and Drug Use 6%).

Table 18: Child Concern Reports (CCRs) – Domestic Abuse

The total number of Child Concern Reports (CCRs) where Domestic Abuse was an initial feature, has continued to show quite a lot of variation from week to week, but overall has remained relatively steady. Local services and agencies have been alert to this level of demand, which has been monitored by local partnership working arrangements.
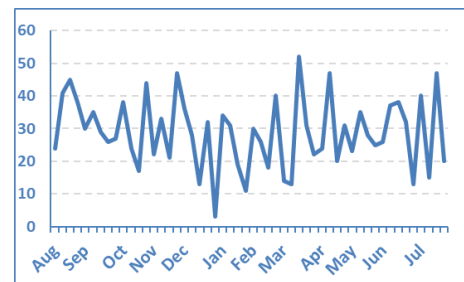
Table 19: Inter-Agency Referral Discussions (IRDs)

The number of children and young people subject to Inter-Agency Referral Discussions (IRDs) continues to rise year-on-year and the number of discussions taking place (which may involve more than one child) also shows a long-term upward trend. This is considered to be positive practice position. Following an IRD there are a number of possible outcomes, including the need for a joint child protection investigation (social work and police); a joint investigative interview (social work and police); a medical examination; referral to SCRA; further emergency legal measures and orders, or a single agency intervention and support.
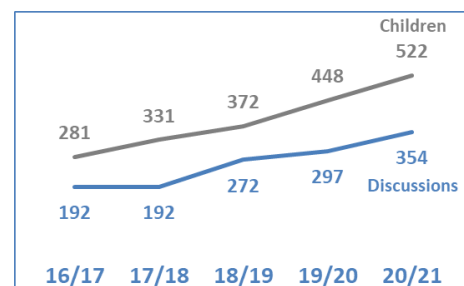
IRDs are recognised as good multi-agency working practice and may be repeated a number of times for the same child or young person. Locally, a signficant amount of improvement work has taken place in relation to IRDs and will continue to take place, to ensure our IRDs are robust and our safety planning is effective.

Our established approach to IRDs is in keeping with the shift expected and with the good practice now outlined in the recently published National Guidance for Child Protection in Scotland 2021 (Scottish Government: 2 September 2021).

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Table 20: Child Protection Investigations

The number of Child Protection Investigations and the number of children and young people subject to an investigation has risen markedly since 2017/18; having more than doubled over that period. There has been a 10% increase in the number of child protection investigations carried out in 2020/21.

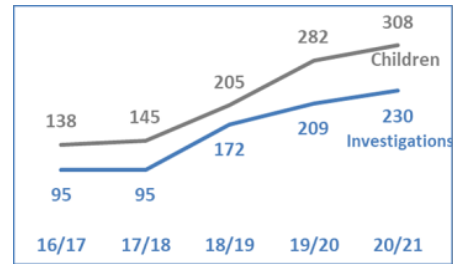These are joint investigations between social work and police, decided upon and agreed at the IRD stage and carried out by specially trained interviewers and trauma aware staff.

Table 21: Unborn Baby Referrals

The number of Unborn Baby referrals received this year has increased significantly; following further awareness raising within Midwifery and Health Visiting Services along with multi-agency practice guidance being published last year. By far the majority of Unborn Baby referrals continue to come from NHS Tayside; albeit any practitioner, service or agency can raise such a referral.
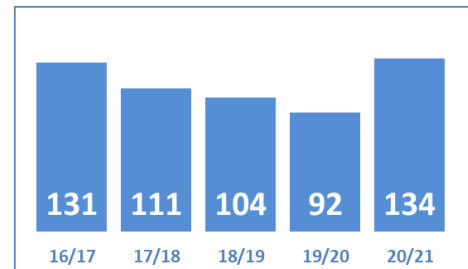
The areas of Unborn Baby vulnerability continue to be similar to the areas of concern for registration on the CPR, in particular those relating to the trio of risk. As previously mentioned, this increase would suggest that despite the COVID-19 restrictions and lockdowns, frontline staff have remained alert and vigilant; and with appropriate protections and supports, have continued to meet with, visit and engage with vulnerable pregnant mothers and families and in keeping with our practice guidance, made the necessary referrals. Nevertheless, the impact on our multi-agency screening and assessment processes for these referrals remains very challenging and resource intensive and the level of child protection activity in relation to vulnerable pregnant women and unborn babies is a key area of growth.

Table 22: Pre-Birth Child Protection Case Conferences (CPCC)

Of 134 unborn baby referrals in the year, 33 unborn babies were the subject of a multi-agency Pre-Birth CPCC. 94% were registered on the Child Protection Register (CPR). All unborn babies registered on the CPR are subject to a multi-agency Child Protection Plan. These cases tend to be complex, and have multi-faceted areas of concern, vulnerability and needs.

This increase would suggest that despite the COVID-19 restrictions and lockdowns, frontline staff have remained

alert and vigilant; and with appropriate protections and supports, have continued to meet with, visit and engage with vulnerable pregnant mothers and families and in keeping with our practice guidance, made the necessary interventions for vulnerable and at-risk unborn babies.

This has also significantly changed the age profile of those placed on the CPR. This year, for the first time, the largest group is now unborn babies. Whilst the 0-4 group has decreased, overall, unborn babies and young children now make up the vast majority of children registered on the CPR. The remaining 101 other unborn baby referrals, which did not proceed to a Pre-Birth CPCC, all received a variety of other supportive interventions and responses, i.e., single agency support; multi-agency support; the pregnancy did not continue, or the mother moved out with the local authority area, with information being shared proportionately with the new local authority area.
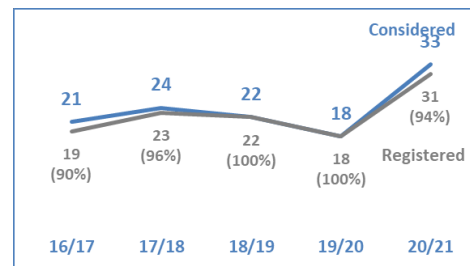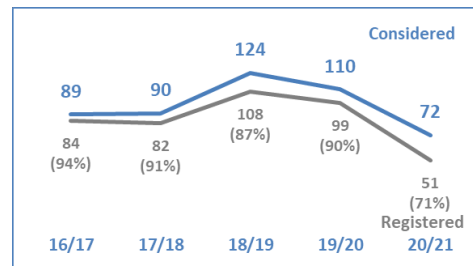
Table 23: Initial Child Protection Case Conferences (CPCC)

In contrast to the increasing numbers of CCRs, IRDs, child protection investigations and joint investigative interviews in the last year there has been a 35% reduction in the number of children and young people being considered at a multi-agency Initial CPCCs. This indicates that alternative single and multi-agency support had effectively been put in place at an earlier stage in the child protection process. Multi-agency Child's Plans, coordinated by a Lead Professional Social Worker are negating the need for an Initial CPCC by effectively reducing risks. 71% of children and young people considered at an Initial CPCC had their names registered on the Child Protection Register (CPR). All were the subject of a multi-agency Child Protection Plan, coordinated by a Lead Professional Social Worker. Those children and young people not registered on the CPR will also have benefited from ongoing support via a Child or Young Person's plan coordinated by a Lead Professional Social Worker.

**Table 24: Review Child Protection Case Conferences (CPCC)**

Multi-agency Review CPCCs review the decision to place and retain a child or young person's name on the CPR. These child protection meetings take place within standard timescales to monitor changes in circumstances and progress made to reduce and eliminate risk. Where sufficient progress has been made, the Review CPCC can make a decision to remove (de-register) an unborn baby, child or young person from the CPR. This is always a multi-agency decision. The number of children and young people considered at a multi-agency Review CPCC has remained relatively steady. The proportion of continued registrations shows a slight increase from last year showing that it has taken longer to be assured of sustained progress. The long-term trend is more steady and the data this year shows that it has been more difficult to take a decision to remove names from the CPR and this is likely to have been due to the changes to universal and support services due to COVID-19. Help and support for these children and young people continues after de-registration.
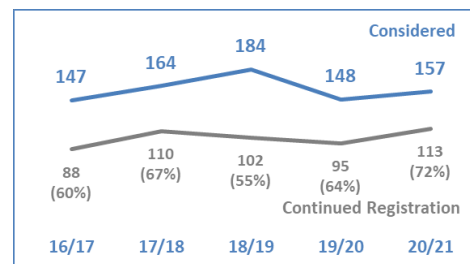
Table 25: New Registrations on the Child Protection Register

There has been a reduction in the number of new registrations on the CPR. This is closely related to the reduction in the number of Initial CPCCs taking place in 2020/21. The number of children and young people placed (new registrations) on the CPR has been decreasing for the last two years, following a sharp increase in 2018 / 2019.   New registrations include unborn babies, registrations following an ICPCC and temporary registrations (for children and young people who move into the Perth and Kinross Council area for a limited period; for a holiday with relatives etc). These figures routinely include large family sibling groups of 5 and more.
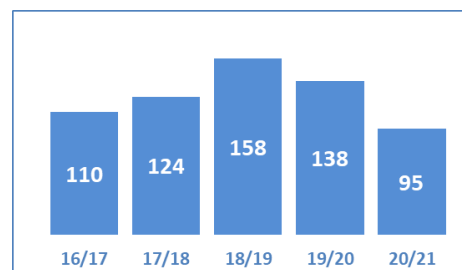
Table 26: Children on the Child Protection Register as at 31 July 2021

There has been reduction in the number of children and young people's names on the CPR at 31 July 2021. The number of children and young people, whose names were on the CPR at 31 July 2021 has decreased to the lowest level since 2014, from a relatively high figure of 97 in 2020. Last year it was reported that the significant increase was a direct consequence of the COVID-19 pandemic and subsequent containment measures (lockdown, home working, limited home visits and no face-to-face partnership meetings), which temporarily well-established multi-agency review arrangements for all registrations.
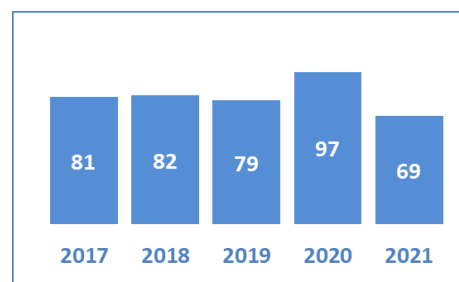
As staff learned to adapt to the COVID-19 pandemic, new ways of partnership working, assessment of risk and needs and safety planning has now ensured that children and young people do not remain on the CPR for longer than is necessary.

Table 27: Length of Registration

Most CPR registrations last less than a year, although there has been a slight increase in the number of children and young people who remain on the CPR for 12 months or more. This should not necessarily be seen as problematic, as many of these children and young people have multiple and / or complex needs which need coordinated support. The sharp reduction in the number of children and young people whose names are included on the CPR for a period of less than 5 months is to be welcomed, as this demonstrates that decisions are being made with evidence of sustained progress and a greater likelihood that the changes made will lead to positive longer-term outcomes.
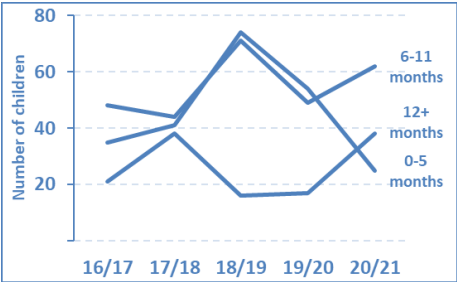

Table 28: Re-Registrations

The number of children and young people that are re-registered (placed) on the CPR, having been previously removed from the CPR, has fallen significantly; with only 4% of children and young people having been previously registered (placed) on the CPR. All of these children and young people had last been removed (de-registered) from the CPR more than two years previously, following a multi-agency robust assessment and review meeting agreement.
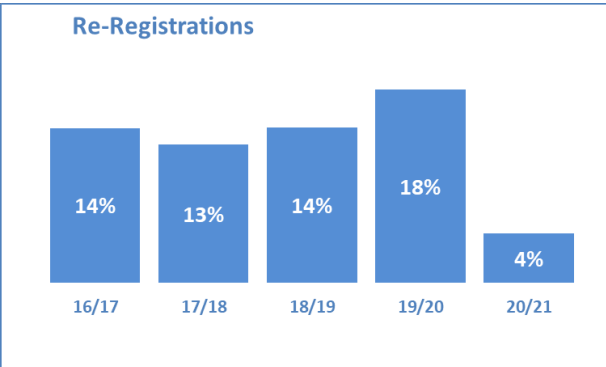

Table 29: Areas of Concern

The number of new registrations on the CPR has continued to decrease sharply over the last two years, however the proportion of children and young people whose names are included on the CPR and who are affected by parental mental ill-health, domestic abuse, problematic parental drug and / or alcohol misuse (sometimes referred to as the trio of risk) remains quite significant.
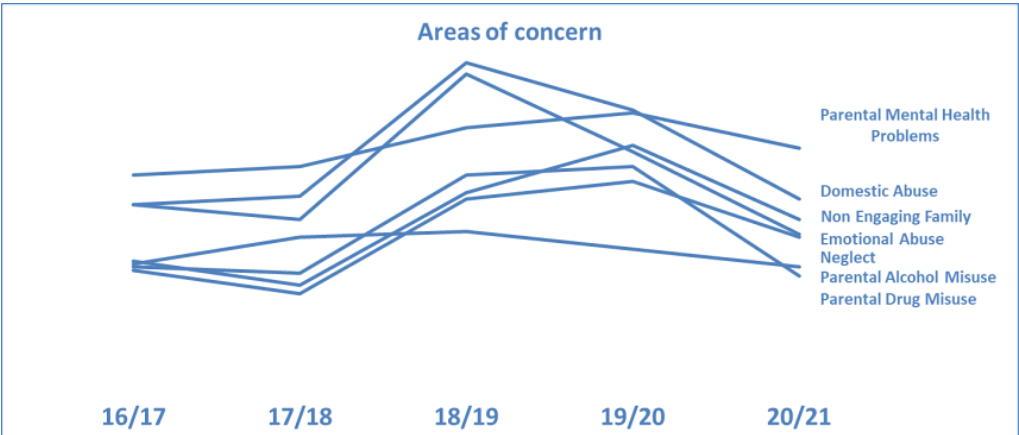
The initial stages of the pandemic saw a dramatic reduction in the amount of Children's Hearings that could take place. From the 23 March 2020, SCRA moved to a fully virtual Hearing model. This model took until the 6 April 2020 before Hearing participants, including social workers and families could start to be invited and participate. Perth & Kinross, prior to the pandemic had a Hearing capacity of 12 Hearings per week. Tayside as a whole had a Hearing capacity of 51. By the 6 April 2020 Hearing capacity for all of Tayside was reduced to 10 Hearings; with Hearings being arranged on a need only basis for a significant period of 2020. In October 2020, Hearing Centres reopened for limited face-to-face, Hybrid

and fully virtual Hearings. Perth and Kinross reopened with a capacity of 7 Hearings per week. This limited Hearing capacity continued until July 2021 when Perth and Kinross has been able to have 10 Hearings per week.

