



Council Building
2 High Street
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21/09/2022

A hybrid meeting of the **Audit and Performance Committee of the Perth and Kinross Integration Joint Board** will be held in the **Council Chamber** on **Monday, 26 September 2022** at **09:30**.

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

Jacquie Pepper
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

Beth Hamilton, Tayside NHS Board (Chair)
Donald McPherson, Tayside NHS Board
Councillor David Illingworth, Perth and Kinross Council
Councillor Sheila McCole, Perth and Kinross Council
Bernie Campbell, Carer Public Partner
Sandy Watts, Third Sector Forum

**Audit and Performance Committee of the Perth and Kinross Integration Joint
Board**
Monday, 26 September 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

3.1 MINUTE OF MEETING OF THE AUDIT AND PERFORMANCE COMMITTEE OF THE PERTH AND KINROSS INTEGRATION JOINT BOARD OF 7 MARCH 2022 FOR APPROVAL **7 - 12**
(copy herewith)

3.2 ACTION POINTS UPDATE **13 - 14**
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3.3 MATTERS ARISING

4 PERFORMANCE

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Report by Head of Finance and Corporate Services (copy herewith G/22/140)

4.2 ANNUAL PERFORMANCE REPORT 2021/22 **25 - 118**
Report by Chief Officer (copy herewith G/22/141)

5 GOVERNANCE AND ASSURANCE

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Report by Chief Officer (copy herewith G/22/142)

5.2 PARTNERSHIP IMPROVEMENT PLAN/AUDIT RECOMMENDATIONS UPDATE **135 - 144**
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9	PRIVATE DISCUSSION	
10	DATES OF NEXT MEETINGS Monday 28 November 2022 Monday 13 March 2023	

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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 7 March 2022 at 10.05am.

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

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

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

Councillor Purves, Chair.

1. WELCOME AND APOLOGIES

Councillor Purves welcomed all those present to the meeting and apologies were submitted and noted as above.

2. DECLARATIONS OF INTEREST

There were no Declarations of Interest made in terms of the Perth and Kinross Integration Joint Board Code of Conduct.

3. MINUTE OF PREVIOUS MEETING

3.1 MINUTE OF MEETING OF THE AUDIT AND PERFORMANCE COMMITTEE OF 13 DECEMBER 2021

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

3.2 ACTION POINTS UPDATE

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

3.3 MATTERS ARISING

There were no matters arising.

4. PERFORMANCE

4.1 LOCALITY UPDATE SOUTH

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

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

4.2 2021/22 FINANCIAL POSITION

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

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

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

Resolved:

- (i) The overall projected out-turn of £0.767m underspend with no requirement for the use of reserves to deliver financial balance, be noted.
- (ii) The forecasted £9.447m Covid-19 costs funded in full by the IJB Covid-19 Reserve and additional Scottish Government funding, be noted.
- (iii) The updated position regarding the IJB reserves for 2021/22, be noted.
- (iv) The financial risks that may still impact on the financial forecast, be noted.

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

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

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

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

Resolved:

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

5. GOVERNANCE & ASSURANCE

5.1 STRATEGIC RISK MANAGEMENT UPDATE

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

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

Resolved:

- (i) The IJB's Strategic Risk Register and Strategic Risk Improvement Plan as detailed in Report G/22/34, be noted.
- (ii) The current position of the IJB's strategic risk exposure scores as detailed in Section 2 of Report G/22/34, be noted.

S AULD LEFT THE MEETING DURING THE ABOVE ITEM.

5.2 PARTNERSHIP IMPROVEMENT PLAN UPDATE

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

Resolved:

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

5.3 AUDIT RECOMMENDATIONS UPDATE

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

Resolved:

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

5.4 APPOINTMENT OF INTERNAL AUDITORS 2020/21

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

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

Resolved:

- (i) The recommendation to Integration Joint Board of the appointment of Jackie Clark as Chief Internal Auditor be approved.
- (ii) The appointment of Perth and Kinross Council Internal Audit Services and FTF as the IJB's Internal Auditors for 2020/21 for a period of 3-years, be approved.

5.5 INTERNAL AUDIT PROGRESS REPORT

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

Resolved:

- (i) The progress made with the delivery of the 2020/21 and 2021/22 plans as detailed in Appendix 1 of Report G/22/38, be noted.
- (ii) The outputs from the two reports considered by NHS Tayside's Audit Committee, as detailed in Appendix 2 of Report G/22/38, be noted.

5.6 AUDIT STRATEGY

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

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

Resolved:

The contents of Report G/22/39 be noted.

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

5.7 EXTERNAL AUDIT – PROPOSED AUDIT FEES 2021-22

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

Resolved:

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

6. CLINICAL CARE GOVERNANCE

6.1 CLINICAL CARE GOVERNANCE RISK ESCALATION REPORT

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

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

Resolved:

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

- (ii) The Perth and Kinross Health and Social Care Partnership Assurance Reports as considered at the NHS Tayside Clinical Care Governance Committees of 2 December 2021 and 3 February 2022, as detailed in Appendices 1 and 2 of Report G/22/41, be noted.
- (iii) The minutes of the NHS Tayside Clinical Care Governance Committee meetings of 7 October and 2 December 2021 as detailed in Appendices 4 and 5 of Report G/22/41, be noted.

6.2 CHIEF SOCIAL WORK OFFICERS ANNUAL REPORT 2021/22

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

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

Resolved:

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

7. FOR INFORMATION

There were submitted and noted the following reports for information:

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

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

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

8. PRIVATE DISCUSSION

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

9. DATE OF NEXT MEETING

Monday 7 June 2022 at 9.30am.



Action Points Update - 26 September 2022

Perth & Kinross IJB – Audit and Performance Committee

(Report G/22/139)

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	31/11/22	The agenda and approach for an IJB development workshop to be held in November 2022 (date TBC) are being developed and due to be approved by EMT at the end of October 2022.



PERTH & KINROSS INTEGRATION JOINT BOARD

AUDIT & PERFORMANCE COMMITTEE

26 SEPTEMBER 2022

2022/23 FINANCIAL POSITION

**Report by the Head of Finance & Corporate Services
(Report No. G/22/140)**

PURPOSE OF REPORT

The purpose of this report is to advise the Audit & Performance Committee of the 2022/23 projected year end out-turn based on financial performance for the 4 months to 31 July 2022.

1. RECOMMENDATIONS

It is recommended that the Audit & Performance Committee:

- i. Notes the overall projected out-turn is a £0.5m under spend and there is no requirement to use reserves to deliver financial balance;
- ii. Notes forecast £5.7m Covid-19 costs which are funded in full by the IJB Covid-19 Reserve;
- iii. Notes a number of financial risks that may still impact on the financial forecast.

2. OVERVIEW

- 2.1 The 2022/23 Financial Plan, approved by the IJB in March 2022, forecast a £1m overspend across Health & Social Care. The main driver of this forecast overspend was prescribing (£0.8m). The use of general reserves was approved to deliver break even.
- 2.2 The latest financial position forecasts a £1.5m reduction from planned expenditure has been driven by the following key variances:

Table 1

	(Reduction)/Increase in Planned Expenditure £m
Prescribing	(1.1)
Older People Investment	(1.9)
Hosted Services	(0.1)
General Medical Services	0.4
Unachieved Savings	1.2
Total	(1.5)

- 2.3 In August 2022, IJB members were provided with a forecast financial position of £1.2m underspend, based on the 3 months to June 2022. This report provides a further update on that position and is based on the 4 months to July 2022.

3. KEY VARIANCES

- 3.1 Prescribing is forecasting a £1.1m reduction in planned expenditure, moving from an overspend to a breakeven forecast. This is driven by higher than expected level of nationally negotiated rebates and lower prices than plan.
- 3.2 Significant investment was approved as part of the Older People Strategic Delivery Plan. Slippage of £1.9m is projected against this investment. This includes: Hospital at Home, Expansion of LiNCS, Living Well Teams (Care at Home), Community Alarms, Intermediate Care Beds and Phase 3 of the Older People Strategic Deliver Plan (OPSDP). The majority of slippage is due to timing and progress in recruitment.
- 3.3 Although Older People Services are not projecting a change in planned expenditure overall, there are key variances within that position:-
- Care at Home which is forecast to be £0.2m underspent. This is due to recruitment difficulties and resulting in a level of unmet need.
 - A £0.3m underspend against Older People Care Home Placements due to the number of current placements being below the level anticipated. The forecast includes a £0.5m provision for National Care Home Contract rate increase risk.
 - A £0.3m projected underspend against Older People Day Care and Transport. This is due to a high level of vacancies and client numbers not yet returning to pre-pandemic levels.

These reductions have been partially offset by projected overspends within Inpatient Services. Medicine for the Elderly is forecasting a £0.4m overspend and Psychiatry of Old Age is forecasting £0.3m of overspend. This excludes

forecast Covid-19 costs for Inpatient Services totalling £2.4m. The overall level of spend across Inpatient Services, in part due to Covid-19, is now emerging as a substantial financial risk for future years. These additional costs being incurred to bolster service provision will be integral components of early discussions and review of the Older Peoples Strategic Delivery Plan refresh and the accompanying Financial Framework.

- 3.4 General Medical Services – Overall a £0.4m unplanned overspend is forecast, driven by significant 2C practice costs within Dundee & Angus HSCPs for which PKHSCP have been historically allocated a share. At present, there are no 2C practices in Perth & Kinross.
- 3.5 Savings – Unachieved savings of £1.2m are partially offsetting the unanticipated reduction in expenditure. The Scottish Government has recently changed its policy in relation to the use of Covid-19 reserves to offset savings slippage. This is further explained in the Savings section below.

4. FINANCIAL PLAN AND FORECAST POSITION

- 4.1 The breakdown of forecast core expenditure, forecast unachieved savings, and forecast Covid-19 costs has been provided in the table below and compared to the 2022/23 Financial Plan.

Table 2

	Financial Plan Over/(Under) £m			Projection July (Month 4) Over/(Under) £m			(Reduction)/ Increase from Plan £m
	Health	Social Care	Total	Health	Social Care	Total	Total
Core Position	0.8	0.2	1.0	(0.9)	(0.8)	(1.7)	(2.7)
Savings	0.7	1.3	2.0	0.7	1.2	1.9	(0.1)
Covid-19 Expenditure	2.1	2.3	4.4	3.6	2.1	5.7	1.3
Sub-Total Pressure	3.6	3.8	7.4	3.4	2.4	5.8	(1.5)
Covid-19 Reserves	(2.8)	(2.9)	(5.7)	(3.6)	(2.1)	(5.7)	0
General Reserves	(0.8)	(0.2)	(1.0)	0	0	0	(1.0)
PKC Contribution	-	(0.7)	(0.7)	-	(0.7)	(0.7)	0
Sub-Total Funding	(3.6)	(3.8)	(7.4)	(3.6)	(2.7)	(6.3)	(1.0)
Total Position	0	0	0	(0.2)	(0.3)	(0.5)	(0.5)

5. FINANCIAL RISKS

- 5.1 The use of Buprenorphine as a Methadone substitute was required by Scottish Government as part of Covid-19 response and now on an ongoing basis. However, they have now confirmed that no additional recurring funding will be provided to HSCP's to sustain this change in practice. Instead, the Scottish Government have permitted the use of Alcohol & Drug Partnership (ADP) reserves in 2022/23 to cover the additional expenditure on a non- recurring basis. The forecast above assumes that £0.143m of ADP non-recurring

reserves will be transferred to offset this pressure in 2022/23. The ADP have not yet formally endorsed this transfer, which will have an impact on in year spending plans.

- 5.2 Without additional Scottish Government funding, any further increase agreed in year to National Care Home Contract Rates will result in a pressure on the financial position, both in 2022/23 and ongoing.
- 5.3 Pay uplift for both NHS and Local Authority staff remains under negotiation and any settlement above the levels provided for in the 2022/23 Financial Plan will require to be managed in year and on a recurring basis moving forward if additional funding is not made available by Scottish Government.
- 5.4 Recent approval by the Scottish Medicines Consortium (SMC) to add Dapagliflozin to the NHS Tayside Formulary presents an additional unplanned cost pressure to the HSCP prescribing budget. Although projected to be minimal in 2022/23, this is expected to increase to a significant level over the next 5 years. This recent approval is indicative of a financial risk emerging due to the ability of SMC to approve new medicines, with no parallel uplift to NHS Board or IJB prescribing budgets. This is a national issue being raised by NHS Directors of Finance and Chief Financial Officers.

6. SAVINGS

- 6.1 The 2022/23 Financial Plan recognised there would be continued slippage in delivering approved savings. The Scottish Government advised in February that Covid-19 reserves could be utilised to offset unachieved savings in 2022/23. However, a further letter in June 2022 reversed that decision. The following anticipated slippage in savings is therefore now impacting on the financial position:

Table 3

Approved Saving	Balance Remaining undelivered £m
Review of Rehabilitation Beds	0.740
Review of Contributions Policy	0.708
Transformation of Complex Care	0.439
Prepaid Cards	0.080
Total	1.967

- 6.2 The savings anticipated from the review of rehabilitation beds were originally expected to be delivered in 2020/21. The pandemic has delayed the review. The current level of pressure on inpatient beds indicates the risk now attached to realisation of this saving in the medium term.

- 6.3 Perth & Kinross Council initiated a review of their non-residential services contributions policy in 2020/21. The pandemic impacted on PKCs ability to consult effectively with stakeholders around the proposed changes. In parallel, the Scottish Government, as part of early proposals related to the establishment of the National Care Service, has indicated that non-residential charges will cease from 1st April 2023. All HSCPs have been asked to submit detailed financial information forecasting the income that will be lost at that point. The PKHSCP return includes the increased income no longer achievable from the implementation of the review. It is likely that should this 'lost' income not be remedied as part of the SG review, then PKHSCP will require to identify other savings to address the budget deficit that will arise.
- 6.4 The delay in delivery of complex care savings is reflective of a rephasing in future years due to delays in implementation of the programme due to Covid.
- 6.5 The implementation of a pre-paid card system to introduce an online, real-time payment system, was delayed by the pandemic. The project has now commenced, and savings are expected to be delivered in full by 2023/24.
- 6.6 The 2022/23 Financial Plan included £0.5m savings to be delivered through early intervention reducing length of stay in care homes. This is expected to be delivered in full in 2022/23.

7. COVID-19 EXPENDITURE

- 7.1 The opening balance of the PKIJB Covid-19 reserve was £15.4m. The table below provides a summary of costs to be met by Covid-19 reserves in 2022/23, with a forecast remaining balance of £9.7m. National discussions are ongoing to determine the use of unspent Covid-19 reserves in 2022/23 and how these may be used across Scotland to support costs elsewhere.

Table 4

	2022/23 Forecast £m
Health	3.6
Social Care	2.1
Total Forecast Expenditure	5.7
Opening Covid-19 Reserve Balance	15.4
Remaining Covid-19 Balance	9.7

- 7.2 Appendix 2 attached provides detailed breakdown of costs forecast and included within the 2022/23 Month 4 Scottish Government Covid-19 return.
- 7.3 Covid-19 – Inpatient Mental Health and Unscheduled Care
There is agreement across Scotland between NHS Board's, the Scottish Government and Chief Financial Officer's that HSCP Covid-19 reserves can legitimately be used to offset Covid-19 costs for all delegated services,

including large hospital set aside services. Joint work is underway with NHS Tayside and the three HSCPs to quantify forecast 2022/23 Covid-19 costs for Inpatient Mental Health and Unscheduled Care.

- 7.4 Scotland wide- discussions are also taking place involving NHS Board's and the Government with Chief Financial Officers around how the 2022/23 forecast balance of unspent Covid Reserves can be used to further benefit the wider health and social care system.

8. RESERVES

- 8.1 A reserves forecast will be undertaken at Month 6. Scottish Government is issuing guidance requiring IJB reserves to be used in place of expected additional funding. The implications of this are being worked through and will be included in the next Financial Update Report. This represents a financial risk to IJB's across Scotland where in year funding commitments have been made against reserve balances. At this point, based on Scottish Government direction to date, this will have an impact on Primary Care Reserves, Alcohol and Drugs Reserves and Covid Reserves however there is a significant risk that further direction from the Scottish Government will mean a much wider impact on IJB Reserves.

9. CONCLUSION

- 9.1 The overall projected out-turn is a £0.5m underspend. This is forecast to be achieved without any requirement for planned use of unearmarked reserves, primarily due to slippage in investment and a reduction in the Prescribing forecast.
- 9.2 Potential risks have been identified and require to be monitored closely, with mitigating action taken where possible. This includes a significant risk associated with the Scottish Governments direction around the use of IJB reserves to meet recurring spending commitments.

Author(s)

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Appendices

Appendix 1 – Summary Financial Forecast

Appendix 2 – Forecast Covid-19 Expenditure

P&K Position as at end July 2022	Appendix 1					
	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	28,816	2,583	54,695	(1,002)	83,511	1,581
Adult Services	6,360	(490)	30,217	415	36,577	(75)
Other Community Services	0	0	5,037	(122)	5,037	(122)
Management/Commissioned/Other	22,496	(247)	(10,624)	1,898	11,872	1,651
Undelivered Savings	(740)	740	(1,227)	1,227	(1,967)	1,967
Budget Deficit	(371)	371	0	0	(371)	371
Sub-Total Hospital & Community Health	56,561	2,957	78,098	2,416	134,659	5,373
P&K IJB Hosted Services	8,850	(221)			8,850	(221)
Dundee & Angus Hosted Services Recharges In/Out Excl. Covid	5,756	432			5,756	432
Sub-Total Hosted Services	14,606	211			14,606	211
GP Prescribing/Other FHS	26,959	(255)			26,959	(255)
General Medical Services/ Family Health Services	47,427	449			47,427	449
Sub-Total PKHSCP	145,554	3,362	78,098	2,416	223,652	5,778
Covid-19 Funding		(3,582)		(1,988)		(5,570)
PKC Funding				(708)		(708)
Total PKHSCP		(220)		(280)		(500)

Covid-19 Expenditure as per Month 4 (July) 2022/23 SG return

Appendix 2

Health	
	2022-23
	Revenue Total
	£'000
Additional Community Hospital Bed Capacity	1,971
Additional Staff Costs (Contracted staff)	707
Additional Staff Costs (Non-contracted staff)	16
Additional Equipment and Maintenance	40
Additional PPE	20
Reducing Delayed Discharge	122
Additional FHS Contractor Costs	81
Primary Care	608
Other	17
Total Health	3,582

Social Care	
	2022-23
	Revenue Total
	£'000
Additional Staff Costs (Contracted staff)	79
Additional PPE	60
Additional Capacity in Community	118
Reducing Delayed Discharge	118
Covid-19 Financial Support for Adult Social Care Providers	1,700
Loss of Income	30
Total Social Care (IJB & Non-IJB)	2,105

Total Health & Social Care	5,687
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PERTH AND KINROSS INTEGRATION JOINT BOARD

AUDIT & PERFORMANCE COMMITTEE

26 September 2022

ANNUAL PERFORMANCE REPORT 2021/22

Report by Chief Officer
(Report G/22/141)

PURPOSE OF REPORT

This report presents the Perth and Kinross IJB Annual Performance Report (APR) for 2021/22. .

1. RECOMMENDATION(S)

1.1 The Audit and Performance Committee is asked to:

- (i) Approve the Annual Performance Report for 2021/22 as attached at Appendix 1.

2. BACKGROUND

2.1 The Public Bodies (Joint Working) (Scotland) Act 2014 requires the Integration Joint Board to publish an Annual Performance Report (APR) setting out an assessment of performance in respect to those functions for which it has responsibility.

2.2 Annual Performance Reports are normally required to be published within 4 months of the end of each reporting year although the [Coronavirus Scotland Act \(2020\)](#), Schedule 6, Part 3 enables IJBs to extend the date of publication until the end of November if required.

3. OVERVIEW

3.1 The APR demonstrates progress towards the achievement of Perth & Kinross IJB's strategic objectives:

- Working together with our communities
- Prevention and early intervention
- Person-centred health, care and support
- Reducing health and social inequalities and promoting healthy living
- Making best use of available facilities, people and other resources

- 3.2 It sets out the actions and activities which have been undertaken to improve outcomes for the people of Perth and Kinross during 2021/22 and a summary of our performance against agreed national and local indicators.

4. CONCLUSION

- 4.1 Once approved by the Audit & Performance Committee this APR will be presented to the IJB, published on the Health & Social Care Partnership's webpage; circulated to NHS Tayside, Perth & Kinross Council, and the local Community Planning Partnership.

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Appendices

Appendix 1 – PKHSCP Draft Annual Performance Report 2021-22

ANNUAL PERFORMANCE REPORT 2021/22



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INTRODUCTION

The Health and Social Care Partnership

The Perth and Kinross Integration Joint Board (IJB) was established in 2016 to improve the wellbeing of people who use health and social care services, in particular those whose needs are complex, requiring support from health and social care services at the same time.

Perth and Kinross Health and Social Care Partnership (HSCP) is responsible for the operational management and performance of integrated services in line with the IJB's strategic commissioning plan. Our workforce is made up of staff employed by Perth and Kinross Council, NHS Tayside, and we commission a wide range of third sector and independent organisations to meet the health and social care needs of Perth and Kinross. Our focus is on meeting needs and providing the right care and support in the right way and at the right time.

Vision, Aims and Values

Our vision as a Health and Social Care Partnership is to work together to support people living in Perth and Kinross to lead healthy and active lives and to live as independently as possible, with choice and control over their care and support.

Our aim is to improve the wellbeing and outcomes of people living in Perth and Kinross, to intervene early and to work with the third and independent sectors and communities, to prevent longer-term issues arising. Services and support will be

developed locally, in partnership with communities, the third and independent sectors. As a partnership we will be integrated from the point of view of individuals, families and communities and responsive to the particular needs of individuals and families in our different localities. We will make the best use of available facilities, people and resources ensuring we maintain quality and safety standards as the highest priority.

Our values guide everything we do. They guide us to act with ambition, compassion and with integrity and always with the person at the centre.

Our Action Plan

The current IJB [Strategic Commissioning Plan 2020-25](#) outlines five strategic objectives:

1. Working Together with Our Communities Strategic Aim: We want people to have the health and care services they need within their local communities and to empower people to have greater control over their lives and stronger connections in their community.
2. Prevention and Early Intervention Strategic Aim: We will aim to intervene early, to support people to remain healthy, active and connected in order to prevent later issues and problems arising.

3. Person-Centred Health, Care and Support Strategic Aim: By embedding the national Health and Care Standards we will put people at the heart of what we do.

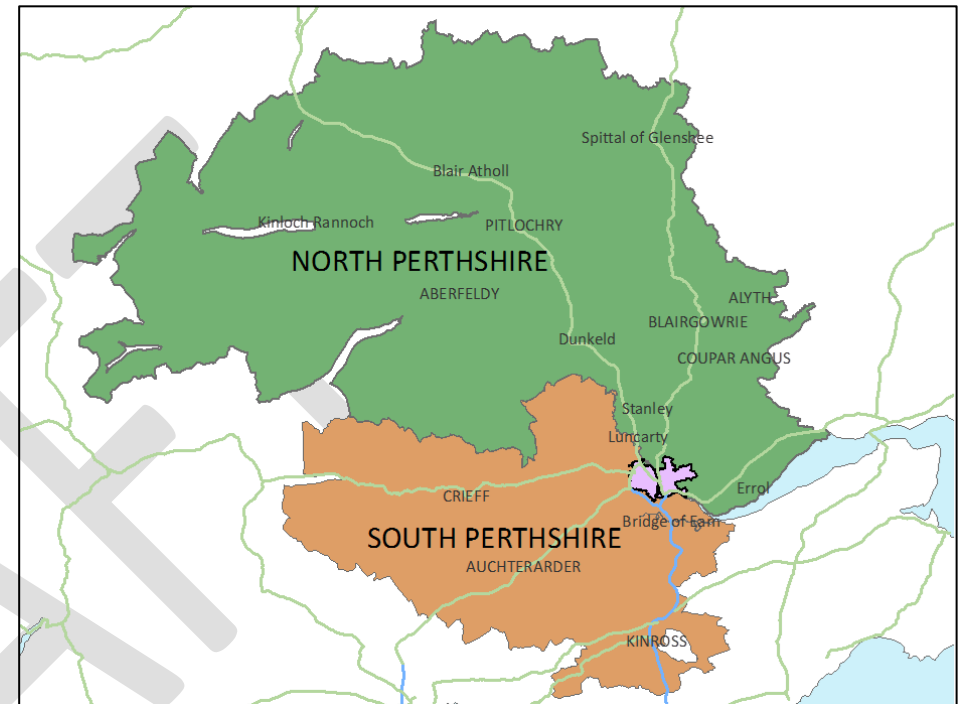
4. Reducing Inequalities and Unequal Health Outcomes and Promoting Healthy Living Strategic Aim: Our services and plans will seek to reduce health inequalities, to increase life expectancy, increase people's health and wellbeing and to reduce the personal and social impact of poverty and inequality.

5. Making Best Use of Available Facilities, People and Other Resources Strategic Aim: We will use our combined health and social care resources efficiently, economically and effectively to improve health and wellbeing outcomes for the people of Perth and Kinross.

Our Localities

In delivering effective and person-centred health and social care support, we recognise the benefits derived by people being connected to their local communities. These connections and relationships support people to retain independence and remain healthy, safe and well. We acknowledge that local people are best placed to identify local challenges and solutions and are committed to working with local people and enabling local partnerships to devise local solutions.

Perth and Kinross HSCP is organised into three localities, North Perthshire, South Perthshire and Kinross-shire, and Perth City.



Our Population

There are specific challenges facing Perth and Kinross given the spread of our population over a large rural area. While our area is the eighth most densely populated local authority area in Scotland, nearly 40% of our residents are classed as being in some way 'access deprived' due to rurality. This compares to 20.2% nationally. We are also facing particular challenges in recruiting to key social care and nursing roles to work in our rural communities.

The proportion of people in older age groups is growing substantially. An older population will require a greater level of

health and social care support than is currently being provided so our strategic commissioning plan must take account of projected levels of need and demand for community health and social care services. Our strategic focus will be on an ambitious programme of transformation with a focus on:

Older People, Physical Disabilities, Primary Care, Mental Health and Wellbeing, Substance Misuse, Autism, Carers, Technology-Enabled Care, Learning Disabilities, Complex Care.

COMMUNITY MENTAL HEALTH AND WELLBEING

Our Year in Action

76% Agreed they had a say in how their health or social care support was provided.

*HSCP SUPE Survey, CMHWP Services.



Funding of **£73,000** secured to recruit additional community mental health and wellbeing staff.



65 people received suicide intervention and prevention training through the Neuk.



2 new Community Mental Health and Wellbeing Advanced Nurse Practitioners support difficult to reach patients within their homes.



Supported the Neuk to deliver individual **3,138** counselling sessions.



Nearly **200** people attended our suicide awareness and prevention training webinars.



Service Delivery: Improving and Adapting Throughout the Year

Mental health and wellbeing remain significant priority areas as we continue to recover from the pandemic.

Our [Community Mental Health and Wellbeing Strategy \(2022-25\)](#) was created in consultation with stakeholders and third sector providers, people with lived experience, carers and professionals. It builds on collaborative work with NHS Tayside via the [Mental Health and Wellbeing Strategy - Living Life Well](#), and was approved by the [Integration Joint Board in December 2021](#).

[The Neuk](#), established through Anchor House, is proving to be very effective and works well as a collaborative approach to help those in mental health crisis. The Neuk complements investments made to implement [Distress Brief Interventions](#), and combining these services improves speed of access. In recognition of the excellent progress made, work is currently underway to examine how this model can be replicated in both Dundee and Angus.

A wide range of statutory and third sector service providers are enhancing the level of support via easily accessible and non-

stigmatised routes. This includes expansion of the provision of Computerised Cognitive Behavioural Therapies (cCBT).

The awareness and prevention of suicide has increased. In collaboration with the University of Dundee almost 200 people attending webinars for the public and voluntary sector providers, including community groups and organisations. Attendees were from predominately non-specialist mental health backgrounds and feedback indicated that the training was well received. This has resulted in further collaboration on the [national suicide action plan, Every Day Matters](#) with the University.

“Very useful and gave me tools that I can use in my job. I feel confident to address and challenge difficult situations. I thought it would be very long doing this online but feel it was pitched perfectly and it was engaging. Would definitely recommend to my colleagues.”

Feedback from an attendee of our suicide awareness and prevention webinar

Recognising the strong role that colleagues in primary care play in delivering effective mental health services, we have created a new role of ‘Mental Health Link GP’. This post assists in creating greater opportunities for collaboration with GPs and a single point of contact. Strong relationships and seamless

routing of patients, through initial contact to the most appropriate point of support are key success factors in ensuring those needing support can access services quickly and conveniently. This is reducing the number of referrals required between services and professionals, improving accessibility.

Inequalities Hubs, focusing on Mental Health and Wellbeing, are being planned at community level. This is in partnership with Perth and Kinross Council and third sector organisations, with the aim of creating a sustainable and accessible resource.

Increasing the available capacity of Community Adult Mental Health Services was the key focus of the Scottish Government’s [Action 15 funding](#). Using this funding we have expanded the mental health workforce in the community and created over 40 additional permanent posts. This was significantly beyond the target set by the Scottish Government of 28. We were commended by Scottish Government on our ability to work in partnership, and for our creativity.

Older People’s Mental Health teams supported in-patient services as the effects of the pandemic continued into 2021/22. By working closely with other health and social care colleagues via the established Locality Integrated Care Model, they provided an enhanced, integrated and co-ordinated approach to support people with their physical health as well as those with dementia and cognitive impairment, in the home or in community settings. This has benefited carers with their caring responsibilities and this successful approach will be extended to ‘post diagnostic support’ in localities.

In partnership with [Alzheimer Scotland](#) we expanded access to advanced practice nursing support for those awaiting memory assessments.

"Made good progress with support of the team; doctors, nurses and staff"

Older People's Psychiatric Inpatient (Murray Royal Hospital)

- Patient Feedback

Digital inclusion for people with dementia and their carers remains a priority and to support this, local staff became digital champions, creating greater opportunities for people to be engaged in consultation around service delivery, and tackling isolation and loneliness. With the easing of pandemic restrictions there was more face-to-face contact, however improved digital accessibility continues to ensure greater choice for people.

In in-patient areas we made further investment in Activity Support workers and nursing. This built on the successful intervention to give one-to-one support resulting in increased meaningful activities for people isolating due to COVID-19.

Our in-patient areas have faced significant challenges with delayed discharges, often relating to the very complex needs of patients. This is a similar position to that seen nationally as it can be difficult to source specialist community-based support.

Work continues with agencies, nationally and locally, to utilise resources in the best way possible.

In the early in stages of the pandemic, we increased specialist nursing capacity to support patient transitions from in-patient settings to more homely settings.

This support is on-going and, despite significant challenges in sourcing necessary capacity, working with care homes via the care home liaison teams across Perth and Kinross, patients with complex care needs have been successfully supported into placements in more homely settings.

"Found [my transition nurse] very good, straight to the point. She took me to the bank and Asda. [The nurse] made my transition from ward to home a good experience"

"Memorable visit [with the nurse]. Cheered me up. Was nice and the sun was out."

Transition Patient Testimonial:

A new Transitions Nurse provides direct support to people after hospital discharge into care settings. This is proving highly effective for the individuals and also for Care homes.

"I cannot begin to say how helpful and approachable I have found [the nurse] to be from our initial meeting she went above and beyond what I would have expected. After explaining we had visited Balhousie Care in Coupar Angus and told they could not take my cousin she said she had visited and said there was space.

She continued to look into and follow up on this which has ultimately led to him being placed there. At all times her manner was friendly and relaxing and was a pleasure to have someone like this dealing with special requirements."

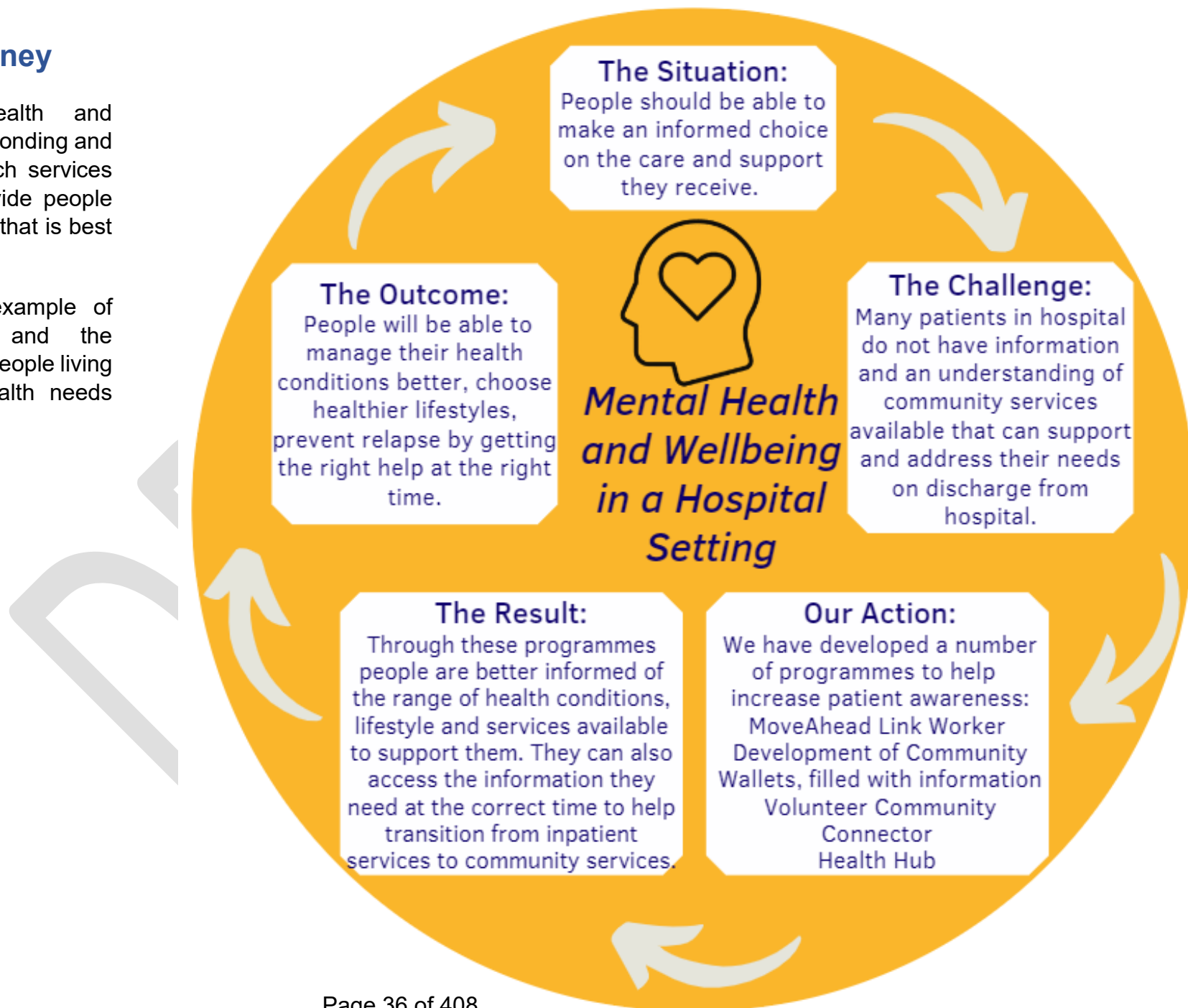
CMHW POA Transition - Patient Family Testimonial

We are working with partners in Tayside to review the future needs of patients in in-patient settings to identify not only the need for Intensive Psychiatric Care Unit (IPCU) access for older people, but also the future plan for the delivery of Specialist Dementia In-patient facilities.

Improvement Journey

Community Mental Health and Wellbeing Teams are responding and changing the way in which services are being offered to provide people with the care and support that is best for them.

This illustration is an example of service improvements and the difference these make to people living with complex mental health needs within a hospital setting.



Case Study

MoveAhead. Angela's Story

I have experienced long term mental health issues. Although I initially thought that this started after the death of my lovely husband 16 years ago, I now know that my problems go way back as far as my childhood. I had it all, a loving husband, great job, wonderful social life, but that all changed after I lost him. From then on, my life slowly started taking a tumble, down this black hole. I felt like I was a nobody and wondered why I was still here, suffering low self-esteem, isolation, feeling second best. This slowly got worse and my life was a huge mess until in I moved to Bridge of Earn.

I was contacted by a HSCP social worker. This was a shock to my system – why a social worker, was I that bad? Well, he couldn't have been nicer and asked me how he could help, what did I need. there starts my journey with the fabulous MoveAhead.

A key part to my journey has been having access to fantastic facilities that are on offer via MoveAhead Mental Health Service. With the involvement from the team, I have been able to face my problems and learn to cope.

They got me out of the house, introduced me to key workers, a fantastic Psychologist, Occupational Therapist, Live Active Activities. Over the year I was able to achieve my small positive goals and bit by bit, with assistance I was able to break down the barriers and finally move on. When it came time to discharge me, I asked if I could give back and volunteer. The team arranged many positions that I was suitable for ranging from Exercise buddy, shopping buddy, power plates coordinator, to my now existing role as Community Conveyor at the Health Hub, situated in Murray Royal Hospital, which has been a huge success.

Now, not only do I volunteer for MoveAhead but I volunteer for SSAFA the Armed Forces Charity and am their Branch Secretary for Perth and Kinross and a Specialist Caseworker for Veterans that are in our Criminal Justice Service. There is no way I would have come this far if it hadn't been for MoveAhead, I owe so much to this service.

How our Commissioned Services are meeting needs

[Perth Six Circle](#) and [Mindspace](#) provide an example of how our Commissioned Services are helping support the delivery of community mental health and wellbeing services.

Perth Six Circle

Perth Six Circle seeks to support disadvantaged adults facing challenging circumstances such as substance use, mental health, imprisonment, unemployment and community service orders, to improve the quality of their lives. This is achieved through support that helps people who often face significant barriers: to gain skills and knowledge; access a full range of external support; pick up the skills and understanding to live healthier and more independent lives; and ultimately helping them to return to and thrive within their own local community.

This service continued to be provided, despite the added challenges of COVID-19. However, due to social distancing restrictions, support activities were delivered in small group clusters to ensure that national guidelines were adhered to, and that people's health and safety was protected. To ensure their usual level of service provision, as restrictions limited groups sizes, Perth Six Circle adapted, increasing the duration of activities to enable them to run full day activities and events, through which people continued to receive the help and support they needed.

Activities Included:

Bike Maintenance Workshops; Walking groups; Arts and crafts; Baking; Sports – Golf, Table tennis; Basketball, Cycling; Introduction to iPads; and Day trips to places of interest.

Current uptake of service:

29 people have used the service.

95% of people reported feeling they have increased confidence when connecting with others.

100% of people reported they have made more friends and feel less anxious and are more sociable.

65% of people reported feeling more relaxed in social situations.

95% of people reported feeling they have increased confidence when using IT skills.

Feedback and comments:

"The Project is like a family to me. You go out your way and bend over backwards for us. It has made a massive difference to my life."

"The Project has made a huge difference to my life. I look forward to coming and feel much more socially connected. The team's good and I know if there's trouble I can phone."

"When I came, I had no friends. Since coming here I have started to make friends. We also meet up most weeks and go to the swimming. It was the staff that started us doing this but four or five of us have started going together."

Mindspace Recovery College

Mindspace is community based and challenges the stigma associated with mental ill health. The Mindspace Recovery College provides a service that is flexible and bespoke to individual needs, making it accessible and inclusive and based on the principles of mental health recovery and self-management. Through the provision of a safe and creative environment, it aims to help people to:

- Improve their knowledge of mental health
- Build their confidence
- Realise their potential and
- Participate in community life

Current uptake of service:

1,538 participants attending all sessions/activities.
924 adult recovery college participants.
Out of hours - 614 participants.

Mindspace are aware that there is a need to work steadily to review and develop the Recovery College communication and social media presence.

There also appears to have been a move away in interest from our more traditional in house delivered courses and participants are relishing the opportunity to try new experiences and develop self-management tools in the supportive environment created by the Recovery College facilitators.

Service User Story:

Anonymous (Anon) had been a user of Mindspace for 12 months. They had been low, adapting to life with a health problem which had meant early retirement from work and they struggled with their mood.

Anon became a regular attender of mindfulness sessions on zoom. Anon then became involved in several other groups, a creative arts group and Sophrology course, which aims to bring internal and external harmony. They also took part in several of the understanding mental health sessions.

Whilst still having episodes of self-doubt and low mood these episodes have lessened.

In September 2021 Anon decided to undertake peer support training, to enable them to support others who had ongoing mental health issues. Anon is now supporting individuals with physical and mental health problems whilst on placement for their peer support training.

Anon has really grown in the last twenty-four months. They are an active member of the Recovery college and was a co-facilitator in the planning and proposed delivery of a forthcoming course.

Looking Forward

The [Mental Health and Wellbeing Strategy for Perth and Kinross \(2022-25\)](#), focuses on working collectively and collaboratively to deliver the best outcomes. The strategy sets out the actions required to achieve service improvements.

The strategy reflects the views of hundreds of local people and communities and focuses on improving access to services, concentrating on person-centred care. It targets early intervention and prevention as a priority as well as developing the workforce to deliver.

Several programmes of work will be progressed in collaboration with key stakeholders in Health, Education and Children's Services, the Alcohol and Drug Partnership and within local communities. This includes work to reduce stigma and discrimination towards mental health, substance use and suicide awareness. There will be a focus on improving the physical health needs of those with mental health problems, progressing this through a Health Hub Model, functioning from Murray Royal Hospital.


The Mental Health and Wellbeing of the people of Perth and Kinross remains a priority across all age groups and our local priorities include:

- Reducing suicide through education, training and awareness raising.
- Recruiting and developing Mental Health Advanced Practitioners to improve care and treatment, including a new Suicide Prevention Coordinator.
- Increasing the availability of Distress Brief Interventions.
- Continuing to develop the Crisis Hub and planning to expand its availability.
- Exploring the implementation of a Health and Wellbeing Hub in partnership with other organisations.
- Developing a resilient and sustainable future workforce.

Further to the above we aim to re-design and implement a Primary Care Mental Health Service that will focus on people that require care, support and treatment with mild to moderate mental health issues. This integrated service will utilise the experience and expertise of clinicians, social care, third sector organisations and peer support staff to provide access to services without the need to first see a GP. This streamlined approach will make it as easy as possible to receive the right care and treatment at the right time with the right professional.

SUBSTANCE USE

Our Year in Action

 The Integrated Drug and Alcohol Recovery Team
iDART is asked to help **25**
new people each week.

There were over **60** cases where people dealing with substance use harms benefitted from an inpatient detox within Murray Royal Hospital.



 Over **2,000** people took part in this year's Recovery Walk.

The Non-Fatal Overdose Group, now responds to an average of **3** incidents per week.



Funding for an Independent Advocacy worker helped **18** people a month on average to access support.



700 people are now receiving treatment and support through medical and non-medical interventions.



We had **5** Recovery Café open in Perth & Kinross throughout 2021/22, with a new opening planned.



Service Delivery: Improving and Adapting Throughout the Year

Through the Perth and Kinross Alcohol and Drug Partnership (ADP) we are continuing to develop and implement a Recovery Oriented System of Care (ROSC). This approach enables people and their families, affected by substance use, to have access to the support they need on their recovery journey.

Scottish Government funding, to reduce drug deaths and harms, was utilised to support the ROSC with the integration of substance use services. This has allowed for the expansion of access to residential rehabilitation; implementation of a Whole Family Approach Framework; and has supported the involvement of people with lived and living experience in service developments.

The implementation of the [Medication-Assisted Treatment \(MAT\) Standards](#) has also been supported by additional funding. In turn this helps to strengthen the ROSC by ensuring partner organisations work together to offer choice and achieve consistent delivery of safe and accessible treatments.

Integration of substance use services

The integration of all community-based substance use services continued throughout the year following the creation of the Integrated Drug and Alcohol Recovery Team (iDART) in 2020. The aim of iDART is to improve the effectiveness and efficiency

of support for people who have substance use issues, and their families.

Additional funding was used to support the formation and development of the new service. Additional posts were created, including in occupational therapy, social work (with specialist mental health experience) and substance use recovery workers.

Further expansion to include nursing and psychology support will broaden the multi-disciplinary approach. Increasing capacity within the service provides the opportunity to reduce waiting times and caseloads of iDART workers and implement a new model of delivery; helping the various professions to operate at the higher end of their remit.

The new service has developed a model of integrated working which utilises recovery workers to support people throughout their recovery journey. People receive intensive support from initial contact with iDART through appropriate medical and non-medical treatments. These include group psychology sessions and community integration where they are supported to access a range of community recovery supports such as recovery cafés and walking groups.

Expansion of Residential Rehabilitation

In a revised process for accessing residential rehabilitation, people can either self-refer or be referred by a professional. Suitability is then assessed by the screening group which includes clinical and non-clinical colleagues from the statutory and third sectors.

Residential rehabilitation facilities across Scotland are accessible to all, irrespective of locality of residence and a number of Perth and Kinross residents have had their applications for entry to residential rehabilitation facilities accepted. Support on their return from rehabilitation is essential to help reduce the risk of relapse. Following a review of the process, everyone leaving residential rehabilitation now has a recovery worker to provide ongoing support.

Implementation of the Whole Family Approach Framework

A whole family/system approach was implemented, and work continues to ensure this is embedded across services. A specialist substance use carers' support worker, who is part of iDART, offers a range of supports, including harm reduction awareness, therapeutic support and financial advice and support, to carers and families, empowering them to have greater control over their lives.

We undertook a project to test a different approach for engaging with families where children live in the family home and where there are issues with drugs and/or alcohol; and where services are needed from more than one agency. Assessment is done at home and families are offered support through a joint plan, encompassing all elements of what the family needs. This is shared across all participating services.

An assessment of the impact of the project will take place during 2022/23, however several positive outcomes were already achieved: the development of a new assessment tool; better engagement with services for families; improved confidence and a sense of empowerment for families; and improved working relationships between services.

The Involvement of People with Lived and Living Experience in Service Developments

Following the success of '[Recovery Walk Scotland 2021](#)', hosted in Perth, we developed a three-year plan to grow a grassroots recovery community, which will support the organic growth of a range of peer support groups and activities, including walking groups, fishing groups, and recovery cafés.

With the easing of COVID-19 restrictions, the network of community-based recovery cafés recommenced face-to-face meetings. These meetings are led by those in recovery themselves, or with an interest in recovery, providing a supportive and constructive environment for people to discuss their mental health and wellbeing during recovery from substance use or mental health issues. A new café is also being planned for Perth City, which will ensure people in the local area have access to the peer led recovery sessions.

Funding continued for specialist advocacy support for people with substance use issues. Independent Advocacy Perth and Kinross ([IAPK](#)) provided this support to help people navigate systems and overcome barriers to accessing services and to effectively engage with them.

IAPK received 41 referrals to work with people with substance use issues in the reporting year with support being provided to an average of 34 people per month. Engagement resulted in a variety of positive outcomes, including improved relationships with professionals, increased confidence in challenging situations, and improved engagement with services. COVID-19 restrictions did however make this more challenging.

MAT Standards

The Medication Assisted Treatment (MAT) Standards focus on the health and wider social needs of individuals who experience problems with their drug use. The purpose of the Standards is to improve access and retention in MAT, enable people to make an informed choice about care, include family members or nominated person(s) wherever appropriate and to strengthen accountability and leadership so that the necessary governance and resource is in place to implement them effectively.

The Perth and Kinross ADP works in partnership with the Scottish Government's MAT Standards Implementation Team (MIST), and a range of local partners to implement the Standards both in the community and within Prison Healthcare.

A significant amount of work has been done to implement the Standards. Standard 3 states "all people at high risk of drug-related harm are proactively identified and offered support to commence or continue MAT".

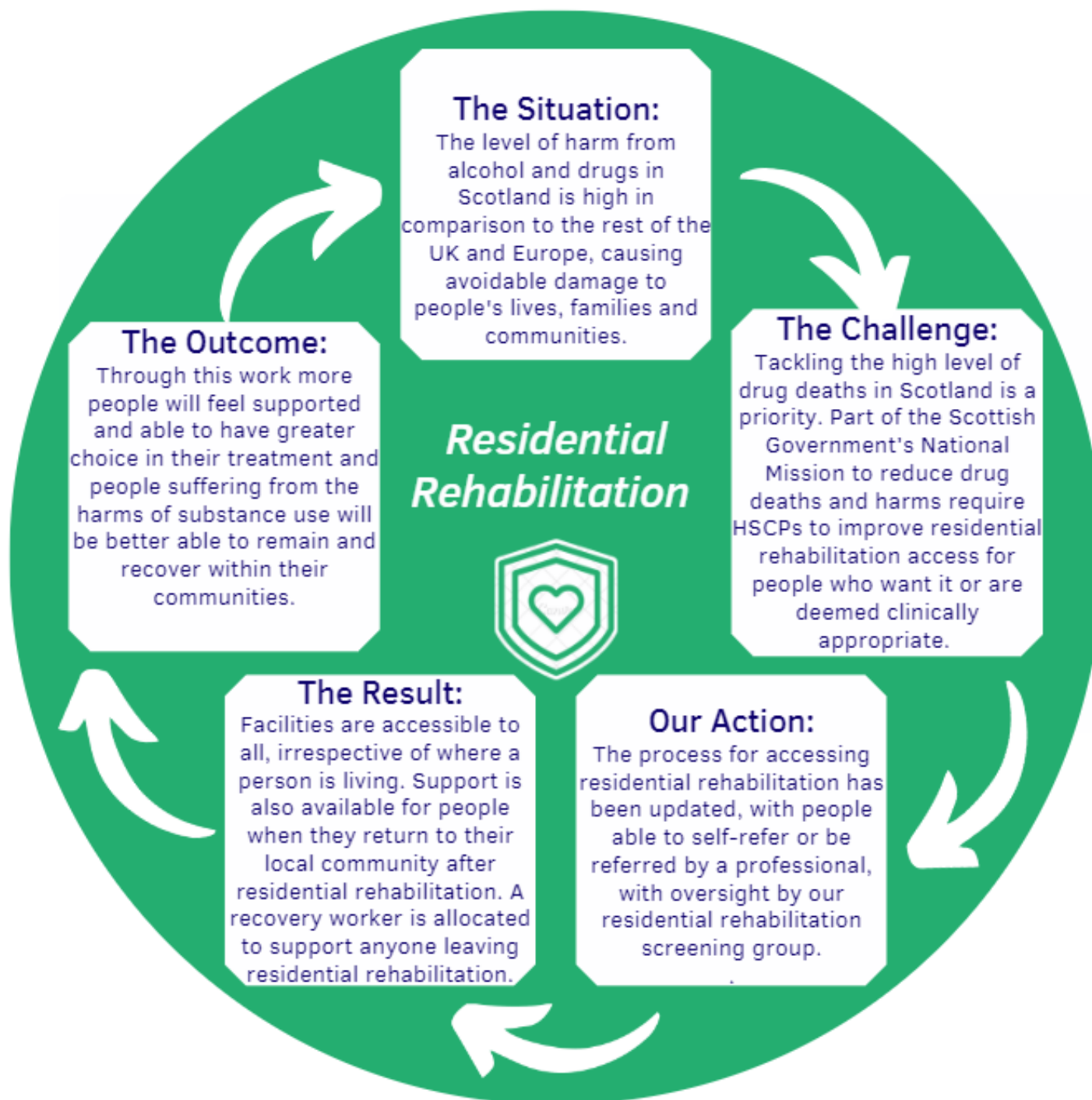
To implement this Standard, the Perth and Kinross non-fatal overdose group was established. The Group has representatives from substance use services across the statutory and third sectors. It receives information regarding all non-fatal overdose incidents attended from the Scottish Ambulance Service, NHS Tayside Public Health, Police Scotland and Adult Support and Protection Vulnerable Person Reports. Appropriate actions are then taken to ensure people are offered the help and support they need. There were 98 non-fatal overdose incidents reported in 2021/22 across Perth and Kinross, a reduction of 77 when compared to 2020/21.

However, there remains a notable gender disparity, with the male to female ratio at 84% to 16%.

Improvement Journey

Throughout the year there has been considerable work undertaken to improve services for those suffering from the harms of substance use.

This illustration highlights how the establishment of Residential Rehabilitation will work to empower people to have greater choice in the treatment they receive.



Case Study

Perth and Kinross Recovery Walk

In September 2021, Perth City hosted the Recovery Walk Scotland. The event, organised by Scottish Recovery Consortium, provides an excellent opportunity for members of the community to gather for a day which centres on stories of recovery from a wide range of harms, ranging from substance use to mental health.

The day seeks to celebrate those who have come through mental health or substance issues, and to support those who are still going through hard times. Events on the day included: The Roses in the River Memorial, The Recovery Walk Scotland procession through the city centre, and a Recovery Festival and Village in North Inch Park, Perth, with over 2,000 people taking part.

The event, the largest recovery event in Scotland, was very well received by those who attended:

Attendee Testimony:

"It was just a great experience being in the same place with others who have been on that journey."
"Seeing folk in their gardens clapping their hands made my day."

Organiser Testimony:

"Some members have been deeply affected by suicide in their own family so it's an important event for them to aid recovery."
"Everyone was given a rose free of charge and poetry was read out by some survivors of addiction. At the end there were 2,500 roses floating in the river while a piper played. It was so beautiful and personal."



How our Commissioned Services are meeting needs

[CATH Outreach Day Centres](#) provides an example of how our Commissioned Services are working to support our communities.

CATH Outreach Day Centres

The CATH Day Centre Outreach Team seeks to work within communities to reduce the numbers of people who are rough sleeping or at risk of losing their tenancy or are facing crisis. Its goal is to prevent and end homelessness, through rapid intervention.

Taking a person-centred approach, regardless of the circumstances a service user may find themselves in, this community-based service provides support, respect and dignity to those in need, without the need, nor delay, of a formal referral.

The team is based within the Day Centre, enabling them to offer a drop-in service for people in Perth City. In addition, surgeries have been provided in Alyth, Blairgowrie, Crieff, Kinross, Pitlochry, and both the Skinnergate and the Foodbank in Perth.

Outreach offers support to people who may not otherwise engage with services due to a high level of need. Its preventative approach supports people to avoid becoming homeless through the provision of support, advice and referrals. By taking a person-centred approach, CATH focuses on building individual capacities, skills, resilience, and connections to community. Using this approach helps to discover what people want, the support they need and how they can get it, ultimately assisting people to lead an independent and inclusive life.

Current uptake of service:

Current uptake of service:

Initial engagement – 192.

CATH are part of the triage partnership additional 123 interventions.
142 referrals made to external agencies over 2021/22.

Since January 2021, CATH have made 16 referrals regarding people's mental health.

Since January 2021, CATH have supported over 100 people offering alcohol/drug brief interventions.

Since April 2021, 84% of service users were supported with financial issues.

Feedback and comments:

"They have been great trying to sort things out and giving support and advice. Helping so much when you don't understand the paperwork."

*"Got help with my bus pass – sorted out."
"Staff knew how to help and had resources at hand for any further assistance."*

Looking Forward

The continued development of our ROSC and the implementation of MAT Standards remain key priorities for all substance use services and partners over the next 12 months. In addition, four other areas of work will be developed as follows:

Continued Integration of Substance Use Services

As iDART expands it will be able to continue to grow the breadth of treatment options available, focussing on recovery. These include help for people to stabilise chaotic lifestyles so they can engage with therapeutic interventions, increased access to individual and group psychological therapies and support with integration into local communities including accessing employment and further education. This investment will also support the ongoing development of multi-agency assessment clinic and triage.

Mental Health and Substance Use Integration

Recommendation 14 of the [Trust and Respect](#) report stated that NHS Tayside should “consider developing a model of integrated substance use and mental health services”. The Scottish Government also requested that [Healthcare Improvement Scotland](#), work with NHS Tayside to develop an Integrated Mental Health and Substance Use Pathfinder project which will improve outcomes for people with a dual diagnosis of mental ill health and substance use. The project will prototype a new model and pathway of care, with a view to spreading good practice, innovation and learning about “what works” in developing and delivering integrated and inclusive

Mental Health and Substance Use services. HSCP colleagues are members of the Project Delivery Group which is developing the new model and care pathway. During the next 12 months, the programme team will work with people who have lived experience of mental health and substance use and with relevant services to identify what might improve care and support.

Alcohol

An increasing number of alcohol related referrals were received throughout the pandemic. Funding is in place to enable iDART to develop a community alcohol detox unit to complement existing services and additional investment has been made in Tayside Council on Alcohol (TCA) to increase counselling spaces. In collaboration with ADPs across Tayside, Perth and Kinross ADP has increased support for improved Alcohol Brief Intervention coordination. Alcohol Brief Interventions (ABIs) are short, evidence-based, structured conversations about alcohol consumption which are conducted in a non-confrontational way to motivate and support people to think about and/or plan a change in their drinking behaviour. This work is being taken forward across Tayside to increase capacity for the delivery of ABIs.

Developing a Justice Pathway

We are working with partners across Perth and Kinross including, Perth and Kinross ADP and Perth and Kinross Community Justice Partnership to develop a pathway for people who have lived or living experience of justice and have

substance use issues. Current projects to develop the pathway include a two-year test of change which will see the establishment of a Custody Arrest Referral Service (CARS) for Perth and Kinross. This will provide services in Perth and Kinross with the opportunity to identify people in crisis; engage or re-engage individuals with person-centred support targeted at addressing unmet need (such as support linked with problematic substance misuse, mental health and/or homelessness) with the intention of minimising escalating offending behaviour and further crises.

The Prisoner Release Delivery Group was established with the aim of ensuring there are clear pathways between prison and community support services, including support with substance use issues. The multi-agency group, which includes SPS (Scottish Prison Service), Health and Social Care, Housing and Safer Communities Teams, Skills Development Scotland (SDS) and Criminal Justice Social Work is seeking to build on and enhance the successful model that was developed to manage the early release of prisoners in 2020, in response to the pandemic.

PRIMARY CARE AND HOSTED SERVICES

Our Year in Action



Service Delivery: Improving and Adapting Throughout the Year

As we transitioned to the next phase of the pandemic response, Primary Care, including hosted services of Public Dental Services, Podiatry and Prison Healthcare, maintained the focus on the safe delivery of care to those most in need. We also delivered on an ambitious programme of service transformation and improvement by the further expansion of services through the Primary Care Improvement Plan (PCIP). This Plan sets out ambitions to transform primary care in line with the Scottish Government's vision, and in collaboration with GP partners.

Community Care and Treatment Services (CCATS) are now established at seven hubs throughout Perth and Kinross:

Aberfeldy – Dalweem Care Home;
Auchterarder – St Margaret's Community Hospital;
Blairgowrie – Blairgowrie Community Hospital;
Bridge of Earn – Bridge of Earn Hub on Station Road;
Crieff – Crieff Community Hospital;
Perth – Beechgrove House on Hillend Road;
Pitlochry – based at Pitlochry Community Hospital.

CCATS also provides in-reach services at the following locations on a variety of days and times:

Alyth; Coupar Angus; Dunkeld; Stanley; Comrie; Errol; Abernethy; and Kinross

Having been rolled out through the pandemic, CCATS offers a broad range of services from routine blood tests to monitoring of chronic conditions, aural care and irrigation to the treatment of minor injuries.

Throughout the development and implementation phases, feedback from people using the service has informed changes in delivery. CCATS has been a successful and transformative new service and people overall are very pleased with how services have been received. The delivery of CCATS also frees up time in General Practice to enable GPs to support of more complex cases. The small number of GP practices still to gain full access to CCATS will be addressed by a further expansion of service in the year ahead.

"What made this journey and its many highs and lows bearable was the incredible care of the staff at the Blairgowrie Community Hospital. What a team! I have felt listened to, cared about, and valued by all of the members of the team, and I have always had a warm reception and a high standard of care."

CCATS- Patient Testimonial

To enable the service to cater for greater demand and enable further patients to access CCATS, additional investment in buildings will be necessary to create more clinical space. This, and further buildings and infrastructure requirements, are captured in our draft premises strategy and by detailing our

strategic needs, we are more able to engage and co-ordinate with partner organisations. This integration and co-ordination will secure access for people to services for the long term.

Advanced Nurse Practitioner Service (Urgent Care)

Continuing our approach to ensuring patients see the right professional in the right place at the right time we have now completed a test of change in collaboration with GP practices, where Advanced Nurse Practitioners (ANPs) undertook "urgent" home visits to treat patients across the Perth City Locality. Feedback from our GP partners and people in receipt of the service suggests this has been a huge success.

"Excellent service, have seen nurses previously who have not provided such a thorough check-up. Explained everything to me and I felt involved. Referred me on for other tests at PRI and appointment is already confirmed. Nurse was friendly and approachable"

ANP- Patient Testimonial

Similar to CCATS, it has enabled GPs to dedicate greater time to more complex caseloads. More work is now needed to implement lessons learned from the initial test. This includes improving efficiencies, streamlining ways of working and integration with wider services. A further expansion of the ANP service will see it rolled out across all localities.

First Contact Physiotherapy Service

Our First Contact Physiotherapy (FCP) service supports people presenting with musculoskeletal problems, including: soft tissue injuries; sprains and strains; back and neck pain; and joint problems to access physiotherapy expertise directly, with a first point of contact for assessment. This service now covers all 23 GP practices delivered via seven Hub sites and ensures timely access for diagnosis, early management and onward referral, if necessary. This benefits the person, primary care services and the wider musculoskeletal (MSK) outpatient services.

"Just continue with this wonderful service"
"Continue an excellent service"
"Service is needed and well used"
"Continue to have reasonable waiting times"
"Just continue with the way the service is currently running"
"Continue providing advice for appropriate patients"
"Rapid access seems to be working well. Exercises and phone advice good for the majority"
"Continue supporting requests for help and advice"
FCP - Stakeholder Feedback

The First Contact Physiotherapy Service provides people face-to-face or telephone appointments with a specialist physiotherapist, to assess their condition and provide advice. If appropriate, a further in-person assessment can be arranged, or alternatively, a referral for further treatment or specialist investigation arranged. This more direct route to physiotherapy expertise ensures people receive the right care in the right place, faster. GP time is similarly freed up, enabling them to

focus on cases where their extensive expertise and generalist knowledge is most useful.

80% of people answered positively when asked, "How was the physiotherapist at helping you take control?"

Patients have benefited with waiting times having reduced, as have the number of unnecessary and duplicate appointments.

Social Prescribing

Social Prescribers are generalist non-medical practitioners aligned to GP practices/clusters. They work directly to signpost people to wider services and support and use community-based activities to help address factors that contribute to health problems. The aim is to improve health and wellbeing, through the provision of a different response. Social Prescribing has been very successful and following redeployment during the pandemic all six of the initial Social Prescribers returned to the service in April 2021. A further three have been appointed to help promote people's health and mental wellbeing, through signposting and supporting individuals to make connections in their local and surrounding areas.

Primary Care Pharmacy Service

The Pharmacy Team maintained their support to General Practice and community hospitals, working with GP colleagues across 23 practices and collaborating with multi-disciplinary colleagues from primary and secondary care, including community and hospital pharmacy services. The Pharmacy Team ensures that people receive their medication in a safe and timely way.

With national shortages of suitably skilled and experienced staff, recruitment and retention remain a challenge and a priority. We have continued with campaigns to recruit to junior posts which we can then develop. This ongoing development of our workforce, our systems of working, and our optimisation of the workforce skill mix is designed to enhance service delivery, improve job satisfaction and maintain staff retention.

Work is ongoing with statutory partners to resolve accommodation issues through the Premises Strategy. Growing demands and workforce represent a challenge and a risk to the sustainable delivery of services.

Vaccination Service

The Vaccination Transformation Programme (VTP) delivered a phased service change for immunisations, based on locally agreed plans to meet nationally determined outcomes. Vaccinations traditionally given in GP practices are now delivered by a centrally organised and managed service. These include seasonal flu, shingles, pneumococcal as well as the very successful roll out of the COVID-19 vaccine.

Our Hosted Services

Prison Healthcare

Prison Healthcare is an extension of Primary Care and provided to the prison population in Her Majesty's Prisons, Perth and Castle Huntly. The pandemic presented particular challenges for the delivery of safe services in this secure environment however considerable progress was made to improve service provision.

"Help was excellent and advice given was clear and understandable; I was made to feel like a patient rather than just being a prisoner"

"My experience with OT was really good, my health has got easier to manage and [this] has helped me lots"

OT - Patient Feedback

The prison population has complex health and support needs. Accordingly, a multi-disciplinary and multi-agency approach to the delivery of care is embedded, mirrored by the approach we have taken more broadly. For example, professionals from a broad range of disciplines review the needs of individual patients on a daily basis during 'person of concern' meetings. These meetings provide an opportunity to discuss anyone presenting a concern, including patients with mental health concerns, and complex physical health needs. They also provide an opportunity to discuss the management of offenders at risk of substance use. Nearly 700 of these reviews were

undertaken across the 2021/22 period, enabling appropriate interventions to take place by the most appropriate person at the earliest opportunity.

Improvements in service access was also made possible through the introduction of telephones for appointment booking and remote consultations. This has increased opportunities for patients to attend appointments resulting in a reduction in the number that do not attend.

To increase the provision of clinical Prison Healthcare, we have developed onsite access to clinical psychology and after some difficulties in securing GP cover across both prison sites, it is now anticipated that this will be in place in early 2022/23. These vital clinical posts are also supported by an onsite Clinical Pharmacist to ensure the safe and timely administration of medicines.

To increase access to a variety of clinical services within Prison Healthcare, we have developed onsite access to clinical psychology, and we are looking to increase capacity of our Occupational Therapists (OTs). The OTs are primarily working with people with mental health issues but there is a clear need for them to support people with substance use and physical health needs. OTs support through a range of measures, from helping with liberation planning and rehabilitation (across cognitive, physical and mental health) to environment assessment and specialist equipment provision. Throughout 2021/22, 80 referrals were received by our OTs, with 612 appointments offered.

The Prison Healthcare team have been working with the Scottish Prison Service to develop a model of care for the female Community Custody Unit (The Bella Centre) due to open

in August 2022. This will provide a different approach to care for women in custody, supporting them to access community services as well as services being delivered by prison healthcare.

Podiatry

Podiatry works in close partnership with Community Nursing Teams and CCATS and have recently delivered the CCATS Healthcare Assistants with training to conduct diabetic foot screenings to support Primary Care delivery of diabetic reviews.

Throughout the pandemic in both 2020/21 and 2021/22, the podiatry service experienced staff vacancies; services being stepped down; and staff being redeployed to other areas.

Across 2021/22, 12 Online Foot Health Education Webinars were held for staff across Perth and Kinross, with 37 attendees from across 15 locations.

This had an impact on what the podiatry service was able to provide, resulting in a very focussed prioritisation of demand to ensure that those people with the most complex needs are provided with the most appropriate level of care.

Despite this, podiatry continues to support third sector partners that provide personal foot care to communities across Tayside - all of which had to withdraw during the height of lockdown restrictions. Most of these have now resumed this service and

Podiatry will continue to seek new partners to further support the building of community capability for safe care, capacity and enablement.

Specialised third sector partners providing personal foot care, resumed their services to communities albeit it in a limited capacity, to support the building of community capability for safe care and improve on the impact on individual's health and wellbeing. We will continue to seek new partners to grow this community-based service further.

Tayside Podiatry issued 4,045 new patient appointments and 421,731 return patient appointments in the 2021/22 period. As lockdown restrictions lifted, podiatry introduced assessment hubs to review the needs of its caseload and provide the most appropriate level of care: from self-management advice; short intensive episodes of care; to long-term intervention to promote health and minimise unplanned hospital admission. Podiatry is working in close partnership with Community Nursing Teams and CCATS and has recently delivered the CCATS Healthcare Assistants with training to conduct diabetic foot screenings to support Primary Care delivery of diabetic reviews. Work has also begun to conduct a test of change with CCATS wound hubs in Kinross and Blairgowrie to enhance collaboration between the two services and improve patient pathways.

Dental

Public Dental Services largely reopened in full after a reduced range of services through the pandemic.

A significant number of people had not been able to access routine dental treatment for a sustained period. To address this backlog an additional non-recurring investment of £367,000 has been made to grow the workforce with additional staff recruited through this Winter Preparedness Funding, now mostly in place.

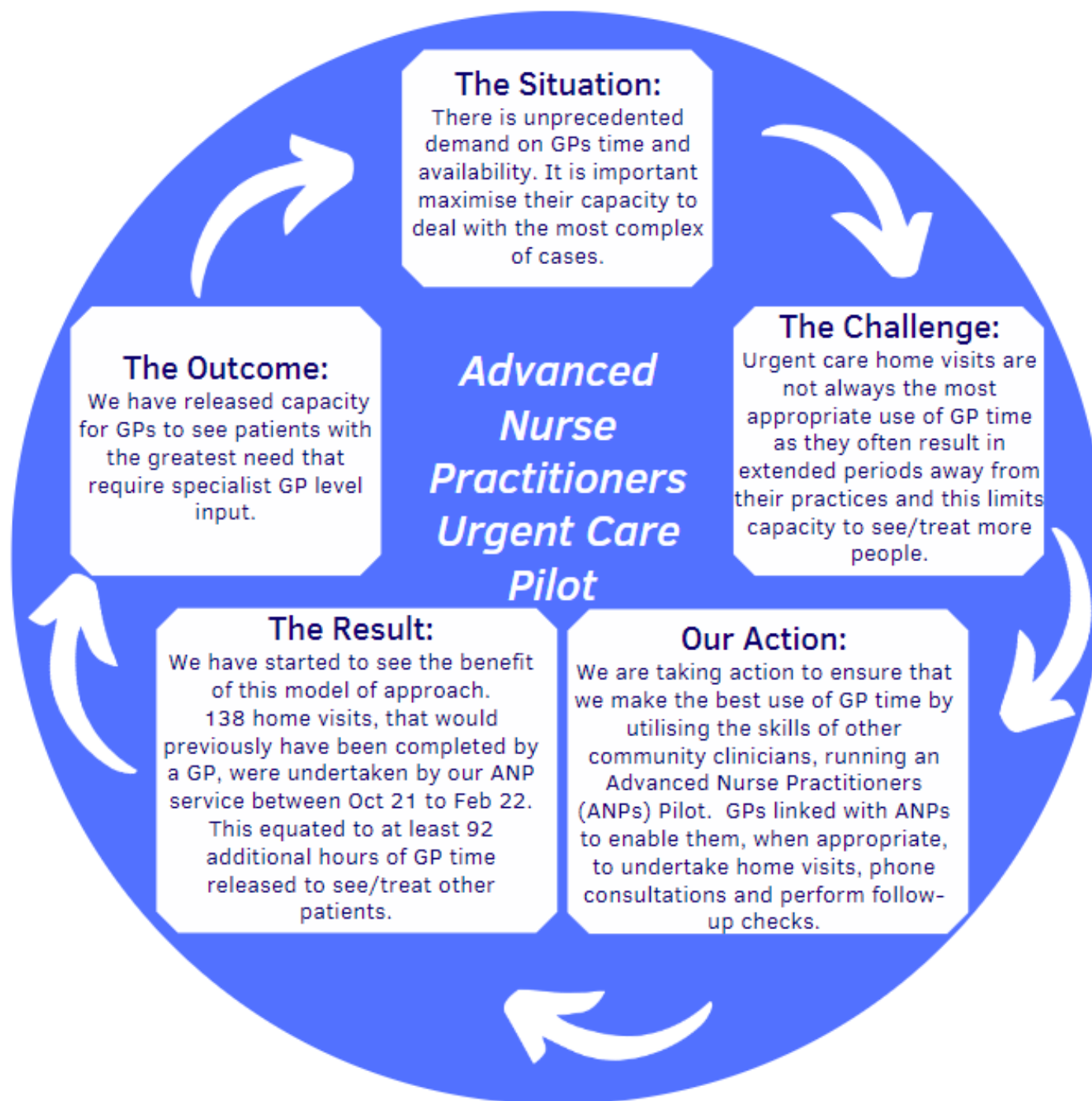
A backlog remains particularly for treatment under general anaesthetic, as sedation referrals were suspended for a period during COVID-19. We have now resumed and there is now a manageable waiting list. Moving forward, all residents in care homes will be offered examination and treatment as required as we reinstate the care home inspection programme. Re-establishing outreach services into care homes will also be addressed as this was not possible during the pandemic. Those in the greatest need are prioritised for care first and this includes the 1,000 patients each year who require sedation before treatment.

Changes in practice which are necessary following COVID-19 require additional investment in infrastructure and this is being addressed via partners and is covered in our premises strategy. Additional pressures also exist in respect to accessing the necessary theatre time for more complex cases.

Improvement Journey

Primary Care services have undertaken considerable improvement and transformation work throughout 2021/22.

This example shows how an Urgent Care Advanced Nurse Practitioner's (ANP) Pilot has helped to progress our efforts to ensure people receive the right care, at the right time and in the right place.



Case Study

CCATS Patient Story

"The CCATS wound team have endeavoured to find the most suitable treatment and called in GPs and dermatology to help treat infections and gain learning about wounds that are more difficult to manage."

"They have worked (with me) with empathy and a goal of helping me. It hasn't been easy as my wounds have to be cleaned and they have striven to be effective and reduce pain as much as possible (even though it's more a case of get it done and not prolong). Their empathy and including me in all treatment decisions have helped me get through. At times with pandemic lock downs and isolation I have been low but the chat and manner has lifted my spirits."

"Other factors have been their willingness to ensure appointments fit in to times when my wife is able to take me. In pre-Complex regional pain syndrome days I could walk in less than 10mins. I tried it recently and it was approaching an hour."

So, I'm saying a big thank you to the team who work brilliantly plus the healthcare assistants who help getting the dressings when I am there."

Looking Forward

GP colleagues remain at the heart of Primary Care service delivery. Increased sustainable communication routes have built stronger links with locality-based teams, leading to improvements in the quality of care provided. This success will be built on to support further improvements. This includes the reintroduction of support to GP practices to increase capacity for more in-depth medicines reviews which was not possible throughout the pandemic.

The achievements of colleagues in Primary Care, and with connected services, have been possible through staff dedication across a broad range of professions. By linking multi-disciplinary teams, people are better able to have a positive experience at all stages of the patient journey and can achieve the best outcomes. We will continue to invest in Primary Care services as the Primary Care Improvement Plan is further implemented and our Strategic Delivery Plan is developed.

GPs are now better supported by multi-disciplinary locality-based teams which is helping to secure GP sustainability. Further work will establish a Primary Care Resilience Team, which will have specialist skills and knowledge across a range of disciplines. The Resilience Team will support Primary Care

in the widest sense and provide targeted support to GP practices.

While progress has been made, recruiting to this ambitious new model remains challenging but we intend to continue with this work developing innovative ways to attract people with the right skills and experience. Meanwhile, further recruitment to the primary care pharmacy service, including additional input to community services and our HSCP resilience team, is planned for 2022/23.

Some planned service development requires support from partners, such as the availability of suitable and sustainable premises. This issue relates to a number of primary care-based services and support from statutory partners will be necessary to overcome this.

Further difficulties exist in respect to the supply of suitably trained and experience workforce. Within Prison Healthcare and more broadly there is a need for greater access to physiotherapy or occupational therapy for example. Given national shortages of people with these skills it has not been possible to fill vacancies within the year. New and innovative approaches to cater for this demand are now being explored however, please see “Workforce” chapter.

CARERS

Our Year in Action



Service Delivery: Improving and Adapting Throughout the Year

Demand for carer services grows each year. Since the approval of our [Joint Carers Strategy 2019-22](#) we have seen referrals for carer support increase by 40%.

Improvements to the rights of carers has resulted in an overall increase in demand for services. These rights include: the right to access information and advice about their caring role, and to be involved in the development of services for carers and the people for whom they care. The demand includes greater access to person-centred support; this enables carers to continue caring and enjoy a life alongside their caring responsibilities.

Pandemic restrictions limited support for much of the year, both in terms of what services could be provided, and also due to fears expressed by carers about the risk of infection.

Where services could not be delivered or were delivered at a reduced level, alternative support mechanisms were provided where possible. For example, at the start of the pandemic, the telephone befriending service was resourced to reach more carers. Although re-tasked staff providing this service have returned to their posts, the service continues to give support to carers and helps mitigate isolation and loneliness.

Carer services are commissioned from PKAVS Carer Hub. This support ensures necessary early interventions are available to support carers to maintain their health and wellbeing in ways that relieve the burden of having or taking on a caring role. To ensure that carers are involved in the discharge process whenever the cared for person is admitted to hospital, a dedicated Hospital Link Worker is in place through PKAVS to assist in navigating what can be an anxious time.

In conjunction with the Carers' Hub, the 'Making Carers Visible and Valued' information booklet was distributed to nearly 2,000 adults with carer responsibilities, in support of Carers' Week 2021.

On Carer's Rights Day in November 2021 for our 'Carers Connect' event we used a blended approach, supported by the PKAVS Carers Hub and Carers Voice, with online and in-person presentations at three venues across Perth and Kinross to enable more carers to meet one another and access information that would help them to sustain their caring role.

Commissioned Services supported 122 carers with 68 receiving ongoing support. This has been a significant success, giving carers increased resilience, reasonable life balance and feeling more able to cope:

- The Carers' Hub team is dedicated to providing community-based support for carers.
- Sitting services is provided by Crossroads and other care providers to give carers a break.

- Support in Mind Scotland supports carers for people whose mental health problems or mental illness impacts their life.

Involving carers in the development of our services is recognised as key to the successful delivery of our Strategy. In this respect we have ensured that carers are represented, as equal decision-making partners on the Carers' Strategy Group and across each of our wider Strategy Groups. We have also continued to support the development of '[Carers Voice](#)' – a carers' participation and representative membership group, which had approximately 90 members at the end of 2021/22. More work is needed in this area to ensure that all service developments are underpinned by carers as representatives of the people they care for, and whose perspective is vital to successful service design and implementation.

Further statutory obligations came into effect in relation to providing support to those caring for people with a terminal illness. A new service providing palliative carer support was created, and following feedback from carer representatives, was expanded to provide greater emotional support to carers of people admitted and discharged from hospital. The New Rannoch Carer Support Team provides the service and feedback was overwhelmingly positive.

[The Joint Carers' Strategy 2019-22](#), highlighted the need for Health and Social Care professionals to have training to ensure obligations to carers are widely understood. Carers need to be identified early and enabled to find support to meet their needs. Training for staff was developed and presented to 58 professionals throughout localities and the hospital discharge

teams. Feedback was positive as it gave learners an insight into being an unpaid carer, the potential impact on carers and the support carers are entitled to expect.

One key outcome identified from the Strategy was the need for greater peer support and so working with Richmond House we have established a monthly carers' café in Crieff. This was aligned with community wellbeing walks, resulting in more carers using the service throughout the year. This will be expanded to include weekend cafés, to enable carers who work to meet up for peer support and friendship.

"Thank you for the help and support, without her care and professionalism...I don't know how I would have coped"

Carer Support Team: Service user Feedback
(Murray Royal Hospital)

Given the success of the Crieff model, work started with Dementia Friendly Aberfeldy to introduce the concept in Northwest Perthshire. Following some initial success, work continues to establish a regular meeting time and place in Aberfeldy so that carers can meet to share experiences, provide peer support and increase awareness of wider support services and community groups.

Across our localities we are working to establish and develop more opportunities for carer peer support including carer drop in at the Maddoch Centre in St. Maddoes and our Day Centre

in Kinross. Peer support groups have also been developed during the year by PKAVS including walking groups, the Bridge Project which supports bereaved carers, and the creation of a Carers' Choir with Horsecross in Perth City.

Where caring has a significant impact on carers there may be a need to consider replacement care in order to allow them to have a break. Throughout the year, providing this support was a challenge as the effects of the pandemic and other pressures meant that recruitment to caring roles was affected. Similarly, with pressure on the availability of care home beds from other Health and Social Care services it was difficult to provide respite care home placements. Given the difficulties outlined we undertook a test of change in collaboration with Parkdale Residential Care Home to create capacity for planned placements. This allowed carers to plan breaks, take holidays and gain respite from their caring roles. Despite these pressures on services, the work of the locality teams, including our dedicated Carer Support Workers, mitigated the impact of a caring role. This has contributed to a reduction in care home admissions as a consequence of carer breakdown from 24.0% to 16.3% of permanent care home admissions during the year.

The Joint Carers' Strategy recognises the financial impact of caring. Working with partners, Carer Positive and PKAVS, we have engaged with employers to improve recognition of working carers and the support that employers can provide to enable them to continue working whilst caring.

The life impact of a caring role cannot be understated and so carers were signposted throughout the year to Citizens' Advice Scotland, resulting in 479 people with caring responsibilities,

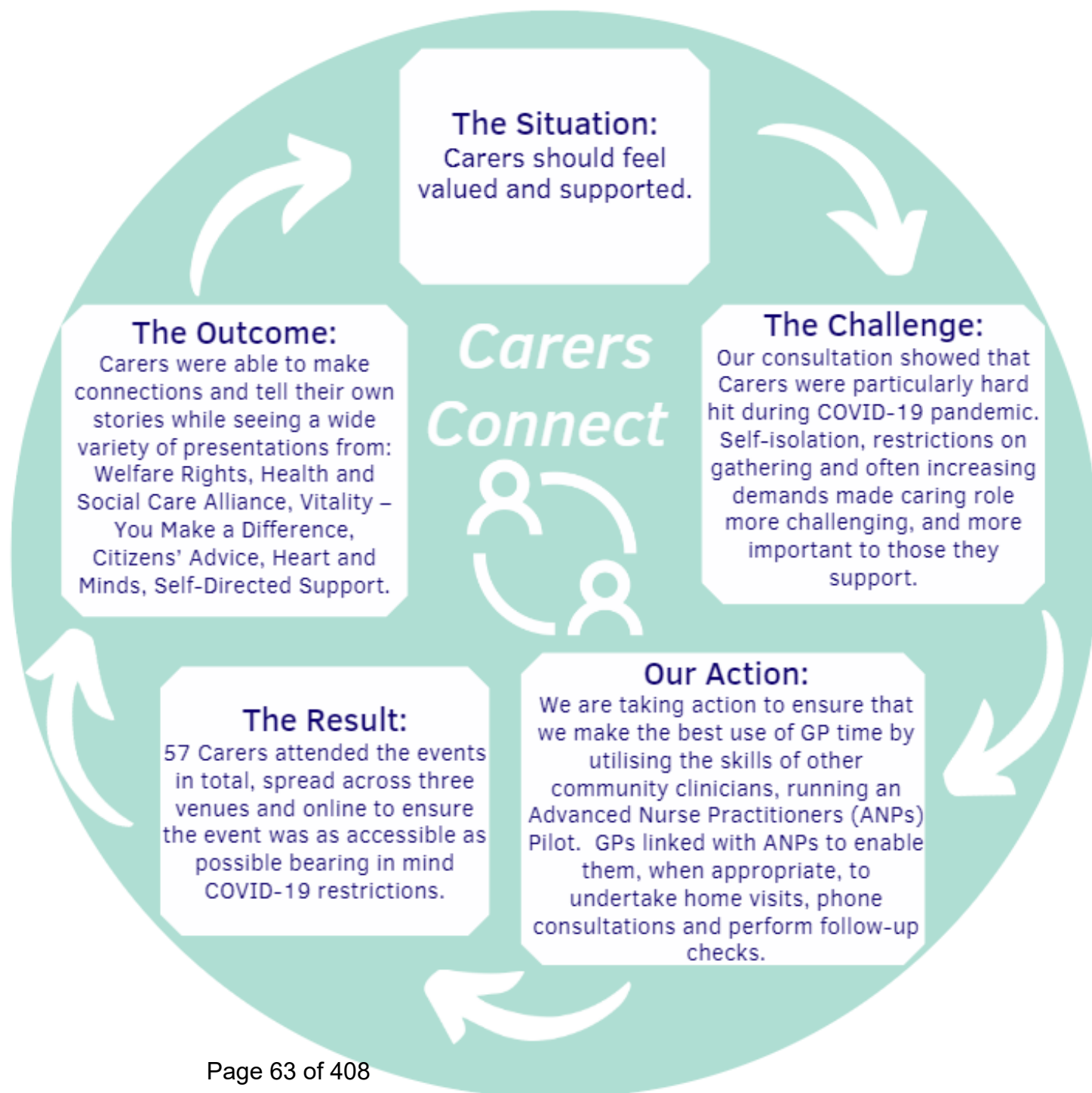
getting support with a range of issues including benefits and housing. A financial gain for carers of £343,000 was achieved. The uptake of advice continues to be monitored as the cost-of-living crisis impacts our population and our communities, especially for those looking after a family member or friend.