Table 30: Referrals to SCRA

The number of referrals to SCRA and the number of children and young people referred to SCRA continues to show some variation over the last five years. This year, the number of referrals and number of children and young people referred to SCRA from Perth and Kinross has fallen by 11% and 17% respectively and this is less than the national picture. Conversely, referrals to SCRA from social workers increased by 7% over the year.

Ongoing training has ensured that all staff are acutely aware when making referrals to SCRA that they describe the reasons why compulsory measures of care are required, particularly when alternative support measures are not deemed appropriate.
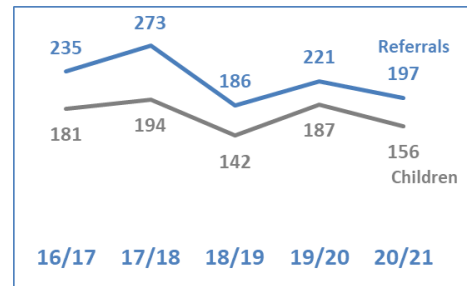

Table 31: Compulsory Supervision Orders

The number of children and young people placed on Compulsory Supervision Orders (CSOs) and the number of children and young people who remained on a CSO at the end of the year (31 March) have been previously showing a general downward trend over the last five years. However, this year, those who remained on a CSO at 31 March 2021 had risen to 163. The increase in the number of CSOs at the year-end would appear to be linked to SCRA's inability to arrange review Hearings to terminate Orders, as a direct consequence of the COVID-19 pandemic restrictions and emergency legislation and guidance. Perth and Kinross continues to have comparatively high conversion rate of referrals to CSOs. The national conversion rates fluctuates around 22% of all referrals converting to a CSO. Perth and Kinross currently enjoy a conversion rate of 42%, strongly suggesting that the right children and young people are being referred appropriately.

Children and young people who are placed on a CSO are looked-after, either at home or away from home in another placement and subject to regular supervision visits and contacts by a social worker.
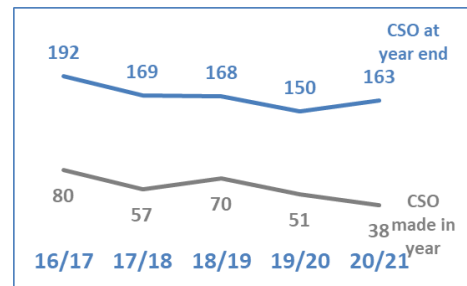
Table 32: Child Protection Orders (CPOs)

This year, the number of children and young people placed on Child Protection Orders (CPOs) has fallen, following a generally upward trend over the previous four years.

Nationally CPO rates rose by 4%, whilst Perth and Kinross saw a reduction of 22%; keeping in mind the actual numbers of children and young people involved are relatively small. This shows that despite the impact of the COVID-19 pandemic, front line staff have continued

to carry out contacts and home visits and respond to children in need of immediate protection. All children subject to a CPO will be the subject of a Children's Hearing within 72 hours.
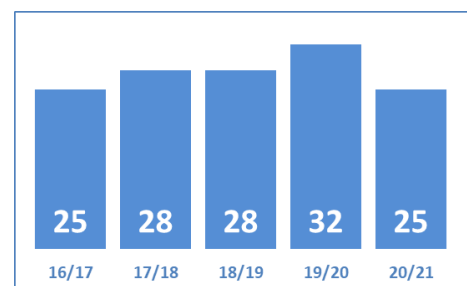
From the Reporter's perspective, the reduced SCRA referral rates (down 11% and 17% respectively); the slowing number of new CSOs (increased by only 3% during the year) and the reduction in CPOs (down 22% in Perth and Kinross), are indicators that vulnerable children and young people in Perth and Kinross are benefiting from early and effective local interventions and support and that only the most vulnerable children and young people and those in need of compulsory measures of care, continue to be referred to SCRA.

Table 33: Joint Investigative Interviews (JIIs)

Following an IRD and the decision that a joint police and social work child protection investigation is necessary, consideration will be given to the need for a Joint Investigative Interview (JII); carried out jointly by fully trained, trauma informed police and social work interviewers. The number of children and young people who have had a JII carried out has risen to just below 2018/19 levels, following a drop in 2019 / 2020. This is in keeping with the increasing numbers of CCRs, IRDs and child protection investigations and this remains a key component part of our child protection services.
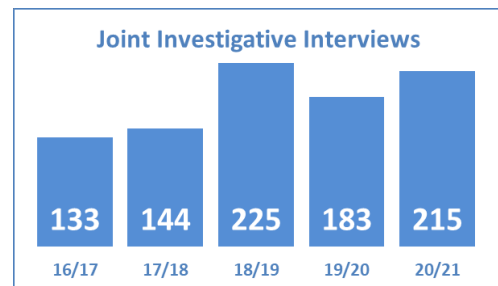
Joint Investigative Interviews

16/17	17/18	18/19	19/20	20/21
133	144	225	183	215

Table 34: Joint Paediatric / Forensic Medical Examinations (JPFME)

Following an IRD and the decision that a joint police and social work child protection investigation is necessary, depending on the nature of the concern, consideration may also be given to the need for a JPFME. The number of children and young people who have had a JPFME carried out has risen to 2018/19 levels, following a drop in 2019 / 20. This is in keeping with the increasing numbers of CCRs, IRDs and joint police and social work child protection investigations and this remains a key component part of our child protection services.
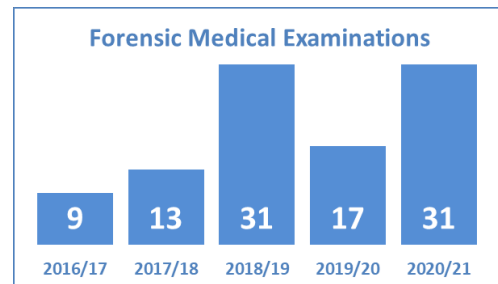
Forensic Medical Examinations

2016/17	2017/18	2018/19	2019/20	2020/21
9	13	31	17	31

Table 35: Children with Child Protection Plan seen Face-to-Face

The number of children and young people with a Child Protection Plan (children whose names are included on the CPR), who were physically seen, face-to-face, by their Social Worker (Lead Professional), on at least a fortnightly basis, has been monitored weekly. Throughout the year, this has remained very high and this trend has been continued to pre COVID-19 pandemic levels. This was an important measure as children were not being seen outside of school by universal services such as early years or schools.
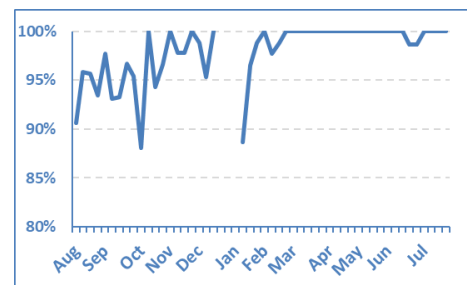
This measure is no longer being be monitored at a national or local level from October 2021.

3.13 Children's Views and Independent Advocacy

RIGHTS | ENGAGEMENT
ADVOCACY | PARTICIPATION

2020 / 2021 has been another busy and challenging year for the Children and Youth Rights Officer (CYRO) and the partner providers of advocacy in Perth and Kinross.

Over this past year, we have continued to review the arrangements for advocacy and for seeking the views of children and young people at key child protection meetings, Looked-After Reviews and Children's Hearings.

As the COVID-19 pandemic has continued to pose significant challenges in terms of how face-to-face work is carried out, additional risk assessment has remained a priority. This has ensured that children and young people are still having their views captured; in many cases virtually, while limiting the number of staff entering homes or schools for in person visits.

In terms of advocacy and seeking views, and the service level agreement between Perth and Kinross Council's Education and Children's Services and PKC partners is embedded;

30

ensuring the advocacy provision for children and young people across three priority groups is consistently sustained.

These three groups include those who are looked-after and accommodated; those who are looked-after at home and those who are open to child protection services. In addition, the Council's CYRO has continued to support children and young people with advocacy who are not open to social work.

The following information illustrates the increasing number of children and young people who have had their views advocated / presented at key meetings since July 2020, either virtually or by workers / advocates via the submission of an All About Me Form:

- 155 (147 in 2019 / 2020) children and young people's views presented at a Child Protection Case Conference (CPCC) by their social worker, carer, advocate or other professional
- 265 (233 in 2019 / 2020) looked-after children and young people's views presented at a Looked-After Conference (LAC) by their social worker, carer, advocate or other professional
- 92 (100 in 2019 / 2020) children and young people helped to submit an All About Me Form to CPCCs and LAC
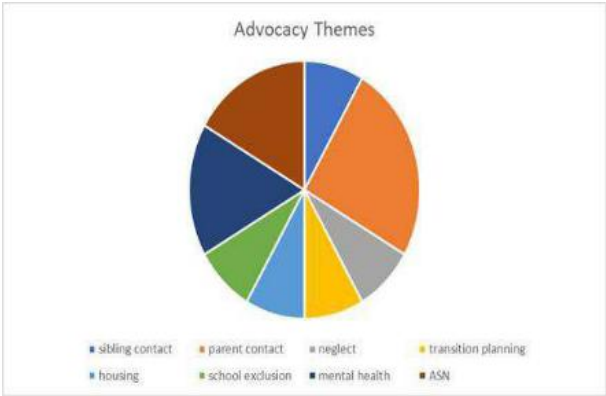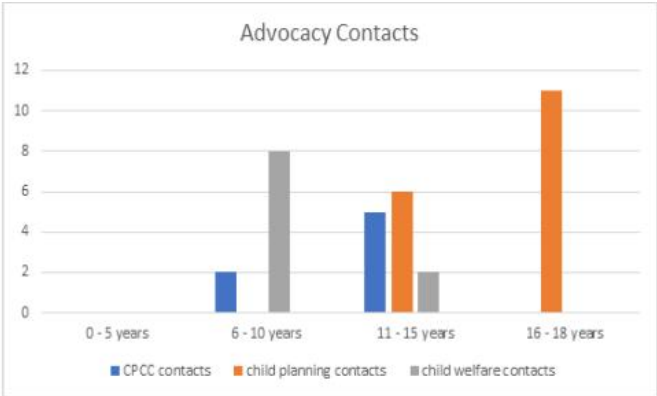
Table 36: Advocacy themes

Table 37: Advocacy contacts

The development of a REAP strategy aims to support the promotion of rights, engagement and participation for children and young people not necessarily engaged in services. RRSA (Rights Respecting Schools Award) was recognised as an effective way to work with and support schools to consider their current mechanisms for pupil voice, learner participation and individual advocacy and how these might be strengthened. To do this the CRO has worked alongside a professional advisor from UNICEF to coordinate and deliver, Achieving Silver and Achieving Gold training for participating schools. Additionally, the CRO has arranged assessment visits, undergone assessor training, and attended strategic lead meetings for national updates, support, and training.

Independent Advocacy Perth and Kinross (IAPK) has continued to provide advocacy support virtually throughout the COVID-19 pandemic and restrictions 2020 / 2021; with the staff team working from home since March 2020. Independent Advocates have and continue to liaise with advocacy partners (client group) via phone, video conference and with WhatsApp, when advocacy partners only had this app available.

For children and young people who did not have access to technology, IAPK staff wrote letters and cards and included a pre-addressed envelope, so that the children and young people could write back for free. This ensured that contact between the child and Independent Advocate was sustained throughout lockdown. Independent Advocates have utilised opportunities with services who provide devices and IT skills to individuals and families who have experienced the 'digital divide' during the pandemic.

Meetings with children and young people advocacy partners continued to be held throughout the year. Initially these were all via telephone conference; however whenever it has been permitted and safe to do so, Independent Advocates have met with children and young people in schools and outside; in accordance with Scottish Government guidance. The implementation of Microsoft Teams has also led to an increase in the number of virtual meetings IAPK attended to share the views of children and young people.

In November 2020, Section 122 of the Children's Hearings (Scotland) Act 2011 came into force. The Act states that children and young people, subject to Children's Hearings must have an offer of Independent Advocacy support to uphold their rights. Given the obligation to refer children and young people to Independent Advocacy through the Act, and with IAPK being the primary providers of Children's Hearings Advocacy in Perth & Kinross, there has been a significant increase in referrals for children and young people overall since November 2020. Despite children and young people's right to be referred, it is not mandatory to accept advocacy.

However, in terms of impact, from the referrals received in 2020 – 2021 there has been a 96% uptake of the advocacy service offered. Those children and young people who have or are declining advocacy are either sharing their views themselves, or they do not wish to share their views.

Table 38: number of young people supported by independent advocacy

NUMBER OF CHILDREN AND YOUNG PEOPLE SUPPORTED BY INDEPENDENT ADVOCACY PERTH & KINROSS

	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
New referrals (LAAH and MH)	0	2	4	1	2	3	8	2	4	2	8	6
New referrals (Children's Hearing)	0	0	0	2	4	0	3	9	5	9	13	14
Total CYP supported (cumulative)	20	22	26	29	35	38	49	60	69	80	101	121
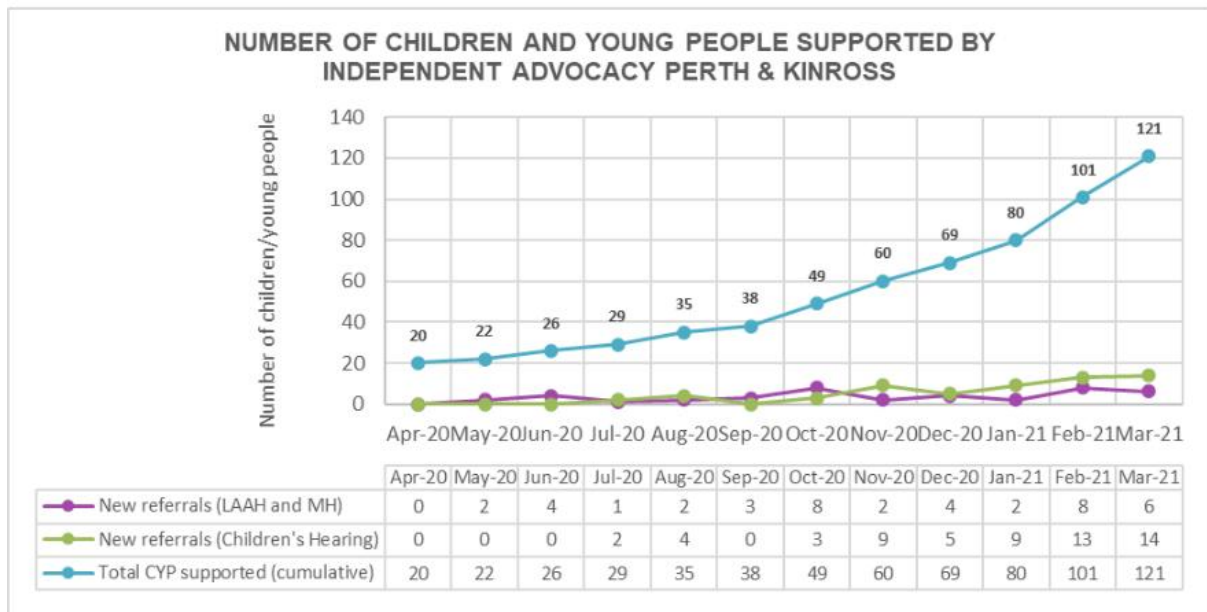
121 Number C/YP supported in last 12 months

20 Existing advocacy partners (from March 2020)

42 New referrals

59 New referrals for children's hearings

28 Number of cases closed this year

Characteristics of children and young people supported

2-18 Range of ages

8 Average age

75% Proportion of referrals for children under 12 years old

59% Female
41% Male

Feedback:

"Where was children's advocacy years ago?" – Kinship Carer

"You have a calming influence in meetings" – Head Teacher

"I think you going to meetings for me is perfect" – 9 Year Old

"I'm impressed you (Independent Advocate) thought to ask these questions to the children, their answers are really helpful" – Panel Member at Children's Hearing

"With advocacy there, I feel the children are now being listened to" – Parent

> **Case Study: Advocacy 1**
> A 10 year old child who lives in kinship care with a grandparent was referred to the children and youth rights officer. The referral came from a reviewing officer and was in relation to the safety of the child's place of residence. For some time, the child had shared that they did not feel safe in this property due to anti-social behaviour in the community. This was seen by the reviewing officer as an 'unmet need.' Following the referral, the children and youth rights officer visited the child and gauged their views. The content of the meeting was shared with the senior social care officer supporting the family and together they liaised with the housing association. As a result of the meeting, it became apparent to housing colleagues that there was information about the family that had not been brought to their attention previously which affected their application. The child and the grandparent were soon placed on the strategic housing list and have since moved into a new property which better suits the child's needs.

The following figures are for the various *types of meetings* where the views of children and young people were gathered by IAPK, and the Independent Advocate shared the views at professional multi-agency meetings (virtual and face-to-face).

IAPK's capacity to work with children and young people has increased by 100% in the last year. This has enabled IAPK to increase the provision of Independent Advocacy to children and young people. Evidence of the impact of the commissioned services by the local authority, Perth & Kinross, and changes in legislation are reflected in the referral numbers and the number of meetings recorded in the last year.

These figures do not include staff meetings, training courses, meetings held to promote and discuss advocacy with other agencies; it also does not include letters written to children during lockdown when phone calls were not possible:

Table 39: Advocacy support per type of meeting

	Advocacy Partner Meetings and Calls	Hearings	LAC Reviews	Case Conferences	Core Groups	Other	Total
2020	308	51	28	12	14	39	**452**
2019	140	13	7	7	16	7	**209**

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3.14   Young Carers

PKAVS Young Carers Hub continues to support increasing numbers of children and young people, aged between 5 and 18 years old, to cope with what can often be an all-encompassing caring role. A Young Carer is anyone under the age of 18, or over 18 and still at school, whose life, is in some way, restricted because of the need to take responsibility for the care of a person who is ill; has a disability; is experiencing mental distress or is affected by substance misuse. Currently PKAVS supports 323 Young Carers, has 69 on a waiting list and received a total of 149 new referrals during the timeframe for this report.

Table 40: Young Carers Age and Gender
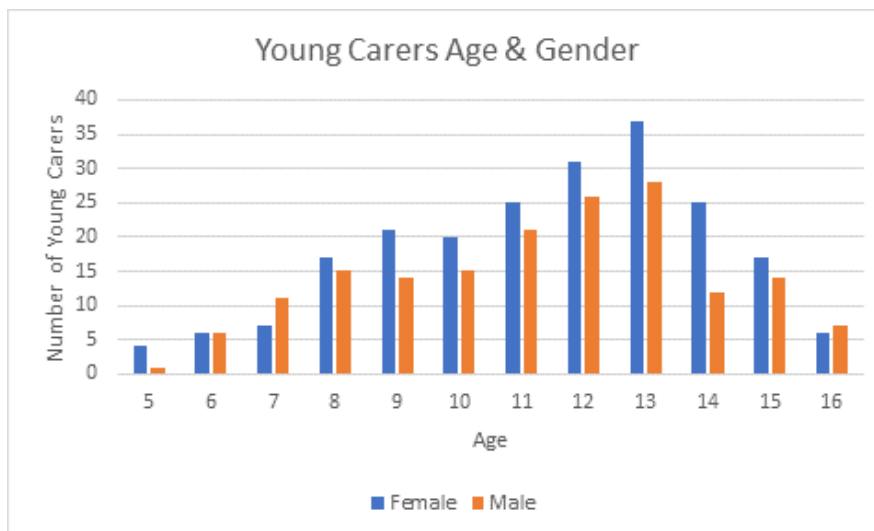
The past 15 months have been extremely difficult for everyone. However, for Young Carers, they have seen many of the arrangements / mechanisms they had in place, to give them support and a regular short break from their caring role, close almost overnight. This has meant that the past 15 months have seen Young Carers become ever more immersed in their caring roles, with little to no access to a break. Many families cancelled care packages because of the uncertainty of letting other people into their homes, especially at the first lockdown in March 2020.

Other supports were also cancelled by providers as staff were re-deployed elsewhere or because of staff shortages. All this undoubtedly added to the caring responsibilities faced by Young Carers as they were left having to do more. The biggest worry / concern Young

Carers told us they had, was how COVID-19 could impact on the health of the person they care for. This added another level of anxiety, on top of everything else and in some cases, resulted in the Young Carer's own health and wellbeing being adversely affected. School and continued learning was also a real issue for many Young Carers, as the workload was difficult to manage alongside the additional caring responsibilities they had taken on during this time. The feedback we received was many Young Carers felt this only added to the additional stress they were already under.

However, we have been able to support Young Carers during this time and some of the ways we did this are highlighted below. As restrictions ease and youth work guidance allows, it is our hope that our offer of short breaks and other supports Young Carers can access will continue to increase over the weeks and months ahead.
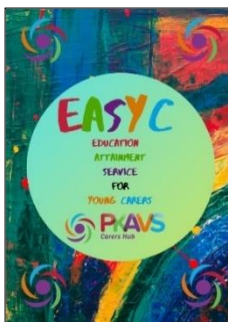
Educational Attainment Service for Young Carers (EASYc)

EASYc began in May 2019, as part of the legacy for the late Councillor Barbara Vaughan, this service was initially set up to support Young Carers who were dis-engaging with education and did so through access to private tuition lessons, homework clubs and by having access to educational hardware and software.

Clearly this past year has seen us increase the reach of this service and direct it towards any Young Carer who was struggling with the 'new way of schooling' adopted by schools because of COVID-19 and Scottish Government Guidance.

Within the timeframe of this report 148 Young Carers have accessed this service with 1,418 private tuition lessons having been delivered and 76 homework-based groups. Referrals for the service have come from schools, social work, self-referrals and from PKAVS Young Carers Support Workers.

Below are some examples of the impact this service has made in the past 12 months:

"Both my tutors have helped me to understand areas in their specialty, which my parents couldn't. I feel I am able to ask questions I couldn't ask in class" **(Young Carer)**	*"It helps to fill the gaps in learning that Young Carers may have missed. I also think it gives Young Carers the opportunity to be able to learn and catch up with their work in a less stressful or busy environment"* **(Teacher)**
"Being disabled, I can't give my son the help & support he needs when it comes to his schoolwork. This service has relieved the guilt that I feel. He has a tutor (who is fantastic with my son) who can help and support him and has shown him he is capable of raising his attainment to a 'higher' level" **(Young Carer's Parent)**	

Young Carers Voice

This forum continues to meet regularly and now has representation on the Young Carers Strategy Monitoring Group. The consultation we did with Young Carers around their mental health and wellbeing for the National Young Carers Action Day in March 2021 came through input from the Young Carers Voice to the Strategy Monitoring Group. The Group are also working together with Columba 1400 on a Leadership Academy that Columba approached us to facilitate. The Leadership Academy has obviously had to be changed from what would normally be delivered, but still gives Young Carers a chance to get a break from caring, as well as creating a real feeling of teamwork amongst the Young Carers Voice participants.

Additional Respite Short Break Awards

Throughout the COVID-19 pandemic, funders have been extremely flexible in supporting Young Carers to get respite in new and innovative ways, with a significant shift to the purchase of technology equipment; garden play equipment; bikes and games. During the timeframe for this report, PKAVS made 155 additional short break small grant awards to Young Carers, totaling £22,344.00.

Case Study: Young Carer
James cares for both his older sisters and does not often get the attention of his parents just focused on him. He wanted to have a day out dedicated to him and getting respite from his caring role.

Mum arranged to take James and a pal to Edinburgh for a night away. They spent the day out at the skate park and trampoline park with time for a meal out. James is big into scootering.

James is a secondary carer for his two older sisters. They both have extremely high needs and their Mum, being the primary carer, is often tied up making sure they are alright. James spends a lot of time alone and making his own fun. At his review James mentioned that he gets enough time for himself, but rarely is able to spend time with his Mum.

This really was a rare opportunity for them both to get away and spend time with each other. The trip to Edinburgh was very special, because it gave James time away with Mum and a pal, where the focus was on him and what he likes to do for fun. James and his Mum really appreciated the bonding time and break from their caring roles together.

James said, "he had so much fun!" *and* ***"really enjoyed the skate park and trampolines"***

3.15   Social Work Services to Protect Children

Child Protection & Duty Team (CPDT)

The past year has been unique due to the restrictions enforced by the pandemic. However, there has been great learning achieved through this period about what works and what does not work when delivering a social work duty service in such circumstances. This rich information will inform future processes and practices should a similar situation arise in the future.

Despite very difficult circumstances brought about by the COVID pandemic, the duty team has continued to respond to the needs of children and families in crisis throughout the lockdown period and throughout the restriction levels. Whilst some of the support has been delivered through virtual means, visits to children deemed to be the most vulnerable have been made, using the government's safety guidance and the use of PPE.

A positive outcome of the restrictions is the use of technology when engaging children and their families. Children's views have continued to be gathered as this is central to planning and decision making. Where possible and if in line with COVID guidance, this has been through direct contact. However, much of the contact during lockdown happened either virtually or by phone.

There has been investment in additional staff within the CPDT and Senior Social Care Officers (SSCOs) within the team are skilled in carrying out work with parents to increase their understanding of children's needs and to promote healthy relationships. This early help is preventing the need longer-term Social Work intervention by increasing the parent's confidence and skills and preventing difficulties from escalating.

Over the reporting period from 1 April 2020 to 31 March 2021 the child protection duty team have dealt with **4153** contacts/referrals. This has not been a significant change from 2019-20 (4149) and on average **346** new referrals are managed each month. There was a significant decrease of almost 50% in the referral rate during the first quarter of 2020/21 with a considerable increase from July/August onwards following the gradual easing of restrictions and children returning to universal services.

Change is a Must

The Change is a Must (CIAM) based at Almondbank House is committed to making sure babies are given the best start in life. Early intervention is supported through referral through UBB MASG and pre-birth assessments. Assessments promote a multi-agency and Whole Family Approach. This includes joint working with Midwifery, Health Visiting and Family Nurse Partnership to consolidate ante-natal and parenting advice. CIAM also focuses on supporting parents to support themselves and improve social skills, independence, improved mental health, tackle substance use issues pre and post birth.

The CIAM team adapted pre-birth and post-birth assessments to ensure assessments were undertaken to a high standard. CIAM ensures fathers are included in any pre-birth and post birth assessment and promote their involvement in their children's lives if safe to do so. CIAM has aimed to include extended family members in pre and post birth assessments as a potential support to parents and their babies. Family Group Decision Making (FGDM) is now being considered pre and post birth.

Children's safety continued to be the top priority for the team and staff became skilled in running Child's Plan and Child Protection Core Group meetings virtually and ensured these were held in agreed timescales. Overall, there was limited interruption of face-to-face visits taking place. Over the reporting period, workers have been acutely aware of their responsibility for the welfare of babies as CIAM was often the sole agency partner visiting babies at home. Families where a child / unborn baby was on the child protection register continued to be seen weekly. We organised food deliveries, equipment, household goods for our most vulnerable families throughout periods of lockdowns. We addressed digital exclusion for service users through provision of equipment and flexible use of funds.

During 2020/21 all team members have been working very hard to provide a quality service for vulnerable babies, children and parents. Over the year we have provided a service to 61 children and their families:

Table 41: CIAM Case Load

Number of cases open to Change is a Must during the reporting period	61
Number of referrals allocated to Change is a Must through UBB MASG within the reporting period	31
Pre-birth CP case conferences	18
Initial CP Case conferences	8
Review CP case conferences	22
Children Subject to Child Protection Registration	32
Pre-birth conferences meeting the 28-week target	13 out of 18
Number of Looked After Children	5

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Children, Young People and Families social work services are organised across 5 teams serving a geographical patch. These are Perth City, Perth City North and Highland; Perth City South and the Carse, Strathearn and Kinross and Blairgowrie.

The following is an example of their experiences of the last year. The Strathearn and Kinross team has seen a decrease in the number of children who are living at home and subject to compulsory supervision and child protection registration. The number of children accommodated away from home has remained similar to last year. The team has experienced a significant increase in section 22 cases (coordinated support for children and families through a Child's Plan coordinated by a Lead Professional Social Worker). The number almost doubled from 73 cases to 137. Over the last year, the team has supported 162 children (up from 153 last year). This large number reflects the amount of early intervention that the team continues to manage. There is a level of complexity inherent in this voluntary work including mental health difficulties (in both child and adult), domestic abuse, disability (in both child and adult), problematic substance use and a history of trauma. Isolation and poverty are further risk factors.