We reviewed our information resources and in September launched our new information booklet developed with Carers Voice. This was promoted throughout Perth and Kinross via Culture PK's mobile library service. We also considered minority ethnic carers, and with our Social Prescribers developed a relationship with [Perthshire Welfare Society](#) who support carers from a range of ethnic minority groups, including South Asia and Eastern Europe, to develop posters in a range of languages to ensure that carers from many backgrounds would be able to find out about the support available to them.

Improvement Journey

This illustration outlines the planning and delivery of Carers Connect, which works to improve the range of services and support networks carers have access to.

In achieving this, unpaid carers are better able to remain in their caring role and continue to deliver the vital support to those for whom they provide care.



Case Study

PKAVS: Jackie's Story

Jackie cared for her mum who had Alzheimer's and vascular dementia and her dad who had a serious heart condition. During this time Jackie was diagnosed with arthritis. The impact of caring meant that she found it difficult to maintain this support whilst caring for her own family, working and studying. She realised that, whilst she found caring for her parents rewarding and would not change being a carer for her mum and dad, as she knew how to support them in a way that they appreciated, it was becoming increasingly difficult to cope. Realising the impact on her own health and wellbeing led her to visiting PKAVS Carers' Hub.

This is her experience of the support from PKAVS in her own words:

"In 2017 I went into the Gateway Centre to ask for help and that moment changed my life. After chatting with Catriona, I went home lighter knowing I wasn't on my own. When my plan arrived, I cried again because I had been heard and finally accepted that I was an unpaid carer for my parents and in due course my son. From then onwards PKAVS have supported me and my family practically and emotionally through diagnosis, accessing services, professional interactions, bereavement and the pandemic! PKAVS have offered a consistent professional input to my family with realistic goals and compassionate support. Jo and Lorna have also provided consistent caring support through Telephone Befriending which continues to help me now. I am so very grateful for PKAVS and all they have done for me."

Crossroads Sitting Service: Family Testimony

"Having the Crossroads Sitting Service has made a huge difference to us. Because of the type of dementia my partner has it means he wants to be on the go all the time and is very active. Because I'm not in the best of health, I cannot keep up with him and I get tired. When Crossroads come in, he looks forward to them coming and enjoys his time with them. It means they can take him out and I can go and rest if I feel tired and I don't need to worry about him. I know that he is safe and getting well looked after and is in good hands."

The difference it has made to me means I look forward to having some time to myself to do the things I enjoy whether that's just pottering about the house, having a rest/catch up on some sleep, meeting my sister-in-law for a coffee and a chat or just getting some time to do what I want to do. He's happy, so I'm happy and it means I can keep looking after him and we are together in our home".

How our Commissioned Services are meeting needs

[Support in Mind](#) and [PKAVS Carers Hub](#) provide an example of how our Commissioned Services are supporting Carers in their caring roles.

Support in Mind:

Support in Mind provides unique support to people with severe and enduring mental ill health. Support in Mind takes a human centred approach, believing people affected by poor mental health and illness deserve the highest quality of support in the community and that every person has the right to be valued and to share in the opportunities, challenges and joys of everyday life. In doing so, the people they work with have greater opportunities, can build confidence and social skills, and become more integrated to their communities.

Across Perth and Kinross, their Carers' Support Workers work remotely to provide targeted support to people who care for or support people experiencing mental ill health. Services for carers include:

- Individual support
- Emotional Support
- Telephone and email support
- A range of information, advice and access to local peer support groups
- Professional guest speakers on mental health topics
- Signposting to other relevant services

These services are provided completely free and confidentially.

The last year has seen a significant increase in the level of support provided by Support in Mind (SiM). They have increased their service footprint from Carers and Hearing Voices to now include Resilience early intervention. These services run in tandem with their Carers project which in the last year has continued to run at an enhanced level in response to increased demand from the pandemic. This approach has been beneficial to both carers and people they support with mental health needs.

Support in Mind have also worked with PKAVS to allocate funds from the Winter Recovery Fund, with £45,000 allocated from government funds to carers. 4 of the SiM carers benefitted and were collectively allocated £1400 and 5 new carers were identified during the process who would benefit from the more complex in-depth support their carers project offer

SiM continues to be involved in the local Mental Health and Wellbeing Strategy group, Carer Strategy Group and the Autism strategy group and the strategic planning group - with contributions made to planning, participation in workshops and group meetings.

Current uptake of service:

Over the period 2021 - 22 SiM Perth and Kinross Carer Support Service provided information, advice and support directly to 122 Carers This was up 23 on last year, with 68 Carers (up 1 on last year) receiving ongoing support from Carer Support Workers. In total there were 245 carers receiving information and advice from the service

Feedback and comments:

"You keep me sane."

"It was amazing to have the relevant information and be able to challenge the professionals, Thank you"

PKAVS:

PKAVS supports thousands of unpaid carers in Perth and Kinross, seeking to help people who take on caring responsibilities to be individuals first and carers second. This support is divided into distinct areas: Young Carers, Young Adult Carers, Adult Carers, Development, and Respite. The carers hub offers emotional and practical support to unpaid carers of all ages living in Perth and Kinross. This support is offered through carers accessing the universal services we offer plus signposting carers to our voluntary and statutory sector partners for any additional support they may need.

Current uptake of service:

46 referrals received across all services in the 11 months from 1st March 2021 to 28th February 2022.
254 adult carer support plans completed within that same timeframe.
4,024 contacts made with unpaid carers in the same time period through the Telephone Befriending Service offering access to both emotional and practical support.
210 applications received for the Winter Recovery Fund totalling nearly £60k in February
311 short break grant awards funded through Time4Me
645 packs of 12 complementary therapy vouchers issued to unpaid carers
Total Carers - 1,906, a 33% increase on last year

Feedback and comments:

"The informal and open forum, small group, really honest and straightforward answers to queries, no "hard sell" stuff, excellent input."

"I enjoyed the informal and relaxed manner in which [PKAVS] delivered the information. I left feeling more confident that I was doing things ok."

Of note, PKAVS also supports a Mental Health and Wellbeing hub and Minority Communities' Hub.

PKAVS Mental Health and Wellbeing Hub provides support and opportunities to people recovering from mental health and wellbeing difficulties, working in partnership to make sure the people they help are well-supported in their community. Based across two service locations, Walled Garden in Perth City and Wisecraft in Blairgowrie, PKAVS Mental Health and Wellbeing Hub has a strong focus on activities which promote recovery.

PKAVS Minority Communities Hub is the lead organisation supporting the expanding migrant population in Perth and Kinross, helping hundreds of people to access local services and play an active role in their community. The aims of the service are captured in the Hub's vision statement: "We believe that people of all backgrounds and their communities should have opportunities to flourish and to contribute to a fairer, more equal Perth and Kinross."

Looking Forward

We are consulting carers to help inform how we develop services to meet their needs as our current Joint Carers' Strategy 2019-22 draws to a close.

The views of carers will inform how better, more equitable support is provided. The over 75 population continues to increase significantly, and this will lead to more older people undertaking a caring role for family members or friends, who can no longer live independently. We will create a refreshed strategy with clear aims describing how we intend to improve the support that is provided for all carers at a time when they need it.

Meaningful and effective carer representation and engagement is crucial to our understanding of the lives of unpaid carers, the challenges they face and how we provide a better integrated

health and social care service to meet their needs. Carers need to be considered as equal, expert and valued, and we have further work to do to ensure that they are supported to realise this ambition. Our carer representation is reliant on a number of focussed and dedicated volunteers, and we will support them to mentor and train others to be confident and comfortable in working with us to improve the services we provide.

Steps already taken to improve services following feedback include the expansion of the Telephone Befriending Service. We have invested to extend this to cover out of hours periods to further meet the needs of carers when other supports are unavailable. We are also developing the volunteer-based befriending service to ensure that carers can have a break from caring when they need it.

LEARNING DISABILITY & AUTISM

Our Year in Action

290 people supported as part of our Complex Care Transformation Program.




96 care packages have been approved by the Complex Care Transformation Program. 

106 people registered within our Friends Unlimited Network, receiving face to face and online active sessions. 

72 hours of direct contact with individuals and their families each week. 

101 Care Packages reviewed through the Complex Care Transformation Program. 

The Transition Team has completed **55** Carers Support Plans and **70** assessments and reviews. 

40 people supported to move to housing better suited to independent living. 

Service Delivery: Improving and Adapting Throughout the Year

People with learning disabilities have a significant, lifelong condition that started before they reached adulthood, and which has affected their development. As such, having a learning disability affects the way a person learns new things and it is different for everyone. No two people are the same. Learning disability is reduced intellectual ability and difficulty with everyday activities. People may take longer to learn and may need support to develop new skills.

A person with a learning disability might have some difficulty with:

- understanding information
- learning some skills
- looking after themselves or living alone

People with a learning disability may also have sensory needs regarding how they interpret the world around them, postural and physical issues, mental health needs or behavioural needs which may challenge. Some of these needs may be complex.

Autism is a developmental disorder of variable severity and is characterised by having difficulty in social interactions and communications.

Learning Disability and Autism Services provide support to vulnerable young people and adults, often with complex conditions and support needs. This is a complex area of service delivery and covers a range of services to support people with multiple needs.

We have now published our Learning Disability and Autism Strategic Delivery Plan setting out our ambitions to improve outcomes for people who use our services.

In line with the recent Scottish Government directive, [The Annual Health Check for People with Learning Disabilities \(Scotland\) Directions 2022](#) now standardises a duty of care to provide Annual Health Checks to all people in Scotland aged 16 and over who have learning disabilities, using the Scottish Health Check for Adults with Learning Disabilities. This is a targeted invitation for a yearly health check for people aged over 16 with a learning disability. This must be undertaken by a registered nurse or a registered medical practitioner.

Through workforce redesign in 2021 and a change in delivery model, the Learning Disability Intensive Support Service (LDISS) has provided both an inreach and outreach service ensuring equity of access to health care screening. Physical screening can at times be difficult for an individual with learning disabilities, particularly invasive treatments such as taking blood. The service continues to expand and offers physical observations and monitoring of side effects, blood checks and monitoring of heart function. Further data will be available towards the end of 2022.

Test of change AIM: By introducing weekly specialised nurse led clinics, the LDIS seeks to have 80% of learning disability intensive support service patients receive full physical and mental health monitoring as per recommended guidelines.

It is recognised that service improvements are needed to ensure that the right services can be delivered to those most in need. To tackle this a large scale, multi-year transformation programme was approved in February 2020, covering a broad range of service areas, including the following:

Transitions

With colleagues across Health Services and Education and Children's Services we reviewed our transitions processes for young people moving into adulthood, and developed guidance for young people, parents/carers and professionals in relation to how transitions work for them. The guidance will now be trialled in early 2022/23.

We commenced the development of online information on services, resources and community opportunities for young people and their parents/carers. This will further support their transition from school into adult life. We are taking a collaborative approach to this ensuring people with lived experience can contribute to improvements and are supported in the best way possible.

We have created our new specialist multi-disciplinary team, SCOPE to support people who have Autism and/or a Learning Disability and complex needs aged 14 years and over.

SCOPE

- S** – Supporting young people and adults with complex needs
- C** – Community based approach/assessment
- O** – Offering young people and adults' choice in their care packages
- P** – Person-centred planning
- E** – Enriching people's lives

The development of a Transitions Flat has been progressed and is planned to be operational in December 2022. This exciting and innovative development will provide accommodation for two young people at a time. They will receive intensive support to maximise their independence before moving to tenancies of their own.

Independent Living

Following previous consultation with clients and their carers, it was established that people want to live in their own homes and within their own local communities. To deliver this ambition we worked with Housing colleagues to develop the desired accommodation which will support people to live as independently as possible.

This approach, referred to as “Core and Cluster”, will allow people with complex needs to safely live more independently in purpose-built homes. These developments will enable people to have their own tenancies and access care as required from services based nearby. As well as creating a more natural environment for people this model provides better value as carers are able to support more than one person. Work on this development was halted during the pandemic however building

resumed during 2021/22 and it is anticipated that this long term and ambitious development will see the first accommodation become available in late 2022.

Behavioural Support

We need the right environment(s) to help people cope better with their condition in a way that limits behavioural challenges. Through the [Tayside Mental Health and Wellbeing Strategy](#), the Positive Behavioural Support (PBS) approach is being reviewed. PBS is already provided in Perth and Kinross in a limited fashion and we are expanding this to support more people. Pandemic restrictions frustrated progress on this however working collaboratively across a broad stakeholder base including people with lived experience, we are developing a framework which supports practice. Additionally, we will provide additional training to our staff and through the SCOPE team (see above) we have increased specialist psychology support.

Technology Enabled Care

The migration to a fully digital Community Alarms Service continues as planned and will see all 4,000 service users migrate to a digital service, improving connectivity and overall levels of service. 25% of service users now have digital alarms. Collaborate work is underway with local authorities and partnerships across Scotland to identify a shared national Alarm Receiving Centre platform.

***“Excellent service from all the team”
“I am happy at the centre”***

Day Centre Service - User Feedback

This is co-ordinated by the Local Government Digital Office and could offer the opportunity for data sharing and support, not possible with the current network. This joined up approach will strengthen bargaining power on behalf of service users to ensure a service that meets the needs of individuals at a competitive cost. By enhancing the use of Technology Enabled Care (TEC) through an Overnight Responder Service, we can more effectively support people who have previously received overnight support, usually on a one-to-one basis.

Day Services

Learning Disabilities and Older People registered day services were largely provided on an outreach or virtual basis through the pandemic. This maintained contact with service users and carers to the extent possible. Services re-opened with easing of restrictions in 2021/22 to the same or better levels of service than pre-pandemic. The virtual service continued and this gave greater choice to people in how they receive services. This is well received.

“He (My son) seems to really enjoy the contact with others via such sessions, I think it's really helping his mental wellbeing as well as giving me some time to get some work done”

Virtual Day Opportunities: Service User Family Feedback

Third Sector Sustainability and Collaboration

Partners in the third sector continued to provide a broad range of essential support services in a flexible and adaptable way, including services using digital solutions.

This approach meant services were delivered digitally and allowed for effective remobilisation. This also supported clients to access day activities from home and from school adding valued support to those in transition. We envisage a blended approach to future service delivery, inclusive of much needed and beneficial building-based services and enhanced digital approaches.

Small organisations have flourished and gained significant levels of volunteer support across communities. The value of these local and community-led organisations is well recognised and where possible will be replicated. Providing a swift response to the needs of service users is key and we are promoting organisations who intervene early as this can delay the need for statutory services or avoid the need arising altogether. An example of this approach has been seen through the commissioning of a new provider [“Support Choices”](#). This provider supports people to make the right choice for them through Self Directed Support options before there is any need for statutory services to be involved.

Improvement Journey

This example shows how our focus on Positive Behavioural Support is helping to ensure that people remain in their own community, as safe and as independent as possible.



Case Study

Brain in Hand

Brain in Hand is a digital self-management support system for people who need help remembering things, making decisions, planning, or managing anxiety. It's not condition-specific, but is often used by people who are autistic or managing anxiety-related mental health challenges. We are currently trialling this technology-enabled care.

Dylan's story: Dylan was referred to Brain in Hand by his supporter to help him cope with his anxiety. After researching the system, watching testimonials from other users and exploring a demo version, he decided that he would like to try it:

"When I saw what Brain in Hand does and the diary and the reminders, everything just seemed to come together. I just thought 'that really is for me'."

Dylan found the setting up quite easy and straightforward and whilst he was a bit nervous before his first session, his Specialist made him feel at ease.

"There's never been anything that's been tricky, because you go into depth explaining things and you've been very approachable, by letting me know that if I need anything, I can just email."

Dylan feels that Brain in Hand has given him an awareness of how he's feeling and day-to-day experiences:

"I just feel like it's helped me a lot that way, so that I know I've got it there if I need it. Usually, if I press the orange button, it also gives me a reminder to maybe give my mum a message to say that I'm not feeling very good but I'm not at the stage where I need to speak to someone from the Response Service at that point, instead just maybe letting mum know I'm not feeling good."

Both Dylan and his supporter said that they would recommend Brain in Hand to other users:

"When you're not having a good time, just to have something where you know you can press a button and there's going to support and help there for you, I think it's just amazing."

Outreach Workers

The Perth City Locality have been working alongside an individual and their father since 2016 to ensure they have the best quality of life possible. The individual has a diagnosis of learning disability with associated distressed behaviours. There had been a robust care package in place through Self Directed Support. However, as a result of numerous issues, the provider could no longer provide their package of care. As a result, the individual has not been in receipt of their assessed level of care since late 2021, placing significant extra responsibility on a family taking on the role of unpaid carer.

Due to the complex needs of this young person a Multi-Disciplinary Team approach was taken to inform the assessment and ensure a person-centred approach.

The family's needs were also fully respected and upheld especially in relation to their unpaid carer role. A Carer's Support Plan provided additional support for their emotional and social wellbeing, and assisted with benefit claims, transport and blue badge application.

The social worker requested input from the SCOPE Team which has Outreach Workers with knowledge and experience of the needs of those with a learning disability and autism with complex needs. They provide support to Social Workers by direct contribution to specialist risk assessments, care planning and positive solution focused interventions. They work alongside the Home Assessment and Reablement Team to give practical support during periods of crisis and as a result have reduce the need for admission to hospital or institutional care.

Supporting Independent Living:

An urgent referral was made to the Independent Living Panel for a person with care and support needs who needed a new ground floor property, due to the flat they rented privately being sold. Having had previous negative experiences of living in institutional settings, there were safety concerns which meant that it was important to work closely with the family to ensure a suitable home could be found and allowing enough time for a managed transition.

The multi-agency panel worked with the family, Social Work, Housing and Common Housing Register Partners to identify a property within a location the individual would be happy with, and enable them to be supported within the community. A new build property became available, and a viewing was arranged to see if they would want to live there. With support from family, Social Work, the Self-Directed Support Team, Personal Assistants and the Housing Association, the individual successfully moved into their new home in the Spring of 2021.

The action of the person's family and joint working and communication resulted in a home for life. This gave peace of mind and continuity of living in their community in an environment supporting independence. It provided a secure and cost-effective solution.

The home has a number of design features and minor alterations were made to each room including technology enabled care support to ensure they can live safely while also having the independence to make it the home they want.

In this case the move ensured the person could continue living independently in the community rather than leading to a crisis. It has highlighted how through effective communication and an integrated approach, people with a range of needs can be supported to remain in the community and remove the need for costly or inappropriate placements. This experience has also provided the Panel with valuable learning around what resources and supports need to be in place for a person to have a positive experience, both in transitioning to and living in a new home of their choice.

How our Commissioned Services are meeting needs

The [Centre for Inclusive Living](#) (CILPK) provides an example of how our Commissioned Services support people with complex conditions and support needs.

Centre for Inclusive Living (CILPK)

CILPK seeks to promote Independent Living in a wide range of ways including, Equality Issues/Advocacy, Self Directed Support, Community access, the Keep Safe Scheme and by Awareness Raising through awareness raising and training. This activity is centred on the understanding that people with a disability live a life of their own choosing, as fully participating, independent members of the wider community.

Current uptake of service:

CILPK received 8 iPads and MiFi units from Connecting Scotland and purchased 2 Kindles and MiFi units.
2 members of staff completed Digital Champion training.

All meetings have moved online resulting in all members gaining digital skills and devices.

All service users who received iPads also received 6 weeks of training with ongoing support.

Managed to support members to access online meetings and activities which has meant they have been able to stay in touch with people and also feel part of their communities by doing online sessions.

Looking Forward

The Scottish Government announced £20m funding for IJBs in February 2021 for a Community Living Change Fund. The fund is intended for a re-design of services for people with complex needs, including intellectual disabilities and autism, or for those who have enduring mental health problems. The plan in Perth and Kinross is to invest in services to support more individuals with complex needs in the community and disinvest in institutional care. For example, via Core and Cluster developments and additional SCOPE Team capacity.

Throughout 2022/23 there will be a test of change with Family Group Decision Making Co-ordinators. It is anticipated that by employing the same model of practice used successfully in Children's Services, the same positive impact will be achieved in Adult Services.

As Core and Cluster developments become operational, people with complex needs will be better able to transition out of long stay institutional settings. This will help improve their quality of life and reduce the risk of admission to hospital. These facilities will open opportunities for people placed outwith Perth and Kinross to return.

This approach through Core and Cluster developments is set to expand in the coming years. Plans for another Core and Cluster site have been submitted in collaboration with Perth and Kinross Council colleagues. This forms a significant element to future service delivery plans.

An overnight responder service is being developed to provide support using Technology Enabled Care and mobile responders. This is rather than relying on one-to-one carer support. Those for whom this service is appropriate, will benefit from more flexible and less intrusive support.

In the [Keys to Life Strategy](#) it was identified that being able to access public transport is important in order to support independence. Investment is planned for 2022/23 for more in day opportunities, SCOPE and Social Prescribers, to help build ability to develop independent travel skills. This will support outcomes, independence, provide opportunities through access to social and leisure activities, and improve health and wellbeing.

OLDER PEOPLE'S SERVICES

Our Year in Action

200 people at home with respiratory needs supported by the Specialist Community Respiratory Service.



LOCALITY INTEGRATED CARE TEAMS deliver a multi-disciplinary approach with **9** different Professions contributing to integrated care.



16 care homes promoted physical activity through "Care About Walking" booklets and record charts.



Supported Alzheimer's Scotland to provide **114** Dementia Advisor Enquiries, providing information, advice and help.

Supported community exercise provision through **5** Live Active Leisure Wellbeing Coordinators.



We have installed around **25%** of service users using digital alarm units onto the new digital network.



Service Delivery: Improving and Adapting Throughout the Year

Older People's Services provides a broad spectrum of support where people often have a range of needs with varying severity.

These services are provided in a seamless loop from inpatient to community health to social care all of which aim to ensure that people have the best possible outcomes. These services seek to intervene early to prevent deterioration in conditions and help people to live as independently as possible for longer.

Older People's Services have continued to be developed to meet rising demands and during 2021/22 we undertook significant research and consultation while producing our [Older People's Strategic Delivery Plan](#) which was approved by the IJB on 30 March 2022.

Hospital and Community Care

As we deliver our services and develop new approaches, we have ensured that person-centred care and early intervention and prevention are at the heart of our service delivery.

Our **Locality Integrated Care Service** (LInCS) has become our approach to working across community health and social care. It provides alternatives to hospital admission and early discharge and is delivered by professionals from a broad range of Nursing, Allied Health Professionals (AHP), Pharmacy, Older People's Mental Health, Social Care and Third Sector services.

As the service continues to embed, we recognise that further enhancements to this service will be required. To ensure a robust 24/7 approach we are developing the model to provide overnight integrated health and care services to support discharge of patients with complex needs. Additionally, as we scope the potential for introducing a “Hospital at Home” model of care we have improved how people navigate our services by introducing a single point of contact. This simplifies access to services and ensures effective triage and most appropriate timeous input.

The **Specialist Community Respiratory Service** has further strengthened community services. This developing service continues to enhance effectiveness and responsiveness by linking through the LInCS model to other services and professionals. The service started in early 2021 and has supported almost 200 people with acute respiratory conditions. The majority of referrals came from a hospital setting. Each month saw an active caseload of over 100 people with around 160 patient interventions, checks and multi-disciplinary team reviews. Almost half of these interventions were undertaken face-to-face with patients.

This increased opportunities for patient education by delivering self-management skills, to those with chronic respiratory conditions, in their own homes. This is key to a person-centred approach to early intervention and preventing deterioration which then avoids hospital admission.

As our population ages, more interactions with specialist consultants and advanced practice professionals are likely to be required. This used to be provided by our Medicine for the Elderly consultants, alongside a multi-disciplinary team, via

traditional centralised outpatient clinics from within Perth Royal Infirmary. To improve the person-centred approach, and increase efficiency, a community-based model was implemented providing comprehensive assessment at home by an Advanced Nurse Practitioner or Consultant. This continues to be rolled out and developed across communities and community hospitals. Our Advanced Nurse Practitioners are working alongside consultants and other senior clinicians, supporting ward rounds, responding to deteriorating patients and following up on patients at home post discharge from hospital.

Strong connections with the LInCS model mean referrals can go directly to other services to provide wrap around support and care as required. This model is aimed at reducing the need for people to travel, reduce the footfall into hospital and reduce the number of emergency admissions, thereby maintaining people's independence for longer.

Urgent Care is defined by the need to provide services for illnesses and injuries which require immediate attention and treatment but are not a threat to life and limb.–The [Scottish Government's Redesign of Urgent Care](#) continues to progress across Tayside, assisting patients to access the most appropriate local service. The focus is for patients to access ‘the right care in the right place at the right time’. Locally this work builds on our work to develop the Locality Integrated Care Service, community based Advanced Nurse Practitioners and our Minor Injury Units, which has now been successfully integrated with the care and treatment service. Work with GPs to test the role of Advanced Nurse Practitioners in responding to urgent house calls was successful. In the next phase the model will be expanded to improve efficiency, by integrating

through the LInCS model, to ensure people see the most appropriate professional as the first point of contact.

The **Integrated Discharge Hub** across Perth and Kinross continues to manage increasingly complex discharges. The increasing prevalence of complexity is associated with an aging population with a broad spectrum of need further impacted by the pandemic. The implementation of the Hub however ensures equity of service provision across all inpatient areas in Perth and Kinross and seeks to maintain capacity and flow across the whole system with strong links between inpatient services and community health and social care being a critical factor in success.

Working with NHS Tayside colleagues, we have implemented a new **Stroke Rehabilitation Model** within Perth Royal Infirmary (PRI). This model provides rehabilitative care facilitating the process of recovery. This high quality, person-centred care helps people regain maximum self-sufficiency.

Allied Health Professional services play a key role to support people to rehabilitate and recover. Work to improve the service offer follows the national Recovery and Rehabilitation Framework. This details the specific contributions Allied Health Professional services make in: Primary Care, Secondary Care, Community Care, Care Homes and dementia support; as well as the digital and workforce infrastructure to support this.

Rehabilitation journeys can differ, particularly given the effects of the pandemic on people's health, and in order to ensure effective support is provided a review of Allied Health Professional services commenced. This large piece of work considers: the views of professional bodies; existing guidance and standards of COVID-19 rehabilitation; and the [Scottish](#)

[Government's Framework for Supporting People through Recovery and Rehabilitation](#) during and after the COVID-19 pandemic. This work recognises that services and traditional rehabilitation approaches need to adapt delivery methodology, timeframes and intensity. This extends to preparedness for further physical impacts which may present as people recover. The recently launched Once for Scotland approach will layout the principles behind this and the AHP Directorate intend to deliver a Tayside Rehabilitation Review later in 2022.

Providing a sustainable **Care at Home** service to meet the needs of a growing elderly population was a significant challenge, particularly in rural areas. Demand for care at home continued to increase, often with the need for greater levels of care to support people to live at home or in a homely setting for longer. When this isn't possible, patients may be required to stay in hospital for longer than necessary, adding to delayed discharge pressure and reducing outcomes.

It is recognised that traditional methods of delivering care at home do not provide access for people and communities in a sustainable way. This is largely due to recruitment being difficult along with a frequent inability to create the necessary capacity in the sector. This can often lead to internal services like the Home Assessment and Reablement Team (HART) being diverted from their core role to deliver care at home. This then has a negative impact on the effectiveness of reablement. Other factors such as the complex effects of the pandemic and increasing population age also affect reablement and the combined effect of these has led to drop of 10% in the number of people re-abled to the extent they need no further support. To counteract this drop, the Home Assessment Reablement Team have worked closely with Paths for All and Live Active to

encourage increased activity where safe and appropriate to do so. All staff have had additional training to deliver basic exercise activities and developed packs to encourage increased walking and activity within and outwith the home.

Many of the difficulties in delivering care at home are experienced nationally and will take time to rectify. Work continued through the year locally to increase stability and sustainability. Pay rates for staff were increased and this helped to attract new entrants and is stabilising the existing workforce, reducing the incentive for staff to move between employers.

It is clear that commissioned third sector providers deliver good quality services (see [Scrutiny and Inspection Section](#)) to increase sustainability and improve overall effectiveness of services however a blended model, with a broader range of supports, needs to be developed.

To progress this, we are continuing to review our current service provision and are implementing a whole new method developed in collaboration with broad stakeholders including commissioned providers and local communities. The focus is on the impact of the support and care provided to people being person-centred and involving them by targeting goals, priorities and achievements sought within their lives. This is very much an outcome-focused approach.

The changes developed over the year have sought to give providers greater ownership of the hours-of-service provision they are commissioned to deliver. Increasing freedom in this respect allows providers more opportunity to respond to the changing needs or desires of the people receiving the service.

This is an exciting development and creates opportunities for support to be given to providers to promote skills within their workforce to enable them to work in a more community-led way. With providers more able to engage with local community groups, people can integrate through those groups to gain the support they need. This increases the quality of the services provided, improves people's quality of life and alleviates some of the service pressures which have been and continue to be experienced.

Care Homes in Perth and Kinross have continued to provide a high standard of care to residents despite the challenges of the pandemic. The Enhanced Care Home Support Team has been established throughout the last year to provide a further layer of support to care home colleagues. In collaboration with Care Homes, we have built on the substantial skills and experience already evident in these settings to create a community-based service with a multi-disciplinary approach. We have also invested in new and innovative Clinical Educator posts to support care homes and the wider professional interface, within our respective nursing and Allied Health Professions workforce. This multi-disciplinary approach is bolstering existing skills and support and has been well received.

Improvement Journey

This illustration shows improvement in relation to discharge without delay, which seeks to improve capacity and flow and achieve timelier discharge from hospital. This will help get people out of hospital and back to their homes and communities, quickly, safely and at the point which works best for them.

The graphic on the next page highlights the work being done to ensure older people coping with mental health and wellbeing conditions are provided with the best level of care, while being supported in inpatient settings.



Strategic Objective	National Health and Wellbeing Outcomes								
	1	2	3	4	5	6	7	8	9
Prevention and Early Intervention									
Reducing inequalities and unequal health outcomes and promoting healthy living									
Person Centred health, care and support									
Working together with our communities									
Making best use of available facilities, people and other resources									

National Health and Wellbeing Outcomes	
1	People are able to look after and improve their own health and wellbeing and live in good health for longer.
2	People, including those with disabilities or long-term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.
3	People who use health and social care services have positive experience of those services, and have their dignity respected.
4	Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.
5	Health and social care services contribute to reducing health inequalities.
6	People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their health and wellbeing.
7	People who use Health and Social Care services are safe from harm.
8	People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.
9	Resources are used effectively and efficiently in the provision of health and social care services.



Case Study

Go 4 Gold

This year's event met the social distancing requirements needed, while still delivering one of the highlights of the care home calendar year. The annual Perth and Kinross Go4Gold Care Home Games took place across the final weeks of August. This inter-care home event supports residents to increase their levels of physical and social activity in a fun and meaningful way, through a series of competitive challenges, tasks and activities.

The multi-agency group developed a virtual care home Go4Gold event, with events, equipment and instructions on how to participate distributed to care home to enable residents to safely take part. All equipment met strict infection control criteria, allowing the residents to take part in a number of fun physical and challenge activity including:

Cup Ping Pong, Skittles, Football Goal Scoring, Putting and Picking up objects of nature.

Residents also competed in a costume competition, as well as a poster challenge with the theme of 'Walking with Nature' to reflect the ongoing partnership with Paths for All. A live award ceremony was also relayed to the care homes, enabling residents, staff, family and friends to watch video footage of the games and events in which they had competed, with certificates and medals presented to the winners.

HSCP officers delivered an Olympic studio style commentary throughout the award ceremony, and special speakers included the Deputy First Minister, John Swinney and Hollywood actor, Brian Cox, and Jacquie Pepper, Chief Social Worker and now Chief Officer of the HSCP, provided some inspirational comments.

Over 330 residents from across 30 care homes participated with many other residents enjoying watching the proceedings.

Feedback and comments:

"We all enjoyed the competitions and supporting each other through the games. As some of us are wheelchair users or have mobility difficulties it was great being part of the event as we may not have been able to attend Bells Sport Centre."

"Made me feel good about myself"

"It could be done at our own pace and more of us could join in"

What Care Home Staff said:

"The residents could all get involved and the staff with it being held in the home. Great atmosphere created by excitement of events"

"All clients had a fantastic time, everyone felt so successful and content."

"One of our gentlemen is blind the choice of games was so good that with clear instructions he could take part no problem. The joy on his face was lovely to see."

How our Commissioned Services are meeting needs

[Kinross Day Centre](#) provides an example of how our Commissioned Service support older people throughout our communities.

Kinross Day Centre

Kinross Day Centre seeks to provide a range of different services geared towards the retired community of Kinross-Shire, particularly those who maybe be experiencing social isolation or loneliness.

Taking a flexible and human centred approach, the day centre encourages and supports elderly people to live independently in their own homes for as long as possible, as well as promoting behaviours and actions to help make people feel a valued part of their community. Accessible transport options are provided to the centre and people are encouraged to attend sessions and take part in the activities on the days that work best for them. These activities include:

Bingo, exercise classes, art & singing groups, relaxation, quizzes, day trips, concerts, board games and many more.

For those less able or willing to take part in the activities, they are encouraged them to attend, socialise and talk in a welcoming homely environment.

COVID-19 had a significant impact on service delivery, with the group forced to suspend face to face meetings in order to protect people from the dangers of community transmission of the virus.

From January 2021, the centre began reinstating in person services, albeit in limited numbers to promote social distancing. Initially this involved 4 people daily, although this has gradually increased to between 28 to 35 daily by the end of the 2021/22 period.

At present 99 people are getting support from the centre by attending the centre or through the delivery of a hot meal at lunch time, and there were approximately 13,500 meals, either in house or delivered, provided from 1st April to the end of March and ongoing.

Adapting to the new needs of the COVID-19 period, Kinross Day Centre has also collected and delivered 400 medications for individuals during this reporting period.

Feedback and comments:

"I couldn't have coped with my Mum if the Centre wasn't here."

"Never would we have survived without the centre bringing my lunch."

Looking Forward

Improvements in Older People's services continue to be developed in collaboration with a broad stakeholder base with a clear focus on integration. The overall goal with all developments is to improve outcomes by ensuring that people see the right professional in the right setting at the right time, reducing the need for unplanned admissions and supporting people to receive care in their own home wherever possible.

In addition to service developments described above we will continue our review of inpatient beds to support community hospital-based rehabilitation and pathways. This will ensure that the provision of inpatient beds complements the significant increases in support introduced for patients in their own home and within communities.

In Care at Home, we are proposing the introduction of a new "alliance" model of delivery which allows much greater opportunities for providers to support one another when gaps in provision emerge. This will take some time to be established but preparatory work undertaken within 2021/22 will allow this

to be taken forward and will increase stability, flexibility and sustainability. This model increases the short-term responsiveness of providers overall when demand increases or capacity within one area reduces.

- During 2021/22 it was necessary to reduce the provision of services in Pitlochry Community Hospital, when the GP Ward became temporarily non-operational due to significant workforce challenges. To ensure future sustainability across the North Locality we are working in collaboration with GPs, wider professional groups, and key stakeholders. This development work is linked strongly to wider integrated service delivery developments referred to above.
- We will commence testing a dedicated Hospital at Home Model. This test will identify and provide a safe and effective alternative to hospital admission and improve opportunities for earlier discharge pathway for acutely frail elderly patients.

WORKFORCE

Our workforce is at the heart of delivering integrated services to the people of Perth and Kinross. Over 4,500 skilled and compassionate people work in different roles and settings reaching every community.

During 2021/22 we have faced significant difficulties in recruiting. We know from our review of data that this challenge is likely to intensify. As demand for our services grows, our workforce is getting older, vacancies are increasing and the overall working age population in Perth and Kinross is shrinking. This is compounded by rurality, the impact of the pandemic and a fatigued workforce.

However, as well as posing challenges, the pandemic also brought a pace and scale of change never experienced before as staff across health and social care embraced new technologies, service innovations and ways of working. During 2021/22, working in partnership with our staff, with our partners in GP practice and the third and independent sector we have

developed the Perth and Kinross Health and Social Care Partnership three-year [Workforce Plan 2022-2025](#). This sets out the ways in which we will respond to the significant challenges we face as well as the national action necessary to support recruitment and retention. We have sought to build on the rapid innovation over the last two years and set out the actions that will give the best chance of meeting our future aspirations. At the heart of the plan is our commitment to provide staff with a working environment that provides strong, compassionate leadership, promotes wellbeing and supports them to grow and develop skills and knowledge.

The plan recognises the significant work already underway, set out in the sections above, to redesign services with an unstinting focus on early intervention, integration and locality working. This will improve outcomes for the people we serve but will also improve the experience of staff delivering services across our communities.

OUR PERFORMANCE

Introduction

Throughout 2021/22, we sought to maximise positive outcomes for the people we support through our Health and Social Care Services, particularly those in the greatest need.

The following section sets out performance against nationally and locally agreed key performance measures which are used to gauge how well we have performed over time. To provide context we have made a number of comparisons to assist with making informed assessments of performance.

The performance measures used are split into two main sections as follows:

- Health and Care Experience measures: These cover national indicators 1 to 9 and relate to the experience of people in Perth and Kinross when using our services. These are referred to as HACE indicators.
- Core Indicators Set: These cover national indicators 11 to 20 and relate to service activities.

Health and Care Experience

Every two years, on a national basis, people are asked to complete the [Health and Care Experience Survey](#) with responses being sought from GP practice lists. Within the survey people are questioned on their experience of their GP practice and wider health and social care services.

Across Scotland throughout November 2021, over 130,000 people responded to the 2021/22 survey. Of these 3,519 people from across Perth and Kinross responded and table 3 sets out the results in detail.

Table 1

ID	Indicator	Perth and Kinross 2019/20	Perth and Kinross 2021/22	Scotland Overall 2021/22	How we compared to 2019/20	How we compared to Scotland 2021/22
NI 01	% of adults able to look after their health very well or quite well	94.3%	93.7%	90.9%	-0.6%	2.8%
NI 02	% of adults supported at home who agree that they are supported to live as independently as possible	82.3%	79.9%	78.8%	-2.4%	1.0%
NI 03	% of adults supported at home who agree that they had a say in how their help, care or support was provided	77.2%	73.8%	70.6%	-3.4%	3.2%
NI 04	% of adults supported at home who agree that their health and care services seemed to be well co-ordinated	73.0%	65.1%	66.4%	-7.9%	-1.3%
NI 05	% of adults receiving any care or support who rate it as excellent or good	82.9%	79.1%	75.3%	-3.7%	3.8%
NI 06	% of people with positive experience of care at their GP practice.	86.4%	74.1%	66.5%	-12.3%	7.6%
NI 07	% of adults supported at home who agree that their services and support had an impact in improving or maintaining their quality of life.	80.2%	75.8%	78.1%	-4.4%	-2.3%
NI 08	% of carers who feel supported to continue in their caring role	36.7%	33.2%	29.7%	-3.5%	3.5%
NI 09	% of adults supported at home who agreed they felt safe.	83.9%	79.0%	79.7%	-4.9%	-0.7%

Source: Public Health Scotland Core Suite Integration Indicators. July 2022 update

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
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Across the nine HACE indicators, performance in 2021/22 has reduced when compared to 2019/20, when the survey was last undertaken.

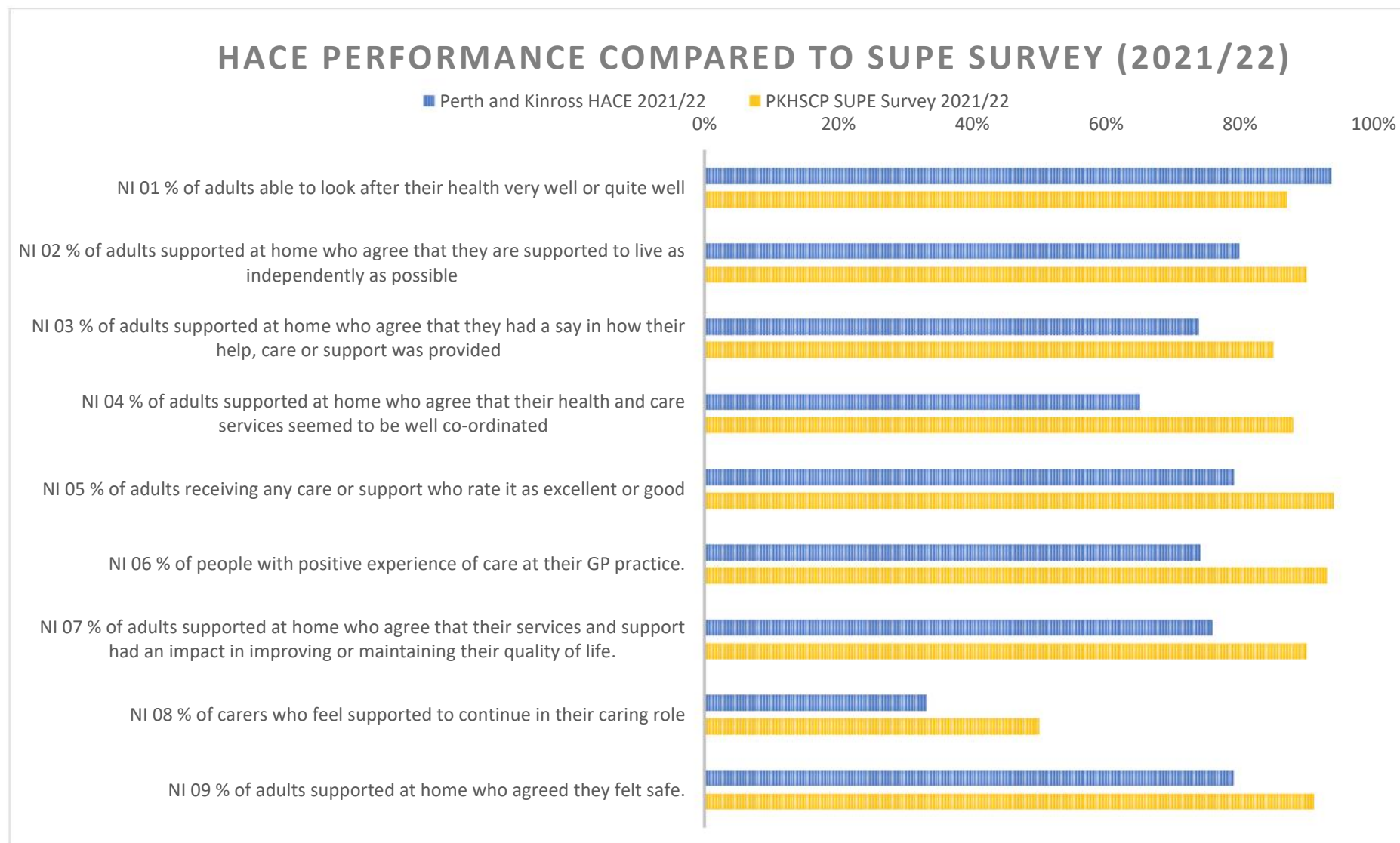
The reasons for this decline are complex in nature and not fully understood but the effects of the pandemic which reduced people's access to services is expected to be a significant influencing factor.

We can see that performance against these indicators has also declined across Scotland overall in the same period. Indeed, across Scotland the decline has been greater across all indicators than has been the case in Perth and Kinross. Performance against these indicators has also declined across our peer group of similar IJB areas. The effect of this is that although performance in Perth and Kinross has declined, we are still performing better than Scotland overall and better than our peer group.

In addition to the HACE survey we have developed our own local Service User and Patient Experience (SUPE) survey. This provides for more regular localised feedback from people (or their carers) that we know have used our services. The SUPE survey was undertaken between October 2021 and March 2022, and we gathered feedback from around 150 people at or very closely following the time they received the service provided. Table 2 provides the results of our SUPE survey and compares the results to those of the 2020/21 HACE survey.

Looking at the nine indicators measured we can see that performance is better across eight of the indicators when compared to the HACE results. Although this is from a smaller group of responses, the results demonstrate that we are making progress in improving outcomes for people.

Table 2



Core Indicator Set

These indicators provide insight into the activities of health and social care services and help us understand the effect of our work in improving outcomes for people by shifting the balance of care away from hospital-based services to those in the community. Where people are enabled to look after their own health and wellbeing for longer, they are less likely to need the intervention and support provided by our services. When people do need support, we seek to intervene early, prevent further deterioration and in doing so prevent the need for admission to hospital. Where this cannot be avoided our

services are designed to help people be discharged from hospital as early as possible.

Table 3 set out our performance against the Core Indicator Set and makes comparisons to previous performance as well as to Scotland overall and our peer group of similar IJB areas. Due to issues surrounding the availability of data at a national level a number of indicators are provided for the calendar year to December 2021 (or for a previous period) rather than the financial year. This is a similar approach to that taken previously.

Table 3

ID	Indicator	Reporting Period Year up to	2020/21 Perth and Kinross	2021/22 Perth and Kinross	2021/22 Scotland Overall	How we compared to 2020/21	How Scotland compared to 2020/21	How we compared to Scotland 2021/22
NI-11	Premature Mortality Rate per 100,000	Dec 2021	364.9	362.1	470.6	-0.8%	2.9%	-30.0%
NI 12	Rate of emergency admissions per 100,000 population for adults (18+ all specialities)	Dec 2021	10,583.1	11,117.0	11,635.5	5.0%	6.2%	-4.7%
NI 13	Rate of emergency bed day per 100,000 population for adults (18+)	Dec 2021	94,404.1	107,153.3	109,429.3	13.5%	8.2%	-2.1%
NI 14	Readmissions to hospital within 28 days of discharge per 1,000 discharges (18+)	Dec 2021	141.0	129.5	109.6	-8.1%	-8.8%	15.4%
NI 15	Proportion of last 6 months of life spent at home or in a community setting	Dec 2021	90.2%	90.9%	90.1%	0.7%	-0.2%	0.8%
NI 16	Falls rate per 1,000 population (65+)	Dec 2021	23.8	23.5	23.0	-0.9%	6.2%	2.1%
NI-17	Proportion of Care Services rated good or better in Care Inspectorate inspections	Mar 2022	89.0%	76.5%	75.8%	-12.4%	-6.7%	0.7%
NI-18	Percentage of 18+ with intensive social care needs receiving Care at Home	Dec 2021	59.5%	62.6%	64.9%	3.0%	1.9%	-2.4%

ID	Indicator	Reporting Period Year up to	2020/21 Perth and Kinross	2021/22 Perth and Kinross	2021/22 Scotland Overall	How we compared to 2020/21	How Scotland compared to 2020/21	How we compared to Scotland 2021/22
NI 19	Number of days people aged 75+ spend in hospital when they are ready to be discharged per 1,000 population	Mar 2022	197.1	609.4	761.4	209.3%	57.2%	-24.9%
*NI-20	Percentage of health and care resource spent on hospital stays where the patient was admitted as an emergency	Mar 2020	N/A	25.7%	24.2%	-0.5%	0.1%	1.5%
**MSG 3	A&E attendances per 100,000 population	Mar 2022	14,075.8	16,738.6	24,379.4	18.9%	19.6%	-45.6%

Source: Public Health Scotland Core Suite Integration Indicators. July 2022 update

*NI-20 latest data provided by PHS is for 2019/20 period. Column 2021/22 = 2019/20 period. Column 2020/21 - 2018/19 period.

** Data not provided with PHS's Core Suite Integration Indicators update (12 Jul 2022). Data has not been validated and may be subject to change as more information becomes available.

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
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When interpreting these measures, it is important to note that comparing performance to the previous year is particularly challenging due to the impact of the pandemic. Over this time service activity varied dramatically and this has had an impact on performance as measured from one year to the next.

Our performance against the core indicator set for the reporting period is mixed. We have reduced the rate of readmissions within 28 days of discharge by 8.1% (National Indicator 14) which indicates that we have been better able to support people at home or in the community following their discharge. However delayed discharges (National Indicator 19) have increased substantially as have; the rate of emergency bed days (National Indicator 13) and attendances at accident and emergency (MSG 3) albeit not to the same extent.

This pattern of performance indicates the number of people requiring hospital-based services has increased year on year and that we have not been able to support people to be discharged from hospital as quickly as previously achieved across the 2020/21 period. We can see that a similar pattern of decline in performance has been seen across Scotland and within our peer group over the same period.

When we compare our performance directly to Scotland and our peer group however, we can see that we have outperformed both across almost all indicators. This suggests that although it has not been possible to maintain the high levels of performance seen in 2020/21, we have supported our population to a greater extent than has been achieved across Scotland, or within our peer group.

National Health and Wellbeing Outcomes

The table below demonstrates the connection between our Strategic Objectives and the National Health and Wellbeing Outcomes. Our work in the last year, as set out in this report, demonstrates progress made in pursuing these objectives and in doing so, to support people to lead healthy and active lives, and to live as independently as possible for longer.

Strategic Objective	National Health and Wellbeing Outcomes								
	1	2	3	4	5	6	7	8	9
Prevention and Early Intervention									
Reducing inequalities and unequal health outcomes and promoting healthy living									
Person Centred health, care and support									
Working together with our communities									
Making best use of available facilities, people and other resources									

National Health and Wellbeing Outcomes

- 1 People are able to look after and improve their own health and wellbeing and live in good health for longer.
- 2 People, including those with disabilities or long-term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community. People who use health and social care services have positive experience of those services, and have their dignity respected.
- 3 Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.
- 4 Health and social care services contribute to reducing health inequalities.
- 5 People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their health and wellbeing.
- 6 People who use Health and Social Care services are safe from harm.
- 7 People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.
- 8 Resources are used effectively and efficiently in the provision of health and social care services.
- 9

Reference: [Perth and Kinross Integration Joint Board Strategic Commissioning Plan- 2020-2025](#)

SCRUTINY AND INSPECTION

Service Delivery: Improving and Adapting Throughout the Year

During the period April 2021 to March 2022, the only external inspections that have taken place have been to our commissioned Care Homes. None of our 10 registered services had an external inspection during the year.

Her Majesty's Inspectorate of Prisons for Scotland conducted a liaison visit to HMP Castle Huntly on the 11th February 2021. This liaison visit and reports provide assurance to Ministers and the wider public that scrutiny of the treatment and conditions in which prisoners are held has been continued during the pandemic.

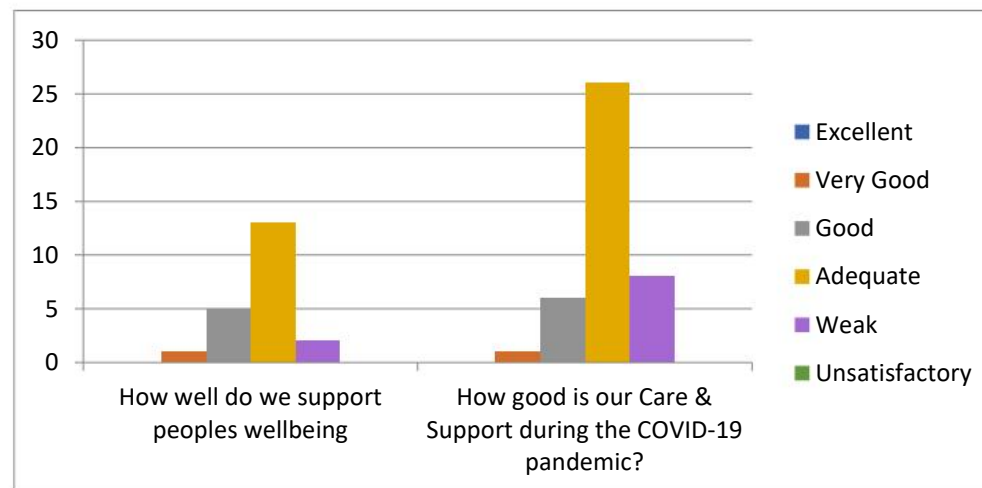
The report from this visit was published in July 2021, and a number of areas of good practice were highlighted, including continued access during the pandemic to mental health and occupational therapy and substance use support. There were no recommendations made with regards to the healthcare provision in the prison.

During the 2021-22 year, there were a total of 51 inspections across 14 different providers carried out by the Care Inspectorate to our commissioned care homes. Some care homes received more than one inspection throughout the year. It should be noted that over the reporting period the Care Inspectorate carried out inspections as a result of a risk

assessment focusing on those care services where there were concerns about infection, prevention control, safety and quality.

Of the 51 total inspections, there were 40 total requirements identified. Work continues to address these, and the Perth and Kinross Care Home Oversight Group continues to work closely with our care homes to support improvement activity. Only three requirements were still outstanding at the end of the 2021-22 year.

The graph below shows the results of the Inspections (including COVID-19 specific inspections) and the overall grades.



The HSCP Care and Professional Governance Forum (CPGF) has responsibility for ensuring appropriate scrutiny, assurance and advice within the HSCP, and during 2021-2022 was co-

chaired by the Chief Social Work Officer and Associate Medical Director.

The CPGF receives assurance reporting from all localities and services within the partnership, and all have provided an annual report providing details and assurances regarding the provision of safe, effective and person-centred services, and any ongoing improvement.

Each locality has in place a Clinical, Care and Professional Governance Group, all of which are now firmly established. These groups have representation across both Health and Social Care, and provide an opportunity for a focus on improvement, shared learning as well as ensuring effective clinical and care governance processes across the locality.

Case Study

The Royal College of Psychiatrists: Quality Network for Prison Mental Health Services (QNPMHS) peer review to HMP Perth - 9th June 2022

In June 2022, the Mental Health Team at HMP Perth hosted their 4th cycle developmental peer review over the course of the day. The Quality Network for Prison Mental Health Services engage services in an annual process of self and peer-review against the standards for prison mental health services.

The verbal feedback was very positive for the Multi-Disciplinary Mental Health Team which reflects the commitment to providing the best care possible to their patients.

Areas of good practice were highlighted as being:

- The Mental Health Team are fully supportive of each other and appear a really dedicated and committed team.
- There is evidence of very good working relationships across the wider Prison Healthcare Team.
- There is a high value given to Scottish Prison Service (SPS) colleagues regarding their input and also the support the team provide to them, as well as being accessible and helpful with complex cases.
- The team are approachable and have supportive management.
- The team were found to be very pro-active in their approach to care delivery.
- There was a good self referral process, and patients know how to access service with ease.
- A psychology needs assessment is being progressed.
- There is support to the team from clinical psychology (Group and 1-1).
- A trauma informed care approach was very evident in care interactions and through discussion with team.
- Development of a triage tool to improve waiting time for early assessment and continuous improvement approach.
- Excellent development plans and initiatives to progress the service including psychology, Occupational Therapy and nursing.
- The service demonstrated an ability to deliver high quality care despite significant resource and workload challenges.

Areas for improvement

- Possibility of a recruitment drive to help address the challenge to recruit to nursing roles.
- Patients would like a healthcare /SPS combined leaflet to understand their journey (remand, convicted).
- Work towards a reduction in waiting times between appointments (identified due to current resource and clinical demand on staff).
- More multidisciplinary team staff meetings.
- Encouraging staff to take breaks and support wellbeing.
- The Mental Health Team could deliver training to wider group and SPS colleagues.

Feedback from virtual meeting session with review team

Patients felt listened to and respected from their care giver

Patients knew how to access care and could rely on staff to respond if their situation was deteriorating between appointments

Patients had established trust in mental health staff they couldn't do in the community

Looking Forward

External inspection activity was adjusted during the height of COVID-19, with many inspections paused and others focussed on pandemic response. Now that external inspection activity has resumed, all HSCP services continue to work towards being inspection ready, and to maintain their focus on high quality care.

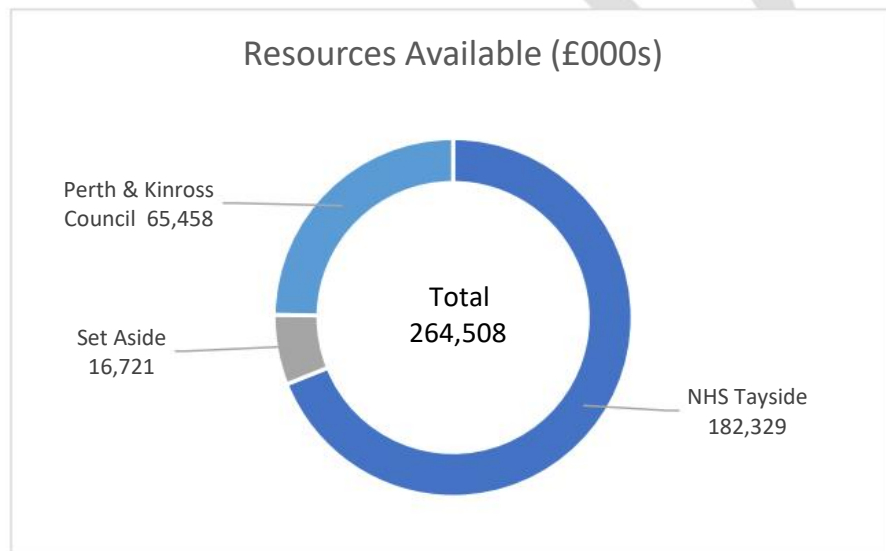
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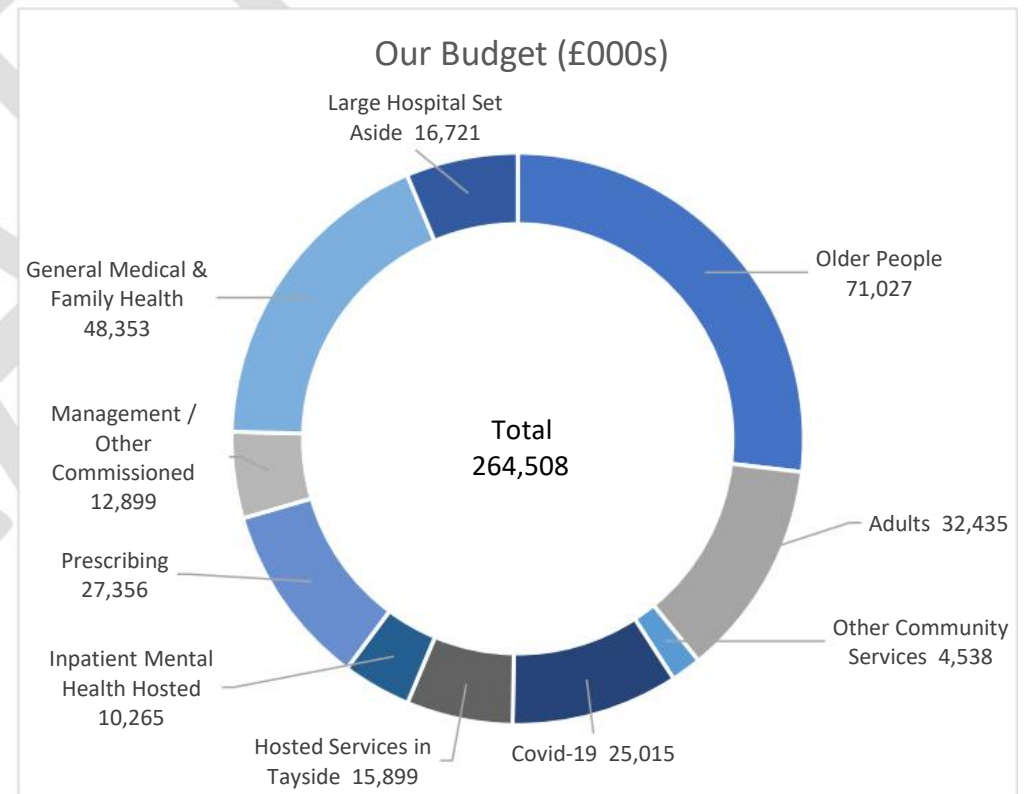
Financial Resources Available to the IJB 2021/22

The IJB is responsible for the planning and oversight of a broad range of health and adult social care services for the people of Perth and Kinross. These services are provided by Perth and Kinross Council and NHS Tayside via Perth and Kinross Health and Social Care Partnership. This is funded through budgets delegated from Perth and Kinross Council and NHS Tayside. The resources available to the IJB in 2021/22 totalled £264.508m.

The following charts provide a breakdown of where these resources came from, and how it was split over the range of services we deliver.



Included within the Resources Available to the IJB is a 'Large Hospital Services' (Set Aside) budget totalling £16.721m. This budget is in respect of those functions carried out within a large hospital setting and operationally managed by NHS Tayside but for which planning is the responsibility of the IJB.



In setting the budget for 2021/22, the IJB had planned to use reserves to deliver a break-even position. However, the actual financial performance against budget was a £1.6m underspend and reserves were not required.

One of the main contributions to the IJB underspend came from additional Scottish Government funding for the Living Wage. The IJB had allowed for Living Wage costs and set the budget prior to the funding being announced. Therefore, the unanticipated funding benefited the financial position.

The other main variance contributing to the underspend was within Prescribing. The level of nationally negotiated rebate accrued in the year was far higher than anticipated and was therefore a benefit to the overall position.

Expenditure of £9.6m was incurred in 2021/22 as a direct result of the pandemic and this cost was met in full by Scottish Government funding. A further £15m was allocated by the Scottish Government to IJBs towards the end of the financial year, and this is being held in reserve for use in 2022/23 for further pandemic related expenditure.

Financial Plan

In March 2022, the IJB approved the 2022/23 budget and indicative budgets for years 2023/24 and 2024/25. In setting the three-year budget, we developed financial frameworks underpinning our strategic delivery plans and this included taking account of additional Scottish Government funding. In addition to strategic delivery planning, the financial plan has quantified and included pay and price pressures, essential

investment requirements, and savings opportunities across all areas of the budget, including those not within scope of current strategic delivery plans.

Best Value

Best Value is about creating an effective organisational context from which public bodies can deliver key outcomes. The following building blocks ensure we are organised to deliver good outcomes, by ensuring that they are delivered in a manner which is: economic, efficient, sustainable, and supportive of continuous improvement.

Vision and Values

The scale of increased demand and increasing complex needs means that we cannot provide services in the way we have before - we don't have enough money to do so. A significant programme of change has been set out in strategies approved during 2021/22 for Older People, Learning Disabilities and Autism, and Community Mental Health Services fully linked to our three-year Financial Plan. These strategies have been developed in partnership with the people of Perth and Kinross who use our services and are fully aligned with the aims and ambitions set out in the IJB's overarching Strategic Commissioning Plan.

Effective Partnerships

IJB Meetings are public meetings and membership includes wide stakeholder representation including carers, service users and the Third Sector. In addition, membership of the IJB's Strategic Planning Group ensures wide stakeholder involvement. This is further supported by other forums to ensure a strong contribution to joint strategic planning and commissioning including across our three localities. We maintain close links with the Community Planning Partnership and Local Action Partnerships.

Governance and Accountability

The IJB undertakes an annual review of its governance arrangements and is able to demonstrate structures, policies and leadership behaviours which demonstrate good standards of governance and accountability.

Use of Resources

The IJB is supported by a robust Financial Planning process which forms the basis for budget agreement each year with NHS Tayside and Perth and Kinross Council. Performance against the Financial Plan is reported to the IJB on a regular

basis throughout the year. The use of our resources is directly linked to our strategic priorities.

Finance update reports have been presented to the Audit and Performance Committee throughout 2021/22, reporting on the projected financial position and the impact of the Pandemic. Our 3 Year Financial planning process is directly linked to the development of our strategic plans, ensuring resources are continuously prioritised to best meet the needs to the people of Perth & Kinross.

Performance Management

We continue to build on the implementation of our performance framework with effective and regular reporting at IJB, Care Programme and Locality level ensuring that we understand and can measure progress against our objectives.

KEY CONTACT

For further information on any area of this report please contact: Chris Jolly, Service Manager, Business Planning and Performance at Christopher.Jolly@nhs.scot

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APPENDIX

Appendix 1.1 NATIONAL INDICATOR TABLES

ID	Indicator	2017/18 Perth and Kinross	2018/19 Perth and Kinross	2019/20 Perth and Kinross	2020/21 Perth and Kinross	2021/22 Perth and Kinross	What is our trend over last five years?	How we compare to 2020/21	How we compare to Scotland 2021/22	2019/20 Scotland	2021/22 Scotland	Scotland's trend over last five year
NI 01	% of adults able to look after their health very well or quite well	94.6%	N/A	94.3%	N/A	93.7%	-1.0% ▼	-0.6%	2.8%	92.9%	-1.0%	-2.0% ▼
NI 02	% of adults supported at home who agree that they are supported to live as independently as possible	83.0%	N/A	82.3%	N/A	79.9%	-3.1% ▼	-2.4%	1.0%	80.8%	-3.1%	-2.3% ▼
NI 03	% of adults supported at home who agree that they had a say in how their help, care or support was provided	77.7%	N/A	77.2%	N/A	73.8%	-3.9% ▼	-3.4%	3.2%	75.4%	-3.9%	-5.0% ▼
NI 04	% of adults supported at home who agree that their health and care services seemed to be well co-ordinated	74.5%	N/A	73.0%	N/A	65.1%	-9.5% ▼	-7.9%	-1.3%	73.5%	-9.5%	-7.9% ▼

ID	Indicator	2017/18 Perth and Kinross	2018/19 Perth and Kinross	2019/20 Perth and Kinross	2020/21 Perth and Kinross	2021/22 Perth and Kinross	What is our trend over last five years?	How we compare to 2020/21	How we compare to Scotland 2021/22	2019/20 Scotland	2021/22 Scotland	Scotland's trend over last five year
NI 05	% of adults receiving any care or support who rate it as excellent or good	81.3%	N/A	82.9%	N/A	79.1%	-2.1% ▼	-3.7%	3.8%	80.2%	-2.1%	-4.8% ▼
NI 06	% of people with positive experience of care at their GP practice.	88.4%	N/A	86.4%	N/A	74.1%	-14.3% ▼	-12.3%	7.6%	78.7%	-14.3%	-16.1% ▼
NI 07	% of adults supported at home who agree that their services and support had an impact in improving or maintaining their quality of life.	80.6%	N/A	80.2%	N/A	75.8%	-4.8% ▼	-4.4%	-2.3%	80.0%	-4.8%	-1.8% ▼
NI 08	% of carers who feel supported to continue in their caring role	40.9%	N/A	36.7%	N/A	33.2%	-7.7% ▼	-3.5%	3.5%	34.3%	-7.7%	-6.9% ▼
NI 09	% of adults supported at home who agreed they felt safe.	84.9%	N/A	83.9%	N/A	79.0%	-5.9% ▼	-4.9%	-0.7%	82.8%	-5.9%	-3.6% ▼

Source: Public Health Scotland Core Suite Integration Indicators. July 2022 update

ID	Indicator	2017/18 Perth and Kinross	2018/19 Perth and Kinross	2019/20 Perth and Kinross	2020/21 Perth and Kinross	2021/22 Perth and Kinross	Reporting Period Year up to	What is our trend over last five years?	How we compare to 2020/21	How we compare to Scotland 2021/22	2020/21 Scotland	2021/22 Scotland	Scotland's trend over last five year
NI-11	Premature Mortality Rate per 100,000	364.1	350.2	332.8	364.9	362.1	Dec 2021	-2.0 ▼	-0.8%	-30.0%	457.4	470.6	45.4 ▲
NI 12	Rate of emergency admissions per 100,000 population for adults (18+ all specialities)	10,775.8	10,953.3	11,483.3	10,583.1	11,117.0	Dec 2021	341.2 ▲	5.0%	-4.7%	10,952.2	11,635.5	-575.1 ▼
NI 13	Rate of emergency bed day per 100,000 population for adults (18+)	108,626.3	107,736.6	110,762.4	94,404.1	107,153.3	Dec 2021	-1,473.1 ▼	13.5%	-2.1%	101,114.8	109,429.3	-13,141.7 ▼
NI 14	Readmissions to hospital within 28 days of discharge per 1,000 discharges (18+)	112.2	115.1	115.7	141.0	129.5	Dec 2021	17.3 ▲	-8.1%	15.4%	120.1	109.6	6.8 ▲
NI 15	Proportion of last 6 months of life spent at home or in a community setting	89.5%	89.6%	89.6%	90.2%	90.9%	Dec 2021	1.4% ▲	0.7%	0.8%	90.3%	90.1%	2.1% ▲

ID	Indicator	2017/18 Perth and Kinross	2018/19 Perth and Kinross	2019/20 Perth and Kinross	2020/21 Perth and Kinross	2021/22 Perth and Kinross	Reporting Period Year up to	What is our trend over last five years?	How we compare to 2020/21	How we compare to Scotland 2021/22	2020/21 Scotland	2021/22 Scotland	Scotland's trend over last five year
NI 16	Falls rate per 1,000 population (65+)	21.4	22.1	22.5	23.8	23.5	Dec 2021	2.1 ▲	-0.9%	2.1%	21.7	23.0	0.8 ▲
NI- 17	Proportion of Care Services rated good or better in Care Inspectorate inspections	88.1%	87.0%	86.4%	89.0%	76.5%	Mar 2022	-11.6% ▼	-12.4%	0.7%	82.5%	75.8%	-9.6% ▼
NI- 18	Percentage of 18+ with intensive social care needs receiving Care at Home	58.0%	60.8%	59.3%	59.5%	62.6%	Dec 2021	4.6% ▲	3.0%	-2.4%	63.0%	64.9%	4.2% ▲
NI 19	Number of days people aged 75+ spend in hospital when they are ready to be discharged per 1,000 population	658.1	547.7	502.4	197.1	609.4	Mar 2022	-48.7 ▼	209.3%	-24.9%	484.3	761.4	-0.8 ▼

ID	Indicator	2017/18 Perth and Kinross	2018/19 Perth and Kinross	2019/20 Perth and Kinross	2020/21 Perth and Kinross	2021/22 Perth and Kinross	Reporting Period Year up to	What is our trend over last five years?	How we compare to 2020/21	How we compare to Scotland 2021/22	2020/21 Scotland	2021/22 Scotland	Scotland's trend over last five year
*NI-20	Percentage of health and care resource spent on hospital stays where the patient was admitted as an emergency	26.4%	26.2%	25.7%	N/A	N/A	Mar 2020	-0.7% ▼	-0.5%	1.5%	N/A	N/A	0.9% ▲
**MSG 3	A&E attendances per 100,000 population	20,326.6	21,119.4	22,134.7	14,075.8	16,738.6	Mar 2022	-3,588.0 ▼	23.7%	-46.4%	20,377.7	24,379.4	-1,944.7 ▼

Source: Public Health Scotland Core Suite Integration Indicators. July 2022 update.

*NI-20 latest data provided by PHS is for 2019/20 period. Column 2021/22 = 2019/20 period. Column 2020/21 = 2018/19 period.

** Data not provided with PHS's Core Suite Integration Indicators update (12 Jul 2022). Data is subject to further validation and may be subject to change as more information becomes available.

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
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KEY. Performance Trend Over Last Five Years

Trend Increased. Performance was Positive.	Trend Increased. Performance was Negative	Trend Decreased. Performance was Positive.	Trend Decreased. Performance was Negative
▲	▲	▼	▼

Appendix 2.1. NI 01-09: YEAR ON YEAR COMPARISON

ID	Indicator	2021/22 Perth and Kinross	2021/22 Scotland Overall	2021/22 Peer Group	How we compared to 2019/20	How Scotland compared to 2019/20	How Peer group compared to 2019/20
NI 01	% of adults able to look after their health very well or quite well	93.7%	90.9%	92.1%	-0.6%	-2.0%	-1.5%
NI 02	% of adults supported at home who agree that they are supported to live as independently as possible	79.9%	78.8%	76.3%	-2.4%	-2.0%	-4.8%
NI 03	% of adults supported at home who agree that they had a say in how their help, care or support was provided	73.8%	70.6%	69.5%	-3.4%	-4.8%	-6.8%
NI 04	% of adults supported at home who agree that their health and care services seemed to be well co-ordinated	65.1%	66.4%	64.6%	-7.9%	-7.1%	-8.9%
NI 05	% of adults receiving any care or support who rate it as excellent or good	79.1%	75.3%	74.2%	-3.7%	-4.8%	-6.2%
NI 06	% of people with positive experience of care at their GP practice.	74.1%	66.5%	67.3%	-12.3%	-12.2%	-11.3%
NI 07	% of adults supported at home who agree that their services and support had an impact in improving or maintaining their quality of life.	75.8%	78.1%	76.6%	-4.4%	-1.9%	-3.5%
NI 08	% of carers who feel supported to continue in their caring role	33.2%	29.7%	30.3%	-3.5%	-4.6%	-3.3%
NI 09	% of adults supported at home who agreed they felt safe.	79.0%	79.7%	77.7%	-4.9%	-3.1%	-3.8%

Source: Public Health Scotland Core Suite Integration Indicators. July 2022 update.

Appendix 2.2. NI 11-20 and MSG 03: YEAR ON YEAR COMPARISON

ID	Indicator	Reporting Period Year up to	2021/22 Perth and Kinross	2021/22 Scotland Overall	2021/22 Peer Group	How we compared to 2020/21	How Scotland compared to 2020/21	How Peer group compared to 2020/21
NI-11	Premature Mortality Rate per 100,000	Dec 2021	362.1	470.6	419.5	-0.8%	2.9%	6.4%
NI 12	Rate of emergency admissions per 100,000 population for adults (18+ all specialities)	Dec 2021	11,117.0	11,635.5	10,841.1	5.0%	6.2%	6.4%
NI 13	Rate of emergency bed day per 100,000 population for adults (18+)	Dec 2021	107,153.3	109,429.3	103,104.9	13.5%	8.2%	10.6%
NI 14	Readmissions to hospital within 28 days of discharge per 1,000 discharges (18+)	Dec 2021	129.5	109.6	108.4	-8.1%	-8.8%	-9.5%
NI 15	Proportion of last 6 months of life spent at home or in a community setting	Dec 2021	90.9%	90.1%	90.8%	0.7%	-0.2%	-0.4%
NI 16	Falls rate per 1,000 population (65+)	Dec 2021	23.5	23.0	19.7	-0.9%	6.2%	5.7%
NI-17	Proportion of Care Services rated good or better in Care Inspectorate inspections	Mar 2022	76.5%	75.8%	79.0%	-12.4%	-6.7%	-6.7%
NI-18	Percentage of 18+ with intensive social care needs receiving Care at Home	Dec 2021	62.6%	64.9%	64.4%	3.0%	1.9%	0.9%
NI 19	Number of days people aged 75+ spend in hospital when they are ready to be discharged per 1,000 population	Mar 2022	609.4	761.4	633.5	209.3%	57.2%	56.3%
*NI-20	Percentage of health and care resource spent on hospital stays where the patient was admitted as an emergency	Mar 2020	25.7%	24.2%	23.4%	-0.5%	0.1%	-0.1%
**MSG 3	A&E attendances per 100,000 population	Mar 2022	16,738.6	24,379.4	N/A	18.9%	19.6%	N/A

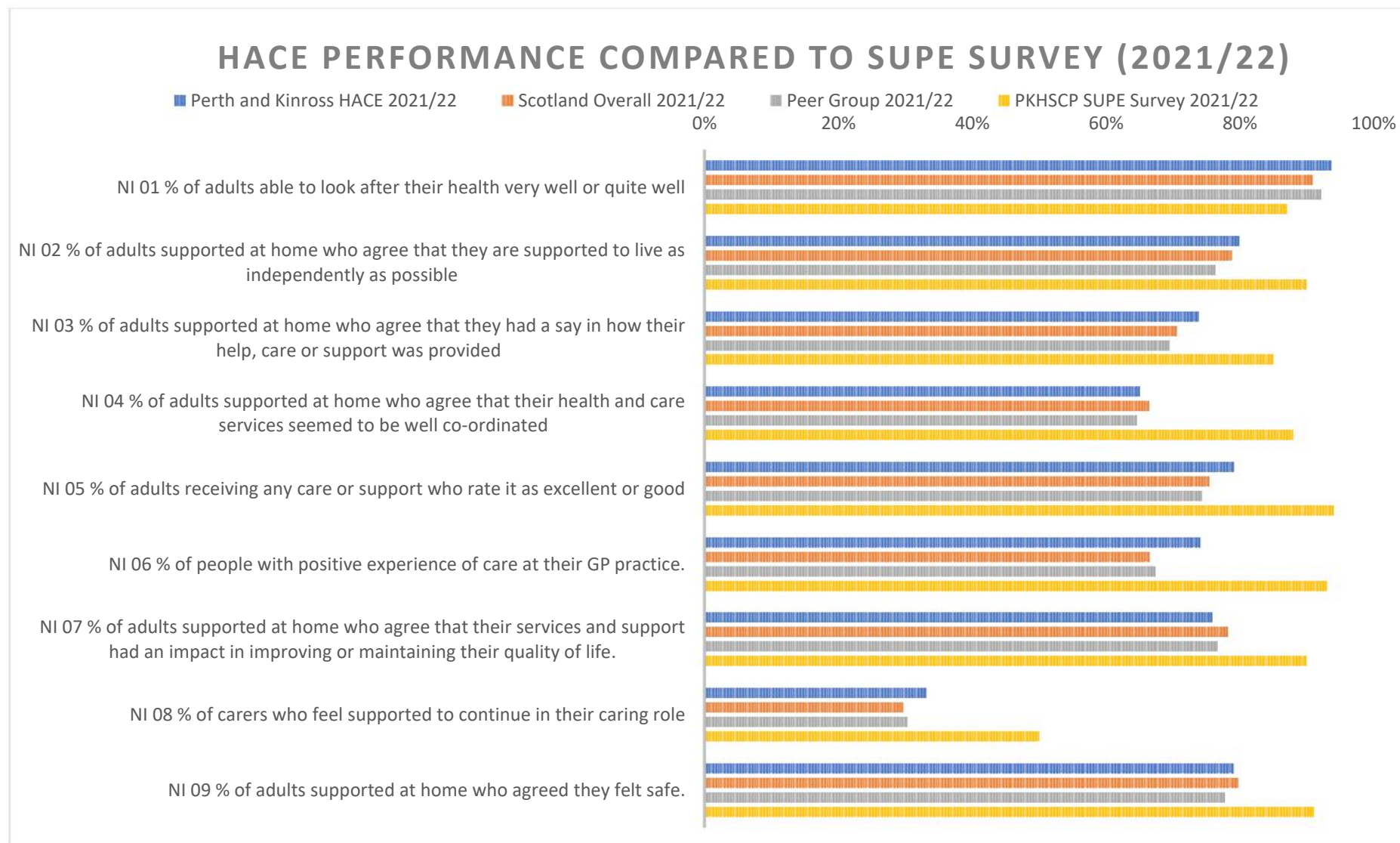
*NI-20 latest data provided by PHS is for 2019/20 period. Column 2021/22 = 2019/20 period. Column 2020/21 = 2018/19 period.

** Data not provided with PHS's Core Suite Integration Indicators update (12 Jul 2022). Data is subject to further validation and may be subject to change as more information becomes available.

Appendix 3.1. HACE SURVEY COMPARISON TO SUPE

ID	Indicator	Perth and Kinross 2021/22	Scotland Overall 2021/22	Peer Group 2021/22	PKHSCP SUPE Survey 2021/22
NI 01	% of adults able to look after their health very well or quite well	93.7%	90.9%	92.1%	87%
NI 02	% of adults supported at home who agree that they are supported to live as independently as possible	79.9%	78.8%	76.3%	90%
NI 03	% of adults supported at home who agree that they had a say in how their help, care or support was provided	73.8%	70.6%	69.5%	85%
NI 04	% of adults supported at home who agree that their health and care services seemed to be well co-ordinated	65.1%	66.4%	64.6%	88%
NI 05	% of adults receiving any care or support who rate it as excellent or good	79.1%	75.3%	74.2%	94%
NI 06	% of people with positive experience of care at their GP practice.	74.1%	66.5%	67.3%	93%
NI 07	% of adults supported at home who agree that their services and support had an impact in improving or maintaining their quality of life.	75.8%	78.1%	76.6%	90%
NI 08	% of carers who feel supported to continue in their caring role	33.2%	29.7%	30.3%	50%
NI 09	% of adults supported at home who agreed they felt safe.	79.0%	79.7%	77.7%	91%

Appendix 3.2. HACE and SUPE FULL COMPARISON



Health and Social Care Surveys

The Scottish Health and Care Experience (HACE) Survey is a national postal survey sent to a random sample of people registered with a GP in Scotland. Circulated every two years, the questions asked relate to people's experience of health and social care services during the previous twelve months. More details are available via the Scottish Government's website. We have reported the 2021/22 results for Perth and Kinross, Scotland overall and the Peer group of similar HSCPs (see Appendix 6).

To capture regular localised feedback from people using our services we have developed our own local Service User and Patient Experience (SUPE) survey. This provides for more regular localised feedback from people (or their carers) that we know have used our services. The SUPE survey was undertaken between October 2021 and March 2022, with feedback received from approximately 150 people.

Appendix 4.1 MAT STANDARDS



Appendix 5.1 THIS IS ME POSTER

The posters are jointly created by inpatient staff, the transitional care nurse and with input from patients, families and carers. The poster then moves with the patient to their long-term care placement.



Appendix 6.1 HSCP PEER GROUP MAKEUP

Aberdeenshire Health and Social Care Partnership

Angus Health and Social Care Partnership

Argyll and Bute Health and Social Care Partnership

Dumfries and Galloway Health and Social Care Partnership

East Ayrshire Health and Social Care Partnership

East Lothian Health and Social Care Partnership

Highland Health and Social Care Partnership

Moray Health and Social Care Partnership

Scottish Borders Health and Social Care Partnership

Clackmannanshire and Stirling Health and Social Care Partnership*

** 2021/22 HACE results for Clackmannanshire and Stirling are only comparable to 2019/20 and not to results in earlier years.*



PERTH AND KINROSS INTEGRATION JOINT BOARD

AUDIT & PERFORMANCE COMMITTEE

26 SEPTEMBER 2022

STRATEGIC RISK MANAGEMENT UPDATE

Report by Chief Officer (G/22/142)

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.

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.
- 1.4 This monitoring process, which provides reasonable assurance to the IJB that there are appropriate control procedures in place, is detailed at appendix 4.

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:

- SR03 Safe Working has been merged with SR14 Partnership Premises Risk;
- SR09 Leadership Team Capacity has decreased from a red risk to amber;
- SR10 Corporate Support has been archived as this is now no longer considered a risk to the strategic objectives of the IJB. Increased capacity to support performance and business improvement is now either in place or actively being recruited.
- SR13 Inpatient Mental Health Services has decreased from a red risk to amber.

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	<p>The Scottish Government (SG) has outlined the seriousness of the financial gap facing NHS Boards and the SG for 2022/23. The longer-term outlook appears even more challenging with efficiency savings targets potentially being proposed across the health system for the next 4 years. In parallel, Social Care budgets in 2023/24 may also be reduced. Further PKHSCP are likely to have significant additional inflationary pressures. It is therefore almost certain that the current gap outlined in the Indicative 2023/24 and 2024/25 budgets will increase substantially. Whilst a programme of savings will be now be considered, this will require to be delivered in parallel to a significant expansion of services funded by the SG in 2022/23. This creates a capacity risk to the determination and delivery of savings programmes and the HSCP may need to consider a pause in the investment plan as an alternative to savings.</p> <p>As such this risk remains a very high red risk.</p>	5	4	20	→

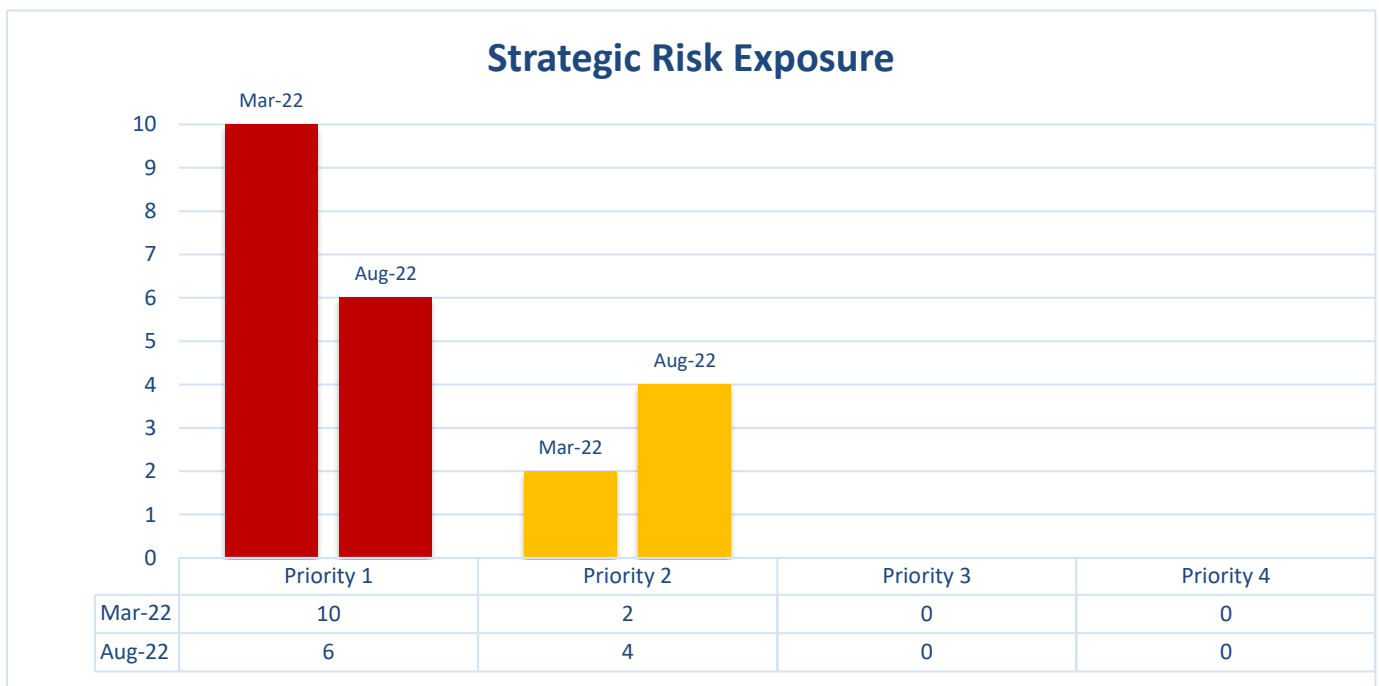
No.	Risk Reference	Impact	Probability	Previous Score	Justification	Impact	Probability	Current Score	Change
2	SR02 Workforce	5	4	20	<p>P&K HSCP's 3-year workforce plan and was approved by the IJB on 27th June 2022 and submitted to the Scottish Government. The implementation of the actions in the plan are underway but will take some time to have the significant impact expected.</p> <p>This risk was raised to the maximum exposure level in April 2022 due, in part, to the occurrence of one operational risk event with Pitlochry Community Hospital (PCH) becoming non-operational. PCH is now operational with 9 beds available however, the significant workforce challenges which still exist mean that the risk remains at its highest level.</p>	5	5	25	↑
4	SR04 Sustainable Capacity and Flow	5	4	20	<p>This risk was increased to the maximum level in April 2022. This was partly due to delayed discharge challenges impacting on capacity and flow. This is a Tayside and nationwide position with high level strategic discussions on improvement actions ongoing.</p> <p>However, the Strategic Delivery Plan for Older Peoples Services has now been approved by the IJB and is being implemented. This will, in time, address issues that demographic growth presents and ensure capacity across the system is sufficiently robust in a sustainable manner.</p> <p>Care at Home capacity has a direct impact on capacity and flow. The review of Care at Home provision is a key action on the Older People Strategic Delivery Plan and the key improvement action to mitigate this risk. The long standing and existing Care at Home model of delivery is no longer fully fit for purpose and it is essential we radically rethink how we deliver Care at Home within Perth and Kinross. The improvement action to produce and implement a revised model of delivery for Care at Home has a target date of the end of October 2022 and remains on track.</p> <p>There is no change to risk exposure at this time.</p>	5	5	25	↑
5	SR05 Sustainable Digital Solutions	4	3	12	<p>The Steering Group and Strategy Group are working well and directing the need for change as expected.</p> <p>Regular quarterly reporting from the Digital/TEC Steering Group to EMT is in the planning stage with the forward plan for strategies, including Digital/TEC, under development.</p>	4	3	12	→

No.	Risk Reference	Impact	Probability	Previous Score	Justification	Impact	Probability	Current Score	Change
					Two of the improvement actions planned to mitigate this risk concern engagement with service users and staff. This has been progressed however no change has been made to risk score at present whilst these improvement actions are incomplete.				
6	SR06 Viability of External Providers	4	4	16	<p>It is becoming progressively more challenging to meet the increasing demand for support while using existing models of support. The Care at Home Resiliency project has been working to address key challenges around delivering social care in respect rurality, recruitment, and flexibility. Covid has further increased demand for reablement support and Care at Home. Due to this increase in demand and the complexity of cases, there has been an increase in unmet need.</p> <p>The review of Care at Home provision is a key action on the Older People Strategic Delivery Plan and is the key improvement action to mitigate this risk. Operationally, a range of mitigating approaches are being used to respond to the increase in demand. As such, the probability of this risk occurring was increased to 5 by EMT in June 2022.</p>	4	5	20	↑
7	SR08 Widening Health Inequalities	3	4	12	<p>This risk and associated improvement actions is scheduled to be updated so as to address our legal obligations under the Equality Act (2010).</p> <p>As such there has been no change to this risk whilst this work progresses. However an EMT workshop is planned to reconsider the risk and the actions required.</p>	3	4	12	→
8	SR09 Leadership Team Capacity	4	4	16	This risk was reduced from red to amber in March 2022 with the permanent appointment of a new Chief Officer. Improvement actions are being progressed, however both actions remain in a red RAG status at the moment.	4	3	12	↓
10	SR11 Primary Care	4	4	16	<p>The 'Sustainability of Primary Care Services' Fife, Tayside and Forth Valley Internal Audit report, jointly commissioned by Angus IJB, P&K IJB and NHST, is currently in draft and will be considered by EMT on 1 September 2022. The draft report states that '<i>...there is a requirement to ensure consistency and eliminate duplication of effort in the management of the risk</i>'. As such, a Tayside wide risk workshop in relation to this is being held on 7 September 2022.</p> <p>As such, there is no change to this risk meantime.</p>	4	4	16	→

No.	Risk Reference	Impact	Probability	Previous Score	Justification	Impact	Probability	Current Score	Change
11	SR13 Inpatient Mental Health Services	4	4	16	The review of the Integration Scheme has concluded and approved by statutory partners and provides clarity on the governance arrangements. As such the likelihood of this risk occurring decreased to 3, reducing this risk to amber status. PKHSCP recently hosted a Tayside wide workshop in relation to the collective management of Mental Health risks. This work is ongoing and it is anticipated that this will inform a reframing of this strategic risk.	4	3	12	←
12	SR14 Partnership Premises	4	4	16	This risk remains at a very high level. However, as noted in section 3.2 below, 2 new improvement actions have been added replacing the existing 1 action. Whilst these new actions are designed to mitigate the issue in the medium/longer term, immediate issues such as challenges with IDART and CCATs accommodation are being addressed with solutions sought in conjunction with statutory partners.	4	4	16	→
<div> <div>→ No change in risk exposure exposure</div> <div>↑ Increase in risk exposure</div> <div>↓ Decrease in risk exposure</div> </div>									

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

Table 2



3. STRATEGIC RISK IMPROVEMENT ACTION PLAN

- 3.1 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 is updated regularly by EMT and is attached at Appendix 2.
- 3.2 Since the Improvement Plan was last presented to the Audit and Performance Committee, the following significant changes have been made:

New Improvement Actions Added:

Ref	Risk	Ref	Improvement Action Description
1	SR01 Financial Resources	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.
2	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.
3	SR01 Financial Resources	1f	Development of 3 Year Strategic Delivery and Financial Plan for 2022/23:2024/25. This will be developed across priority areas: Primary Care and Prescribing. 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.
4	SR02 Workforce	2c	Production and implementation of Older People's Strategic Delivery Plan 2022:2025 which will set out significant investment in additional staff to respond to increases in demand.
5	SR06 Viability of External Providers	6b	Production and implementation of Older People's Strategic Delivery Plan which will include a range of improvements and investment which will seek to enhance the viability of external providers.
6	SR14 Partnership Premises	14b	Ensure PKHSCP's premises needs are clearly identified within a Partnership accommodation schedule.
7	SR14 Partnership Premises	14c	Ensure PKHSCP's premises risk and accommodation needs are appropriately communicated and considered by NHS Tayside and Perth and Kinross Council.

Actions marked as Complete and Removed:

Ref	Risk	Ref	Improvement Action Description
8	SR01 Financial Resources	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 and Learning Disabilities. 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.
9	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.

Ref	Risk	Ref	Improvement Action Description
10	SR02 – Workforce	2a	Development of 3 year 2022/25 PKHSCP Workforce Plan
11	SR02 Workforce	2c	Production and implementation of Older People's Strategic Delivery Plan 2022:2025 which will set out significant investment in additional staff to respond to increases in demand.
12	SR04 Sustainable Capacity and 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.
13	SR06 Viability of External Providers	6b	Production and implementation of Older People's Strategic Delivery Plan 2022:2025 which will set out significant investment in additional staff to respond to increases in demand.
14	SR13 – Inpatient Mental Health Services	13a	Review of Integration Scheme

Actions Removed:

Ref	Risk	Ref	Improvement Action Description
16	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

4. EMERGENT STRATEGIC RISKS

4.1 The Executive Management Team, as part of their regular review of strategic risk, has identified the following potential risks to the strategic ambitions of the IJB:

- National Care Service - The legislation published on the establishment of the National Care Service sets out plans to introduce Local Care Boards with the abolition of Integration Joint Boards. The uncertainty associated with this fundamental change need to be considered along with mitigating action that can be taken at this early stage.
- Scottish Covid-19 Inquiry – EMT will consider what the capacity implications of this will be on our strategic aims and propose mitigating actions. EMT will progress the above emergent potential strategic risks with an update being provided to the Audit and Performance Committee in due course.

5. NEXT STEPS

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.

6. 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
- Appendix 4 – Reviewing and Reporting Framework

No.	Risk Ref.	Risk	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	Very High	↔
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	Very High	↔
3	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	Very High	↔
4	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	High	↔
5	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	Very High	↔
6	SR08	WIDENING HEALTH INEQUALITIES: As a consequence of COVID-19 there is a risk that health inequalities widen significantly.	Chief Officer	2	High	↔
7	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	2	High	↓
9	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	Very High	↔
10	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	2	High	↓
11	SR14	PARTNERSHIP PREMISES: As a result of a lack of sustainable and suitable premises within which Health and Social Care Services can be delivered, there is a risk that safe, consistent and effective care to patients will not be able to be delivered which could result in a reduction in service capacity, reduced outcomes for people and a reduction in staff wellbeing.	Chief Officer	1	Very High	↔
<> 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

5.1

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	25/08/22	
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	31/03/23	Improve existing control	Green	25/08/22	
1f	Development of 3 Year Strategic Delivery and Financial Plan for 2022/23:2024/25 for Primary Care and Prescribing.	Clinical Director	In Progress	31/10/22	New Control	Green	25/08/22	
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.								
4b	Produce and implement a revised preferred model of delivery for Care at Home services.	Interim Head of Adult Social Care (Commissioning)	In Progress	31/10/22	New Control	Green	25/08/22	
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	Red	28/07/22	
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	28/07/22	
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	28/07/22	
5e	Regular reporting from Digital Steering Group to EMT to be agreed and implemented.	Acting Head of Service ASWSC Operations	In Progress	31/05/22	New Control	Red	28/07/22	
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	31/10/22	New Control	Green	25/08/22	
SR08 - WIDENING HEALTH INEQUALITIES: As a consequence of COVID-19 there is a risk that health inequalities widen significantly.								
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	28/07/22	
8c	Review of service management support to ensure sufficient capacity and resilience within Communities Team to ensure Inequalities can be addressed in a targetted needs met manner.	Interim Head of Adult Social Care (Commissioning)	In Progress	31/10/22	New control	Green	28/07/22	
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.								
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	Red	28/07/22	
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	Red	28/07/22	
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	Red	25/08/22	

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
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	31/10/22	New Control	Green	25/08/22	
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.								
13b	Following approval in principle of the Tayside Mental Health Strategy by Tayside HSCP's bring forward a Strategic Delivery Plan.	NHST/3 Chief Officers	In Progress	31/03/22	New control	Red	25/08/22	
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.								
14b	Ensure PKHSCP's premises needs are clearly identified within a Partnership accommodation schedule.	Chief Officer	In Progress	31/12/22	New Control	Green	25/08/22	
14c	Ensure PKHSCP's premises risk and accommodation needs are appropriately communicated and considered by NHS Tayside and Perth and Kinross Council.	Chief Officer	In Progress	31/12/22	New Control	Green	25/08/22	

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	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 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	15 (5x3) AMBER	15 (5x3) AMBER	15 (5x3) AMBER	20 (5x4) AMBER	20 (5x4) AMBER	20 (5x4) AMBER	20 (5x4) AMBER
2	SR02	Workforce	Heads of Service	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	20 (5x4) RED	20 (5x4) RED	25 (5x5) RED	25 (5x5) RED	25 (5x5) RED	25 (5x5) RED	25 (5x5) RED
3	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	20 (5X4) RED	20 (5X4) RED	25 (5X5) RED	25 (5X5) RED	25 (5X5) RED	25 (5X5) RED	25 (5X5) RED
4	SR05	Sustainable Digital Solutions	Acting Head of Service ASWSC Operations	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	12 (4X3) AMBER	12 (4X3) AMBER	12 (4X3) AMBER	12 (4X3) AMBER	12 (4X3) AMBER	12 (4X3) AMBER	12 (4X3) AMBER
5	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	16 (4x4) RED	16 (4x4) RED	16 (4x4) RED	20 (5x4) RED	20 (5x4) RED	20 (5x4) RED	20 (5x4) RED
6	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	12 (3X4) AMBER	12 (3X4) AMBER	12 (3X4) AMBER	12 (3X4) AMBER	12 (3X4) AMBER	12 (3X4) AMBER	12 (3X4) AMBER
7	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	12 (4x3) AMBER	12 (4x3) AMBER	12 (4x3) AMBER	12 (4x3) AMBER	12 (4x3) AMBER	12 (4x3) AMBER	12 (4x3) AMBER
9	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	16 (4x4) RED	16 (4x4) RED	16 (4x4) RED	16 (4x4) RED	16 (4x4) RED	16 (4x4) RED	16 (4x4) RED
10	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	9 (3x3) YELLOW	16 (4x4) RED	12 (4x3) AMBER	12 (4x3) AMBER	12 (4x3) AMBER	12 (4x3) AMBER	12 (4x3) AMBER	12 (4x3) AMBER
11	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	16 (4x4) RED	16 (4x4) RED	16 (4x4) RED	16 (4x4) RED	16 (4x4) RED	16 (4x4) RED	16 (4x4) AMBER

Appendix 4

Reviewing and Reporting Framework	
Risk Level and Score	Frequency of Risk Reviews (applies to all Risk registers)
Priority 1 <16	<p>Risk remains extreme even after all identified controls and treatments have been applied. There are significant risks, which may have a serious impact on the Partnership and the achievement of its objectives if not managed.</p> <p>Immediate management action needs to be taken to reduce the level of net risk.</p> <p><u>As a minimum review 4 weekly</u></p>
Priority 2 10 - 15	<p>There are significant risks, which may have a serious impact on the Partnership or Service Delivery and the achievement of objectives if not managed.</p> <p>Immediate management action needs to be taken to reduce the level of net risk.</p> <p><u>As a minimum review 8 weekly</u></p>
Priority 3 6 - 9	<p>Although usually accepted, these risks may require some additional mitigating to reduce likelihood if this can be done cost effectively. Reassess to ensure conditions remain the same and existing actions are operating effectively.</p> <p>Risk is manageable after controls have been applied.</p> <p><u>As a minimum review 12 weekly</u></p>
Priority 4 1 - 5	<p>These risks are being effectively managed and any further action to reduce the risk would be inefficient in terms of time and resources. Ensure conditions remain the same and existing actions are operating effectively.</p> <p>Appropriate controls keep the risk low / negligible.</p> <p><u>As a minimum review 6 monthly</u></p>
	Where risk management should focus most of its time
	Where risk management will ensure contingency plans are in place
	Basic mechanisms should be in place
	Where risk is so minimal it does not demand specific attention



PERTH AND KINROSS INTEGRATION JOINT BOARD

AUDIT & PERFORMANCE COMMITTEE

26 SEPTEMBER 2022

PARTNERSHIP IMPROVEMENT PLAN – AUDIT RECOMMENDATIONS UPDATE

**Report by Chief Officer/Director – Integrated Health & Social Care
(Report No. G/22/143)**

PURPOSE OF REPORT

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

1. RECOMMENDATIONS

It is recommended that the Audit & Performance Committee:

- (i) Notes that Audit Recommendations have now been amalgamated into the Partnership Improvement Plan.
- (ii) 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 and other self assessment ;
- ii) Internal and External audit recommendations and other external inspection.

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

3. PROGRESS UPDATE

- 3.1 Since the last report to the Audit and Performance Committee eleven actions have been identified as part of the 2021/22 Annual Review of Governance. Three of these have been aligned to existing PIP actions as shown in table 1

below, the eight remaining actions have been included as new actions in the plan as set out in table 1 below:

Table 1

Action No	Heading	Action	Lead	Timescale	Existing PIP Action	New PIP Action
1	Leadership, Culture and Values	Develop a Leadership Development Programme focused on collaborative practice.	Chief Officer	31/3/23	IP03	
2	Leadership, Culture and Values	Ongoing development of culture, ethos and professional practice to ensure we continue to be the best we can be.	Chief Officer	31/3/23		IP41
3	Stakeholder Engagement	Ensure resources are in place to support a strong strategic focus on improving links with Communities, providing additional capacity and ensuring a robust, consistent and coordinated approach.	Head of Adult Social Work & Social Care	31/3/23		IP42
4	Vision, Direction and Purpose	Develop a Strategic Needs Assessment Framework to support long-term strategic planning to ensure that the approach across the partnership is consistent and systematic.	Head of Adult Social Work & Social Care / Head of Health	31/10/22	IP21	
5	Vision, Direction and Purpose	Build better engagement, linkages and relationships with the Community Planning Partnership	Chief Officer	31/3/23		IP43
6	Vision, Direction and Purpose	Joint review of strategic planning processes encompassing Hosted Services and including consideration of performance reporting.	Chief Officer	31/3/23		IP44
7	Decision Making	Finalise the 3 Year Workforce Plan and embed resources and ongoing arrangements for review and reporting of progress.	Head of Finance & Corporate Services	31/7/22	IP22	
8	Organisational Development	Complete Phase two of Corporate Support Review and in particular the functions related to capital/premises planning.	Head of Finance & Corporate Services	31/3/23		IP45
9	Internal Controls	Provide training and development opportunities in relation to the revised PKIJB Integration Scheme and its implications.	Head of Finance & Corporate Services	31/12/22		IP46
10	Internal Controls	With IJB Members review and update the risk management framework and risk appetite statement.	Head of Finance & Corporate Services	31/3/23		IP47
11	Internal Controls	Develop improved assurance reporting to the IJB on progress in achieving strategic plan objectives.	Head of Finance & Corporate Services	31/3/23		IP48

3.2 AMALGAMATION OF PARTNERSHIP IMPROVEMENT PLAN AND AUDIT RECOMMENDATIONS REPORT

3.2.1 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 was agreed at the last Committee meeting that going forward these reports be amalgamated into one Partnership Improvement Plan.

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

3.1.3 Outstanding audit recommendations as noted at the last Committee meeting are detailed below at Table 2:

Table 2

Audit ref	Audit Title	Lead	Context / Recommendation	Action	Improvement Plan Action Point
34	Internal Audit Annual Report 2018-19	CO	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 – complete	IP02
58	External Audit Report 2019-20	CO	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: a. complete its planned review of current leadership and management arrangements to ensure sufficient strategic planning capacity; and - complete b. prepare a workforce plan - complete	IP02
71	External Audit Report 2020-21	H of F&CS	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.	new action - IP40
72	External Audit	CO	The integration scheme states that any overspend incurred from 2018-19 onwards may be allocated on a proportionate basis of	We recommend that partners are requested formally agree the	IP29

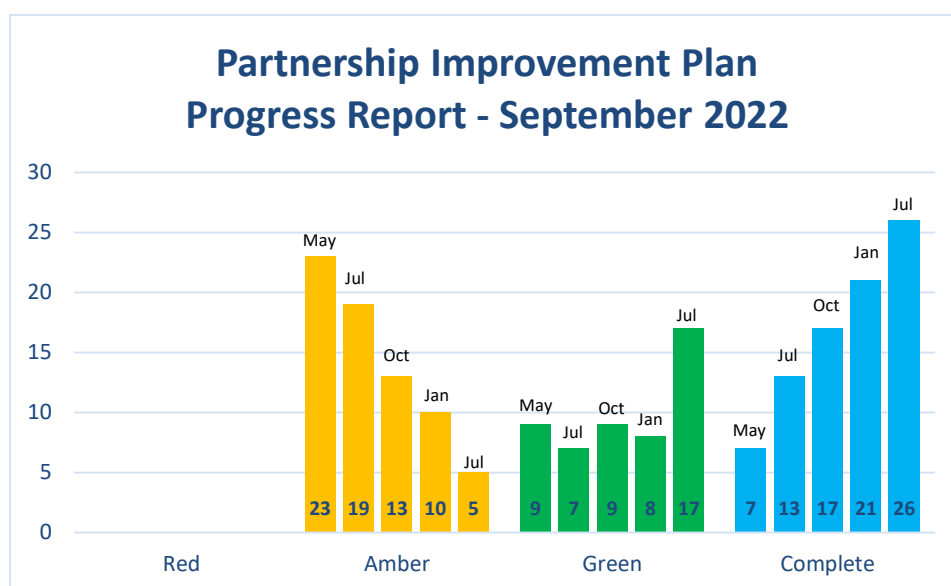
Audit ref	Audit Title	Lead	Context / Recommendation	Action	Improvement Plan Action Point
	Report 2020-21		<p>each partners contribution to the IJB. For 2019-20, there has not yet been any agreement between partners on how any overspend may be shared and we understand discussions have been limited.</p> <p>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.</p> <p>It is generally recognised that proportionate risk sharing facilitates effective integration</p>	<p>approach for overspends on an annual basis in advance of the financial year on which agreement is sought.</p> <p>Consistency of approach, and consideration of third party guidance should be included as part of the agreement</p>	
73	External Audit Report 2020-21	CO	<p>As reported on page 31, management have carried out implementing our recommendation to develop a workforce plan.</p> <p>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</p>	It is recommended that management continues with its progress on filling the key gaps identified as part of its workforce plan	IP22

3.2.4 Audit recommendations have been referenced to existing partnership improvement actions where there is overlap. The four outstanding audit recommendations have therefore been referenced to existing actions in the partnership improvement plan. These are detailed in table 2 above showing audit recommendations being attributed to existing actions IP02, IP22 and IP29. It should be noted that IP02 has been marked as complete.

3.2.5 Where no overlap exists, new improvement actions have been added to the partnership improvement plan. For the outstanding audit recommendations, this means that one new action has been added to the plan. This is audit reference 71, as detailed in table 2 above, which is now partnership improvement plan action IP40.

3.3 Progress has been made across several areas in the partnership improvement plan with 54% of the total actions completed. This figure remains the same as in the last report; however 9 new actions detailed above at 3.1 and 3.2 have been added into the plan.

3.4 Table 2 below shows the movement in RAG status for May, July, October 2021, January and July 2022:

Table 3

3.5 Improvement actions fully implemented since the last report are as follows:

- Effective engagement with PKC Elected Members is in place with a development session held in June 2022. (IP11)
- The effectiveness of our Strategy Groups has been strengthened with the development, consultation and finalisation of Terms of Reference for all of the Strategy Groups. (IP16)
- Integrated budgets to support improved planning of services has been completed with the approval of financial frameworks for our strategies. (IP26)
- Risk Sharing arrangements between statutory partners have been agreed via the approval of the PKIJB Integration Scheme. (IP29)
- The governance and accountability arrangements concerning Inpatient Mental Health Services has been clarified via the approval of the revised Integration Scheme. (IP39)

4. CONCLUSION

Significant progress continues to be made against the actions within the Partnership Improvement Plan. However, as part of continuous improvement and through the annual review of governance we continue to ways in which we can pro-actively strengthen our governance arrangements.

Author(s)

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Appendices

Appendix 1 – PKHSCP Partnership Improvement Plan



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	Amber	On track with minor issues
Green	On track	Blue	Complete

IP No.	RO	Action	Update - July 22	Update - Jan 22	Revised Priority Level as at July 22	Priority Level as at Jan 22	Date for Completion as at August 22	Date for Completion as at Jan 22	RAG as at July 22	RAG as at Jan 22
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.	The revised Perth and Kinross Integration Scheme was approved by Perth and Kinross Council on 27 June and NHS Tayside Board on 30 June and submitted to Scottish Government. The Chief Executives of PKC and NHS T have delegated authority to make minor amendments and this will be completed before end of July 2022. The feedback from the public consultation on the Integration Scheme raises a number of key themes such as communications, engagement and visibility. These themes will be considered by the EMT and strengthened. A draft Directions policy has been prepared by Legal Services Manager in consultation with the CO and will be reported for approval to the IJB meeting on 31 August 2022 and considered in practice at a development session planned for 14 September 2022.	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 specific 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 will provide a further development opportunity to refresh knowledge and understanding.	2	2	30 September 2022	30 June 2022	Green	Green
IP03	CO	Implement a Leadership Development Program focused on Collaborative Practice	The EMT has taken part in INSIGHT Discovery supported by PKC OD team and this will be followed up throughout the following year to support collaborative leadership. Three members of staff have been supported to apply for leadership development which is targeted at health and social care and whole systems leadership. Two Perth and Kinross Offer employee experience sessions have been arranged for HSCP IMT and Team Leaders with a plan to carry out 3 integrated locality sessions and 1 central team session in Autumn/Winter.	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.	2	2	31 March 2023	31 March 2023	Green	Amber
IP41	CO	Ongoing development of culture, ethos and professional practice to ensure we continue to be the best we can be.	n/a	n/a	2	2	31 March 2023	-	Green	-
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.	Due to the level of workload and lack of capacity within the Communication Group, EMT will be asked to consider the option of engaging a dedicated Communications Officer.	Digital Marketing Officer has commenced employment, and is a key member 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.	2	1	01 September 2022	ongoing	Amber	Green
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	As part of formal induction, a development session took place with all Elected members of Perth & Kinross Council on the 23rd June 2022.	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.	2	2	23 June 2022	31 May 2022	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.	Final Draft will be considered by EMT in September 2022	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.	2	2	30 September 2022	31 March 2022	Amber	Amber
IP42	H of ASCSW	Ensure resources are in place to support a strong strategic focus on improving links with Communities, providing additional capacity and ensuring a robust, consistent and coordinated approach.	n/a	n/a	2	2	31 March 2023	-	Green	-
3. VISION, DIRECTION AND PURPOSE										

IP No.	RO	Action	Update - July 22	Update - Jan 22	Revised Priority Level as at July 22	Priority Level as at Jan 22	Date for Completion as at August 22	Date for Completion as at Jan 22	RAG as at July 22	RAG as at Jan 22
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	The HSCP and IJB are now in a position to move on from COVID recovery and remobilisation and return to the delivery of the IJB Strategic Commissioning Plan. As a result good progress is being made on our strategic plans: The Autism and The Strategic Delivery Plan was approved by the IJB on 16 February; the Strategic Plan for Older People was approved by IJB on 30 March 2022; the Care at Home Resiliency plan was approved at IJB on 30 March 2022; and the 3-year Workforce Plan for Health and Social Care was approved on 27 June 2022 in advance of submission to Scottish Government by end of July. Each is supported by a robust performance framework which will measure progress.	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 tandem with performance reporting to Audit & Performance Committee.	2	2	31 July 2022	31 March 2022	Green	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.	We are continuing to develop and and implement our approach to performance management and reporting. The following sets out the position in respect to the production of Performance Management Frameworks for our care group strategic plans: - Learning Disability/Autism Strategic Delivery Plan approved by the IJB in February - Older Peoples Strategic Delivery Plan approved (with amendment) by the IJB in March - community Mental HealthWellbeing Strategy approved with a performance framework in place. This has now been drafted and will be considered by EMT. Date to be confirmed. - Review of Carers Stratefy 2019-22, performance management framework is being supported - Primary Care Strategic Delivery Plan, performance management framework development is being supported. This work forms part of a rolling development programme of improvement work in respect to our approach to performance management and reporting. In particular we are now further developing the Older Peoples performance management framework to include a wider set of KPIs. These will subsequently be used to create an initial performance report covering the Older Peoples Care group. It is expected that this will need further refined. A similar approach is being taken across the other care groups.	The Performance Framework for the Learning Disability/Autism Strategic Delivery Plan was approved by the IJB in February. A proposed performance framework for the Older Peoples Services will be incorporated in 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 Commissioning Plan .	1	1	ongoing	ongoing	Green	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	TOR has been consulted on and finalised	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.	2	1	Complete	31 March 2022	Complete	Amber
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.	See above update IP14. A new Chief Officer has been appointed from May 2022 and will conduct an assessment about capacity to deliver on strategic priorities and operational delivery of integrated services.	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.	1	1	30 October 2022	30 October 2022	Green	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.	Work on the Joint Strategic Needs Assessment is ongoing	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.	2	2	30 October 2022	30 October 2022	Amber	Amber
IP43	CO	Build better engagement, linkages and relationships with the Community Planning Partnership	n/a	n/a	2	-	31 March 2023	-	Green	-

IP No.	RO	Action	Update - July 22	Update - Jan 22	Revised Priority Level as at July 22	Priority Level as at Jan 22	Date for Completion as at August 22	Date for Completion as at Jan 22	RAG as at July 22	RAG as at Jan 22
IP44	CO	Joint review of strategic planning processes encompassing Hosted Services and including consideration of performance reporting.	n/a	n/a	2	-	31 March 2023	-	Green	-
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)	The PKHSCP 3 Year Workforce Plan was approved by the IJB in June and has been submitted for feedback to the Scottish Government. A dedicated Workforce Programme Manager is currently being appointed to support implementation and ongoing development.	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.	1	1	31 July 2022	31 March 2022	Green	Green
5. FINANCIAL CONTROLS										
IP26	H of F&CS	Create integrated budgets to support improved planning of services and ensure devolution to locality level.	Complete	The integrated 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 integrated Older Peoples Financial Framework will be considered by the IJB when it considers the Older Peoples Strategic Delivery Plan in March 2022.	2	2	31 March 2022	31 March 2022	Complete	Green
IP40	H of F&CS	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 Reserves Strategy is currently being reviewed and will be brought forward to the IJB for consideration during 2022/23. The IJB now holds unearmarked reserves broadly in line with the current reserves strategy following careful management of the expenditure during the Covid remobilisation period.	This will be developed in line with the three year financial plan in order to set out delivery of the reserves strategy aims	1	1	31 March 2023	31 March 2022	Green	Green
6. ORGANISATIONAL DEVELOPMENT										
IP45	H of F&CS	Complete Phase two of Corporate Support Review and in particular the functions related to capital/premises planning.	n/a	n/a	2	-	31 March 2023	-	Green	-
7. INTERNAL CONTROLS										
IP46	H of F&CS	Provide training and development opportunities in relation to the revised PKIJB Integration Scheme and its implications.	n/a	n/a	2	-	31 March 2023	-	Green	-
IP47	H of F&CS	With IJB Members review and update the risk management framework	n/a	n/a	2	-	31 March 2023	-	Green	-
IP48	H of F&CS	Develop improved assurance reporting to the IJB on progress in achieving strategic plan objectives.	n/a	n/a	2	-	31 March 2023	-	Green	-
8. REQUIRING COLLABORATION WITH STATUTORY PARTNERS										

IP No.	RO	Action	Update - July 22	Update - Jan 22	Revised Priority Level as at July 22	Priority Level as at Jan 22	Date for Completion as at August 22	Date for Completion as at Jan 22	RAG as at July 22	RAG as at Jan 22
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.	See above update at IP14. The CO has put in place targeted actions to improve deteriorating performance in delayed discharges from March 2022.	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.	3	3	30 October 2022	31 March 2022	Green	Amber
IP23	CO	Seek appropriate levels of Corporate support from Statutory Partners including organisational and workforce development.	A new Chief Officer has been appointed from May 2022 and will conduct an assessment about capacity to deliver on strategic priorities and operational delivery of integrated services.	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.	3	3	Ongoing	Ongoing	Green	Green
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)	Work is continuing with the P and K Offer and P and K Offer Employee Experience. A workshop is to be arranged to consider how the Community Planning Partnership and HSCP can support each other to achieve their objectives.	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 links to Tayside-wide programme boards such as Planned Care and Unscheduled Care as well as Urgent Care.	3	3	30 October 2022	30 October 2022	Amber	Amber
IP29	H of F&CS	Agree risk sharing arrangements between statutory partners	The risk sharing arrangements have been reviewed by the partners with proposed revisions made that leave the option for partners moving to a proportionate share basis. In addition, a further clause has been added around the option to ask the IJB to pay back any overspends in future years. Consultation on the revised scheme concluded at the end of May and has since been approved by NHS Tayside and Perth & Kinross Council - please see IP01 above	Significant support has been provided to statutory partners over the last 6 months in their consideration of PKIJB Integration Scheme Financial Risk Sharing arrangements. At this point it is not known whether a change to the current arrangements will be agreed by NHS Tayside and PKC Executive Teams.	2	3	31 March 2022	31 March 2022	Complete	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	No update	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.	3	3	31 March 2023	31 March 2023	Amber	Amber
IP39	CO	Clarify the governance and accountability arrangements in respect of Inpatient Mental Health Services	The revised Integration Scheme approved by end of June 2022 clarifies responsibilities for the operational delivery of Inpatient Mental Health Services, Learning Disabilities and Alcohol and Drug Services. This rests with NHS Tayside whose responsibilities extend to: "Operational Management" means all the day-to-day services required to control the delivery of delegated health and social care services functions, including clinical, care and professional standards and governance, financial management, operational risk management and staff governance, the configuration of those services and all functions associated with ensuring the implementation of Directions issued by the Integration Joint Board. NHS Tayside is responsible for the operational management of inpatient mental health, inpatient learning disability and inpatient drug and alcohol services, through the Executive Lead for Mental Health and Learning Disabilities. The Integration Joint Board will have oversight of integrated acute, mental health inpatient, learning disability inpatient and drug and alcohol inpatient services to ensure compliance with the strategic plan of the Integration Joint Board.	This continues to be advanced by the Chief Executives of NHS Tayside, 3 Local Authorities through the review of the Integration Scheme.	3	3	31 March 2022	31 March 2022	Complete	Amber



AUDIT & PERFORMANCE COMMITTEE

26 September 2022

INTERNAL AUDIT PROGRESS REPORT

**Report by Chief Internal Auditor
(Report No. G/22/144)**

PURPOSE OF REPORT

The purpose of this report is to provide the Audit & Performance Committee with an update on progress in relation to Internal Audit's planned activity.

1. BACKGROUND

The Public Sector Internal Audit Standards (PSIAS) require that the Chief Internal Auditor reports periodically to the Audit and Performance Committee in internal activity and on performance relative to the approved annual plan.

2. PROGRESS

Since the last report to the Audit and Performance Committee, Internal Audit has continued to work on the assignments from the approved Internal Audit Plans, as detailed in Appendix 1.

The report on the audit of Corporate Services is included on the agenda for today's meeting. Work on the Primary Care audit has been completed. This audit is a pan-Tayside review and the report is out for consultation with all IJBs and NHS Tayside. The outcomes will be reported to this Committee as soon as possible.

The year 2021/22 saw the departure of the Chief Officer and the interim appointment of a new Chief Officer, who has subsequently been appointed permanently to the role. As a result, the audit of Leadership Capacity was paused during the year to allow a permanent appointment. A proposal for a revised scope for work in this area is included within the Internal Audit Plan for 2022/23, which is included on the agenda for this meeting. As such, it is not proposed to undertake any further work in connection with the current scope for this review.

Work to deliver the Plan will be undertaken through a Joint Working Protocol agreed by the Chief Internal Auditors of both statutory partners.

3. RECOMMENDATION

The Audit & Performance Committee is asked to note the progress made in the delivery of the 2020/21 and 2021/22 plans.

4. CONSULTATION

The Head of Finance and Corporate Services has been consulted on the content of this paper.

Author(s)

Name	Designation	Contact Details
J Clark	Chief Internal Auditor	InternalAudit@pkc.gov.uk

APPENDICES

1. Internal Audit Plan Progress

Internal Audit Plans Progress Report September 2022

2020/21								
	Audit	Indicative Scope	Target Audit Committee	Planning commenced	Work in progress	Draft Issued	Completed	Grade
PKIJB 20-02	Corporate Support	To ensure that arrangements are in place for the delivery of appropriate corporate support functions for the Partnership and IJB.	March 2022	✓	✓	✓	✓	Limited assurance
2021/22								
PKIJB 21-01	Leadership Capacity	To provide assurance of the capacity within the leadership team for the delivery of strategic objectives	March 2022	This review has not been completed. An assignment with a revised indicative scope is being proposed as part of the Internal Audit Plan for 2022/23				
PKIJB 21-02	Primary Care Improvement Plan	To provide assurance to the IJB over the arrangements in place for the implementation of the Primary Care Improvement Plan	March 2022	✓	✓	✓		



Internal Audit Report
Perth & Kinross IJB
PKIJB20-02 Corporate Support
August 2022

Final Report

Legal and Governance
Corporate and Democratic Services
Perth & Kinross Council
Council Offices
2 High Street
Perth
PH1 5PH

PKIJB20-02 Corporate Support

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1. Introduction

- 1.1 This assignment forms part of the Internal Audit plan for 2020/21, approved by the Audit and Performance Committee on 14 September 2020.
- 1.2 The indicative scope for the audit was to ensure that adequate arrangements are in place for the delivery of corporate support functions for the Partnership and IJB. This will include reference to relevant sections of the Integration Scheme and benchmark against statutory partner arrangements.

- 1.3 This audit is linked to the following Strategic Risks:

Strategic risk SR10: *‘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’;*

SR09 *‘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’*

Both risks are rated priority 2 *‘significant risks, which may have a serious impact on the Partnership or Service Delivery and the achievement of its objectives if not managed. Immediate management action needs to be taken to reduce the level of net risk.’*

2. Audit Background Information

- 2.1 The relevant professional standard for internal audit activity within public sector organisations is the Public Sector Internal Audit Standards (PSIAS). The definition given in the PSIAS is as follows:

“Internal Audit is an independent, objective assurance and consulting activity designed to add value and improve an organisation’s operations. It helps an organisation accomplish its objectives by bringing a systematic, disciplined approach to evaluate and improve the effectiveness of risk management, control and governance processes”.

3. Scope and Limitations

- 3.1 This audit considered arrangements in place to ensure that these risks are mitigated and managed as appropriate, including review of documentation and meeting with relevant officers.

A control objective is a management objective that requires the maintenance of effective internal controls to ensure that it is achieved. The review was

designed to assist the IJB to identify the following key elements required to ensure that support arrangements are sufficient to deliver its key objectives:

- The essential outputs of the IJB
- Resources required to deliver these successfully
- Current resources available to fulfil those objectives, whether within the IJB or available from partners
- Assess work already undertaken to improve efficiency or address identified gaps and identify any further options which might be pursued.

4. Assessment of the Control Environment

4.1 The auditor has assessed that limited assurance can be placed on controls overall in relation to corporate support from the audit, meaning that significant gaps, weaknesses or non-compliance were identified. Improvement is required to the system of governance, risk management and control to effectively manage risks to the achievement of objectives in the area audited.

4.2 A summary of the key findings and actions are provided in section 5, please note however, the following areas of good practice which have been highlighted during the audit:

- The organisation has been proactive in identifying opportunities for local action, centred on identifying investment in integrated posts.
- Completion of a 'Rapid Review' exercise reported to EMT in December 2021, looking at current workload, current gaps and the current approach to these gaps, as well as proposed future steps for a number of functions.
- Approval of a funding solution in December 2021 for some areas, including the establishment of permanent posts within the corporate planning and performance team.

5. Summary of Findings

5.1 Below is a summary of key findings and actions, which are reflected in the Management Action Plan, detailed in section 9.

5.2 In accordance with Langland's principles, the organisation first needs to be clear about its purpose and its intended outcomes for citizens and service users. Perth & Kinross IJB's strategic aims are set out in the Strategic Commissioning Plan 2020-2025.

5.3 The partner organisations (NHS and Local Authority) have delegated functions to the IJB, which in turn is responsible for producing a strategic commissioning plan and financial plan for the functions and money delegated to it, and then issuing directions and making the associated payments to the Tayside NHS Board and Perth & Kinross Council for the delivery of services.

5.4 A clear distinction requires to be made between the IJB and the HSCP: The IJB is a legal entity subject to public sector (in this case Local Authority)

governance and accountability regulations, and an HSCP has no legal status and can be viewed as the vehicle to formalise joint working arrangements. In practice, the term HSCP is often used to apply to all staff working within it, although they remain as NHS or Council employees.

- 5.5 The functions now delegated to the IJB would previously have been supported by corporate support functions when still part of the partner bodies. However, additional support needs have arisen or have changed in response to the more integrated way of working. As a new corporate body, with new legal and governance requirements, the IJB requires its own governance / corporate support functions commensurate with its status and legal requirements. What is required from supporting departments in the partner bodies is also different in the context of integrated management arrangements and as a separate legal entity.
- 5.6 A range of functions and services, which are inclusive but not exhaustive, is set out in the Integration Scheme. Tayside IJB Integration Schemes are currently under review, with the current (January 2022) draft including the following principle: 'It will be the responsibility of the Parties to work collaboratively to provide the Integration Joint Board with support services which will allow the Integration Joint Board to carry out its functions and requirements. The parties will agree a memorandum of understanding that will define the terms and arrangements for the provision of services to support the Integration Joint Board'. The Integration Scheme also sets out that the IJB should make proposals (business cases) and influence decision making for supporting strategies and assets in the same way. A limited number of staff were directly delegated to the IJB at its inception and additional staff have subsequently been assigned into roles directly supporting Perth & Kinross IJB. However there was no detailed analysis to quantify the level of support provided by partners, nor is there any formal agreement, such as a Service Level Agreement, setting out specific allocations for support services provided by partners. Therefore, the support provided by the partners is based on custom and practice, reliant on scarce resources among many competing priorities for the partners.
- 5.7 A paper submitted to the Perth & Kinross IJB in March 2016 first identified the need to develop the approach to corporate support arrangements, including resources from partners and any additional integrated requirements. As well as noting existing resources provided by partners, the IJB agreed additional requirements and support arrangements, as well as the formation of a Corporate Services Forum to review the process for corporate support services and agree future IJB developments and resources be agreed. However, no further update on this has been provided to the IJB and this Corporate Services Forum was never formed.
- 5.8 Over the years, P&K IJB has taken action through local investment, creating additional corporate support capacity within areas such as risk, governance, finance, performance and planning. These posts have been mostly on a temporary basis.

- 5.9 Although action has been taken over the years to articulate the concerns, for example through the review of corporate support arrangements in January 2020 and the 'Organised to deliver' paper to the Executive Management Team in September 2020, a satisfactory outcome to ensure adequate and appropriate corporate support, particularly that provided by the partners, has not been reached.
- 5.10 Management capacity and corporate support have also been highlighted as themes within external audit reports, including the 2019 Joint Inspection report ('The effectiveness of strategic planning in Perth & Kinross Health and Social Care Partnership'), and as part of the action plan agreed in response to the Ministerial Steering Group (MSG) for Health and Community Care ('Review of Progress with Integration of Health and Social Care, Final Report, February 2019'). A partnership improvement plan, based on these recommendations is regularly monitored by the Audit and Performance Committee, with the most recent update in December 2021 showing limited progress against point 23, to 'Seek appropriate levels of Corporate support from Statutory Partners including organisational and workforce development'. The update showed that only some HR input into the Workforce Planning Group materialised, with the IJB having to make their own investment in further capacity. A Corporate Services section has also been drafted as part of a workforce plan scheduled for sign off and submission to the Scottish Government by 29 July 2022.
- 5.11 While a strategic risk has been in place since October 2020, a number of the controls noted do not have the ability to mitigate the risk (which agrees with the existing control rating 'not all controls are fully effective'), most notably the level of support delegated by partners, the agreement with partners referred to as a control and the current arrangements for discussion with partners on corporate support. The risk should be updated for the actions to be agreed in response to this report.
- 5.12 Further action to address the risk has recently been taken in the form of a 'Rapid Review', looking at current workload, current gaps and the current approach to these gaps, as well as proposed future steps for a number of functions. A paper was then presented to the Executive Management Team (EMT) in December 2021, where a funding solution was approved for some areas, including the establishment of permanent posts within the corporate planning and performance team. This represents significant additional investment by the IJB to create its own integrated capacity.
- 5.13 The functions chosen to be surveyed as part of the Rapid review are not an exact match to those noted in the Integrated Scheme and not all functions surveyed returned information, so the results at this point do not provide a full picture. This means a number of areas do not currently have any agreed actions to address current gaps.
- 5.14 Whilst the organisation has been proactive in identifying opportunities for local action, centred on identifying investment in integrated posts, there is not yet clarity over how the principle of collaborative working to ensure provision of support services outlined in the new (draft) Integration Scheme can be

ensured in practice. Currently there is no dedicated forum which provides a mechanism to ensure appropriate corporate support is provided from within the IJB, from the partner organisations or by the other IJBs. However, 1:1 meetings at senior management level allow P&K management to discuss this area. To address the issues outline in this report, commitment is needed from all partners. If necessary, and for issues involving Partners, escalation should be to the Working Together Forum, where the Chairs, Council Leaders, Chief Executives and Chief Officers from all partner bodies meet.

- 5.15 A more formal construct is also required to ensure appropriate corporate support is established, agreed and maintained. We recommend that the IJB seeks support from its partners to establish both a formal agreement (Memorandum of Understanding as per the Integration Scheme) and a Corporate Services Forum, with membership from all partners, to give practical meaning to the principle set out in the draft updated Integration Scheme. We have recently recommended to NHS Tayside that progress with integration, including actions arising from the MSG improvement plans, should be monitored at Board level. This should include corporate support. In addition to formalising arrangements, a mature and collaborative approach with excellent lines of communication will be key to ensuring all partners understand and can fulfil their responsibilities, thereby establishing and maintaining effective corporate support services.

6. Conclusion

- 6.1 The Internal Audit review is able to place limited assurance on the overall control environment for corporate support. The agreed actions, once implemented, should enable Internal Audit to place substantial assurance on these.

7. Acknowledgements

- 7.1 Internal Audit would like to thank all officers who were involved in this audit, particularly the Chief Finance Officer and Governance & Risk Coordinator.

8. Action Implementation & Follow up

- 8.1 Responsibility for the maintenance of adequate and effective controls rests with management. Where the audit has identified areas for management action, these are identified in the Management Action Plan. Where a decision is taken by management not to act in response to finding from this review, it is the responsibility of management to assess and accept the risk arising from non-implementation.
- 8.2 Achievement of the agreed actions is monitored through Internal Audit's 'follow up' arrangements.

9. Management Action Plan

Action Point	Para. No	Finding	Risk Rating	Agreed Action & Evidence	Action Owner	Target Completion Date
1	5.15	<p>Support services provided by partner organisations have never been formally quantified. While the current and draft future Integration Scheme set out a principle of collaboration in the provision of support services, there is currently no agreed, documented process to establish, monitor or make changes to the support provided, especially as support needs change over time and may increase as the delegated services become more integrated. The updated (draft) Integration Scheme proposes the development of a Memorandum of Understanding. A paper submitted to the Perth & Kinross IJB in March 2021⁶ proposed formation of a Corporate Services Forum but this forum was never established.</p> <p>Recommendation: We strongly recommend the IJB seeks support from its partners for structures that allow for both formal and more informal collaborative working to</p>	4 – High	<p>Agreed action: <i>The need for such a forum and increased collaborative working in relation to Corporate Support has been identified as a priority by the Project Group overseeing the review of the Tayside Integration Schemes which includes senior representation for all partner bodies. It is therefore proposed that this recommendation be discussed with the Integration Project Group who have committed to develop a 2022/23 workplan for consideration of key commitments being made by both partners in the revised scheme and how these can be taken forward.</i></p> <p>Agreed evidence: <i>Formal communication with Integration Tayside Project Team to request consideration.</i></p>	Head of Finance & Corporate Services	March 2023

		<p>ensure appropriate corporate support is established and maintained.</p> <p>A formal agreement, such as the Memorandum of Understanding as referenced in the Integration Scheme should clearly outline the functions to be provided and any expected standard or general principles to be adhered to by all parties. It should also include monitoring and review processes, as well as a process for dispute resolution.</p> <p>A Corporate Services Forum should be established including appropriate membership from across all parties</p>				
2	5.14	<p>A 'Rapid Review' of corporate support was recently undertaken in house, looking at current workload, gaps and the approach taken, as well as proposed future steps for a number of functions. The functions chosen to be surveyed are not an exact match to those noted in the Integrated Scheme and not all functions surveyed returned information, so the results at this point do not provide a full picture. A</p>	4 – High	<p>Agreed action: <i>Agreed. It is also proposed that premises planning, workforce planning, information governance and communications are also considered.</i></p> <p>Agreed evidence: <i>Phase 2 Review of Corporate Services Report to EMT</i></p>	Head of Finance & Corporate Services	September 2022

		<p>paper based on this exercise was presented to the Executive Management Team (EMT) in December 2021, where a funding solution was approved for some areas.</p> <p>Recommendation:</p> <p>We would recommend that the following services are added to the rapid review: Procurement, Information Technology, Complaints & Feedback and Resilience (Category 1 responder functions).</p> <p>A conclusion on the current support requirements for each function should be reached, including either any funding solution in house, any agreement to be reached with partner bodies or any risk that arises by not addressing any identified needs. These should be clearly communicated to all officers and managers concerned.</p>				
3	5.12	<p>A strategic risk has also been in place since October 2020. A number of the controls noted do not have the ability to strongly influence the risk (which agrees with the</p>	3-Medium	<p>Agreed action and evidence:</p> <p><i>Agreed.</i></p> <p><i>The updated Strategic Risk Register will be presented to the</i></p>	Head of Finance & Corporate Services	September 2022

		<p>existing control rating 'not all controls are fully effective') and the risk score has remained as a priority 1 risk since its inception.</p> <p>Recommendation:</p> <p>The risk should be updated for the actions to be agreed in response to this report. A Corporate Services section has also been drafted as part of a workforce plan being developed.</p>		<i>Audit & Performance Committee</i>		
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10. Authorisation

- 10.1 The auditor for this assignment was J Triebs. The supervising auditor was J Lyall.
This report is authorised for issue:

11. Distribution

- 11.1 This report has been distributed to:
J Pepper, Interim Chief Officer
J Smith, Chief Financial Officer
P Jerrard, Governance and Risk Coordinator
K Donaldson, Chief Operating Officer, Perth & Kinross Council

12. Assessment Definitions

12.1 The following table contains the definitions of the control objective assessment.

Control Objective Assessment	
Level of assurance	Definition
Substantial Assurance	A sound system of governance, risk management and control exists, with internal controls operating effectively and being consistently applied to support the achievement of objectives in the area audited.
Reasonable Assurance	There is a generally sound system of governance, risk management and control in place. Some issues, non-compliance or scope for improvement were identified which may put at risk the achievement of objectives in the area audited.
Limited Assurance	Significant gaps, weaknesses or non-compliance were identified. Improvement is required to the system of governance, risk management and control to effectively manage risks to the achievement of objectives in the area audited.
No Assurance	Immediate action is required to address fundamental gaps, weaknesses or non-compliance identified. The system of governance, risk management and control is inadequate to effectively manage risks to the achievement of objectives in the area audited.

12.2 The following table contains the definitions applied by Internal Audit in rating audit findings/actions.

Risk Rating for Individual Findings		
Rating	Rating description	Definition
5	Critical	Significant observations / major concerns which require immediate action. Management will need to add these to the appropriate Service risk register <i>Issue represents a control weakness which could cause, or is causing, severe disruption of the process or severe adverse effect on the ability to achieve process objectives</i>
4	High	Significant observations regarding the absence / failure of key controls requiring urgent action. Management should consider adding these to the appropriate Service / divisional risk register <i>Issue represents a control weakness which could have, or is having, major adverse effect on the ability to achieve process objectives</i>
3	Medium	Observations regarding the effectiveness of key controls requiring reasonably urgent action. Management should consider these when updating any divisional / team risk registers <i>Issue represents a control weakness which could have, or is</i>

		<i>having, significant adverse effect on the ability to achieve process objectives</i>
2	Low	<p>Minor observations regarding the adequacy of controls which require action to improve the efficiency, effectiveness, or economy of operations or which otherwise require to be brought to the attention of Senior Management</p> <p><i>Issue represents a minor control weakness with minimal but reportable impact on the ability to achieve process objectives</i></p>
1	Trivial / Minor	<p>Very minor observations which will be raised during the audit and may not be included within the final report</p> <p><i>Issue represents a very minor control weakness with negligible impact on the ability to achieve process objectives. The issue will be raised during the audit and may not be included within the final report.</i></p>



AUDIT & PERFORMANCE COMMITTEE

26 September 2022

INTERNAL AUDIT STRATEGY & PLAN 2022/23

**Report by Chief Internal Auditor
(Report No. G/22/146)**

PURPOSE OF REPORT

The purpose of this report is to seek approval of the Annual Internal Audit Plan for Perth & Kinross Integration Joint Board for 2022/23.

1. BACKGROUND

Internal Audit, as defined in the Public Sector Internal Audit Standards (PSIAS), is an independent, objective assurance and consulting activity designed to add value and improve the effectiveness of an organisation's operations. It helps the Integration Joint Board (IJB) to accomplish its objectives by bringing a systematic, disciplined approach to the evaluation and improvement of risk management, control and governance processes.

The PSIAS require the Chief Internal Auditor to prepare a risk based Internal Audit Plan (the Plan) setting out the team's annual work programme. The Plan should take account of the IJB's objectives, risk and performance management arrangements.

As stated in the Scottish Government's Integrated Resources Advisory Group (IRAG) guidance, it is the responsibility of the IJB 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. Perth & Kinross Council's Chief Internal Auditor was appointed as Chief Internal Auditor for the IJB in July 2020.

Resources to deliver the plan will be provided by the Perth & Kinross Council and NHS Tayside Internal Audit services. A total of 40 days have been included in the 2022/23 Internal Audit Plans of the statutory partners.

2. APPROACH

The strategy for Internal Audit is to deliver a risk based Internal Audit service by designing planned activity around the key risks to the IJB achieving its objectives. Internal Audit also aims to add value to the organisation by ensuring that there is appropriate and enabling risk management, governance and controls in place.

In order to ensure compliance with the PSIAS requirement of undertaking an annual risk assessment, a review of the arrangements which have been put in place for the identification and assessment of risks has been undertaken. In addition, evidence provided to support the Annual Governance Statement, submissions to the Ministerial Steering Group and the response to the outcomes from the external inspection have been taken into consideration.

A mapping exercise was undertaken comparing Internal Audit activity for the IJB with the most recently considered Risk Register. This was also considered in line with the strategic priorities of the Integration Joint Board. The review highlighted areas for consideration for inclusion within the Plan and discussions subsequently took place with the Chief Officer and Head of Finance and Corporate Support to arrive at an achievable Plan for the current year, with potential areas highlighted for timing in future Internal Audit plans. Of the 12 Strategic Risks highlighted to the Audit & Performance Committee in February 2022, 10 were highlighted as Priority 1. Of these, recent audit activity has been undertaken in 4 areas, relating to Strategic Risks 1 – Financial Resources; 6 – Viability of External Providers (specific to the COVID-19 response); 9 Corporate Support; and 10 Primary Care. The wider risks around the viability and sustainability of commissioner service providers (Strategic Risk 6) along with Strategic Risk 8, Leadership Team Capacity and Strategic Risk 12, Partnership Premises and was highlighted for further review within the proposed Audit Plan for 2022/23.

The Plan also takes account of the assurances which can be provided to the IJB based on work performed under the Internal Audit plans of both Perth & Kinross Council and NHS Tayside, once approved.

3. PLANNED INTERNAL AUDIT ACTIVITY

The Audit Plan is designed to provide the Chief Internal Auditor with sufficient evidence to form an opinion on the adequacy and effectiveness of internal controls. The Plan for 2022/23 has been designed to target the priority issues and risks identified during the course of the review outlined in section 2 above.

In addition to the specific assignments, resources will be allocated to undertake the planning and management of the Internal Audit service, along with supporting the work of the Audit & Performance Committee of the IJB. This will include the provision of the Annual Report, as required by PSIAS, and ensuring the adequacy of the implementation of agreed audit actions.

One assignment from the 2021/22 Internal Audit Plan has been completed but has yet to be reported, PKIJB 22-02 Primary Care. This audit is a pan-Tayside review and the report is out for consultation with all IJBs and NHS Tayside. The outcomes will be reported to this Committee as soon as possible.

The year 2021/22 saw the departure of the Chief Officer and the interim appointment of a new Chief Officer, who has subsequently been appointed permanently to the role. As a result, the audit of Leadership Capacity was paused during the year. Discussions with the Chief Officer and the Head of Finance & Corporate Services have identified scope to include a consultancy review of Leadership Capacity within the audit plan for 2022/23. This is consistent with the role of Internal Audit within the PSIAS. In line with the approach in Perth & Kinross Council, where Internal Audit is undertaking a 'critical friend' role, detailed outcomes will not be communicated to the Audit & Performance Committee in a separate report. The Audit & Performance Committee will, however, be informed of the work undertaken and of any high-level outcomes as appropriate. This work also feeds into the cumulative audit knowledge and experience, which helps to shape the understanding of the control environment for future internal audit planning exercises.

The following specific assignments have been highlighted for review during the year:

Reference	Title	Indicative Scope
PKIJB 22-01	Leadership Capacity	To act as 'critical friend' for the Chief Officer in the review of leadership capacity.
PKIJB 22-02	Sustainability of commissioned service providers	To review the sustainability of commissioned service providers.
PKIJB 22-03	Premises and Property	To provide assurance over the risks arising from premises and property which support the delivery of services on behalf of the IJB.

Work to deliver the Plan will be undertaken through a Joint Working Protocol agreed by the Chief Internal Auditors of both statutory partners.

4. RECOMMENDATION

The Audit & Performance Committee is asked to approve the Internal Audit Strategy and Plan for 2022/23.

5. CONSULTATION

The Chief Officer and Head of Finance and Corporate Resources have been consulted on the content of this paper.

Author(s)

Name	Designation	Contact Details
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APPENDICES

1. Internal Audit Plan

2022/23								
	Audit	Indicative Scope	Target Audit Committee	Planning commenced	Work in progress	Draft Issued	Completed	Grade
N/A	Audit Planning	Agreeing audit universe and preparation of strategic plan	Sept 2022	✓	✓	✓	✓	N/A
N/A	Audit Management	Liaison with managers and Directors and attendance at Audit & Performance Committee	Ongoing	Ongoing				N/A
	Annual Internal Audit Report	CIA's annual assurance statement to the IJB and review of governance self-assessment	June 2023					
PKIJB 22-01	Leadership Capacity	To provide assurance of the capacity within the leadership team for the delivery of strategic objectives.	June 2023	✓				
PKIJB 22-02	Sustainability of Commissioned Service Providers	To review the sustainability of commissioned service providers.	February 2023	✓				
PKIJB 22-03	Premises and Property	To provide assurance over the risks arising from premises and property which support the delivery of services on behalf of the IJB	June 2023					

Previous Years' Plans								
	Audit	Indicative Scope	Target Audit Committee	Planning commenced	Work in progress	Draft Issued	Completed	Grade
2020-21								
PKIJB 20-02	Corporate Support	To ensure that arrangements are in place for the delivery of appropriate corporate support functions for the Partnership and IJB.	September 2022	✓	✓	✓	✓	
2021/22								
PKIJB 21-02	Primary Care Improvement Plan	To provide assurance to the IJB over the arrangements in place for the implementation of the Primary Care Improvement Plan	April 2022	✓	✓	✓		



PERTH AND KINROSS INTEGRATION JOINT BOARD

AUDIT & PERFORMANCE COMMITTEE

26 SEPTEMBER 2022

APPOINTMENT OF EXTERNAL AUDIT 2022/23-2026/27

**Report by Head of Finance & Corporate Services
(Report No. G/22/147)**

PURPOSE OF REPORT

The purpose of this report is to update the Audit & Performance Committee on the appointment of Perth & Kinross Integration Joint Board's (IJB) External Auditors for 2022/23 – 2026/27.

1. BACKGROUND

- 1.1** In April 2016, following a tendering exercise for the five-year cycle 2016/17 to 2020/21, the Accounts Commission confirmed that KPMG had been appointed as external auditors of the Perth & Kinross IJB.
- 1.2** Due to Covid-19 disruption to public bodies and to auditors of the public sector, the Auditor General for Scotland and the Accounts Commission for Scotland confirmed in 2020 an intention to extend audit appointments by one year. This extension meant that KPMG would remain the auditor for Perth and Kinross IJB through the 2021/22 audit.

2. NEXT STEPS

- 2.1** The Auditor General and Accounts Commission completed an audit tender exercise earlier in 2022. Six firms were secured to conduct audits alongside Audit Scotland.
- 2.2** Audit Scotland have now confirmed that the auditor for Perth and Kinross IJB for the audits of 2022/23 to 2026/27 will be Audit Scotland.

3. RECOMMENDATION

It is recommended that the Audit and Performance Committee:

- Note the appointment of Audit Scotland as the IJB's external auditor for 2022/23 to 2026/27.

Author(s)

Name	Designation	Contact Details
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PERTH AND KINROSS INTEGRATION JOINT BOARD

AUDIT & PERFORMANCE COMMITTEE

26 SEPTEMBER 2022

ANNUAL ACCOUNTS 2021/22

**Report by Head of Finance and Corporate Services
(Report No. G/22/148)**

PURPOSE OF REPORT

This report presents the IJB's Audited Annual Accounts for the period to 31 March 2022 to the Audit & Performance Committee for approval.

1. BACKGROUND

On 27 June 2022 the Integration Joint Board approved the Unaudited Annual Accounts for 2021/22. The Unaudited Annual Accounts for 2021/22 were then submitted to Audit Scotland on 30 June 2022. The Annual Accounts were prepared in accordance with the 2021 CIPFA Code of Practice on Local Authority Accounting ('the code'). These accounts also comply with the Local Authority Accounts (Scotland) Regulations 2014. The Unaudited Annual Accounts were available for public inspection between 1 July 2022 and 21 July 2022 (inclusive). KPMG, the IJB's external auditors, received no objections during this period.

2. ANNUAL ACCOUNTS 2021/22

The audit of the Annual Accounts took place between July and August 2022 during which time KPMG considered whether the Annual Accounts 2021/22:-

- Gave a true and fair view in accordance with applicable law and the 2021 Code of the state of the affairs of the IJB as at 31 March 2022 and of its income and expenditure of the IJB for the year then ended;
- Had been properly prepared in accordance with IFRSs as adopted by the European Union, as interpreted and adapted by the 2021 Code;
- Had been prepared in accordance with the requirements of the Local Government (Scotland) Act 1973, The Local Authority Accounts (Scotland) Regulations 2014, and the Local Government in Scotland Act 2003.

KPMG's findings are set out in the Annual Audit Report to members and the Controller of Audit provided to the Audit and Performance Committee at Appendix 1. The key messages from the 2021/22 audit are set out at within the Executive Summary at Page 3 and are summarised as follows: -

- KPMG expect to issue an unqualified audit opinion on the annual accounts of Perth and Kinross Integration Joint Board following their approval by the IJB;
- KPMG had no matters to highlight in respect of adjusted audit differences or their independence;
- KPMG concur with management's assessment that the entity remains a going concern for the 12 month period from September 2022;
- The underspend of £1.569M for the year means there is no additional contributions required by either partner body;
- Partners continue to be bound to cover overspends for which they have operational responsibility and this is expected to continue;
- KPMG consider the IJBs arrangements regarding financial management to be effective;
- The IJB's arrangements for assessing and reporting on the impact of COVID-19 was considered appropriate;
- KPMG repeated concerns around the lack of a proportional financial risk sharing agreement;
- The IJB has appropriate governance arrangements in place that support the scrutiny of decisions by the Board.

The Audited Accounts are attached to this report at Appendix 2.
The Audit and Performance Committee are asked to approve the letter of Representation for signature by the Head of Finance & Corporate Services.

3. ANNUAL GOVERNANCE STATEMENT 2021/22

Further work has been undertaken since approval of the Draft Annual Governance Statement (AGS) by this Committee in June 2022 has identified two further actions that will improve the governance arrangements in the following areas:

- Equalities Public Duty
- Directions Policy

The amendments were submitted to KPMG and were included in the external audit.

4. CONCLUSION AND RECOMMENDATIONS

It is recommended that the Audit & Performance Committee:

- Note the contents of KPMG's Annual Audit Report to Members of Perth & Kinross IJB and the Controller of Audit on the 2021/22 Audit;
- Approve the Audited Annual Accounts for 2021/22;

- Approve the Letter of Representation for signature by the Head of Finance and Corporate Services.

Author(s)

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

Appendices

1. Annual Audit Report to the Members of Perth and Kinross Integration Joint Board and the Controller of Audit
2. 2021/22 Audited Annual Accounts
3. Letter of Representation



Perth and Kinross Integration Joint Board

Annual Audit Report to the Members of Perth and Kinross Integration Joint Board and the Controller of Audit
for the year ended 31 March 2022

DRAFT 26 September 2022

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Draft

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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 ("the IJB") 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 introduction and responsibilities sections 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.

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 the IJB, 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, by telephoning 0131 527 6682 or email 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.



Audit conclusions

We expect to issue an unqualified audit opinion on the annual accounts of Perth and Kinross Integration Joint Board ("the IJB") following their approval by the IJB on 26 September 2022.

We identified two significant risks in the audit of the IJB, which relate to fraud risk from management override of controls and fraud risk from revenue and expenditure recognition, (the latter of which was rebutted). As documented on pages ten and 11, we have concluded satisfactorily in respect of the significant risks and audit focus areas identified in the audit strategy document.

We concurred with management's assessment that the entity remains a going concern for the 12 month period from September 2022, in compliance with the statutory requirement to prepare accounts on a going concern basis.

The annual accounts were received at the start of the audit fieldwork. We have no matters to highlight in respect of adjusted audit differences or our independence.

Financial position

The IJBs final operational outturn is an underspend against budget of £1.569 million for the year. This is split between a Health Services underspend of £0.829 m and Social Care underspend of £0.740 million. The IJB increased its reserves from £13.9 million to £33.2 million as a result of a surplus on provision of services of £13.9 million for the 2022 financial. This surplus arose as a result of underspends, and additional Covid-19 related funding.

This year the underspend delivered by the IJB means there is no additional contributions required by either partner body, and partners continue to be bound to cover overspends for which they have operational responsibility, and this is expected to continue.

Financial management and financial sustainability

As in the prior year, due to underspends, Scottish Government funding and unspent Covid-19 funding, there is a surplus on the provision of services available for future use.

The IJB faces ongoing financial pressures due to salary costs, price pressures and unknown future demand for services (including demand from Covid-19). We remain satisfied that the IJB is a going concern as a result of the integration scheme and the financial sustainability of the partners.

The Board approved of an initial one year budget for 2022/23 and the development of a three year financial plan at the end of 2021-22 which will help the IJB plan for future pressures, and will enable management to have valuable conversations when discussing future budget settlements. We consider the arrangements regarding financial management are effective.

The IJB's arrangements for assessing and reporting on the impact of COVID-19 is considered appropriate.

We also repeated concerns around the lack of a proportional financial risk sharing agreement which would support continued integration of services.

Governance and Transparency, and Value for money

The IJB has appropriate governance arrangements in place that support the scrutiny of decisions by the board.

The annual performance report shows the IJB performing broadly favourably when compared to the Scottish average and that of its peer group.

Scope and responsibilities

Purpose of this report

The Accounts Commission has appointed KPMG LLP as auditor of Perth and Kinross Integration Joint Board ("the IJB") under part VII of the Local Government (Scotland) Act 1973 ("the Act"). The period of appointment is 2016-17 to 2021-22, inclusive. Our engagement was extended by Audit Scotland to 2021-22 in order to mitigate any potential impact of COVID-19 on the process for the next period of appointment.

Our annual audit report is designed to summarise our opinions and conclusions on significant issues arising from our audit. It is addressed to both those charged with governance at the IJB and the Controller of Audit. The scope and nature of our audit are set out in our audit strategy document which was presented to the Audit and Performance Committee on 7 March 2022.

Audit Scotland's Code of Audit Practice ("the Code") sets out the wider dimensions of public sector audit which involves not only the audit of the financial statements but also consideration areas such as financial performance and corporate governance.

Accountable officer responsibilities

The Code sets out the IJB's responsibilities in respect of:

- corporate governance;
- financial statements and related reports;
- standards of conduct for prevention and detection of fraud and error;
- financial position; and
- Best Value.

Auditor responsibilities

This report reflects our overall responsibility to carry out an audit in accordance with our statutory responsibilities under the Act and in accordance with International Standards on Auditing (UK) ("ISAs") issued by the Financial Reporting Council and the Code. Appendix one sets out how we have met each of the responsibilities set out in the Code.

Scope

An audit of the financial statements is not designed to identify all matters that may be relevant to those charged with governance.

Weaknesses or risks identified are only those which have come to our attention during our 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.

Under the requirements of ISA 260 *Communication with those charged with governance*, we are required to communicate audit matters arising from the audit of financial statements to those charged with governance of an entity.

This report to those charged with governance and our presentation to the Audit and Performance Committee, together with previous reports to the audit and performance committee throughout the year, discharges the requirements of ISA 260.

Financial position

Overview

The Public Bodies (Joint Working) (Scotland) Act 2014 specifies that integration joint boards should be treated as if they were bodies falling within section 106 of the Local Government (Scotland) Act 1973. The financial statements of the IJB should therefore be prepared in accordance with the 1973 Act and the 2021-22 Code of Practice on Local Authority Accounting in the United Kingdom (“the CIPFA Code”).

The Board is responsible for the strategic planning and delivery of health and adult social care services in Perth and Kinross. The Integration Scheme sets out those services the Board has delegated responsibility for, which includes ‘hosted’ services which are provided by the IJB on behalf of the other integration joint boards in the Tayside region, Dundee City and Angus.

IJB financial management overview

The IJB budget process usually begins in September each year with final presented to the Board for approval by March in advance of the financial year. Delegated baseline budgets for 2021-22 were compared to actual expenditure in previous years in order to build up the budget. Detailed forecasts have been prepared of anticipated salary, price and demand pressures along with the cost of meeting legislative changes and planned service developments.

The 2021-22 budget was set in March 2021 based on the understanding that the huge uncertainty over Covid-19 would be funded by additional income. This budget set out a very early indication of the expected COVID-19 expenditure and the Scottish Government funding to be received.

In respect of the 2021-22 budget setting process, the IJB participated in the Perth and Kinross Council (“the Council”) budget process in order to commence early discussion over funding and anticipated expenditure pressures. NHS Tayside (“NHST”) set an independent budget with funding implications managed by the IJB within the scope of the integration scheme.

Legislation empowers the Board to hold reserves. The integration scheme and the reserves strategy set out the arrangements between the partners for addressing and financing any overspends or underspends. Financial management is discussed further on page 15.

Funding contributions from Perth and Kinross Council £65.5 million (PY £56.7 million)	Funding contributions from NHS Tayside £199.1 million (PY £186.9million)	Gross expenditure £230.8 million (PY £245.2 million)	Surplus on provision of services £19.3 million (PY 12.7 million)
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The IJB's budget, published on 31 March 2021 forecasted a £3.5 million overspend on delivery of services. Despite the challenging year faced, the IJB reported an underspend of £1.6 million against budget, which did not include the additional funding received for COVID-19. Further details of the underspends and additional income are included on page 6.

COVID-19 grants exceeded expenditure on a cumulative basis at 31 March 2022 by £15.4million, and are held as reserves for future years.

The prior year reserves generated through historic surpluses have been increased through the current year surplus of £19.3 million. As detailed on page 17, the available reserves of £33.2 million are retained for application against spending commitments. Management have earmarked these reserves for 2022-23, and is discussed further on page 17.

The Board does not have any fixed assets, nor does it directly incur expenditure or employ staff. The Chief Officer and the Chief Financial Officer are appointed officers of the IJB but are remunerated through the partner bodies. All funding and expenditure is delegated to the partner organisations and is recorded in the partner organisation's accounting records.

Financial position (continued)

2021-22 financial position

The annual accounts are prepared on a going concern basis. A surplus of £19.3 million was reported in the final outturn in June 2022 for the year ended 31 March 2022.

The outturn in 2021-22 was a underspend of £1.6 million which was an improvement when compared to the original budget deficit of £3.5 million. This is due to a variety of underspends that occurred during the year, and did not include Covid-19 related grants or funding.

Against social care services, where operational responsibility remains with the Council, actions from the financial plan and services unable to be delivered due to COVID-19 have offset this at the year end, resulting in an underspend of £2.5 million being reported.

Health services, where operational responsibility remains with NHS Tayside, delivered a £2.6 million underspend on budget.

The health underspend is made up of the following significant variances:

- Unanticipated level of rebates and underspend within prescribing £0.8 million.
- Underspend on staff costs of £0.5 million.
- Unplanned achieved savings met by COVID-19 funding of £1.4 spend which was offset by £0.2 million spend on inpatient mental health community investment.

Social care services, delivered a £2.5 million underspend on budget. The significant movements related to:

- Additional Scottish Government Living Wage funding of £0.9m.
- Additional funding allocation from Scottish Government of £1.0m for the Health and Social Care transformation programme.
- Reduced activity for some adult services leading to an unanticipated level of underspend of £0.4m.
- Planned investment underspend of £0.2m.

Expenditure	2021-22 Financial plan position over/(under) (£m)	2021-22 Year end out-turn over/(under) (£m)	Movement from plan Over/(under) (£m)
Health	1.749	(0.829)	(2.578)
Social Care	1.738	(0.740)	(2.478)
Sub-total	3.487	(1.569)	(5.056)
PKIJB reserve	(3.487)	1.569	5.056

Source: Unaudited annual accounts 2021-22

Comprehensive income and expenditure statement

As noted previously, the integration scheme set out some services that are devolved to an IJB ("hosted services"), rather than split it across the three IJBs; Perth and Kinross, Dundee and Angus, for which it partners. This results in differences between the budget that management and members receive, which show the hosted services the IJB are responsible for, and the comprehensive income and expenditure statement ("CIES"). The two therefore are not directly comparable, and the hosted services explain the significant differences between the two.

Financial position (continued)

Related party transactions

NHS Tayside receives the recurring baseline budget on behalf of the IJB and expenditure is drawn down through NHS Tayside. As PKC uses the baseline budget to deliver services, it invoices NHS Tayside directly for the services.

In total in the year there was a £22.1 million payment from NHS Tayside to PKC, this is included and explained within Note 8: Related Party Transactions. This relates to funding NHS Tayside receives from the Scottish Government being redirected to Perth and Kinross Council for delivery of some social care services.

In line with other IJBs nationally, there is a requirement to recognise funding from partners, and to recognise its commissioning expenditure, in order to disclose the gross cost of providing services. The related parties note details this gross cost of providing services, and gross income received from partners.

Balance sheet

The £33.2 million debtors balance at the year end increased as a result of significant additional Scottish Government COVID-19 funding and significant financial control by management. IJB 'cash' is held by the partner organisations due to the IJB not having a bank account, leading to a creditor to the IJB in the Partners' Balance Sheet. The debtor balance is split with £26.9 million allocated to NHS Tayside (PY £11.0 million) and £6.3 million to the Council (PY £2.9 million).

The debtor balance to Perth and Kinross Council is the total income less total expenditure with the Council, as adjusted on an accounting basis. These funds, in line with the current scheme of integration, will support social care activities going forward.

The increase in reserves at 31 March 2022 compared to the prior year is due to significant late allocation of non recurring funding from Scottish Government and underspend due to difficulty recruiting additional staff.

Balance sheet	2021-22 £000	2020-21 £000
Short term debtors	33,249	13,900
Net assets	33,249	13,900
Usable reserve : General fund	(33,249)	(13,900)
Total reserves	(33,249)	(13,900)

Source: Unaudited annual accounts 2021-22

Audit opinion

Following approval of the annual accounts by the IJB Board, we expect to issue an unqualified opinion on the truth and fairness of the state of the IJB's affairs as at 31 March 2022, and of the surplus for the year then ended.

There are no matters identified on which we are required to report by exception.

Financial reporting framework, legislation and other reporting requirements

The IJB is required to prepare its annual accounts in accordance with International Financial Reporting Standards, as interpreted and adapted by the Code of Practice on Local Authority Accounting in the United Kingdom 2021-22 and in accordance with the Local Authority Accounts (Scotland) Regulations 2014. Our audit confirmed that the financial statements have been prepared in accordance with the CIPFA Code and relevant legislation.

Statutory reports

We have not identified any circumstances to notify the Controller of Audit that indicate a statutory report may be required.

Other communications

We did not encounter any significant difficulties during the audit. There were no other significant matters arising from the audit that were discussed, or subject to correspondence with management that have not been included within this report. There are no other matters arising from the audit, that, in our professional judgement, are significant to the oversight of the financial reporting process.

Audit misstatements

There were no misstatements identified during the audit.

Written representations

Our representation letter did not include any additional representations to those that are standard as required for our audit.

Materiality and summary of risk areas

Materiality

We summarised our approach to materiality in our audit strategy document. On receipt of the financial statements and following completion of audit testing we reviewed our materiality levels and concluded that the level of materiality set at planning was still relevant.

We used a materiality of £2.3 million for the IJB's financial statements. This equates to approximately 1% of gross expenditure. We designed our procedures to detect errors in specific accounts at a lower level of precision than our materiality. For the IJB, our performance materiality was £1.7 million. We report all misstatements greater than £100,000.

Forming our opinions and conclusions

In gathering the evidence for the above opinions and conclusions we:

- performed substantive procedures to ensure that key risks to the annual accounts have been covered;
- communicated with the Chief Internal Auditor, who provides internal audit support to the IJB, and reviewed internal audit reports as issued to the Audit and Performance Committee to ensure all key risk areas which may be viewed to have an impact on the annual accounts had been considered;
- reviewed estimates and accounting judgments made by management and considered these for appropriateness;
- considered the potential effect of fraud on the annual accounts through discussions with senior management and internal audit to gain a better understanding of the work performed in relation to the prevention and detection of fraud; and
- attended Audit and Performance Committee meetings to communicate our findings to those charged with governance, and to update our understanding of the key governance processes.

Financial statements preparation

Draft financial statements were published online in line with Section 195 of Local Government (Scotland) Act 1973, this included the management commentary and annual governance statement. In advance of our audit fieldwork we issued a 'prepared by management' request setting out a list of required analyses and supporting documentation. We received working papers of good quality, and signed complete draft financial statements were provided on 27 June 2022.

We recognise the significant efforts of the finance team given the ongoing pressures to deliver a set of accounts with no identified misstatements to us in accordance with the normal timeframes. The finance team were retasked with additional responsibility in respect of additional financial reporting requirements, workforce planning and third party sustainability payment administration. In this context, this represents a significant achievement.

Significant risks and other focus areas in relation to the audit of the financial statements

We summarise below the risks of material misstatement as reported within the audit strategy document.

Significant risks (page ten of this report):

- management override of controls fraud risk.

Other focus areas (page 11 of this report):

- completeness and accuracy of expenditure; and
- financial sustainability (also a wider scope area).

Wider scope areas (page 14 of this report):

- financial sustainability;
- financial management;
- value for money; and
- governance and transparency.