> **Feedback from a parent**
>
> *…I am a mother to 3 children under social work working with KB social worker. I am writing this email in recognition towards K. K has been my children's social worker for 4 years now I first met K when she introduced herself to me when I was in Murray Royal hospital extremely ill with my mental health K explained who she was and how she was working for my children's best interests. I immediately felt relaxed and she spoke in an appropriate but comforting way where I was able to understand I found this fantastic because I was in a vulnerable way and was very scared with psychosis. K has now worked with us for 4 years and my children are in kinship with family. I just wanted to say how much we appreciate K…she is very professional but empathetic… as their mother she has always engaged appropriately with me understanding my mental conditions and working in the best way to manage contact…K is so professional and great at helping me understand everything she takes time to listen to me and guides me in the best interests of my children she is a fantastic social worker she is efficient all paperwork meetings anything that needs to be done K has it done we all know what's happening beforehand we know who to go to if K is not going to be available she also has a kind nature and I believe makes a massive impact on our life's guiding me in the best way possible with understanding of my mental health to make sure my children's needs are met… Thank you for making a difference and choosing to be a social worker as your career because you completely change the stigma that surrounds social work.*

> **Feedback from grandparent**
> *J, our Social Worker, has been and still is a fantastic support to L and ourselves. I admire the way she has handled and supported the finding of a permanent family for L. Although, it still breaks our heart that we are unable to meet L needs, she has supported and still is supporting us through this…..I feel there is still a lot of negativity to the way social workers handle things. However, this has not been the case for us, we cannot thank the social work department from before L birth till now on the way things have been handled. However since J took over L's case I feel that the support and understanding of how all of us involved are feeling have been handled with due thought and consideration for each person as an individual in their own right by J.*
>
> *The way J has handled things by answering questions and giving reassurance of things that we may not fully understand are a credit to her (even though she might feel I am a pain in the *** with my 40 thousand questions) she never lets that show and if she is unavailable when we do try to contact her she always returns my calls again when she is free I can't thank her enough for that. I can't thank you enough for giving J the placement of being L's social worker.*
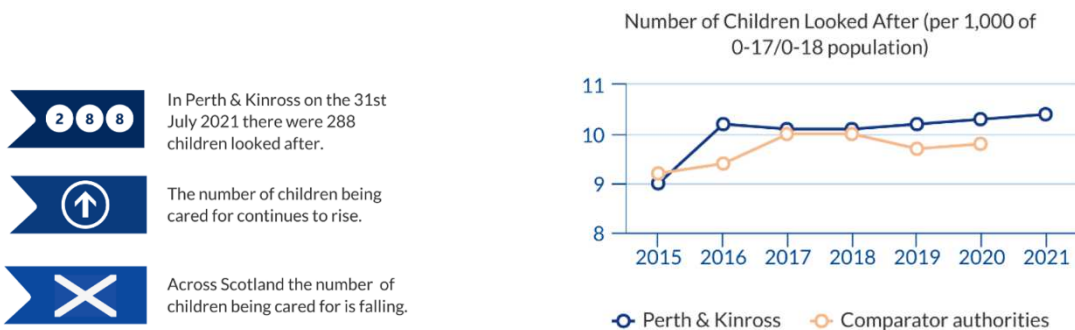
3.16   Corporate Parenting

Services for Children, Young People and Families has led on the development of a new Corporate Parenting Plan for 2021/24 which sets out the intentions and actions to deliver better outcomes for children and young people who are looked after by the Council and to deliver on the Promise. An Independent Care Review was commissioned by the Scottish

Government in 2016 to listen to those with experience of living and working in and around the care system to understand what needs to change. The report of that review was published in February 2020. The data that has informed the plan is set out below. The number of children and young people who are looked after is measured each year on 31 July. This year there were 288 children which is one more than on the same date in the previous year. The rate per 1000 child population remains higher than comparator authorities. The balance of care remains very positive at 96% of children and young people being looked after in community/family based care. There has been a significant reduction in the use of external foster placements with the last being commissioned in September 2019 which has meant that more of our children remain in their local communities and continue at their school with their peers. This continuity is vital for improving outcomes, such as educational attainment, for our children and young people; there is also benefit to their health and continuing to access healthcare.

Key elements of the corporate parenting plan for 2021-24 will be the need for increased and effective whole family support which helps children to remain within their own families and that brothers and sisters are helped to stay together. This will place greater demands on kinship and foster carers.

The Adoption Team has a 100% record of seeking and obtaining Interim Orders in court allowing children to move to their prospective adoptive families before the legal process (POAA and Adoption Order) have run their course thus ensuring children are placed within their permanent families as quickly as possible. The benefits of this are well researched and Perth and Kinross was the only local authority in Scotland making successful use of these orders for children. This practice has been shared with other Local Authorities and Adoption Agencies through the AFA North East consortium, PAN Scotland Meetings and the Adoption Task Force. The Adoption Team is promoting the importance of relationships between brothers and sisters with prospective adopters.

Perth & Kinross Council
Scottish Government Annual Returns

In Perth & Kinross on the 31st July 2021 there were 288 children looked after.

The number of children being cared for continues to rise.

Across Scotland the number of children being cared for is falling.

Number of Children Looked After (per 1,000 of 0-17/0-18 population)

- Perth & Kinross   - Comparator authorities

WHO WAS LOOKED AFTER ON 31/07/2021?

Gender & Age
48% Female   52% Male

Age	Female	Male
0-4 Years	30	29
5-11 Years	55	56
12-15 Years	40	41
16+ Years	13	24

Length of time cared for at 31/07/2021

Period	Number
< a year	78
1 year	60
2 years	30
3 years	34
4-5 years	30
6-7 years	23
8-9 years	19
10+ years	14

Types of Care

- Residential: 4.2 %
- Community: 3.8 %
- Home: 21.5 %
- Foster: 38.9 %
- Kinship: 31.6 %

Brothers & Sisters

- 85 brothers and sisters across 42 sibling groups are looked after.
- Of the 42 sibling groups, 27 are all cared for together.
- 21 children are not placed with any of their brothers or sisters.

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Table 42: Number of Children Looked After Away from Home
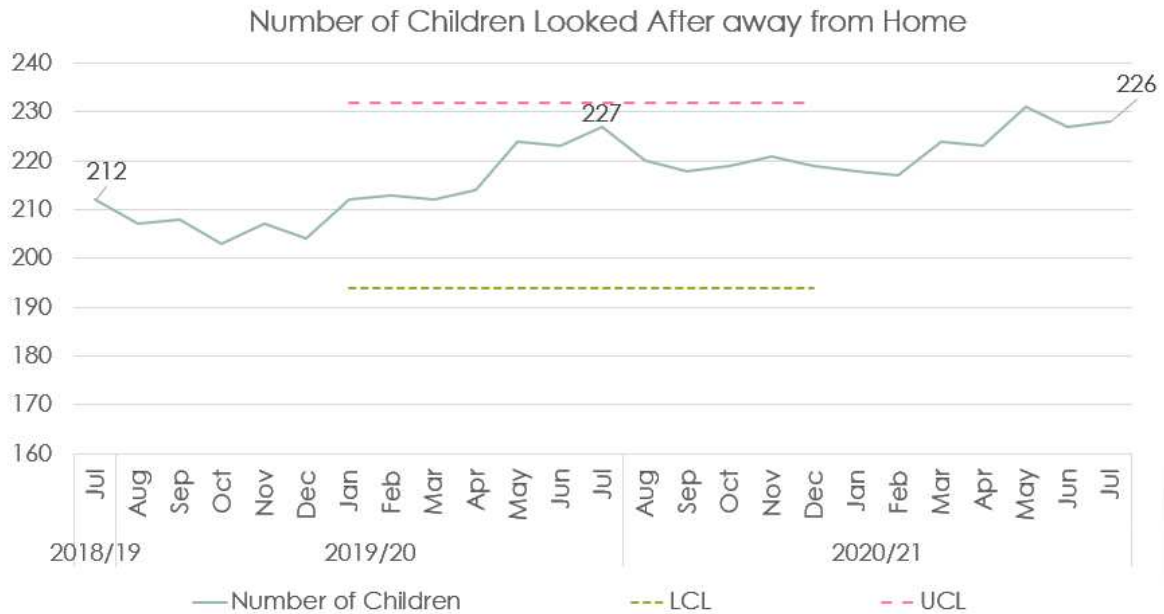
Number of Children Looked After away from Home

The number of children looked after away from home increased in the first 6 months of the COVID-19 pandemic. Thereafter this has remained relatively steady over the last year so the increase in workload, pressures on placement availability has continued and is not showing signs of reducing.

Table 43: Number of Children Looked After at Home
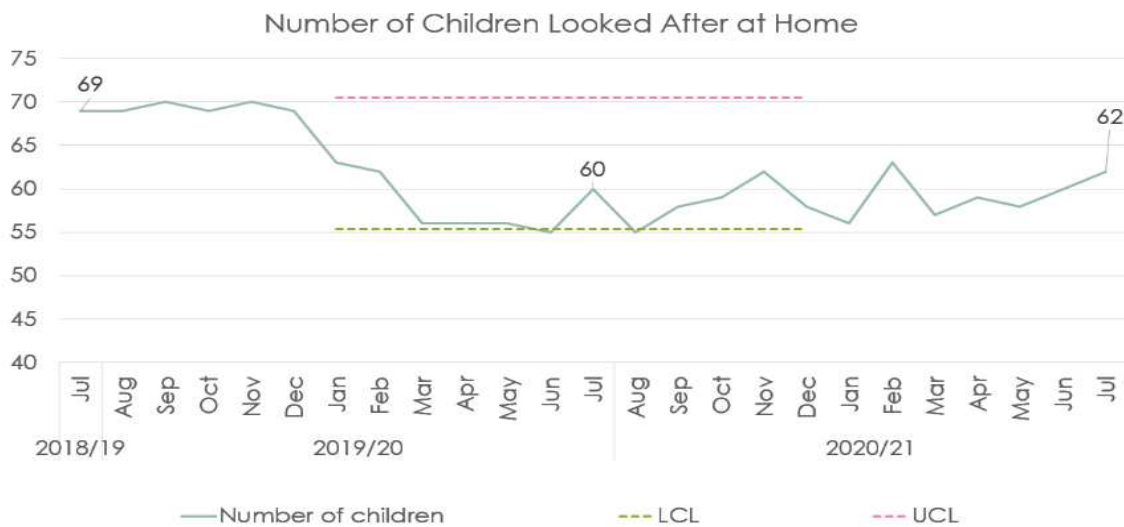
Number of Children Looked After at Home

The number of children who are looked after at home has remained relatively stable over the last year with monthly variations.

Over 2017-2021 good progress has been made to build solid foundations for realising the Promise for Perth and Kinross children. The following is a summary of the progress:

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Perth & Kinross Council Chief Social Work Officer's Annual Report 2020-21

A good childhood	Increased support to kinship carers by creating a dedicated **Kinship Care Team** to support carers by offering practical advice and a listening ear.
	Changed ways of working through **REACH** so that young people aged 12-18 who are on the edge of care are supported 24/7 to stay within their families, schools, and communities.
	Introduced **Lifelong Links** which makes it easier for children and young people to reconnect with people from their past and build lasting relationships for the future.
	Increased the number of **foster and kinship carers and supported lodgings** providers so children and young people can live within a family for as long as they need to.
	Created the **PRAISE** team which provides support to primary school children who are looked after at home and who need extra support with their learning.
	Provided **online tutoring and mentoring** for young people preparing for exams.
	Provided additional support for young people leaving care by ensuring that all care experienced young people are prioritised for **affordable homes** in an area of choice and supported to make local connections.
	Increased levels of **Independent Advocacy Support** to ensure your voice is heard and listened to.
	FYI created a film called Milestones, to raise awareness of the issues faced by care experienced young people and a workshop around "language" being used to describe care experienced young people.
	Created **Care Experienced Education Guidance** to ensure all education staff have an awareness of The Promise and know how to best support care experienced children and young people
	Created **Education Guidance for Unaccompanied Asylum Seeking Children**, ensuring we have appropriate understanding of their needs and suitable education placements
	Scottish Fire and Rescue prioritise a **home safety check** for all care experienced young people.
Whole Family Support	**Strengthened and increased levels of family support** by funding third sector to support family wellbeing and to help them stay together.
	Introduced **Family Group Decision Making** to support families to create their own solutions for their children and young people.
	Developed **family mentoring** to support families – Barnardo's and Tayside Council on Alcohol.
	Testing a new way of delivering family support through partnerships with local families and resources – **Families Empowering Communities**
	In partnership with adult drug and alcohol services developed a test of change creating a **whole family assessment** and plan to meet the needs of whole families where parents are using drugs or alcohol.

The Promise stresses that: "*Scotland must hold the hands of those who hold the hand of the child*". The Family Change Team provides therapeutic support for children and provide advice through consultations to parents/carers and professionals supporting children who have experienced trauma. Over the last year, the team has provided **136 consultations**. This compares to 103 in the previous reporting period. We have adapted to working online and have found that often this has been very positive, enabling us to reach people who may find it difficult to access the building physically, due to geographical or time constraints for instance. We have been particularly pleased to be able to reach more education staff through this. All consultation sessions recognise the importance of offering time and space for reflection and support; this is particularly important for the people supporting and caring for children who have experienced trauma.

This year we have set up a **new introduction service** for all newly approved adoptive parents and foster carers. This takes the form of a short Teams call to inform new parents and carers about our service and promote a more proactive response to supporting carers to care for vulnerable children. We know that it can be helpful to build in from the start an expectation that support will be both needed and available for people who care for traumatised children and it has been welcomed as a way to start to build friendly and trusting relationships from the start.

Throughcare Aftercare Team

The Throughcare and After Care Team's workload has increased from 238 to 248 in the last year. This includes 36 young people who are currently looked after and accommodated and reflects the duty to support care experienced young people up to the age of 26 years..

Unaccompanied Asylum Seekers (UASC)

The Council has accommodated young people via the National Transfer Scheme, mainly transferring from Kent as this is the main point of entry into the UK. The Council's commitment to supporting UASC has allowed the Social Worker and Senior Social Care Officer posts being made permanent from March 2021. This supports us in our commitment to reach our target of 20 young people which equates to 0.07% of PKC's child population and the figure the Home Office use to suggest each Council's quota. We are currently supporting 17 young people from 9 countries. Plans are underway to offer care and support to a further 3 young people before the end of 2021 dependent of availability of accommodation.