Significant risks

Significant risk	Our Response	Audit conclusion
Fraud risk from management override of controls Professional standards (ISA 240 The Auditor's responsibilities relating to fraud in an audit of financial statements) require us to communicate the presumed 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.	<ul style="list-style-type: none"> 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 organization's normal course of business, or are otherwise unusual. 	<i>Our work did not identify any control overrides, or matters that required adjustment in the annual accounts or which require to be brought to attention.</i>
Fraud risk from income revenue recognition and expenditure (rebutted) Professional standards (ISA 240 and Practice Note 10 ("PN10")) 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.	<ul style="list-style-type: none"> The Board receives funding through requisitions to 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 issues directions to Perth and Kinross Council and NHS Tayside in order to direct those bodies to deliver services delegated by the Board. The Board make 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. 	<i>Our conclusion is that income and expenditure is appropriately stated, in line with the CIPFA Code.</i>

We set out above the significant risks identified in the audit, together with our conclusion. The audit opinion within the annual accounts includes a reference to the most significant assessed risks of material misstatement, which is the significant risk included in this annual audit report. This annual audit report does not constitute our audit opinion; the opinion is included within the annual accounts.

Other focus areas

Other focus area	Our response	Audit conclusion
Financing focus area		
<p>Completeness and accuracy of expenditure</p> <p>The Board receives expenditure forecasts from Perth and Kinross Council and NHS Tayside as part of the annual budgeting process. There is a risk that actual expenditure and resulting funding requisition income is not correctly captured.</p>	<p>— Our substantive audit will obtain support for gross expenditure included in Perth and Kinross Council and NHS Tayside's accounting records. We obtained confirmations of expenditure from each of these bodies, including ledger confirmations of each of the disclosed services as detailed in the CIES.</p>	<p><i>We have concluded that that expenditure is appropriately recognized.</i></p> <p><i>No exceptions were identified in respect of expenditure testing and testing of high risk expenditure journals.</i></p> <p><i>Our testing of this exercise did not identify errors in expenditure.</i></p>
<p>Financial sustainability</p> <p>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.</p>	<p>— The Board receives funding from NHS Tayside and Perth and Kinross Council, as part of an Integration Scheme. This scheme stipulates that any overspends by the Board will 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 with regards to overspends, however, there is a risk going forward regarding ongoing budget balance, specifically in the context of both COVID-19 and challenging NHS and Council budgets.</p> <p>— We have considered the Board's financial planning, reserves strategy, and Board's use of reserves, concluding on the appropriateness of these in our annual audit report.</p> <p>— See page 17 for further information regarding the financial sustainability wider scope.</p>	<p><i>We consider that the IJB is financially sustainable. The IJB has detailed plans in place over the medium term to consider how services will be provided in future years. These take into consideration known and expected budget pressures. These have been completed in even greater detail in 2021-22 due to the re-mobilisation plan in line with Scottish government requirements and priorities.</i></p> <p><i>During the 2022 financial year, a three year financial plan for 2022/23 to 2024/25 has been developed from financial frameworks underpinning the IJB's strategic delivery plans.</i></p>

Management reporting in financial statements

Report	Summary observations	Audit conclusion
Management commentary	<p>The Local Authority Accounts (Scotland) Regulations 2014 require the inclusion of a management commentary within the annual accounts, similar to the Companies Act requirements for listed entity financial statements. The requirements are outlined in the Local Government finance circular 5/2015.</p> <p>We consider the annual governance statement to ensure compliance with the Local Government finance circular 10/2020 which updated the requirements in response to the COVID-19 pandemic.</p> <p>We are required to read the management commentary and express an opinion as to whether it is consistent with the information provided in the annual accounts.</p> <p>We also review the contents of the management commentary against the guidance contained in the CIPFA template IJB accounts.</p>	<p><i>The information contained within the management commentary is consistent with the annual accounts.</i></p> <p><i>We reviewed the contents of the management commentary against the guidance contained in the Local Government finance circular 5/2015, and 10/2020 and are content with the proposed report.</i></p>
Remuneration report	<p>The remuneration report was included within the unaudited annual accounts and supporting reports and working papers were provided.</p>	<p><i>The information contained within the remuneration report is consistent with the underlying records and the annual accounts and all required disclosures have been made in line with the 2014 regulations.</i></p> <p><i>Our independent auditor's report confirms that the part of the remuneration report subject to audit has been properly prepared.</i></p>
Annual governance statement	<p>The statement for 2021-22 outlines the corporate governance and risk management arrangements in operation in the financial year. It provides detail on the IJB's governance framework, review of effectiveness, continuous improvement agenda, and analyses the efficiency and effectiveness of these elements of the framework.</p> <p>We consider the annual governance statement to ensure that management's disclosure is consistent with the annual accounts, and that management have disclosed that which is required under the delivering good governance in local government framework.</p> <p>We considered whether the annual governance statements adequately described the changes arising in governance as a result of the COVID-19 pandemic.</p>	<p><i>We consider the governance framework and revised annual governance statement to be appropriate for the IJB and that it is in accordance with guidance and reflects our understanding of the IJB.</i></p> <p><i>We were satisfied with the proposed disclosure over the governance arrangements.</i></p>

Qualitative aspects and future developments

Qualitative aspects

ISA 260 requires us to report to those charged with governance our views about significant qualitative aspects of the Council's accounting practices, including accounting policies, accounting estimates and financial statement disclosures.

We consider the accounting policies adopted by the Council to be appropriate. There are no significant accounting practices which depart from what is acceptable under IFRS or the CIPFA Code.

There were no accounting estimates identified as part of our audit.

Financial statement disclosures were considered against requirements of the CIPFA Code, relevant legislation and IFRS. No departures from these requirements were identified.

Future accounting and audit developments

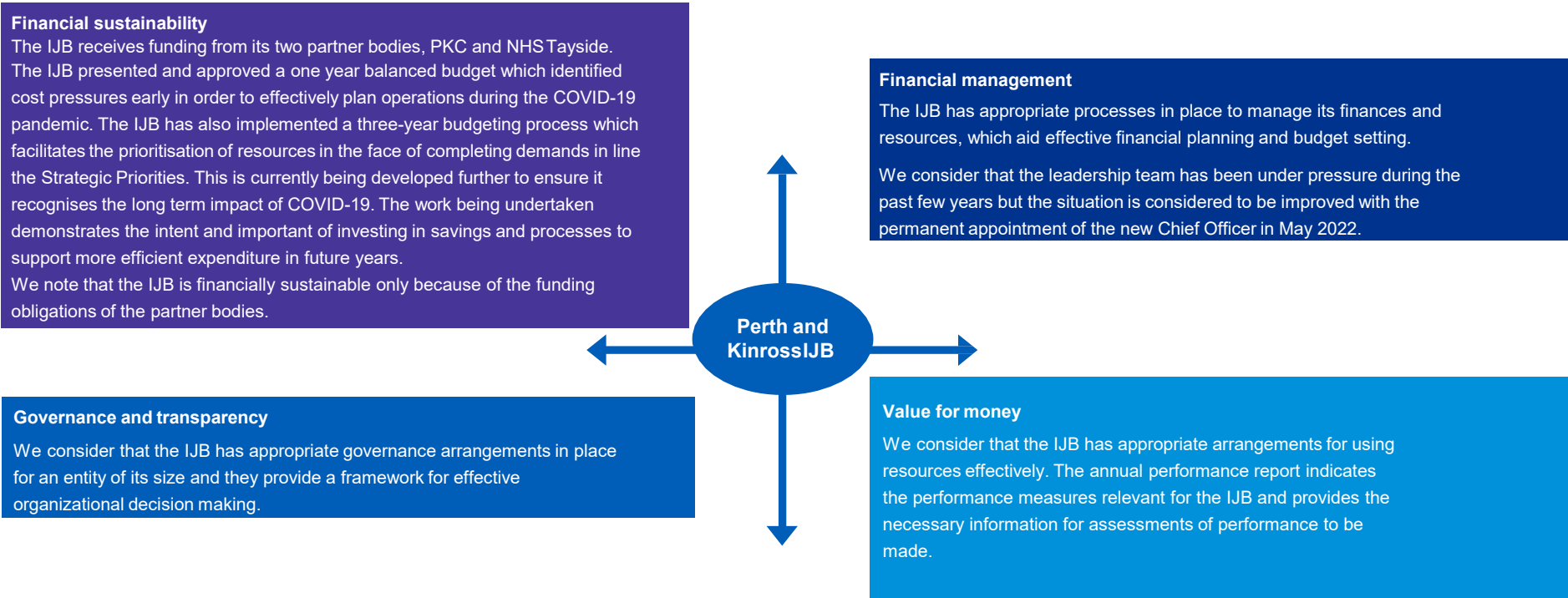
There are no significant future accounting or audit developments relating to the financial statements of the IJB.

Audit dimensions introduction and conclusions

The Code of Audit Practice sets out four audit dimensions which, alongside Best Value in the local government sector, set a common framework for all the audit work conducted for the Controller of Audit and for the Accounts Commission: financial sustainability; financial management; governance and transparency; and value for money.

It remains the responsibility of the audited body to ensure that it has proper arrangements across each of these audit dimensions. These arrangements should be appropriate to the nature of the audited body and the services and functions that it has been created to deliver. We review and come to a conclusion on these proper arrangements.

During our work on the audit dimensions we considered the work carried out by other scrutiny bodies to ensure our work meets the proportionate and integrated principles contained within the Code of Audit Practice.



Financial management

Financial management is concerned with financial capacity, sound budgetary processes and whether the control environment and internal controls are operating effectively.

Budget setting process

Management continue to work with the partner bodies to discuss, develop and set an achievable budget, identifying pressures in order to manage overspends and appropriate utilisation of reserves. The current financial situation of the IJB is stable. Refer page 17.

Budgetary reporting

The IJB's financial management comes under a reasonable degree of scrutiny, with budgets monitored at IJB, local authority and NHS level.

The IJB produces finance updates which are taken to both the Board and the Audit and Performance Committee ("APC"). Management aims to report the financial position to the IJB at each meeting throughout the financial year. This contains sufficiently detailed information to allow members to understand budget variances, and to respond to issues.

In line with best practice, management have presented a finance update to all Board meetings.

Budget outturn and 2021-22 performance is discussed further on page five and six.

Financial recovery plan

The integration scheme requires that where overspends are identified, management prepare a deficit recovery/action plan to be approved by the Board prior to any actions implemented. Management prepared the financial recovery plan ("FRP") in order to demonstrate a response to this requirement.

There was no financial overspend in 2021-22 in either the IJB's social care activities nor health care activities, which represents ongoing efforts by management to manage finances. In addition, significant funds were received from the Scottish Government in order to meet the needs of the community during the COVID-19 pandemic. Unused funds have been recognised as earmarked reserves as at the end of the financial period. There was operational underspend in the Health Reserves Fund (£2.6 million) and Social Care Operations (£2.5million).

Financial regulations

The IJB has standing financial regulations which determine how spend can be authorized. The highest budget virement that can be approved by the Chief Officer is £10,000, with anything above that level having to go through the Board, which conducts its meetings in public. We consider this to be an appropriate level for escalation.

The Chief Financial Officer is responsible for ensuring that appropriate financial services are available to the IJB and the Chief Officer.

Financial management

Capacity and service transformation

The section 95 officer of the IJB is the Head of Finance and Corporate Services, who has appropriate status within the IJB and access to the partner chief executive officers and Board members.

In 2018-19, we reported that the Chief Officer would review the current leadership and management arrangements to support ongoing and improved integration between the IJB and its partner bodies. We confirmed that this review had not been completed due to the operational impact of the COVID 19 pandemic and progress is ongoing. J Pepper was appointed to the position of interim chief officer on 7 March 2022, with this position being made permanent from 3 May 2022.

The integrated finance function consists of the Head of Finance and Corporate Services who has oversight of financial management resources transferred by NHS Tayside and Perth and Kinross Council. In addition, NHS Tayside provide financial support for specific service areas such as Prescribing, and Primary Care. The Partnership Finance Manager provides significant support to the day to day financial management and control within the IJB. The IJB continues, through redesigning care, to analyse service expenditure in order to identify savings and efficiencies.

With increasing demand on senior officers time and resources, management should undertake reviews such as this to ensure that required resources to deliver integrated services are fully identified and sourced.

Arrangements for the prevention and detection of fraud

We have responsibility for reviewing the arrangements put in place by management for the prevention and detection of fraud. We reviewed the IJB's arrangements including policies and codes of conduct for council staff and elected members, whistleblowing, fraud prevention and fraud response plan.

We considered the arrangements in place for the prevention and detection of fraud to be adequate.

COVID-19 impact assessment

The worldwide COVID-19 pandemic has understandably had an impact on a wide ranging number of topics across the globe. As part of our wider scope reporting in respect of the IJB, we considered the impact on governance and financial sustainability.

As part of its response to COVID-19 pressures, the IJB participated in regular reporting to the Scottish Government detailing financial pressures. This covered both health and social care, being reported via NHS Tayside. The IJB was also required to complete a one year workforce plan for submission to the Scottish Government. This was a valuable undertaking and Management considered this process to be robust. The IJB also completed regular financial reporting in respect of Re-Mobilisation plans, planning the necessary actions to react to the impact of the pandemic, identifying new approaches to service delivery, redeploying staff and capturing additional costs.

Conclusion

The IJB has developed a three year budget covering 2022-23 to 2024-25 on a balanced basis. This short term forecasting recognises the extreme level of planning uncertainty and the impact of rising costs and wider economic uncertainty.

Overall financial capacity is appropriate for the purposes of delivering services and day to day management.

Financial sustainability

Financial sustainability looks forward to the medium and longer term to consider whether the IJB is planning effectively to continue to deliver its services. This is inherently a risk to the IJB given the challenging environment where funding is reduced in real terms and efficiency savings are required.

In assessing financial sustainability we consider whether the IJB is able to balance budgets in the short term and whether longer term financial pressures are understood and are planned for, as evidenced by the IJB's financial strategies and plans.

Budgets and financial position

The impact of COVID-19 has had a significant impact on budgets and resources over the past two years and such impact is expected to continue in the "post COVID-19" period. Management continue to refresh their recovery plans and budgets to allow for medium term financial forecasting which enables best allocation and utilisation of resources in accordance with strategic objectives.

2022-23 budget process

At the end of March 2022, the IJB approved the 2022/23 budget and indicative budgets for years 2023/24 and 2024/25. The three year budget setting process included consideration of the strategic delivery plans as well as additional funding from the Scottish Government. The financial plan has included considerations for pay and price pressures, essential investment requirements and savings opportunities across all areas of the budget.

Reserves strategy

During the 2022 financial year, there has been a significant increase in reserves. In March 2022, £16.728 million was provided to the IJB from Scottish Government to be earmarked for additional COVID-19 costs. Of this, £15.366 million remains within an earmarked COVID-19 reserve.

The IJB reserves balance at 31 March 2022 was £33.249 million and of this amount, £28.843 million has been earmarked to meet Scottish Government objectives, local priorities and to balance the plan for the 2022/23 financial year. The unearmarked reserves balance equates to 2% and enables the IJB to meet its Reserves policy that sets a level of contingency general reserve at 2% of the IJB net expenditure.

On 12 September 2022, the IJB received an 'update on covid reserves' from Scottish Government which cited an intention to reclaim surplus Covid reserves from IJBs and expectation that they are utilised in full in 2022-23. We understand that there are ongoing discussions with Scottish Government regarding the potential return of funding. We consider that a return of funding would need to be considered in terms of the accounting presentation in 2022-23 should a payment be made and the governance / IJB approval that may be required in respect of that payment.

Recommendation three

Financial sustainability (continued)

Risk sharing

The integration scheme sets out the process to be followed should the IJB overspend against the agreed budget. The Chief Officer and Chief Financial Officer are expected to manage the budget to ensure that there are no overspends. Where an unexpected overspend is likely the Chief Financial Officer should agree corrective action to mitigate the overspend. Where this does not resolve the gap, agreement must be made between the partner bodies, in conjunction with the executive team, to agree a recovery plan to balance the budget.

Where this is unsuccessful and the IJB overspends at the year end, uncommitted reserves are applied to any overspend firstly and the remaining overspend is either met by an additional one-off payment from a partner. The integration scheme provides that for the first two years of financial operation (2017-18 and 2018-19) any overspend is met by the partner with operational responsibility.

From the third year (2019-20) onwards, the integration scheme states that any overspend may be allocated based on each partner's proportionate contribution to the IJB, and this suggests formal agreement between the partners is required. A revised integration scheme was proposed at a board meeting on 22 June 2022. Detailed consultations were held during May and June 2022 to develop the revised integration scheme.

An alternative risk sharing arrangement is still to be concluded by the parties. We reaffirm the importance of a proportionate arrangement to encourage efficient and effective integrated service delivery and as a minimum recommend formal agreement of the approach to risk sharing. The goal of integration is to deliver seamless and supported services to stakeholders, driven by partner commitment to drive value for money throughout the stakeholders journey. This recommendation is re-iterated despite the £19.3 million underspend recognised in 2021-22.

Recommendation one

This arrangement gives the IJB comfort that overspends will ultimately be met by the partner bodies. We note that it does not motivate collaborative working between the three parties. For example, overspends in a council-funded area of service may be driven by increased "high outcome" activity which delivers reduced demand in an NHS-funded area of service, given the benefits of "preventative care".

Going Concern

The annual accounts are prepared on a going concern basis. Both partner bodies have identified their financial challenges and put in place savings plans. As appointed auditor to PKC we have reported positively on its financial management arrangements and its proactive monitoring of budgets and savings.

Management consider it appropriate to continue to adopt the going concern assumption for the preparation of the annual accounts, supported by factors including:

- The regulations governing the IJB include reference to the entity following appropriate accounting practice, which is the 2021-22 Code. This code states that the entity shall prepare accounts on a going concern basis
- The current integration scheme provides that all overspends shall ultimately be met by the partner bodies. Given that the positions of NHS Tayside and Perth and Kinross Council are also going concerns, management believe that the partner bodies have sufficient ability to meet any liability that falls due.

We consider that the Scottish Government is likely to continue to support NHS Tayside due to service users' needs, and the legislation is in place to ensure the Tayside region has an NHS health board. In light of this position, the strong management of resources and the commitment from the two partner organisations we concur with the going concern basis.

Financial sustainability (continued)

Financial sustainability

Management have provided four updates to Board members during the 2022 financial year, with a further update to be provided at the end of September. Reporting to members was in addition to the regular financial assessments submitted to the Scottish Government, which covered both Health and Social Care elements via NHS Tayside.

The costs in Social Care and Health service delivery for COVID-19 specific activities have been met by the Scottish Government and the IJB's expenditure reflects the additional costs incurred as a result of Covid-19. Throughout 2021-22, Perth and Kinross Council recognised pressures and costs highlighted by the IJB, and the IJB continue to work with the Council to plan and budget for these ongoing pressures.

As noted in the prior year, "inpatient mental health", operations reverted from the Chief Officer of the IJB to another Director within NHS Tayside. Overspends with respect to "inpatient mental health" have increased in recent years and we are aware of ongoing discussion regarding how operational overspends will be met going forward. To date by NHS Tayside. Clarity is important in order for the IJB to consider financial sustainability overall.

Governance arrangements

During the 2022 financial year, COVID-19 continued to impact the IJB's strategic plans and this resulted in risks and mitigation plans being updated on a regular basis. Systems, processes and controls in place enabled the IJB to be flexible in meeting service demands, while still following clear decision making and sound governance processes.

Virtual meetings continue to be used for effective and efficient meetings and decision making.

Conclusion

The 2021-22 budget was set in March 2021 based on the understanding that the uncertainty over Covid-19 would be funded by additional income. This budget set out a very early indication of the expected COVID-19 expenditure and the Scottish Government funding to be received.

There is also a three year comprehensive income and expenditure budget in development for 2023-26 which reflects management's intent to support medium term financial planning. This will allow the IJB to better facilitate the extra community demands and significant Scottish Government funding provided.

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.

Governance framework

The integration scheme arrangement between PKC and NHS Tayside sets out the key governance arrangements. The Board is responsible for establishing arrangements for ensuring the proper conduct of the affairs of the IJB and for monitoring the adequacy of these arrangements.

The Board and Audit and Performance Committee hold meetings on a regular basis throughout the year. We review minutes from each to assess their effectiveness. We also periodically attend meetings of the Audit and Performance Committee for the purpose of presenting our findings and statutory reports. From attendance at these meetings, we consider scrutiny to be effective. For 2021-22 all Board meetings were attended remotely by all participants.

The IJB used CIPFA Guidance: Delivering Good Governance in Local Government Framework to review its governance arrangements, and this included carrying out a self-assessment review of the IJB's governance arrangements. This provided assurance that key governance policies and arrangements are in place, and an improvement action was identified for any high or medium risk findings.

Membership

The Board comprises of 8 voting and 13 non-voting members. This has increased from 11 non-voting members in 2020-21 due to two proxy members being transferred to non-voting membership on 1 December 2021.

At 31 March 2022, the Board had six voting members and 13 non-voting members. Two non-executive voting member positions were vacant at 31 March 2022.

Member changes affect the Board's ability (through understanding and experience) and capacity, to fully scrutinise, challenge and support management. It also inherently takes time for members to fully understand the IJB and its activities.

Management ensures that new members are appropriately trained. We have not identified deficiencies in member scrutiny and challenge during the year and it is clear that members are aware that their role is challenging and they have a steep learning curve to ensure that they can fully deliver on their role. The IJB has a significant period of adjustment to meet the needs of the community in the aftermath of the pandemic and is facing significant cost and demand pressures moving forward. Members will need to make important decisions moving forward around the ambitions of the Strategic Commissioning Plan, in particular the future shape and scale of service delivery. In this context, member continuity and experience is important.

Internal audit

The IJB has an agreed Internal Audit Service from Perth & Kinross Council Internal Audit Services and Fife, Tayside and Forth Valley Internal Audit Services.

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

The Chief Internal Auditor concluded in the 2021-22 annual audit report that sufficient work was completed during the year, to enable them to conclude that reasonable assurance can be placed upon the adequacy and effectiveness of the Board's internal control system. We concurred with these findings and found no deficiencies.

Governance and transparency (continued)

Risk management

In 2016, the three IJBs within the Tayside area agreed a risk management strategy, in conjunction with their respective partner bodies. A strategic risk management framework and risk register were developed, which were considered at the Audit and Performance Committee in November 2018.

In 2020 a COVID-19 risk register was established to allow short-term prioritisation of Scottish Government funding. This specific risk register has now been amalgamated with the overall risk register as it has become clear that the IJB will be undertaking COVID-19 affected work for the foreseeable future..

System of internal control

Perth and Kinross Council and NHS Tayside are the partner bodies. All financial transactions of the IJB are processed through the financial systems of the partner bodies and are subject to the same controls and scrutiny as the Council and Health Board, including the work performed by internal audit.

Fraud

Arrangements are in place to ensure that suspected or alleged frauds or irregularities are investigated by one of the partner bodies internal audit sections. Since the Board does not directly employ staff, investigations will be carried out by the internal audit service of the partner body where any fraud or irregularity originates. NHS Tayside can also call on the expertise of Counter Fraud Services provided through NHS National Services Scotland.

Audit Scotland area of focus: Fraud and corruption in procurement

As part of our audit strategy we have carried out work in respect of fraud and corruption within procurement. We have discussed and reviewed the IJB's processes to manage the risk from its partner bodies.

Due to the nature of the IJB, it has no procurement function, instead relying on the procurement functions of its partner bodies to deliver the services delegated to it. KPMG applied the principles of the area of focus to the IJB in order to assess how the IJB obtains its own assurances that procurement contracts falling within the IJB's remit are sufficiently controlled in respect of fraud and corruption.

Management do not include the risk of fraud or corruption on the risk register, but will continue to assess the risk going forward. Management are in a position where by the internal audit functions of its partner bodies also provide assurance to the Chief Internal Auditor of the IJB. Going forward there is also an agreement with the internal auditors of the partner bodies that all internal audit work completed that was relevant to the operations of the IJB will be shared with the IJB Board.

As part of its annual process, the IJB obtain assurances from its partner bodies over their own processes and procedures. This assurance letter specifically covers the fraud and corruption risk that inherently exists in the partner bodies so that those charged with governance had assurance that partners had adequate systems and controls in place.

The IJB has obtained this assurance letter from both of the partner bodies that confirms their procurement practices are robust and mitigate fraud or corruption for 2021-22.

Conclusion

The IJB has effective scrutiny and governance arrangements, supported by joint internal audit staff from both partners, and with adequate focus on risk management. The IJB conducts its business in an open and transparent manner.

The arrangements in place to investigate and prevent fraud are appropriate.

Membership of the IJB remains unstable. Further changes to membership to voting members could significantly impair the IJB's ability to operate effectively.

Value for money

Value for money (“VfM”) is concerned with using resources effectively and continually improving services.

The Public Bodies (Joint Working) (Scotland) Act 2014 sets out a broad framework for creating integration authorities. This allowed boards a flexibility to enable them to develop integrated services that best suited local circumstances.

The integration scheme specifies the range of functions delegated by PKC and NHS Tayside to the IJB. The IJB is responsible for establishing effective arrangements for scrutinizing performance, monitoring progress towards their strategic objectives, and holding partners to account.

Performance indicators

As part of the IJB’s arrangements to consider value for money, management produce and present an annual performance report to the Board. The report links performance of the five IJB objectives against the nine national health and wellbeing outcomes as set out in the strategic commissioning plan.

The partnership objectives cover:

- prevention and early intervention;
- person-centred health, care and support;
- working together with our communities;
- reducing inequalities and unequal health; and
- making best use of available facilities, people.

The annual report highlights the strength and weaknesses of the IJB against historic performance, against Scotland overall and against the peer group or similar IJB areas. From a review of the annual performance report, the IJB is performing broadly favourably when compared to the Scottish average and that of the peer group.

Value for money in key decisions

The board considers and discusses difficult decisions throughout the year as appropriate. For example, the transformational change projects to prioritise. These are supported by options appraisals and business cases where appropriate.

Strategic and corporate planning

The Strategic Commissioning Plans Guidance published by the Scottish Government in 2015 sets out an expectation that developing and updating strategic plans should be part of an iterative, cyclical process. The IJB produced and approved a refreshed Strategic Commissioning Plan in 2019 that covers the period 2019-2022.

As part of the Scottish Government’s requirement for the IJB to report regularly on its Remobilisation Plan, management recognised the ability to link this plan to the Strategic Commissioning Plan’s (‘SCP’) objectives. As part of this, management have been able to report progress on both the SCP’s objectives and the Remobilisation Plan. Management report to public and members of the Board its progress on the SCP through its Annual Performance Report.

The plan aligns the Scottish Government’s nine national outcomes against the objectives of the IJB. The plan also highlights what residents of Perth and Kinross can expect from the refreshed plan.

The IJB has completed a three year workplan (2022-2025) which was issued to the Scottish Government at the end of July 2022. The proposal included the appointment of a programme manager to support implementation and delivery.

Recruitment challenges continue within Health and Social Care Sectors, while demand for services increases. Filling positions and attracting the right candidates with the appropriate skills is an ongoing challenge.

Recommendation two

Conclusion

Overall, we consider that the IJB has appropriate arrangements for using resources effectively and continually improving services.

The workforce plan was completed in the year and used by the Chief Officer to highlight key gaps in corporate capacity, and we are satisfied that management continue to work to resolve these gaps. We consider this work undertaken is important in order to ensure the effectiveness of the IJB and that officers are able to form strategic and corporate approaches for consideration by the IJB members.

Appendices

Appointed auditor's responsibilities

AREA	APPOINTED AUDITOR'S RESPONSIBILITIES	HOW WE HAVE MET OUR RESPONSIBILITIES
Statutory duties	Undertake statutory duties, and comply with professional engagement and ethical standards.	<i>Appendix two outlines our approach to independence.</i>
Financial statements and related reports	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, and remuneration report.	<i>Page eight summarises the opinions we have provided. Page 12 reports on the other information contained in the financial statements, covering the annual governance statement, management commentary and remuneration report</i>
Financial statements and related reports	Notify the Auditor General or Controller of Audit when circumstances indicate that a statutory report may be required.	<i>Reviewed and concluded on the effectiveness and appropriateness of arrangements and systems of internal control, including risk management, internal audit, financial, operational and compliance controls.</i>
Wider audit dimensions	Demonstrate compliance with the wider public audit scope by reviewing and providing judgements and conclusions on the audited bodies': <ul style="list-style-type: none"> - Effectiveness in the use of public money and assets; - Suitability and effectiveness of corporate governance arrangements; - Financial position and arrangements for securing financial sustainability; - Effectiveness of arrangements to achieve best value; and - Suitability of arrangements for preparing and publishing statutory performance information 	<i>We have set our conclusions over the audit dimensions on page 14.</i>

Auditor independence

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

Professional ethical standards require us to provide to you at the conclusion 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 the provision of non-audit services

Summary of fees

We have considered the fees charged by us to the entity for professional services provided by us during the reporting period.

Total fees charged by us for the period ending 31 March 2022 can be analysed as follows:	2021-22 £	2020-21 £
Audit of IJB financial statements	21,950	21,580
Total audit services	21,950	21,589
Non-audit services	-	-
Total	21,950	21,580

There were no non-audit services provided during the year to 31 March 2022.

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 IJB.

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 partner and audit staff is not impaired.








This report is intended solely for the information of the IJB 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

Required communications with the IJB Board

Type	Response
Our draft management representation letter	 We have not requested any specific representations in addition to those areas normally covered by our standard representation letter for the year ended 31 March 2022.
Adjusted audit differences	 There were no adjusted audit differences.
Unadjusted audit differences	 There were no unadjusted audit differences.
Related parties	 There were no significant matters that arose during the audit in connection with the entity's related parties.
Other matters warranting attention by the Audit and Performance Committee	 There were no matters to report arising from the audit that, in our professional judgment, are significant to the oversight of the financial reporting process.
Control deficiencies	 We did not test any internal controls during our audit, and therefore have no deficiencies to report. Management retain the responsibility for maintaining an effective system of internal control.
Actual or suspected fraud, noncompliance with laws or regulations or illegal acts	 No actual or suspected fraud involving group or component management, employees with significant roles in internal control, or where fraud results in a material misstatement in the financial statements were identified during the audit.

Type	Response
Significant difficulties	 No significant difficulties were encountered during the audit.
Modifications to auditor's report	 There were no modifications to the auditor's report.
Disagreements with management or scope limitations	 The engagement team had no disagreements with management and no scope limitations were imposed by management during the audit.
Other information	 No material inconsistencies were identified related to other information in the annual report, management commentary and annual governance statement. The management commentary is fair, balanced and comprehensive, and complies with the law.
Breaches of independence	 No matters to report. The engagement team have complied with relevant ethical requirements regarding independence.
Accounting practices	 Over the course of our audit, we have evaluated the appropriateness of the IJB's accounting policies, accounting estimates and financial statement disclosures. In general, we believe these are appropriate.
Key audit matters discussed or subject to correspondence with management	 The key audit matters (summarized on pages ten and 11) from the audit were discussed with management.

Recommendations

We follow up prior-year audit recommendations to determine whether these have been addressed by management. The table below summarised the recommendations made during the 2021-22 audit.

Grade	Number recommendations raised	Implemented	In progress	Overdue
Final	4	2	2	-

We have provided a summary of progress against 'in progress' actions below, and their current progress.

Finding(s) and risk(s)	Recommendation(s)	Agreed management actions
1. Risk sharing agreement	Grade one	
<p>We have inspected the proposed revised integration scheme provided to the board at a meeting In June 2022. There has been a positive move towards proportionate risk sharing, however, it was noted that paragraph 9.20 refers to "...the overspend may be shared in proportion to the spending direction for each party...".</p> <p>We consider that, as drafted, there remains a risk that the Board may be ultimately unable to recover overspends should the option to meet overspends proportionately between partners not be exercised. It is not clear what obligation individual partners have should that situation arise, whereas the current scheme obligates partners to meet overspends. This risk is further heightened by the matter raised on page 19 whereby any overspend in relation to "inpatient mental health" may be sought from the IJB in future periods.</p>	<p>We recommend that the wording of the paragraph relating to proportionate risk sharing be reviewed as the word "may" is not prescriptive and the alternative approach is not stipulated should this apparent option not be exercised/agreed by either partner.</p>	<p>Management response: The Head of Finance and Corporate Services will write to both statutory partners to highlight the concerns being raised by External Audit and will seek an amendment to the scheme.</p> <p>Responsible officer: Head of Finance and Corporate Services</p> <p>Implementation date: 30 September 2022</p>

Recommendations (continued)

Finding(s) and risk(s)	Recommendation(s)	Agreed management actions
2. Financial sustainability	Grade one	
On 12 September 2022, the IJB received an 'update on covid reserves' from Scottish Government which cited an intention to reclaim surplus Covid reserves from IJBs and expectation that they are utilised in full in 2022-23. We understand that there are ongoing discussions with Scottish Government regarding the potential return of funding.	We consider that a return of funding would need to be considered in terms of the accounting presentation in 2022-23 should a payment be made and the governance / IJB approval that may be required in respect of any payment.	Management response: Agreed Responsible officer: Head of Finance and Corporate Services Implementation date: 31 March 2023

Prior Year Recommendations

We follow up prior-year audit recommendations to determine whether these have been addressed by management. The table below summarises prior year recommendations and actions.

Finding(s) and risk(s)	Recommendation(s)	Agreed management actions	Status
1. Achievement of reserves strategy	Grade two		
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.	We recommended the IJB and its partners work towards developing a plan to achieve the reserves outlined in its strategy.	Management response: Agreed. To be developed in line with the three year financial plan in order to set out delivery of the reserves strategy aims. Responsible officer: Head of Finance and Corporate Services Implementation date: 31 March 2022	Implemented
2. Risk sharing agreement	Grade one		
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 2020-21, there has not yet been any agreement between partners on how any overspend may be shared and we understand discussions have been limited.	We recommend that partners are requested formally to agree the approach for overspends on an annual basis. Consistency of approach, and consideration of third party guidance should be included as part of the agreement.	Management response: A review of the full integration scheme is underway, and we will continue to assess changes and proposals from partners. Responsible officer: Chief Officer Implementation date: 31 March 2022	Partially Implemented A proposed revised integration scheme was presented to the board in June 2022. See current year recommendation one.
3. Strategic and corporate planning capacity	Grade three		
There is a need to address the findings in the workforce plan which includes filling posts where clear 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 the implementation of its workforce plan.	Management response: Agreed Responsible officer: Chief Officer Implementation date: 31 March 2022	Implemented We have inspected the three year workforce plan (2022-2025) which was developed and issued to the Scottish Government at the end of July 2022. Management continue to work at filling vacant positions which is ongoing.



The contacts at KPMG in connection with this report are:

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Perth and Kinross
Integration Joint Board

**Audited Accounts
2021/22**





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INTRODUCTION

Welcome to Perth and Kinross Integration Joint Board's (IJB) Annual Accounts for 2021/22. This publication contains the financial statements for Perth and Kinross Integration Joint Board (IJB) for the year ended 31 March 2022.

The Management Commentary outlines key messages in relation to the strategy, objectives, and the financial performance of the IJB for the year ended 31 March 2022. It also provides an indication of the issues and risks which may impact upon the finances of the IJB in the future and the challenges it faces in meeting the needs of the people of Perth and Kinross.

The Annual Accounts are prepared in accordance with the relevant legislation, regulations and the proper accounting practices which primarily comprise the Code of Practice on Local Authority Accounting in the United Kingdom (the Code) supported by International Financial Reporting Standards (IFRS) and statutory guidance under Section 12 of the Local Government in Scotland Act 2003.

The Management Commentary is intended to provide an effective overview to a complex document allowing the reader to determine the IJB's overall performance for the year. The Management Commentary is structured as follows:

- *Role and Remit*
- *Strategic Objectives*
- *Review of Activities*

■ *Performance Overview*

■ *Financial Overview*

■ *Strategic Risks and Outlook for future years*

ROLE AND REMIT

The IJB is a legal entity responsible for the strategic planning and commissioning of a wide range of services across Perth and Kinross. This includes social care, primary and community healthcare and unscheduled care for adults. In addition, the IJB plans and commissions specific healthcare services across Tayside by means of hosted services arrangements agreed in the Integration Scheme between NHS Tayside and Perth & Kinross Council. Perth & Kinross Council and NHS Tayside (Health Board), as the parties to the Integration Scheme, each nominate four voting members to sit on the IJB. The Council nominates Elected Members and the Health Board Non-Executive Directors.

The policy ambition is to: -

- improve the quality and consistency of services to patients, carers, service users and their families.
- provide seamless, joined-up, quality health and social care services in order to care for people in their own homes or a homely setting where it is safe to do so.
- ensure resources are used effectively and efficiently to deliver services that meet the increasing number of people with longer-term and often complex needs, many of whom are older.

The IJB has governing oversight whilst Perth and Kinross Health and Social Care Partnership (PKHSCP) has responsibility for the operational delivery of these services.

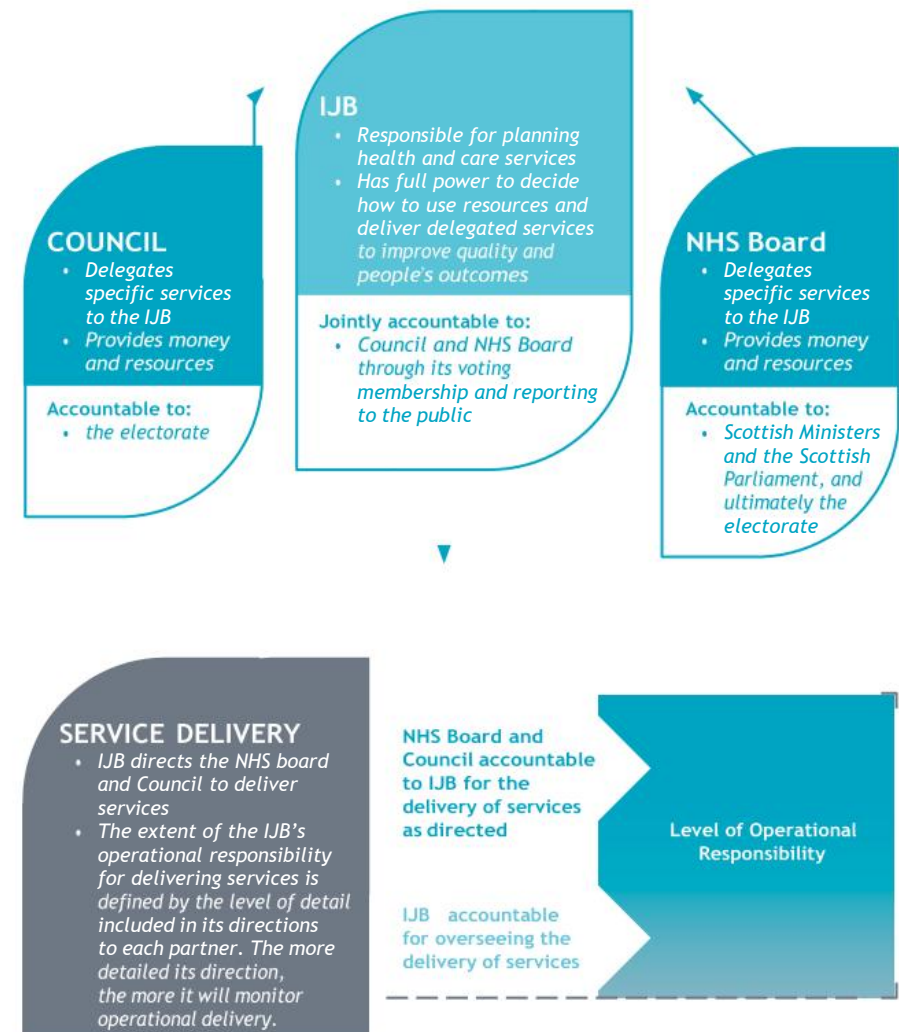
The IJB sets the direction of PKHSCP via the preparation and implementation of the Strategic Commissioning Plan and seeks assurance on the management and delivery of integrated services through appropriate scrutiny and performance monitoring, whilst ensuring the effective use of resources.

Exhibit 1 opposite sets out the governance arrangements that support delivery of Perth and Kinross IJB's strategic priorities. The IJB's strategic ambitions sit alongside operational imperatives across a wide range of services.

Exhibit 1 *Integration Joint Boards*

There are 30 Integration Joint Boards across Scotland.

Source: Audit Scotland



The services delegated by NHS Tayside and Perth & Kinross Council to Perth and Kinross IJB for strategic planning and commissioning are set out in Table 1 below.

Table 1

Delegated Partnership Services			Services Hosted by PKHSCP*
Community Care	Health	Hospital	
<i>Services for adults with a physical disability</i> <i>Services for older people</i> <i>Services for adults with a learning disability (including Autism Services)</i> <i>Mental health services</i> <i>Drug and alcohol services</i> <i>Adult protection and domestic abuse services</i> <i>Carers' support services</i> <i>Health improvement services</i> <i>Equipment, adaptations and technology-enabled care</i> <i>Residential and nursing care home placements</i> <i>Care at home</i> <i>Reablement services</i> <i>Respite and day care</i>	<i>District nursing services</i> <i>Substance misuse services</i> <i>Primary medical services</i> <i>General dental services</i> <i>Ophthalmic services</i> <i>Community geriatric medicine</i> <i>Primary medical services to patients out-of-hours</i> <i>Community palliative care services</i> <i>Community learning disability services</i> <i>Community mental health services</i> <i>Community continence services</i> <i>Community kidney dialysis services</i> <i>Public Health promotion</i> <i>Allied health professionals</i> <i>Community hospitals</i>	<i>Accident and Emergency services provided in a hospital</i> <i>Inpatient hospital services: General medicine; Geriatric medicine; Rehabilitation medicine; Respiratory medicine; Psychiatry of Learning Disability.</i> <i>Palliative care services provided in a hospital</i> <i>Inpatient hospital services provided by GPs</i> <i>Services provided in a hospital in relation to an addiction or dependence on any substance</i> <i>Mental health hospital services except secure forensic mental health services</i> <i>Pharmaceutical services</i>	<i>Public Dental Services/ Community Dental Services</i> <i>Prison Healthcare</i> <i>Podiatry</i>

**On 12 March 2020, the Minister for Mental Health wrote to the Chief Executive of NHS Tayside and advised that 'the operational management of inpatient general adult psychiatry services must now be led by NHS Tayside. This led to the responsibility for these services transferring from the Chief Officer of Perth and Kinross HSCP to an Interim Director for Mental Health in NHS Tayside. It was therefore agreed that the overspend in relation to IPMH Services would transfer from the 3 Tayside IJBs to NHS Tayside with immediate effect. The full planning and commissioning implications for these services are being considered as part of the review of the IJB Integration Schemes across Tayside.*

STRATEGIC OBJECTIVES

The Strategic Commissioning Plan, approved in December 2019, sets out the vision and priorities for Perth and Kinross IJB. The vision is to work together to support people living in Perth and Kinross to lead healthy and active lives and to live as independently as possible, with choice and control over their care and support. Our aim is to improve the wellbeing and outcomes of people living in Perth and Kinross, to intervene early and to work with the third and independent sectors and communities, to prevent longer-term issues arising.

The services and support we offer people will be developed locally, in partnership with communities, the

third and independent sectors. As a partnership we will be integrated from the point of view of individuals, families and communities and responsive to the particular needs of individuals and families in our different localities. We will make the best use of available facilities, people and resources ensuring we maintain quality and safety standards as the highest priority.

The population of Perth and Kinross live and work across its expansive 5,300 square kilometers. Over the coming decades the area is expected to experience significant demographic change, especially in relation to the projected increase in older people, the majority of whom are increasingly fit and active until much later in life and are an important and significant resource, with a great contribution to make in their local communities.

Table 2 below shows the projected population change for Perth and Kinross by age band. Between 2018 and 2028 the number of those aged over 65 (particularly those aged over 75) is set to increase significantly according to projections. The effects of these changes are already being felt. Between 2018 and 2020 the 60 to 74 age group and the 75+ age group increased by 2.8% and 4.7% respectively. By 2023 this growth is projected to reach 5.5% and 16.5% respectively, driving significant increase in demand for services as we emerge from the pandemic. This is coupled with a projected reduction in the working age population.

Table 2

Perth and Kinross adult population by age group

Age Group	2018 Population	2020 Population	2023 Projected Population	2024 Projected Population	2025 Projected Population	2028 Projected Population	% Ch 2018
0-14	22,807	22,652	22,238	21,911	21,654	20,705	
15-29	23,988	23,765	22,642	22,486	22,395	22,132	
30-44	25,396	25,607	26,654	26,812	26,794	26,477	
45-59	33,623	33,052	31,400	30,840	30,249	29,093	
60-74	29,214	30,025	30,816	31,270	31,790	33,094	
75 & over	16,262	17,026	18,942	19,482	19,958	21,278	
Total	151,290	152,127	152,692	152,801	152,840	152,779	

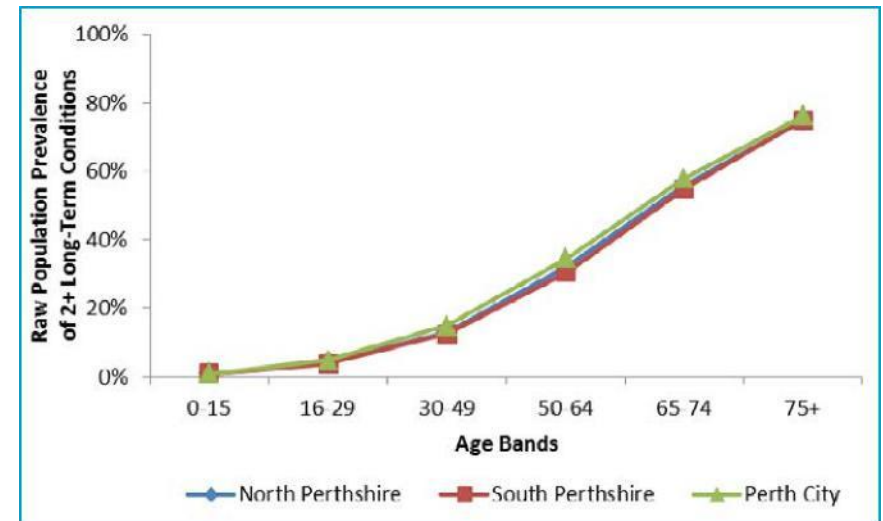
(Source: Mid-Year Estimates (MYE) NRS (National Records of Scotland) 2018-based population pro

We know that the need for support from health and social care services increases with age. The challenge for services and communities will be to ensure that people are supported to be able to lead healthy, fulfilling lives at home for as long as possible.

The following diagram presents the population prevalence of people with two or more long-term conditions for North Perthshire, South Perthshire and Perth City. This shows that in each Perth and Kinross locality, multi-morbidities become more common with age. Indeed, over half of residents age 75+ have two or more long-term conditions, compared with just under 4% of people aged 16-29 years.

Table 3

Crude population prevalence of people with 2+ long-term conditions by age band for each locality



Source: Perth and Kinross IJB 2019-2024 Strategic Commissioning Plan

REVIEW OF ACTIVITIES

Initial priorities for 2021/22 were set out in the PKHSCP 2021/22 Remobilisation Plan. This plan has been updated throughout the year to take account of changing Covid-19 infection levels and in turn changing Scottish Government priorities. Areas where we have been able to make significant progress in developing services in line with our strategic objectives are as follows: -

- *Provided enhanced care in partnership with Care Homes across Perth & Kinross which provides pro-active clinical care centred around individual residents.*
- *Redesigned Care at Home provision including increased pay rates and the development of an alliance models in rural areas centred on use of community assets and enabling support across providers.*
- *Expanded our Locality Integrated Care Service to provide 7 day support to Older People who have had a deterioration to remain at home.*
- *Commenced planning to deliver a new Hospital at Home Service which will provide a level of acute care in a person's home that is equivalent to that provided in hospital.*
- *Created a Specialist Adult Respiratory Service which assess and proactively manage frail adults with respiratory needs and provide support post discharge and during an acute exacerbation of their condition in their own home.*
- *Established a 'Discharge without Delay' Transformation Programme which will significantly streamline the journey from being an inpatient to going home reducing unnecessary delay at across the care pathways.*
- *Established Community Care and Treatment Services throughout Perth & Kinross providing a range of services including blood tests, monitoring of chronic conditions and treatment of minor injuries. This is enabling our GPs to focus on more complex cases.*
- *Established a new approach to urgent care in the community with Advanced Nurse Practitioners now playing a role in responding to urgent house call visits, enabling our GPs to focus on more complex cases.*
- *Working with the Third Sector, we have significantly enhanced mental health crisis and distress services in Perth & Kinross. This now includes a new Distress Brief Interventions Service and Mental Health nursing support. Community Mental Health Services have been further enhanced by establishment of dedicated posts for suicide prevention in both children's and adult's services. We have also recruited a lead GP for Mental Health who is playing a key role in creating a single point of contact for all mental health referrals.*
- *To support increased alcohol related referrals the Alcohol Drugs Partnership has overseen the provision of increased capacity for counselling and the development of a community detoxification service. Increased support is being provided for people suffering from non-fatal drug overdoses and a process for accessing residential rehabilitation has been reviewed and improved.*
- *To enhance non-statutory support to people across our communities, we have enhanced both volunteer co-ordination and community activity co-ordination activity.*

- *We made significant progress in the transformation of services for those with complex care needs. This includes the creation of a multi- disciplinary specialist team for those with Autism and Learning Disabilities. Our core and cluster developments have also progressed with accommodation now due to open imminently.*
- *We have enhanced services to support people in HMP Perth and HMP Caste Huntly through the introduction of telephone access booking and telephone appointments. In parallel, we have introduced a multidisciplinary 'Person of Concern' approach that is enhancing our ability to intervene early to achieve best possible outcomes.*
- *We have worked hard to address the needs of those who have not been able to access Public Dental Services over a period due to Covid-19 restrictions. Investment has been made in additional staffing and equipment whilst work to improve ventilation remains a key priority.*
- *For Podiatry Services across Tayside, throughout the year the service has continued ensure those with the most complex needs were supported in the face of significant staffing pressures.*
- *We have invested across our localities in further services to support carers during Covid-19 response and beyond. This has included support around hospital discharge, palliative care, respite, young carers, and befriending.*
- *We have worked with our statutory partners to ensure staff working in community settings have effective access to digital technological tools and support needed to increase resilience and enable new and more effective ways of working*

During 2021/22, we have also considered the longer term sustained change required, engaging widely with stakeholders to set out the following: -

- *Community Mental Health & Wellbeing Strategy 2022:2025*
- *Learning Disability/Autism Strategic Delivery Plan 2022:2025*
- *Older Peoples Strategic Delivery Plan 2022:2025*

These were approved by the IJB during 2021/22. Each included a 3 Year Financial Framework that fed directly into the 2022/23 Budget Process. The IJB Strategic Planning Group and Strategy Group have played a key role in overseeing their development.

Further we have developed the PKHSCP 3 Year Workforce Plan which sets out the significant challenges we face and the local, regional, and national action necessary to ensure sufficient, sustainable future services that can respond to continually increased demand.

The IJB's 3 Year Financial Plan approved by the IJB on 30 March 2022 contains proposals to balance the 2022/23 budget which are fully aligned to the programme of transformation. The IJB continues to work to deliver financial balance over the medium term.

PERFORMANCE OVERVIEW

Throughout 2021/22, despite ongoing challenges of Covid-19 response, we have worked to maximise positive outcomes for the people we support. Table 4 below summarises our performance against the nationally agreed indicators compared to the rest of Scotland. The comparison against last year reflects the significant impact of Covid on patterns of activity in 2020/21 and a subsequent move back to more regular activity patterns. However, performance is broadly good when compared to Scotland overall. Only one indicator NI14 Emergency Readmissions sits below the performance achieved across Scotland. Due to significant variances in recording practices for this indicator it is not possible to make direct comparisons to Scotland in respect to actual numbers/rates of readmission. Consequently, comparing year on year performance is more helpful.

Performance Key used throughout this report




	We are within 3%, or are meeting or exceeding the number we compare against		We are between 3% and 6% away from meeting the number we compare against		We are more than 6% away from meeting the number we compare against
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Table 4

ID	Indicator	2020/21 Perth and Kinross	2021/22 Perth and Kinross	Reporting Period Year up to	How we compared to 2020/21	Latest Scotland 2021/22	How we compared to Scotland overall
NI 12	Rate of emergency admissions per 100,000 population for adults (18+)	10,385	11,132	Feb 2022	8.50%	11,403	-1.20%
NI 13	Rate of emergency bed day per 100,000 population for adults (18+)	93,336	103,008	Jan 2021	11.34%	107,508	-3.45%
NI 14	Emergency readmissions to hospital for adults (18+) within 28 days of discharge (rate per 1,000 discharges)	129	118	Jan 2021	-8.04%	102	14.18%
NI 15	Proportion of last 6 months of life spent at home or in a community setting	90.32%	90.67%	Feb 2022	0.57%	89.98%	0.90%
NI 16	Rate per 1,000 population of falls that occur in the population (aged 65+) who were admitted as an emergency to hospital	23.74	23.07	Feb 2022	-1.74%	22.00	5.69%

ID	Indicator	2020/21 Perth and Kinross	2021/22 Perth and Kinross	Reporting Period Year up to	How we compared to 2020/21	Latest Scotland 2021/22	How we compared to Scotland overall
NI 19	Number of days people aged 75+ spend in hospital when they are ready to be discharged, per 1,000 population	197	544	Mar 2022	209.28%	761	-24.93%
MSG 3	A&E Attendances per 100,000 population	14,268	16,793	Feb 2022	20.40%	25,394	-47.83%

Please note that all indicators are based on a 12-month rolling rate

Please note data is provisional and subject to validation.

INDICATOR PERFORMANCE COMMENTARY

Emergency Admissions Rate per 100,000 18+ population (NI 12)

Many people who attend hospital on an emergency basis could potentially have been supported earlier in their healthcare journey.

The rate of emergency admissions provides an indication of the extent to which the health and wellbeing needs of the population are being well managed. A reduction in the rate of emergency admissions may indicate improvements in partnership working, as fewer people require emergency treatment in hospital when their health and wellbeing needs are being met and managed in a planned, rather than reactive, manner.

Across Perth and Kinross, the rate of emergency admissions increased 8.50%, from 10,385 to 11,267 in the year to February 2022. This decline in performance is in line with the performance trend reported nationally. Despite this increase however performance in Perth and Kinross against this indicator is better than across Scotland overall.

This performance should be understood within the context of COVID-19, with the pandemic directly reducing population and service activity and this corresponded with a reduction in emergency admissions during 2020/21. These variances make benchmarking to the previous year problematic.

Emergency Bed Days Rate per 100,000 18+ population (NI 13)

Following any admission to hospital it is important that people are supported to return home as quickly as possible once they are fit to be discharged.

During the COVID-19 pandemic our rate of emergency bed days was considerably below previous years. Similar to NI 12 above, the effects of the pandemic significantly reduced emergency bed days. The easing of pandemic restrictions and the remobilisation of services had a substantial impact on reversing this position and accordingly, in Perth and Kinross the rate of emergency bed days increased from 93,336 per 100k population to 103,924 per 100k population, in the year to January 2022.

This increase of 11.34% is greater than the 6.02% increase reported across Scotland in the same period. However, the rate of emergency bed days across Perth and Kinross in 2021/22 remains 3.45% lower (better) than Scotland overall (107,508).

Emergency Readmissions to Hospital Within 28 Days of Discharge (NI 14)

The rate of readmission to hospital after discharge is underpinned by good interagency communication, with performance reflecting the effectiveness of a range of integrated health and care services, including discharge arrangements and the co-ordination of follow-up care provision.

Performance against this indicator has improved when compared to previous years, with the rate of readmissions declining by 8.04% in the year to January 2022. This improvement in performance is in line with the trend seen across Scotland (9.65%).

Although it is helpful to compare rates on a year on year basis and to consider these movements in respect to comparable movements across Scotland, it is not possible to make direct comparisons to Scotland in respect to actual numbers/rates of readmission. This is due to significant variances in recording practices.

Proportion of Last 6 Months of Life Spent at Home or in a Community Setting (NI 15)

This indicator provides an insight into the extent to which palliative and end of life care is being provided in a planned way, reflecting best practice, and taking account of the

wishes of patients and their family, as far as is practicable. In interpreting this indicator, it is important to acknowledge that the suitability and the appropriateness of the location of the care provided may alter throughout the period of care, as may the wishes of patients and families.

In the year to February 2022 the proportion of the last 6 months of life spent at home or in a community setting has increased in Perth and Kinross by 0.57%, from 90.32% to 90.88%. Performance against this indicator remains above Scotland overall (89.98%) in the year to date.

Rate of Falls that result in an emergency admission 65+ Population (NI 16)

Falls can lead to reductions in confidence and mobility, causing a significant and lasting impact on an older person's independence and quality of life. This indicator is designed to measure the effectiveness of organised community-based health and social care services to support older people and reduce the likelihood of falls occurring.

Performance against this indicator has improved by 1.74% when compared to 2020/21 however the rate of falls per 1,000 (65+) remains 5.69% above that for Scotland overall.

Number of Days People Aged 75+ Spend in Hospital When They Are Ready to be Discharged (Delayed Discharges) (NI 19)

If people have to wait in hospital once they are fit to be discharged it can result in poor outcomes and is an ineffective use of limited resources. Reductions in this measure indicate improvements in the effectiveness of Health and Social Care services to mobilise quickly to meet people's needs as they transition from hospital to

community-based services.

Whereas in recent years we have reported year on year declines in the rate of delayed discharge per 1,000 population, there was a 209.28% increase in the year March 2022. This increase should be interpreted in the context of an exceptionally low comparator period, 2020/21, during which time service demand and delivery was significantly impacted by the COVID-19 pandemic. Across Scotland overall there has also been a significant drop in performance against this indicator (36.40% increases in delayed discharges) albeit not to the extent seen in Perth and Kinross. Despite this significant variance in the rate of change, Perth and Kinross continues to perform better than Scotland overall in the year to date.

A&E Attendances (Ministerial Strategic Group Indicator, MSG 3)

Intervening early with preventative care assists in reducing the need for attendance at accident and emergency. The number of A&E attendances therefore provides further indication of the effectiveness integrated services to plan and provide care earlier and in the most appropriate setting.

The number of A&E attendances has increased 20.40%, in the year to February 2022 and this compares to an increase of 19.64% seen across Scotland overall. These increases indicate links to the extraordinary effects of the pandemic on the service demand and delivery. When compared to Scotland on an in-year basis Perth and Kinross performance is still very good, 47.83% lower than reported for Scotland overall.

FINANCIAL OVERVIEW

Financial Performance

The Financial Plan, approved by the IJB in March 2021, supported break-even across Health and Social Care after application of reserves. Our financial performance compared to the Financial Plan for 2021/22 is summarised in the table below.

	2021/22 Financial Plan Position Over/(Under)	2021/22 Year-End Out-Turn Over/(Under)	Movement from Plan Over/(Under)
	£m	£m	£m
Health	1.749	(0.829)	(2.578)
Social Care	1.738	(0.740)	(2.478)
Sub-Total	3.487	(1.569)	(5.056)
PKIJB Reserve	(3.487)	1.569	5.056
Total	0	0	0

Finance update reports have been presented to the Audit & Performance Committee throughout 2021/22, reporting on the projected in year position and the impact of Covid-19. Expenditure incurred as a direct result of Covid-19 was fully funded by additional Scottish Government income, with no impact on year-end out-turn.

In Social Care the £2.478m movement from plan relates to the following:

- *Additional Scottish Government Living Wage funding of £0.9m, Living Wage costs had already been fully anticipated in the budget prior to the funding being announced in March 2021.*
- *Savings plans attributed to the Health and Social Care transformation programme continued to be affected in 2021/22. The Financial Plan had anticipated this and prepared to fund from the use of reserves (£1.0m for Social Care). However, in line with Scottish Government guidance, these unachieved savings were met by the additional funding allocation made by the Scottish Government and were therefore removed from the out-turn position.*
- *Reduced activity and usage for some adult services continued until the latter part of the financial year, leading to an unanticipated level of underspend (£0.4m).*
- *The effect of Covid-19 on planned investment led to an underspend (£0.2m).*

In Health, the £2.578m movement relates to the following:

- *As with Social Care, unachieved savings were met by Covid-19 funding. The financial plan had anticipated a level of unachieved savings (£1.4m), however in January 2022 the Scottish Government confirmed this could be met by Covid-19 funding.*
- *An unanticipated level of rebates and underspend within Prescribing of £0.8m.*

- *The effect of Covid-19 on planned recruitment and investment continued, leading to underspending against staff costs £0.5m.*
- *In March 2022, it was agreed that the PKHSCP would fund a share of 2021/22 Inpatient Mental Health Community Investment related costs (£0.2m). Therefore, partially offsetting the increased underspends detailed above.*

Reserves

Throughout 2021/22 there has been a significant increase in reserves. In March 2022, £16.728m was passed to the IJB to be earmarked for additional Covid-19 costs. Of this, £15.366m remains within an earmarked Covid-19 reserve.

The IJB reserves balance as at 31 March 2022 is £33.249m, of this £28.843m is earmarked. The funding has been earmarked to meet Scottish Government objectives, local priorities and to balance the 2022/23 financial plan. The balance of un-earmarked reserves remaining is £4.406m. This reserves balance equates to 2% and allows the IJB to meet its Reserves Policy that sets a level of contingency general reserve at 2% of the IJB net expenditure.

FINANCIAL STATEMENTS

Background

The IJB's finances are overseen by the IJB's Chief Financial Officer who is supported by an integrated finance team including staff employed by both Perth & Kinross Council and NHS Tayside.

Analysis of Financial Statements

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

The 2021/22 Annual Accounts comprise:

(a) Comprehensive Income and Expenditure Statement -

This shows a surplus of £19.349m. The underlying operational out-turn is a £1.569m underspend of which Health Services are £0.829m and Social Care £0.740m. In line with the Integration Scheme, this surplus has been added to the IJB reserve to carry forward into 2022/23. The remaining surplus of £17.780m relates to the net increase in reserves. Further detail is provided in section (b) and (c) below and in Note 6.

(b) **Movement in Reserves** - In 2021/22, earmarked reserves had an opening balance of £13.900m, this has increased by £19.349m, providing a closing balance of £33.249m. During 2021/22, a significant level of funding has been provided by the Scottish Government to the IJB via NHS Tayside and Perth & Kinross Council. In addition to the underlying operational underspends, the most significant balances held are for Covid-19, Winter Resilience and Primary Care Improvement Funding.

(c) **Balance Sheet** - In terms of routine business the IJB does not hold assets, however the balance of £33.249m reserves is reflected in the year-end balance sheet.

(d) **Notes** - comprising a summary of significant accounting policies, analysis of significant figures within the

Annual Accounts and other explanatory information.

The Annual Accounts for 2021/22 do not include a Cash Flow Statement as the IJB does not hold any cash or cash equivalents.

FINANCIAL PLAN

In March 2022, the IJB approved the 2022/23 budget and indicative budgets for years 2023/24 and 2024/25. In setting the 3 year budget, work was undertaken to develop financial frameworks underpinned by strategic delivery plans and this included taking account of additional Scottish Government funding. In addition to strategic delivery planning, the financial plan has quantified and included pay and price pressures, essential investment requirements, and savings opportunities across all areas of the budget, including those not within scope of current strategic delivery plans.

STRATEGIC RISKS AND OUTLOOK FOR FUTURE YEARS

The IJB's key strategic risks are contained in the Strategic Risk Register combined with an assessment of the level of risk facing the IJB. The Strategic Risk Register and associated improvement action plan is monitored and updated frequently by the PKHSCP Executive Management Team and reported to the IJB Audit & Performance Committee and the IJB to provide assurance on the adequacy and effectiveness of the systems and processes in place to manage the risks.

The IJB's strategic risks and risk maturity have continued to evolve over the year. During 2021-22 one new strategic risk was added to the register in relation to Partnership Premises and two strategic risks were archived concerning COVID-19 preparedness and EU Withdrawal.

The planned development of a refreshed risk appetite statement during 2021-22 has not been possible however this will be a key stage of our work with IJB Members in the development of a refreshed IJB risk management framework during 2022-23.

A summary of the Strategic Risk Register is set out in the following table:

Risk	Priority
1 Financial Resources There are insufficient financial resources to deliver the objectives of the Strategic Plan.	Very High
2 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.	Very High
3 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 ' <i>capacity and flow</i> ' within our services being unsustainable.	Very High
4 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.	High

Risk	Priority
5 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.	Very High
6 Widening Health Inequalities As a consequence of COVID-19 there is a risk that health inequalities widen significantly.	High
7 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.	High
8 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.	High
9 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.	Very High
10 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.	High
11 Partnership Premises As a result of a lack of sustainable and suitable premises within which Health and Social Care Services can be delivered, there is a risk that safe, consistent and effective care to patients will not be able to be delivered which could result in a reduction in service capacity, reduced outcomes for people and a reduction in staff wellbeing.	Very High

This statement sets out the respective responsibilities of the IJB and the Head of Finance & Corporate Services, as the IJB's Section 95 Officer, for the Annual Accounts.

RESPONSIBILITIES OF THE INTEGRATION JOINT BOARD

The Integration Joint Board is required to:

- *make arrangements for the proper administration of its financial affairs and to secure that the proper officer of the board has responsibility for the administration of those affairs (Section 95 of the Local Government (Scotland) Act 1973). In this authority, that officer is the Head of Finance & Corporate Services;*
- *manage its affairs to secure economic, efficient and effective use of resources and safeguard its assets;*
- *ensure the Annual Accounts are prepared in accordance with legislation (The Local Authority Accounts (Scotland) Regulations 2014), and so far as is compatible with that legislation, in accordance with proper accounting practices (Section 12 of the Local Government in Scotland act 2003);*
- *approve the Annual Accounts.*

I confirm that these Annual Accounts were approved for signature at a meeting of the Integration Joint Board's Audit & Performance Committee on 26 September 2022.

Signed on behalf of the Perth and Kinross IJB

Bob Benson
IJB Chair

INTRODUCTION

This Remuneration Report is provided in accordance with the Local Authority Accounts (Scotland) Regulations 2014. It discloses information relating to the remuneration and pension benefits of specified IJB members and staff.

The information in the tables following is subject to external audit. The explanatory text in the Remuneration Report is reviewed by the external auditor to ensure it is consistent with the financial statements.

BOARD MEMBERS

The Perth and Kinross Integrated Joint Board comprises of 8 voting and 13 non-voting members. This has increased from 11 non-voting members in 2020-21 due to proxy members Maureen Summers and Ian McCartney being transferred to stakeholder (non-voting) membership on 1st December 2021.

At 31 March 2022, Perth and Kinross IJB had 6 voting members and 13 non-voting members. Two Non-Executive, voting member positions were vacant as at 31st March 2022. The position as at 31st March 2022 is as follows:

Voting Members:

Bob Benson (Chair)
Councillor Eric Drysdale (Vice-Chair)
Councillor Callum Purves

Councillor John Duff
Councillor Xander McDade
Beth Hamilton (Non-Executive Member)
Vacant (Non-Executive Member) (Previously Ronnie Erskine left 30th March 2022)
Pat Kilpatrick (Non-Executive Member) (left 31st March 2022)

Non-voting Members:

Gordon Paterson (Chief Officer) until 6th March 2022
Jacqueline Pepper (Chief Officer)
Jane Smith (Head of Finance and Corporate Services)
Dr Lee Robertson (Secondary Practitioner Representative)
Dr Sarah Peterson (GP Representative)
Sarah Dickie (Associate Nurse Director)
Bernie Campbell (Carer Public Partner)
Maureen Summers (Carer Public Partner)
Sandra Auld (Service User Public Partner)
Ian McCartney (Service User Public Partner)
Lyndsay Glover (Staff Representative)
Stuart Hope (Staff Representative)
Sandy Watts (Third Sector Representative)
Lynn Blair (Independent Sector Representative)

During 2020/21, the position of Chair was held by Councillor Eric Drysdale and the position of Vice-Chair was held by Bob Benson, Non-Executive.

SECTION 3 REMUNERATION REPORT

IJB CHAIR AND VICE-CHAIR

The voting members of the IJB are appointed through nomination by Perth & Kinross Council and NHS Tayside. Nomination of the IJB Chair and Vice-Chair postholders alternates between a Councillor and a Health Board representative.

The IJB does not provide any additional remuneration to the Chair, Vice-Chair or any other board members relating to their role on the IJB. The IJB does not reimburse the relevant partner organisations for any voting board member costs borne by the partner. There were no taxable expenses paid by the IJB to either the Chair or the Vice-Chair in 2021/22.

The IJB does not have responsibilities, either in the current year or in future years, for funding any pension entitlements of voting IJB members. Therefore, no pension rights disclosures are provided for the Chair or Vice-Chair.

OFFICERS OF THE IJB

The IJB does not directly employ any staff in its own right; however specific post-holding officers are non-voting members of the Board.

OTHER OFFICERS

The IJB requires to appoint a proper officer who has responsibility for the administration of its financial affairs in

terms of Section 95 of the 1973 Local Government (Scotland) Act. The employing contract for the Head of Finance & Corporate Services adheres to the legislative and regulatory governance of the employing partner organisation. The Head of Finance & Corporate Services is included in the disclosures below.

Total 2020/21 £	Senior Employees	Salary, Fees & Allowances £	Total 2021/22 £
120,426	Gordon Paterson Chief Officer	113,523	113,523
-	Jacqueline Pepper Chief Officer	8,378	8,378
87,487	Jane Smith Head of Finance & Corporate Services	83,585	83,585
207,913	Total	205,486	205,486

Jacqueline Pepper was appointed to the position of Interim Chief Officer on the 7th March 2022, with this position being made permanent on 3rd May 2022.

The previous Chief Officer, Gordon Paterson, left the organisation on 6th March 2022, therefore there was no overlapping hand-over period.

In respect of officers' pension benefits, the statutory liability for any future contributions to be made rests with the relevant employing partner organisation. On this basis there is no pensions liability reflected on the IJB balance sheet for the Chief Officer or any other officers.

The IJB however has responsibility for funding the employer contributions for the current year in respect of the officer time spent on fulfilling the responsibilities of their role on the IJB. The following table shows the IJB's funding during the year to support officers' pension benefits. The table also shows the total value of accrued pension benefits which may include benefits earned in other employment positions and from each officer's own contributions.

Senior Employee	In-Year Pension Contributions		Accrued Pension Benefits		
	For Year to 31/03/21 £	For Year to 31/03/22 £		Difference from 31/03/21 £	As at 31/03/22 £
Jacqueline Pepper	-	1,424	Pension	36,375	36,375
			Lump sum	26,135	26,135
Chief Officer					
Jane Smith Head of Finance & Corporate Resources	16,125	16,651	Pension	2,463	29,719
			Lump sum	1,499	55,822
Gordon Paterson (left 6 th March 2022)	20,472	19,299	Pension	2,686	59,067
			Lump sum	709	103,216
Chief Officer					
Total	36,597	37,374	Pension	41,524	125,161
			Lump Sum	28,343	185,173

The above table shows the In Year Pension Contributions for Jacqueline Pepper in her role as Chief Officer of the IJB from 7th March 2022.

DISCLOSURE BY PAY BANDS

As required by the regulations, the following table shows the number of persons whose remuneration for the year was £50,000 or above, in bands of £5,000.

Number of Employees in Band	Remuneration Band	Number of Employees in Band
2020/21		2021/22
0	£80,000 - £84,999	1
1	£85,000 - £89,999	0
0	£110,000 - £114,999	1
1	£120,000 - £124,999	0

EXIT PACKAGES

No exit packages were paid to IJB staff during this period or the previous period.

Bob Benson
IJB Chair

Jacqueline Pepper
Chief Officer

Date: 26 September 2022

INTRODUCTION

The Annual Governance Statement explains Perth and Kinross Integration Joint Board's (IJB) governance arrangements and reports on the effectiveness of the IJB's system of internal control.

SCOPE OF RESPONSIBILITY

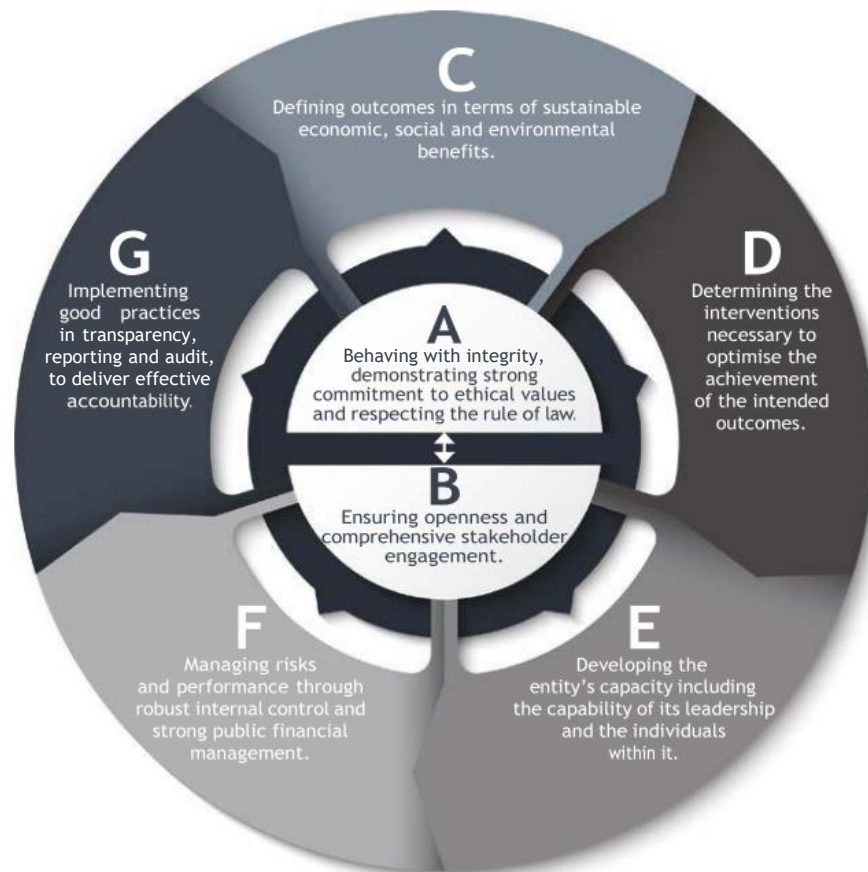
Perth & Kinross IJB is responsible for ensuring that its business is conducted in accordance with the law and proper standards, and that public money is safeguarded and properly accounted for and used economically, efficiently and effectively.

To meet this responsibility the IJB has established arrangements for governance that includes a system of internal control. The system is intended to manage risk to support achievement of the IJB's aims and objectives. Reliance is also placed on the NHS Tayside, Perth & Kinross Council, Dundee IJB and Angus IJBs systems of internal control that support compliance with both organisations' policies and promotes achievement of each organisations' aims and objectives including those of the IJB.

PURPOSE OF THE GOVERNANCE FRAMEWORK

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

The core principles of good governance are set out in the diagram below:



The IJB supported by the HSCP Team strive to ensure an effective governance framework underpinned by these principles operates effectively in practice. We work with our partner bodies but have also sought and identify best practice systems and processes from elsewhere to ensure continuous improvement.

Our governance improvement plan that brings together improvements identified in our annual review of governance, the findings of Internal and External Audit reviews and External Inspections.

The key features of the governance arrangements that were in place during 2021/22 are summarised below along with the improvement activity that has been undertaken during the year to increase effectiveness. This includes the governance arrangements required to respond to the Covid-19 Pandemic.

COVID-19 ARRANGEMENTS

A PKHSCP command structure is in place and is escalated as required dependant on the impact of COVID at a particular time.

The Partnership has prepared Remobilisation Plans for 2021/22 in line with Scottish Government requirements and priorities. We have reported progress against our Remobilisation plans to the IJB throughout the year. During the year we have developed Strategic Delivery Plans for Older Peoples Services, LD/Autism and our Community Mental Health and Wellbeing Strategy. These medium term plans take account of the 'Living with Covid' environment.

Covid-19 continued to impact on the IJB's strategic aims and this has resulted in the strategic risks and mitigations being updated to reflect the position on a regular basis. The Partnership considered that the systems, processes and controls were in place that can be stepped up immediately to oversee services and ensure resilience and capacity when activity and demand necessitates. These appropriate governance and decision making mechanisms continue to ensure preparedness.

Improvement activity during the year:

- We have prepared medium term strategic plans that reflect the 'Living with COVID' environment

LEADERSHIP, CULTURE AND VALUES

A code of conduct for members and employees is in place along with a register of interests. A standards officer has been appointed and standing orders are in place. A development programme for IJB members has been in place since inception and this has been a key feature in developing working relationships between the Chair, members and officers.

The Chair and Chief Officer meet regularly, and the Chief Financial Officer and Chair of the Audit and Performance Committee meet regularly. The Strategic Commissioning Plan provides a clear sense of shared direction and purpose across the IJB membership and PKHSCP Team.

The IJB Chair is supported effectively to carry out his role with independent legal and governance support and effective committee services. The Chief Officer is a Director in the partner organisations, a member of the Executive Teams, attends the Board and Council and is directly accountable to both Chief Executives, who provide regular one-to-ones. As well as the support from both partner bodies' Executive Groups, the Chief Officer benefits from the support of the Council's Chief Social Work Officer, who is a member of the IJB and Co-chairs the Clinical and Professional Governance Forum. Health Care Professionals who are members of the board also provide a level of support to the IJB, helping to align oversight and assurance.

Improvement activity during the year:

- The Executive Management Team continues to support the Tayside wide review of the Integration Scheme with regular progress reports being provided to the IJB.
- We have further improved our IJB induction for new members which incorporates best practice from across Scotland and will also support induction of new PKC elected members.

STAKEHOLDER ENGAGEMENT

The IJB Meetings are public meetings and membership includes wide stakeholder representation including carers, service users and the Third Sector.

We have dedicated IJB Communication resource which supports communication with staff and wider stakeholders.

An Independent Sector Lead supports Integration of Health and Social Care in Perth and Kinross.

Our Engagement and Participation Strategy has been developed and provides a systemic approach to stakeholder engagement and assists in improving the evaluation of the impact being made by specific developments.

The HSCP have a dedicated Community Engagement Team who, play a key role in delivering community engagement and participation across the Partnership. Each of our three localities have a Participation and Engagement Plan that is overseen by Locality Management Groups, which report to our six weekly Communication, Participation and Engagement Group, our central point for the coordination and strategic oversight of all and any communication and engagement activity needed to be or being undertaken. The Communication, Participation and Engagement group terms of reference, membership and role and remit have been reviewed.

We also use a number of forums and groups to ensure we communicate with all partners. Examples of this include our Providers Forum, the Local Involvement Network, Third Sector Forum, all Strategy Groups, Local Action Partnerships and the Reference Group.

The Strategic Commissioning Plan 2020-2025 was published following engagement with local people. We have a Strategic Planning Group has now been fully re-established and meet regularly throughout the year. This group has a broad and diverse membership which represents all localities and service user groups and ensures the voice of all is represented in our Strategic Planning work. This meeting fulfils a range of functions including:

- The development of the strategic plan;
- The review of the strategic plan;
- Joint Strategic Needs Assessment;
- Ensuring locality representation;
- Ensuring robust stakeholder representation in the strategic planning process;
- Assessing progress in the implementation of the plan against the health and wellbeing outcomes;
- The review of the strategic plan within the timeline set out in regulations.

We maintain close links with the Community Planning Partnership and Local Action Partnerships.

The Partnership works closely with Independent Contractors such as Care Providers, GPs, Dentists, Optometrists and Pharmacists in the delivery of Health and Care Services across Perth and Kinross.

Improvement activity during the year:

- A Digital Marketing Officer is now a key member of the PKHSCP Communications Group. This new role is developing a co-ordinated approach to communication with stakeholders and the wider community.
- The Standing Orders of the IJB have been amended to increase the membership from one service user public partner and one carer public partner representative to two from each of those categories. This acknowledges the important contribution and direct input of carer and service user representatives to the work of the Board

VISION, DIRECTION AND PURPOSE

The Strategic Commissioning Plan 2020-2025 provides a clear vision and the Performance Strategy approved by the IJB set out the commitment to ensure we have the framework in place to measure our success.

This is supported by the development of strategies for each of our care groups and each includes a performance framework against which we measure success in delivery of agreed outcomes.

We have updated our strategic plans for Older People, Mental Health & Wellbeing and Learning Disabilities to reflect future requirements including the impact of Covid. These set out a significant transformation programme. These are supported by a detailed delivery plan against which progress will be overseen by Strategy Groups and the Executive Management Team. These have been approved by the IJB and are closely aligned to the 3 Year Financial Plan and the 3 Year Workforce Plan and have led to an expansion of the regular performance reporting to the IJB.

Performance reports are considered at each IJB Audit and Performance Committee meeting. Performance at locality level is also considered at each meeting.

The publication of our Annual Performance Report documents our achievement throughout the year in achieving our strategic objectives and national outcomes.

Improvement activity during the year:

- 3 year Strategic Delivery Plans have been developed across priority areas which include approved performance frameworks.
- During the year senior management capacity has been enhanced that will lead to better strategic planning.
- The independent review of Adult Social Care in Scotland and the future development of the National Care Service will have significant implications for the IJB. As such we have provided updates to the IJB on this during the year.

DECISION-MAKING

All reports to the IJB are in an agreed format that supports effective decision-making. The IJB Annual Work plan ensures regular opportunity for review and scrutiny of progress in delivering strategic priorities.

The Executive Management Team meets regularly to oversee delivery of transformation and service redesign priorities and for escalation of operational risk that will impact on strategic delivery.

Integrated financial planning across health and social care services and the development of financial frameworks to support all strategic delivery plans ensures an effective link between strategic and financial planning.

Over the year a program of development sessions has been provided to the IJB to inform and support ongoing decision making. In addition to this the IJB Budget Review Group has met regularly to ensure Members are informed in relation to prioritisation of financial resources.

The Partnership has a central pool of Programme and Project Management resources which are continually reviewed and aligned to service priorities.

Improvement activity during the year:

- We have undertaken significant development activity to support the IJB in considering medium term strategic plans.

ORGANISATIONAL DEVELOPMENT

The IJB Members are supported by a programme of training and development throughout the year.

Proposals have been approved by the IJB to consolidate management structures to provide stability and to ensure a robust infrastructure is in place to effectively deliver on transformation, improvements and enhance the effectiveness and functioning of the HSCP.

The HSCP has an approved 1 year workforce plan in place.

Improvement activity during the year:

- A 3 Year Workforce Plan has been developed for approval by the IJB in June 2022.
- We have invested in corporate support functions such as performance and business improvement to build resilience and ensure capacity
- The IJB have endorsed the enhancement of the PKHSCP senior management structure to increase capacity required to ensure delivery of operational management priorities and a significant transformation programme that spans almost all services

SCRUTINY AND ACCOUNTABILITY

Accountability is about ensuring that those making decisions are answerable for them. We have learned from best practice elsewhere to ensure transparent reporting of our actions and ensure that in this complex landscape our stakeholders can understand our intentions. IJB reports are clear and concise with the audience in mind.

In order to comply with regulations outlined by the Scottish Government's Integrated Resources Advisory Group, the IJB established an Audit and Performance Committee in July 2016. The role of the IJB Audit and Performance Committee ensures that good governance arrangements are in place for the IJB. It is the responsibility of this committee to ensure that proportionate audit arrangements are in place for the IJB and that annual financial statements are compliant with good practice standards. All IJB Members have a standing invitation to attend Audit and Performance Committee meetings. Both the IJB and the Audit and Performance Committee have annual work plans in place.

We report at regular intervals on financial performance and we are required to publish externally audited Annual Accounts each year. Each year the Annual Performance Report accounts for our activity, reports on our success and outlines further areas for improvement and development.

We report quarterly on our performance against the core set of integration indicators to the Audit and Performance Committee as well as monthly to the Executive Management Team. Progress on locality actions is also presented to the Audit and Performance Committee at each of their meetings.

We have provided regular reports to the IJB Audit and Performance Committee on our progress in implementing all external and internal audit recommendations and we have included a transparent assessment of how we are delivering against our Best Value responsibilities within the Annual Performance Report.

Improvement activity during the year:

- We have developed a systematic approach to obtaining regular patient/service user feedback across services

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INTERNAL CONTROL FRAMEWORK

The governance framework above operates on the foundation of internal controls including management and financial information, financial regulations, administrative procedures, management supervision and a system of delegation and accountability.

The IJB uses the systems in NHS Tayside and Perth & Kinross Council to manage its financial records. Development and maintenance of these systems is undertaken by both partner bodies as part of the operational delivery of the Health and Social Care Partnership. In particular, the systems include:

- *comprehensive budgeting systems;*
- *setting of targets to measure financial performance;*
- *regular reviews of periodic and annual financial reports that indicate financial performance against the forecasts.*

During the year a 3 year financial plan for 2022/23:2024/25 has been developed. Significant elements of this 3 year budget have been developed from financial frameworks underpinning our Strategic Delivery Plans. The plan has been prepared with significant engagement from IJB members allowing robust discussion, consideration and understanding of the development of the budget and in particular the financial implications of the strategic plans which underpin it.

During 2021/22 the Audit and Performance Committee has overseen and provided robust scrutiny on the IJB's strategic risk register and its associated risk improvement plan. The Strategic Risk Register has been further developed with a refreshed schedule of strategic risk reporting to the Executive Management Team being established, with the highest priority

of risk being considered every 4 weeks as a minimum.

The annual work plan for the IJB sets out clear timescales for reporting on key aspects of strategy implementation and transformation.

A process for the issuing of Directions is now in place with a Directions log also being maintained.

Regular review of service quality against recognised professional clinical and care standards is provided by the PKHSCP Clinical Governance Forum which provides assurance to NHS Tayside Clinical Care Governance Committee and to the IJB.

We have an agreed Internal Audit Service from Perth & Kinross Council Internal Audit Services and Fife, Tayside and Forth Valley Internal Audit Services (FTF).

We have agreed with Perth & Kinross Council to the appointment of their Data Protection Officer to the IJB to ensure our GDPR requirements are met. In parallel we have ensured effective arrangements are in place with Perth & Kinross Council and NHS Tayside for the sharing of data.

The HSCP has business continuity plans in place in accordance with processes in place with Partner organisations.

We continue to work with our NHS Tayside colleagues to set up an effective forum for ensuring that the planning of services that fall within our large hospital set-aside budget is undertaken in a way that enables the IJB's intentions to shift the balance of care to be effectively progressed.

We are working with the other IJBs in Tayside to ensure strong and effective arrangements are in place to support the strategic planning and delivery of hosted services. These arrangements need to carefully consider the responsibilities of the hosting

partnership alongside the wider obligation of each IJB to the strategic planning of all services to their population.

The wider internal control framework also includes:

- *Complaints handling procedures;*
- *Clinical Care Governance monitoring arrangements;*
- *Procedures for whistle-blowing;*
- *Data Sharing Arrangements;*
- *Code of Corporate Governance including Scheme of Delegation, Standing Financial instructions, standing orders, scheme of administration;*
- *Reliance on procedures, processes and systems of partner organisations;*

Perth and Kinross IJBs relationship with both partner bodies has meant that the controls in place in one body inevitably affect those in the other. The draft NHS Tayside Governance Statement 2021/22 was considered at its Audit & Risk Committee on 20th May 2022. No material weaknesses were found. Perth & Kinross Council has approved a Governance Statement which also concludes positively on the adequacy and effectiveness of internal controls, accompanied by an Annual Internal Audit Report which concludes that reasonable reliance can be placed on the Council's risk management and

governance arrangements, and systems of internal control for 2021/22, subject to management implementation of the agreed actions detailed in Internal Audit reports. Dundee and Angus IJBs have also provided formal assurance that adequate and effective governance arrangements were in place throughout during 2021/22.

Improvement activity during the year:

- Assurance reporting to the IJB in relation to Clinical Care Governance has been significantly strengthened. In addition a clear process for escalating significant operational risks which may impact on the IJB's strategic objectives.

ONGOING REVIEW AND FURTHER DEVELOPMENTS

To support the annual review of governance, we have undertaken a full self-assessment using the Governance Self-Assessment Tool provided by Internal Audit. The annual self-assessment has been informed by a full progress update of our Partnership Improvement Plan.

Those areas identified which still require further development are highlighted in the Partnership Improvement Plan which includes new areas identified by local self-assessment and any other external or internal audit recommendations received during 2021/22. Progress updates on the Partnership Improvement Plan have been provided during the year to the IJB's Audit and Performance Committee.

REVIEW OF ADEQUACY AND EFFECTIVENESS

Perth and Kinross IJB has responsibility for conducting, at least annually, a review of the effectiveness of its governance framework including the system of internal control.

The review of the effectiveness of the framework has been informed by:

- *the work of the Executive Management Team who have responsibility for development and maintenance of the governance environment;*
- *the Annual Report by the Chief Internal Auditor; reports from Audit Scotland and other review agencies including the Audit Scotland Report on the Review of Health and Social Care Integration;*
- *self-assessment against the FTF Internal Audit Service's Governance Self- Assessment Tool 2021/22;*
- *progress reported against PKHSCP's Partnership Improvement Plan;*
- *the draft Annual Governance Statements for Perth & Kinross Council, NHS Tayside, Dundee IJB and Angus IJB.*

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

In addition to regular reports to the IJB's Audit and Performance Committee during 2021/22, the Chief Internal Auditor prepares an annual report to the Audit and Performance Committee including an assurance statement containing a view on the adequacy and effectiveness of the systems of internal control.

The Internal Audit Annual Report 2021/22 received by the IJB on 27 June 2022 highlights findings which indicate some weaknesses in the internal control environment. None of these are considered material enough to have a significant impact on the overall control environment and it is the opinion of the Chief Internal Auditor that the systems of internal control relied upon by the IJB provide reasonable assurance against loss.

ACTION PLAN FOR 2022/23

The key areas where further progress is required to further strengthen governance arrangements are set out in detail in the Partnership Improvement Plan and are summarised below.

Leadership, Culture and Values

- *Develop a Leadership Development Programme focused on collaborative practice.*

- *Ongoing development of culture, ethos and professional practice to ensure we continue to be the best we can be.*
- *Develop and implement an improvement plan that ensures full and demonstrable compliance with the Public Sector Equality Duty.*

Stakeholder Engagement

- *Ensure resources are in place to support a strong strategic focus on improving links with Communities, providing additional capacity and ensuring a robust, consistent and coordinated approach.*

Vision, Direction and Purpose

- *Develop a Strategic Needs Assessment Framework to support long-term strategic planning to ensure that the approach across the partnership is consistent and systematic.*
- *Build better engagement, linkages and relationships with the Community Planning Partnership.*
- *Joint review of strategic planning processes encompassing Hosted Services and including consideration of performance reporting.*

Decision-Making

- *Finalise the 3 Year Workforce Plan and embed resources and ongoing arrangements for review and reporting of progress.*

Organisational Development

- *Complete Phase two of Corporate Support Review and in particular the functions related to capital/premises planning.*

Internal Controls

- *Provide training and development opportunities in relation to the revised PKIJB Integration Scheme and its implications.*
- *With IJB Members review and update the risk management framework and risk appetite statement.*
- *Develop improved assurance reporting to the IJB on progress in achieving strategic plan objectives.*
- *Ensure development and implementation of an IJB Directions Policy.*

Requiring Collaboration with Statutory Partners

For a number of further improvements, we are reliant on the leadership of NHS Tayside and Perth & Kinross Council as partners to the Integration Scheme:

- *Improve the effectiveness of links with Partner bodies in relation to Strategic Planning;*
- *Clarify and reach agreement on the governance, accountability and resourcing arrangements of Mental Health Services across Tayside and the implications for PKIJB/PKHSCP as a result of the revised Integration Schemes;*
- *Review of Partner Body Anti-Fraud, Whistle Blowing and Information Governance policies and reach agreement on PKIJB responsibilities.*
- *We will work with Perth & Kinross Council to conclude assurance arrangements to the IJB in relation to Care Governance.*

- *We will work with NHS Tayside to introduce assurance arrangements to the IJB for Inpatient Mental Health and Acute Medicine in relation to Clinical & Care Governance.*

The above areas will form the key elements of the Partnership Improvement Plan as it rolls forward to 2022/23.

CONCLUSION AND OPINION ON ASSURANCE

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

We consider that internal control environment operating during 2021/22 to provide reasonable and objective assurance that any significant risks impacting on the achievement of our objectives will be identified and actions taken to avoid or mitigate their impact. Systems are in place to continually review and improve the governance and internal control environment.

Bob Benson
IJB Chair

Jacqueline Pepper
Chief Officer

COMPREHENSIVE INCOME AND EXPENDITURE STATEMENT

This statement shows the cost of providing services for the year according to accepted accounting practices.

2020/21		2021/22
Net Expenditure £000		Net Expenditure £000
36,412	Community and Hospital Health Services	39,470
24,534	Hosted Health Services	26,114
26,413	GP Prescribing	26,932
48,255	General Medical/Family Health Services	48,549
16,177	Large Hospital Set aside	16,721
301	IJB Operating Costs	302
78,796	Community Care	87,071
230,888	Cost of Services	245,159
(243,629)	Taxation and Non-Specific Grant Income (Note 4)	(264,508)
(12,741)	(Surplus) or Deficit on Provision of Services	(19,349)
(12,741)	Total Comprehensive (Income) and Expenditure (Note 3)	(19,349)

This statement shows a surplus of £19.349m, which includes the balances remaining on various Scottish Government and Partnership funds and constitutes the Movement on Reserves in year. This balance has been included within earmarked reserves at 31st March 2022 (as per Movement in Reserves Statement and Note 6 below).

MOVEMENT IN RESERVES STATEMENT

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

Movements in Reserves During 2021/22	General Fund Balance £000
Opening Balance at 1 April 2021	(13,900)
Total Comprehensive Income & Expenditure	(19,349)
(Increase) or Decrease in 2021/22	(19,349)
Closing Balance at 31 March 2022	(33,249)

Movements in Reserves During 2020/21	General Fund Balance £000
Opening Balance at 31 March 2020	(1,159)
Total Comprehensive Income & Expenditure	(12,741)
(Increase) or Decrease in 2020/21	(12,741)
Closing Balance at 31 March 2021	(13,900)

There are no statutory or presentation adjustments which affect the IJB's application of the funding received from partners. The movement in the General Fund Balance is therefore solely due to the transactions shown in the Comprehensive Income & Expenditure Statement. Consequently, an Expenditure and Funding Analysis is not shown in these annual accounts.

BALANCE SHEET

The Balance Sheet shows the value of the IJB's assets and liabilities as at the balance sheet date. The net assets of the IJB (assets less liabilities) are matched by the reserves held by the IJB.

31 March 2021 £000		Notes	31 March 2022 £000
13,900	Short Term Debtors	5	33,249
13,900	Current Assets		33,249
-	Short-Term Creditors		-
-	Current Liabilities		-
-	Provisions		-
-	Long-Term Liabilities		-
13,900	Net Assets		33,249
(13,900)	Usable Reserve: General Fund	6	(33,249)
(13,900)	Total Reserves		(33,249)

The unaudited annual accounts were issued on 27 June 2022, and the audited annual accounts were authorised for issue on 26 September 2022.

Jane Smith
Head of Finance & Corporate Services
 26/09/22

NOTE 1: SIGNIFICANT ACCOUNTING POLICIES

A GENERAL PRINCIPLES

The Financial Statements summarise the Integration Joint Board's transactions for the 2021/22 financial year and its position at the year-end date of 31 March 2022.

The IJB was established under the requirements of the Public Bodies (Joint Working) (Scotland) Act 2014 and is a Section 106 body as defined in the Local Government (Scotland) Act 1973.

The Financial Statements are therefore prepared in compliance with the Code of Practice on Local Authority Accounting in the United Kingdom 2021/22, supported by International Financial Reporting Standards (IFRS), unless legislation or statutory guidance requires different treatment.

The Head of Finance and Corporate Services is responsible for making an annual assessment of whether it is appropriate to prepare the accounts on a going concern basis. In accordance with the Code of Practice on Local Authority Accounting in the United Kingdom, an authority's financial statements shall be prepared on a going concern basis; that is, the accounts should be prepared on the assumption that the functions of the authority will continue in operational existence for at least twelve months from the date of approval of the financial statements and it can only be discontinued under statutory prescription.

B ACCRUALS OF INCOME AND EXPENDITURE

Activity is accounted for in the year that it takes place, not simply when settlement in cash occurs. In particular:

- *expenditure is recognised when goods or services are received and their benefits are used by the IJB;*
- *income is recognised when the IJB has a right to the income, for instance by meeting any terms and conditions required to earn the income, and receipt of the income is probable;*
- *where income and expenditure have been recognised but settlement in cash has not taken place, a debtor or creditor is recorded in the Balance Sheet;*
- *where debts may not be received, the balance of debtors is written down.*

C FUNDING

The IJB is funded through funding contributions from the statutory funding partners, Perth & Kinross Council and NHS Tayside. Expenditure is incurred as the IJB commission's specified health and social care services from the funding partners for the benefit of service recipients in Perth and Kinross.

D CASH AND CASH EQUIVALENTS

The IJB does not operate a bank account or hold cash. Transactions are settled on behalf of the IJB by the funding partners. Consequently the IJB does not present a 'Cash and Cash Equivalent' figure on the balance sheet.

The funding balance due to or from each funding partner as at 31 March is represented as a debtor or creditor on the IJB's Balance Sheet.

E EMPLOYEE BENEFITS

The IJB does not directly employ staff. Staff are formally employed by the funding partners who retain the liability for pension benefits payable in the future. The IJB therefore does not present a pensions liability on its Balance Sheet.

The IJB has a legal responsibility to appoint a Chief Officer and a Head of Finance & Corporate Services. More details on the arrangements are provided in the Remuneration Report. The charges from the employing partner are treated as employee costs.

Charges from funding partners for other staff are treated as administration costs.

F PROVISIONS, CONTINGENT LIABILITIES AND CONTINGENT ASSETS

Provisions are liabilities of uncertain timing or amount. A provision is recognised as a liability on the balance sheet when there is an obligation as at 31 March due to a past event; settlement of the obligation is probable; and a reliable estimate of the amount can be made. Recognition of a provision will result in expenditure being charged to the Comprehensive Income and Expenditure Statement and will normally be a charge to the General Fund.

A contingent liability is a possible liability arising from events on or before 31 March, whose existence will only be confirmed by later events. A provision that cannot be reasonably estimated, or where settlement is not probable, is treated as a contingent liability. A contingent liability is not recognised in the IJB's Balance Sheet but is disclosed in a note where it is material.

A contingent asset is a possible asset arising from events on or before 31 March, whose existence will only be confirmed by later events. A contingent asset is not recognised in the IJB's Balance Sheet, but is disclosed in a note only if it is probable to arise and can be reliably measured.

A contingent liability has been identified in 2021/22 in respect of the current review into the applicable pay rates for District Nurses. This is detailed at Note 11: Contingent Assets and Liabilities.

G RESERVES

The IJB's reserves are classified as either Usable or Unusable Reserves.

The IJB's only Usable Reserve is the General Fund. The balance of the General Fund as at 31 March shows the extent of resources which the IJB can use in later years to support service provision.

H INDEMNITY INSURANCE

The IJB has indemnity insurance for costs relating primarily to potential claim liabilities regarding Board member and officer responsibilities. NHS Tayside and Perth & Kinross Council have responsibility for claims in respect of the services that they are statutorily responsible for and that they provide.

Unlike NHS Boards, the IJB does not have any ‘shared risk’ exposure from participation in Clinical Negligence and Other Risks Indemnity Scheme (CNORIS). The IJB participation in the CNORIS scheme is therefore analogous to normal insurance arrangements.

Known claims are assessed as to the value and probability of settlement. Where it is material the overall expected value of known claims taking probability of settlement into consideration is provided for in the IJB’s Balance Sheet.

The likelihood of receipt of an insurance settlement to cover any claims is separately assessed and, where material, presented as either a debtor or disclosed as a contingent asset.

I CRITICAL JUDGEMENTS AND ESTIMATION UNCERTAINTY

In applying the accounting policies set out above, the Integration Joint Board has had to make certain judgments about complex transactions or those involving

uncertainty about future events. The critical judgments made in the Annual Accounts are:

The Integration Scheme sets out the process for determining the value of the resources used in Large Hospitals, to be Set-Aside by NHS Tayside and made available to the IJB. The value of the Large Hospital Set-Aside expenditure reported in 2020/21 was £16.177m. The total expenditure in 2021/22 of £16.721m is based on the 2019/20 pre-pandemic activity and uplifted for 2021/22 costs. This is a transitional arrangement for 2021/22 agreed locally between NHS Tayside and the three Tayside Integration Joint Boards. This is consistent with the treatment of Large Hospital Set-Aside in 2020/21 financial statements. Work is progressing at a national and local level to refine the methodology for calculating and planning the value of this in the future.

J RELATED PARTY TRANSACTIONS

Related parties are organisations that the IJB can control or influence or who can control or influence the IJB. As partners in the Joint Venture of Perth and Kinross Integration Joint Board, both Perth & Kinross Council and NHS Tayside are related parties and material transactions with those bodies are disclosed in Note 8 in line with the requirements of IAS 24 Related Party Disclosures.

K SUPPORT SERVICES

Support services were not delegated to the IJB and are provided by the Council and the Health Board free of charge as a '*service in kind*'. These arrangements were outlined in the report of Corporate Supporting Arrangements to the IJB on 23 March 2016.

NOTE 2: EVENTS AFTER THE REPORTING PERIOD

The Annual Accounts were authorised for issue by the Head of Finance & Corporate Services on 26 September 2022. Events taking place after this date are not reflected in the financial statements or notes. Where events taking place before this date provided information about conditions existing at 31 March 2022, the figures in the financial statements and notes have been adjusted in all material respects to reflect the impact of this information.

NOTE 3: EXPENDITURE AND INCOME ANALYSIS BY NATURE

2020/21 £000		2021/22 £000
78,796	Services commissioned from Perth & Kinross Council	87,071
151,791	Services commissioned from NHS Tayside	157,786
268	Other IJB Operating Expenditure	268
3	Insurance and Related Expenditure	3
30	External Audit Fee	31
(243,629)	Partner Funding Contributions and Non-Specific Grant Income	(264,508)
(12,741)	(Surplus) or Deficit on the Provision of Services	(19,349)

Costs associated with the Chief Officer and Head of Finance & Corporate Services are included within "other IJB operating expenditure". The insurance and related expenditure relates to CNORIS costs (see note 1,H). Auditor fees related to fees payable to Audit Scotland with regard to external audit services carried out by the appointed auditor.

NOTE 4: TAXATION AND NON-SPECIFIC GRANT INCOME

2020/21 £000		2021/22 £000
(56,743)	Funding Contribution from Perth & Kinross Council	(65,458)
(186,886)	Funding Contribution from NHS Tayside	(199,050)
(243,629)	Taxation and Non-specific Grant Income	(264,508)

The funding contribution from NHS Tayside shown above includes £16.721m in respect of 'set aside' resources relating to acute hospital and other resources. These are provided by the NHS which retains responsibility for managing the costs of providing the services. The IJB however has responsibility for the consumption of, and level of demand placed on, these resources.

The funding contributions from the partners shown above exclude any funding which is ring-fenced for the provision of specific services. Such ring-fenced funding is presented as income in the Cost of Services in the Comprehensive Income and Expenditure Statement.

NOTE 5: DEBTORS

2020/21 £000		2021/22 £000
10,974	NHS Tayside	26,917
2,926	Perth & Kinross Council	6,332
13,900	Debtors	33,249

Amounts owed by the funding partners are stated on a net basis. Creditor balances relating to expenditure obligations incurred by the funding partners but not yet settled in cash terms are offset against the funds they are holding on behalf of the IJB.

NOTE 6: USABLE RESERVE: GENERAL FUND

The IJB holds a balance on the General Fund for two main purposes:

- *to earmark, or build up, funds which are to be used for specific purposes in the future, such as known or predicted future expenditure needs. This supports strategic financial management;*
- *to provide a contingency fund to cushion the impact of unexpected events or emergencies. This is regarded as a key part of the IJB's Risk Management Framework.*

As at March 2022, the IJB's Annual Accounts showed that Perth and Kinross IJB had reserves totaling £33.249m. The following table sets out the earmarked reserve balances as at 31 March 2022 which are required for specific commitments in future years.

	Balance as at 1 April 2021	Transfers In/(Out)	Balance as at 31 March 2022
	£000	£000	£000
COVID 19 Fund	4,547	10,819	15,366
Winter Resilience	0	3,440	3,440
Primary Care Improvement Fund	1,674	939	2,613
Alcohol and Drug Partnership Fund	522	796	1,318
Mental Health Recovery and Renewal Fund	0	687	687
Community Living Change Fund	505	0	505
Partnership Transformation Fund	408	26	434
Mental Health Action 15 Fund	171	178	349
Primary Care Transformation Fund	328	(11)	317
Speed Adjusting Dental Equipment & Ventilation Fund	0	310	310
Remobilisation of NHS Dental Services Fund	0	307	307
Winter Planning Fund	188	47	235
Hospital at Home Fund	0	207	207
GP Premises Improvement Fund	64	119	183
District Nursing Fund	61	61	122
Reduce Drugs Death Fund	67	(67)	0
Drug Death Task Force Fund	78	(78)	0
Health Reserves Fund (NHS Tayside)	1,400	0	1,400
Health Operational Underspend	961	829	1,790
Social Care Operational Underspend	2,926	740	3,666
Closing Balance at 31 March 2022	13,900	19,349	33,249

The above table shows the remaining balance of each funding stream as at 31 March 2022. The Transfers In/(Out) column represents the movement in funding i.e. the net of budget received and expenditure incurred in 2021-22.

In 2021/22, materially significant grant funding was received, by way of budget increase. This included funding for Covid-19 related activities, additional Winter Resilience, and the Primary Care Improvement Fund (PCIF). The remaining balance at 31 March 2022 was then recognised as an earmarked reserve.

The Covid-19 reserve had an opening balance of £4.547m with receipts of £20.467m and expenditure of £9.648m resulting in a closing balance of £15.366m. The Primary Care Improvement Fund Reserve had an opening balance of £1.674m with receipts of £4.055m and expenditure of £3.116m, resulting in a closing balance of £2.613m.

NOTE 7: AGENCY INCOME AND EXPENDITURE

On behalf of all IJBs within the NHS Tayside area, Perth and Kinross IJB acts as the host partnership for, Public Dental services/Community Dental services, Prison Healthcare and Podiatry.

The IJB directs services on behalf of Dundee and Angus IJBs and reclaims the full costs involved. The payments that are made on behalf of the other IJBs, and the consequential reimbursement, are not included in the Comprehensive Income and Expenditure Statement (CIES) since the IJB is not acting as principal in these transactions.

The amount of expenditure and income relating to the agency arrangement is shown below.

2020/21 £000		2021/22 £000
6,207	Expenditure on Agency Services	6,325
(6,207)	Reimbursement for Agency Services	(6,325)
-	Net Agency Expenditure excluded from the CIES	-

In addition, the P&K HSCP received £0.291m for from the Scottish Government which fully offsets the costs incurred with the Coronavirus (COVID-19) £500 payment for Health & Social Care Staff in 2021/22. In line with CIPFA/LASAAC guidance, it is deemed that the IJB is acting as an 'Agent' in this process and therefore this income and expenditure is not included within the Comprehensive Income and Expenditure Statement.

As was the case in 2020/21, National Services Scotland (NSS) have been supplying PPE to Scottish Health Boards free of charge during the financial year 2021/22. The value of this PPE issued to the P&K HSCP in 2021/22 was £0.048m. The IJB is acting as an agent regarding these PPE transactions and therefore there is no impact on the figures within the Comprehensive Income and Expenditure Statement.

NOTE 8: RELATED PARTY TRANSACTIONS

The IJB has related party relationships with NHS Tayside and Perth & Kinross Council. In particular the nature of the partnership means that the IJB may influence, and be influenced by, its partners. The following transactions and balances included in the IJB's accounts are presented to provide additional information on the relationships.

Income - Payments for integrated functions

2020/21 £000		2021/22 £000
56,743	Perth & Kinross Council	65,458
186,886	NHS Tayside	199,050
243,629	Total	264,508

Expenditure - Payments for delivery of integrated functions

2020/21 £000		2021/22 £000
78,831	Perth & Kinross Council	87,105
151,791	NHS Tayside	157,786
266	NHS Tayside: Key Management Personnel Non-Voting Board Members	268
230,888	Total	245,159

This table shows that expenditure within Perth and Kinross Council is £21.647m greater than Perth and Kinross Council funding contributions. This represents IJB funding received from NHS Tayside being directed into Perth and Kinross Council (£25.187m), the PKC contribution towards IJB key management personnel (-£0.134m) and the transfer to reserves (-£3.406m) identified in note 5.

Key Management Personnel: The non-voting Board members employed by the NHS Board and Perth and Kinross Council and recharged to the IJB include the Chief Officer; the Chief Financial Officer. Details of the remuneration for some specific post-holders are provided in the Remuneration Report.

Perth and Kinross Council employs the council staff and Chief Social Work Officer representatives on the IJB but there is no discrete charge for this representation.

Balances with Perth & Kinross Council

2020/21 £000		2021/22 £000
2,926	Debtor balances: Amounts due from Perth & Kinross Council	6,332
-	Creditor balances: Amounts due to Perth & Kinross Council	-
2,926	Total	6,332

Balances with NHS Tayside

2020/21 £000		2020/21 £000
10,974	Debtor balances: Amounts due from NHS Tayside	26,917
-	Creditor balances: Amounts due to NHS Tayside	-
10,974	Total	26,917

NOTE 9: VAT

The IJB is not VAT registered and as such the VAT is settled or recovered by the partner agencies.

The VAT treatment of expenditure in the IJB's accounts depends on which of the partner agencies is providing the service as these agencies are treated differently for VAT purposes.

Where the Council is the provider, income and expenditure excludes any amounts relating to VAT, as all VAT collected is payable to HM Revenue and Customs and all VAT paid is recoverable from it. The Council is not entitled to fully recover VAT paid on a very limited number of items of expenditure and for these items the cost of VAT paid is included within service expenditure to the extent that it is recoverable from HM Revenue and Customs.

Where the NHS is the provider, expenditure incurred will include irrecoverable VAT as generally the NHS cannot recover VAT paid as input tax and will seek to recover its full cost as income from the commissioning IJB.

NOTE 10: INPATIENT MENTAL HEALTH

During 2020-21, the Scottish Government actioned the transfer of operational management responsibility for Inpatient Mental Health Services in Tayside from the Integration Joint Boards (previously hosted by Perth and Kinross) to NHS Tayside. This meant that NHS Tayside managed the budget and associated variances in 2020/21.

The IJB is responsible for the planning of Inpatient Mental Health Services. This means that £10.265m has been included within the Hosted Services line in the CIES in 2021-22, which constitutes Perth & Kinross IJB's share of Inpatient Mental Health.

2020/21 £000		2021/22 £000
15,462	Expenditure on Hosted Services	15,849
9,072	Expenditure on Inpatient Mental Health	10,265
24,534	Total Expenditure on Hosted Services	26,114

NOTE 11: CONTINGENT ASSETS AND LIABILITIES

NHS Tayside are currently undertaking a review of the current job description of District Nurses with a view to determining an applicable pay grade starting from April 2018.

This review remains ongoing and there is significant uncertainty around the criteria in which staff members would be eligible for any potential regrading existing pay banding.

For this reason, a provision cannot be reasonably estimated, and settlement is not probable, therefore this is regarded as a contingent liability.

A further review of contingent assets and liabilities has been undertaken on behalf of the IJB by Legal Services, and excluding the above, no further contingent assets or liabilities have been identified at 31 March 2022.

REPORTING ON THE AUDIT OF THE FINANCIAL STATEMENTS

Opinion on Financial Statements

We certify that we have audited the financial statements in the annual accounts of Perth and Kinross Joint Board for the year ended 31 March 2022 under Part VII of the Local Government (Scotland) Act 1973. The financial statements comprise the Comprehensive Income and Expenditure Statement, Movement in Reserves Statement, Balance Sheet, and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and UK adopted International Financial Reporting Standards (IFRSs), as interpreted and adapted by the Code of Practice on Local Authority Accounting in the United Kingdom 2021/22 (the 2021/22 Code).

In our opinion the accompanying financial statements:

- *give a true and fair view in accordance with applicable law and the 2021/22 Code of the state of affairs of the Perth and Kinross Integration Joint Board as at 31 March 2022 and of its income and expenditure for the year then ended;*
- *have been properly prepared in accordance with UK adopted International Financial Reporting Standards, as interpreted and adapted by the 2021/22 Code; and*

- *have been prepared in accordance with the requirements of the Local Government (Scotland) Act 1973, The Local Authority Accounts (Scotland) Regulations 2014, and the Local Government in Scotland Act 2003.*

Basis for Opinion

We conducted our audit in accordance with applicable law and International Standards on Auditing (UK) (ISAs (UK)), as required by the [Code of Audit Practice](#) approved by the Accounts Commission for Scotland. Our responsibilities under those standards are further described in the auditor's responsibilities for the audit of the financial statements section of our report. We were appointed under arrangements approved (ASG only) by the Accounts Commission on 31 May 2016. The period of total uninterrupted appointment is 6 years. We are independent of the Perth and Kinross Integration Joint Board in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK including the Financial Reporting Council's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. Non-audit services prohibited by the Ethical Standard were not provided to the body. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions Relating to Going Concern Basis of Accounting

We have concluded that the use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the body's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from when the financial statements are authorised for issue.

These conclusions are not intended to, nor do they, provide assurance on the body's current or future financial sustainability. However, we report on the Body's arrangements for financial sustainability in a separate Annual Audit Report available from the [Audit Scotland website](#).

Risk of Material Misstatement

We report in our Annual Audit Report the most significant assessed risks of material misstatement that we identified and our judgements thereon.

Responsibilities of the Head of Finance and Corporate Services and Board for the Financial Statements

As explained more fully in the Statement of Responsibilities, the Head of Finance and Corporate Services is responsible for the preparation of financial statements that give a true and fair view in accordance with the financial reporting framework, and for such internal control as the Head of Finance and Corporate Services determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Head of Finance and Corporate Services is responsible for assessing the body's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless there is an intention to discontinue the body's operations.

The Board is responsible for overseeing the financial reporting process.

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion.

Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the decisions of users taken on the basis of these financial statements. Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities outlined above to detect material misstatements in respect of irregularities, including fraud. Procedures include:

- *obtaining an understanding of the applicable legal and regulatory framework and how the body is complying with that framework;*
- *identifying which laws and regulations are significant in the context of the body;*

- *assessing the susceptibility of the financial statements to material misstatement, including how fraud might occur; and*
- *considering whether the audit team collectively has the appropriate competence and capabilities to identify or recognise non-compliance with laws and regulations.*

The extent to which our procedures are capable of detecting irregularities, including fraud, is affected by the inherent difficulty in detecting irregularities, the effectiveness of the body's controls, and the nature, timing and extent of the audit procedures performed.

Irregularities that result from fraud are inherently more difficult to detect than irregularities that result from error as fraud may involve collusion, intentional omissions, misrepresentations, or the override of internal control. The capability of the audit to detect fraud and other irregularities depends on factors such as the skilfulness of the perpetrator, the frequency and extent of manipulation, the degree of collusion involved, the relative size of individual amounts manipulated, and the seniority of those individuals involved.

A further description of the auditor's responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website www.frc.org.uk/auditorsresponsibilities This description forms part of our auditor's report.

REPORTING ON OTHER REQUIREMENTS

Opinion Prescribed by the Accounts Commission on the Audited Part of the Remuneration Report

We have audited the part of the Remuneration Report described as audited. In our opinion, the audited part of the Remuneration Report has been properly prepared in accordance with The Local Authority Accounts (Scotland) Regulations 2014.

Statutory Other information

The Head of Finance and Corporate Services is responsible for other information in the annual accounts. The other information comprises the Management Commentary, Annual Governance Statement, Statement of Responsibilities and the unaudited part of the Remuneration Report.

Our responsibility is to read all the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the course of the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether this gives rise to a material misstatement in the financial statements themselves. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

Our opinion on the financial statements does not cover the other information and we do not express any form of assurance conclusion thereon except on the Management Commentary and Annual Governance Statement to the extent explicitly stated in the following opinions prescribed by the Accounts Commission.

Opinions Prescribed by the Accounts Commission on Management Commentary and Annual Governance Statement

In our opinion, based on the work undertaken in the course of the audit:

- *the information given in the Management Commentary for the financial year for which the financial statements are prepared is consistent with the financial statements and that report has been prepared in accordance with statutory guidance issued under the Local Government in Scotland Act 2003; and*
- *the information given in the Annual Governance Statement for the financial year for which the financial statements are prepared is consistent with the financial statements and that report has been prepared in accordance with the Delivering Good Governance in Local Government: Framework (2016).*

Matters on Which We Are Required to Report by Exception

We are required by the Accounts Commission to report to you if, in our opinion:

- *adequate accounting records have not been kept; or*

- *the financial statements and the audited part of the Remuneration Report are not in agreement with the accounting records; or*
- *we have not received all the information and explanations we require for our audit;*
- *there has been a failure to achieve a prescribed financial objective.*

We have nothing to report in respect of these matters.

Conclusions on Wider Scope Responsibilities

In addition to our responsibilities for the annual accounts, our conclusions on the wider scope responsibilities specified in the Code of Audit Practice, including those in respect of Best Value, are set out in our Annual Audit Report.

Use of our Report

This report is made solely to the parties to whom it is addressed in accordance with Part VII of the Local Government (Scotland) Act 1973 and for no other purpose. In accordance with paragraph 120 of the Code of Audit Practice, we do not undertake to have responsibilities to members or officers, in their individual capacities, or to third parties.

Michael Wilkie (for and on behalf of KPMG LLP)
KPMG LLP
St Vincent Plaza
319 St Vincent Street
Glasgow G2 5AS

While the terminology used in this report is intended to be self-explanatory, it may be useful to provide additional definition and interpretation of the terms used.

Accounting Period

The period of time covered by the Accounts normally a period of twelve months commencing on 1 April each year. The end of the accounting period is the Balance Sheet date.

Accruals

The concept that income and expenditure are recognised as they are earned or incurred not as money is received overpaid.

Asset

An item having value to the IJB in monetary terms. Assets are categorised as either current or non-current. A current asset will be consumed or cease to have material value within the next financial year (e.g. cash and stock). A non-current asset provides benefits to the IJB and to the services it provides for a period of more than one year.

Audit of Accounts

An independent examination of the IJB's financial affairs.

Balance Sheet

A statement of the recorded assets, liabilities and other balances at the end of the accounting period.

CIPFA

The Chartered Institute of Public Finance and Accountancy.

Consistency

The concept that the accounting treatment of like terms within an accounting period and from one period to the next is the same.

Contingent Asset/Liability

A Contingent Asset/Liability is either:

- *a possible benefit/obligation arising from past events whose existence will be confirmed only by the occurrence of one or more uncertain events not wholly within the IJB's control; or*
- *a present benefit/obligation arising from past events where it is not probable that a transfer of economic benefits will be required, or the amount of the obligation cannot be measured with sufficient reliability.*

Creditor

Amounts owed by the IJB for work done, goods received or services rendered within the accounting period, but for which payment has not been made by the end of that accounting period.

Debtor

Amount owed to the IJB for works done, goods received or services rendered within the accounting period, but for which payment has not been received by the end of that accounting period.

Defined Benefit Pension Scheme

Pension scheme in which the benefits received by the participants are independent of the contributions paid and are not directly related to the investments of the scheme.

Entity

A body corporate, partnership, trust, unincorporated association or statutory body that is delivering a service or carrying on a trade or business with or without a view to profit. It should have a separate legal personality and is legally required to prepare its own single entity accounts.

Post Balance Sheet Events

Post Balance Sheet events are those events, favourable or unfavourable, that occur between the Balance Sheet date and the date when the Annual Accounts are authorised for issue.

Exceptional Items

Material items which derive from events or transactions that fall within the ordinary activities of the IJB and which need to be disclosed separately by virtue of their size or incidence to give a fair presentation of the accounts.

Government Grants

Grants made by the Government towards either revenue or capital expenditure in return for past or future compliance with certain conditions relating to the activities of the IJB. These grants may be specific to a particular scheme or may support the revenue spend of the IJB in general.

IAS

International Accounting Standards.

IFRS

International Financial Reporting Standards.

IRAG

Integration Resources Advisory Group

LASAAC

Local Authority (Scotland) Accounts Advisory Committee

Liability

A liability is where the IJB owes payment to an individual or another organisation. A current liability is an amount which will become payable or could be called in within the next accounting period, eg creditors or cash overdrawn. A non-current liability is an amount which by arrangement is payable beyond the next year at some point in the future or will be paid off by an annual sum over a period of time.

Provisions

An amount put aside in the accounts for future liabilities or losses which are certain or very likely to occur but the amounts or dates of when they will arise are uncertain.

PSIAS

Public Sector Internal Audit Standards

Related Parties

Bodies or individuals that have the potential to control or influence the IJB or to be controlled or influenced by the IJB. For the IJB's purposes, related parties are deemed to include voting members, the Chief Officer, the Chief Finance Officer, the Heads of Service and their close family and household members.

Remuneration

All sums paid to or receivable by an employee and sums due by way of expenses allowances (as far as these sums are chargeable to UK income tax) and the monetary value of any other benefits received other than in cash.

Reserves

The accumulation of surpluses, deficits and appropriation over past years. Reserves of a revenue nature are available and can be spent or earmarked at the discretion of the IJB.

Revenue Expenditure

The day-to-day expenses of providing services.

Significant Interest

The reporting authority is actively involved and is influential in the direction of an entity through its participation in policy decisions.

SOLACE

Society of Local Authority Chief Executives.

The Code

The Code of Practice on Local Authority Accounting in the United Kingdom.

If you or someone you know would like a copy of this document in another language or format, (on occasion only a summary of the document will be provided in translation), this can be arranged by contacting the Customer Service Centre on 01738 475000

إن احتجت أنت أو أي شخص تعرفه نسخة من هذه الوثيقة بلغة أخرى أو تصميم آخر فيمكن الحصول عليها (أو على نسخة معدلة لم تلخص هذه الوثيقة مترجمة بلغة أخرى) بالاتصال ب: الاسم: Customer Service Centre رقم هاتف للاتصال المباشر: 01738 475000

اگر آپ کو یا آپ کے کسی جاننے والے کو اس دستاویز کی نقل دوسری زبان یا فارمیٹ

(بعض دفعہ اس دستاویز کے خلاصہ کا ترجمہ فراہم کیا جائے گا) میں درکار ہے

تو اس کا بندوبست سروس ڈیویلوپمنٹس Customer Service Centre سے فون

نمبر 01738 475000 پر رابطہ کر کے کیا جاسکتا ہے۔

如果你或你的朋友希望得到這文件的其他語言版本或形式

(某些時候，這些文件只會是概要式的翻譯)，請聯絡

Customer Service Centre 01738 475000

來替你安排。

Jeżeli chciałbyś lub ktoś chciałby uzyskać kopię owego dokumentu w innym języku niż język angielski lub w innym formacie (istnieje możliwość uzyskania streszczenia owego dokumentu w innym języku niż język angielski), Proszę kontaktować się z Customer Service Centre 01738 475000

P ejete-li si Vy, anebo n kdo, koho znáte, kopii této listiny v jiném jazyce anebo jiném formátu (v n kterých p ípadech bude p eložén pouze stru ný obsah listiny) Kontaktujte prosím Customer Service Centre 01738 475000 na vy ízení této požadavky.

Если вам или кому либо кого вы знаете необходима копия этого документа на другом языке или в другом формате, вы можете запросить сокращенную копию документа обратившись Customer Service Centre 01738 475000

Nam bu mhath leat fhèin no neach eile as aithne dhut lethbhreac den phàipear seo ann an cànan no ann an cruth eile (uaireannan cha bhi ach gearr-iomradh den phàipear ri fhaotainn ann an eadar-theangachadh), gabhaidh seo a dhèanamh le fios a chur gu Ionad Sheirbheis Theachdaichean air 01738 475000.

You can also send us a text message on 07824 498145.

All Council Services can offer a telephone translation facility.

www.pkc.gov.uk

(PKC Design Team - 2020109)



Perth & Kinross Health and Social Care Partnership
3rd Floor
2 High Street
Perth
PH1 5PH

Appendix 3

Enquiries to	Jane Smith
Extension/Direct Line:	01738 459542
Email	jane.smith@nhs.scot
Your Ref	
Our Ref	JMS/PJ
Date	26 September 2022

KPMG LLP
39 St Vincent Street
Glasgow
G2 5AS

Dear Sirs,

This representation letter is provided in connection with your audit of the financial statements of Perth and Kinross Integration Joint Board ("the IJB"), for the year ended 31 March 2022 for the purpose of expressing an opinion:

- i. as to whether these financial statements, give a true and fair view of the state of the IJB's affairs as at 31 March 2022 and of the IJB's income and expenditure for the financial year then ended;
- ii. whether the financial statements have been properly prepared in accordance with International Financial Reporting Standards as adopted by the European Union ("IFRSs"), as interpreted and adapted by the Code of Practice on Local Authority Accounting in the United Kingdom 2021-22; and
- iii. whether the financial statements have been prepared in accordance with the requirements of the Local Government (Scotland) Act 1973, The Local Authority Accounts (Scotland) Regulations 2014, and the Local Government in Scotland Act 2003.

These financial statements comprise the Balance sheet, the Statement of Comprehensive Income and Expenditure, Movement in Reserves Statements, and notes, comprising a summary of significant accounting policies and other explanatory notes.

The Board confirms that the representations it makes in this letter are in accordance with the definitions set out in the Appendix to this letter.

The Board confirms that, to the best of its knowledge and belief, having made such inquiries as it considered necessary for the purpose of appropriately informing itself:

Financial statements

1. The Board has fulfilled its responsibilities, as set out in the terms of the audit engagement dated 31 May 2016, for the preparation of financial statements that:
 - i. give a true and fair view of the state of the IJB's affairs as at the end of its financial year and of its income and expenditure for that financial year;

- ii. have been properly prepared in accordance with International Financial Reporting Standards as adopted by the European Union (“IFRSs”), as interpreted, and adapted by the Code of Practice on Local Authority Accounting in the United Kingdom 2021-22; and
- iii. have been prepared in accordance with the requirements of the Local Government (Scotland) Act 1973, The Local Authority Accounts (Scotland) Regulations 2014, and the Local Government in Scotland Act 2003.

The financial statements have been prepared on a going concern basis.

- 2. The methods, the data and the significant assumptions used in making accounting estimates and their related disclosures are appropriate to achieve recognition, measurement or disclosure that is reasonable in the context of the applicable financial reporting framework.
- 3. All events subsequent to the date of the financial statements and for which IAS 10 *Events after the reporting period* requires adjustment or disclosure have been adjusted or disclosed.

Information provided

- 4. The Board has provided you with:
 - access to all information of which it is aware, that is relevant to the preparation of the financial statements, such as records, documentation and other matters;
 - additional information that you have requested from the Board for the purpose of the audit; and
 - unrestricted access to persons within the IJB from whom you determined it necessary to obtain audit evidence.

- 5. All transactions have been recorded in the accounting records and are reflected in the financial statements.

- 6. The Board confirms the following:

The Board has disclosed to you the results of its assessment of the risk that the financial statements may be materially misstated as a result of fraud.

Included in the Appendix to this letter are the definitions of fraud, including misstatements arising from fraudulent financial reporting and from misappropriation of assets.

- 7. The Board has disclosed to you all information in relation to:
 - a) Fraud or suspected fraud that it is aware of and that affects the IJB and involves:
 - management;
 - employees who have significant roles in internal control; or
 - others where the fraud could have a material effect on the financial statements; and
 - b) allegations of fraud, or suspected fraud, affecting the IJB’s financial statements communicated by employees, former employees, analysts, regulators or others.

In respect of the above, the Board acknowledges its responsibility for such internal control as it determines necessary for the preparation of financial statements that are free from material misstatement, whether due to fraud or error. In particular, the Board acknowledges its responsibility for the design, implementation and maintenance of internal control to prevent and detect fraud and error.

8. The Board has disclosed to you all known instances of non-compliance or suspected non-compliance with laws and regulations whose effects should be considered when preparing the financial statements.
9. The Board has disclosed to you and have appropriately accounted for and/or disclosed in the financial statements, in accordance with IAS 37 *Provisions, Contingent Liabilities and Contingent Assets*, all known actual or possible litigation and claims whose effects should be considered when preparing the financial statements.
10. The Board have disclosed to you the identity of the IJB's related parties and all the related party relationships and transactions of which it is aware. All related party relationships and transactions have been appropriately accounted for and disclosed in accordance with IAS 24 *Related Party Disclosures*.

Included in the Appendix to this letter are the definitions of both a related party and a related party transaction as we understand them and as defined in IAS 24.

11. The Board confirms that:
 - The financial statements disclose all of the key risk factors, assumptions made and uncertainties surrounding the IJB's ability to continue as a going concern as required to provide a true and fair view and to comply with IAS 1 *Presentation of Financial Statements*.
 - No material events or conditions exist that may cast significant doubt on the ability of the Council and the Group to continue as a going concern.
12. The Board confirms that the additional COVID-19 funding received from Scottish Government as per communication on 25 February 2022 does not include any legal obligation to repay elements unutilised or uncommitted. It considers that the letter received from Scottish Government on 12 September 2022 does not change this position and any future repayment would be subject to the agreement of the Board. Accordingly, it is not considered repayable as at 31 March 2022.

This letter was tabled and agreed at the meeting of the Audit and Performance Committee on 26 September 2022.

Yours faithfully,

Head of Finance and Corporate Services

Appendix to the Board Representation Letter of Perth and Kinross Integration Joint Board: Definitions

Financial Statements

IAS 1.10 states that “a complete set of financial statements comprises:

- a statement of financial position as at the end of the period;
- a statement of profit or loss and other comprehensive income for the period;
- a statement of changes in equity for the period;
- a statement of cash flows for the period;
- notes, comprising a summary of significant accounting policies and other explanatory information;
- comparative information in respect of the preceding period as specified in IAS 1 paragraphs 38 and 38A; and
- a statement of financial position as at the beginning of the preceding period when an entity applies an accounting policy retrospectively or makes a retrospective restatement of items in its financial statements, or when it reclassifies items in its financial statements in accordance with IAS 1 paragraphs 40A-40D.

An entity may use titles for the statements other than those used in this Standard. For example, an entity may use the title ‘statement of comprehensive income’ instead of ‘statement of profit or loss and other comprehensive income’.”

Additionally, the financial statements contain the Council Statement of Financial Position, Statement of Changes in Equity, a Statement of Cash Flows and related notes.

Material Matters

Certain representations in this letter are described as being limited to matters that are material.

IAS 1.7 and IAS 8.5 state that:

“Material omissions or misstatements of items are material if they could, individually or collectively, influence the economic decisions that users make on the basis of the financial statements. Materiality depends on the size and nature of the omission or misstatement judged in the surrounding circumstances. The size or nature of the item, or a combination of both, could be the determining factor.”

Fraud

Fraudulent financial reporting involves intentional misstatements including omissions of amounts or disclosures in financial statements to deceive financial statement users.

Misappropriation of assets involves the theft of an entity’s assets. It is often accompanied by false or misleading records or documents in order to conceal the fact that the assets are missing or have been pledged without proper authorisation.

Error

An error is an unintentional misstatement in financial statements, including the omission of an amount or a disclosure.

Prior period errors are omissions from, and misstatements in, the entity's financial statements for one or more prior periods arising from a failure to use, or misuse of, reliable information that:

- was available when financial statements for those periods were authorised for issue; and
- could reasonably be expected to have been obtained and taken into account in the preparation and presentation of those financial statements.

Such errors include the effects of mathematical mistakes, mistakes in applying accounting policies, oversights or misinterpretations of facts, and fraud.

Management

For the purposes of this letter, references to "management" should be read as "management and, where appropriate, those charged with governance".

Related Party and Related Party Transaction

Related party:

A related party is a person or entity that is related to the entity that is preparing its financial statements (referred to in IAS 24 *Related Party Disclosures* as the "reporting entity").

1. A person or a close member of that person's family is related to a reporting entity if that person:
 - has control or joint control over the reporting entity;
 - has significant influence over the reporting entity; or
 - is a member of the key management personnel of the reporting entity or of a parent of the reporting entity.
2. An entity is related to a reporting entity if any of the following conditions applies:
 - The entity and the reporting entity are members of the same group (which means that each parent, subsidiary and fellow subsidiary is related to the others).
 - One entity is an associate or joint venture of the other entity (or an associate or joint venture of a member of a group of which the other entity is a member).
 - Both entities are joint ventures of the same third party.
 - One entity is a joint venture of a third entity and the other entity is an associate of the third entity.
 - The entity is a post-employment benefit plan for the benefit of employees of either the reporting entity or an entity related to the reporting entity. If the reporting entity is itself such a plan, the sponsoring employers are also related to the reporting entity.
 - The entity is controlled, or jointly controlled by a person identified in (a).
 - A person identified in (a)(i) has significant influence over the entity or is a member of the key management personnel of the entity (or of a parent of the entity).

- The entity, or any member of a group of which it is a part, provides key management personnel services to the reporting entity or to the parent of the reporting entity.

A reporting entity is exempt from the disclosure requirements of IAS 24.18 in relation to related party transactions and outstanding balances, including commitments, with:

- a government that has control or joint control of, or significant influence over the reporting entity; and
- another entity that is a related party because the same government has control or joint control of, or significant influence over, both the reporting entity and the other entity.

Related party transaction:

A transfer of resources, services or obligations between a reporting entity and a related party, regardless of whether a price is charged.



PERTH AND KINROSS INTEGRATION JOINT BOARD

AUDIT & PERFORMANCE COMMITTEE

26 SEPTEMBER 2022

CLINICAL AND CARE GOVERNANCE RISK ESCALATION REPORT

**Report by Chief Officer
(Report No. G/22/149)**

PURPOSE OF REPORT

The purpose of this report is to provide assurance to Perth and Kinross Integration Joint Board (PKIJB) that a robust Clinical and Care Governance system is in place in within NHS Tayside and Perth and Kinross Council and that there is an appropriate escalation process for operational risks which may impact on the ability of the IJB to deliver its strategic objectives.

1. RECOMMENDATIONS

The Audit and Performance Committee is asked to:

- i) Note the review and consideration of operational risks and the impact on the IJB's Strategic Risk Profile;
- ii) Note the assurance provided to on the Clinical and Care Governance systems in place within NHS Tayside and Perth and Kinross Council;

2. BACKGROUND

- 2.1 At their meeting on 29 September 2021, the IJB agreed a process that ensures the IJB receives assurance regarding the effectiveness of our Partner's Clinical and Care Governance arrangements.
- 2.2 Part of this agreed assurance process included the need for a Risk Escalation Report from the Chief Officer which identifies significant operational clinical and care governance risks which are likely to impact on PKIJB's Strategic Objectives and which therefore require to be considered as part of the ongoing review of the IJB's Strategic Risk Register.

- 2.3 Perth and Kinross Health and Social Care Partnership (PKHSCP) regularly provide assurance report to the NHS Tayside Care Governance Committee and these reports highlight significant operational risks and the steps taken to control them. These reports now form part of the clinical care governance risk escalation process.

3. ESCALATION OF OPERATIONAL RISK

- 3.1 As part of the assurance reports provided to NHSTCCG in April and August 2022, the following very high risks were identified: -

April 2022	August 2022
Accommodation for clinical and non-clinical staff (Health)	Accommodation for clinical and non-clinical staff (Health)
Mental Health Workforce (Health)	Mental Health Workforce (Health)
Care at Home Capacity (Social Work)	Access Team Workforce (Social Work)

- 3.2 The Mental Health workforce operational risk remains at a very high level. The risk was downgraded late in 2021 due to the contingency measures which were implemented but the risk escalated again in January 2022. However, work on a pan-Tayside basis is being taken forward in respect of recording and escalation of Mental Health risks at both operational and strategic levels.
- 3.3 The workforce operational risk concerning Care at Home Capacity, which was discussed in the April 2022 NHSTCCG PKHSCP report, was subsequently downgraded in May 2022. However, this was replaced by another very high workforce operational risk relating to the Social Work Access Team.
- 3.4 Having reviewed the very high workforce related operational risks identified in PKHSCP's assurance reports to NHS Tayside in combination with the IJBs strategic workforce risk, EMT agreed that there were no further implications at this stage for the strategic risk. The strategic risk is scored at the maximum level with appropriate controls in place and all improvement actions are being progressed.
- 3.5 Work continues at service level to mitigate the operational risk concerning accommodation for clinical and non-clinical staff which remains at a very high level. The IJB's strategic risk register already contains a risk concerning Partnership Premises which also remains at a very high risk exposure level.
- 3.6 EMT agreed that there were no further implications at this stage for the Partnership Premises strategic risk. This strategic risk has been subject to a recent review with 2 new improvement actions now put in place. These new improvement actions are designed to mitigate the risk in the medium/longer term with the immediate challenges concerning the Integrated Drug and Alcohol Team (IDART) and the Community Care and Treatment Centre (CCATs) accommodation being addressed and solutions sought in conjunction with our statutory partners.

- 3.7 The status of risk scores of identified significant risks as set out in the PKHSCP Clinical Care Governance Reports to NHS Tayside's Care Governance Committee are detailed in Appendix 3.

4. ASSURANCES PROVIDED BY STATUTORY PARTNERS

- 4.1 In April and August 2022, the PKHSCP assurance reports to the NHSTCGC, as attached at Appendices 1 and 2, provided 'Reasonable Assurance' regarding clinical and care governance arrangements within the Partnership. It is acknowledged that further improvements are required to gain comprehensive assurance.
- 4.2 The approved minutes of the NHSTCGC from February and April 2022, where PKHSCP's Assurance Reports were discussed, are attached at appendices 4 and 5.
- 4.3 The Annual Assurance Framework report for the North Locality, attached at Appendix 6, is included for information at this stage. This was reported to the PKHSCP Clinical and Professional Governance Forum (CPGF) on 24 June 2022 and provides an example of the level of integrated data and assurance which is provided to the CPGF.
- 4.4 Agreement has been reached in relation to the provision of assurance to PKIJB that appropriate management of Adult Social Work and Social Care operational risks is in place. PKHSCP will provide regular Clinical and Care Governance Assurance reports to Perth and Kinross Council's Audit and Risk Committee, in a similar manner as happens with NHS Tayside. The schedule for reporting to the Audit and Risk Committee is currently being agreed.
- 4.5 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 and Professional Governance Forum, supports regular review of all services to ensure that such arrangements are in place.

5. CONCLUSION

- 5.1 This report provides assurance to Perth and Kinross Integration Joint Board (PKIJB) of the Clinical and Care Governance systems in place within NHS Tayside and Perth and Kinross Council and that there has been appropriate consideration of operational risks on the IJB's ability to deliver on their strategic objectives.

Author(s)

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

Appendices

- Appendix 1 – PKHSCP Assurance Report to NHST CCGC 7 April 2021
- Appendix 2 – PKHSCP Assurance Report to NHST CCGC 4 August 2022
- Appendix 3 – Health and ASWSC Operational Risk Register Status
- Appendix 4 – NHST CCGC Minutes 3 February 2022
- Appendix 5 – NHST CCGC Minutes 7 April 2022
- Appendix 6 – PKHSCP Care and Professional Governance Forum Annual Assurance Report for North Locality



Care Governance Committee

07 April 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, P&K HSCP Chief 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: **Reasonable 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 26 current service risks recorded on DATIX. These are risks for health services. Red risk 1133 detailed below is a new risk.

Of these 26 current service risks, 3 are graded "Very High", 18 as "High", and 5 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, with reliance upon Consultant Locum cover. Each locality has reduced medical cover compared to substantive allocation and the teams are attempting to utilise all available skills sets available to them. ANP's are being deployed to enhance service provision, although this is a scant resource and efforts are being made to recruit additional staff.				

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	15-02-22
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 was implemented Dec 2021. Contractual agreement to be produced and signed up to by providers on an agreed				

2.3.2 Clinical & Care Governance Arrangements - **Substantial 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 **21 January 2022 & 18 February 2022**:

- North Locality:
 - Pitlochry Hospital GP Unit temporarily non-operational from 3rd January 2022. Staff across the locality are working flexibly to cover sickness across all areas due to covid and sharing resources to meet the demand, for example OPCMHT staff are supporting MRH. A workforce engagement group has been set up led by the North Locality Manager supported by HR and staffside colleagues. A working group is also being set up to consider the Highland Perthshire model of care.
- Podiatry
 - Difficulty in recruitment and retention of podiatrist in the NHS has been highlighted as national issue across all Health Board areas in Scotland; locally this carries the risk of being unable to provide a safe level of service to the increasing number of higher risk patients and to positively accommodate the assessed needs of the existing patient caseload; which may lead to unintended consequences to patients; and the deterioration of staff wellbeing. The service continues to foster student placements to support future recruitment. Service risk has been recorded on Datix.
 - Patient demand from existing caseload whose care plans have been interrupted due to the Covid pandemic is anticipated to increase as service starts to remobilise. Service capacity has reduced due to; increased complexity of patients; the implementation of safe working practice, such as physical distancing; the time implications to carry out recording patients interventions on new electronic record system; and difficulty in recruiting to vacant posts. Assessment hubs to be established across service areas.
- South Locality
 - Community hospitals unable to support fire evacuation for bariatric patients due to environmental restrictions which require physical adjustment to the facility. Bariatric patients will not be admitted to these premises until a long term solution is put in place.
- Psychiatry of Old Age Inpatients
 - Recent workforce tool showed deficit of WTE staff across all 3 IP areas. Investment required supporting safer staffing and support compliance of safer staffing bill. Additional staff added funded from Covid funding for 22/23 and the service is awaiting the outcome of a wider POA review before making any permanent changes to the ward establishments.

- Access Team
 - Ongoing staff shortage due to vacancies and long term sickness is having an impact upon the Access Team's ability to maintain protected time for development. There has been significant additional investment in additional social work capacity to support mitigating this.
- Prison Healthcare
 - Risk identified re recruitment of staff for female Custody unit due to open in June 2023. Monthly sub group meetings are taking place to ensure that everything is in place as required Staffside invited to attend meetings and plans to be developed for staff engagement. Additional funding has been awarded for the Unit to cover year one.
 - Routine wait time 8 weeks in HMP Perth. Waiting times worsened due to full time GP sickness and difficulties accessing patients due to Covid but improving through locum support. All patients receive health screening on admission to the establishment.
- Commissioned Services
 - Commissioned services are experiencing pressure across the whole of social care, but primarily our Care Home sector. Two thirds of our Care Homes are either closed or being monitored by Health protection, 19 closed at its highest, in the main the Care Homes themselves are managing workforce pressures that self-isolation measures bring. A number of measures have been put in place to support care homes via the local oversight group including the provision of supply staff.

At the **January 2022** meeting of the CPGF, an update to the Public Dental Service annual report was provided, with the following key points noted:

- Covid has had a significant impact on the service; in March 2020 normal service was suspended with four Urgent Dental Care Centres established to manage emergency dental care. Normal services resumed four months later and the service continues to remobilise in accordance with the Scottish Government's plan.
- Additional Covid infection control procedures continue to limit the number of patients and treatments provided. There has been slow progress with essential Covid ventilation modifications and this requires urgent attention as without this appointment times take twice as long.
- Access to general anaesthetic sessions remains reduced, especially for special care adults, placing further pressure on existing waiting lists. Prior to Covid there were 14 sessions in a month, now down to 4. Waiting times are now running in excess of a year for the most complex patients, and waiting times for children with an urgent need for treatment under general anaesthetic has increased fourfold and continues to rise.
- Covid has also had an impact on dental public health functions, the delivery of oral health promotion programmes, and the monitoring of the oral health of primary school children as all members of the oral health promotion team were redeployed to other supporting roles and school dental inspections were paused. School dental inspections resumed in November 2021.
- There have been 44 datix reports between November 2020 and December 2021, with only one graded red. The most common datix report was around cross infection caused by failure to dismantle equipment correctly prior to

sending for decontamination; these were all near miss events and are continually monitored. Where there are specific issues identified these are addressed with the individuals concerned.

- There have been five follow up local adverse event reviews in this period and all action points have been completed and learning shared.
- TURAS was interrupted due to Covid; this resumed in August 2021 and is progressing well.
- The results of the most recent staff i-matter survey showed an average response rate of 89% and engagement score of 80%.
- Annual internal and external inspections and reviews were interrupted by Covid, but where there have been inspections these have all been passed and any action points dealt with quickly. Combined General Dental Service Practice Inspections and Sedation Practice Inspections have been scheduled for the first quarter of 2022.
- The Director of Dentistry, Dr Morag Curnow, will retire in November this year. The arrangements to secure the replacement for this post is now a pressing priority.
- A new Mobile Dental Unit to improve access to dental care for hard to reach patient groups such as patients experiencing homelessness has been successfully commissioned; it is hoped that this will be in use by April this year.

At the **February 2022** meeting of the CPGF, an update to the Perth City Locality annual report was provided, with the following key points noted:

- Infection prevention and control; there are no ongoing concerns regarding infection prevention and control, including mandatory training and hand hygiene compliance.
- Perth City Locality has developed a Dashboard which is used to collect local performance information on a monthly basis which is considered at the Perth City Clinical Governance Meeting. It was noted that collecting comparable data across health and social care teams poses challenges due to differences in IT systems and accessibility. A new social care case management system has now been procured by Perth and Kinross Council which has greater capability.
- Staff wellbeing: Perth City Locality has dedicated time during team forums to provide staff with appropriate support. There is also an appointed wellbeing ambassador.
- Large Scale Inquiries: these include Care at Home inquiries as well as care homes. Trends identified have been around leadership and management, the ability to support front line staff; difficulty around recruitment and providing robust training and induction, communication, and the impact of covid. A significant amount of support has been put into these services to bring them back up to a level where risks are reduced, and to maintain this. Learning and improvement actions from the outcomes of these inquiries are shared with care home provider groups as well as across all care providers. Shared learning is also a standing item on the monthly Adult Social Work and Social Care Forum agenda. Closer links with the Adult Support and Protection Committee has been identified.
- It was confirmed that all new social work posts will be engaged in adult protection work once trained and experienced.
- Upheld complaints; it was suggested that it would be helpful to provide narrative around these complaints and what the issues were for learning purposes. It

was advised that the new P&K complaints system will assist to capture information, create themes and highlight the areas that need to be looked at; reporting next year will hopefully show this information.

- In relation to performance indicators it was suggested that further information and narrative be included to show what the acceptable standards are for greater clarity.

2.3.3 Adverse Event Management - Reasonable Assurance

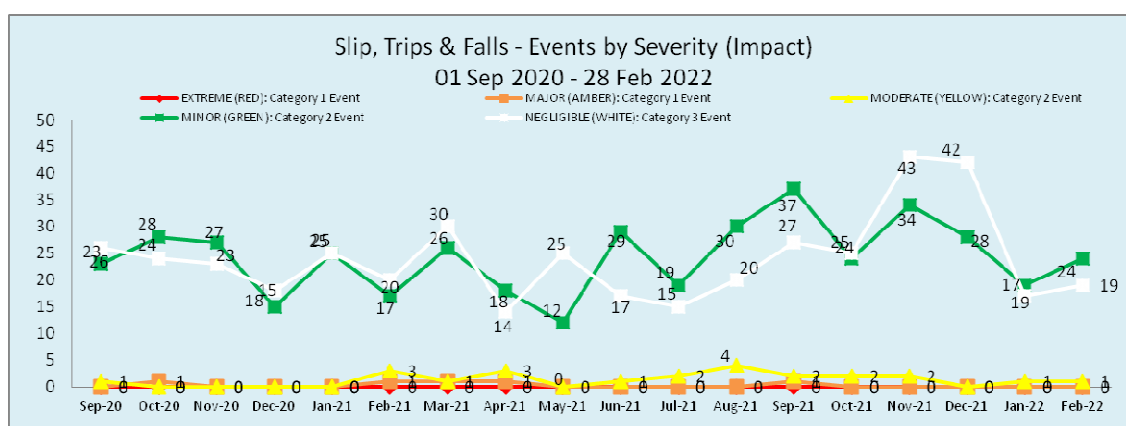
Systems are in place for services/localities to review DATIX incidents. Regarding adverse events with harm, the main themes reported during the months of January and February 2022 were:

Highest frequency events:

1. Slips, Trips and Falls
2. Medication
3. Violence & Aggression
4. Clinical Challenging behaviour
5. Care Delivery

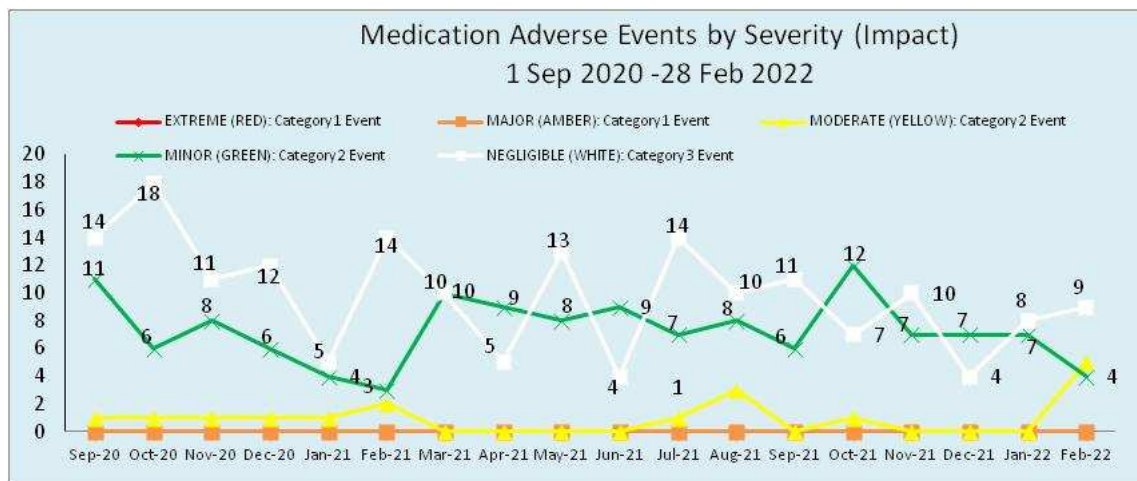
• Slip, Trip & Falls

During the months of January and February 2022, there were **81** incidents recorded, of which 17 involved harm. 35 occurred at MRH, 17 at PRI, 27 in Community Hospitals and the remaining 2 in other areas.



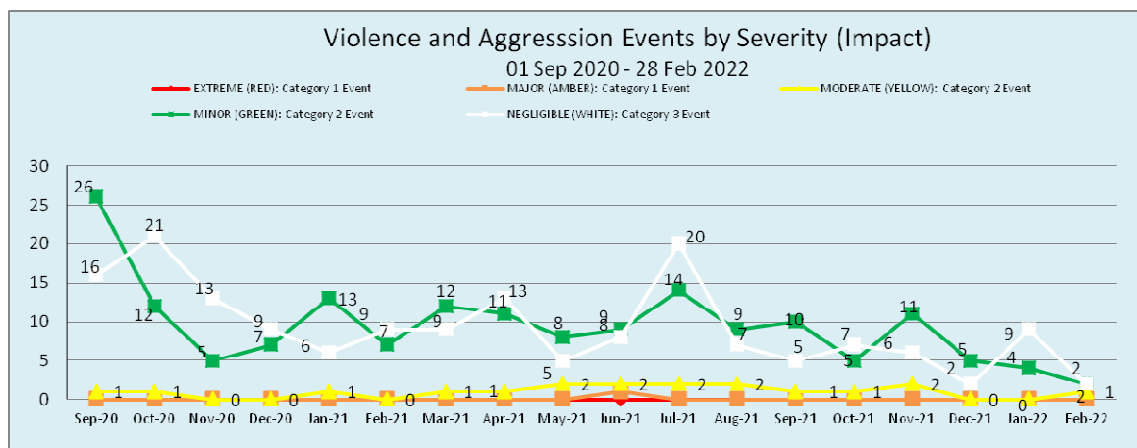
- **Medication**

During the months of January and February 2022, there were **33** incidents recorded, of which 3 involved harm. 3 occurred at MRH, 3 at PRI, 8 in Community Hospitals, 14 within a Prison Establishment and the remaining 5 in other areas.



- **Violence & Aggression**

During the months of January and February 2022, there were **18** incidents recorded, of which 2 involved harm. 12 occurred at MRH, 2 at PRI, 1 in Community Hospitals, and the remaining 3 in other areas.



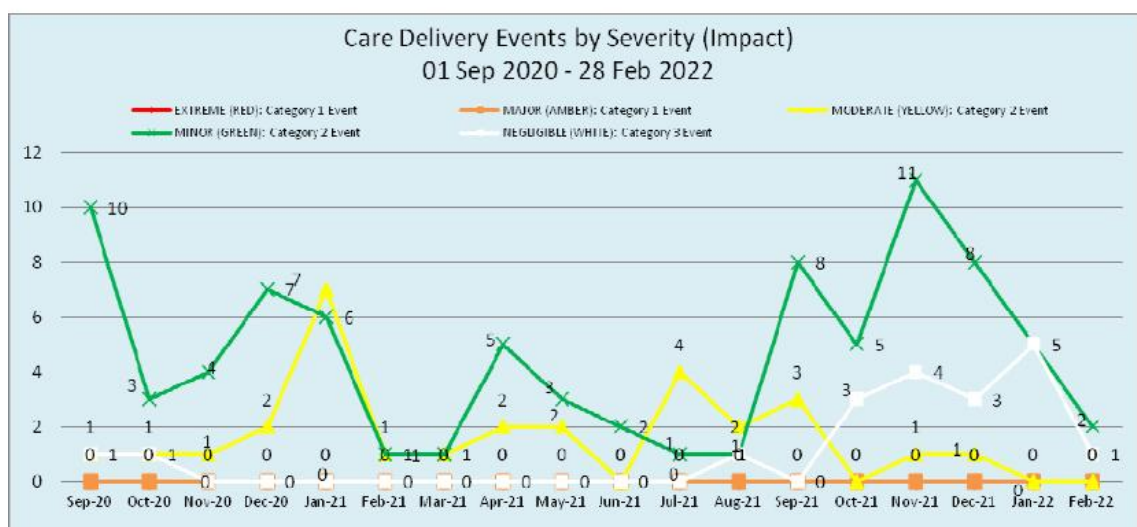
- **Clinical Challenging Behaviour**

During the months of January and February 2022, there were **18** incidents recorded, of which 3 involved harm. 14 occurred at MRH and 4 in Community Hospitals.



- **Care Delivery**

During the months of January and February 2022, there were **13** incidents recorded, of which none involved harm. 10 were within a Prison Establishment, 1 within Community Hospitals, and the remaining 2 in other areas.



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.

Overdue red and amber events within P&K HSCP are discussed monthly at the CPGF meeting, and there has been a focus on reducing outstanding reviews:

- 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
- March 2022 - 8 outstanding events

Progress has been made throughout the year regarding the outstanding red events, and as of March 2022, there are 8 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.

Each geographical locality in P&K is provided with a summary of adverse events specific to their locality to enable them to identify trends and any learning.

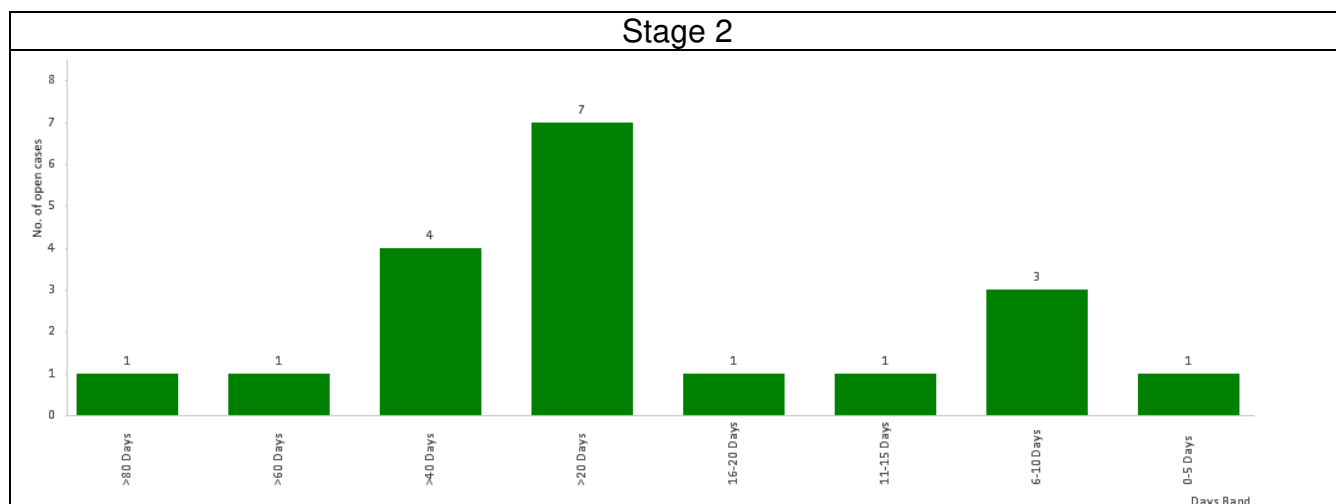
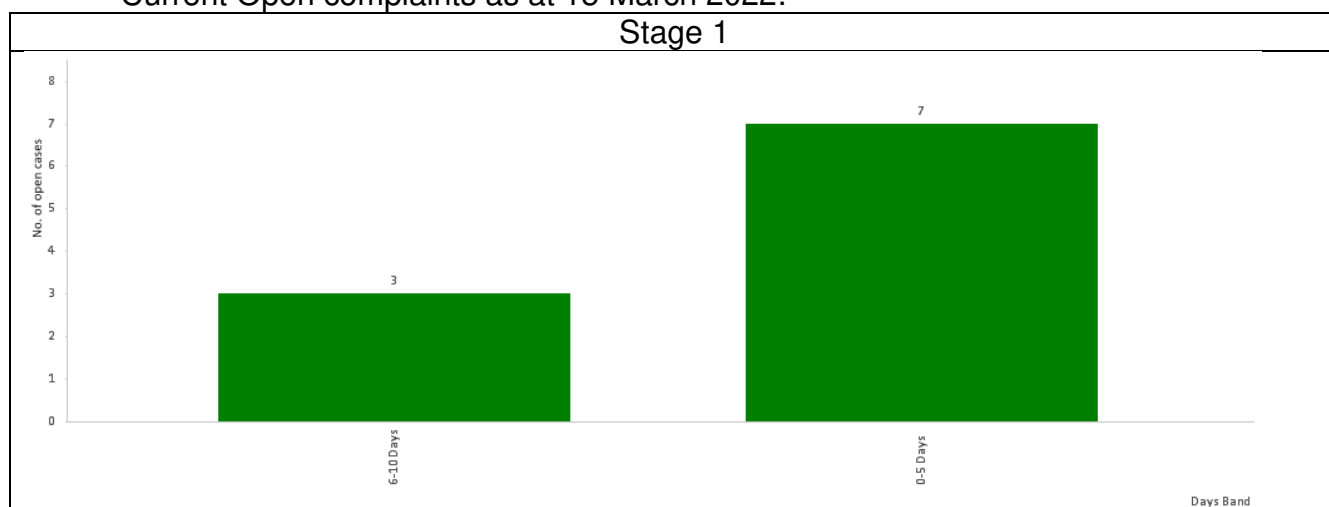
Adverse events are regularly reviewed and form a standing agenda item at the locality governance groups to identify learning, improvements, training needs or themes.

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.

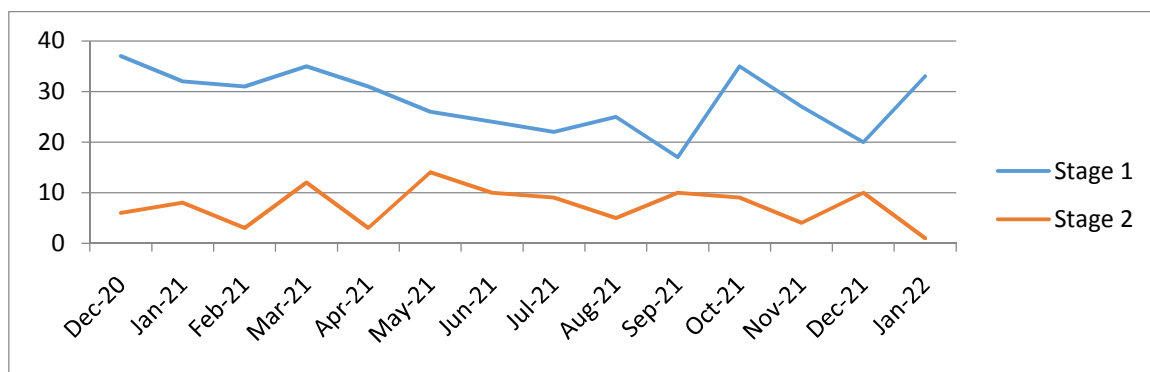
2.3.4 Complaints - Substantial Assurance

Complaints summary for HSCP Health Services:

Current Open complaints as at 15 March 2022:



Number of complaints closed by month:



- **Total number of complaints received in January 2022 = 48**
- **Total number of complaints closed in January 2022 = 34**
 - Stage 1 = 33 (18 upheld or partially upheld)
 - Stage 2 = 1 (1 upheld or partially upheld)
- **Total number of complaints received in February 2022 = 31**
- **Total number of complaints closed in February 2022 = 33**
 - Stage 1 = 26 (4 upheld or partially upheld)
 - Stage 2 = 7 (6 upheld or partially upheld)
- **Top themes (Prison Healthcare):**
 - **Overall**
 - Wait times
 - Disagreement with treatment plan
 - Communication
 - **Upheld or Partially Upheld complaints**
 - Wait times
 - Communication
 - Disagreement with treatment plan
- **Top themes (other HSCP services):**
 - **Overall**
 - Staff attitude
 - Wait times
 - Difficulty accessing service
 - **Upheld or Partially Upheld complaints**
 - Staff attitude
 - Wait times
 - Difficulty accessing service

Complaints and Feedback are managed by locality/service managers (including hosted services), complaints are signed off by the Head of Health and Head of Adult Social Work & Social Care as appropriate. 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 and 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 - Substantial 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 – Reasonable Assurance

The PKHSCP Mental Health Clinical, Care & Professional Governance Group 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 to review 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 P&K MH service covers Adult, LD and POA MH community teams; iDART service and POA in-patient services (Garry, Tummel and Leven Wards at MRI)

The MH leads in P&K are currently focussing on:

- A. Progressing 29 key actions from Trust & Respect Report from 2020
- B. Working with the Demand Capacity Activity & Queue (DCAQ) data now being provided by the Tayside Business Unit to better understand, improve and monitor service provision and how it relates to individual patient experience. Initial data suggests a fairly stable number of patients being referred to the services.
- C. The current six risks sitting with the service –
 - a. Doctors in training

- b. Prescribing in MH (ability of community service to prescribe and the increasing prescribing spend within the service)
 - c. Workforce (initially this related to medical workforce where almost 100% of medical cover now delivered by relatively short-term agency locums) but now extends to broader team especially nursing in the POA in-patient team)
 - d. Ligature anchor points (ongoing estates work to remove)
 - e. Environment & accommodation (especially iDART accommodation at Drumhar HC and the uncertainty surrounding the Cairnwell unit on the PRI site)
 - f. Capacity and flow (relating to DD and discharge planning)
- Of the above noted risks the Workforce risk is scored highest and has least robust controls in place.

D. Primary Care Mental Health – developing enhanced teams to support GP practices who manage the majority of MH care for P&K patients

Recent data suggests that although the levels of out-patient referrals remain fairly stable it continues to exceed the available capacity to see new patients and therefore there are a rising number of patients sitting on the OPC waiting list. DD's in MRI are sitting around 10 (six in POA and four in GAP) including a number of 'complex' delays.

Recent positive developments include identification of significant new SG funding to significantly enhance Primary Care MH capacity in GP practices; the appointment of a new senior suicide awareness co-ordinator and significant interest from a number of GP's in developing specialist interest roles integrated in our current MH medical workforce.

The PKHSCP Mental Health Clinical, Care & Professional Governance Group will 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.

2.3.7 Quality/ Patient Care

There are a number of ongoing risks (summarised within Appendices 2 &3) which, if not mitigated, pose a risk to the provision of safe care which is of high quality. The HSCP continues to manage these risks proactively.

2.3.8 Workforce

There are a number of ongoing risks regarding workforce challenges (summarised within Appendices 2 &3) which, if not mitigated, pose a risk to the provision of safe care which is of high quality. The HSCP continues to manage these risks proactively.

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.


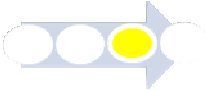
- Care & Professional Governance Forum members
- Executive Management Team

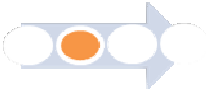

2.4 Recommendation

This report is being presented for:

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

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

Level of Assurance		System Adequacy	Controls	✓
Substantial Assurance		A sound system of governance, risk management and control exists, with internal controls operating effectively and being consistently applied to support the achievement of objectives in the area audited	Controls are applied continuously or with only minor lapses.	
Reasonable Assurance		There is a generally sound system of governance, risk management and control in place. Some issues, non-compliance or scope for improvement were identified which may put at risk the achievement of objectives in the area audited.	Controls are applied frequently but with evidence of non-compliance.	✓

Limited Assurance		Significant gaps, weaknesses or non-compliance were identified. Improvement is required to the system of governance, risk management and control to effectively manage risks to the achievement of objectives in the area audited.	Controls are applied but with some significant lapses.	
No Assurance		Immediate action is required to address fundamental gaps, weaknesses or non-compliance identified. The system of governance, risk management and control is inadequate to effectively manage risks to the achievement of objectives in the area audited.	Significant breakdown in the application of controls.	