The Home Office has given positive feedback about the services offered by PKC and our good practice and expertise in this area has been shared with a number of smaller local authorities, who are looking to begin supporting unaccompanied asylum-seeking children and young people. The social worker gave a short presentation to COSLA UASC groups that meets quarterly in Edinburgh. This was with the aim of sharing PKC's experiences in caring for UASC in order to encourage more local authorities to offer placements. Following a successful application to the care inspectorate, the Supported Lodging adult placement is now a registered service

Wellbank

Wellbank House provides a housing support service to up to 12 young people aged 16-24 years. The Wellbank team continue to meet the standards set within the Health and Social Care Standards. Requests from the Care Inspectorate have led to weekly reporting on staff and young people who have been affected by COVID-19, shielding and self-isolating.

Wellbank House completed a self-evaluation of the COVID-19 infection control measures in place. This was to ensure that both young people and staff felt safe living and working in a close group living environment. This was undertaken in conjunction with PKC Health and Safety Team who undertook a walk-through of the building to assess areas including cleaning regimes, sanitising, signage, wearing of face coverings and physical distancing. The outcome of the inspection indicated that there was nothing viewed which gave rise to a contravention of current COVID guidance. The assessment was found to be "robust and of a good standard".

REACH

REACH was established in 2019 as an innovative new approach to supporting children and young people who are on the edge of residential care and to help them remain with their families, thrive, and achieve their best. A dedicated multi-disciplinary team provides individualised support to help prevent young people needing to be moved to alternative, residential care and, long-term, enable them to flourish within their family and community, becoming healthy, resilient, and resourceful adults.

The project also ties into the Council's commitments to The Promise Scotland - a national initiative to improve circumstances for care experienced children, young people and adults through shifts in policy, practice and culture - and upholding children's rights as stipulated in the United Nations Charter on the Rights of the Child (UNCRC). The project has, ahead of schedule, achieved its original aim to reduce the requirement for residential care to only those who have been assessed as being best supported in this way - helping to cut

Perth & Kinross Council Chief Social Work Officer's Annual Report 2020-21
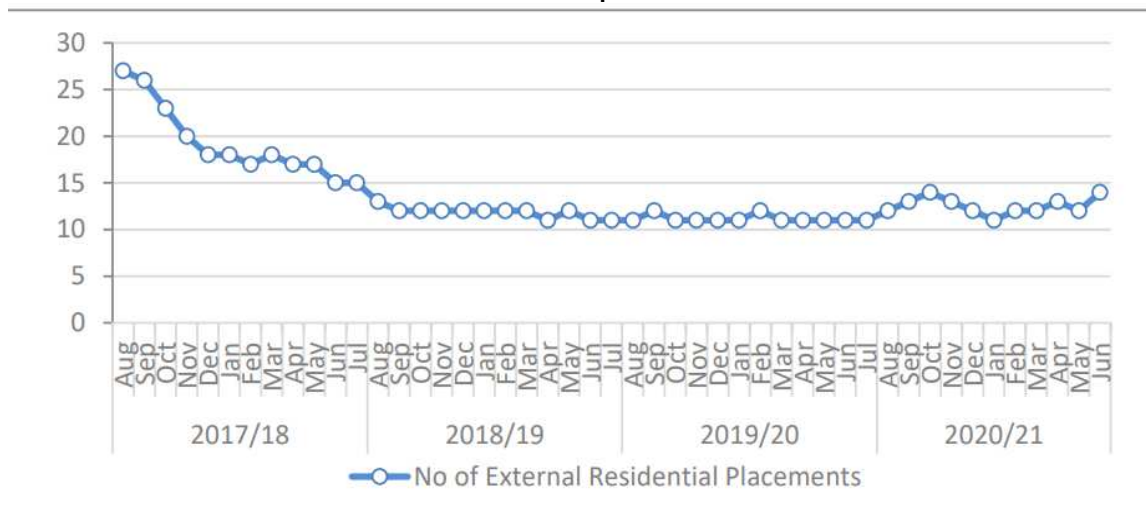
numbers of young people in residential settings by 48% and consequently avoiding significant additional costs. The impact is demonstrated through case studies and performance evaluation - showing how tailored work with individual young people has supported them to better express themselves and improve their mental health and wellbeing; to gain stability in their lives and relationships; and to progress their learning and life skills. It has been possible for more young people on the edge of care to remain at home, to strengthen links with family and community, and to find meaningful paths in education, training, or employment.

REACH is one of several interventions helping to reduce reliance on external residential care placements. The original aim for REACH was that by 2022, the only children and young people who will require to be supported in residential care will be those for whom this is assessed as being the only way of meeting their specific needs. This fundamental aim has already been achieved and since inception, REACH has contributed to reducing the numbers of young people in residential care by 48%.

On 30 June 2021, 14 children were in an external residential care placement. Due to the very small numbers and nature of this indicator, it is expected that this figure will continue to experience small fluctuations whilst remaining significantly lower than the August 2017 figure of 27 children. The reduction in residential care costs has been projected to provide the financial resources required to sustain the entire REACH service provision beyond 2021, which highlights the end of the project period. This element of transformation has been closely monitored by the REACH Project Board and there is confidence that this objective has been achieved.

In 2019, Perth and Kinross Council was ranked 1st out of 32 Scottish Local Authorities in terms of the balance of care for the percentage of looked after children being looked after in the community at 96.1%. In 2020, after a drop of 0.5% the Council was ranked 2nd out of 32. It is recognised that REACH contributes to Perth and Kinross Council being one of the top performing Councils in this Local Government Benchmarking Framework indicator. The Board will continue to meet throughout 2022 and will support the ongoing development of REACH and support the roll out of 'lessons learned' throughout this transformation.

Table 44: Number of children in external residential placements 2017-2021

REACH

Supporting each young person to be
RESILIENT ENGAGED ACHIEVING CONFIDENT HEALTHY

Outreach Teacher

25%

13% 17%

18%

Clinical Psychologist

Speech & Language Therapist

6% 8% 5%
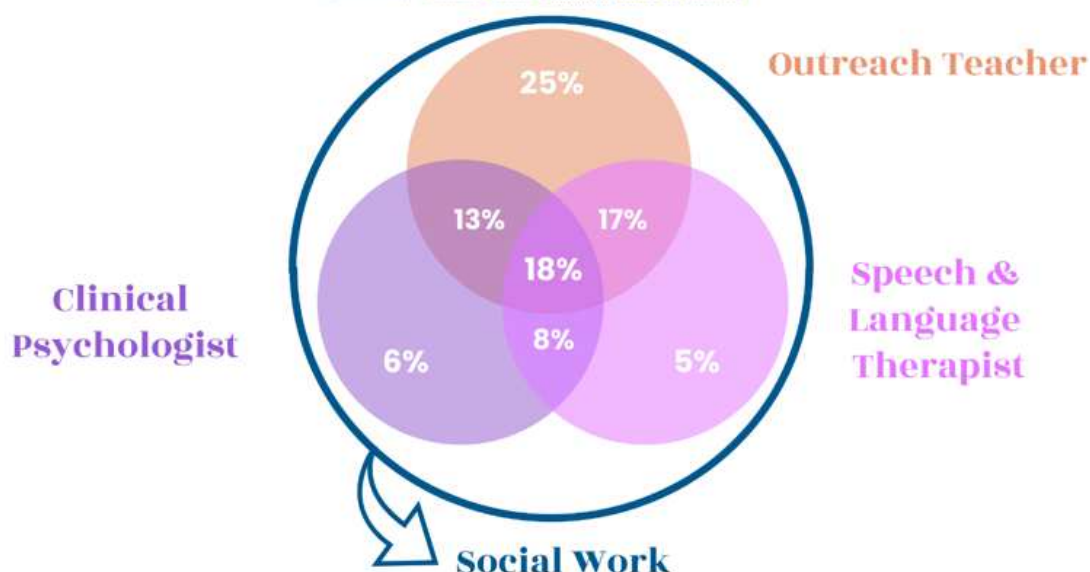
Social Work

All young people have had social work input when supported by REACH. The diagram above shows the breakdown of the specialisms that young people worked with.

- From 01/08/2018 – 30/06/2021 the REACH team has worked with 101 young people.
- Within this time frame 58 young people have finished working with REACH.
- REACH has also supported eight sibling groups of 17 individuals.

Speech & Language Therapist

- During the reporting period 65 young people have undertaken a communication screen to identify any Speech, Language and Communication Needs (SLCN).
- There were 38 young people identified as having SLCN.
- Outcomes are available for 24 young people who have completed work with their SLT. 100% of young people have achieved at lease one of their outcomes.

Clinical Psychologist

- During the reporting period 38 young people have been supported by the Clinical Psychologist.
- 19 young people supported by the Clinical Psychologist were previously accepted by Child and Adolescent Mental Health Services but then discharged e.g. did not meet criteria for neuro-developmental diagnosis (such as ADHD, ASD) or due to non-engagement/attendance.

16+ Youth Worker

- Since appointment in July 2020, the 16+ youth worker has provided focussed support to help young people to fulfil their potential.
- Partnerships with both local and national organisations have been established. Including joint working with Ocean Youth Trust, Perth YMCA, Enable Scotland; Skills Development Scotland; Star Fish Project and Services for Young People 16+.

Outreach Teacher

- Since the implementation of REACH the Outreach Teacher has finished working with 24 young people.
- Of these 24 young people, 18 achieved positive outcomes including qualifications, awards and starting college.
- Young people experienced an increase in their levels of aspiration, confidence and participation.

44

3.17   <u>Support for Carers</u>

Support for unpaid, informal carers in Perth and Kinross continues to expand. These include information, advice, support from a dedicated Carer Worker, complimentary therapies, counselling and respite. These services support carers' health and wellbeing and enable carers to have a break and sustain their caring role. Carer's assessments are carried out by locality-based Carer Support Workers and other assessing workers, providing support to identify appropriate supports and develop Adult Carer Support Plans. All interventions seek to mitigate the risks of carers going into crisis and prevent the person who is cared for being admitted to long-term care, so keeping families together longer, within the community. Carer Support Workers have continued to operate during COVID-19, ensuring continuity in carer support; particularly maintaining contact with those carers who were considered most at risk.

Day care services, which provide carers with a break, were substituted by online meetings or outreach support in the person's own home where online was not appropriate. Sitting services have also continued and statutory workers were re-tasked to meet increased demand caused by the lack of alternative support such as respite in care homes, due to the pandemic. Between May and August 2020, 35 families accessed this support.

Respite breaks in care homes was less available and some carers were reluctant to accept this as the person who is cared for would have to isolate on admission. All locality Social Work teams were vigilant throughout this time to the needs of carers when they bore an unprecedented burden arising from the pandemic. An online Carers event was made held in November 2020. This replaced the annual in-person conference. The film of the event is available on YouTube and has received more hits than previous attendances at the in-person event.

An information booklet highlighting available support for carers and coping strategies was developed and distributed. A range of information is also available online including three short videos highlighting Carer services. Future developments include a Befriender Service, and a number of community-based groups and cafes.

A service to support carers with their own mental health was developed with the third sector, in response to an increase of 73% in carers supported by the service *(in 2019/20, 154 carers were supported increasing to 267 in 2020/21)* as their mental health was being detrimentally affected due to stress caused by the pandemic.

A Palliative Carer Support Worker post has been recruited to ensure support is available within five days of referral in accordance with statutory guidelines.

3.18   Adult Social Work and Social Care Services

3.18.1   Commissioned Services

Commissioned services represent a rich and varied level of provision essential to achieving the Perth and Kinross Health and Social Care Partnership's objectives. The PKHSCP Strategic Commissioning Plan places a significant level of emphasis on the need for services and support to intervene early to prevent later, longer term issues arising. It aims to enable 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.

Commissioned services are instrumental at stepping in at an early stage and intervening prior to a person reaching crisis and preventing difficulties escalating or requiring statutory services. The level of quality maintained by providers and other commissioned services, for example, our third sector service level agreements is vital to the provision of health and social care within Perth & Kinross.

3.18.2   Care Homes

Perth and Kinross has a comparatively higher number of care homes per person than any other local authority in Scotland with 41 Commissioned Care Homes in which we purchase placements. There are 1470 Care Home placements available, a mixture of small independent homes and large care home chains, providing care and support to older people, people with a mental health condition and those with a physical and or a learning disability.

COVID-19 has had an enormous impact on the Care Home sector and caused a range of complex issues for homes and meant that they have been under sustained and considerable levels of stress. COVID-19 is highly contagious and as such has meant staff on the whole have had to rapidly upskill and continue to adapt to changing policy and instruction both locally and nationally on a regular basis.

In order to cope during the pandemic, the Enhanced Care Home Team was established – this team is dedicated to Care Homes to help navigate the pandemic and to respond with urgency to outbreaks within the sector. In the longer term the team will contribute to wider strategic improvement within older people services, as a point of contact and a pivotal role in taking forward improvements in relation to flow and overall management of older people's health and wellbeing.

A Perth and Kinross Care Home Oversight group (inclusive of the Health and Social Care Partnership, Health Protection, Scottish Care and the Care Inspectorate representatives) was formed and met daily from mid-May. Daily reporting of data, care home visits, testing, PPE and staffing are considered, and the compilation of a daily exception report are all used to facilitate decision making to support care homes and coordination of the most appropriate support teams. Daily reports were provided to senior officers including the Council's Chief Social Work Officer.

All Care Homes in Perth and Kinross have received two Assurance visits, the first between June and August 2020 and the second over February and March 2021. Overall, the visits have been positive with some excellent examples of practice identified. As the pandemic has progressed so has our learning, in addition national guidance has altered. Care Homes have coped well with the rapidity and regularity of change that has occurred. Issues identified were predominantly in relation to Infection, Prevention and Control (IPC) and the need for a clinical environment within a home environment. This has been a recurring theme. The support of Public Health and the IPC Nurse team has been invaluable. Managers welcomed the visiting staff and were appreciative of the support given and the "All in it together approach".

A large number of Care Homes have experienced outbreaks at different times and only a few were overwhelmed by the impact of such an outbreak. Where this did happen the Health and Social Care Partnership stepped in and allocated staff to work alongside the Care Home, they delivered frontline care and support, healthcare provision, clinical and managerial leadership and support to families and carers of residents within the Care Home.

A range of activities has been undertaken in relation to the Care Home workforce and online learning opportunities have been made available. A wellbeing webpage has been developed with access to opportunities available and a pathway of psychological support has been made available for those requiring more intense and personalised input.