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 Integrated Drug & Alcohol Recovery Team, Advanced Nurse Practitioners, Community Hospitals (x4), 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
North Locality		Delegated
South Locality		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 15th March 2022)**

Current service risks within health services (25):

Ref	Locality/Service	Grading and Title of risk	Risk Score & Grading	Last updated / Manager
829	Perth City	Challenges in relation to accommodation for clinical and non-clinical staff across P&K	20 RED	11-01-22 Evelyn Devine
982	Mental Health P&K wide	Workforce	20 RED	19-01-22 Chris Lamont

657	P&K wide	P&K HSCP Community Hospital Registered Nurse Staffing Levels	16 AMBER	25-01-22 Tia Dixon
1128	Psychiatry of Old Age	Reduced Staffing within the 3 POA in-patients areas in P&K HSCP	16 AMBER	28-01-22 Shelly Milligan
886	MFTE, POA / Intermediate Care	Staffing challenges within the OT service at PRI	16 AMBER	01-02-21 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	18-02-21 Alisson McPherson
1055	Primary Care	Risk regarding long term GP Practice sustainability	16 AMBER	09-03-22 Ruth Buchan
983	Mental Health P&K wide	Ligature Anchor Points	15 AMBER	24-11-21 Shelley Milligan
1139	North	Heating system at Pitlochry Hospital unable to be accessed/controlled by estates	15 AMBER	16-02-22 Amanda Taylor
321	Public Dental Service	IT Failure - Public Dental Service	12 AMBER	10-08-20 Michelle Hamilton-Smith
984	Mental Health P&K wide	Doctors in Training	12 AMBER	19-01-22 Chris Lamont
565	Prison Healthcare	Prison Healthcare Staffing levels (nursing)	12 AMBER	29-12-21 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 Therapy(DBT) within P&K Community Mental Health Teams	12 AMBER	12-08-20 Chris Lamont
911	Prison Healthcare	Medical Cover for HMP Castle Huntly	12 AMBER	23-12-21 Angela Cunningham

980	Mental Health P&K wide	Environment and Infrastructure	12 AMBER	22-11-21 Chris Lamont
1038	Podiatry	Excessive patient waiting times within Tayside Podiatry service	12 AMBER	02-08-21 Mark Fannon
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	18-11-21 Airlie Dewar

1087	iDART	iDART recruitment and retention and increasing caseload challenges	9 YELLOW	18-02-21 Alisson McPherson
701	Prison Healthcare	Mental Health Waiting Times within the Prison Healthcare Service	9 YELLOW	29-12-21 Airlie Dewar
1071	Prison Healthcare	Development of the Female Community Custody Unit (CCU)	8 YELLOW	20-01-22 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

Pending service risks within health services (2):

Ref	Locality/Service	Grading and Title of risk	Risk Score & Grading	Last updated
979	Mental Health P&K wide	Prescribing	-	29-04-21 Chris Lamont
1085	Prison Healthcare	GP Waiting Times in HMP Perth	20 RED	06-10-21 Rachel Bennison

Appendix 3 – Service risks within P&K HSCP Adult Social Work & Social Work Services

Perth & Kinross Health & Social Care Partnership

SERVICE RISK PROFILE - Adult Social Work and Social Care

Last updated: 15th Feb 2022

Ref	Risk Description	Likelihood Score (1-5)	Consequence 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. Funding for additional Social Workers approved. 6 posts are being recruited into.	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	4	4	16	funding to be sought to continue fixed term OTA posts to be requested.	A waiting list continues within the locality teams.	Shona Maclean

	backlog in referrals/waiting list. This has resulted in delays in service users receiving assessments.					<ul style="list-style-type: none"> Full Waiting list review every 3 months – all clients contacted by phone. 2 x OTA fixed term contracts end in March 22. No funding within staffing budget. Alternative funding to be identified 0.5 GE3 admin required and no funding within OT staffing budget. Alternative funding to be identified. 	
	Access Team OTs will transfer to locality OT teams on 1 st February without the 0.5 admin support currently provided by Access Team. This will cause delays in responding to initial enquires and general admin tasks that occurs within current duty system.				Access Team will continue to provide admin support until March 22 until Adult Disability Payment process starts within Access team and absorbs this capacity.		
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	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> Exploring and developing different models of Practice and tools Working with Universities SBAR completed – Releasing survey about PL to workforce Understanding following the survey to influence next steps 	Zoe Robertson
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	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> 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 	Shona MacLean

					<p>given to over recruit</p> <ul style="list-style-type: none"> • Creating work experience and shadowing opportunities through new pathways in to care • Implementation of Digital Information post to support recruitment • Block booked 18 Care Home beds which in all three localities, thus reducing demands across the system and supporting hospital discharges. 	<ul style="list-style-type: none"> • An uplift in External provider implemented Dec 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 May 2022. 	
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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:

	JUNE 2021	JULY 2021	JULY 2021	AUG 2021	SEPT 2021	OCT 2021	NOV 2021	DEC 2021	JAN 2022	FEB 2022
ACCESS TEAM & MHO	✓	NOT REQUIRED	✓	NOT REQUIRED	✓	NOT REQUIRED	✓	NOT REQUIRED	✓	NOT REQUIRED
COMMISSIONED SERVICES	✓	NOT REQUIRED	NOT REQUIRED	NOT REQUIRED	NOT REQUIRED	NOT REQUIRED	NOT REQUIRED	NOT REQUIRED	NOT REQUIRED	NOT REQUIRED
EQUIPMENT & TEC	NOT REQUIRED	NOT RECEIVED	✓	NOT REQUIRED	NOT REQUIRED	✓	NOT REQUIRED	✓	NOT REQUIRED	✓
NORTH LOCALITY	NOT REQUIRED	✓	NOT REQUIRED	✓	NOT REQUIRED	✓	NOT REQUIRED	✓	NOT REQUIRED	✓
PERTH CITY LOCALITY	NOT REQUIRED	✓	NOT REQUIRED	✓	NOT REQUIRED	✓	NOT REQUIRED	✓	NOT REQUIRED	✓
MFTE/POA IN-PATIENTS & INTERMEDIATE CARE	✓	NOT REQUIRED	✓	NOT REQUIRED	✓	✓	✓	✓	✓	✓

PODIATRY	NOT REQUIRED	✓	NOT REQUIRED	✓	NOT REQUIRED	✓	NOT REQUIRED	✓	NOT REQUIRED	✓
PRISON HEALTHCARE	✓	NOT REQUIRED	NOT RECEIVED	✓	NOT REQUIRED	NOT REQUIRED	NOT REQUIRED	NOT REQUIRED	NOT REQUIRED	NOT REQUIRED
PUBLIC DENTAL SERVICES	✓	NOT REQUIRED	✓	NOT REQUIRED	✓	NOT REQUIRED	✓	NOT REQUIRED	✓	NOT REQUIRED
REGISTERED SERVICES	NOT REQUIRED	NOT RECEIVED	✓	NOT REQUIRED	NOT REQUIRED	✓	NOT REQUIRED	✓	NOT REQUIRED	✓
SOUTH LOCALITY	✓	✓	NOT REQUIRED	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):

	1 st Cycle	2nd Cycle	3 rd Cycle
ACCESS TEAM & MHO	January 2020	November 2020	April 2022
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 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	Mental Health operational Medical Director has agreed to review this case. Emailed 15 March for update.
115070	10/07/19	07/07/19	Perth City - CMHT	Suspected Suicide	Mental Health operational Medical Director has agreed to review this case. Emailed 15 March for update.
143467	18/01/21	18/01/21	Prison Healthcare	Death in Custody	LAER held, report being finalised
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. Meeting with family to take place regarding LAER questions.
152271	24/06/21	24/06/21	IDART	Unexpected Death	Mortality & Morbidity review in progress; further review being considered.
154751	09/08/21	06/08/21	South Locality	Suspected Suicide	Meetings with spouse completed and meeting with friend planned to inform the LAER process.
155873	31/08/21	31/08/21	IDART	Fatality	Mortality & Morbidity review to being undertaken.



Care Governance Committee

4th August 2022

Perth & Kinross Health and Social Care Partnership (HSCP) Clinical and
Care Governance Assurance Report

Responsible Officer Dr Hamish Dougall, Associate Medical Director

Report Authors: Dr Hamish Dougall, Associate Medical Director
Mark Dickson, Clinical Governance Coordinator
Angie McManus, AHP Lead
Valerie Davis, Lead Nurse

1 Purpose

This is presented to the Care Governance Committee for:

- Assurance

This report relates to:

- Government policy/directive
- Legal requirement

This aligns to the following NHSScotland quality ambition(s):

- Safe
- Effective
- Person Centred

This report provides evidence of the following Best Value Characteristic of:

- Equality

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 1st March to 30th June 2022.

As lead Officer for Perth & Kinross I would suggest that the level of assurance provided is: **Reasonable** assurance

2.2 Background

The role of the Perth & Kinross HSCP Care & Professional Governance Forum is to provide assurance to the Perth & Kinross Integration Joint Board (IJB), NHS Tayside Board (through the Care Governance Committee) and Perth & Kinross Council, that there are effective and embedded systems for Clinical, Care and Professional Governance in all services delegated to the Perth & Kinross IJB.

The GIRFE Framework is an agreed tool used by all three HSCPs 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 has been 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.

The six 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:

Information Governance
Professional Regulation and Workforce Development
Patient/Service user/Carer and Staff Safety
Patient/Service user/Carer and Staff Experience
Quality and effectiveness of care
Promotion of Equality and Social Justice

2.3 Assessment

a. Clinical and Care Risk Management

Title of Risk	Adequacy	Inherent Risk Score (without controls)	Current Risk Score (with current controls in place)	Current Controls
(829 - Health) Challenges in relation to accommodation for clinical and non-clinical staff across P&K	Incomplete	20 (RED)	20 (RED)	Risk last reviewed 11 January 2022 Chief Officer has met with NHST Director Facilities to discuss a commercial premise to lease in P&K Head of Health has briefed NHS Director of Facilities re all options which have currently been explored in NHS and PKC family Interim Chief Exec of PKC has been briefed by Chief Officer re: accommodation needs for the HSCP.

				<p>HSCP Chief Officer and Heads of Service attending PKC-led asset management workshops to plan for future requirement across public services and to work towards one public estate. The requirements of the HSCP have been shared.</p> <p>Premises requirements identified and summarised in a briefing paper for CCATS, IDART, 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. Shared with NHS Procurement and Estates</p>
<p>(982 – Health) Mental Health Workforce in P&K HSCP</p>	Adequate	20 (RED)	20 (RED)	<p>Risk last reviewed 19 January 2022</p> <p>Exploring additional nursing resource for the CMHTs</p> <p>For POA, we are continuing to secure supplementary staffing via bank and agency</p> <p>Ongoing recruitment to vacant Nursing posts</p> <p>Learning from staff exit interviews</p> <p>Operational Associate Medical Director for Mental Health is currently reviewing and arranging updated recruitment tools</p> <p>P&K service entered contingency , and P&K Mental Health contingency meeting established. As of 26th Nov 21, the service exited contingency.</p> <p>Liaison with Mental Health AMD, Nurse Director and Medical Director</p> <p>Medical contingency team to be based at Murray Royal Hospital commencing 21 June 2021. The team will stand down from 29th Nov 2021</p> <p>Pharmacy resource secured to support contingency team</p> <p>Advanced Nurse Practitioner resource being secured to support contingency team</p> <p>Drafting patient pathways between CMHT and medical contingency team</p>

				<p>NHST is deploying medical resource from Dundee</p> <p>Secured adequate locum psychiatrist cover for the next six months.</p>
<p>(5 – Social Work) Workforce at critical level within the Social Work Access Team</p>			<p>25 (RED)</p>	<p>Risk last reviewed 20 July 2022</p> <p>6 WFTE additional Social work posts agreed to work within the team and proposed implementation of redesign September 2022.</p> <p>Access Team still Red RAG status due to continual long-term absence, vacancies and increase in the volume/demand of work coming into the first point contact. The review that is currently being undertaken should address some of these issues and enable the first point of contact/Access Team to address early intervention and not carry long term case work, as they are currently doing. Case work will be passed to localities at an earlier stage in the process than currently happens.</p>

b. Clinical & Care Governance Arrangements

Full details of the Clinical & Care Governance Arrangements in P&K HSCP are provided within appendix 1. 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 in March & April 2022:

- Commissioned Services:
 - Rising levels of Covid in the Care Homes, significant spike in numbers of both residents and staff. Although this decreased during April and May, there has been a subsequent increase again during May and June.
 - Workforce shortages being experienced across the Care Home and Care at Home sectors.
- North Locality:
 - Pitlochry Community Hospital inpatient ward was temporarily non-operational from 3rd January 2022. Staffing situation has improved and safe staffing has been possible to allow 4 inpatient beds to become operational from 20 June 2022 and a plan to increase to full capacity (9 beds) in the Autumn.
 - Staffing continued to be a challenge across the locality due to COVID absence and vacancies within Community Nursing in particular. Teams worked flexibly to support until vacancies filled.

- POA Inpatients:
 - Covid outbreak in both Tummel and Garry ward March 2022, further outbreak in Garry ward April 2022 (Community acquired infection – new admission)

Key risks identified within the annual reports received at the CPGF meetings held in March & April 2022:

- **Prison Healthcare:**
 - The service currently has 5 risks recorded on DATIX (3 amber and 2 yellow). The Amber risks are in relation to :
 - Medication Administration
 - Staffing Levels (Nursing)
 - Medical Cover for HMP Castle Huntly
 - The following pieces of improvement work are ongoing:
 - Medication Administration – Renewed joint SLWG with SPS developing a new model for medicines administration
 - Near Me Tayside – being successfully used for outpatient appointments. Keen to further explore the use of Near Me within the prison – between the Halls and the Health Centre
 - Implementation of telephone appointments using cordless telephone for patients so that they do not have to attend the health centre and can speak to health staff from their own accommodation if appropriate
 - Implementation of telephone booking system for patients in relation to substance use and mental health appointments. To be rolled out for all appointments, giving control to the patient.
- **Mental Health Officer and Wellbeing Support Team:**
 - **Shortage of medical staffing for Psychiatry.** This related to concerns about the critical shortage of General Adult psychiatry affecting Perth and Kinross at that time. Although the responsibility for Psychiatry medical staffing sits with NHS Tayside, this affects our community services. There was concern that due to the shortage of cover there was an organisational and patient safety risk. Patients were not being routinely reviewed and there were delays in urgent assessments being completed. This risk was simultaneously raised by CMHT colleagues and fully discussed in the Contingency Planning Forum which was in operation at that time. The level of cover now appears to have stabilised. MHOs continue to work closely with their colleagues in the CMHTs and in-patient services to ensure that any detriment is minimised and that legal duties are met.
 - **Management capacity in the MHO Team.** The previous Team Leader moved to a new post in April 2021 and there was difficulty with recruitment of a replacement. A new Team Leader has now been appointed. The Assistant Team Leader post is currently being filled on a temporary basis from within the existing staffing complement. Work is ongoing to develop a longer-term solution.
 - **Increase in detention rates in Perth and Kinross, impacting on MHO capacity.** Over the past 5 months there has been an increase in demand for MHO assessments for emergency admissions to hospital. At present the team is able accommodate increased demand within the existing staffing complement. Perth and Kinross has a comparatively positive number of qualified and approved MHO social workers. Nationally there has been

recognition of increased impact on MHO workloads and an anticipated shortfall in available MHOs. There is recognition that this could impact MHO capacity in Perth and Kinross and therefore there is a plan to build capacity with a two-fold approach:

- training of new MHOs (Grant funding has been awarded to backfill social workers selected to complete MHO training), and,
- recruitment of two Mental Health Social Workers, enabling MHOs to be freed up to spend more time on MHO-specific duties, rather than social work tasks.

c. Adverse Event Management

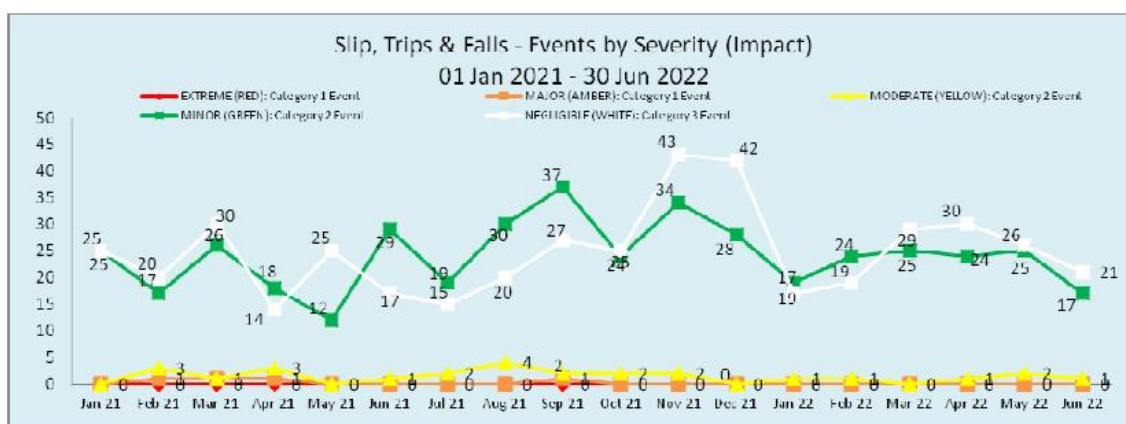
Systems are in place for services/localities to review DATIX incidents. Regarding adverse events, the main themes reported during the months between March and June 2022 were:

Highest frequency events:

1. Slips, Trips and Falls
2. Medication
3. Violence & Aggression
4. Clinical Challenging behaviour
5. Pressure Ulcer

• **Slip, Trip & Falls**

During the months between March and June 2022, there were **201** incidents recorded, of which 28 involved harm. 87 occurred at MRH, 46 at PRI, 59 in Community Hospitals and the remaining 9 in other areas.

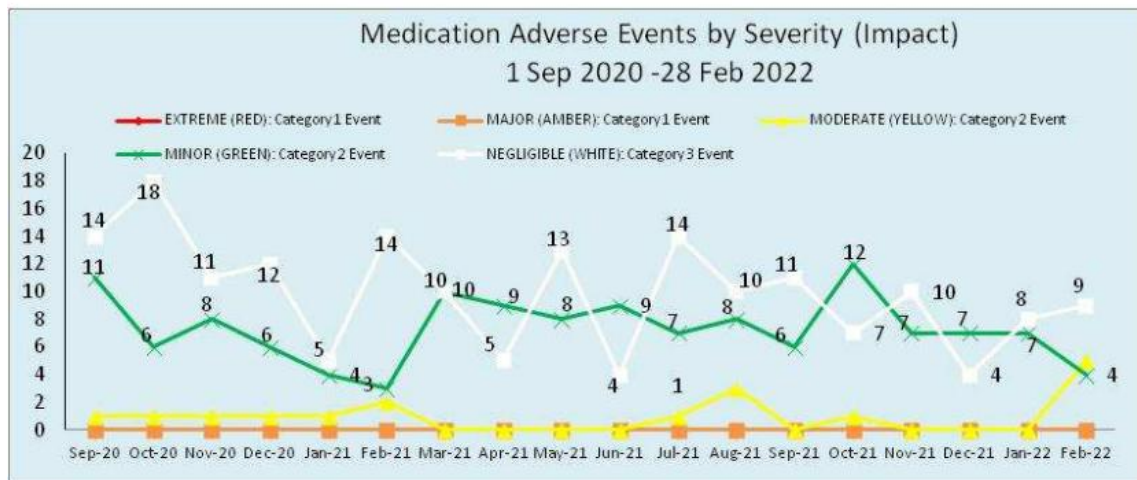


The Psychiatry of Old Age inpatient wards at Murray Royal Hospital experienced a higher than usual number of falls at the end of 2021 due to several patients who had multiple falls (many of which were controlled). Ward staff were doing all they could to manage the falls, and they had support from the Falls Coordinator during this time.

In addition, the Falls Coordinator:

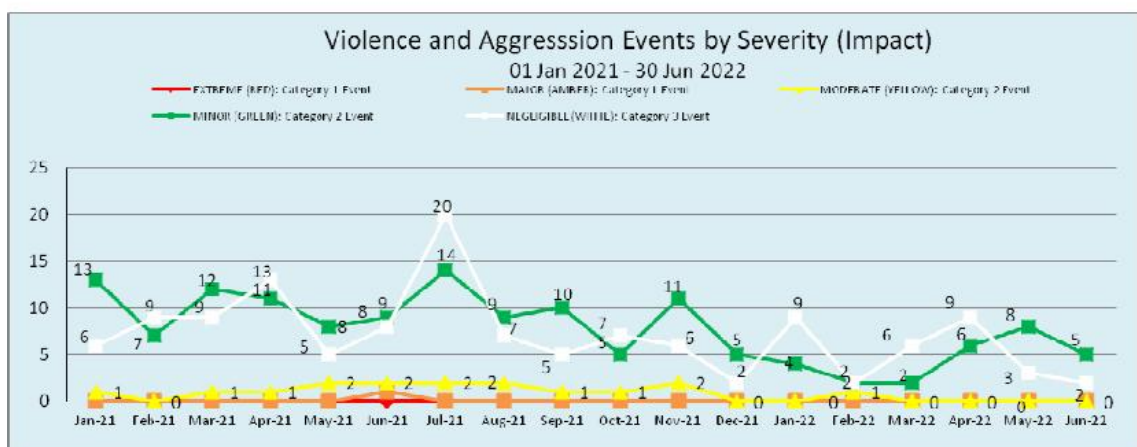
- Reviews all of the wards in-patient falls Datix reports and provide feedback to the ward with a breakdown of their falls, outlining any trends, highlighting patients who fall repeatedly and enquiring if further information is required.

- Has supported all of the HSCP wards to have strength and balance exercise panels fitted on their walls and suitable patients also receive a set of strength and balance cue cards which they can take home with them. Along with that they receive a Care About Walking booklet and record charts for recording activity / steps.
- **Medication**
During the months between March and June 2022, there were **79** incidents recorded, of which 1 involved harm. 6 occurred at MRH, 1 at PRI, 17 in Community Hospitals, 36 within a Prison Establishment and the remaining 19 in other areas.



The incident which involved harm was with regards to a patient in a Care Home who was given a medication regularly, but the prescription was only “as required”. This has progressed to an Adult Protection concern.

- **Violence & Aggression**
During the months between March and June 2022, there were **41** incidents recorded, of which 6 involved harm. 17 occurred at MRH, 5 at PRI, 5 in Community Hospitals, and the remaining 14 in other areas.



The incidents within Murray Royal Hospital were within the Psychiatry of Old Age wards. There has been a gradual reduction in these incident over the past year. The higher numbers around a year ago were due to a number of particularly challenging patients within the Psychiatry of Old Age wards. The

wards have sought input from the NHST PMVA team regarding the ongoing management of Violence & Aggression and Clinical Challenging Behaviour,

- **Clinical Challenging Behaviour**

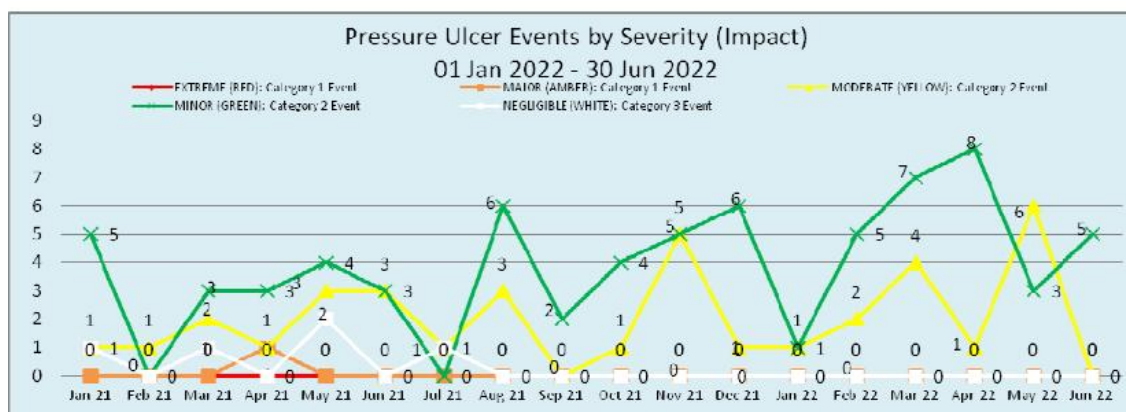
During the months between March and June 2022, there were **35** incidents recorded, of which 6 involved harm. 32 occurred at MRH and the remaining 3 in other areas.



The vast majority of these incidents were within the Psychiatry of Old Age wards at Murray Royal Hospital. The wards have sought input from the NHST PMVA team regarding the ongoing management of Violence & Aggression and Clinical Challenging Behaviour,

- **Pressure Ulcers**

During the months between March and June 2022, there were **34** incidents recorded, of which 23 involved harm. 20 were within the patient's home, 7 within Community Hospitals, and the remaining 7 in other areas.



16 of the 34 total incidents have been recorded as being “avoidable”. a pattern emerged through repots, with three incidents occurring in the same Care Home. This was picked up within a Large Scale Investigation which is ongoing at present. The Tissue Viability Specialist Team, Practice Deveopment Nurse and Enchanced Care Home Team are all involved supporting the Care Home involved. 5 occurred within two different Community Hospital wards, and this is being further explored with the SCN's of those wards to establish any learning or improvements. It is intended to hold a development event with all P&K HSCP inpatient areas regarding pressure Area Care in the coming months.

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.

Overdue red and amber events within P&K HSCP are discussed monthly at the CPGF meeting, and there has been a focus on reducing outstanding reviews:

- 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
- March 2022 - 8 outstanding events
- July 2022 - 5 outstanding events

Progress has been made throughout the year regarding the outstanding red events, and as of July 2022, there are 5 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.

Each geographical locality in P&K is provided with a summary of adverse events specific to 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.

d. Significant Adverse Event Reviews

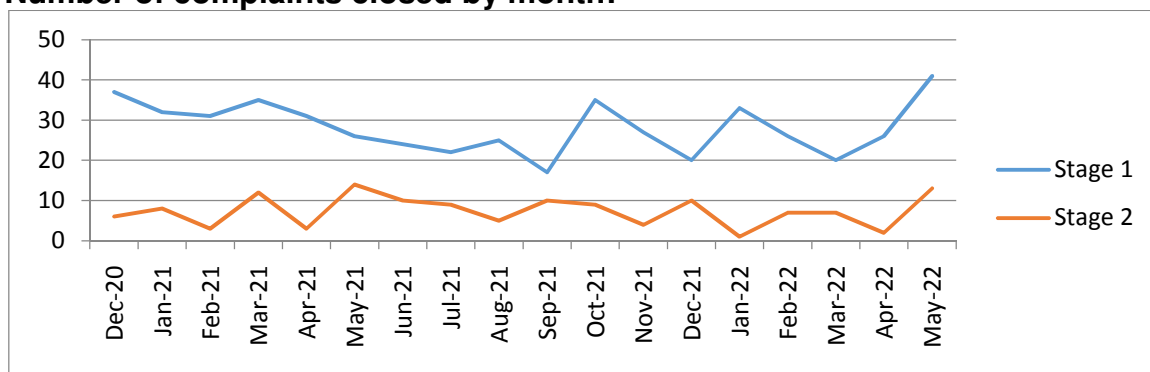
There is one ongoing SAER within P&K HSCP relating to a completed suicide. A draft report has been completed, and this is currently with staff and the family for comment.

e. Pressure Ulcers & Falls

Details regarding both of the types of adverse events has been provided above in section c.

f. Complaints

Number of complaints closed by month:



Current Complaints as at 13/07/2022 - Stage 1

Service Area	0-5 Days	6-10 Days	Total
Perth & Kinross HSCP	9	0	9

Current Complaints as at 13/07/2022 - Stage 2

Service Area	0-5 days	6-10 days	11-15 days	15-20 days	>20 days	>40 days	>60 days	>60 days	>100 days	TOTAL
Perth & Kinross HSCP	0	2	2	0	11	2	1	2	2	0

Services have been receiving feedback via Care Opinion, and the content of these are discussed at locality Care Governance meetings, with any key feedback included as part of exception and annual reporting to the CPGF.

g. Scottish Public Services Ombudsman reports

There have been no complaints referred to the SPSO during the time period.

The last complaint which was referred to the SPSO was from October 2010, and further information has recently been provided to the SPSO regarding this complaint.

h. External Reports & Inspections

A planned inspection to HMP Castle Huntly as part of the HMIPS Inspection took place in June 2022, with healthcare scrutinised by the HIS team. The initial verbal feedback was very positive, highlighting many areas of good practice and identifying improvements around long term condition care planning. The final inspection report will provide more detail when published in August 2022

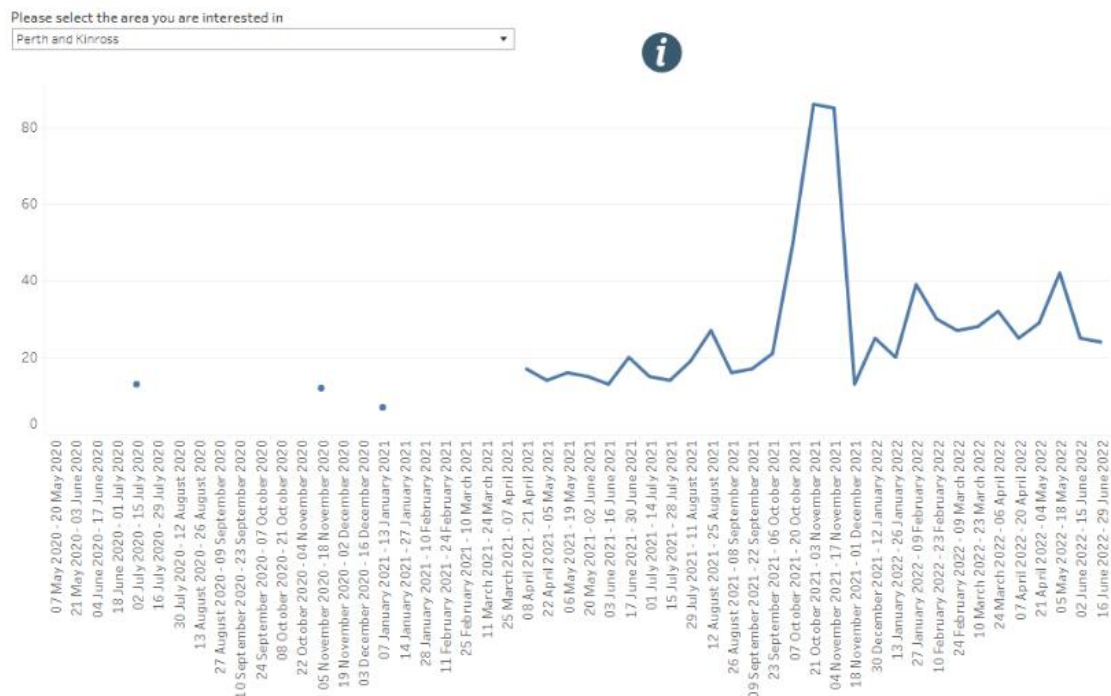
There have been several inspections to our Commissioned Care Homes over the past several months, these being:

- Dalweem Care Home was inspected on 27th May 2022 and received all Grade 5's (Very Good)
- Parkdale Care Home was inspected on 12th May 2022 and received all Grade 5's (Very Good)

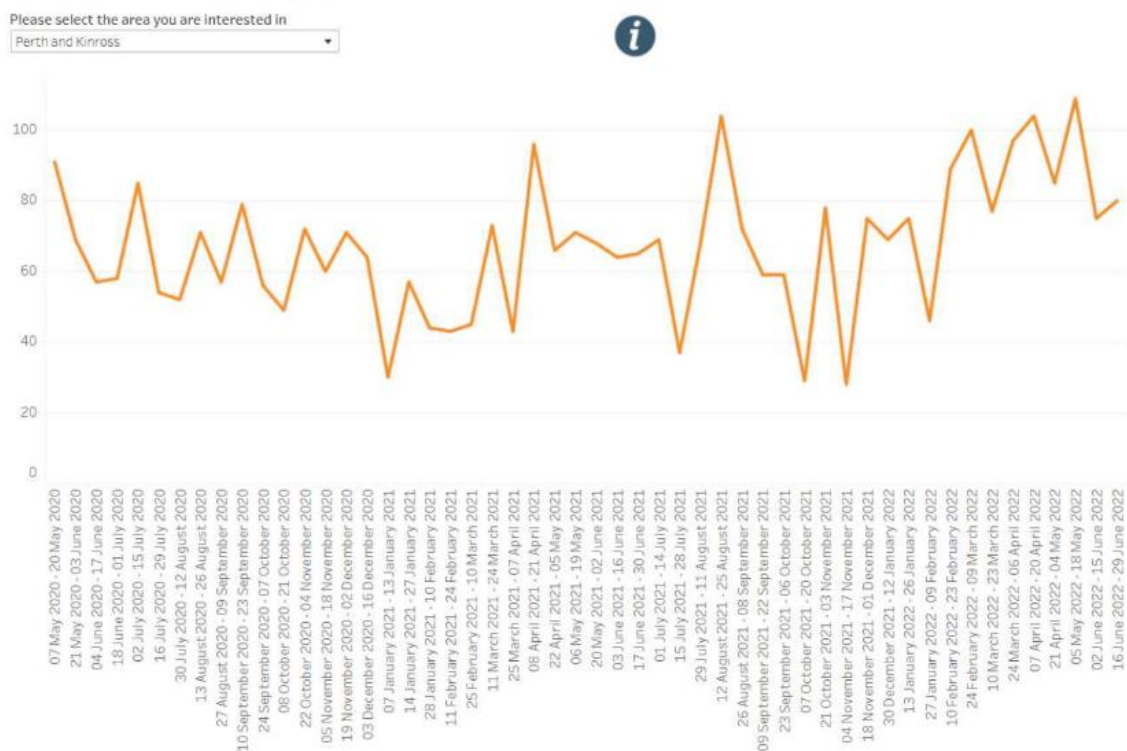
Infection, Prevention & Control management walkrounds have recommenced within the HSCP, with involvement and attendance from senior managers within P&K HSCP.

i. Adult Support & Protection

Number of Adult Protection Referrals



Adult Concerns Received by Local Authorities from Police Scotland



PKC are in the process of analysing annual data from Apr 21 – March 22 which will inform our APC annual report. Early indication would suggest that APC's received within this reported period have increased by 31%. Early analysis shows that 96.5%

of all Adult Protection referrals were screened within 24 hours. This includes vulnerable person reports from Police Scotland.

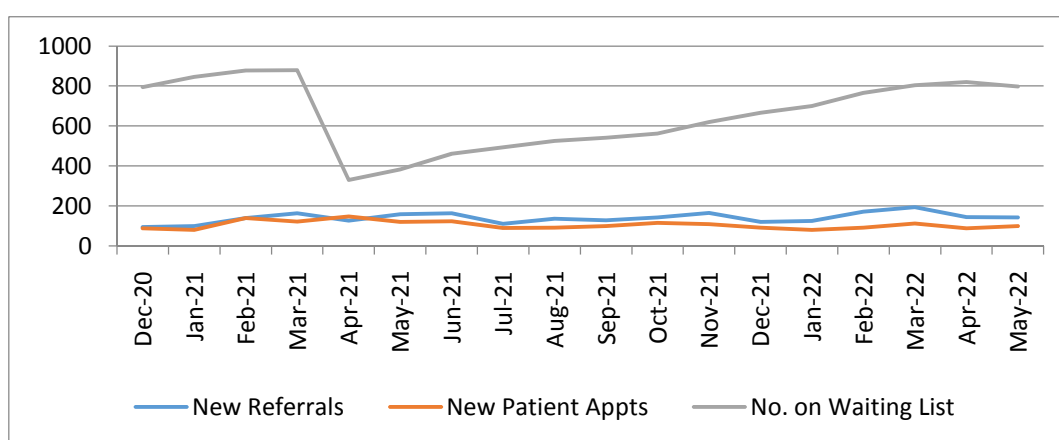
We receive a regular ASP report at our CPGF, and are provided with assurances regarding any thematic concerns.

P&K Council is currently undergoing an inspection of its Adult Support and Protection arrangements.

The P&K Adult Support & Protection position statement was approved by Chief Officers Group for Public Protection and shared with IJB members in advance of submission to the Care Inspectorate.

j. Mental Health

i) **Community Mental Health Service Activity**



Perth & Kinross Community Mental Health Service – New Referrals & New Appointments on Waiting List																		
	Dec 20	Jan 21	Feb 21	Mar 21	Apr 21	May 21	Jun 21	Jul 21	Aug 21	Sep 21	Oct 21	Nov 21	Dec 21	Jan 22	Feb 22	Mar 22	Apr 22	May 22
New Referrals	95	99	140	164	127	159	164	111	136	129	143	166	121	126	171	194	144	143
New Patient Appointments	88	81	140	122	147	120	124	90	92	99	116	109	91	81	91	113	89	99
No. on Waiting List	795	845	877	879	331	383	461	494	525	541	562	620	666	700	765	804	820	797

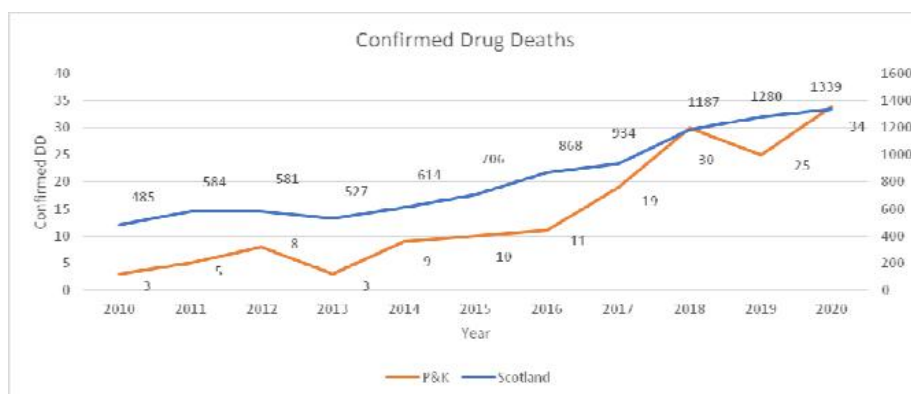
Further work is required to gain a more comprehensive understand of the above data and the extent to which it has been cleansed.

k. Drug related deaths

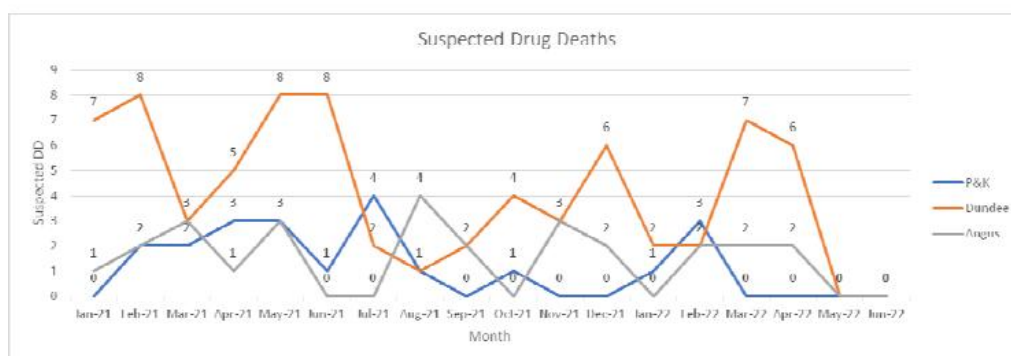
In P&K HSCP, Hillcrest Futures Harm reduction has provided Naloxone training and kits to a range of services across health, social care and third sector.

Numbers of suspected drug related deaths are recorded across the three HSCP's, and is used to inform learning and context within and across the HSCP's.

The following shows data regarding confirmed drug deaths in P&K as compared to across Scotland (please note the two y-axes):



And suspected drug related deaths within Tayside:



The P&K HSCP Integrated Drug & Alcohol Recovery Team (iDART) has the following waiting times as at June 2022:

Wait time	Number of people waiting in NHS iDART service	Number of people waiting in PKC Social Work iDART service
0 – 3 weeks	11	30
3-4 weeks	3	3
4-6 weeks	23	0
6-12 weeks	14	0
>12 weeks	0	0

2.3.1 Quality/ Patient Care

There are a number of ongoing risks (summarised within Appendices 2 &3) which, if not mitigated, pose a risk to the provision of safe care which is of high quality. The HSCP continues to manage these risks proactively.

Services across the HSCP are currently experiencing increasingly acute staffing difficulties due to staff being off work with COVID. This is being proactively managed, but is causing additional strain on service delivery.

2.3.2 Workforce

There are a number of ongoing risks regarding workforce challenges (summarised within Appendices 2 &3) which, if not mitigated, pose a risk to the provision of safe care which is of high quality. The HSCP continues to manage these risks proactively.

P&K HSCP ensures alignment with NHS Tayside's approved 3-year workforce strategy.

Within the Community Nursing service, it is intended to utilise workload tools in October 2022. Workload tools have also been used in the past within services such as POA, and these requires to be conducted again. There are a number of workload tools which can be used, and the purpose of each tool is to provide information and recommendations on staffing levels based on patient workload.

2.3.3 Financial

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

2.3.4 Risk Assessment/Management

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

2.3.5 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.

2.3.6 Other impacts

N/A

2.3.7 Communication, involvement, engagement and consultation

All HSCP Staff have been invited to complete the latest iMatter survey.

The HSCP is working with the Strategic Planning and Communication and Engagement Groups to support more effective communication, engagement and involvement.

2.3.8 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:


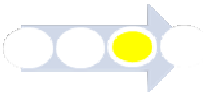
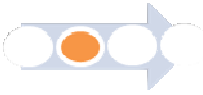

- P&K HSCP Care & professional Governance Forum members
- P&K HSCP Executive Management Team (final draft)

2.4 Recommendation

This report is being presented for:

Assurance and as lead officer for P&K HSCP I would propose that the level of assurance provided is: **Reasonable**.

Level of Assurance	System Adequacy	Controls	✓
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Substantial Assurance		A sound system of governance, risk management and control exists, with internal controls operating effectively and being consistently applied to support the achievement of objectives in the area audited	Controls are applied continuously or with only minor lapses.	
Reasonable Assurance		There is a generally sound system of governance, risk management and control in place. Some issues, non-compliance or scope for improvement were identified which may put at risk the achievement of objectives in the area audited.	Controls are applied frequently but with evidence of non-compliance.	✓
Limited Assurance		Significant gaps, weaknesses or non-compliance were identified. Improvement is required to the system of governance, risk management and control to effectively manage risks to the achievement of objectives in the area audited.	Controls are applied but with some significant lapses.	
No Assurance		Immediate action is required to address fundamental gaps, weaknesses or non-compliance identified. The system of governance, risk management and control is inadequate to effectively manage risks to the achievement of objectives in the area audited.	Significant breakdown in the application of controls.	

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 Integrated Drug & Alcohol Recovery Team,	Delegated
North Locality	Advanced Nurse Practitioners, Community Hospitals (x4), Community Care & Treatment Teams, Community Learning Disability Services, Adult Social Work Teams	Delegated
South Locality	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 21st July 2022)**

Current service risks within health services (29):

Ref	Locality/Service	Grading and Title of risk	Risk Score & Grading	Last updated / Manager
829	Perth City	Challenges in relation to accommodation for clinical and non-clinical staff across P&K	20 RED	02-02-22 Evelyn Devine
982	Mental Health P&K wide	Workforce	20 RED	19-01-22 Chris Lamont
1170	MFTE & Intermediate Care	P&K HSCP Hand Therapy Service - Waiting Times	16 AMBER	01-06-22 Morag Ottley
1157	Public Dental service	Failure to meet statutory levels of ventilation within Dental Surgeries in Angus & Dundee	16 AMBER	29-04-22 Heather Ballantyne
1151	P&K wide	Mental Health - Capacity & Flow	16 AMBER	28-03-22 Chris Lamont
657	P&K wide	P&K HSCP Community Hospital Registered Nurse Staffing Levels	16 AMBER	09-05-22 Tia Dixon
1128	Psychiatry of Old Age	Reduced Staffing within the 3 POA in-patients areas in P&K HSCP	16 AMBER	28-01-22 Shelly Milligan
886	MFTE & Intermediate Care	Staffing challenges within the OT service at PRI	16 AMBER	01-02-22 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	11-04-22 Chris Lamont
1055	Primary Care	Risk regarding long term GP Practice sustainability	16 AMBER	27-05-22 Ruth Buchan
983	Mental Health P&K wide	Ligature Anchor Points	15 AMBER	24-05-22 Shelley Milligan
979	Mental Health P&K wide	Mental Health - Prescribing	12 AMBER	28-03-22 Chris Lamont
984	Mental Health P&K wide	Doctors in Training	12 AMBER	19-01-22 Chris Lamont
565	Prison Healthcare	Prison Healthcare Staffing levels (nursing)	12 AMBER	21-06-22 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 Therapy(DBT) within P&K Community Mental Health Teams	12 AMBER	12-08-20 Chris Lamont
911	Prison Healthcare	Medical Cover for HMP Castle Huntly	12 AMBER	23-12-21 Angela

				Cunningham
980	Mental Health P&K wide	Environment and Infrastructure	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 & Intermediate Care	Tay & Stroke wards - workforce	10 AMBER	24-03-22 Anne Davidson
569	Prison Healthcare	Medication administration within HMP Perth	10 AMBER	21-06-22 Airlie Dewar
1139	North	Heating system at Pitlochry Hospital unable to be accessed/controlled by estates	6 YELLOW	15-06-22 Angela Milne
1087	iDART	iDART recruitment and retention and increasing caseload challenges	9 YELLOW	11-04-22 Chris Lamont
701	Prison Healthcare	Mental Health Waiting Times within the Prison Healthcare Service	9 YELLOW	21-06-22 Airlie Dewar
1071	Prison Healthcare	Development of the Female Community Custody Unit (CCU)	8 YELLOW	20-01-22 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
321	Public Dental Service	IT Failure - Public Dental Service	6 YELLOW	30-06-21 Michelle Hamilton-Smith

Appendix 3 – Service risks within P&K HSCP Adult Social Work & Social Work Services

Perth & Kinross Health & Social Care Partnership

SERVICE RISK PROFILE - Adult Social Work and Social Care

Last updated: 20th
July 2022

Risk Number	Risk Category	Cause (Trigger) (Because of...) Event (There is a risk of...)	Risk Owner	Impact Value	Probability Value	Inherent Risk		Controls	Impact Value	Residual Risk		Mitigating Actions	
		Effect (Impacting on...)				Inherent Score	Probability Value			Residual Score			
WORKFORCE													
1	Operational	Because of a reduced number of Adult Protection trained social workers; workforce depleted due to sickness and covid related issues	Alison Fairlie	5	4		20	1 ASP Council Officer Training	5	3		15	As at 14 April 2022 - 7 SWs successfully completed the Council Officer training programme. Funding for additional Social Workers approved. 6 posts are being recruited into. The date for their start and/or their Council officer status is unknown. Update - 20th July 2022 - Additional social workers have been recruited, however, many are newly qualified and unable to undertake ASP duties until they have completed Council Officer Training. Training dates dates to be confirmed. Covid and other sickness continues to impact on capacity.
		2 There are AP trained SW within the Locality Teams.											
		3 Funding for additional SW posts											
OT CAPACITY													
2	Operational	Because of historical demand and various service challenges	Shona MacLean	4	3		12	1 Current OT Posts	3	2		6	As at 28 April 2022 – 2 new Staff to appointed, start date to be confirmed; Revisited OT Integration Revisiting OT equipment training for all sw and sc staff
		There is a risk around a lack of OT capacity											
		Impacting on delays in service users receiving assessments; backlogs in referrals and increased waiting lists within localities.											
TRAINING & LEARNING													
3	Operational	Because of: •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	Moyra Gill	4	3		12	1 Exploring and developing different models of Practice and tools	4	3		12	As at 24th March 2022 – Funding approved by EMT through remobilisation monies to support resources around practice educators. Work to be completed before risk score can reduce
		There is a risk of ASWSC being unable to provide Social Worker training as there is limited availability of Practice Educator support in ASW&SC to support student placements; Impacting on delivery of care resulting in potential risk and harm to adults											
CARE AT HOME													
4	operational	Because of increased demand	Shona MacLean	5	4		20	1 CAH Packages	5	3		15	As at 28 April 2022 1) Improved pathway from employability, youth services and education for Social Care staff 2) Recruitment and retention - marketing campaign for Social Care 3) Discharge without delay procedures for staff to follow 4) Development of Wellbeing Team - 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. 5) 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 May 2022.
		2 HART											
		3 Recruitment of Agency Staff											
		4 Overtime of SC staff to increase workforce											
ACCESS TEAM													
5	Operational	Because of staff shortages, through Covid, Long-Term sickness, performance issues and holidays Currently support is being provided from other	Alison Fairlie	5	5		25	1 Access Team	5	5		25	•Access Team is currently being reviewed to decide on new model of operation. Update 20th July 2022 - Access Team still Red RAG status due to continual long-term absence, vacancies and increase in the volume/demand of work coming into the first point contact. The review that is currently being undertaken should address some of these issues and enable the first point of contact/Access Team to address early intervention and not carry long term case work, as they are currently doing. Case work will be passed to localities at an earlier stage in the process than currently happens.
		There is a risk that the current Access Team workforce is at a critical level to meet the demands of Statutory Duties, especially in relation to Adult Support and Protection.											
		Impacting on our ability to deliver first point of contact resulting in a waiting list for assessment and review; our ability to provide an early intervention and prevention service which could result in harm and crisis situations eg care breakdown or hospital admissions.											

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:

	JULY 2021	AUG 2021	SEPT 2021	OCT 2021	NOV 2021	DEC 2021	JAN 2022	FEB 2022	MAR 2022	APR 2022
ACCESS TEAM & MHO	✓	NOT REQUIRED	✓	NOT REQUIRED	✓	NOT REQUIRED	✓	NOT REQUIRED	NOT RECEIVED	NOT REQUIRED
COMMISSIONED SERVICES	NOT REQUIRED	NOT REQUIRED	NOT REQUIRED	NOT REQUIRED	NOT REQUIRED	NOT REQUIRED	NOT REQUIRED	NOT REQUIRED	✓	NOT REQUIRED
EQUIPMENT & TEC	✓	NOT REQUIRED	NOT REQUIRED	✓	NOT REQUIRED	✓	NOT REQUIRED	✓	NOT REQUIRED	✓
NORTH LOCALITY	NOT REQUIRED	✓	NOT REQUIRED	✓	NOT REQUIRED	✓	NOT REQUIRED	✓	NOT REQUIRED	✓
PERTH CITY LOCALITY	NOT REQUIRED	✓	NOT REQUIRED	✓	NOT REQUIRED	✓	NOT REQUIRED	✓	NOT REQUIRED	✓
MFTE/POA IN-PATIENTS & INTERMEDIATE CARE	✓	NOT REQUIRED	✓	✓	✓	✓	✓	✓	✓	✓
PODIATRY	NOT REQUIRED	✓	NOT REQUIRED	✓	NOT REQUIRED	✓	NOT REQUIRED	✓	NOT REQUIRED	✓
PRISON HEALTHCARE	NOT RECEIVED	✓	NOT REQUIRED	NOT REQUIRED	NOT REQUIRED	NOT REQUIRED	NOT REQUIRED	NOT REQUIRED	NOT REQUIRED	NOT REQUIRED

PUBLIC DENTAL SERVICES	✓	NOT REQUIRED	✓	NOT REQUIRED	✓	NOT REQUIRED	✓	NOT REQUIRED	✓	NOT REQUIRED
REGISTERED SERVICES	✓	NOT REQUIRED	NOT REQUIRED	✓	NOT REQUIRED	✓	NOT REQUIRED	✓	NOT REQUIRED	✓
SOUTH LOCALITY	NOT REQUIRED	NOT REQUIRED	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):

	1 st Cycle	2nd Cycle	3 rd Cycle
ACCESS TEAM & MHO	January 2020	November 2020	April 2022
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 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
115070	10/07/19	07/07/19	Perth City - CMHT	Suspected Suicide	Mental Health operational Medical Director has agreed to review this case. Emailed 15 March for update.
145810	01/03/21	01/03/21	Prison Healthcare	Attempted Suicide	LAER held, report being finalised
153199	11/07/21	11/07/21	Prison Healthcare	Death in Custody	LAER held, report being finalised
153733	13/05/21	21/07/21	Community LD	Unplanned Admission	Review required.
162938	13/01/22	13/01/22	Prison Healthcare	Death in Custody	LAER held, report being finalised

Table 1.

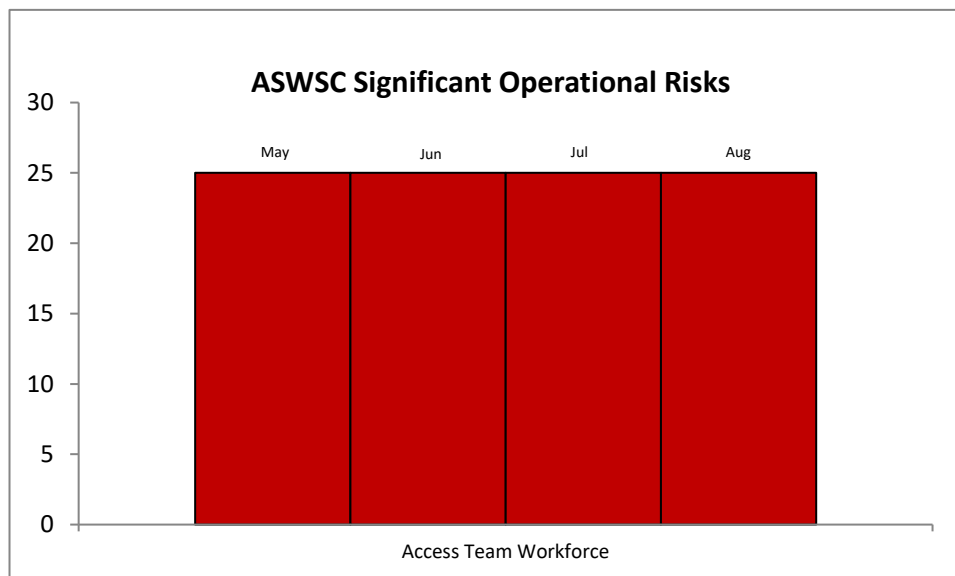


Table 2.

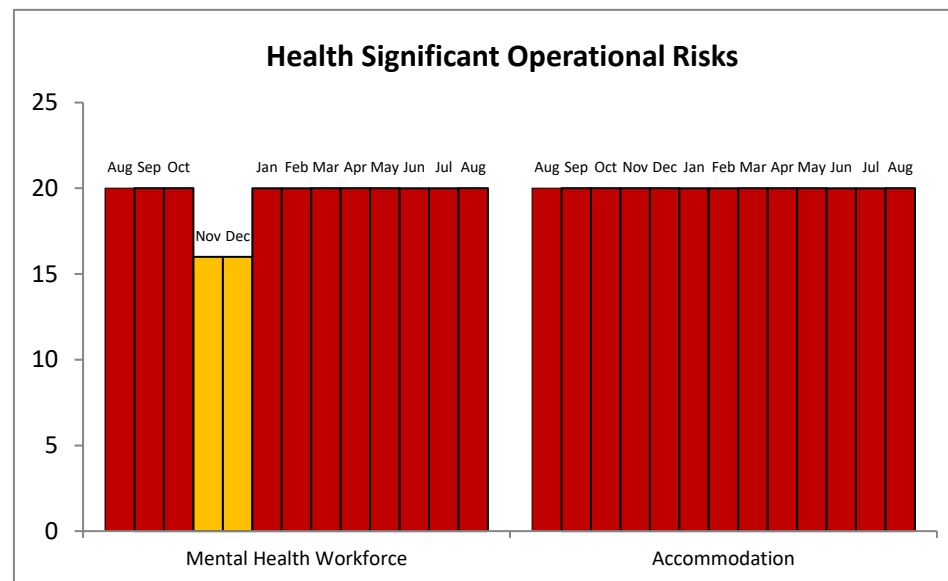


Table 3.

		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

Minute**Tayside NHS Board
Care Governance Committee**

Minutes of the above meeting held on Thursday 3 February 2022 at 1000 hours in the Gold Command Room, Level 10, Ninewells Hospital and via Microsoft Teams.

Present:**Non Executive Members**

Mrs A Buchanan	Non-Executive Member, Tayside NHS Board
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
Professor P Stonebridge	Medical Director, NHS Tayside

In attendance:

Mrs M Dunning	Board Secretary
Mrs T Passway	Interim Associate Director Patient Safety Clinical Governance and Risk Management

Mrs N Richardson	Director of Allied Health Professions
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Attendee:

Mrs H Barnett	Director of Performance
Mrs L Birse-Stewart	Chair, Tayside NHS Board (<i>ex-officio</i>)
Ms K Brechin	Nurse Director
Dr A Clement	Clinical Director, Angus HSCP
Dr S Cole	Consultant in Anaesthesia and Intensive Care Medicine, Associate Medical Director Professional Governance (for item 6.10)
Mr D Courtney	Head of HR – Workforce Planning (<i>deputising for Mr G Doherty</i>)
Dr H Dougall	Clinical Director, Perth and Kinross HSCP
Mr S Dunn	Nurse Director Corporate Nursing
Mrs V Ewan	Voluntary Services Manager (for item 6.14)
Mrs S Gourlay	Chief Nurse Care Homes & Primary Care
Dr E Henry	Associate Medical Director
Mrs D Huband	Communications Manager (Deputising for Mrs J Duncan)
Mr M Kendall	AHP Lead, Dundee Health and Social Care Partnership
Dr E Magee	Improvement and Performance Manager, Child Protection (for items 6.12 & 6.13)
Ms D McCulloch	Head of Health and Community Care, Dundee HSCP
Prof R Petty	Professor of Medical Oncology
Mr K Russell	Associate Nurse Director
Mrs L Sharkey	Associate Director of Midwifery (for item 6.7)
Ms J Smith	Lead Nurse Child Protection (for items 6.12 & 6.13)
Dr L Talbot	R&D Manager, Improvement & Quality (for item 6.11)

Apologies:

Mrs J Alexander	Non-Executive member, Tayside NHS Board/Employee Director
Mr G Archibald	Chief Executive, NHS Tayside
Mr G Doherty	Director of Workforce
Mrs J Duncan	Director of Communications and Engagement
Dr E Fletcher	Director of Public Health
Reverend A Gibbon	Head of Spiritual Care
Mrs P Kilpatrick	Vice Chair, Care Governance Committee/ Non-Executive Member, Tayside NHS Board

Mrs Trudy McLeay in the Chair**Action****1 WELCOME AND APOLOGIES**

Mrs Trudy McLeay welcomed all to the meeting, in particular those who were in attendance to present reports.

Mrs McLeay advised that in order to minimise the meeting time due to pressures within services, it was assumed that Members had read the reports and that the Agenda allowed report authors five minutes to present their reports and five minutes for questions.

It was noted that Mr Simon Dunn would deputise for Mrs Claire Pearce from 11:00am to 12:00pm.

The apologies were noted as above.

2 DECLARATIONS OF INTEREST

No interests were declared.

Mrs Lorna Birse-Stewart, as ex-officio and former Chair of the Care Governance Committee, wished to extend her thanks to Mrs Trudy McLeay in her role as Committee Chair and previously her support as Vice Chair. It was noted that Mrs McLeay had been Chair of the Committee for two years and Mrs Birse-Stewart noted the significant difference Mrs McLeay had made in terms of Committee business, assurance and oversight and the integrity and teamwork she had displayed.

Mrs Birse-Stewart noted Mrs McLeay had implemented a number of improvements within the Committee, and her support of Mrs Claire Pearce and other colleagues and the confidence provided, in terms of assurance to the Board.

Mrs McLeay thanked Mrs Birse-Stewart, noting her time as Chair had been a pleasure. Mrs McLeay extended her thanks to Mrs Claire Pearce, Mrs Tracey Passway and Mrs Diane Campbell for their help and support.

3 MINUTES AND CHAIR'S ASSURANCE REPORT

3.1 Care Governance Committee Minute 2 December

The Minute of the Care Governance Committee of 2 December 2021 was approved on the motion of Mrs Anne Buchanan and seconded by Prof Graeme Martin.

3.2 Chair's Assurance Report to the Board following the Care Governance Committee 2 December 2021

The Chairs Assurance Report to the Board of the Care Governance Committee meeting held on 2 December 2021 was presented to the Committee for noting.

The Committee:

- **Noted the Chairs Assurance Report of the Care Governance Committee meeting held on 2 December 2021**

4 ACTION POINTS UPDATE AND MATTERS ARISING

4.1 Action Points Update

Mrs Claire Pearce spoke to the Action Points Update.

Action Point Ref 2 – Dundee Health and Social Care Partnership Assurance Report – It was noted that information regarding GP hours was not available therefore, this had not been included within the report.

Action Point Ref 5 – Improving Observation Practice – It was noted that this was to be a Patient Story Agenda item for this meeting however, in order to manage current pressures within services, this item had been deferred to the April 2022 meeting.

Action Point Ref 6 - Scottish Public Services Ombudsman (SPSO) Reports – It was noted that Mrs Hazel Barnett had discussed the level of detail included in the SPSO Reports with the Medical Director, as Caldicott Guardian, and agreed that as the number of cases were minimal further detail may breach the identity of patients, therefore reports would continue to provide an overarching summary. Mrs Trudy McLeay advised that she had been assured through discussions with the team that this was being managed and was content that the Committee received the appropriate information.

It was noted that all other action points were complete.

The Committee:

- **Noted the Action Points Update**

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 REPORTS FOR ASSURANCE

It was agreed that item 6.9 would be taken next on the Agenda

6.9 Scottish Public Services Ombudsman (SPSO) Report (CGC09/2022)

Mrs Hazel Barnett advised that this was the regular report to the Committee which provided moderate assurance in respect of the systems and processes for responding and learning from the SPSO recommendations.

Mrs Barnett advised that between September and December 2021, six cases had been investigated by the Ombudsman and that the decision reports on their findings had been published. It was noted that of these, two cases were not upheld, with no recommendations, three cases were upheld, with recommendations and one case was partially upheld, with some recommendations. Mrs Barnett advised that the details of the cases upheld were included at Appendix 1 of the report.

The Committee noted that Appendix 2 of the report provided an update on outstanding actions taken in respect of cases previously reported to the Committee. It was noted that all recommendations and actions had been progressed by the services involved and were now considered closed by the SPSO.

It was noted that the findings from SPSO reports were shared with the services involved, discussed at local Clinical Governance Groups and were communicated through the Getting it Right newsletter.

Mrs Trudy McLeay noted the impact complaints had on staff and sought assurance in relation to support being provided for staff. Mrs Barnett advised that the covering paper highlighted that there was cognisance of the impact on and the wellbeing of staff. She advised that she was a Member of the Wellbeing Group and that it was her intention to liaise with the Chair of that group to raise awareness of the mechanisms in place and support available to staff. Mrs Anne Buchanan noted the impact complaints can have on staff however, emphasised the need to learn from feedback and complaints and how this was implemented across the organisation. Mrs Buchanan welcomed this being seen in Dundee Integration Joint Board. Mrs Barnett agreed with the need for organisational and system wide learning however, advised that due to the number of complaints there was the need to address the backlog in the first instance then develop the learning. She advised that an additional co-ordinator had been appointed which would increase capacity within the Complaints Team.

It was noted that regular debrief sessions were also ongoing within the Complaints Team.

The Committee agreed that a moderate level of assurance had been provided.

The Committee:

- **Noted the content of the report**
- **Agreed that a moderate level of assurance in respect of NHS Tayside's systems and processes for responding and learning from recommendations made by the SPSO**

Adverse Event and Clinical Risk Management

6.1 Assurance Report on Child and Adolescent Mental Health Services Outpatient Strategic Risk 637 (CGC01/2022)

Dr Elaine Henry advised that Child and Adolescent Mental Health Services (CAMHS) Outpatient performance in Tayside against the 18 week target had been lower than 90% with, consequential impact on patients and their families that had resulted in adverse publicity for the Board.

It was noted that whilst performance had sustained delivery of the 90% target, there was one week where performance had reduced to 77%. This was due to acute staff absence relating to Covid-19 infection and it was noted that performance rapidly returned to 89%-90% delivery. Dr Henry advised that benchmarking from Public Health Scotland data showed that NHS Tayside was one of the higher performing Boards.

Dr Henry noted there was recognition of the need for better risk reporting and that the performance of the Neurodevelopmental part of the service was emerging as a greater risk. It was noted that significant work was ongoing and that this would be separated from the overall Risk 637 and reported to a future Committee meeting.

In terms of waiting list revalidation, the graph on page 2 of the report highlighted performance against standard.

Dr Henry noted the updates provided in relation to the key risks as summarised at section 2 of the report. It was noted that the main areas for concern related to the following:

- The ongoing risk to mental health of young people as we continued to live with Covid and the need for assurance that referrals were not being missed
- National issues relating to recruitment
- The pace and scale of the delivery of CAMHS and Neurodevelopmental standards, reporting direct to Scottish Government. Dr Henry noted that it was the intention to broaden risk assessment
- The need to deliver accommodation in Perth and Kinross

Mrs Trudy McLeay welcomed the report and noted the progress being made, particularly regarding the provision of accommodation in Perth and Kinross.

Mrs McLeay noted the increase in the age limit from 18 to 25 for those in care. She queried whether the provision of a Mental Health Nurse in emergency ambulances included children or if this service was delivered only for adults. Dr Henry advised that there was significant work ongoing in relation to 16 to 18 year olds and that there was a lot of potential. It was noted there was also the potential to link with Adult Mental Health however, clear pathways were needed. Dr Henry noted that if designed properly this would be of great benefit for young people and our services.

Mrs Anne Buchanan also welcomed the report, in particular the focus on Neurodevelopmental Services.

Mrs Hazel Barnett noted that CAMHS featured in the Performance Reporting to the Performance and Resources Committee. She advised that CAMHS performance previously was c40% however, noted that performance in December 2021 was 92% against the 90% target. Mrs Barnett noted the significant amount of work undertaken was not to be underestimated. Mrs Barnett also welcomed the work in relation to accommodation in Perth and Kinross and expressed her thanks to the team.

Mrs Claire Pearce noted that the report provided assurance however, the level of assurance had not been specified within the report. It was agreed that this would be circulated to the Committee and included in future reporting.

EH

The Committee:

- **Noted the content of the report**
- **Requested that a level of assurance would be determined and circulated to the Committee and included in future reporting**

6.2 Assurance Report on Care Home Oversight Strategic Risk 880 (CGC02/2022)

Mrs Sandra Gourlay advised that the report provided an updated position following its last submission to the October 2021 Committee meeting. It was noted the risk score remained at 16, High and that this was predominantly due to the community transmission of the Omicron variant. Mrs Gourlay advised that systems and processes were in place to support Care Homes. It was noted that the Care Home Clinical and Care Professional Oversight Group continued to meeting fortnightly, noting that these had been stepped up in December 2021, and that the Health and Social Care Partnership (HSCP) Huddles met weekly, these had been stepped up also. Mrs Gourlay advised that as a safety net, there had been national recommendation to the Chief Executives and Executive Nurse Directors in relation to the continuation of Care Home provisions until September 2022.

The Committee noted that the Autumn/Winter 2021 Flu and Covid-19 Vaccination Booster Programme had been implemented in all Care

Homes. It was noted that as at 6 January 2022, 84% of residents had been vaccinated with booster/3rd dose. Mrs Gourlay advised the incident rate of Covid positive resident and staff cases had increased in December and January due to the Omicron variant however, it was noted that the impact was less than previous peaks. Mrs Gourlay acknowledged the support of the Health Protection Team in managing outbreaks in Care Homes.

Mrs Gourlay noted the report provided an update in relation the allocation of funding from Scottish Government to NHS Tayside to support recruitment, discovery workshops and feedback sessions, the implementation of the Winter (2021/22) Respiratory Pathway and the planned implementation of Principles for General Practice working with Care Homes.

Mrs Gourlay spoke to the current controls. It was noted that the Terms of Reference and Memberships of the Care Home Clinical and Professional Oversight Team and Operational Group were currently being reviewed. Improvements relating to data collection, analysis and reporting would be reported through a specified sub group as would the Tayside care assurance support visit tool. The Health Protection Team were reviewing specific templates and the education sub group of the Clinical and Professional Operational Group continued to review the ongoing training and education support. Mrs Gourlay noted the development of the Standard Operating Procedure (SOP) for supporting care homes that required workforce /staffing support. It was noted the SOP had been completed and shared with Care Homes and that any new roles would have this requirement as core to the roles.

Mrs Gourlay advised that the current controls had been assessed as being adequate and noted that the planned/proposed controls would be a significant focus of the Oversight and Operational Group. The report highlighted the planned/proposed controls which included collaborative improvement work, recruitment to Project Manager role, additional sub groups and self assessment against the recently published Scottish Care report.

The Committee were asked to note a moderate level of assurance had been provided and recognised the ongoing improvement work and planned work.

Mrs Trudy McLeay advised that she was aware that Care Home staff valued the support provided from NHS Tayside. Mrs Anne Buchanan noted she was assured by this feedback however, queried how the home environment in Care Homes was balanced against NHS Tayside rigid Infection Prevention Control (IPC) measures and preventing Care Home staff from feeling that the NHS is telling them how to do their job. Mrs Claire Pearce advised that the Teams in Tayside, including the IPC team, had worked very hard, and had liaised with Care Home managers to ensure that staff and residents environment was as homely as possible. There was supportive team working between NHS Tayside and Care Home staff.

Prof Peter Stonebridge sought further detail around risk descriptions and explanations as to how risk scores were reduced. It was noted that this detail would be included in future reporting.

Mrs Pearce noted the moderate level of assurance being provided within the report. She advised that whilst adequate systems and processes were in place it was felt that comprehensive assurance could not be provided due to the number of Care Home closures due to the Omicron variant. It was expected that the next iteration of the report would provide comprehensive assurance.

The Committee:

- **Noted the content of the report**
- **Agreed that moderate assurance had been provided**
- **Noted that future reporting would include more detail on risks**

Person Centredness

It was agreed that item 6.4 would be taken next on the Agenda.

6.4 Perth and Kinross Health and Social Care Partnership Clinical and Care Governance Assurance Report (CGC04/2022)

Dr Hamish Dougall advised that the report had, as requested, been truncated to provide an update on the highest risks. It was noted that the three risks, graded as being 'very high' were detailed at section 2.3 of the report.

829 Premises and Accommodation for Clinical and Non Clinical staff across Perth and Kinross

Dr Dougall advised that no real progress had been made.

982 Mental Health – Workforce

Dr Dougall advised that this risk remained high. It was noted that 3 to 4 consulting staff were providing services out of locality and that a dependency on locums continued. Dr Dougall advised that 3 full time Advanced Nurse Practitioners had been appointed and community services had been enhanced with the addition of 9 Mental Health skilled nurses. It was noted the recruitment of an additional 3 Band 4's who would be in post by the end of March 2022.

1128 POA Inpatient Area Staffing Levels

Dr Dougall advised that the position had stabilised slightly since the time of preparing the report. It was noted that a further SBAR would be presented to Executive Management Team next week.

It was noted that the Primary Care risk was graded as 16, High. Perth and Kinross HSCP were conducting a second round of their sustainability survey and that 17 out of 23 practices had so far responded.

Dr Dougall advised that risk 657, North Locality Service, had been down rated and that the staffing risk across services remained at 16. It was noted that Pitlochry Hospital remained a priority and that it was anticipated that the Community Custody Unit in Dundee would soon be

open, however remained a risk for now as long term funding had not been secured.

The Committee agreed that a moderate level of assurance had been provided.

The Committee:

- **Noted the content of the report**
- **Agreed that moderate assurance had been provided**

6.3 Assurance Report: Dundee Health and Social Care Partnership Clinical and Care Governance Assurance Report (CGC03/2022)

Mrs Diane McCulloch and Mr Matthew Kendall were in attendance to present the report which provided the data from October to November 2021.

It was noted that the key risks, as highlighted within the report, related to the Dundee Drug and Alcohol Recovery Services (DDARS), the clinical treatment of patients within the Mental Health Service risk and recruitment. Mr Kendall advised that the risk scores were unchanged however, there had been significant ongoing activity.

Mr Kendall noted there were many issues relating to the availability and recruitment of staff. It was noted that a review of substantive roles within Mental Health Services was being reviewed. It was noted that 3 posts had been recruited to and an additional 2 were ongoing.

It was noted that there were no significant concerns in relation to the top 5 reported adverse events. These events continued to be reviewed through the relevant groups and teams, particularly in relation to slips, trips and falls.

The report highlighted an increase in terms of pressure ulcers and it was noted that the Lead Nurse was working with the community nursing team to review and ensure appropriate care.

A never event was reported, relating to inpatient care. It was noted this was in the early stages of investigations, with the Clinical Governance Team and clinical teams working to determine the level of review required. It was noted that the patient was well and making good progress and that an update would be presented to the Committee when available.

Mr Kendall advised that progress in relation to overdue verified events had slowed, primarily due to staff absence. It was anticipated that continual improvements would start to be seen.

Mr Kendall noted the update in relation to unverified events and advised that a number of these incidents were linked to the Vaccination Programme. It was noted the Clinical Governance Team was supporting the management of these incidents and significant improvement in the number of incidents was anticipated.

It was noted that the Significant Adverse Event Review, was linked to the Digital Strategy, and had been escalated accordingly.

In relation to complaints, Mr Kendall advised that improvement in relation to timeframes was required. It was noted that a small number of complaints had exceeded 80 days due to the complexity of the complaint. There was recognition of the need for a quicker response to complaints.

Mrs Trudy McLeay noted issues relating to cross organisation systems not linking together. She highlighted the importance of connection and access across all systems, in particular with HSCPs, and advised that she had escalated the issue with the Digital Director. Mr Matthew Kendal gave assurance that work was ongoing with IT within Health and Councils to ensure staff can access required systems. He acknowledged that there were issues regarding systems linking together however, advised that work was ongoing with digital colleagues.

The Committee agreed that a moderate level of assurance had been provided.

The Committee:

- **Noted the content of the report**
- **Agreed that moderate assurance had been provided**

6.5 Angus Health and Social Care Partnership Clinical Care Governance Assurance Report (CGC05/2022)

Dr Alison Clement presented the report and advised the Angus Health and Social Care Partnership (HSCP) Clinical Care and Professional Governance (CCPG) Group continued to support partnership and commissioned services.

Dr Clement noted the key risks highlighted within the report and advised that the Sustainability of Primary Care Services risk was the highest scoring risk. It was noted that a review event would be held which would involve all stakeholders and that there was a considerable number of activities ongoing. There were staffing issues within 2C Practices, which were being managed and discussions were ongoing. Dr Clement highlighted the need to build on workforce and focus on Care at Home.

In relation to the implementation of strategic planning priorities risk, Dr Clement noted that progress had been adversely impacted by Covid-19 and that a continued focus on Covid-19 was not sustainable moving forward.

Dr Clement advised that adverse events remained stable. It was noted that work was ongoing in relation to the timing of reviews and that a Feedback Working Group had been established. Dr Clement noted that there had been a reduction in the number of complaints received, there would be a focus on learning and that there was extensive work ongoing in relation to adult protection and related themes. It was noted that service manager work was also being prioritised.

An update in terms of Naloxone and drug related deaths was included within the report.

Mrs Trudy McLeay welcomed the report and the significant work underway within Angus. Mrs McLeay also noted the reference to the Digital Strategy and re-iterated the need for this to be addressed timeously.

Ms Anne Buchanan noted the issue in relation to being unable to record pressure sores on Datix. Dr Clement advised that the Clinical Governance Co-ordinator had highlighted this issue. It was noted that a separate category was to be created to allow analysis of data. Dr Clement advised that she would escalate the issue directly with the team. Ms Buchanan also noted that she looked forward to seeing the evaluation of the 7-day Mental Health Service once available and welcomed the approach to mental health GP leads working across Tayside.

The Committee agreed that a moderate level of assurance had been provided.

The Committee:

- **Noted the content of the report**
- **Agreed that moderate assurance had been provided**

6.6 Acute Services Division Clinical Governance Report (CGC06/2022)

Ms Kathryn Brechin advised that the report was, as requested, a brief summary report which highlighted key exceptions and areas of risks.

The key areas of risk were summarised at section 2.3 of the report, with the most significant being the impact of Covid-19, and the fourth wave in particular. Ms Brechin advised that the impact of Covid continued to affect risk in relation to the quality and safety of care through the direct impact of change in a clinical demand and workforce pressures, as well as the indirect consequences as a result of step down clinical activity and deployment of staff to meet the Covid and unscheduled care demand.

It was noted that elective urgent and cancer work had been prioritised and maintained. The report noted the following key actions during the reporting period:

- Adult Pathway and escalation/de-escalation framework had been updated and remained responsive to meet Covid-19 demand
- Implementation of Scottish Government (SG) guidance, including the update to the 2021/22 Winter Respiratory Illness in Health and Social Care Settings Addendum. Ms Brechin noted there had been a significant change in how patients and pathways were managed
- Patient and staff testing remaining responsive to demand. Mrs Brechin noted the significant efforts from colleagues across services, particularly over the Public Holiday weekend and that colleagues had been remarkable at maintaining care
- Prioritisation of planned surgery as per SG Clinical Prioritisation Guidelines

Ms Brechin advised that the endoscopy decontamination process at Ninewells had failed an annual inspection with an area of non compliance. It was noted that mitigation was put in place to manage case lists and support scope decontamination. Ms Brechin advised that the local decontamination service at Ninewells had been re-instated and that a temporary decontamination unit was on site to provide increased resilience until the endoscopy reprovision project was delivered. It was expected that this unit would remain on site for 24 months, or until the service reprovision was complete.

It was noted that the Scottish Patient Safety Programme (SPSP) deteriorating patient collaborative had been paused due to the current Covid wave however, it was expected to recommence in February/March 2022. Ms Brechin noted the update in relation to SCR P19, care in Acute Services and advised that there was an action plan in place to address areas of learning.

There was an unannounced Healthcare Improvement Scotland visit at the Perth Royal Infirmary site on 7 to 9 December 2021. It was noted the draft report had been received and an action plan was being developed.

There was a Joint Inspection of Services for Children and Young People at Risk of Harm in Dundee, it was noted that the report had been shared, inspectors had rated the services as being good and noted some key strengths.

Ms Brechin noted in relation to service level risks, that whilst there had been limited focus to review the risk register, work was ongoing with divisional teams and assurance provided that these risks were being reviewed. It was noted that there were a number of challenges associated with the clinical environment however, there had been a positive move in relocating the Covid Critical Care Ward from the Theatre Assessment Service to Ward 31.

Ms Brechin gave assurance that Acute Services were maintaining both Clinical Governance Committee and Quality Performance Reviews and that adverse events data and patient safety data was being reviewed at both forums. In relation to SAERs data, there had been 10 SAERs commissioned in the reporting period. It was noted there continued to be a number of SAERs beyond 140 days however, work was ongoing with relevant clinical services and the Clinical Governance and Risk Management Team to complete these outstanding SAERs.

It was noted that there had been a shift demonstrating improvement in relation to Pressure Ulcer data, whilst Patient Falls data remained stable. It was noted that complaints was another key focus and it was the intention to provide an update on a positive, Tayside wide, piece of work which was ongoing.

Mrs Trudy McLeay welcomed the report, the partnership working and the incredible work being undertaken.

Ms Anne Buchanan queried in relation to the SAERs, the communication with families. Ms Brechin advised that there was good communication and that reviews were ongoing with families. Ms Brechin reflected on earlier feedback from Ms Buchanan, and advised that it was the intention to bring positive patient and staff feedback to the Committee in the next report.

Ms Brechin noted, in response to a query raised by Dr Norman Pratt around Oncology risks, that work continued to support patient services.

Prof Peter Stonebridge queried whether there were any trends in relation to patient deterioration. Ms Brechin advised that there were no trends in terms of patient outcomes however, as part of the SPSP deteriorating patient collaborative there would be more detailed review and analysis of process measures and outcome data to support improvement work.

Mrs Tracey Passway highlighted that the data pack prepared for the Acute Services Clinical Governance Committee had been shared with the Committee however, noted that this had not been made available in the public domain due to the possibility of patient data being identifiable.

Ms Buchanan noted the level of data available and requested that analysis alongside the data for future reporting. Ms Brechin noted that this would normally have been provided however, this was not the request for this report, and that additional analysis would be included in future reporting. Ms Brechin provided assurance that this level of analysis review had continued at the local Acute Services Clinical Governance Committee.

The Committee agreed that a moderate level of assurance had been provided.

The Committee:

- **Noted the content of the report**
- **Agreed that moderate assurance had been provide**

6.7 Midwifery/Maternity Services Assurance Report (CGC07/2022)

Mrs Lesley Sharkey advised that this was the first iteration of this report, being presented to the Committee for the first time. The report provided assurance in respect of midwifery and maternity services. Mrs Sharkey advised that the report would continue to develop and noted that feedback was welcomed.

Mrs Sharkey advised that the report provided a high level overview and moderate assurance in respect of the systems and processes for midwifery and maternity services. It was noted that operational management for maternity services was through Acute Services.

The report highlighted the processes in place for reviewing the quality of care, responding to issues when raised and the escalation process to senior managers in respect of quality of care issues. It was noted that further information relating to ante-natal care would be included in future reporting.

It was noted that significant work was ongoing in terms of governance and reporting arrangements and leadership work in relation to development.

The report highlighted that early access to antenatal care was linked to improved outcomes for women and their babies. It was noted that data demonstrated that women were attending their first antenatal booking appointment earlier in pregnancy and that for 2021, NHS Tayside had consistently met the Scottish Government national standard of 80% booked antenatal appointments by the 12th week of gestation.

It was noted that there was a decreasing birth rate in Tayside Hospitals however, Mrs Sharkey noted the importance of continued consideration of the increasing health and social complexities of people using the maternity services and the impact this would have on midwifery staffing.

Mrs Sharkey highlighted that Tayside had a wide range of options in terms of choice of birth place, including the Perth and Angus Community Birth Units, and that whilst there had been a reduction in birth place choices during the Covid-19 pandemic all options had been reinstated from July 2020.