3.18.3   Care at Home

We currently commission a total of 15 external Care at Home providers who provide support across the Self Directed Support options and across all localities. External Care at Home Options 2 and 3 currently employs, in the region of, 457 staff who deliver approximately 810 packages of care.

There are 584 Personal Assistants (Option 1) employed by 249 individuals who receive a Care at Home package of care.

Care at Home providers have worked tirelessly to sustain their services, they have changed and adapted in accordance with changing guidance, they have supported those most in need in our communities. We introduced the Enhanced Carer's Pilot - each winter the NHS faces pressure due to a rise in seasonal illnesses and a worsening of chronic health conditions in our older population. Regular 'winter pressures' in 2020 were further impacted by Covid demands and delayed discharges from hospital to care at home services began to increase at an earlier stage than normal.

This short 'test of change' was designed to provide a 'step up' and 'step down' from hospital type service, supported by regular and more in-depth contact with individuals either at

home or in hospital. The Enhanced Carers provide an intense level of support for a short time and would also link individuals to other community-based resources which could be sustained for a longer time.

COVID-19 has impacted on what the Enhanced Carers were able to do. For a while, their focus moved to prevention of admission to hospital but as restrictions on footfall within hospitals lifts this is shifting back to hospital discharge.

3.18.4   Supported Living Projects

Supported Living Projects work with a diverse range of individuals, including people with a learning disability, autism spectrum condition, mental health condition or forensic need. We have 16 supported living projects supporting 74 individuals across all localities within Perth and Kinross. In addition to this we commission individual packages of care and support in people's own home, again there is a large variation in the size of these packages, of which there are in the region of 140 packages of care. The majority of current specialist supported accommodation units in Perth & Kinross support people with learning disabilities and/or autism/complex needs. There are currently 388 staff employed by supported living providers.

Providers within our Supported Living projects have continued to deliver as normal a service as possible. Access to activities has been limited and this has caused frustration to some, those who would normally attend a day centre, or a supported workplace found themselves with large gaps in their day which Providers then worked creatively to find meaningful alternative activities.

One Provider has developed the Woodlands Wanders Club by securing additional external funding. They have developed 3 specific John Muir Awards and specific programmes to support individuals with Learning Disabilities and/or Autism to work towards gaining awards in outdoor community settings for example Kinnoull Woodlands and local green spaces. These activities have provided people with the opportunity to re-connect with each other and have a shared goal which is conservation in their local community promoting active citizenship within the group.

3.18.5   Service Level Agreements (SLA)

There are 25 different organisations who work across all service user groups via Service Level Agreement (SLA) providing a wide array of services for every service user group including day care services; helping people to navigate services; support (advice, information, buddying); providing opportunities for people to lead active and healthy lives; provide social opportunities; non health related practical support (repairs, shopping, transport); providing a voice for particular groups or communities; providing specialist knowledge of a particular condition.

Services have had to radically change their delivery model and prioritise those most in need. Our partners have continued to provide a range of essential support services, providers have been flexible and adaptable, adopting new ways of working, embracing digital solutions where possible. Providers have risk assessed and prioritised those most in need, ensuring that the most vulnerable people are getting the support they need.

3.18.6   Employment Support Team

The Employment Support Team (EST) offers employability related support to people facing additional challenges to prepare for, find and maintain employment. People aged 16+ who have additional challenges as a result of mental ill-health, learning disabilities, acquired brain injuries, autistic spectrum conditions or those affected by drugs and alcohol are eligible to access the supported employment service.

A remote service was delivered throughout the pandemic and all service users were contacted regularly by their named worker. Face to face support has been available throughout the pandemic if required. A Remote Employability Hub was developed to support job seekers. The Employment Support Team supported 148 individuals with mental ill health, learning disabilities, acquired brain injuries or autism spectrum condition to move through at least one of the employability pipeline stages. Going forward a blended model of support will be available. Individuals furthest from the job market will be prioritised for specialist support to engage in paid employment.

> ***Case study – Employment Support***
> *Claire is employed as a Kitchen Assistant in a local school and enjoyed working at the school and serving the pupils their meals every day and working as part of a very busy team. Claire required support from the Employment Support Team with Independent Travel when she started working. Due to COVID-19 and schools closing, Claire could no longer work at the school and spent time during lockdown with parents. On returning to work, Claire was out of character and confused while in the work environment.*
>
> *Claire was admitted to hospital and prescribed medication which helped improve her mental health and she was also diagnosed with diabetes during her hospital stay. Throughout this time, the Employment Support Worker kept regular contact and Claire returned to work in March 2021. Along with the Employer's support and Employment Support worker, Claire has been back at work for five months and continues to do well and receives regular support from Mental Health Services and attends Diabetic Clinic.*

3.18.7   Technology Enabled Care (TEC)

Technology Enabled Care (TEC) is the use of technology to provide health and social care services to people in their own homes, or near to home, helping people to live independently and safely. TEC has played an essential role in ensuring continued delivery of Social Work and Social Care services during COVID-19.

The TEC Team has worked hard to optimise the use technology through the active engagement with staff, carer, and service users via online interactions, face to face meetings and web presentations. The key focus has been on increasing information sharing and improving accessibility to resources. For example, a virtual tour of the Smarflat, which contains working examples of TEC equipment, was developed.

During COVID-19 there has been a steady increase in demand for 'NearMe' virtual meetings and consultations. The expansion of licencing criteria enabled Social Work and Social Care to further use the consultation tool and continue the delivery of essential services.

Mobile working for HART (the reablement service) has been introduced. Care plans and rotas are now sent to workers' smartphones rather than paper copies. This has dramatically increased the efficiency of the service.

Remote access to the Community Alarm control room systems was implemented. This enables call handlers to work from home to reduce the risk of contracting COVID-19 and/or self-isolating. This has helped ensure the continued delivery of the service.

The turnaround time for the installation of Community Alarm devices increased to 8 days during lockdown, however, did not exceed the target of 10 days for installation. With the easing of restrictions and streamlining of internal processes this has now reduced further to under 4 days. The target for emergency installations withing 48 hours has been met throughout 2020-2021.

Perth and Kinross is part of the Analogue to Digital telecare pilot and achieved the Bronze award in recognition of progress to date. A fully digital service will improve the reliability and quality of service to clients. The analogue to digital programme will continue over the

next few years to refresh all analogue devices used by our 3,600 service users across P&K.

3.18.8   Transitions

The Transition Team works with young people with learning disabilities and autism and their families to help them negotiate the transition into adulthood. Support for transitions is provided for as long as is necessary to ensure the correct support is in place to meet outcomes and that this can be maintained. Young people have historically been supported to remain at home, move into their own tenancies, access day opportunities, both internal and external or community-based resources. The team is currently supporting 75 young people at varying stages of their transition.

Initially due to the pandemic staff within the Transition Team was unable to progress with any transition planning, especially for those who were due to leave school in the summer 2020. This lack of ability to offer any meaningful transition planning impacted significantly on the young people and their families, leading to increased anxiety and fear of the future. Staff continued to communicate regularly with the young people, families, and schools during the first lockdown to provide support and where possible, provide updates. Assessments continued virtually and as soon as changes to guidance were made staff recommended face to face visits both to young people's homes and schools.

Staff have worked closely with schools, young people and families and have adapted their transition planning to comply with the relevant guidance which was in place during each stage of the pandemic. Access to services such as day opportunities and college has been limited, with building-based day opportunities only becoming available from April 2021, for existing service users only. This has meant that staff have worked with families to look at alternative ways of providing support, including outreach, virtual day opportunities and college and small packages of 1:1 support to enable young people to get 'out and about' within their own communities.

An additional Social Worker post was deployed to support the Transition Team to address the increase in workload which has come about as result of the pandemic, and to ensure the young people and their families were provided with support that was required at a time of uncertainty. Despite the challenges all young people leaving school after the 2020/21 academic year had support confirmed for the summer and provisional plan for ongoing support from the autumn.

Numbers of young people supported by the Transition Team is shown in the table below:

Table 45: Number of young people supported by Transition Team

Year	No of Young People	*GOFAs to be Completed	Planning	Planning due to Covid	Review
2019/20 leavers	16	0	0	16	16
2021 leavers	24	2	22	0	24
2022 leavers	21	5	16	0	0
2023 leavers	12	12	0	0	0
2024 leavers	2	2	0	0	0
Total	**75**	**21**	**38**	**16**	**40**

GOFA – Generic Outcome Focussed Assessment

The Transition Team is included in the scope of the 'Complex Care Transformation Programme' to improve support for people with autism and/or a learning disability who have complex support needs. This programme will continue to be developed during 2021/22.

The team is involved in the development of new transition pathways as well as a transition information website and pack which meets with the 'Principles into Practice (Good

Transitions 3)' guidance which has been developed by the Scottish Transition Forum. There is currently a 2-year pilot and Perth and Kinross is one of the authorities undertaking the universal pilot. This will inform the development of transition work moving forward.

4   Quality of Care and Support – Independent Scrutiny

4.1   Registered Services

Perth & Kinross Health and Social Care Partnership manages 10 in-house registered care services on behalf of the Council: Blairgowrie, Strathmore, Gleneagles, Kinnoull and New Rannoch Day Centre all provide Day Services. Parkdale Care Home and Day Care Service, Dalweem Residential Care Home, the Supported Living Team for Adults with Learning Disabilities and the Home Assessment and Recovery Team (HART).

Inspection activity to HSCP services during the 2020-21 year was adjusted in light of COVID-19, and the inspections which took place had a primary focus on pandemic response. The Care Inspectorate paused inspections to our Registered Services and conducted COVID-19 specific inspections to Care Homes that had experienced an outbreak of COVID-19 or which were identified locally as having emerging issues.

4.2   Day Services

Learning Disabilities and Older People's registered day services were stepped down in March 2020 due to COVID-19. Outreach support was made available during this time to support people who would have attended day services. Initially this support was prioritised to those in greatest need and/or to prevent carer stress. Throughout the last year the service has been enhanced and extended to provide support to a wider group. Since May 2020, we have been providing a new virtual service which offers stimulating and engaging activities online for people. Many people have said they have enjoyed the virtual support, and some say they prefer it to attending in person. This has been taken into account and a blended model of building based, virtual and outreach support will be available ongoing.

The development of a Day Care/Day Opportunities Forum has also been beneficial to internal and external services. This has supported joint working and shared practice and has been effective in ensuring that all COVID-19, Health & Safety and Legal guidance is adhered to by internal and commissioned services in Perth & Kinross.

4.3   Care Homes

Dalweem and Parkdale Care Homes were closed to visitors and social distancing was brought into effect within the care homes for residents, as well as for staff at the start of the pandemic. Staff encouraged the use of ipads and mobile phones so that families could maintain contact. PPE was used as per Scottish Government guidance. Both care homes received two COVID-19 support visits providing assurance that residents were in a safe environment. Staff continue to social distance whilst on duty and are supporting the residents to stay in their bubbles within the Care Homes.

Neither Dalweem or Parkdale experienced high levels of sickness absence with only small numbers of staff having to self-isolate. Staff continue to be tested through PCR and LFDs and all staff and residents have been double vaccinated.

Care Homes continue to follow guidance on 'Open with Care' so that families can visit again safely. Residents are now able to go out with their families for trips in the car and for overnight stays. Activities such as exercise classes are now taking place and birthday celebrations. This has had a hugely positive effect on residents' mental health and general wellbeing.

4.4   Supported Living Team

The Supported Living Team (SLT) provides support to adults with a Learning Disability and/or Autism. The support delivered enables individuals to maintain their own tenancy within the community.

In response to COVID-19 and to ensure service users and families continued to receive support, SLT helped service users to purchase devices to enable them to engage virtually with family and friends and participate in virtual activities to support their health and wellbeing. Initially this was set up by day services who welcomed SLT service users to participate in weekly, online events. The SLT also created and implemented their own virtual activities that ran independently and provided engagement in the evening and at the weekends to further reduce impact of isolation.

The pandemic impacted on staffing levels. In the first few weeks of lockdown the service experienced a high rate of staff having to self-isolate.   The staff group responded to this challenge and all shifts were covered through people agreeing to work extra hours.

4.5   Complaints

Table 46: Number of Complaints as at 31 March

	Number of complaints				Number of complaints acknowledged on target			
	2017/18	2018/19	2019/20	2020/21	2017/18	2018/19	2019/20	2020/21
Adult Services	14	18	25	11	12	18	24	10
Children's Services	10	9	15	9	10	9	15	8
Total	**24**	**27**	**40**	**20**	**22**	**27**	**39**	**18**

Social Work and Social Care Complaints

The findings of complaints are shared with relevant managers, to ensure that any lessons learned are shared.

This year, complaints handling had to be prioritised against the need to focus on business-critical areas and responding to emergency situations as a result of the pandemic. However, all complaints were screened to ensure that the issue was not something that needed an immediate response, and Service Users were kept updated as to the progress being made. A number of the complaints concerned issues related to:

- the COVID-19 pandemic, such as changes in service provision and use of PPE
- services provided to children and young people
- policy and procedures

5 Resources

Adult Social Work and Social Care	2018/19 £m	2019/20 £m	2020/21 £m
Net Recurring Expenditure	52.21	54.79	54.56

Services for Children, Young People & Families	2018/19 £m	2019/20 £m	2020/21 £m
Net Recurring Expenditure	18.07	18.47	18.40

Criminal Justice Services*	2018/19 £m	2019/20 £m	2020/21 £m
Net Recurring Expenditure	2.154	2.173	2.153

Criminal Justice Services is funded via Scottish Government grant

6 Workforce

In the initial stages of our COVID-19 contingency planning it was anticipated that during the pandemic we would experience staff shortages in areas of critical service need and it was likely that this would be accompanied by unprecedented demand for social work and social care services. In order to mitigate these risks processes for assessing service sustainability and deployment of staff into essential services were put in place. The Council's Gold Command Structure included a Bronze Group responsible for re-tasking staff to areas of priority. This was accompanied by very regular monitoring of staff absence and availability across all social work and social care services ensured. A Workforce Matching Unit was established to ensure minimum staffing levels. An interim 1 year Workforce Plan was developed for health and social care staff which had a focus on mitigating key staffing risks.

Safeguarding the wellbeing of staff is essential to the delivery of safe and effective social services. Resilience has been tested with the continued pressure of responding to the challenges of working through a global pandemic and attending to additional demands and complexities. Following on from a successful Staff Wellbeing Conference in Autumn 2020 a wellbeing champion has disseminated key messages about supporting mental and physical wellbeing and ways to access practical support.