Mrs Sharkey advised that the main risks were highlighted through operational management in acute services and workforce challenges for registered midwives. It was noted that there was a known national shortage of midwives and that due to local workforce demographics there was a potential risk in relation to ongoing recruitment and retention of staff. However, Mrs Sharkey noted that there was a dedicated recruitment plan in place and that there had been a positive response to job advertisements.

Mrs Trudy McLeay welcomed the report and in relation to workforce, queried whether university placements were attracting staff to Tayside. Mrs Sharkey advised that historically there had been reduction in numbers of those training staying within Tayside however, this was no longer the case. In general, those who train in Tayside continue their career in Tayside.

Prof Peter Stonebridge queried the still birth rate and whether there was national comparable data. Mrs Sharkey advised that the still birth rate was publically available and comparative data would be included in reporting once available.

The Committee agreed that a moderate level of assurance had been provided.

The Committee:

- **Noted the content of the report**
- **Agreed moderate assurance in respect of NHS Tayside's systems and processes for midwifery and maternity services had been provided**

6.8 Mental Health and Learning Disabilities Inpatient Service (CGC08/2022)

Mr Keith Russell advised that the report had been developed based on the Mental Health Quality Performance Review held on 17 January 2022. It was noted that the report focussed on the key risks identified by services.

Mr Russell advised that the key risks from Adult Mental Health & Learning Disability In-Patient Crisis Resolution and Home Treatment, Ninewells Liaison Psychiatry and In-Patient Addictions Service were:

- Capacity and Flow
- Delayed Discharges
- Workforce availability
- Staff Wellbeing

The key risks highlighted from Secure Care Services were:

- Delayed Discharges
- Workforce availability
- Heating within the Clinic
- Reliable and timely urine drug screening

Mr Russell advised that the General Adult Psychiatry Wards were operating above the Royal College of Psychiatry recommended level of occupancy. The report also detailed the number of occasions non bedroom areas were used to enable admissions of patients in need of in-patient care, October 2021 – 17, November 2021 – 16 and December 2021 – 0. It was noted that subsequent to the report being prepared a non bedroom area was used on one occasion on the 18 January 2022. Mr Russell advised that the use of bedrooms above the ward complement of 22 beds in Moredun Ward where additional bedrooms were available had increased occupancy and activity levels on the ward. The report highlighted that high levels of bed occupancy can increase the risk of violence and aggression, occurrence of adverse events and less comprehensive discharge planning. It could also impact on patients' sense of safety, care experience and impact negatively on the well being and resilience of staff leading to increased burnout and retention issues.

The level of delayed discharges was highlighted within the report. Mr Russell advised that the number of delayed discharges had reduced since the report had been prepared and was reflective of the system wide focus to minimise delayed discharges and the partnership working with the Health and Social Care Partnerships (HSCPs).

The report detailed vacancies within the service and the mitigating actions in place to review and maintain staffing levels. Mr Russell noted that staff wellbeing and recognition remained a key issue. He highlighted the improvement project Esk-Elent Esk, which had been led by a Senior Charge Nurse and the team. It was noted this project had been positively received.

Mr Russell provided a brief update in relation to the adverse events as noted within the report.

Mr Russell noted that the Mental Welfare Commission had undertaken three planned visits, Ward 1 Carseview Centre on 23 November 2021, Ward 2 Carseview Centre on 29 November and Intensive Psychiatric Care Unity Carseview Centre on 20 December 2021. It was noted that the draft report would be published February/March 2022.

Following a query from Prof Peter Stonebridge, Mr Russell advised that delayed discharges would be reported over time to allow the Committee to see changes.

The report noted vacancy rates in in-patient Occupational Therapy. Mrs Nic Richardson advised, in relation to workforce, that interviews had been held over the last week and that prioritisation was ongoing to ensure service capacity was maximised.

Ms Anne Buchanan requested that in-patient feedback continued to be developed as she felt these were key to identifying and supporting learning. Mrs Trudy McLeay noted that staff wellbeing and recognition had lifted morale within Human Resources and Emergency Dept using the learning from excellence project and that she felt this would be successful within Mental Health Services also.

The Committee agreed that a moderate level of assurance had been provided.

The Committee:

- **Noted the content of the report**
- **Agreed that moderate assurance had been provided**

6.10 Annual Report – Organ Donation Committee (CGC10/2022)

Dr Stephen Cole was in attendance to present the Organ Donation Committee Annual Report and provide an update on the impact Covid-19 had had on organ donation.

Dr Cole advised that organ donation was life changing for a number of patients, for example taking patients off dialysis. It was noted that as a result of the Covid-19 pandemic there had been a reduction in the number of organ donations and activity had reduced. Dr Cole advised that the pandemic had also impacted on nursing and medical staffing, who were assisting in other wards and that all these factors had led to reduced activity.

Dr Cole highlighted that the Recipient Centre had been concerned about the effect of Covid-19 on the recipient, theatre activity had been adversely affected in Tayside therefore, affecting activity in the Transplant Centres and Tissue Services.

It was noted that activity, particularly within the Recipient Centres, was now beginning to return to normal and potential survivors were being prioritised.

Dr Cole noted that the Organ Donation Committee remained a highly functioning Committee, supported by the Board and Executive Team. Dr Cole noted the enthusiastic membership of the Committee, noting that a number of patient recipients were also members pre Covid-19. It was noted that the Committee were now utilising health funds to raise awareness and support donation activities.

Mrs Trudy McLeay welcomed the report and noted, pre Covid-19 the remarkable stories shared with the Committee regarding organ donations. Ms Anne Buchanan introduced herself and advised that she would soon be joining the Organ Donation Committee. Ms Buchanan queried when the difference in the number of people opting out of organ donation would be seen. Dr Cole advised that Scotland had followed the Welsh experience and advised that it had taken a significant time for them to determine if there was a difference in the number of people opting out of organ donation. Dr Cole anticipated that Covid-19 may impact on this also however, noted that families were now addressing the issue of organ donation earlier and that public awareness was more common.

The Committee welcomed the report and agreed moderate assurance had been provided.

The Committee:

- **Noted the content of the report**
- **Agreed that moderate assurance had been provided**

COMFORT BREAK 12:05 – 12:35

Clinical Effectiveness

6.11 Tayside Academic Science Centre (TASC) Research Governance Annual Report (CGC11/2022)

The Committee welcomed Prof Russell Petty and Dr Lorna Talbot to present the report.

Prof Petty advised that Covid-19 had brought into focus the importance of Research & Development (R&D) trials, and that these trials demonstrated a clear pathway out of the pandemic. It was noted that Tayside had a strong clinical research infrastructure in place and therefore, this enabled the focus to shift to addressing the pandemic.

Prof Petty advised that in at the height of the pandemic in 2020, the focus of clinical research was directed to Covid-19 and the production of a vaccine. It was noted that the focus now was around reinstating non Covid-19 clinical research. Prof Petty advised that there had been a number of challenges which had been overcome by changing working practices and had led to a number of innovations resulting in increasing and improving patient experiences.

Prof Petty noted success in restarting the vast majority of clinical trials, with over 300 active clinical trials, being undertaken in 2021, around 200 of which had been completed. It was noted that some areas, including Oncology, had recovered fully and had exceeded Covid-19 levels.

Prof Petty summarised that TASC was in a transit period, the need for Covid-19 research was reducing and non Covid-19 was increasing. It was noted that the focus moving forward was to address the backlog and offer trial opportunities to patients however, it was vital that the team undertaking clinical research were supported.

Mrs Trudy McLeay welcomed the report, and in particular the development of research facilities in the Gannochy Research Suite in Perth Royal Infirmary, noting this improved accessibility for Perth and Kinross patients. Mrs McLeay noted the support provided by the Tayside Charity Fund and requested that more information regarding this support be provided in future reporting. Mrs McLeay also noted that she had attended the Good Clinical Practice (GCP) course, which she found beneficial and was aware this had been particularly useful to Nursing and Allied Health Professional colleagues. Prof Petty welcomed the feedback, in particular regarding the Gannochy Research Suite, noting it would provide additional services and opportunities for patients. He advised that Doctors and Nurses had been appointed and that this was an exciting initiative.

Mrs Anne Buchanan also welcomed the report and queried whether Brexit would have a detrimental impact on income and opportunities. Prof Petty advised this was unlikely and that considerable work had been undertaken to mitigate the risk and sustain research, and noted that Medicines Regulations was being reorganised across the UK.

Following a query from Dr Norman Pratt in relation to opportunities for brain tumours, Prof Petty advised that a focussed Ultrasound Centre had been established in Tayside. He advised that a programme of work was in place and that there were also potential applications for brain tumours and possibly other areas of the body. It was noted that Tayside had the potential to be leaders in this field and hoped that there would be growth in this area in coming years.

Prof Graeme Martin noted the working relationship with the University and queried whether there were any challenges in this working relationship. Prof Petty advised that the University was a strong partner and highlighted that the main challenge was around recruitment of high calibre clinical researchers. He advised that these researchers were highly skilled and required significant support during training, identifying academics at an early stage and supporting their development and growth was key. Prof Petty noted that Tayside had an excellent Medical School and this would be harnessed, that the collaboration between NHS Tayside and the University was vital and advised that support was being provided in recruiting additional staff. Prof Martin advised that he feedback these comments to the University.

The Committee agreed that a comprehensive level of assurance had been provided.

The Committee:

- **Noted the content of the report**
- **Agreed that comprehensive assurance had been provided**

6.12 NHS Tayside Child Protection Annual Report 2020/21 (CGC12/2022)

Ms Jayne Smith and Dr Elizabeth Magee were in attendance to present both this item and item 6.13 of the Agenda.

Ms Smith advised that this was the third NHS Tayside Child Protection (CP) Annual Report, which demonstrated a wealth of activity despite the challenges across the organisation.

Ms Smith highlighted the “Strengthening Child Protection Practice – taking a self-evaluation approach in 2021” report, included at Appendix 1 of the report, which was shared for information and awareness. It was noted that the CP Annual Report provided information on the governance structures in place across NHS Tayside, CP quality assurance and performance reporting and the establishment of the NHS Tayside Public Protection Executive Group (PPEG).

Mrs Trudy McLeay queried the reduction in CP training in Allied Health Professions (AHPs). Dr Magee advised that this was addressed under the next report however, noted that there had been a reduction in training. It was noted that work was ongoing, engaging with service managers, to focus on how well staff felt supported and review areas for improvement. Mrs Nic Richardson confirmed that there was awareness that training had reduced, noting there had been challenges due to deployment of staff however, this was being addressed.

Ms Anne Buchanan queried in terms of Child and Adult Safeguarding, whether there was multi-agency training, and also the role of Maternity services. Ms Smith advised that NHS Tayside’s Child Protection service supported multi-agency learning and development and worked closely with partner agencies through the Child Protection Committees (CPCs) and Tayside Regional Improvement Collaborative (TRIC). It was noted that during the reporting year 2020/21, the CP training data presented in both the CP Annual Report and CP Quality Assurance Report referred to single agency (Health) CP training only.

The CP Annual Report highlighted collaborative learning across Tayside including the CP workforce development programme known as Priorities For Practice, which NHS Tayside’s CP Service contributes to. There would be a focus on this work in a future annual report. In relation to the role of Maternity services, Ms Smith advised that NHS Tayside’s CP service continued to work closely with Maternity services to keep unborn babies and families safe. The focus of the CP Annual Report changed year on year with CP capacity building in Maternity services featuring in a previous report. The CP training and supervision data provided in both the CP Annual Report and CP Quality Assurance Report included the midwifery workforce and the roll out of a new model of group supervision for midwives would feature in the 2021/22 annual report.

Ms Buchanan queried work in relation to the Family Nurse Partnership (FNP) Programme. Ms Smith advised that the FNP had recently presented their annual report and gave assurance that there was significant work ongoing.

The Committee were assured by the report however, a level of assurance had not been determined.

The Committee

- **Noted the content of the report**
- **Requested that a level of assurance would be determined and circulated to the Committee and included in future reporting**

6.13 Quality Assurance and Improvement Arrangements for Child Protection in Tayside – July to September 2021 (CGC13/2022)

Dr Elizabeth Magee advised that this Quality Assurance (QA) and Improvement for Child Protection (CP) Report provided the current state position for CP QA activities in NHS Tayside for the reporting period 1 July to 30 September 2022. It was noted that the report was presented to the Public Protection Executive Group (PPEG) at its meeting on 8 December 2021.

The report highlighted that the majority of CP quality standards identified and associated Quality Indicators (QIs) met or exceeded the required performance standard of 95% compliance where applicable during Quarter 2 of 2021/22. It was noted that 94% QIs assessed demonstrated continued compliance across CP standards. This referred to 50 QIs not 48 as noted within the report.

It was noted that three exceptions to this were summarised in Table 1 of the report. Standard 7/7.2 & 7.3 referred to CP training, levels 2 and 3. It was noted that all face to face training for levels 2 and 3 had been suspended in line with current Covid restrictions. There had been significant uptake of level 1 training and generally good uptake of level 2 and 3 training. It was noted that the mode of training was no longer reported on as an exception as it was agreed training would be provided virtually for the foreseeable future.

In terms of CP Pulse Surveys, it was noted that online surveys were targeted to specific workforce groups to gauge confidence and identify areas for improvement and further support. It was noted that surveys had been suspended due to competing service demands however, work was ongoing to re-establish these surveys.

Dr Magee advised that the Committee were asked to note the contents of the report, Appendix 1 and that a moderate level of assurance had been provided.

Dr Magee also advised that new CP guidance was launched in September 2021, with an implementation timeline of 18 months, and that quality assurance reporting would be reviewed in light of this new guidance.

Following a query from Ms Anne Buchanan, it was noted that level 1 training was mandatory for all staff and was available on Learnpro.

Prof Graeme Martin queried the level of evaluation in terms of monitoring awareness of training. Ms Smith advised that evaluations were an important part of training. She noted that there had been various changes and that processes were in place to ensure staff were updated on training and key learning from Initial/Significant Case Reviews (ICR/SCR) and Learning Reviews.

The Committee agreed that a moderate level of assurance had been provided.

The Committee

- **Noted the content of the report**
- **Agreed that the report provided moderate assurance that CP quality standards continued to be met across NHS Tayside and were continually reviewed in line with current national and local CP policies, directives, quality standards and learning/recommendations from CP incidents including initial and significant case reviews (ICRs/SCRs)**

Other Reports for Assurance

6.14 Volunteering Annual Report 2021 (CGC14/2022)

Mrs Tracey Passway introduced the report and advised that Mrs Valerie Ewan was also in attendance for this item.

Mrs Passway advised that the report provided an update on the volunteering activities within NHS Tayside and assurance around the systems and processes in place.

Mrs Passway highlighted that NHS Tayside had a vast number of volunteers and that there was collaborative working with the three local Councils and the three Third Sector Interfaces.

The report provided an update on the following key areas:

- The Volunteer Policy had undergone its 2 year review. The updates were approved by the Clinical Policy Governance Group at its meeting on 3 November 2021 and was endorsed by the Care Governance Committee on 2 December 2021
- Tayside NHS Board was recredited with the Investing in Volunteering award in January 2021.
- National guidance “Remobilisation of Volunteering in NHSScotland Covid-19” was published on 4 May 2021 and updated on 12 August 2021. It was noted that this guidance was applied and ensured that volunteers returned to roles in a safe and measured way.

Mrs Passway noted another key highlight included a bid to Tayside Health Fund Charitable Funds Committee to secure an external consultant, managed by Voluntary Health Scotland to undertake a scoping exercise. It was noted this would report in March 2022 and would support the service going forward.

Mrs Passway also extended her thanks to Mrs Trudy McLeay for her contribution and support to voluntary services.

Mrs Ewan noted that the past year had been challenging however, noted that the report detailed examples of the good work undertaken, ongoing and planned moving forward.

Mrs McLeay noted, as a member of the Volunteer Team Zoom, that she was pleased to see the support being offered to volunteers, which she was aware was greatly appreciated.

Ms Anne Buchanan welcomed the report and queried whether, post Covid-19, whether there was an annual celebration of volunteers. Mrs Ewan advised that the work of volunteers was recognised at an event held every two years however, this had been paused due to Covid-19. It was noted that once face to face meetings resumed, quarterly meetings would be held for volunteers. It was noted that these meetings along with celebrations during Volunteers Week in June 2022 would provide the opportunity to volunteers to get together, acknowledge their efforts and issue service awards.

The Committee agreed that a comprehensive level of assurance had been provided and was warranted, particularly in light of being recredited with the Investing in Volunteering award.

The Committee

- **Noted the content of the report**
- **Agreed that the report provided comprehensive assurance that volunteer services were robust across all health sectors within Tayside**

7. ITEMS FOR DECISION

7.1 NHS Tayside Clinical Policy Governance Group (CGC15/2022)

Mrs Nic Richardson presented the report, noting that she had been appointed as Co-chair of the Clinical Policy Governance Group (CPGG).

Mrs Richardson advised that the CPGG met on 12 January 2022 to review and agree the pathway for assurance for those policies aligned to the Medicines Policies Group (MPG). It was agreed that a selection of relevant policies would be reviewed through the MPG but all clinical policies would be presented to the Care Governance Committee with the assurance of the CPGG.

The CPGG also reviewed clinical documentation seeking a THB number to support assurance and a future shift to electronic documentation systems. This included documentation relating to Art Therapy for use in General Adult Psychiatry, Music Therapy and Podiatry. The Committee was asked to formally adopt this documentation and the request for a THB number as approved by the CPGG.

It was noted that the CPGG intended to rationalise the recording and management of the Clinical policies to reflect their multi-professional nature. Mrs Richardson advised that currently policies were defined as being either, Clinical or Nursing and Midwifery policies. The Committee

was asked to approve rationalisation of these categories to a single list of Clinical policies.

Mrs Richardson advised that the CPGG routinely reviewed those policies which had breached or were nearing their review date, taking into account clinical pressures and the impact of the Covid-19 pandemic. It was noted that all policy owners had been contacted to determine whether an extension was required or, in the case of critical policies seeking an update on reviews. Mrs Richardson advised that all policy authors were offered support and mentorship.

The Committee

- **Adopted the documentation given approval by the Clinical Policy Governance Group**
- **Supported the Clinical Policy Governance Groups plans to rationalise the categorisation of Clinical policies and the management of extensions for review**

8. ITEMS FOR AWARENESS

8.1 Area Drugs and Therapeutics Committee Minute – 28 October 2021

The Committee noted the Area Drugs and Therapeutics Committee Minute of 28 October 2021.

8.2 Public Protection Executive Group Minute - 8 December 2021

The Committee noted the Public Protection Executive Group Minute of 8 December 2021.

Mrs Claire Pearce wished to thank Mrs Trudy McLeay for all her support and understanding of clinical pressures during her time as Chair of the Committee. Mrs McLeay thanked Mrs Pearce and noted it had been a pleasure working with colleagues.

Mrs McLeay noted that for this meeting, the process of emailing questions and answers had been adopted. She suggested that this process be considered for future meetings to ensure limited impact on services. During discussions it was noted that there may be some benefit in adopting this process, for example more detailed answers being provided however, there was the need to ensure all questions raised outwith the meeting were also reported through the Committee. It was agreed that this would be considered moving forward.

9. DATE OF NEXT MEETING

The next meeting will take place at 1000 hours on Thursday 7 April 2022

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

The meeting reflections was not discussed and would be prepared
outwith the meeting.

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 3 February 2022,
and approved by the Committee at its meeting held on 7 April 2022.

.....
CHAIR

07 April 2022
.....
DATE

Minute**Tayside NHS Board
Care Governance Committee**

Minutes of the above meeting held on Thursday, 07 April 2022 at 1000 hours in the office of the Executive Nurse Director, Level 10, Ninewells Hospital and via Microsoft Teams.

Present:**Non-Executive Members**

Mrs J Alexander	Non-Executive member, Tayside NHS Board/Employee Director
Ms A Buchanan	Chair, Care Governance Committee/Non-Executive Member, Tayside NHS Board
Ms P Kilpatrick	Vice Chair, Care Governance Committee/Non-Executive Member, Tayside NHS Board
Professor G Martin	Non-Executive, Tayside NHS Board (MS Teams) (from 1215 hours)

In attendance:

Mrs C Pearce	Executive Director of Nursing, NHS Tayside
Professor P Stonebridge	Medical Director, NHS Tayside
Ms Margret-Rose Campbell	Committee Support Officer
Mr S Dunn	Nurse Director, Corporate Nursing
Ms M Dunning	Board Secretary
Dr Sharon Hilton-Christie	Associate Medical Director, Patient Safety, Clinical Governance and Risk Management
Mrs T Passway	Head of Patient Safety, Clinical Governance and Risk Management
Mrs N Richardson	Director of Allied Health Professions
Mr K Russell	Associate Nurse Director, Mental Health and Learning Disability Services
Dr S Thakore	Associate Medical Director, Quality Management

Attendee:

Mrs H Barnett	Director of Performance (Items 6.1 and 10.4)
Dr A Clement	Clinical Director, Angus Health and Social Care Partnership (HSCP) (Item 8.5)
Miss J Howden	Senior Charge Nurse, Mental Health and Learning Disability Services (Item 7.1)
Mrs P Davidson	Infection Prevention and Control Manager (Item 8.2)
Mr M Dickson	Clinical Governance Co-ordinator, Perth and Kinross HSCP (Item 8.7)
Dr H Dougall	Clinical Director, Perth and Kinross HSCP (Item 8.7)
Mrs J Galloway	Head of Community Services, Angus HSCP (Item 8.5)
Mrs G Gilling	Strategic Lead, Adult Protection (Item 8.8)
Ms C Longmuir	Communications Manager (Attending on behalf of Mrs J Duncan)
Ms D McCulloch	Head of Health and Community Care, Dundee HSCP (Item 8.6)
Mr G Mills	Chief Nurse, Practicing Professional Development (Observer, shadowing Mr S Dunn)

Mr D Williams	Independent Oversight and Assurance Group on Tayside's Mental Health Services (Observer)
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Apologies:

Professor G Archibald	Chief Executive, NHS Tayside
Mrs L Birse-Stewart	Chair, Tayside NHS Board (<i>ex-officio</i>)
Mrs K Brechin	Nurse Director, Operational
Mrs S Dickie	Nurse Director, Community and Health & Social Care Partnerships in Tayside
Dr E Fletcher	Director of Public Health
Mr M Kendall	AHP Lead, Dundee Health and Social Care Partnership
Dr N Pratt	Non-Executive, Tayside NHS Board
Dr D Shaw	Clinical Director, Dundee HSCP

Ms A Buchanan in the Chair

Action

1 WELCOME AND APOLOGIES

Ms Annie Buchanan welcomed all attending to her first meeting as Chair of the Care Governance Committee.

Responding to Mrs Jenny Alexander, Non-Executive Member, Ms Buchanan confirmed that the Committee were quorate as there were three Non-Executive Members in attendance as per the Terms of Reference.

Ms Buchanan indicated that the meeting would be recorded. No objections to this were raised.

Ms Buchanan welcomed to the meeting Mr David Williams, representative of the Independent Oversight and Assurance Group on Tayside's Mental Health Services; and Mr Gordon Mills, Chief Nurse, Education who were both observing the Committee meeting.

2 DECLARATIONS OF INTEREST

No interests were declared.

3 MINUTES AND CHAIR'S ASSURANCE REPORT

3.1 Care Governance Committee Minute 02 February 2022

The Minute of the Care Governance Committee of 02 February 2022 was approved on the motion of Mrs Anne Buchanan and seconded by Mrs P Kilpatrick, Vice Chair.

3.2 Chair's Assurance Report to the Board following the Care Governance Committee 2 December 2021

The Chair's Assurance Report to the Board of the Care Governance Committee meeting held on 02 February 2022 was presented to the Committee for noting.

The Committee:

- Noted the Chairs Assurance Report of the Care Governance Committee meeting held on 02 February 2022.

4 ACTION POINTS UPDATE AND MATTERS ARISING**4.1 Action Points Update**

Mrs Claire Pearce, Executive Nurse Director advised the Committee that the one outstanding action will be completed at this meeting, through Item 7.1 Patient Experience.

Ms Buchanan requested that all completed actions be removed from the document.

The Committee:

- Noted the Action Points Update

4.2 Matters Arising

There were no other matters arising noted by the Committee.

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

The Committee noted the completed Assurance and Workplan 2021/2022.

5.2 Record of Attendance

The Committee noted the Record of Attendance for 2021/2022.

6 EXTERNAL/INTERNAL REPORTS

Ms Buchanan indicated to the Committee that Items 6.1 and 10.4 would be taken together on the agenda to enable Mrs Hazel Barnett, Director of Performance to return to her duties.

6.1 Scottish Public Services Ombudsman (SPSO) Reports (CGC16/2022)

Mrs Barnett presented the SPSO Report to the Committee for their awareness, advising that Mrs Tracey Passway and herself had discussion around frequency of reporting and proposed to the Committee that the SPSO report be brought to every alternate meeting, opposed to each meeting. The Committee were in agreement to this.

Mrs Barnett advised that for the period January and February 2022, five cases have been investigated by the Ombudsman and decision reports on their findings published. Of these: four cases were not upheld (with no recommendations), with one case partially upheld (with some recommendations). Mrs Barnett indicated that Appendix 1 provides information on the current status in response to recommendations from decision reports. Appendix 2 reflects that the SPSO has confirmed that all cases which have previously been reported to the Committee have been closed.

In response to query from Mrs Alexander, Mrs Barnett indicated that the Decision Report Action referenced in Appendix 1, was a recommendation associated with a General Practice, hosted by Angus HSCP and will be reported on through the Assurance Report from Angus HSCP further in the agenda.

Mrs Barnett confirmed for the Committee members that the SPSO recommendations do not sit with the Complaints and Feedback Team and work will be being undertaken to review the reporting template to ensure that HSCPs include, within the Assurance Reports, relevant updates on progress of recommendations.

TP

No further issues were raised and Ms Buchanan thanked Mrs Barnett for the SPSO report.

The Committee:

- Agreed to reporting at alternate meetings.
- Noted the Scottish Public Services Ombudsman Reports.

10.4 Annual Report: Scottish Public Services Ombudsman (SPSO) (CGC30/2022)

Mrs Barnett presented the Annual Report, which gives reflective statistical information for the Annual Report published on 09 June 2021, for awareness, advising that the report given the opportunity for Committee Members to understand some of the issues that the public have complained about in the year 2020-2021.

Key points for the Committee to note would be:

- A total of 58 complaints were received for NHS Tayside Board in the year 2020-2021, excluding independent contractors. This is a decrease of 49% on the volume received during the year 2019-2020 (114).
- A total of 66 complaints were determined by the SPSO for NHS Tayside Board in the year 2020-2021, a decrease of 41% when compared to 2019-2020.
- Clinical Treatment/Diagnosis was the most common reason for complaints referred to the SPSO in 2020-2021, offering valuable insight and learning opportunities for NHS Tayside on how we improve the quality of care and experience we offer.
- Meetings occur regularly throughout the year with SPSO at which time themes are reviewed; advice gained on difficult and/or repetitive complaints; and support received throughout the process of investigation, recommendation and identifying improvement actions.

Mrs Barnett confirmed that a review of complaints received did not raise concern around a specific area, service or individual. The majority of the complaints relate to patients complaining about wait times, which given the backlog created throughout the pandemic lockdown period, is understandable. Ms Kilpatrick queried what guidance and/or advice is provided to patients, General Practitioners and/or referrers which would manage their expectations. Mrs Barnett advised that discussions have taken place with Paula Speirs, NHS Scotland Deputy Chief Operating Officer on the matter of whole population expectation and national advice

is awaited from the Scottish Government on the way forward.

Mrs Barnett advised that the figure quoted within the report of 66 complaints determined by the SPSO during 2020-2021 (when complaints received were 58), includes those complaints that had been carried forward from the year 2019-2020.

The Committee:

- Noted the Annual Report: Scottish Public Services Ombudsman.

7 PATIENT EXPERIENCE

- 7.1 Dr Shobhan Thakore, Associate Medical Director for Quality Management; Mr Keith Russell, Nurse Director Mental Health and Learning Disability Services; and Miss Jenny Howden, Senior Charge Nurse, Mental Health and Learning Disability Services attended the Committee to provide the Committee with a Patient Experience Story relating to Improving Observation Practice. An NHS Tayside Improving Observation Practice Steering Group was convened to review current practice and develop a framework which is reflective of person centred care by being recovery focussed; trauma informed; and values and rights based.

Improving observation practice is a national programme with the aim to end the use of enhanced observations as it is currently by March 2019, replacing it with a framework of proactive, responsive and personalised care and treatment which focuses on prevention and early intervention.

The new framework was introduced into Mulberry Unit, Murray Royal Hospital, Perth, a 20 bedded acute admissions ward which cares for patients with a variety of mental health conditions.

The framework was initially implemented with a young adult patient with a diagnosis of emotional unstable personality disorder, was on the autistic spectrum and had an extensive history of self harming behaviour when at home. Four weeks into the admission (January 2021), and due to the rise in the behaviour of self harming, the patient was commenced on constant observations, following the then current Observation Policy. The patient found this process highly restrictive; struggled with their care needs; found that their communication needs were not met due to the volume of staff carrying out the observations each day; and found it difficult to engage with all staff involved in their care. The multi-disciplinary care team made the decision to implement the process of improving observation practice (May 2021) and agreed with the patient and their family a treatment plan which was more patient centred and strength based. The multi-disciplinary care team also introduced the “clinical pause”, where they reviewed the treatment and care planning with the patient on a daily basis, which allowed more informed decisions to be made about what could be made better for the patient.

Following implementation of the improving observation practice the care team recorded a significant reduction in the patient’s self harm, adverse incidents, and the use of physical restraint. The patient stopped the use

of “as required” medication; was far more engaged in using alternative coping strategies; communication improved significantly between the patient, their family and the multi-disciplinary care team; and the patient reported that they felt “safer”.

The multi-disciplinary care team have fed back the positive impact of working in a different way: the patient having much more autonomy and power around the decision making and having more skills and interventions available to them around self-regulation, also improved support and communication for both the patient in the ward and their family.

There was an overall improvement reported in the patient’s mental state, thus allowing them to be moved on to the next placement and continued treatment in January 2022.

Mr Russell advised that the development team and multi-disciplinary care team have expressed their satisfaction in the process of development and implementation of the improved observation practice; noting how practice has changed from a nursing perspective. Staff feel more empowered. There are also benefits of continued practice education, with a focus on trauma based training.

Mr Russell, advised that improving observation practice continues to be implemented where there is early identification of patient need, however, due to staff changes and the need for continuing education sessions it is difficult to roll out across all patient areas. Sustainability of practice is important, and there is a programme of audit around improving observation practice and around patients having care plans in place to provide evidence to support the process. The new framework requires resources and support to enable consistent delivery to the patients.

Improving observation practice is included in the induction process for new nursing staff and also features in the undergraduate training through Dundee and Abertay Universities.

Miss Howden advised that, in terms of therapy and therapeutic activities, the Activity Co-ordinator became involved in the initial implementation of practice, liaising with the patient to agree an individualised plan of activities. The Activity Co-ordinator will continue to provide support in the planning and undertaking of activities, based on a strength based approach, which are suited to the patient population within the Ward.

Mr Russell advised that from a national perspective and improving observation practice being undertaken in other Scottish Health Boards, NHS Tayside features heavily in the information available on the subject within the Healthcare Improvement Scotland website and are at the forefront of the development and implementation. The multi-disciplinary team based in Moredun Ward also received the Scottish Mental Health Nurse Forum Scotland In-Patient Care Award for their work on improving observation practice (December 2021).

Dr Thakore advised the Committee that despite the development of the

Improving Observation Practice framework having occurred within Mental Health and Learning Disability Services, the principle of the framework could be applied within any in-patient healthcare setting where a patient is identified as requiring proactive, responsive, personalised care and treatment.

The Committee:

- Thanked Dr Thakore, Mr Russell and Miss Howden for their very informative presentation which evidenced an improved patient experience within Mental Health and Learning Disability Services.
- Requested that the presentation be provided to the Committee Support Officer for circulation to Committee and In Attendance members.

8 REPORTS FOR ASSURANCE

8.1 Assurance Report: Strategic Risk 934 Mental Health and Learning Disabilities (CGC17/2022) (Deferred from 02 February 2022)

Mr Russell presented the Assurance Report to the Committee which provides current status on the work undertaken around the revision of strategic risk within the Service, and apologised for the omission of Appendix 1 which was circulated to Committee members on the morning of the meeting.

The Current Risk Exposure Rating is reported at 16 (March 2022), having remained the same as the previous three assurance reports. Planned Risk Exposure – 16.

Mr Russell advised that the strategic risk comprises of two key components: Patient Care Pathways; and Workforce, which are underpinned by eight service level risks, the highest inherent service risks being Workforce; Pathways of Care; Ligature Anchor Points; and Mental Health Strategy. The report provides details of current and planned/proposed controls to mitigate against the risks.

Mrs Claire Pearce, Executive Director of Nursing thanked Mr Russell for the assurance report and would support the content of report for the Committee, advising that following the process of revision of the strategic risk in early 2021 there was a need to further review the risk post COVID-19 pandemic to ensure that there is a clear focus on the strategic risk of delivering the Mental Health Strategy, with a clearly identified Responsible Lead, while ensuring that operational service level risks are captured and managed directly by the Service. Mrs Pearce requested that the Committee support the proposal to further review the strategic risk. All Committee members in attendance supported the proposal and Mrs Pearce requested that Mr Russell liaise with colleagues, Service Executive Leads and the Head of Strategic Risk and Resilience Planning to consider reframing the risk and bring proposal back to the Care Governance Committee on 04 August 2022 as part of the Strategic Risk Assurance Report.

KR

Responding to a query from Mrs Alexander, Mr Russell advised that Appendix 1 was the same paper which was presented to the Health and

Safety Committee earlier in the week. He confirmed that the information contained within the report around ligature anchor points within Strathmartine Hospital – Bridgefoot House Flats 2 and 3 was correct. The risk assessment tool used within Mental Health and Learning Disability Services (Manchester Patient Safety Framework) proactively identifies risks through likelihood risk scoring, uses prospective risk assessments and leads to actions being developed to manage the risks. The assessment carried out within Bridgefoot House Flats 2 and 3 did not identify ligature anchor point risks. However, Mr Russell advised that he would arrange for a reassessment of the accommodation to be undertaken should the Committee think that this was necessary. The Committee agreed that a reassessment should be carried out. KR

Mr Russell offered a **Reasonable** level of assurance to the Committee in recognition of the strengths of the processes in place and the opportunities for further improvement.

The Committee:

- Noted the content of the assurance report.
- Agreed that a **Reasonable** level of assurance had been gained from the assurance report.

8.2 Assurance Report: Strategic Risk 14 Infection Prevention and Control (CGC18/2022)

Mrs Pamela Davidson, Infection Prevention and Control Manager presented the Assurance Report to the Committee which provides current status on the strategic risk.

The Current Risk Exposure Rating is reported at 16 (February 2022) having reduced from 20 reported in the October 2021 report. Planned Risk Exposure – 12, a reduction from 16 (October 2021).

Mrs Davidson advised that the strategic risk was reviewed in February 2022 in collaboration with the Head of Strategic Risk and Resilience Planning. The risk exposure rating with no controls remains at 25 (5x5) (Very High); and the current risk exposure rating reduced to 16 (4x4) (High); and the planned risk exposure rating reduced to 12 (3x4) (High). These ratings reflect all of the controls in place to mitigate the risk associated with Infection Prevention and Control. Therefore, Mrs Davison requested that the Committee would support the proposal to archive Strategic Risk 14. Moving forward the risk definition will be reframed taking into account the legislative requirements and controls that are embedded within NHS Tayside.

Factors supporting this proposal are: the established Infection Prevention and Control Team within Tayside; the functioning Infection Prevention and Control Committee and subcommittee structure; a national manual that all Boards in Scotland follow; a robust Tayside annual work plan and programme regarding surveillance, audit extinction; and the successful transition from the COVID-19 pandemic to post pandemic remobilisation.

Mrs Davison highlighted that Healthcare Improvement Scotland had carried out an Unannounced Inspection Perth Royal Infirmary on 07-09

December 2021 using their safe delivery of care inspection methodology. The Inspection resulted in five areas of good practice and two requirements with an action plan now implemented.

Mrs Davidson also highlighted that there are a number of ongoing improvement initiatives: short life working groups in relation to reducing the incidence of *E coli* bacteraemia and *Staphylococcus aureus* Bacteraemia (SAB); and a review undertaken of *Clostridioides difficile* Infections (CDI) with a plan to undertake a deep dive into new cases over a three month period following which, based on lessons learned, the CDI review tool will be amended to support robust multi-disciplinary review.

Mrs Davidson assured the Committee that there was support to archive the strategic risk as the established Operational Unit Infection Prevention and Control Committee would continue to review operational risks associated with infection prevention and control through Performance Reviews.

Mrs Davidson was in agreement to the Committee's request to provide a Healthcare Associated Infection update later in the year to assure the Committee that this work continues to be a priority for the organisation. ..

Responding to query Mrs Davidson advised that the recruitment of the Infection Prevention and Control Doctor had been undertaken and the closing date passed for applications; Clinical Lead for Microbiology is being undertaken through locum and clinical scientists who as part of their role will have Infection Prevention and Control sessions.

Mrs Davidson offered a **Reasonable** level of assurance to the Committee recognising the established processes available to minimise risk, examples of which are the National Infection Prevention and Control Manual, local audit, education and surveillance programmes, along with robust Infection Prevention and Control committees and governance fora.

The Committee:

- Noted the content of the assurance report
- Agreed that a **Reasonable** level of assurance had been gained from the assurance report.
- Supported the proposal that Strategic Risk 14 Infection Prevention and Control be archived.

8.3 Assurance Report: Strategic Risk 736 Public Protection (CGC19/2022)

Mr Simon Dunn, Nurse Director, Corporate Nursing presented the Assurance Report to the Committee which provides current status on the strategic risk; and the progress of the Public Protection Framework for NHS Tayside since its approval in January 2021.

The Current Risk Exposure Rating is reported at 9 (March 2022) having reduced from 12 reported in the December 2021 report. Planned Risk Exposure 9.

Mr Dunn highlighted; that the Public Protection Executive Group (PPEG) will continue to provide reports to CGC in the form of the Child Protection and Adult Protection Annual Reports. These reports are also shared with the three Chief Officer Groups (COG) for the Tayside Public Protection Partnerships (Angus, Dundee, and Perth & Kinross).

There has also been an agreement around representation for the 3 Chief Officer's groups hosted within our partner local authority areas with strengthened membership from NHS Tayside at each.

The functions that exist under Child Protection and Adult Protection are looking for shared opportunities to create single Public Protection structures starting with an assurance framework and education strategy. Adult Protection have also just produced their second Annual report which complements the Child Protection report published in the last reporting period the aim is consideration of a combined Public Protection report at the end of this year.

Mr Dunn advised the Committee that this report highlights significant progress over the last 12 months since the approval of a Public Protection Framework for NHS Tayside, with a clear direction around shared Public Protection functions; the Public Protection Executive Group, under the leadership of the Executive Director of Nursing, is developing well with clear representative membership across NHS Tayside and the three HSCPs. Mr Dunn directed the Committee to the current controls which are functioning as expected.

As a result of progress the risk rating has reduced to 9 and Mr Dunn requested that the Committee support the proposal to archive Strategic Risk 736 with a reporting occurring through operational governance pathways.

Mr Dunn offered a **Reasonable** level of assurance to the Committee recognising that the Public Protection Executive Group (PPEG) continues to be strengthened with agreed Terms of Reference; agreed membership; and a structure of operational improvement groups which report to and provide assurance to the PPEG.

The Committee:

- Noted the content of the assurance report
- Agreed that a **Reasonable** level of assurance had been gained from the assurance report.

- Supported the proposal that Strategic Risk 736 Public Protection be archived.

8.4 **Assurance Report: Acute Services Division (CGC20/2022)**

Ms Lorna Wiggin, Chief Officer Acute Services presented the assurance report to the Committee which provides an update on key quality measures of the Acute Services Division (1-31 January 2022). Ms Wiggin advised that assurance within Acute Services is received through the triangulation of quality and safety data; and information and intelligence presented and reviewed at the Acute Services Clinical Governance Committee, the Quality and Performance Review, and the Acute Services Infection Control Committee.

Ms Wiggin advised that the NHS Tayside Acute Services remain on an emergency footing, with significant challenges in respect of patient placement; staff absence; and service remobilisation.

Ms Wiggin highlighted that:

- Crude mortality remains stable, noting random variation only.
- Cardiac arrest rates, at both Ninewells Hospital and Perth Royal Infirmary, demonstrate random variation with no trends being noted.
- NEWS compliance (National Early Warning Score) is reported as below target, with some local variation.
- Pressure ulcer data remains positive overall, with one Grade 4 reported. Review identified that the patient was admitted with a Grade 3 pressure ulcer which deteriorated following admission. The review outcome determined that there were unavoidable causes, but learning has been identified to support improvement.
- Slips, trips and falls data is encouraging, with random variation. The Acute Falls Group is well established with good representation across Services and supports improvement across clinical services.
- Maternity and Children Quality Improvement Collaborative data is shared with the Acute Services Clinical Governance Committee and reviews a wide range of data. An emerging issues has been noted around the Induction of Labour Pathway and a short life working group has been established to oversee a review of practice and implementation of NICE recommendations (National Institute for Health and Care Excellence).
- There are no exceptions to report in regard to adverse events reported and the level of harm. One never event has been fully reviewed, with improvements put in place immediately and learning shared widely through the Acute Services Clinical Governance Committee.
- In terms of service risks, there have been no significant changes within the risk register. Assurance is provided through the Quality Performance Review process and the Acute Services Clinical Governance Committee that risks are being managed. A plan is in place to review and update the Datix system to archive or redefine a number of extant risks.
- Areas of risk to bring to the Committee's attention:
 - Oncology Services – mutual aid has been put in place to support services affected by workforce gaps. Arrangements are in place to ensure that all patients receive treatment by a suitably experienced

- clinician through the mutual aid arrangements. Work continues within NHS Tayside to recruit, develop and build a sustainable multi-professional model of care.
- COVID-19 pandemic has an unpredictable nature, and continued prevalence and demand presents a significant risk to the remobilisation of services. This risk is being reported and managed through the Command Structure in place.
 - Oral Maxillofacial Surgery Laboratory has been stepped down on the Ninewells site following assessment against appropriate legislation and associated guidance for Control of Substances Hazardous to Health Regulations 2002. This assessment highlighted laboratory ventilation and environment concerns. The laboratory in Perth Royal Infirmary is currently being utilised. An Incident Management Project Team has been established to progress the immediate, short and long terms actions.
 - Planned Care - Priority 3 and Priority 4 services have not remobilised as yet
 - The East of Scotland Regional Breast Screening Service is hosted by NHS Tayside with a 36 month call/recall cycle in place. Due to the step down of screening services at the start of pandemic and workforce challenges no Board in Scotland is achieving the national standard. A recovery plan has been agreed, supported by National Services Scotland.
- A serious care review has been undertaken relating to Child and Adult Support and Protection. Actions have been submitted along with evidence of completion were appropriate.
 - Joint Inspection of Services for Children at Risk of Harm inspection took place in 2021 with the report published in January 2022. Multi-agency improvement plan has been completed to progress recommendations.
 - The Assisted Conception Unit was inspected by the Human Fertilisation and Embryo Authority on 22 February 2022 and the final report is awaited.

Ms Wiggin confirmed that the never event had included the full multi-disciplinary team and the Scottish Ambulance Service. Learning from the review has been shared widely across NHS Tayside and also across the Scottish Ambulance Services across Scotland.

Ms Buchanan referred to the Internal Control Evaluation 2021/22 report which recommended that reporting on waiting times and referral to treatment, and impact on patients of delays, be brought to the Care Governance Committee. Ms Wiggin advised that this could be included within the Assurance Report, however, would wish the Committee members to give clear direction on what information it required. Quantitative data is currently reviewed through the Quality and Performance Reviews. Mrs Pearce noted that the quantitative data reporting and that the Waiting Times and Referral to Treatment Strategic Risk is currently reviewed at Performance and Resources Committee, however advised that the Committee would be interested to understand aspects such as patient prioritisation; delays; and the impact on the patient in terms of harm. Ms Wiggin advised that she would liaise with colleagues to consider how this information could be sourced and

LW

reported on to the Committee.

Ms Wiggin explained to the Committee that a letter template advising patients around the current situation of remobilisation of services and the potential of extended waiting times had been agreed. Discussions are taking place on how support for remobilisation plans is provided at national, regional and local levels.

Ms Wiggin advised to the Committee that the Oral Maxillofacial Surgery Laboratory step down in Ninewells Hospital is a service level risk and not a strategic risk which would be reported through a Standing Committee. The Laboratory in Ninewells is in an area aligned alongside clinical services and administration offices, and the extraction of harmful fumes. The Laboratory in Perth Royal Infirmary is currently be utilised, however there are plans for relocation as part of the enabling works to facilitate the development of the National Treatment Centre on the Infirmary site. Consideration is being given to where a new laboratory would be best sited.

The Committee noted that within the report it was noted that Unscheduled Care Group had undertaken improvement work around complaints compliance, and requested that in the next assurance report there be an update on other services within the Acute Division on any improvements or concerns around complaints compliance. LW

Ms Wiggin offered a **Reasonable** level of assurance to the Committee recognising that there continues to be opportunities for improved use of systems and process to support governance; and challenges with data capture and analysis with dynamic response to the COVID-19 pandemic, including adverse event, risk and complaints management.

The Committee:

- Noted the content of the assurance report
- Agreed that a **Reasonable** level of assurance had been gained from the assurance report.

8.5 Assurance Report: Angus Health and Social Care Partnership (CGC21/2022)

Dr Alison Clement, Associate Medical Director, supported by Mrs Jillian Galloway, Head of Health and Community Services, presented the assurance report to the Committee providing assurance on the clinical and care governance activities and arrangements across the Partnership as outlined in the Getting It Right for Everyone Framework and in accordance with the partnership integration scheme.

Dr Clement advised that the Angus Health and Social Care Partnership (HSCP) and Integrated Joint Board (IJB) continues to focus on key risks and the report reflects the key clinical care and professional governance risks.

Dr Clement wished to highlight to the Committee:

- The risk Implementation of Strategic Planning Priorities has been reviewed and the residual score reduced to 16 from 20, supported by

the development of an Early Intervention and Prevention workstream; and positive progress towards the development of the next Strategic Commissioning Plan.

- The strategic risk Sustainability of Primary Care is planned for a revision to ensure that there is a collective approach to the corporate governance and internal control of both the strategic and service level risks within Primary Care. A risk workshop is to be held in May/June 2022 to review the current risk description, with a further workshop to be arranged to review management arrangements and further define service level risks.
- Work continues around workforce, looking at both Health and HSCP staffing groups across all services to improve outcomes, efficiency and reduce duplication.
- A new clinical care strategic risk has been introduced: the withdrawal of the Roche Glucose Nano Meters, which are used within Primary Care Teams across all three HSCPs, to monitor and support the management and assessment of individuals with diabetes or the unwell patient. This has significant implications to teams such as District Nursing who utilise this equipment in the course of duties. This situation is being addressed across Tayside as a key risk and consideration of alternative provision is being undertaken.
- Feedback on the listening services which are being provided across all general practices, through the Spiritual Care Service, indicate that there is a positive impact being made for patients that have been supported.
- The successful development and introduction of a hub model within Montrose is being looked to be replicated across the whole system. This model has had significant impact on mental health services. A “no wrong door” ethos has been particularly successful in avoiding individuals being passed from service to service, and reducing staff’s frustration as they try to find the right way to provide support the patients.
- Recruitment challenges over a prolonged period has led to considerable risks for the Brechin 2C Practice and its population. Particular risks exist; lack of medication reviews; proactive management of people with co-morbidity; unmet need for General Practitioner appointments which may result in delayed and/or missed diagnosis. A service risk, with an Extreme Category 1 risk score is in place. An audit of complaints received has identified key themes which has given a focus to improvement work to support the provision and continuity of safe care to patients.
- Mental Health Service delayed discharges continue to be reviewed with inpatient services and community teams. A new social worker and two healthcare support worker posts have been created in adult mental health to support a good discharge pathway, and 72 hour follow up post discharge.

Dr Clement assured the Committee on the Scottish Public Services Ombudsman decision report and the complaint made about the way the Practice handled the initial complaint. Dr Clement indicated that the complaint and recommendation will be discussed at the next scheduled assurance meeting, and raise the profile through the GP Sub Committee in Angus and through the Local Medical Council and Primary Care

newsletters, that there is support wide spread within primary care to have a standard approach for complaints and to make sure that practices are aware that the information on Ombudsman Referral should be included in the complaints responses.

Dr Clement expanded on the “no wrong door” advising that within Montrose there are three General Practices and Mental Health Teams co-located within one building. This arrangement allows co-operative working, through allocation meetings, between teams and Practices to agree the best signposting and/or treatment. This co-operative working provides an opportunity to provide treatment for both the physical and mental health of the patient; and which can include identifying support for whole families – a holistic approach to care and treatment.

Mrs Galloway advised the Committee that delayed discharges within Psychiatry of Old Age can occur following an application being lodged with the court and a date to formalise the application being identified. The COVID-19 pandemic has impacted on the length of time awaiting a court decision. Work has been progressed through the Public Protection Executive Group around incapacity of patients and there are small improvements that could be made in terms of the timeline for people when there is a potential option to move them out of an acute hospital. Each individual case is looked at on its individual merits, as the patient’s needs are central.

Dr Clement offered a **Reasonable** level of assurance to the Committee from the evidence contained within the assurance report.

The Committee:

- Noted the content of the assurance report.
- Agreed that a **Reasonable** level of assurance had been gained from the assurance report.

8.6 Assurance Report: Dundee Health and Social Care Partnership (CGC22/2022)

Mrs Diane McCulloch, Head of Health and Social Care presented the assurance report to the Committee providing assurance on clinical governance and risk management processes.

Mrs McCulloch highlighted:

- The clinical risk with the HSCP remain broadly the same as previously reported, with the majority sitting within the Drug and Alcohol Services. One new risk has been added: Lack of resource to deliver the benzodiazepine dependence pathway complaint with guidelines, and considerations are ongoing on how this risk will be mitigated.
- Discussions have taken place around the Mental Health risks, with the aim to be in a position to have a sustainable workforce. To further mitigate the short term risks and address the national shortage of Psychiatrists, the Service have appointed two Advanced Nurse Practitioners and a Specialist Mental Health Pharmacist, who will be further supported by a Pharmacy Technician. There are two further Advanced Nurse Practitioners in training, and the intention is to assign them in post following qualification. While Locum cover

continues to be the mainstay of the Community Mental Health Team, individuals are remaining longer term in post than previously, therefore enabling a more stable Service.

- Complaints performance has reduced significantly, with only 20% of complaints being managed within the 20 day timeframe in January 2022. Root cause can be attributed to a number of senior managers having left the service and the capacity within the service to manage the workload. Work, in collaboration with the Complaints and Feedback Team, is planned to better understand where and why responses to some complaints take longer than the standard 20 days. The Clinical Care and Professional Governance Group monitors response times, themes and support the sharing of learning.
- One local adverse event review has been held following a complaint regarding poor and inappropriate communication from the range of staff on and visiting the ward. Key aspects identified were lack of patient-centred care and poor communication with the patient and their family. Sharing of the learning from this review, via the governance forum, has identified that this was an isolated incident and this type of communication is not widespread across the Partnership.
- Work continues within the Partnership to review workforce models, however, establishment of new posts and regarding of existing posts within the Partnership has had an impact on taking this work forward.
- The Partnership have submitted an assessment to the Medication Assisted Treatment (MAT) Improvement Support Team setting out progress made to date and areas where further work and support is required. To assist the Partnership the Improvement Support Team are willing to recruit staff and second them back to the Partnership. This will support the work going forward

In response to query around access to specialist guidance on pressure ulcers from the NHS Tayside Tissue Viability Service/Nurse, Mrs McCulloch advised that she would be better placed to answer the query once she had made further enquiry. The Committee agreed that this information could be included in the next Assurance Report, highlighting if there is an identified gap.

DMcC

Mrs Pearce advised that the Committee have a responsibility to review external inspection reports and be assured that recommendations/actions are being progressed within both Health and HSCP Services appropriately, and be cited on any areas of exception. Mrs Pearce requested that an update on the Dundee Drugs Commission Report: Responding to Drug Use with Kindness, Compassion and Hope be provided within the next Assurance Report to the Committee (04 August 2022). Mrs McCulloch agreed that an update would be included in the next report, as reporting on the Dundee Drugs Commission Report is part of the HSCPs clinical governance assurance route.

DMcC

Responding to query around successful recruitment of General Practitioners to specialist services like Dundee Drug and Alcohol Recovery Service (DDARS) Mrs McCulloch advised that there had been recent recruitment of a General Practitioner, with special interest, to work within the Mental Health Services. Currently there are two or three General Practitioners working within the Drug and Alcohol Recovery

Service in addition to their Practice role. There are also those General Practitioners who will have an interest in the specialism but will take forward this work as part of their General Practitioner role within the Practice, albeit that they receive funding through the specialist service. Recent funding has been received from the Scottish Government to expand the General Practitioner Shared Care programme within the Drug and Alcohol Recovery Services, inclusive of funding for two part time General practitioners to work part time across both their Practice and the Service. Mrs McCulloch advised that there are recruitment issues at this particular time, however, where an interest is identified in a General Practitioner an approach is made. Mrs McCulloch would check the financial terms of employing a General Practitioner within a specialist role in the Drug and Alcohol Recovery Services and update the Committee in the next Assurance Report (04 August 2022).

DMcC

Mrs McCulloch offered a **Reasonable** level of assurance to the Committee from the evidence contained within the assurance report.

The Committee:

- Noted the content of the assurance report.
- Agreed that a **Reasonable** level of assurance had been gained from the assurance report.

8.7 Assurance Report: Perth and Kinross Health and Social Care Partnership (CGC23/2022)

Dr Hamish Dougall, Associate Medical Director, supported by Mr Mark Dickson, Clinical Governance Co-ordinator, presented the assurance report to the Committee providing assurance on care and professional governance activity across the Partnership.

Dr Dougall advised the Committee that the Perth and Kinross Car and Professional Governance Forum meet monthly; have good attendance from across the Partnership Services; and have clear focus on assurance.

Dr Dougall highlighted:

- Risk 1133 referred to within the assurance report: No Consultant Cover for Adult Community Mental Health Team in Perth and Kinross HSCP North Locality. Dr Dougall advised that the issues which led to a Pending Risk being raised have been resolved and a locum consultant in place. The risk has been closed.
- Risk 829: Challenges in relation to accommodation for clinical and non-clinical staff across Perth and Kinross continued to be considered and options explored for premises.
- Risk 982: Workforce continues to be challenging with medical vacancies supported by Locum Consultant cover. Significant developments include: Advanced Health Practitioners being deployed to enhance service provision; identification of significant new Scottish Government funding to significantly enhance Primary Care MH capacity in GP practices; the appointment of a new senior suicide awareness co-ordinator; and significant interest from a number of General Practitioners in developing specialist interest roles integrated in current mental health medical workforce. Regular meetings have

been put in place with the Operational Medical Director for Mental Health to support workforce issues and plan ahead where possible.

- Within North Locality's Pitlochry Hospital General Practice Unit became temporarily non-operative from 03 January 2022. Staff across the locality have worked flexibly to cover sickness across all areas due to COVID-19 and sharing resources to meet demand. Work is being undertaken to review the workforce and engagement; with a working group to review and consider models of care. It is hoped that the Unit will be opened mid to late May 2022, however this is dependent on successful recruitment processes.
- Within South Locality evacuation assessments identified potential issues for evacuation of bariatric patients within Community Hospitals. Through the use of side rooms there continues to be provision to admit bariatric patients, however, there remains the need to identify and implement longer term solutions within these premises.
- Waiting times for individuals within HMP Perth to see a General Practitioner is showing improvement with access to Locum cover and a reduction in COVID-19 absences. All requests for General Practitioner appointment are prioritised on the basis of clinical need.
- The Director of Dentistry, Dr Morag Curnow, is due to retire in November 2022 and recruitment is in hand to appoint a replacement. Dr Dougall would wish to thank Dr Curnow for her excellent leadership to the Service over a substantial number of years.
- There has been difficulty in the recruitment and retention of Podiatrists and this is a national issue across NHS Scotland. Locally this carries the risk of being unable to provide a safe level of service which may lead of unintended consequences to patients and staff. This service risk has been added to the risk register on Datix.
- Work has continued to reduce the number of outstanding local adverse event reviews. Over an 18 month period the number of outstanding reviews has reduced from 24 to 8. Dr Dougall appreciated that this will never be zero given the inherent nature of adverse events, however, the improvement is substantial.
- Exception reporting to the Perth and Kinross Care and Professional Governance Forum is now embedded and mechanism in place for Services to quickly and easily escalate areas of concern. Services report to each alternate meeting. Annual Reports are also provided as per schedule.

Dr Dougall raised with the Committee that the HSCP remains committed to improving care and professional governance, and work is progressing to develop governance and performance dashboards to support assurance reporting across agreed professional standards. Dr Dougall advised that there was not a robust set of Key Performance Indicators (KPIs) for Mental Health and Learning Disability Services to measure performance, an example cited as: "Follow up within seven days of discharge". Perth and Kinross HSCP being provided with data evidencing a low compliance with the indicator, however, following a deep dive the compliance was 100%. Dr Dougall indicated that there is a disconnect in the quality of the data, and no reliable set of KPIs across the three Partnerships, and would welcome the opportunity to discuss further out with the Committee.

Mrs Pearce advised the Committee that the Business Unit have been working with Community Mental Health Teams to provide a reliable data pack each month inclusive of Demand, Capacity, Activity and Queue (DACQ) data. The information collected by Healthcare Improvement Scotland was stepped down due to the COVID-19 pandemic and reinitiating submission of this data will be a focus in this financial year.

The Committee requested that a review of the key performance indicators for Mental Health and Learning Disability Services be undertaken and an agreed suite of information for the data pack be developed.

HD,
DS,
AC &
HB

Mrs Nicola Richardson, Director of Allied Health Professions provided a brief update around Podiatry, referring back to the point made around Podiatry service risk. The Tayside Podiatry Service is hosted within Perth and Kinross HSCP. The national difficulty of recruitment that is alluded to is being supported through national conversations to try and support new graduates into the NHS Health Service. Within the most recent cohort of graduates, only 25% of the graduates were available and willing to work in the NHS.

Dr Dougall responded to query around the eight week wait for General Practitioner appointment in HMP Perth advising that all calls are prioritised on the basis of clinical need; and there is no significant clinical risk to the individual.

Dr Dougall offered a **Reasonable** level of assurance to the Committee as there is now a system of consistent and structured reporting on activities to the Care and Professional Governance Forum, resulting in significant enhanced assurance levels being provided to the Care Governance Committee.

The Committee:

- Noted the content of the assurance report
- Agreed that a **Reasonable** level of assurance had been gained from the assurance report.

The Committee broke for a comfort break at 1215 hours, returning at 1230 hours.

Mr Graeme Martin, Non-Executive NHS Tayside joined the meeting.

8.8 NHS Tayside Adult Protection Annual Report 2021 (CGC24/2022)

Mrs Grace Gilling, Strategic Lead, Adult Protection presented the Annual Report to the Committee to provide assurance on the key adult protection activities and developments undertaken by NHS Tayside Adult Protection Service, in partnership with other NHS Tayside Services and multi-agency partners.

Mrs Gilling highlighted:

- The Adult Protection Team, which initially comprised of two adult protection advisors and the Strategic Lead, is now at full complement, which can provide specialist and expert safeguarding training, advice and guidance to all NHS Staff, thereby supporting them to fulfil their safeguarding responsibilities and duties across a wide range of issues. The Team consists of three generic Adult Protection Advisors across the three geographical areas; one Adult Protection Advisor with Care Home Oversight, a MAPPA (Multi-Agency Public Protection Arrangements) Health Liaison Officer; Gender Based Violence/Violence Against Women Nurse Advisor (one of only three such advisors in NHS Scotland); and two administrative staff.
- The COVID-19 pandemic has brought challenges to all NHS Tayside services and within the context of adult protection, the Team continue to see a significant increase month on month in referrals.
- During 2021 Dundee recorded 2,835 referrals; Perth and Kinross 2,404 referrals; and Angus 634 referrals.
- The Adult Protection Service relies on multi-agency partnership working, and solid partnership working arrangements have been forged with colleagues from the three HSCPs, local authorities and Police Scotland. Training resources are also shared across the organisations.

Mr Dunn advised the Committee that as the organisation moved toward a fully established public protection framework, the annual reporting will be developed further. Currently the Child Protection Annual Report (reported in February 2022) and the Adult Protection Annual Report have been reported separately, and it is intended that the next annual report will combine the two services into one overarching Public Protection Annual Report.

Mrs Gilling offered a ***Reasonable*** level of assurance to the Committee acknowledging the establishment of the Public Protection Executive Group in March 2021, which provides the structure to scrutinise adult protection quality assurance and performance activities.

The Committee:

- Noted the content of the Annual Report.
- Agreed that a **Reasonable** level of assurance had been gained from the Annual Report.

9 ITEMS FOR DECISION

9.1 Draft Care Governance Committee Annual Report 2021-2022 (CGC25/2022)

Professor Peter Stonebridge, Medical Director, presented the Committee's Draft Annual Report for the year 2021-2022 advising that the Annual Report would be submitted to the next Audit and Risk Committee giving an account of the work of the Care Governance Committee for the year 2021-2022.

The Committee members had no additions or alterations to the Annual Report, and approved it for publication.

Ms Buchanan thanked Margaret-Rose Campbell, Committee Support Officer for compiling the comprehensive report.

The Committee:

- Noted the content of the Annual Report and approved it for publication and provision to the Audit and Risk Committee on 19 May 2022.

9.2 Draft Care Governance Committee Terms of Reference, Committee Assurance Plan and Work Plan (CGC26/2022)

Mrs Pearce presented the Draft Terms of Reference, Committee Assurance Plan and Work Plan to the Committee members for consideration and agreement moving into the financial year 2022-2023.

The Committee considered the draft Terms of Reference (TOR), Committee Assurance Plan and Work Plan documentation, which had been comprehensively reviewed to ensure that membership is: more aligned to representation from clinical services who have responsibility for clinical and care governance; and has a more focused purpose and remit.

The Workplan has been reviewed to ensure that items being reported upon are relevant to the Care Governance Committee's purpose and remit. The schedule of assurance reporting has been reviewed with Acute; Mental Health; Midwifery/Maternity Services; Health and Social Care Partnerships and Pharmacy Services reporting at alternate meetings which will then enable productive discussion and the identification of areas where more in-depth exploration is required. Strategic Risks will continue to be reviewed at alternate meetings.

Mrs Pearce advised that a light touch review of the Care Governance Strategy had been undertaken, and a more in-depth review will be undertaken and brought to the Committee for agreement in June 2024.

Mrs Pearce advised that there was a significant review of the Integration Joint Board's (IJB) Integration Schemes across Tayside underway and to further assist with "closing the loop" between the Committee and the IJBs

MC

there would be an intention to include a statement within the Terms of Reference: Reporting Arrangements to stipulate that *“Following a meeting of the Care Governance Committee the Lead Executives will provide feedback to each of the three Integration Joint Boards on the outcome of discussion on their assurance report, confirming the level of assurance that was providing and highlighting any action required.”*

Ms Buchanan advised that, if the amended Terms of Reference was accepted and approved by the Committee, letters would be written to those previous members of the Committee highlighting the changes within the Committee structure and remit and thanking them for their contribution to the Committee.

????
Action

Ms Buchanan advised that a Care Governance Committee workshop would be scheduled (Date 07 July 2022 agreed) at which time new and existing members would work to co-create a refreshed way forward for the Care Governance Committee and to review the workplan, identifying duplication and gaps.

TP

Mrs Alexander remarked on the removal of the Director of Workforce from the In Attendance membership of the Committee, Mrs Pearce advised that as per the Terms of Reference the Committee *“may obtain whatever professional advice it requires, and it may require Directors, Integration Joint Board Chief Officers or other officers of the NHS Tayside to attend meetings”*. Therefore, specialist knowledge can be requested at any time. Ms Dunning also noted that those who are listed In Attendance are there to give advice to the Committee on matters discussed, and not to influence Committee members on decisions or matters of assurance.

Mrs Alexander commented on the use of the word *“minimum”* within the membership section of the Terms of Reference and it was agreed that this word would be removed and the statement read *“Six Non-Executive Members, including the Chair of the Area Partnership Forum (Employee Director) and the Chair of the Area Clinical Forum”*.

MC

Discussion took place around the use of names and roles within the Terms of Reference. Further to the meeting the Head of Committee Administration provided the following statement *“We will continue to use names in our Terms of Reference working document. Names are not shown in the Committee remits in the Code of Corporate Governance as approved by Tayside NHS Board.”* The Terms of Reference will be amended appropriately and uploaded to the NHS Tayside Internet as the public facing document, while the Code of Corporate Governance will be updated with anonymised narrative.

MC

There were no further areas for discussion raised, and the Committee members therefore approved the Terms of Reference, Committee Assurance Plan, subject to the amendments listed above, for publication and inclusion in the Code of Corporate Governance.

The Committee:

- Noted the content of the revised Terms of Reference, Assurance Plan and Workplan and approved all the documents for the year 2022-

2023.

- Noted that the Terms of Reference would be included within the amended Code of Corporate Governance and presented to the Tayside NHS Board for approval.

10 ITEMS FOR AWARENESS

10.1 NHS Tayside Clinical Policy Governance Group (CGC27/2022)

Dr S Hilton-Christie presented the report to the Committee on behalf of Mrs N Richardson and herself as Co-Chairs of the Group.

The Committee considered the Clinical Policy Governance Group (CPGG) Report on the meeting held on 09 March 2022 and agreed the adoption the Adverse Event Management Policy which had been approved by the CPGG.

Mrs Pearce outlined to Dr Hilton-Christie and Mrs Richardson that the role of the CPGG would be to provide assurance to the Care Governance Committee that systems and processes are in place to ensure that all clinical policies are reviewed, approved and communicated to the organisation. The CPGGs multi-professional membership provides the expertise through which clinical policies are approved for adoption by NHS Tayside. Mrs Pearce submitted a proposal that the CPGG provide an assurance report to the Care Governance Committee on a twice yearly basis, providing assurance on the systems and processes in place; provide information on the number of clinical policies within the organisation; data on policies are under review and the stage of that process; and escalating areas of high risk and concern. The Committee members supported the proposal to move CPGG to a schedule of bi-yearly assurance reporting.

Mrs Richardson confirmed to the Committee that the CPGG has Area Partnership representation from different areas of the organisation.

The Committee

- Noted the report and adopted the documentation given approval by the Clinical Policy Governance Group on 09 March 2022.
- Supported the proposal to move CPGG to a schedule of bi-yearly assurance reporting.

10.2 Internal Control Evaluation 2021/2022 Report No T08/22 (CGC28/2022)

Ms Buchanan advised that the Internal Control Evaluation (ICE) Report was provided for awareness to the Committee at this stage. This document would form the basis for discussion at the Care Governance Committee workshop, reviewing the recommendations and incorporating these into the work of the Care Governance Committee.

The Committee:

- Noted the content of the ICE Report No T08/22
- Noted that recommendations contained within the report pertaining to Care Governance Committee would be further discussed at the planning/assurance session being scheduled

10.3 **Person Centred Governance (CGC29/2022)**

Mrs Richardson presented the Patient Centred Governance report to the Committee for awareness, apologising for the Draft watermark left on the report. Mrs Richardson advised that the Person Centred Leadership Group's re-formation and re-evaluation of its structure and purpose following a period of significant change in membership.

Mrs Richardson highlighted that the Group have identified and are leading on some pieces of work which they feel would be of benefit to the organization. Two projects which are in the early stages:

- A medical student project, Student Selected Component in Design in Healthcare, is underway to look at and suggest improvements for the patient experience in Ninewells Hospital. The projects focuses on wayfinding and signage at the main entrance and concourse within Ninewells Hospital. Two potential improvements identified in changing signage and direction finding through the concourse; and an app to guide people through the building.
- The tannoy system at the main entrance to Ninewells Hospital has been considered by a study group with improvements suggested to add a welcome message, whilst retaining the public health messages which are regularly aired, to enhance the staff, patients and visitors' experience.

The Committee raised and discussed concerns their concerns around behaviours which occur at the main entrance to Ninewells Hospital: smoking; illicit drug use; and alcohol consumption. Mrs Richardson agreed that she would take back the discussion at Care Governance Committee to the Patient Centred Leadership Group and the study group to consider and identify improvement activity.

The Committee:

- Noted the content of the Patient Centred Governance report provided for awareness.

10.5 **Minutes/Action Notes**

The Committee:

- Noted the minutes and actions notes of the:
 - Spiritual Healthcare Committee 02 November 2021
 - Tayside Cardiopulmonary Resuscitation Committee 07 December 2021
 - Area Drugs and Therapeutics Committee Minute 09 December 2021

11 **DATE OF NEXT MEETING**

11.1 The next meeting will take place at 1000 hours on Thursday,
02 June 2022

12 **MEETING REFLECTIONS AND CONSIDERATION OF MATTERS FOR
CHAIR’S ASSURANCE REPORT TO THE BOARD ON 28 APRIL 2022**

Areas for inclusion were identified as:

- Terms of Reference, Assurance Plan and Workplan 2022-2023
- Assurance Reports from HSCPs
- Patient Story – Improving Observation Practice
- Patient Centredness Report
- Clinical Policy Governance Group Report
- Strategic Risk: Infection Prevention and Control (**Archive**)
- Strategic Risk: Public Protection (**Archive**)
- Strategic Risk: Mental Health and Learning Disability Services

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 07 April 2022, and approved by the Committee at its meeting held on 02 June 2022.

.....
CHAIR

02 June 2022

.....
DATE

Perth & Kinross Health & Social Care Partnership

Care & Professional Governance Forum - Annual Assurance Framework

Services / Locality
Reporting: North Locality

Date of report: 15th June 2022

Report Author(s): Angela Milne & Karyn Sharp

OVERALL PURPOSE OF THE SERVICES/LOCALITY

The North Perthshire Locality delivers Health & Social Care Services to two GP Cluster areas - Strathmore and Northwest Perthshire. There are four GP Practices within each Cluster which cover a wide geographical area.

Services delivered diverse and include:

- Community Hospital GP Units – Pitlochry (9 beds) and Blairgowrie (17 beds)
- Care and Treatment Services – Hub and in-reach model
- Community Nursing delivered from 7 GP Practice aligned sites across Strathmore and North West Perthshire
- Adult Social Work Teams including Social Workers, Carers Support Workers, Reviewing Officers, Occupational Therapists, Social Prescribers and Community Engagement Team.
- Physiotherapy - inpatient/outpatient/community
- Occupational Therapy - inpatient/community
- Adult Mental Health Services, including mental health ANP
- Mental Health and Wellbeing Team
- Older Peoples Community Mental Health Teams – see patients over 65 years of age. They also support our Community Hospital inpatients.
- Healthy Communities Collaborative
- LInC Service
- ANP Service
- Administration Services
- Learning Disability team are hosted by the North Locality

DEMOGRAPHIC INFORMATION

North Perthshire Locality

Unless otherwise indicated, the figures and data contained within this report were sourced from Public Health Scotland Locality Profile 2020/21 North Perthshire Locality.

Our locality consists of three distinct areas: Highland Perthshire, Strathmore for Health boundaries and the Carse of Gowrie for social work boundaries, although this is about to realign. Most of its settlements are located on or close to the main transport corridors (A9, A93 and A90) but access to services can be a challenge for residents in more rural areas. The wide geographical area can also present obstacles to

service delivery in a Community setting. North Perthshire comprises of the following major settlements of: Aberfeldy, Alyth, Blair Atholl, Blairgowrie, Coupar Angus, Dunkeld, Errol, Invergowrie and Pitlochry.

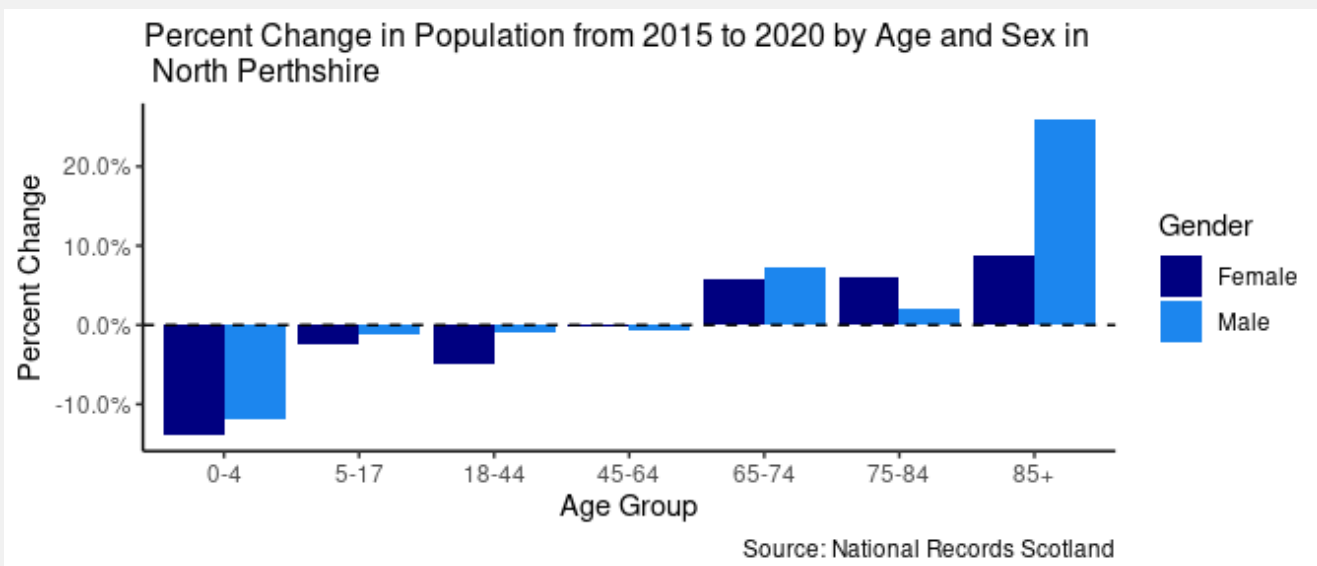
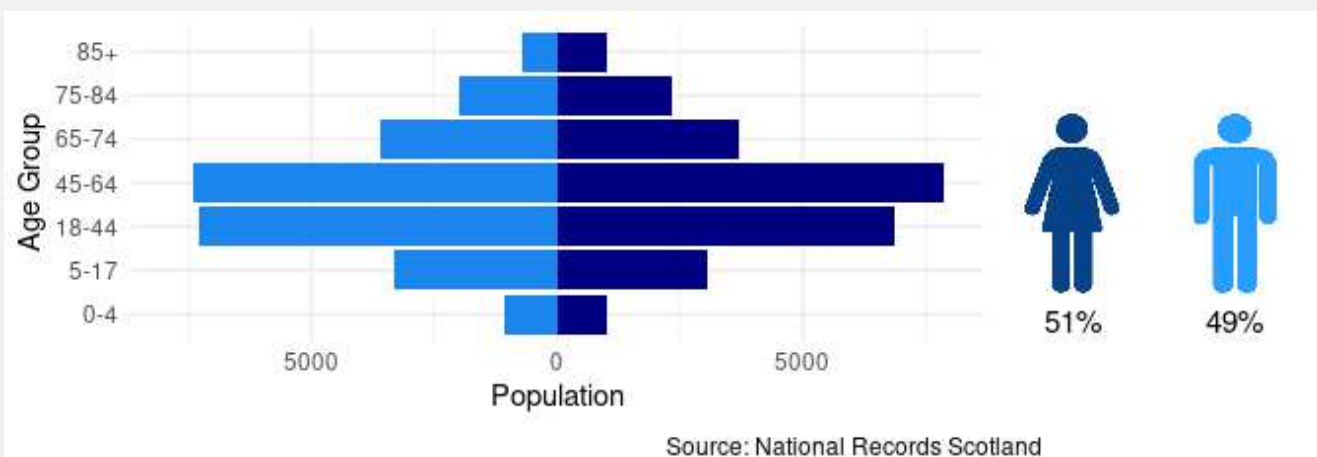
Population

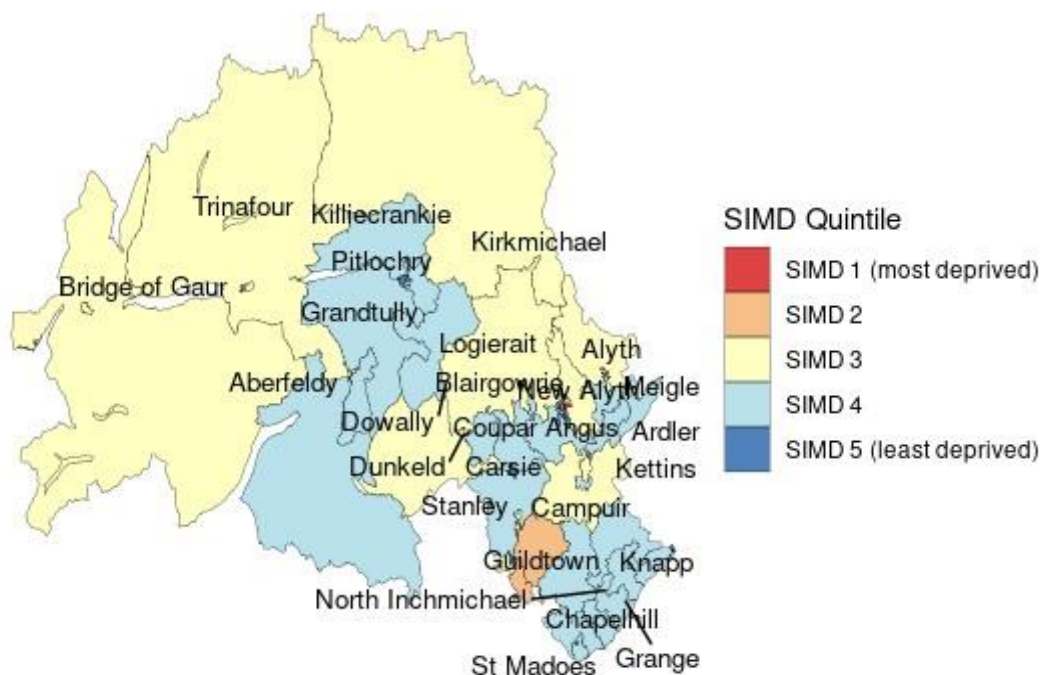
With an overall population of 51,165 residents, it has the highest number and proportion of individuals aged over 65 years, at 26% of the population and the lowest number and proportion of children. Its population can be summarised as below:

- A total population of **51,165** people, where **49%** were male, and **26%** were aged over 65.

Key Issues

- Highest number and proportion of those aged over 65(1% increase on last year) of all 3 localities.



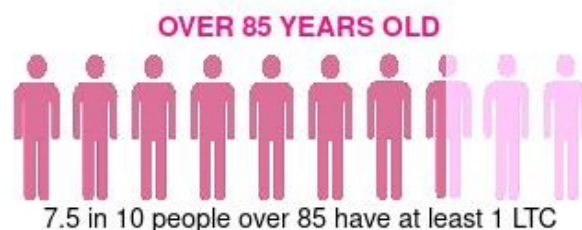
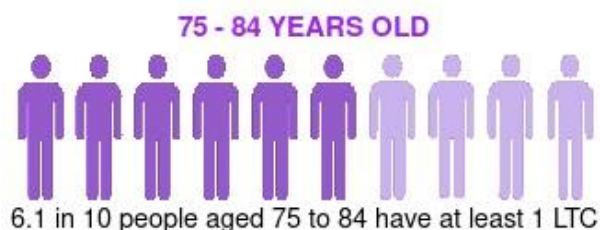
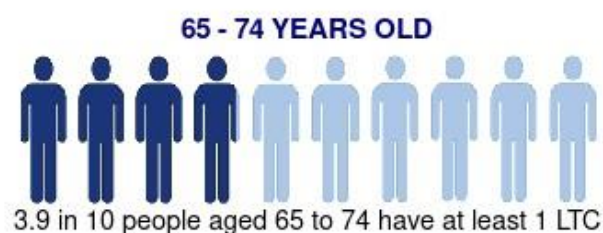
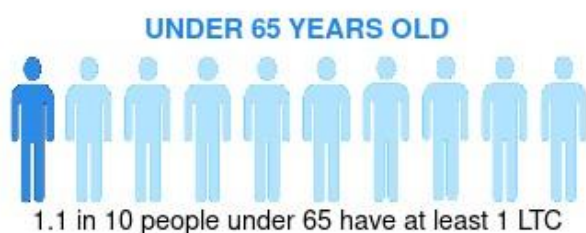


Source: Scottish Government, Public Health Scotland

- **14%** of people lived in the least deprived SIMD quintile, and **2.4%** lived in the most deprived quintile.

For the most recent time periods available², North Perthshire Locality had:

- An average life expectancy of **79.8** years for males and **82.8** years for females.
- A death rate for ages 15 to 44 has significantly decreased from **120** to **87** deaths per 100,000 to age-sex standardised population³. This is the lowest across the whole of Perth and Kinross (Perth City 148, South Locality 108)
- **21%** of the locality's population has at least one long-term physical health condition.



Top 5 Physical Long-Term Conditions

North Perthshire Locality		Perth & Kinross HSCP		Scotland	
1	Arthritis 5.8%	1	Arthritis Inf%	1	Arthritis 5.6%
2	Cancer 5.5%	2	Cancer Inf%	2	Cancer 5.1%
3	Coronary heart disease 4.6%	3	Coronary heart disease Inf%	3	Coronary heart disease 4.7%
4	Asthma 3.4%	4	Asthma Inf%	4	Asthma 4.6%
5	Diabetes 3.3%	5	Diabetes Inf%	5	Diabetes 3.2%

- A cancer registration rate has dropped from **603 to 563** registrations per 100,000 age-sex standardised population³ – is this partly to do with people not presenting during the pandemic?
- 17.74%** of the population being prescribed medication for anxiety, depression, or psychosis. This is a 2.2% increase from the previous year. This equates to the average across Perth and Kinross.

CARE & PROFESSIONAL GOVERNANCE ARRANGEMENTS WITHIN SERVICES /LOCALITY

The Locality has an established Safety, Clinical Governance and Risk Meeting which meets every 6 to 8 weeks and reports into the P & K Care & Professional Governance Forum. This is chaired by the Locality Manager and attendees are staff members who have a leadership role and a responsibility for all aspects of clinical governance for their teams. The agenda focuses on: Exception Reporting, Continuous Improvement & Service Development, Workforce, Risk Management & Safety, Person Centeredness including staff wellbeing, staff and patient feedback, Clinical Effectiveness and Information Governance. It also provides a forum to celebrate success. This meeting was predominantly health lead initially, but has evolved to make it a fully integrated health and social care governance meeting.