Learning and Development Team

Our vision in Learning and Development (L&D) is for 'the best learning experience' and if there is something that stands out over the past year which has enabled this, its partnership working. The ability to work together with others to create opportunities for the workforce has been key to our L&D offer here in Perth and Kinross. Exploring and learning during the time of a pandemic has brought its challenges, however, it has also brought a shift in thinking, an acceleration of online and digital opportunities, as well as connections and sharing, all supporting the workforce at a time when face to face has not been possible. This will expand options for learning and offer more choice in the future.

L&D supported the re-tasking of the workforce, and our external website enabled a quick response. We worked together with our health partners and developed a learning programme to support re-tasked workers, PK Learning & Development - COVID-19 LEARNING CONTINGENCY. As well as supporting re-tasked workers through a digital learning programme, which we have used throughout the 2nd and 3rd waves, we also enabled more than 170 re-tasked workers with an adapted face to face Manual Handling session, also digitally supported by our previously designed Manual handling website Easy Manual Handling | Home. Web-based resources showed increased in traffic, not only within P&K, but they were also being accessed nationally.

During this time, we also collected some stories of care, [PK Learning & Development - Essential Learning and Development](#) and we were asked to share these with the Scottish Government who were interested in workforce experience during the pandemic. This further highlighted the need to ensure the wellbeing of our people too. This was increasing during the 3rd wave (including our care home partners, who we have supported as a partnership response following their covid experience) and led to the development of wellbeing signposting, resources and access to support, [PK Learning & Development - Spaces for Listening](#), [PK Learning & Development - Health & Wellbeing Resources](#).

Our work environment went from being a physically closely connected team, to each other and the SW teams, to homeworking. We worked together to find ways to support each other, using daily team time for a chat as we would have in the office, monthly catch ups, monthly team meetings and catching up for a Teams calls for tea breaks. We used Teams for supporting NQSW forums, ASP and AWI forums, coaching, reflective conversations, supervision/group supervision, assessment, development time and tried to adapt our needs to the digital context. We also recruited and inducted digitally into L&D roles during this time. We do hear though that people really want to get back into a room now physically and we feel this too.

Prior to the pandemic, we were supporting SVQ candidates and Social Work students and during the first wave, student placements were suspended and the SVQ candidate progress reduced due to limitations and capacity for learning at a time of crisis. This initiated development for these areas. We started to work with SVQ candidates online, using digital methods such as Learning Assistant, creatively supporting observations with Witness Testimonies, and purchased digital resources to support candidates' studies. The SQA External Verifier's report, May 2021, stated that the outcome of their visit was "High Confidence" in the delivery of the awards – candidates' work was of a high standard and candidates reported a high level of support and guidance from our SVQ L&D Officers.

Accredited Learning

Table 47: Learning and Development

Practice Learning:	
Social Work Students	Placements were suspended in March 2020 due to Covid-19 and were resumed in August 2020. From August 2020 - March 2021, 9 students from 3 universities had placements. 2 were staff on the Distance Learning SW degree.
HNC Students	Placements were suspended due to Covid-19. Placements are planned to resume Autumn 2021- Summer 2022
Newly Qualified Social Workers	As at 04.08.21 there are 18 NQSWs in PKC – 11 in HSCP and 7 in Children's Services
SVQ Candidates	**SVQ in SSHC @SCQF level 6** – 8 active/ 4 completed **SVQ in SSHC @SCQF level 7** – 8 active/ 1 completed **SVQ in SSHC @SCQF level 9** – 5 active/ 1 completed **L&D9DI –** 1 active (member of L&D working towards SVQ Assessor award to increase capacity and meet development goals)

After the 1st wave and into the 2nd wave we worked with Universities and Practice Learning colleagues nationally to resume placements. We worked with our great teams here in Perth and Kinross to creatively design student placements and worked collaboratively for what was a different and yet engaging experience. An evidence-gathering tool was developed by one of our Practice Educators (PE) which has been adopted by Stirling University and

accepted as a method of reporting the final assessment by Dundee University. This supports students to evidence practice, reducing the PE's load. We have accessed national funding to support students digitally.

As a team we have adapted in many different ways during the last year, including, members of the team being re-tasked into different roles, including, Manual Handling, re-tasking learning and admin, care homes, the vaccination programme and community volunteering. We also had the joy of two people from elsewhere in the organisation working with us to support the admin around re tasking. A great team and we were grateful for the support.

We have also been excited by the partners we have collaborated with to develop our learning offer. We have partnered with our health colleagues, 3rd sector, Independent sector and this has created fantastic opportunities such as PK Learning & Development - Adults With Incapacity Online, PK Learning & Development - Harmful Practices , PK Learning & Development - Learning about Autism and many more. It has been a time too, to consider our learning and development within the team, so we have supported, facilitation development, a member of team on a digital learning qualification, Made on a Mobile sessions, Service Design programmes, as well as Insights facilitation to support the P&K Offer development.   Our key challenges have been and are in relation to:

- Capacity within the team, Practice learning, SVQ and Manual Handling
- Online induction into the team of 3 new members
- IT skills of SVQ candidates – Assessors need to support with IT as well as SVQ
- L&D Team skills update in relation to digital learning
- Learners missing face to face
- Homeworking – Challenges in relation to collaboration and connectedness

However, we continue to be committed to our workforce and explore opportunities such as:

- We have been provided with £34,000 of funding to support an additional member of staff through the Mental Health Officer programme. This money will also be used for backfilling for the SW post while the Social Worker is attending the course.
- We are working with ASW&SC on the development of a learning framework, within a learning culture and supporting learning through NQSW and onwards. We have submitted an application for funding to be part of an early implementation project for the NQSW supported year.
- We have been recently selected as part of a collaborative in relation to the redesign of day services. This is supported by Healthcare Improvement Scotland and is alongside 3 other HSCP's PK Learning & Development - Learning about Autism
- Application for a Kickstart placement with Skills and Employment Initiative - for our Digital Development
- Partnership Learning and service/team development

Case Study

HOW DID COVID-19 IMPACT LEARNING?

Practice learning makes up 50% of the assessed learning on Social Work programmes. The national decision to cease all practice placements in March 2020 created challenges for students to meet the requirements of their course and gain the necessary practice experience to support them as NQSWs. The challenge was to create solutions for resuming practice learning, safely and effectively by August 2020. We contributed to this work, designing changes to learning in practice and assessing students, considering changes in the work environment and contact with service users as a result of Covid-19 restrictions. This has supported the through-flow of NQSWs for recruitment.

WHAT DID WE DO TO RESUME PRACTICE LEARNING?

The HSCP L&D Team are responsible for practice learning across PKC. We worked with our Practice Educators and Link Workers locally, and with the Social Work Education Partnership (SWEP) representatives, HEI leads, SSSC representatives and colleagues in other placement-providing agencies, nationally. We asked what practice looked like for our staff and how that could provide sufficient learning opportunities for students. With our PEs, we identified the pain-points in assessing and supporting students and developed ideas about how to reduce the workload to promote placement offers. We fed this into the national and local work groups, contributing to the development of risk assessments, options for the facilitation of supervision and direct observations online and the creation of an Evidence Gathering tool (EGT) to involve placement teams in supporting the student to gather evidence of progress from a range of supporters and stakeholders.

The EGT has been incorporated into the Stirling University assessment process and has been adopted by Dundee University. We co-developed an assessment for child protection competence with the University of Dundee; developed a student group-learning programme linked to the Standards in Social Work and identified and supported PEs and experienced practitioners to lead some of the group sessions. We recognised the need to keep students connected whilst engaged in hybrid work patterns and working from home. The group learning allowed for peer support and the use of Teams supported online spaces for the students and for PEs and LWs to have peer support.

We offered more placements in this period than in the same period the previous year. Feedback on the use of the EGT by students and PEs at Stirling University was positive regarding placing the onus of evidence gathering on the student rather than the PE, encouraging Link Workers to provide feedback on evidence presented by the student and incorporating service user feedback. Practitioners enjoyed their learning sessions with the student group and gained confidence in sharing their knowledge. Students appreciated this opportunity to learn from a range of SWs, during a more restricted placement.

Child Protection

Over the last year, the COVID-19 pandemic and containment measures prevented us from delivering face-to-face inter-agency training, resulting in all such training being paused since March 2020. The CPC rapidly responded, taking an innovative approach by updating and adapting learning and development opportunities to ensure they remained relevant and accessible to the changing needs of the inter-agency child protection workforce. Throughout the last year, we have continued to embrace new technologies to create a more flexible blended approach to our inter-agency learning and development programme. We have delivered live webinars, created short learning films and invested in new software to expand our range of interactive Online Learning Resources; allowing busy practitioners to learn at a time, pace and place convenient to them; whilst ensuring relevance to the general contact workforce; specific contact workforce and the intensive contact workforce and in compliance with National Guidance.

CPC inter-agency child protection learning and development opportunities and resources continue to be delivered within the existing budget and free-of-charge at the point of delivery. We continue to collate evaluation reports which evaluate our training opportunities very highly. The CPC fully intends to recommence its face-to-face inter-agency training when safe to do so. The charts below show changes to the CPC inter-agency child protection staff learning and development opportunities delivered from March 2020; by way of Webinars and Online Learning Resources:

Table 48: Child Protection Webinars
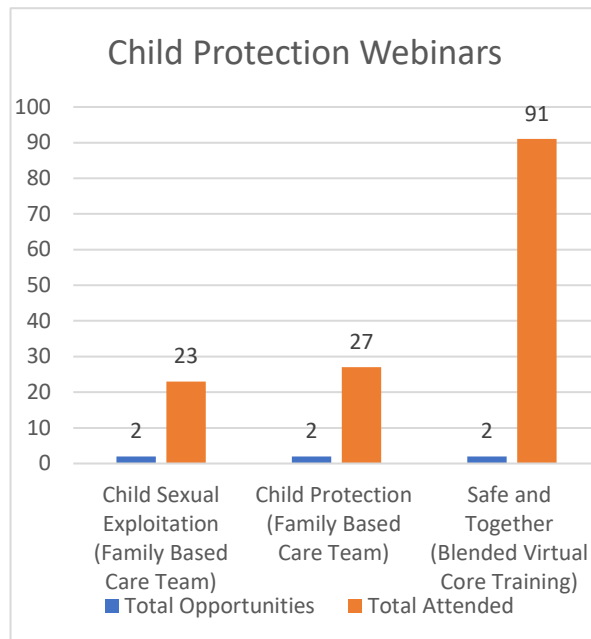
Table 49: Online Staff Learning & Development Opportunities

Child Protection Webinars

Category	Total Opportunities	Total Attended
Child Sexual Exploitation (Family Based Care Team)	2	23
Child Protection (Family Based Care Team)	2	27
Safe and Together (Blended Virtual Core Training)	2	91

Online Staff Learning & Development Opportunities

Module	2019 / 2020	2020 / 2021
Child Protection OnLine Module	2,166	1,414
Getting it Right for Every Child (GIRFEC) OnLine Module	1,941	1,030
Adult Support and Protection OnLine Module	1,675	784
Total	5,782	3,228

Table 50: Child Protection Learning Opportunities

Child Protection Learning Opportunities

Category	Total Opportunities	Total Attended
Trauma Informed Practice 1 (RASAC PK)	8	203
Trauma Informed Practice 2 (RASAC PK)	5	79
CLICK Path to Protection Training (Marie Collins Foundation) – Think Courses, Act Courses, Mange Course	7	157
Child Protection Officers Training	3	86
Safe and Together Model Overview Training (Safe and Together Institute)	1	100

In October 2020, TRIC PG5, organised a virtual Tayside Chief Officers Group Leadership Event to share Dr Vincent's research findings into ICRs and SCRs. This provided a forum for considering how this research informs our agenda for continuous improvement, shared leadership, and vision for protecting children over the next three years and to
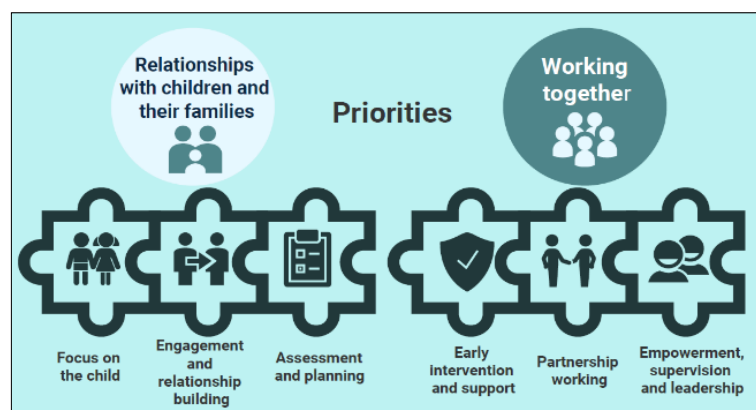
consider the shared approach to workforce development for staff working across children's services.

35 Senior officers from across Tayside attended this event and following a presentation from Dr Sharon Vincent delegates were able to discuss the research findings and refine the priorities for multi-agency workforce development. This has now led to the development of six Priorities for Practice under the themes of Relationships and Working Together. A workforce development programme has commenced with groups of frontline practitioners and managers working with each other to devise learning and development opportunities which will best meet their needs. This programme aims to enhance leadership, change culture, ethos and day-to-day working practices to deliver better outcomes for unborn babies, babies, children, young people and their families.

Glossary

AAASG	All Age Autism Strategy Group
ADP	Alcohol & Drugs Partnership
AP	Adult Protection
APC	Adult Protection Committee
APCC	Adult Protection Case Conference
ASC	Autism Spectrum Condition
ASD	Autistic Spectrum Disorder
ASP	Adult Support and Protection
ASIST	Applied Suicide Intervention Skills Training
BAAF	British Association for Adoption and Fostering
BMIP	Business Management & Improvement Plan
BPD	Borderline Personality Disorder
CAB	(Perth) Citizen Advice Bureau
CAMH	Children and Adolescent Mental Health
CCR	Child Concern Reports
CELCIS	Centre for Excellence for Children's Care and Protection
CHD	Chronic Heart Disease
CHP	Child Health Partnership
CJA	Criminal Justice Authority
CJOIP	Community Justice Outcomes and Improvement Plan
CJS	Criminal Justice Service
CJSW	Criminal Justice Social Work
CLD	Community Learning & Development
CMHT	Community Mental Health Team
COG	Chief Officer Group
COPD	Chronic Obstructive Pulmonary Disease
CPO	Child Protection Order
CPCC	Child Protection Case Conference
CPP	Community Planning Partnerships
CPO	Community Payback Order
CPR	Child Protection Registration
CSA	Child Sexual Abuse
CSE	Child Sexual Exploitation
CSP	Children's Services Plan
CSO	Compulsory Supervision Order
CSWO	Chief Social Work Officer
CYP&FP	Children, Young People and Families' Partnership
CYRO	Children and Youth Rights Officer
ECS	Education & Children's Services
EDC	Emergency Detention Certificate
EFQM	European Foundation for Quality Management
ESF	European Social Fund
FYI	Fun Young Individuals
FLR	Front Line Resolution
GP	General Practitioner
GDPR	General Data Protection Regulations
GIRFEC	Getting It Right for Every Child
H&SCI	Health and Social Care Integration
H&SP	Health & Social Care Partnership

HART	Home Assessment ad Recovery Team
HEAT	Health Improvement Efficiency Access to services and Treatment
HMP	Her Majesty's Prison
HRARG	High Risk Adult Referral Group
IAPK	Independent Advocacy Perth & Kinross
ICR	Initial Case Review
ICSP	Integrated Children's Services Plan
IDART	Integrated Drugs and Recovery Team
IJB	Integrated Joint Board (for Health and Social Care)
ILG	Independent Living Group
IRD	Inter-Agency Referral Discussion
IRF	Integrated Resource Framework
IRISS	Institute for Research and Innovation in Social Services
ITT	Independent Travel Training
LAC	Looked After Children
LinCS	Locality Integrated Care Service
LSI	Large Scale Investigations
MA	Modern Apprentice
MAP	Multi-Agency Plan
MAPPA	Multi Agency Public Protection Arrangements
MASG	Multi Agency Screening Group
MEAD	Minority Ethnic Access Development Project
MECOPP	Minority Ethnic Carers Of People Project
MHO	Mental Health Officer
NHS	National Health Service
NPS	New Psychoactive Substances
NRS	National Records of Scotland
OT	Occupational Therapy
OWLS	One-Stop Women's Learning Service
PAN Tayside	Perth, Angus and Dundee Councils across Tayside
PB	Participatory Budgeting
PG5	Priority Group 5, Tayside Regional Improvement Collaborative
PKAVS	Perth & Kinross Association of Voluntary Service
PKC	Perth & Kinross Council
PRTL	Post Registration Training and Learning
RASAC PK	Rape and Sexual Abuse Centre Perth and Kinross
REACH	Resilient; Engaged; Achieving; Confident; Healthy
ROSC	Recovery Oriented Systems of Care
SCR	Significant Case Review
SCRA	Scottish Children's Reporter Administration
SIMD	Scottish Index of Multiple Deprivation
SDS	Self Directed Support
SLA	Service Level Agreement
SMHFA	Scotland's Mental Health First Aid
SMART	Specific, Measurable, Achievable, Realistic and Time-bound
SMT	Senior Management Team
SOHCG	Strategic Oversight of Care Homes Group
SPS	Scottish Prison Service
SQA	Scottish Qualifications Authority
SSSC	Scottish Social Services Council
START-AV	Short-Term Assessment of Risk and Treatability: Adolescent Version
STDC	Short-Term Detention Certificate
SUSE	Scottish Union for Supported Employment
SVQ	Scottish Vocational Qualification
TCA	Tayside Council on Alcohol
TCJA	Tayside Criminal Justice Authority
TEC	Technology Enabled Care
TISS	Tayside Intensive Support Service
TRIC	Tayside Regional Improvement Collaborative
TSMS	Tayside Substance Misuse Services
UBB	Unborn Baby
VPR	Vulnerable Person Reports
VPD	Vulnerable Person's Database
YTS	Young Carer Statement

"Our staff are using their full range of skills and experience, together with the resources of people in local communities to support people to lead active, independent and healthy lives in their own communities".

*As part of the **Go4Gold** awards – with the theme of **our natural world**, this collage prepared by care home residents really shows their fabulous outdoor space and how it was being used during the pandemic.*

PERTH & KINROSS INTEGRATION JOINT BOARD

AUDIT AND PERFORMANCE COMMITTEE

WORK PLAN 2021/22

This work plan outlines the major items the Audit and Performance Committee has to consider as part of its schedule of work for the year. This should allow the Committee to fulfil its terms of reference. It will continue to be kept under review throughout the year.

Item	Standing Item	Non Standing Item	Responsibility	June 21st 2021	August 2nd 2021	September 13th 2021	December 13th 2021	March 7th 2022
Governance & Assurance								
Strategic Risk Management Update	✓		Chief Officer	✓		✓	✓	✓
Partnership Improvement Plan	✓		Chief Officer	✓		✓	✓	✓
Audit Recommendations Update	✓		HOFCS	✓		✓	✓	✓
Internal Audit Annual Report and Assurance Statement		✓	Chief Internal Auditor	✓				
Appointment of Internal Auditors 2022/23		✓	HOFCS					✓
Internal Audit Reports 2020/21:								
• Corporate Support PKIJB 20-02		✓	Chief Internal Auditor				✓	
Internal Audit Reports 2021/22:								
• Leadership Capacity PKIJB 21-01		✓	Chief Internal Auditor					✓
• Primary Care Improvement PKIJB 21-02		✓	Chief Internal Auditor					✓
Internal Audit Plan 2022/23		✓	Chief Internal Auditor					
Internal Audit Plan Progress Report	✓		Chief Internal Auditor	✓		✓	✓	✓
External Audit Strategy		✓	External Auditor					✓
External Audit – Proposed Audit Fee 2021/22		✓	HOFCS					✓
External Audit Annual Report 2020/21		✓	External Auditor				✓	
Appointment of External Auditors		✓	HOFCS					

Item	Standing Item	Non Standing Item	Responsibility	June 21st 2021	August 2nd 2021	September 13th 2021	December 13th 2021	March 7th 2022
Performance								
Locality Update:								
• South Locality		✓	Heads of Service					✓
• Perth City Locality		✓	Heads of Service				✓	
• North Locality		✓	Heads of Service					✓

Item	Standing Item	Non Standing Item	Responsibility	June 21st 2021	August 2nd 2021	September 13th 2021	December 13th 2021	March 7th 2022
Financial Position	✓		HOFCS	✓		✓	✓	✓
HSCP Key Strategic Performance Indicator Quarterly Report	✓		Chief Officer	✓		✓	✓	✓
Annual Performance Report		✓	Chief Officer		✓			

Annual Accounts								
Annual Governance Statement		✓	HOFCS	✓				
Unaudited Annual Accounts 2020/21		✓	HOFCS	✓				
Audited Annual Accounts 2020/21		✓	HOFCS				✓	
Letter of Representation to External Audit		✓	HOFCS				✓	
Assurances Received from Partners		✓	HOFCS				✓	

Clinical and Care Governance								
NHS Tayside Care Governance Committee Minutes	✓		For noting				✓	✓
NHS Tayside Care Governance Committee Annual Report			For noting			✓		
Perth & Kinross HSCP Clinical and Care Governance Update Report	✓		For noting				✓	✓
Clinical Care Governance Risk Escalation Report	✓		Chief Officer					✓

For Information								
Audit & Performance Committee Record of Attendance	✓		For information	✓	✓	✓	✓	✓
Audit & Performance Committee Work Plan	✓		For information	✓	✓	✓	✓	✓

PERTH & KINROSS INTEGRATION JOINT BOARD

AUDIT AND PERFORMANCE COMMITTEE

WORK PLAN 2022/23

This work plan outlines the major items the Audit and Performance Committee has to consider as part of its schedule of work for the year. This should allow the Committee to fulfil its terms of reference. It will continue to be kept under review throughout the year.

Item	Standing Item	Non Standing Item	Responsibility	June 27th 2022	August 8th 2022	September 26th 2022	November 28th 2022	March 13th 2023
Governance & Assurance								
Strategic Risk Management Update	✓		Chief Officer	✓		✓	✓	✓
Partnership Improvement Plan / Audit Recommendations Update	✓		Chief Officer	✓		✓	✓	✓
Internal Audit Annual Report and Assurance Statement		✓	Chief Internal Auditor	✓				
Appointment of Internal Auditors 2023/24		✓	HOFCS					✓
Internal Audit Reports 2021/22:								
• Leadership Capacity PKIJB 21-01		✓	Chief Internal Auditor	✓				
• Primary Care Improvement PKIJB 21-02		✓	Chief Internal Auditor	✓				
Internal Audit Reports 2022/23 (tbc)		✓	Chief Internal Auditor					
Internal Audit Plan 2022/23		✓	Chief Internal Auditor			✓		
Internal Audit Plan Progress Report	✓		Chief Internal Auditor	✓		✓	✓	✓
External Audit Strategy		✓	External Auditor					✓
External Audit – Proposed Audit Fee 2022/23		✓	HOFCS					✓
External Audit Annual Report 2021/22		✓	External Auditor			✓		

Item	Standing Item	Non Standing Item	Responsibility	June 27th 2022	August 8th 2022	September 26th 2022	November 28th 2022	March 13th 2023
Performance								
Locality Update:								
• South Locality		✓	Heads of Service				✓	
• Perth City Locality		✓	Heads of Service			✓		
• North Locality		✓	Heads of Service	✓				
Financial Position	✓		HOFCS	✓		✓	✓	✓
HSCP Key Strategic Performance Indicator Quarterly Report	✓		Chief Officer	✓		✓	✓	✓
Annual Performance Report		✓	Chief Officer		✓			

Item	Standing Item	Non Standing Item	Responsibility	June 27th 2022	August 8th 2022	September 26th 2022	November 28th 2022	March 13th 2023
Annual Accounts								
Annual Governance Statement		✓	HOFCS	✓				
Unaudited Annual Accounts 2021/22		✓	HOFCS	✓				
Audited Annual Accounts 2021/22		✓	HOFCS			✓		
Letter of Representation to External Audit		✓	HOFCS			✓		
Assurances Received from Partners		✓	HOFCS			✓		
Clinical and Care Governance								
NHS Tayside Care Governance Committee Annual Report			For noting			✓		
Clinical Care Governance Risk Escalation Report	✓		Chief Officer	✓		✓	✓	✓
Chief Social Work Officer Annual Report		✓	CSWO					✓
For Information								
Audit & Performance Committee Record of Attendance	✓		For information	✓	✓	✓	✓	✓
Audit & Performance Committee Work Plan	✓		For information	✓	✓	✓	✓	✓

Perth & Kinross Integration Joint Board

Audit & Performance Committee

Record of Attendance 1 April 2021 - 31 March 2022

Members

Name	Designation	Organisation	21 Jun 21	02 Aug 21	13 Sep 21	13 Dec 21	07 Mar 22
Councillor Callum Purves	Elected Member	Perth & Kinross Council	PRESENT	PRESENT	PRESENT	PRESENT	
Bernie Campbell	Carer's Representative	Public Partner	APOLOGIES	PRESENT	APOLOGIES	PRESENT	
Councillor John Duff	Elected Member	Perth & Kinross Council	PRESENT	PRESENT	PRESENT	PRESENT	
Ronnie Erskine	Non Executive Director	NHS Tayside	APOLOGIES	APOLOGIES	APOLOGIES	APOLOGIES	
Pat Kilpatrick	Non Executive Director	NHS Tayside	PRESENT	APOLOGIES	PRESENT	PRESENT	

In Attendance

Name	Designation	Organisation	21 Jun 21	02 Aug 21	13 Sep 21	13 Dec 21	07 Mar 22
Gordon Paterson	Chief Officer	P&K HSCP	PRESENT	PRESENT	PRESENT	PRESENT	
Jane Smith	Chief Financial Officer	P&K HSCP	PRESENT	PRESENT	PRESENT	PRESENT	
Councillor Eric Drysdale	Elected Member	Perth & Kinross Council	PRESENT	PRESENT	PRESENT		
Bob Benson[2]	Non Executive Director	NHS Tayside	PRESENT	PRESENT			
Evelyn Devine	Head of Health	P&K HSCP	PRESENT		PRESENT	PRESENT	
Phil Jerrard	Governance & Risk Coordinator	P&K HSCP	PRESENT	PRESENT	PRESENT	PRESENT	
Fiona Low	Business & Resources Manager	P&K HSCP	PRESENT	PRESENT	PRESENT		
Marc Grant	Finance Team Leader	P&K HSCP	PRESENT		PRESENT		
Scott Hendry	Team Leader (Committee Services)	Perth & Kinross Council		PRESENT	PRESENT	PRESENT	
Adam Taylor	Assistant Committee Officer	Perth & Kinross Council	PRESENT		PRESENT	PRESENT	
K Mollet	Corporate and Democratic Services	Perth & Kinross Council		PRESENT			
Magda Pasternack	Corporate and Democratic Services	Perth & Kinross Council	PRESENT		PRESENT	PRESENT	
Audrey Brown	Corporate and Democratic Services	Perth & Kinross Council	PRESENT	PRESENT	PRESENT	PRESENT	
Donna Mitchell	Finance Manager	P&K HSCP					
Jackie Clark	Chief Internal Auditor	Perth & Kinross Council	PRESENT		PRESENT	PRESENT	
Maureen Summers[3]	Carer's Representative	Public Partner	PRESENT		PRESENT		
Chris Jolly	Service Manager	P&K HSCP	PRESENT	PRESENT	PRESENT	PRESENT	
Kenny Ogilvy	Acting Head of Service ASWSC Operations	P&K HSCP	PRESENT	PRESENT		PRESENT	
Angie McManus	AHP Lead	P&K HSCP		PRESENT			
Zoe Robertson	Acting Head of Service ASWSC	P&K HSCP	PRESENT		PRESENT	PRESENT	
Donald MacPherson[1]	Non Executive Director	NHS Tayside	PRESENT	PRESENT	PRESENT		
Sandra Auld	Service User Public Partner	Public Partner					PRESENT
Sally Peterson	IJB Member	NHS Tayside					PRESENT
L Glover	IJB Member						PRESENT
Stuart Hope	IJB Member						PRESENT
Alisson MacPherson	Perth City Health Locality Manager	P&K HSCP					PRESENT
Gillian Morrison	Acting Service Manager- Perth City	P&K HSCP					PRESENT
Beth Hamilton[4]	Non Executive Director	NHS Tayside					PRESENT

[1] Substituted for R. Erskine 21/6/21, 2/8/21 & 13/9/21 [2] Substituted for P. Kilpatrick 21/6/21 [3] Substituted for B. Campbell 21/6/21 & 13/9/21
[4] Substituted for R. Erskine 13/12/21