The Teams have held a daily safety huddle during the course of the pandemic, which has enabled real time reporting, timely problem solving, facilitated early escalation of risk and issues that affect the delivery of care. This has also become a forum for peer support and has strengthened relationships and flexible working across teams as a bonus.

Teams also meet monthly as an integrated management group to address operational and strategic priorities. Protection processes and induction for newly qualified staff. Learning is also brought to the Quality Assurance meeting for example from adverse event reviews and complaints. A risk log is in place for Adult Social Work which is updated at this meeting.

The Adult Social Work and Social Care Forum is split into a Quality Assurance Meeting and a Business Meeting, which each meet 4-weekly. The meetings are attended by Heads of Service, Service Managers and Team Leaders across Adult Social Work and Social Care. The Quality Assurance meeting has an action plan to look at improvements across Adult Social Work and Social Care which includes data quality, Adult Protection processes and induction for newly qualified staff. Learning is also shared through this forum for example from adverse event reviews and complaints. A risk log is in place for Adult Social Work which is

updated at this meeting.

The Business Meeting is for any information that requires to be shared within Adult Social Work and Social Care extended management team. Exception reports from teams are brought to this meeting for any LSI's, IRD's or risk to service. A high level EMT performance report is shared with this meeting so that staff are aware of where the service is meeting targets and where improvements are required. Current issues and information around staff health and safety and wellbeing are shared at this meeting. Each team/ service has a standing agenda item where the Team Leader or Service Manager can provide any updates on any business in their area that requires to be shared with the wider team for example, Swift Replacement Programme, Adult Support and Protection and Contracts and Commissioning.

EXCEPTIONS REPORTED SINCE LAST ANNUAL REPORT

Staffing: Ongoing issues with recruitment and retention of Nursing and AHP staff leading to instability across the locality and prolonged concerted efforts to attract staff. This has also resulted in the temporarily non operational status of Pitlochry Community Hospital since Jan 22.

Bed capacity: Reduced bed capacity due to Pitlochry being non operational. This has had impact on the wider system as well as the community based locality teams.

Delayed discharges: System wide, prolonged and multi-factorial.

Staff redeployment: Pitlochry staff have been redeployed to other Locality services through a process of temporary Organisational Change. This is due to end on the 20th of June.

Shortage of medical cover for General Adult Psychiatry: This has been extremely difficult to sustain and resulted in the formation of a P & K contingency hub earlier in the year to enable some equity of service delivery across the localities, This cover continues to be a challenge.

Remobilisation: Services have continued reinstate face to face appointments when safe and appropriate to do so in relation to Covid guidance at the time. Other methods of service delivery have however been maintained to provide patient choice and flexibility.

Wellbeing: The Wellbeing profile is raised and has become a higher priority for all teams. The need for this has become clearer as we have emerged from the pandemic and we have sought ways to support staff in both their physical and mental health. The wellbeing service has assisted us with resources and support sessions which have been delivered to teams and individuals. Our referral rates to this service have never been higher; Our daily safety huddle is used to check in with staff and to share wellbeing information and opportunities. Wellbeing Champions have been identified within local services and training has taken place along with the beginnings of a Tayside wide Champions network to support this work.

Minor Injuries Service: The service has been introduced in line with the new national GP contract and as part of the Scottish Government's Redesign of Urgent Care programme which is changing the way people access urgent care across Scotland. The introduction of the centres means that the majority of minor injury services previously provided at the three Minor Injury Units in Perth and Kinross have now been incorporated into the CCATS. MIU staff in the North, have now transitioned in to these roles.

Adult Mental Health Services:

In response to Listen, Learn, Change, the Strang report and HIS recommendations, work is progressing to address the identified themes.

SIGNIFICANT RISKS TO THE PROVISION OF SAFE, EFFECTIVE AND PERSON CENTRED CARE

Details of any significant risks identified within the service, along with risk scoring and controls in place and planned.

DATIX Risk 1139

- **Risk Description** As a result of the heating system being unable to be accessed and controlled there are extremes of temperature across the Pitlochry hospital site. This is due to the company which manages the heating system has ceased trading.
- **Risk Scoring:** **Current:** Almost Certain (5), Moderate (3) = **15** **Planned:** Unlikely (2), Moderate (3) = **6**
- **Controls:** Estates are progressing with the landlord urgently

DATIX Risk 657

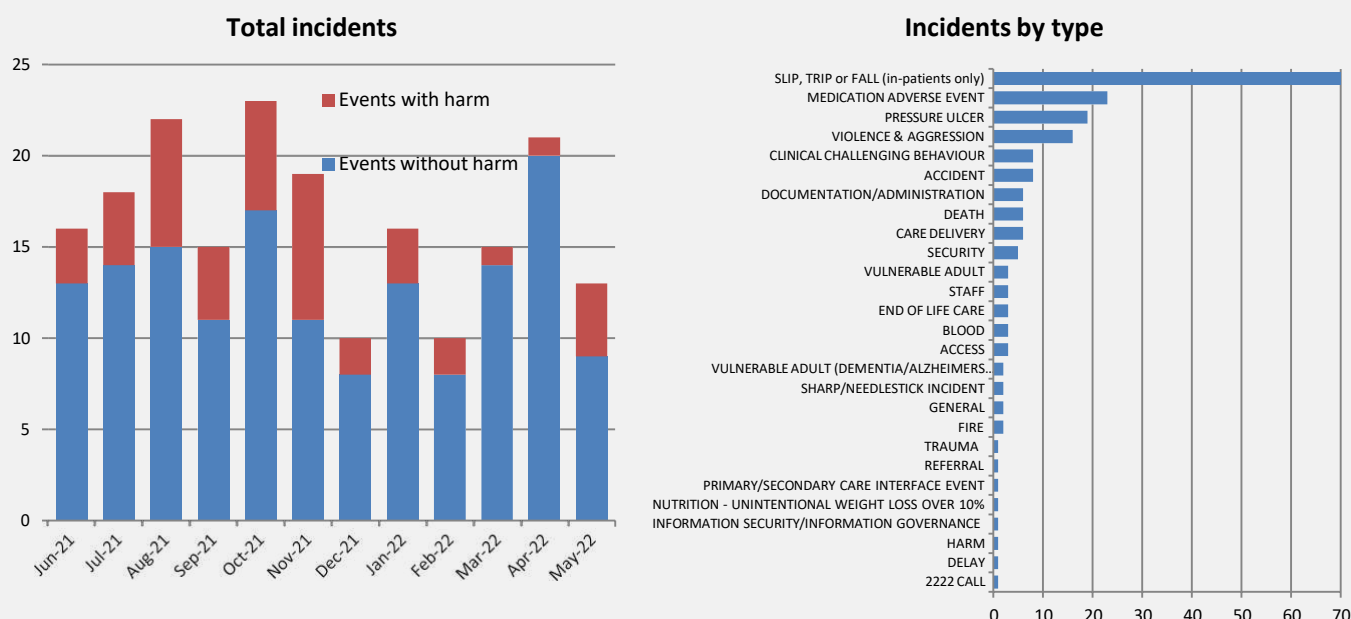
- **Risk Description** As a result of current recruitment and retention difficulties across all Community Hospital Inpatient wards, these are understaffed which is causing the registered nurse cover arrangements on each shift to be compromised leading to unsafe staffing levels. This also has safety implications regarding Fire Evacuation and minimum staffing levels required for this. It also has financial implications due to spend on agency cover. Further difficulties are being managed due to staff being required to self-isolate whilst COVID test results are being processed. There is a risk of disruption to service, sustainability of service and potential harm to patients.
- **Risk Scoring:** **Current:** Likely (4), Major (4) = **16** **Planned:** Possible (3), Moderate (3) = **9**
- **Controls:** Multi factorial including Bank and Agency, alternative shift patterns, strong communication and flexible working across all 4 sites, risk assessments and establishment of agreed safe staffing level numbers/ skill mix

Staffing in Pitlochry Community Hospital has greatly improved and will reopen to patients on the 20th of July. This will be with reduced bed numbers initially until new staff induct and undertake any training required to meet the needs of the service. Potential future models are being explored through a multi disciplinary working group.

It has also been challenging to recruit to Blairgowrie Community Hospital but have recently been successful recruiting to all our vacant posts and expect to be back up to full staffing levels by Autumn.

ADVERSE EVENTS

Adverse events recorded on DATIX during the last year categorised as being reported within the North locality:



There were 198 incidents reported in total over the 12 month period. Falls, Medication and Pressure area were the top three incident categories, respectively.

Falls data is reflective of the increasing numbers of frail, complex and cognitively impaired patients that we are seeing on our wards. They are also deconditioned due to the impact of Covid19 restrictions. Mitigating actions such as falls alarms, non slip socks, patient placement within the ward and increasing HCSW numbers on shift as necessary, are all in place. OPCHMT colleagues support the ward with patients who may be falling due to cognitive impairment. We are currently investigating whether there is a pattern in the time of day when falls occur so that we can consider staffing levels at that time of day.

Time period: 1st June 2021 – 31st May 2022

INFECTION PREVENTION & CONTROL

Hand Hygiene Opportunity:

Ward	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22
Blairgowrie CH	95%	100%	100%	100%	100%	100%	95%	95%	100%	100%	ND	95%
Pitlochry CH	ND	100%	100%	ND	ND	ND	100%	Non operational	Non operational	Non operational	Non operational	Non operational

Hand Hygiene Technique:

Ward	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22
Blairgowrie CH	95%	100%	100%	100%	100%	100%	100%	100%	100%	100%	ND	95%
Pitlochry CH	ND	100%	100%	ND	ND	ND	100%	Non operational	Non operational	Non operational	Non operational	Non operational

The data for Blairgowrie was submitted in March but missed the reporting date. Staff have been reminded that it must be input before the 5th to be included in reporting.

There are several omissions in data from Pitlochry, which is reflective of the pressures that staff were under last year. The residual team were heavily supported by Bank and Agency with the SCN working clinically. This should be resolved on reopening.

All staff have an Infection Control objective as part of their TURAS development plan.

Infection Prevention & Control unannounced audit visits are to be recommenced to all areas after being stood down during the last 12 months.

Covid19 – We have had several Covid positive / Covid contact inpatients as well as VRE and MRSA positives. Robust adherence to guidance, escalation and stringent infection control processes has prevented the spread of these within Blairgowrie community hospital.

NATIONAL KEY PERFORMANCE INDICATORS

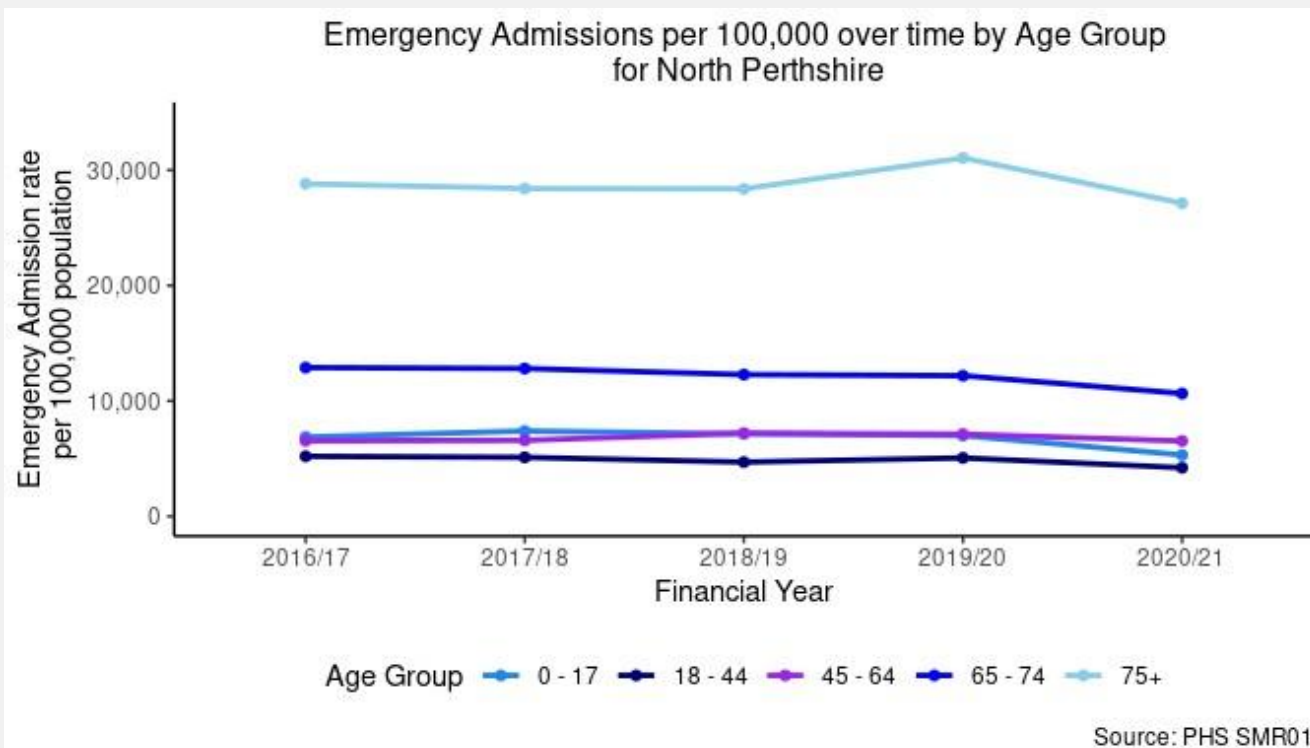
Indicators	Data Type	Time Period	North Perthshire Locality	Perth City Locality	South Perthshire Locality	Perth & Kinross HSCP	Scotland
Lifestyle & Risk Factors							
Drug-related hospital admissions per 100,000	rate	2017/18 - 2019/20	61	331	92	168	221
Alcohol-related hospital admissions per 100,000	rate	2019/20	330	606	305	415	673
Alcohol-specific mortality per 100,000	rate	2015 - 2019	9.7	24	12	15	20
Bowel screening uptake	%	2017 - 2019	68	63	69	67	62
Hospital and Community Care							
Emergency admissions per 100,000	rate	2020/21	8,699	10,123	8,505	NA	9,368
Unscheduled acute bed days per 100,000	rate	2020/21	56,503	61,655	56,963	NA	61,542
A&E attendances per 100,000	rate	2020/21	12,182	18,018	12,653	NA	20,422
Delayed discharge bed days per 100,000	rate	2020/21	2,809	6,165	3,574	NA	8,080
Falls emergency admissions per 100,000	rate	2020/21	817	866	815	NA	658
Emergency readmissions per 1,000	rate	2020/21	128	141	132	134	115
Last 6 months of life spent in community setting	%	2020/21	90	91	90	90	90
Potentially Preventable Admissions per 100,000	rate	2020/21	1,018	1,257	1,011	NA	1,180
Unscheduled Care (Mental Health related)							
Emergency admissions per 100,000	rate	2020/21	188	390	220	NA	253
Unscheduled bed days per 100,000	rate	2020/21	10,771	32,661	16,557	NA	18,404

SERVICE/LOCALITY SPECIFIC KEY PERFORMANCE INDICATORS

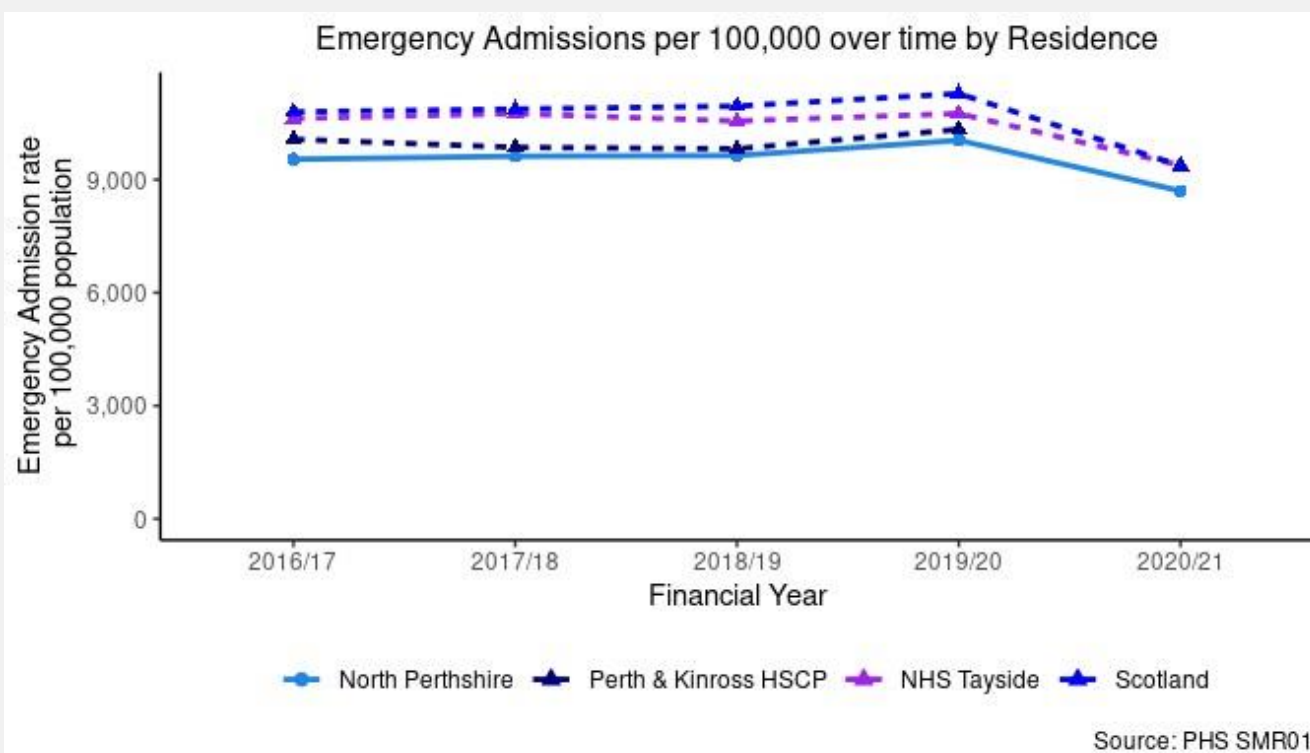
Hospital and Community Care

Emergency Admissions

Emergency admissions by age group

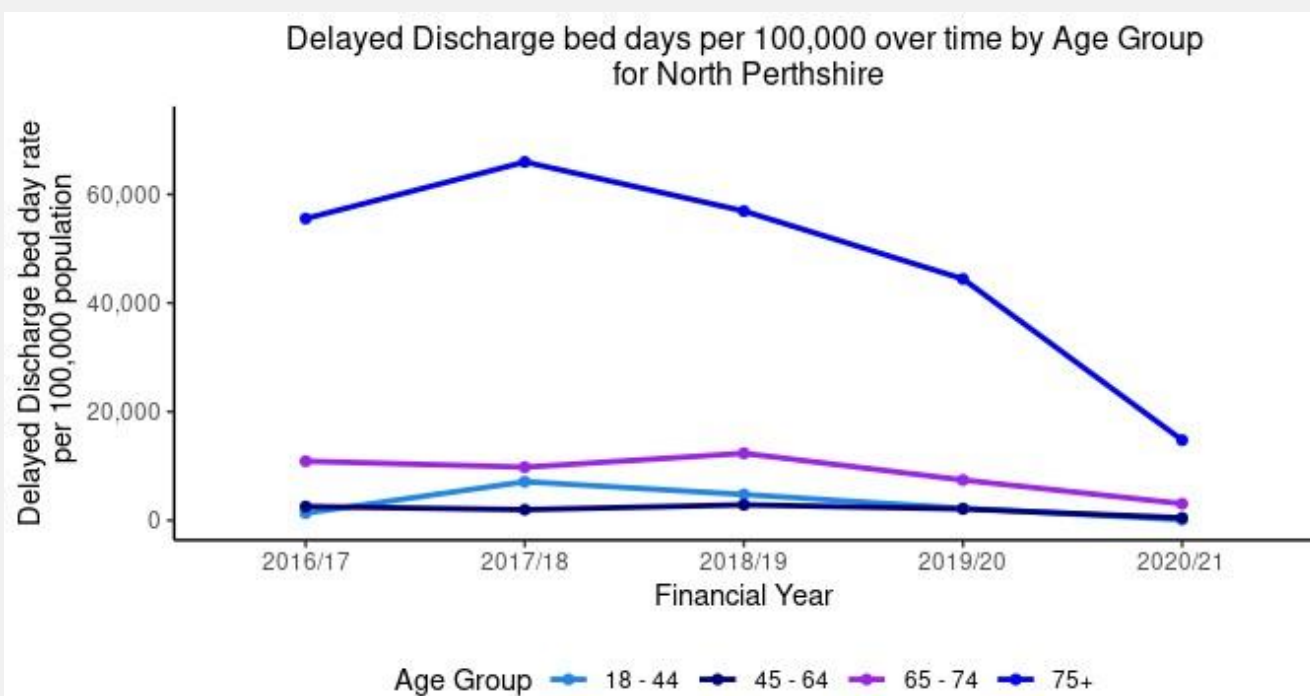


Emergency admissions by geographical area



Delayed Discharge Bed Days

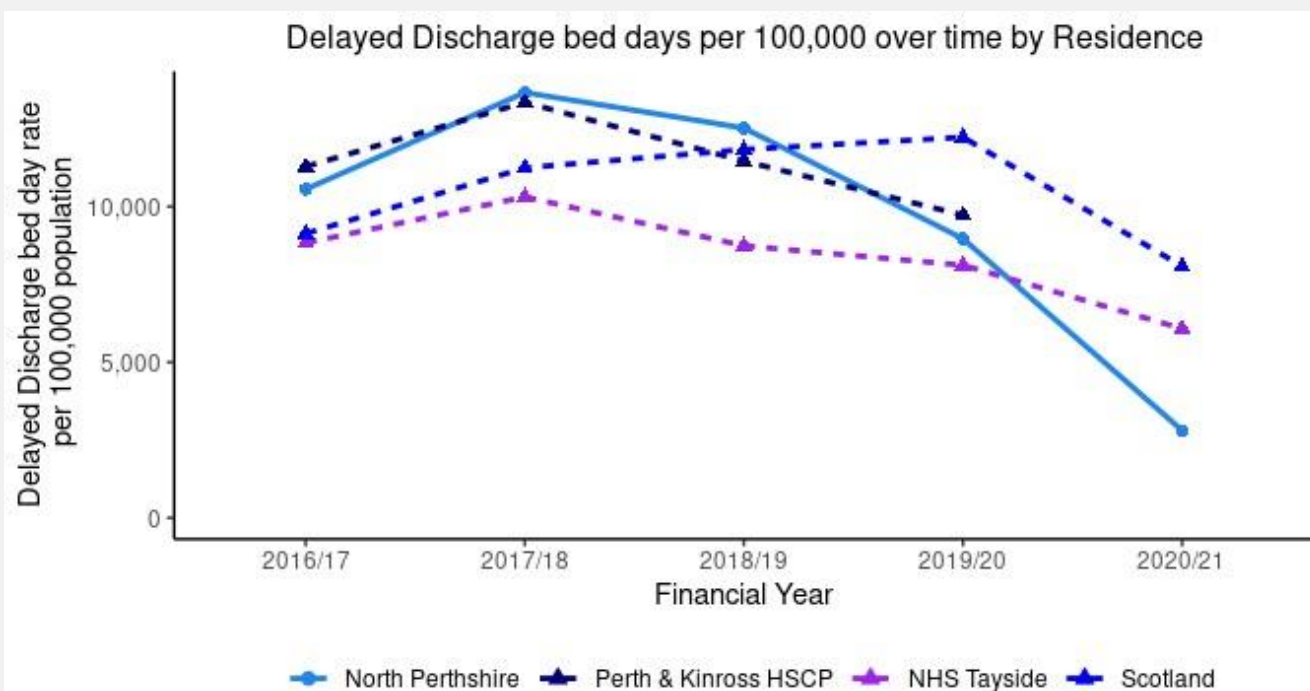
Delayed discharge bed days by age group



Source: PHS Delayed Discharges

This figure has been dropping consistently but recent challenges may change this trend significantly

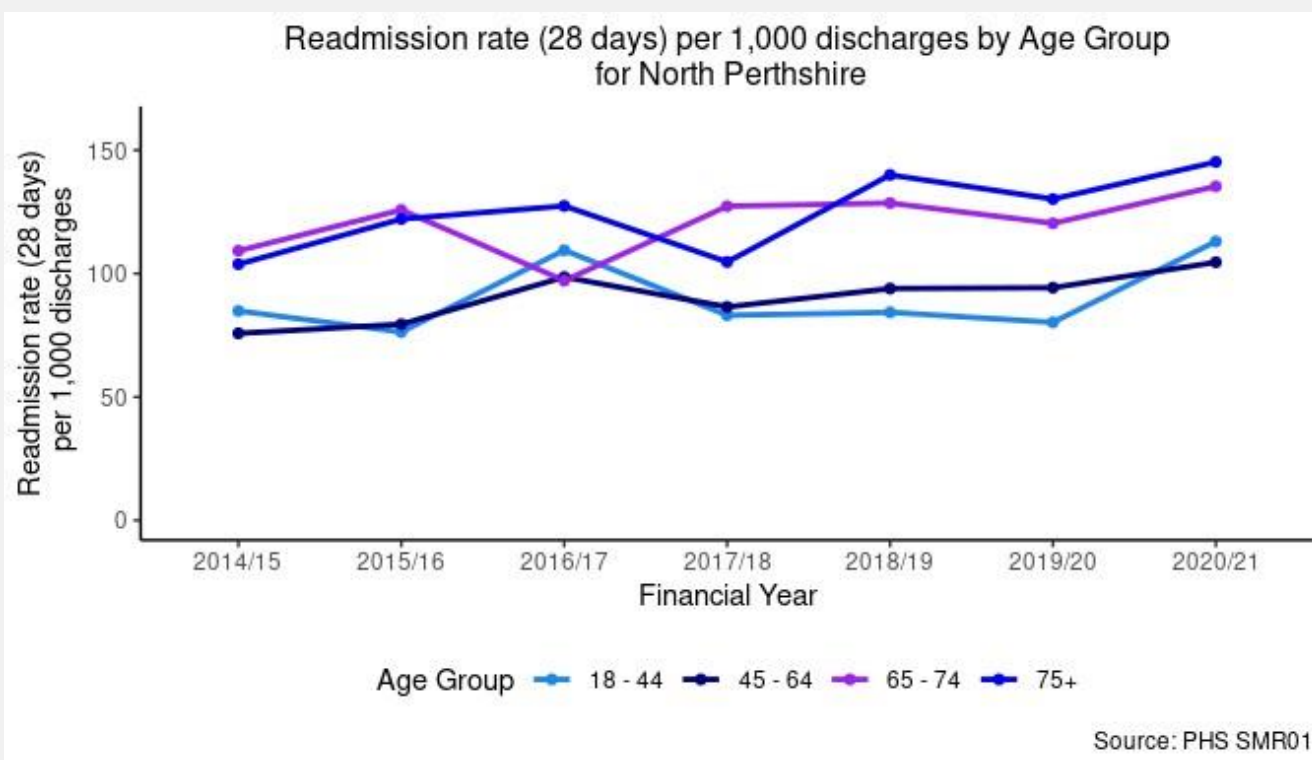
Delayed discharge bed days by geographical area



Source: PHS Delayed Discharges

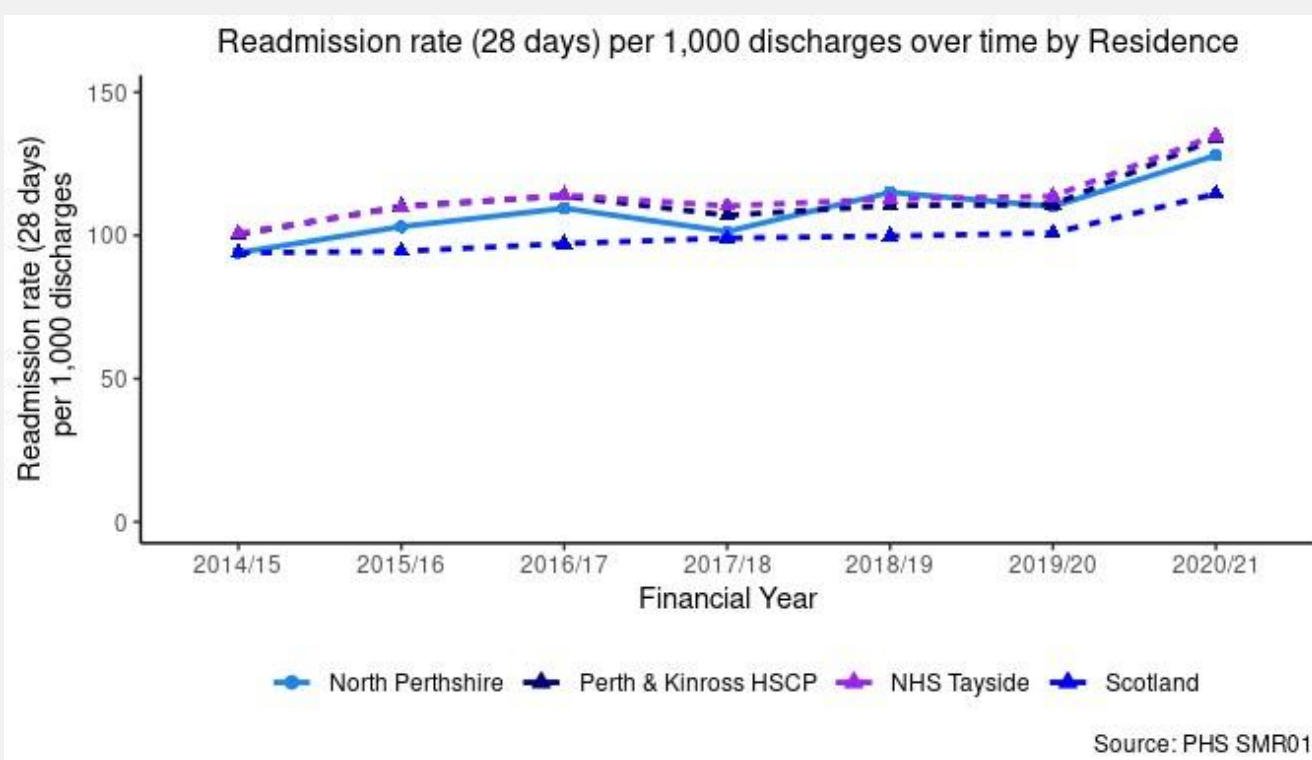
Emergency Readmissions (28 days)

Emergency readmissions by age group



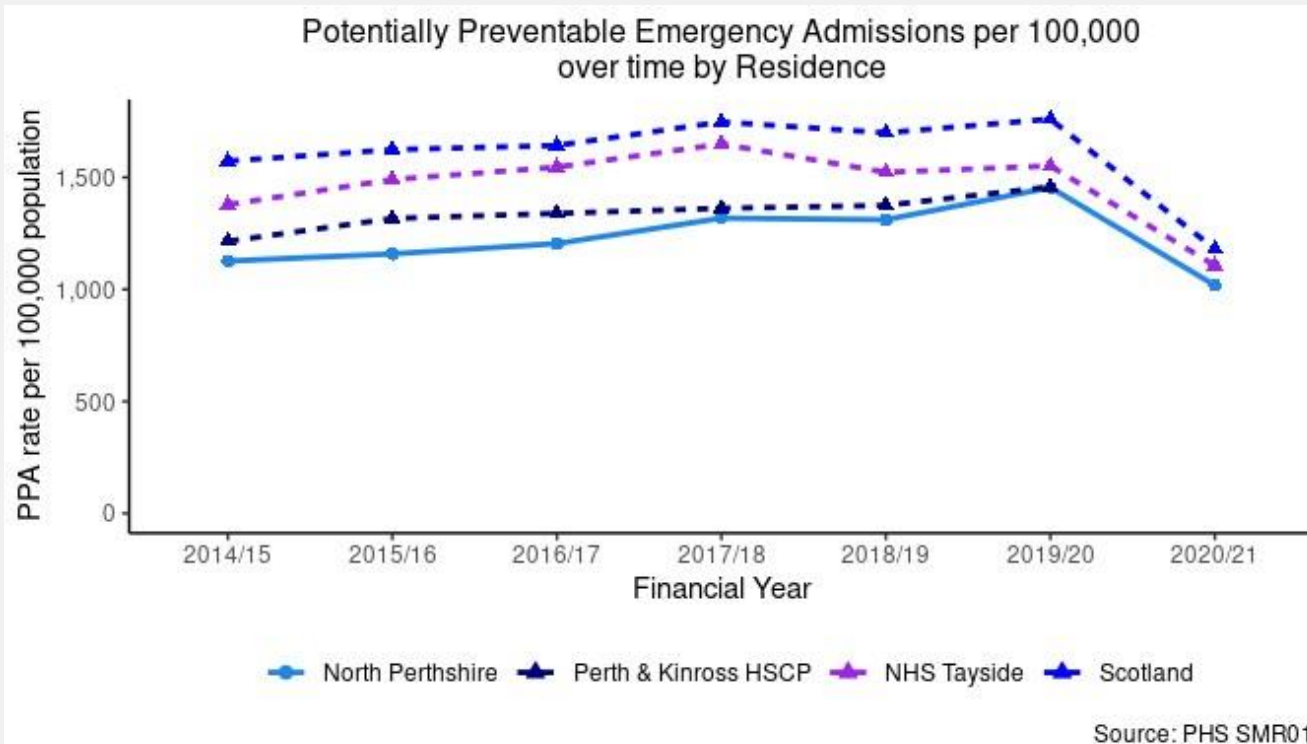
What can we do differently to prevent this significant number of people being re-admitted ?

Emergency readmissions by geographical area



This is a rising trend. The North Perthshire figure along with the rest of Tayside, is higher than Scotland overall. Initiatives such as the development of the ANP and Hospital at Home services will contribute to reducing this figure.

PPAs by geographical area



INSPECTIONS / GOVERNANCE ASSURANCE VISITS

There have been no external inspections during the past year with regards to services included within this report.

Care Assurance Tool: Care Assurance Tool walk arounds have continued despite the pandemic albeit less regularly than before. Feedback, both positive and negative, is shared across inpatient teams, discussed with lead nurse and any actions taken forward as required. Frequency of these will increase again as we continue to remobilise.

Teach tool: Teach tool is used by all teams who deliver a service within an inpatient setting. The main action from the teach tools has been to ensure the most up to date Infection Control posters are on display.

Current Adult Support and Protection Audit: All teams across the locality are preparing for, and participating in, the planned Adult Support and Protection Audit. The survey has been shared widely and participation encouraged. Resource folders have been prepared for easy accessibility of information for every team/base.

The North Locality Social Work Team has completed an internal Adult Support and Protection Audit.

General Adult Psychiatry: Scottish Government oversight visit to the North Locality Adult Community Mental Health team took place on the 6th June to establish progress in relation to specific actions laid out within the Listen, Learn, Change action plan. Work is in progress across Tayside mental health teams.

WHAT HAVE STAFF AND SERVICE USERS TOLD YOU ABOUT THE SERVICES YOU PROVIDE?

Staff feedback comes in the form of inmatter as our formal process for gathering staff opinion about our Organisation. This is positive in terms of individual teams and their direct line managers, but comments have been noted on the level of visibility of the executive management team.

General feedback from the North Locality Teams:

- The Care Assurance Tool is used regularly across our inpatient areas.
- Staff receive feedback regularly through cards, letters or verbally.
- Complaints are investigated and responses prepared as per HSCP guidelines and timescales
- Frontline resolutions/Stage 1 complaints are completed and learning/development shared across the service
- Learning through complaints, LAERs, or compliments are shared and actions taken forward by specific teams as appropriate. A recent example is the development of an inpatient discharge planning and follow up proforma for families and carers, which was designed to improve communication after themes emerged from 3 separate complaints. Teams now have an opportunity to develop this further through the TQIP using a multi disciplinary approach with acute colleagues.
- Positive feedback tracker evidences regular positive feedback from service users, their families or carers.
- During huddles we share good practice and celebrate successes but also have the opportunity to highlight any potential issues and problem solve in real time.
- Community engagement work via our Community Engagement Worker, including the partnership strategic plan and development of locality ways of working.
- Health and Social Care Partnership Survey has been developed, piloted by the North Locality Social Work Team alongside other teams, and will now be rolled out to all service users and carers to capture service user feedback
- Feedback is gathered from service users during following Adult Protection Case Conferences, assessment visits and reviews
- Unpaid carers' representation and participation is actively encouraged in all aspects of the Carers Strategy and carers work social work is involved with

Feedback Mechanisms - Care opinion: Several teams have participated in a pilot to trial Care Opinion as a method of obtaining feedback. This has proved to be successful and will roll out to all other locality teams now. It is an easy method for patients to connect with the correct service via the website or QR code with Team Leads having the ability to provide an online response as per the examples below.

Dear Pitlochry Cyclist,

I wish to thank you very much for sharing your story with us regarding your recent care experience from the Care and Treatment Service team at Pitlochry Community Hospital.

I am so pleased to hear that you found the staff friendly and professional throughout and that you were very pleased with how well you were treated following your cycling accident.

We value this positive feedback and I have passed on your lovely comments and thanks to the team and have shared this with my Senior Managers.

Thank you once again for taking the time to share your story and best wishes for the future.

Kind regards

Senior Charge Nurse

Care and Treatment Service North Locality.

Just wonderful district nurses

a relative 15/03/2022

I am the [redacted] and I just wanted to thank the district nurses who help me and come in and look after my mum with me. I genuinely do not know what we would do without them.

All the nurses that visit have been amazing, efficient and supportive especially to me. Mum has pressure sores which they attend to, they take her bloods as she is anaemic, and they keep an eye on this. They help with her mobility and organised for an occupational therapist to visit.

Just wonderful and cannot thank them enough.

NHS Tayside 17/03/2022

Thank you for taking the time to share your feelings about the service and support that the district nurses offer to you and your mother. Its always very gratifying to the nurses to know that someone really appreciates the efforts they make to support patients and family.

The service user and patient experience survey- This has been recently launched as a tool that can be used by all HSCP services. It also comes in an easy read version. It gives more quantitative data than narrative. It will help to benchmark performance against national indicators.

Request for the option of longer shifts at Blairgowrie Community Hospital -Consistent staff feedback stated that they wanted to trial the longer shift patterns that were available in Pitlochry. Anecdotal evidence of staff applying for posts was that they had a strong preference for this option to support work-life balance and wellbeing. The cost of fuel, as most staff travel into Locality was also a factor. An SBAR was completed and engagement with Staffside and HR has taken place. Financial calculations have also proven that there is no detriment to the Organisation. Approval has now been given to trial with a PSDA cycle to monitor impact.

Care at Home service user feedback

"I cannot thank you enough for all the help and support that you have provided to my mother, without it she would have been in a care home."

"Your team are amazing, they are gently, kind, patient and caring – nothing is a bother. Please pass on my heartfelt thanks to everyone involved".

"My dad has been looked after at home by you all, second to none. Truth being he would have not had as much time at home with us if it were not for you. I am grateful to you all".

"The work ethic and culture that exists in HART has been critical, even with HART being at its most critical service levels all the staff have a "think yes" approach".

Carer's Story

"They (care provider) have been really good to me, they are always willing to help and they are great to dad and know how to respond to him when he asks tricky questions. I feel the care they give is extremely good. The break that I had has made a great difference to me and I am really looking forward to my next break for my daughter's wedding. Knowing that there was someone there looking after my dad that I could trust gave me some much-needed time with my daughter but also gave my daughter time with me which we miss out on so much. I know that I can just pick up the phone and I can get the support I need, it makes it so much easier for me to know you are there and that I can talk to you and I trust you".

Carer's Story

"Having the Crossroads sitting service has made a huge difference to us. Because of the type of dementia he has it means he wants to be on the go all the time and is very active. Because I'm not in the best of health, I can't keep up with him and I get tired. When Crossroads come in, he looks forward to them coming and enjoys his time with him. It means they can take him out and I can go and rest if I feel tired and I don't need to worry about him. I know that he is safe and getting well looked after and is in good hands.

The difference it has made to me means I look forward to having some time to myself to do the things I enjoy whether that's just pottering about the house, having a rest/catch up on some sleep, meeting my sister-in-law for a coffee and a chat or just getting some time to do what I want to do. He's happy, so I'm happy and it means I can keep looking after him and we are together in our home".

COMPLAINTS

Complaints closed during the following time periods:

	1 st April 2019 – 31 st Mar 2020	1 st April 2020 – 31 st Mar 2021	1 st April 2021 – 31 st Mar 2022
Number of complaints	3	2	6
Stage 1	2	0	1
Stage 2	1	2	5
% Stage 2 complaints responded to within timescale	100%	50%	100%
% complaints upheld or partially upheld	33%	50%	66%

The majority of complaints this year have been received through General Adult Psychiatry. This is reflective of the difficulties the service has struggled with in terms of medical cover and the need to set up the Contingency Hub. Improvement work is ongoing through the Listen, Learn, Change, action plan.

Social Work Complaints

Frontline Resolutions and Complaints are investigated, and responses are prepared as per Partnership guidelines and timescales.

	1 st June 2021 – 31 st May 2022
Number of complaints	9
Stage 1	8
Stage 2	1
% Stage 2 complaints responded to within timescale	0%
% complaints upheld or partially upheld	22%

The use of the newly introduced term resolved means that we are unable to label complaints as upheld or not upheld. 6 of these complaints are labelled resolved 2 were upheld and 1 remains open.

Complaints this year have included

- Poor communication in relation to information about Charging for Care Home,
- Poor communication with regard to cancelling a review at short notice
- Allegations of lack of support and from Social Workers

INFORMATION GOVERNANCE

This is a standing agenda item at Governance meetings.

Teams use a combination of paper records, EMIS and AIS to record interventions and related contacts. During induction, staff undertake e-learning modules on GDPR, Information Security and Freedom of Information. All teams comply with NHS Tayside Information Governance Policy and information is stored, shared and accessed in accordance with this. All staff undertake core mandatory training including safe information handling. NHS Tayside policy includes how key information governance requirements are managed to ensure compliance with relevant legislation including: Network and Information Systems Regulations (2018), General Data Protection Regulation (GDPR) and Data Protection Act 2018 (DPA) and the requirements of the Information Security Policy Framework (ISPF).

Regular documentation audits take place within all teams with a new audit tool adopted by Community Nursing

GDPR principles are implemented with the Learnpro module as mandatory training for all. Information sharing challenges persist between Health and Social Care in that systems do not talk to one another.

Any Data Breach issues reported on DATIX are followed up by the Information Governance team to seek assurance that breaches of personal data have not taken place.

PROFESSIONAL REGULATION AND WORKFORCE DEVELOPMENT

All staff are registered with a professional body, including the Nursing and Midwifery Council (NMC), Health and Care Professions Council (HCPC) and are responsible for maintaining their own registration in order to practice. As employers we have responsibility to ensure staff remain fit to practice and maintain professional registration. (HCSW are not currently required to register).

Dashboard: This is being developed with support from Clinical Governance team to capture key indicators from the P&K minimum Core Standards of Care and Professional Governance.

INFORMATION GOVERNANCE	Data Source
% of records audited which fully comply with agreed clinical and professional standards	Documentation Audits
Number of events recorded involving a breach or non-compliance with Information Governance Policies	DATIX
% of staff completed the Learnpro module	LearnPro Dashboard

PATIENT, SERVICE USER, CARER & STAFF SAFETY	
% of staff who have completed required mandatory Learnpro training	Learnpro Dashboard
% of staff who have completed required V&A mandatory face to face training	Local information
% of staff who have completed required Manual Handling face to face training	Local information
% of staff who have completed required CPR mandatory face to face training	Local information
Number of LAER's per month	DATIX

PROFESSIONAL REGULATION & WORKFORCE DEVELOPMENT	
% completion with local area staff induction for new staff (within 3 months)	LearnPro / Local info
% of staff who have received clinical supervision (4 per year)	Dashboard

PATIENT, SERVICE USER, CARER & STAFF EXPERIENCE	
Number of complaints received (stage 1 & stage 2)	DATIX / local information

REGULATION, QUALITY & EFFECTIVENESS OF CARE

Evidence of research alongside service improvement/developments	
Evidence of quality improvement work (PDSA etc)	Include improvement plans and any learning
PROMOTION OF EQUALITY AND SOCIAL JUSTICE	
Evidence of appropriate use of translation and interpretation services	
<p>Registration details are held within a locality database. These are reviewed monthly for Nursing Staff and every 2 years for AHPs</p> <p>Education around Adult Support and Protection has been made available to include Professional Curiosity. This is open to all grades of staff to reinforce that this is everyone's business.</p> <p>Skill mix – There is a recognised national shortage of registrants with staffing gaps being reflected in local workforce planning. While we are more than willing to recruit and develop NGPs, we have also recognised that there are many tasks that can be undertaken by skilled Band 4 HCSW. Band 4 roles are well established in AHPs teams but are new to Nursing in Perth & Kinross.</p> <p>Work is progressing to establish competencies and agree the generic elements of the roles to support our Registrants to focus on complexity within our wards and community settings.</p> <p>Social Work Registrations</p> <p>All social workers in the North Locality Social Work Team are registered with the SSSC and registrations are checked monthly to ensure fees are up to date and registrations are still current. There is a mix of experienced and less experienced social workers within the team including Adult Protection Council Officers.</p>	

PROMOTION OF EQUALITY AND SOCIAL JUSTICE
<p>Mental Health and Learning Disability Physical Health Screening</p> <p>In line with the recent Scottish Government directive, The Annual Health Check for People with Learning Disabilities (Scotland) Directions 2022 now standardises a duty of care on Health Boards to provide Annual Health Checks to all people in Scotland aged 16 and over who have learning disabilities, using the Scottish Health Check for Adults with Learning Disabilities. This is a targeted invitation for a yearly check-up of the person with a learning disability's health. This must be undertaken by a registered nurse or a registered medical practitioner. Checks are to be offered to individuals aged 16 and over who are known by the Boards to have a learning disability, those who identify themselves as having a learning disability (whether or not that learning disability has been formally diagnosed and regardless of whether it is mild, moderate, severe or profound). Health Boards must also take all reasonable steps to identify persons within their catchment areas who are under the age of 16 and who have a learning disability, in order that an annual health check can be offered to them as soon as they attain the age of 16.</p> <p>Through workforce redesign in 2021 and a change in delivery model, the LDISS service has provided both an in reach and outreach service ensuring equity of access to health care screening. Physical screening can at times be difficult for an individual with learning disabilities, particularly invasive treatments such as taking bloods. The service continues to expand and offers physical observations, side effect monitoring, blood monitoring and electrocardiogram. Further data will be available towards the end of 2022.</p>

SCOPE- As the Learning Disability is hosted in the North Locality, the team has been involved in the set up of SCOPE. The Complex Care Transformation Programme aims to improve support for people with complex needs. An integrated multi-disciplinary team has been developed which will support people with autism and/or learning disability to address their care needs and offer choice.

Supporting young people and adults with complex needs

Community based approach

Offering young people and adults choice in their care packages

Person centred planning

Enriching people's lives

Community resilience - HIIC (Health Issues in the Community) is a training course that enables participants to develop their understanding of the range of factors that affect their health and the health of their communities and to explore how these factors can be addressed using community development approaches. Our Healthy Communities Project Worker has recently completed this training.

The core underpinning theme of HIIC is community development. Although this term can be used to describe many different types of activity the particular perspective that is taken here places value on supporting individuals to work collectively; on extending participatory democracy; and on social justice and equity.

The course draws on a social model of health which views health and illness as having as much to do with economic and social factors as with individual behaviour. It seeks to promote the value of equity in terms of equal access to health, and to counter discrimination. The course supports people to participate in decision-making processes and to take a more active role in the planning and delivery of services.

The food scheme Blairgowrie & Rattray Trust BaRi (Blairgowrie and Rattray Initiative) - Older Peoples sub group, part of the local Stronger Communities Group, are looking at the availability of healthy nutritious meals in the Blairgowrie area, BaRi already make meals with food share products and freeze them. They are delivered to older people in the area. Soup and sandwich lunches are planned along with meal taster sessions.

Drop in Hearing aid clinics – these have been reinstated within our community hospitals with the support of audiology and a group of local volunteers who are co-ordinated by RVS. These were difficult to reopen due to Covid guidance their return has been welcomed by local residents who can now access the help they need locally again.

Social Work

Emerging from the pandemic, despite staffing levels often being in status Hot Amber or Red, the North Locality Social Work Team has continued to deliver a consistently high-quality service ensuring that our most vulnerable service users are protected and supported. We have continually recruited to any vacant posts and have sought and identified creative solutions both internally and externally to bridge gaps in staffing.

The challenges we have seen for the individuals we work with as we come out of the pandemic are multi-faceted but commonly, they centre around social isolation, loneliness, lack of confidence, reduced mobility, and stress on unpaid carers. Assessing workers are conscious of the emerging issues and team case discussions often focus on finding creative solutions to support individuals facing these challenges.

Staff have adapted to hybrid working arrangements and we have developed new ways of working to ensure new and existing staff are supported in their roles. We have introduced weekly "How to Do" sessions for all staff to allow for mentoring, the sharing of good practice and the opportunity for all staff to ask questions about the work they do. Staff have reported that these sessions have been most beneficial and supportive and they have provided an office type learning environment virtually when we have been unable to share learning and knowledge within a traditional office setting.

We are mindful of the challenges staff have faced throughout Covid 19 and we are continuously supporting staff wellbeing.

Social Work Interventions

1. An older person who had advanced dementia was at significant risk in the community due to them wandering and walking into the path of moving vehicles. The individual was unable to recognise risk or prevent harm from occurring to them. The social worker tried to support the person remain living at home for as long as possible with an increased support package and Technology Enabled Care, but the continued risks associated with the wandering and impulsivity resulted in the community arrangements being unsustainable and dangerous. The person was admitted to a care home on a crisis admission basis to ensure their immediate safety and assessments in relation to the person's long-term care concluded that the individual now required permanent care in a residential care home. Their family was appreciative of the support given throughout the social work intervention, from the point of crisis through to the decision regarding permanent care. They thanked the social worker for all the support provided at each point in the journey, for keeping them updated and included, and for ensuring their relative was safe and supported long-term.
2. A person with longstanding substance misuse issues who had continuously sought solace in the Emergency Services and Community Alarm Team and who was being financially harmed by their associates resulting in them having inadequate supplies of food and electricity was supported by the social worker to take back control of their life. The social worker worked with the individual alongside all partner agencies including the Police, Fire Service, Ambulance Service, Community Alarm Team and the care provider to promote the individual's wishes, to encourage a healthier and safer lifestyle, and to ensure the person had access to appropriate supports. As a result, there has been a dramatic reduction in the calls the individual has made seeking assistance from inappropriate services and there have been no further admissions to hospital. The person has regained control of their finances and safeguards have been put into place to ensure that basic needs such as food and electricity are always met.
3. We have continued to work closely with the Scottish Fire and Rescue Service and the Watch Commander has quoted the following: "If I can say it's been great creating lots of links and enhancing our partnership working from joint visits to referral training. Knowing I have direct links in the North Locality makes delivery very fluid and helps to meet the local needs of those most vulnerable in the community".

Care at Home

It is important to acknowledge the strengths that exist within our local Care at Home provision; this is a challenging and demanding area of social care delivery. Both our internal and external deliverers of Care at Home, work tirelessly to ensure the needs of those they care, and support are met. However, within Perth and Kinross and since we externalised our Care at Home provision, we have continued to see a level of unmet need which is reflected in the North Locality due to the rurality of the area and challenges this brings.

The Care at Home resiliency project has sought to explore why this unmet need continues and to review both our internal and external provision in order to improve our ability to meet this need but also to ensure we look at the overall model of delivery, to ensure we are delivering outcome-based support and care, to ensure we are optimising the range of partners involved in this delivery model and to ensure that the workforce feel engaged, valued and rewarded for the work they do. The work is aimed at empowering people to have greater control over their lives, have stronger connections in their community and have access to the support they need within their local community.

The Care at Home Resiliency project has been working to address the key challenges that have persistently presented within the current Care at Home model and are related to Rurality, Recruitment and Flexibility. These are not new to Care at Home, but Covid has further impacted on these existing challenges, and we have seen an increase in referrals within our Reablement and long-term Care at Home provision. This has been due to a variety of factors including a decrease in care home admissions and increased dependency of people due to decreased activity and reduced community supports during lockdown.

The pandemic has undeniably impacted on the projects ability to compare and contract methods of working

and improvements implemented by the Resilience Project. There does continue to be a level of unmet need within Care at Home but given the increased demand because of the Pandemic the team feels secure in asserting that the level of need would have been far greater without the improvements to processes, referral pathways and further investment. The ability to support people to remain at home rather than be admitted to a care home is a key achievement.

A series of co-production groups have been held, with a wide range of stakeholders interested and engaged in the project, and included organisations already providing services within rural locations, including but not limited to, community groups, private providers, care homes, Live Active, GP representation, Care and Wellbeing, PKAVS, NHS Healthy Communities, social work and Alzheimer's Scotland.

The rurality of Perth and Kinross and, as identified, particularly the North is extremely challenging with regards recruitment and retention, this is where, in the majority, we experience unmet need. We are clear that if we want to ensure we work in a proactive and person manner that enables more people live in their own homes for longer, that investing in more of the same will be ineffective in achieving this. Through our community engagement activity, trialling of different models and learning gained from other areas we understand that Community based approaches work well. The model we believe would work best within Perth and Kinross is that of the Wellbeing Team approach, small, self-managing teams, that operate in local neighbourhoods, they are values-led at every step, focussed on co-production, supporting people to make decisions about their life and support, committed to the wellbeing both of the people they support and the members of the team. Not only do Wellbeing Teams work well for the individuals receiving care and support but we know that where Self-Managed Teams exist in other areas they report a more flexible approach, improved quality of work life and increased job satisfaction, this is vital to our ability to recruit and retain high quality staff. We are currently in the process of recruiting for the North Locality to form a Living Well Care approach.

To further support recruitment and retention, the HSCP used part of financial allocation from the Scottish Government to improve pay and conditions for our External Care at Home providers and ensure a more equitable pay rate across Care at Home provision as a whole, in addition this funding has been aligned to the new Care at Home model (Wellbeing Teams), both of these financial investments will improve capacity and meet current and future demographic pressures.

Occupational Therapy Interventions in the North

We as a service have instigated a telephone assessment option. It was introduced before the pandemic to reduce waiting times on our waiting list for non-complex requirements such as provision of basic equipment and adaptations.

Previously people had to be placed on a waiting list however by introducing an option for telephone assessment we have been able to cut waiting times and greatly reduce the size of the waiting list for more complex interventions.

We set up a rota system with Occupational Therapy Assistants and devised an assessment to use over the telephone either with the service user or their carers/friends/family. This system allows for equipment or adaptations to be requested as soon as the assessment is completed. This reduces the risk of falls and supports independence for individuals. Sometimes early intervention with the simplest of solutions by providing basic equipment or for example a grab rail over steps or a second banister on stairs can support safety and independence effectively.

New systems have been developed because of the pandemic using a variety of assessments including use of photographs, video and Attend Anywhere. These services continue to be offered where appropriate to the benefit of all those who require an OT service and waiting times are kept to a minimum as a result.

Social Prescribing- Despite there not being the same opportunities for people to access community resources during the pandemic, social prescribers in both Strathmore and Highland have been there for individuals in the community, often encountering people when they were at their most lonely and isolated. Support from the social prescribers included weekly telephone calls, delivery of food parcels and medicines,

referral to online activities and groups and the exploration of technology and supporting individuals to use it.

Coming out of the pandemic, the social prescribers are working closely with GP's, colleagues within the Partnership, the voluntary sector and third sector to ensure that they are reaching out to all individuals who may benefit from community activities, groups and supports and are working in conjunction with community groups to develop services required in the North.

On a monthly basis, the social prescriber and the carers support worker, attend the Madoch Centre in St Madoes, where they support an informal carer drop-in service. There they meet with unpaid carers and the cared for person, chat to them about any issues they may have, take referrals and signpost individuals to other services which may be of benefit. Also in attendance are the Carer Therapists who are on hand to provide carers with relaxing treatments. Often, we have found these interventions support carers to have a life alongside caring.

A new initiative the social prescribers are involved in is the Nature/Green Prescribing at The Atholl Centre in Pitlochry which incorporates strategic priorities of the Health and Social Care Partnership including Early Intervention and Prevention; Working with Communities and Making the Best Use of Available Facilities, People and Resources. This gardening project is accessible to all, and any produce grown is shared with the community food larder. It is hoped this year that there will be further green spaces utilised by the project at Dalweem Care Home in Aberfeldy and Pitlochry Community Hospital.

Our social prescriber is further involved in the Home Care Resilience – Fit for the Future project, the purpose of which is to strengthen communities by involving community groups to support them to lead and develop response and resilience locally.

Having recently made links with The Community Listening Service (a service which provides 50-minute appointments with fully trained listeners to individuals either by telephone or within GP practices), we hope to be able to work alongside them, embedding the Social Prescribing service in the GP practices. It is hoped that this joined up working will help to strengthen the referral process and promote early intervention/prevention.

Some examples of working with individuals in the community by the Social Prescriber:

- 1. A is the main carer for their mother. A was feeling quite overwhelmed and isolated in their caring role. They were new to the area and didn't know anyone. They were referred to the social prescriber to look at activities in the community that would give them some respite but also allow them to meet others. After speaking with A and finding out what they liked to do, we came up with joining the Garden Project and the Health Walk in Pitlochry on a Tuesday. After a few weeks of joining in with both activities, it became very apparent that this was benefitting them greatly. They were feeling less overwhelmed, their confidence had improved, and they didn't feel as lonely or isolated as they previously had. Their physical and mental health had significantly improved as a result of him getting some exercise and being outside in the fresh air. A was feeling so much better that they made the decision to do the Walk Leader Training Course and is now leading walks in Birnam and Pitlochry.*
- 2. B moved to a rural village in the Strathmore area with their spouse approximately 5 years ago. Shortly after B was diagnosed with an illness affecting their memory, cognitive function and vision. Since moving, they have found it very difficult to get out and meet people due to them coming to terms with the health diagnosis and then being faced with the covid-19 pandemic. During this time B's sight deteriorated resulting in a loss of confidence and the spouse becoming the main carer. The social prescriber spoke to the couple to find out what mattered to them, what they enjoyed doing and what support they needed. They identified that B would really like to get out into the fresh air again and meet and chat to others.*

During the conversation, B spoke about loving dogs and the social prescriber tapped into the Dementia Dog service. B is now delighted to be paired with a trained dementia dog and handler who, along with the social prescriber, will be supporting B to build her confidence and meet new people by joining a weekly walking group. This will also give the spouse invaluable respite time.

B has also been linked into a local macular support group where they are able to chat to others with similar challenges and share information and support.

Further, B is also currently receiving weekly telephone calls from a volunteer befriender and is on the waiting list for face-to-face visits which will also provide them with friendly company and some respite for the spouse. Both individuals have commented on how nice it is for B to be able to gain some independence back and have these things to look forward to. This intervention has been person-centred and holistic in nature, considering not only the needs of the cared for person but also the needs of the carer.

Supporting carers to have a life alongside caring- Our carers support worker supports all unpaid carers over the age of 16. Unpaid Carers have been significantly impacted by the pandemic and the lockdown restrictions meant a lot of the support they relied upon, lessened, or changed, for example groups and activities in the community and not being able to see family and friends. Being able to access services such as respite has also been challenging due to care homes being unable to accept admissions at times or due to them being closed. Many carers also chose to keep themselves and their loved ones safe by self-isolating and limiting the amount of people coming into their home. These were genuine, worrying times for carers and their families.

The Carers Support Worker along with the wider social work team focuses on building a relationship with carers, listening and empathising with them and their situation, treating them with respect, kindness and compassion and valuing them for who they are and what they do.

Our Carers Support Worker has been part of the working group supporting the development of the new Carers Act training which is now being implemented across the North Social Work sub teams. The training focusses on eligibility criteria, referral processes, legal duties and responsibilities, Adult Carer Support Plans and waiving of charges. All assessing workers in the North Locality Social Work Teams have undertaken the new training and have reported feeling more confident in their working knowledge of applying the Carers Act to practice. Team development discussions around supporting carers whilst adhering to the principles of the legislation are ongoing – during these sessions, good practice is shared particularly around creative support and positive outcomes for carers.

On 19th February 2022 the Dementia Friendly Aberfeldy Collaborative and partners organised the first carer afternoon tea in Aberfeldy. This was an afternoon where carers from Aberfeldy and the surrounding areas could attend and was open to all. It is anticipated that going forward, this event will be run each month to allow carers to come together and meet other people who are caring, offering much needed peer support in a friendly and relaxed atmosphere. There were colleagues from Dementia Friendly Aberfeldy, Social Prescribing, Health and Wellbeing collaboratives and Carer Support Worker to offer information, advice and support to carers and cared for people on the day. This initiative has created the opportunity to develop peer support and for individuals to develop natural friendships with others in their local area.

In September 2021 saw the launch of the new Carers Rights booklet which was launched in various locations throughout the North locality including Pitlochry, Carse of Gowrie, Coupar Angus and Alyth. This was a great opportunity to make some good connections with the community but also raised awareness around carers' rights to assessment and support.

Our Carers Support Worker is looking to create an online Carer Peer Support group prompted from conversations with carers who expressed their wish to connect with other carers in their home areas. The plan is to create face to face and virtual opportunities for carers in different locality areas in the North to enable them to meet with other carers, share their stories, feel supported and listened to which it is hoped will in turn create a natural support network for carers. It is planned that guest speakers could be invited to these sessions where appropriate e.g Welfare Rights, Self Directed Support, PKAVS.

Community Engagement- An example of an intervention by the Community Engagement Team in the Strathmore area which ultimately brought community groups together to help each other was demonstrated when our Community Engagement Officer met with a representative from Blairgowrie and District Senior

Outings (BADSO Freedom Coach) to invite them to join the Stronger Communities network. There had been low interest in using the coach, so the Community Engagement worker clarified exactly what the service was offering, created a poster and advertised the service on the Community Engagement news sway. She further invited the representative to speak at the Stronger Communities meeting and as a result, interest in the service was renewed and further the profile of the Freedom Coach was raised in the communities it serves. Blairgowrie and Rattray Development Trust also offered to help promote finding a driver for the coach through their volunteer network.

Safer Communities Wardens in Blairgowrie and Aberfeldy - The Safer Communities Wardens are a small team of uniformed council officers who carry out a wide range of activities across the Local Authority.

Most of the Team are based at the Fire Station in Perth but 2 wardens are dedicated to Aberfeldy and Blairgowrie respectively.

The wardens act as the eyes and ears of the community carrying out foot patrols and engaging with people of all ages. They have a particular focus on vulnerable people and carry out Home Safety Visits with Fire fighters and Keeping in Touch Visits to people who have been victims of crime, anti-social behaviour, mental ill-health or domestic abuse. These visits are reassuring and help other services to gather information and build trust. They also report fly-tipping and other environmental problems and report and remove graffiti whenever they can. Because they are a small team, Safer Communities Wardens are expected to work closely with other services such as Fire, Police, Housing, Waste Services, schools and the like to find sustainable solutions to problems being experienced by communities.

The Safer Communities Wardens help guide people through the complexity of public services and the 3rd sector and play a key role in sharing information to ensure people and communities are and feel safe.

WHAT IS THE SERVICE / LOCALITY DOING TO FURTHER IMPROVE?

SMARTSHEET – Smartsheet has been adopted as our reporting system for all things Health and Safety. All teams have registered and have completed baseline assessments to include:

- Display screen equipment
- Skin health
- Face fit testing
- Prevention and management of violence and aggression
- Manual Handling
- Risk Assessments for Covid 19, rooms and individuals

Health and Safety Passports have been issued to all staff to support this activity

GAP: The North Perthshire CMHT has developed a new role of liaison charge nurse who is based within the CMHT itself. The role of this nurse is to be involved in the planning of follow up care with patients who are currently being managed by inpatient or crisis services. They are involved in attending discharge planning meetings and communicating with ward-based and crisis team staff in regards to the needs of patients in their care. The nurse will also follow up the patient for a period of 6-8 weeks after discharge from inpatient / crisis services to provide further assessment and support while they transition to community care. This is in line with recommendation 21 from NHS Tayside's Listen Learn Change Action Plan. The hope for this new role is to improve communication and establish better links with inpatient and crisis services and to promote a smoother transition of patient care from inpatient and crisis services to community services. This should also improve the patient experience of mental health services

ANP Service - The ANP service is continuing to develop as staff progress through training to manage the shift in how we deliver urgent care. Going forward this service will report through the new ANP and Urgent Care structure.

Mental health ANP - This is a very new and evolving role which has been designed to support the Scottish Government (2017) Transforming nursing, midwifery and health professions roles: advanced nursing practice. The remit of this role is to manage the complete care of a patient, not solely any specific condition. Four pillars of practice define the core role and function of the ANP: Clinical Practice; Leadership; Facilitation of Learning; Evidence, Research and Development. Governance structures for Mental Health ANPs are being progressed and our ANP staff are working closely with Mental Health colleagues locally across Tayside and at a wider national level.

Inpatient activity worker role - Increased complexity and frailty of inpatients and delays in community care provision within the community hospitals have seen an increase in the length of stay (LOS) for our patients. It is clearly documented that increased LOS in hospital for frail, elderly patients causes deconditioning. To reduce this risk, a Therapeutic Activity Worker can enrich the inpatient environment with meaningful activity. The activity workers role will be to develop, implement and evaluate an activities programme of social, recreational and therapeutic activities, in both group and individual sessions, in order to promote and support the physical, social and mental well being of patients. Enriching inpatient environments with meaningful activity and the use of activity workers in psychiatry of old age and stroke care within the UK is well established. The benefits of this role will include promotion of health and wellbeing, with increased choice and control, social participation and involvement, occupation and dignity. Increased patient activity and reinforcement of therapy goals with focussed person centred care that will address the range of factors that can promote rehabilitation and recovery

LInC Service - LInCS service continuing to develop within the locality with training plans evolving for all levels of staff involved with the service, ensuring that staff of the same Band are trained to the same level and have the confidence to recognise when it is safe to maintain patients at home or not.

LInCs has enhanced the urgent care pathway and given patients the opportunity to remain at home rather than default to hospital when circumstances change.

We have a dedicated LInCs worker from social work who attends the daily meetings and works alongside the multidisciplinary team to improve outcomes for referred individuals and prevent deterioration in their health which could ultimately lead to them being admitted to hospital or a care home. Due to workforce pressures, our dedicated LInCs worker recently stepped in and worked as a second worker alongside a community nursing colleague. This offer of assistance was greatly appreciated and ensured that nursing staff were able to assist those most in need.

In order to prevent delayed discharges, the team also assist people to leave hospital on interim placements, Ongoing rehabilitation can continue to ensure that the person is as independent as possible when the time comes for them to leave the care facility and return to their own home within the community.

Clinical co-ordinator- We have recently recruited a clinical co-ordinator who has clinical experience as an OT, to support referrals to LInCs and the wider integrated locality teams. They are responsible for the clinical triage of all referrals to LInCS, ensuring an appropriate care pathway is established for each individual and to improve patient experience and outcomes whilst reducing the need for unnecessary emergency admission or readmission to hospital or to enable timely supported discharge. This role is very much evolving but is demonstrating its worth in terms of improved co-ordination and communication.

CCAT Service-

This service has continued to develop throughout the pandemic to meet the ask of the GP contract. As well as delivering

- Wound care and leg ulcer management
- Management of minor injuries
- Phlebotomy
- Aural care
- Suture removal

the service is now offering

- Chronic disease monitoring and related data collection.
- Anti-coagulation
- Phototherapy (at our Piltochry hub only)

Treatment rooms in Blairgowrie Community Hospital have recently undergone refurbishment providing spaces that are bright, modern and fit for purpose as well as future proofing against further expansion of the service.



First Contact Physiotherapy - Although these staff are managed centrally, they work within the localities to deliver timely access within the locality to MSK Physiotherapy assessment, advice and onward referral as required. This is a busy, in-demand service and current data supports that further appointment availability is required. Funding is being sought through PCIF to recruit more staff to enable the service to meet demand.

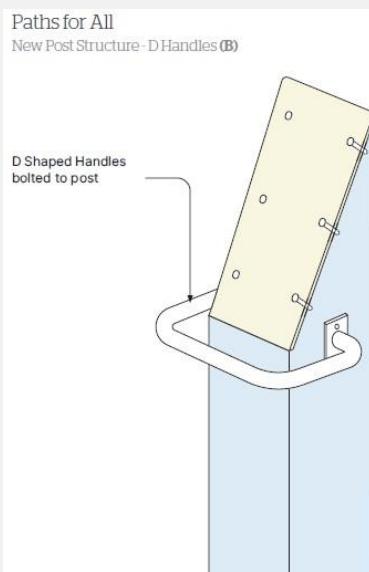
Adult Support and Protection - The North has representation at the ASP subgroup raising the profile and understanding of staff. We are building connections with our NHS ASP advisors to enhance the identification and referral of adult concerns within our services. Training has been organised to support Professional Curiosity. We have also taken forward actions following the Thematic Review. Smoking status of patients along with the presence of therapeutic oxygen and use of air mattresses should be routinely incorporated into discharge planning processes.

There have been 2 Large Scale Investigations completed in the North Locality over the past year.

Themes from the LSI's centred around concerns about delivery of care, staffing levels, management, compromised skin integrity, medication management, nutritional needs and falls. Protection plans were implemented and identified actions fully achieved.

In the past year, the North Locality Social Work Team has undertaken 45 Adult Support and Protection Inquiries and 14 Adult Support and Protection Investigations. To meet the demands of this statutory Adult Support and Protection work, the North Locality has to carefully balance the skill mix of the social workers in the team to ensure there are sufficient adequately skilled and trained Adult Protection Council Officers in the team staffing structure.

The Paths for All work, Blairgowrie Community Hospital- This has provided indoor exercise stations for our inpatients. This will encourage a rehab ethos and ongoing exercise opportunities outside of normal physiotherapy working hours. With our patients being more active more often, their length of stay in hospital should be reduced. This is now progressing to include an outdoor exercise path with exercise stations and safe walking opportunities similar to the pictures below.



Update on actions from extract 2021 -

Datix – 141323 Improvement plan actions have been completed with work ongoing to improve Discharge Planning across the Localities as noted above.

Any outstanding Datix relating to sudden death have been closed through confirmation of misadventure or LAER to explore any learning within teams. No themes have emerged locally but Mental Health services improvement work is progressing in line with the recommendations of the Strang report.

Record Retention Policy- All timescales were reviewed and records cleansed accordingly. The schedule is now embedded in practice.

“Mr A” SCR - Closer communication has been established with the District Nurses within residential care homes along side developing relationships with the enhanced care home team. Any advice in regard to individual patients given by any clinician is documented and followed up accordingly. The profile of adult support and protection has been raised through the support of the ASP team and learning around Professional Curiosity.

Pitlochry – Pitlochry Community Hospital remains on the Risk Register as part of the wider Community Hospital risk. As we expect to be fully staffed come October, this can be reviewed again soon.

CCGF MINUTE EXTRACT (PREVIOUS YEAR)

2nd July 2021 CPGF meeting extract:

█████ noted that the Locality Care and Governance Risk meeting occurs every eight weeks and these are reported to this forum. Due to COVID it was agreed to bring these forward to monthly meetings and is chaired by the Locality Manager and attended by staff members who have leadership roles and responsibilities within their teams. The meeting has evolved to a fully integrated health and social care governance meeting. Daily safety huddles allows early escalation of risks.

As part of a partnership approach learning has been around COVID which was completed in the early stages of the pandemic. All lateral flow tests have been offered to all staff for two weekly testing to capture positive cases. COVID learning (appendix1-1a) is available from [REDACTED] and [REDACTED]

Due to national shortages receiving equipment has been an ongoing challenge.

COVID vaccinations have been supported by Community Nursing teams for the housebound and we are preparing our nursing teams for step up again.

We have received the Bronze award and the Gold award through Healthy Working Lives for staff in Social Work there are regular health and wellbeing newsletters.

The team have benefitted greatly where staff have been redeployed during the pandemic including social work staff who were deployed to other positions at key times.

Service development continues to develop with CCATS service evolving last year despite the challenges of the pandemic. Implementation of LINCIS and ANP services are continuing and these now sit under North locality management with Community LD teams also reporting through the North locality.

Due to the current recruitment within PCH this remains the highest risk on the risk register and current contingency plans are being developed across the HSCP. The Risk Assessment form for Social Work is completed and escalated when required.

There are currently three LAERs. A missed medication review at PCH and learning and reflections have been taken including supervision on drug rounds with changes being made to ensure lunchtimes are less busy and distractions minimised. Learning has been identified and an improvement plan agreed in regards to discharges from acute care to home where improvement could be made and an improvement plan is at Appendix 2 and there is one outstanding DATIX regarding a sudden death which will be completed on receipt of information from the Procurator Fiscal.

Large Scale Inquiries have been completed by Social Work for Corbenic, Balhousie Coupar Angus and Balhousie Stormont Lodge which have all been closed and social work are currently monitoring with improvement plans being put in place.

At Luncarty House there has been a Significant Event Analysis carried out with both Health and Social Work meeting with staff from the Care Home. This event followed a patient transfer from Ninewells with the Care Home Liaison Team carrying out an assessment. Communication and escalation processes have been improved however no action was required by the Care Home.

An unannounced visit was carried out at Glenhelenbank where concerns from the Lead Nurse led to input from the ANP and Community Nursing Service and a review of the patients was completed through visits and processes. The Enhanced Care Home Oversight Group supported care home staff.

Following queries from last year's falls data a deep dive was carried out and an SBAR has been completed. [REDACTED], Falls Service manager continues to support with reviews from DATIX. Assurance can be given that all mitigating actions or escalations are in place. (See SBAR at Appendix 3).

A good level of Infection Prevention and Control regarding PPE and IPC standards are monitored as part of the care assurance by the CPTMs.

Comparisons have been made to the unannounced Arbroath Infirmary visit and key themes have been noted. (Appendix 4). We are ensuring we are inspection ready by using the Care Assurance Tool.

In the past year there have been three ASP audits carried out. There are two outstanding ASP reports which are to be tabled at the next ASP committee and awaiting feedback when this will be shared

wider. One other area is in regards to the varied way ASP audits are being recorded by Social Work.

Due to the pandemic opportunities for feedback this has been limited primarily with losing face to face contact with relatives and visitors where paper questionnaires have not been appropriate. Alternative ways through Patient Opinion have been sourced but we have now been able to reinstate inpatient questionnaires through “you said” “we did” boards. The normal complaints procedure remained the same.

There has been one minor complaint and it has been fed into our governance group where any learning will be taken back to local teams.

The complaint from PCH around care delivery at the onset of the pandemic resulted in support through a PAG.

Record Retention Policy was recently reviewed which resulted in changes to meet the GDPR requirements. An action plan is being implemented at the moment.

Key indicators from the P&K minimum Core Standards have been captured on the dashboard and this is being developed with help from Clinical Governance.

Key themes were identified through the “Mr A” SCR. Closer communication has been identified with the District Nurses within residential care homes. Currently formalising and standardising processes in order to embed into day to day practices.

The Primary Care Mental Health and Wellbeing Team Evaluation is shown at Appendix 5. Appointments are managed through Vision with consultations taking place through NearMe or by telephone.

The Mental Health and Learning Disability Supervision Protocol is at Appendix 6 and has been formally adopted across the teams. This has not been fully embedded into practice.

The Mental Health and Learning Disability Standards for Care Planning is at Appendix 7. Work is currently progressing to adopt all aspects of these standards. All Social Work Staff are registered with SSSC and regular checks are carried out with the registration body.

We have endorsed better feedback in terms of Equality and Justice and other wider work is ongoing across the locality. Stronger Communities Team have been working in conjunction with Social Prescribers and currently working on loneliness at a time of crisis.

In Appendix 8 further improvement has been covered with the North Management Action Plan and the North Community engagement plan at Appendix 9. The ANP service is continuing to develop and is covered at Appendix 10. The next steps within the CCATS service is to start to support ear syringing work. The MIU Paramedic Test of Change report has been completed and is at Appendix 11.

Due to workforce challenges and recruitment the 12-hour shifts at PCH have been running since the pandemic. There has not been the opportunity to evaluate this. This will be shared with the group when completed.

Things are beginning to get back to normal therefore preparing for normal services to resume and can give assurance things are in place.

█ gave an update regarding Social Work noting there are gaps for mobile working however everything is in place and will be reviewed. A DSE assessment will be undertaken to ensure people continue to be healthy while working at home with Community working and office space requiring the same DSE assessments. The AAA portal requires and oversees to continue to meet mandatory requirements for new staff.

The Carer Support Worker attracted a wide variation of different professionals who were interested in

the Carers Act and how that translated into the role as Social Prescriber. There was a healthy response for the post to be filled.

The ASP within Balhousie Stormont Lodge discretion was made in relation to improvement timelines and tended to be in relation to training requirements. A deep dive on handovers from Social Work to OOHs have now started.

■ noted in reference to item 3.1 report referred to ANPs having no access to electronic prescribing systems and asked if this is referring to the HEMPA North of Scotland programme? ■ noted it was her understanding the ANPs are unable to prescribe remotely within individual practices but will get an update for the next meeting. It may be in relation to being able to prescribe across P&K and currently Pharmacy are trying to resolve. ■ asked if it may be reworded as this is confusing.

■ in relation to item 3.1 verbal presentation regarding Falls and supported work by ■. It would be useful to have your mitigating actions as currently no confidence actions are going forward.

■ comment on page 12 of the report referring to the SSSC code of practice and regulatory requirements but there is no reference to the NMC code of practice and given teams comprise of registrants it would be good to include their regulatory body here.

■ noted in the report there is a risk identified around COVID. In line with visiting and moving around the level one protection level from 7 June. Strategically visiting in hospitals have been aligned to level two protection due to the increase in community incidents happening.

HD asked ■ if this was a typo however ■ acknowledged that due to the timescale of the report writing it was still at level one. However assurance can be given that level two guidance is in place.

■ noted around the reference to appendixes and that these are unable to be accessed due to the PDF of documents. These can be obtained from ■ and ■.

■ noted that ear syringing and blood pressure recording is being undertaken through CCATS but not seeing anything to support this. Can you give some assurance as to when this is likely to happen. AT noted this was sitting with ■ Primary Care who are currently working on the model. ■ noted that prior to ■ leaving an action plan was produced highlighting any actions to be addressed around oral care, MIU provision and other elements. A new Primary Care Manager has been appointed and would hope this will be picked up with CPTMs across the partnership. There is a CCATS meeting next week.

■ noted the action being referred to is that somebody else will action at some point ■ noted there is to be a centralised model to be designed and this is sitting with ■. Operationally we have stepped back from this piece of work and awaiting direction from the Primary Care Manager. The team is keen to progress and ready but we need to understand what the model will look like and this needs to be actioned as quickly as possible.

■ noted that it is important to obtain clear pathways with equity across Tayside. A paper has been taken to Primary Care Board to explore how that will happen and secure professional nursing support to lead that work across Tayside. Next steps have been circulated to Chief Officers across the three partnerships to ensure a Tayside wide model is equitable across the CCATS services.

■ noted one of the highest risks on the risk register is the PCH recruitment and it is good to see that this is now being recruited too ■ wondered if some consistency could be made to the risk register when scoring ■ noted allowing another two weeks for any issues which may arise and then will remove from the risk register.

Perth & Kinross Health & Social Care Partnership

Care & Professional Governance Forum
Annual Assurance Framework Reporting Schedule (2021-2022, Cycle 3)

REPORTING TIMETABLE

October 2021 – South Locality
November 2022 – Inpatient Psychiatry of Old Age
December 2021 – Early Intervention & MHO Team
January 2021 – Public Dental Service
February 2022 – Perth City Locality
March 2022 – Prison Healthcare
April 2022 – MFTE & Intermediate Care
May 2022 – Equipment & TEC
June 2022 – North Locality
July 2022 – Commissioned Services
August 2022 – Registered Services
September 2022 – Podiatry

Reports should be received 2 weeks before each meeting to be included with the meeting papers.



PERTH & KINROSS INTEGRATION JOINT BOARD
AUDIT AND PERFORMANCE COMMITTEE
WORK PLAN 2022/23

(Report No. G/22/150)

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 27 th 2022	September 26 th 2022	November 28 th 2022	March 13 th 2023
Governance and 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	✓ ¹			
Appointment of Internal Auditor 2022/23 to 2024/25		✓	HOFCs				✓
Internal Audit Reports 2021/22:							
• Leadership Capacity PKIJB 21-01		✓	Chief Internal Auditor		✓		
• Primary Care Improvement Plan PKIJB 21-02		✓	Chief Internal Auditor			✓	
Internal Audit Reports 2022/23 (tbc)		✓	Chief Internal Auditor				
Internal Audit Strategy and 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		✓		
Appointment of External Auditor 2022/23 to 2026/27		✓	HOFCs		✓		
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		✓		

¹ Considered at IJB meeting 27/6/22

Item	Standing Item	Non Standing Item	Responsibility	June 27 th 2022	September 26 th 2022	November 28 th 2022	March 13 th 2023
Annual Accounts							
Annual Governance Statement		✓	HOFCS	Meeting Cancelled			
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							
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	✓	✓	✓	✓

² Considered at IJB meeting 27/6/22

³ Considered at IJB meeting 27/6/22

**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	PRESENT
Bernie Campbell	Carer's Representative	Public Partner	APOLOGIES	PRESENT	APOLOGIES	PRESENT	APOLOGIES
Councillor John Duff	Elected Member	Perth & Kinross Council	PRESENT	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	PRESENT
Sandy Watts	Third Sector Forum	Public Partner					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	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	
Jacquie Pepper	Chief Social Work Officer / Interim CO	Perth & Kinross Council/ P&K HSCP					PRESENT
Phil Jerrard	Governance & Risk Coordinator	P&K HSCP	PRESENT	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		PRESENT
Chris Jolly	Service Manager	P&K HSCP	PRESENT	PRESENT	PRESENT	PRESENT	PRESENT
Kenny Ogilvy	Acting Head of Service ASWSC Operations	P&K HSCP	PRESENT	PRESENT		PRESENT	PRESENT
Angie McManus	AHP Lead	P&K HSCP		PRESENT			
Zoe Robertson	Acting Head of Service ASWSC	P&K HSCP	PRESENT		PRESENT	PRESENT	PRESENT
Donald MacPherson ^{1 & 5}	Non Executive Director	NHS Tayside	PRESENT	PRESENT	PRESENT		
Sandra Auld	Service User Public Partner	Public Partner				PRESENT	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	
Amanda Taylor	Senior Service Manager	P&K HSCP					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 ⁵ Substituted for vacant NHST position

