



Council Building  
2 High Street  
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07 September 2020

A Virtual Meeting of the **Audit and Performance Committee of the Perth and Kinross Integration Joint Board** will be held via Microsoft Teams on **Monday, 14 September 2020** at **09:30**.

If you have any queries please contact Committee Services - [Committee@pkc.gov.uk](mailto:Committee@pkc.gov.uk).

**Gordon Paterson**  
**Chief Officer/Director – Integrated Health & Social Care**

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

### **Members**

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



**Audit and Performance Committee of the Perth and Kinross Integration Joint  
Board**  
**Monday, 14 September 2020**

**AGENDA**

- 1 WELCOME AND APOLOGIES/SUBSTITUTES**
- 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 22 JUNE 2020** **5 - 14**  
(copy herewith)
  - 3.2 ACTION POINTS UPDATE**  
Verbal Update by Chief Financial Officer
  - 3.3 MATTERS ARISING**
- 4 GOVERNANCE & ASSURANCE**
  - 4.1 STRATEGIC RISK MANAGEMENT UPDATE** **15 - 22**  
Report by Chief Officer (copy herewith G/20/81)
  - 4.2 AUDIT RECOMMENDATIONS UPDATE** **23 - 36**  
Report by Chief Financial Officer (copy herewith G/20/82)
  - 4.3 INTERNAL AUDIT STRATEGY & PLAN 2020/21** **37 - 42**  
Report by Chief Internal Auditor (copy herewith G/20/83)
  - 4.4 INTERNAL AUDIT PROGRESS REPORT** **43 - 48**  
Report by Chief Internal Auditor (copy herewith G/20/84)
  - 4.5 INTERNAL AUDIT REPORT - PERFORMANCE MANAGEMENT (PKIJB 19-02)** **49 - 58**  
Report by Chief Internal Auditor (copy herewith G/20/85)
  - 4.6 PARTNERSHIP IMPROVEMENT PLAN**  
Verbal Update by Chief Officer

- 5 AUDITED ANNUAL ACCOUNTS 2019/20**
- 5.1 ASSURANCES RECEIVED FROM PARTNERS**  
Report by Chief Financial Officer (copy to follow)
- 5.2 AUDITED ANNUAL ACCOUNTS 2019/20**  
Report by Chief Financial Officer (copy to follow)
- 6 PERFORMANCE**
- 6.1 PERTH & KINROSS HEALTH & SOCIAL CARE PARTNERSHIP  
ANNUAL PERFORMANCE REPORT 2019/20**  
Report by Chief Officer (copy to follow)
- 7 FOR INFORMATION**
- 7.1 AUDIT & PERFORMANCE COMMITTEE WORK PLAN 2020/21** **59 - 60**  
(copy herewith G/20/89)
- 7.2 AUDIT & PERFORMANCE COMMITTEE RECORD OF  
ATTENDANCE 2020/21** **61 - 62**  
(copy herewith G/20/90)
- 8 PRIVATE DISCUSSION**
- 9 DATE OF NEXT MEETING**  
Monday 30 November 2020 at 9.30am

## **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 22 June 2020 at 9.30am.

**Present:** Councillors C Purves (Chair) and J Duff (both Perth and Kinross Council), R Erskine and P Kilpatrick (up to Item 6.2) (both Tayside NHS Board).

**In Attendance:** Councillor E Drysdale (Perth and Kinross Council); B Benson (Tayside NHS Board); L Blair (Scottish Care) (up to Item 6.2); G Paterson, Chief Officer; J Smith, Chief Financial Officer; D Mitchell, C Jolly, and P Jerrard (all Perth and Kinross Health and Social Care Partnership); J Clark, Chief Internal Auditor; S Hendry and A Taylor, Corporate and Democratic Services (Perth and Kinross Council).

**Apologies:** B Campbell, Carer Public Partner; H Dougal, E Devine and D Fraser (all 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 17 FEBRUARY 2020**

The minute of meeting of the Audit and Performance Committee of the Perth and Kinross Integration Joint Board of 17 February 2020 was submitted and approved as a correct record.

#### **3.2 ACTION POINTS UPDATE**

The Committee noted that no actions were currently outstanding.

### **3.3 MATTERS ARISING**

The Chief Financial Officer advised that discussions had taken place with the Chief Internal Auditor on how the appointment of a Risk Champion for the IJB can be progressed. Further discussions are now planned with the IJB Chair and the Chair of the Audit and Performance Committee to progress this, with an update to be provided at the next meeting of this Committee in September 2020.

P Kilpatrick made reference to the Clinical, Care and Professional Governance Internal Audit report and queried whether an update was available on the current position. In response, G Paterson advised that M Rapley, who has since retired, was commissioned to carry out a review to ensure compliance with the report, the review was undertaken and concluded but no progress has been made yet due to the need to respond to the COVID-19 pandemic. He also stated that it was the intention that a report on Clinical, Care and Profession Governance be brought to the IJB meeting in July which will provide assurance to the IJB and may also facilitate a discussion on the Clinical Care Governance Committee moving forward. He further advised that the Integration Scheme will also be formally reviewed within the next six months so there may be an opportunity for the IJB to reflect on the proposed new Committee.

## **4. PERFORMANCE**

### **4.1 PERTH AND KINROSS HEALTH AND SOCIAL PARTNERSHIP COVID-19 PANDEMIC RESPONSE**

There was submitted a report by the Chief Officer (G/20/61) providing members of the Committee with an update on the Health and Social Care Partnership's response to Covid-19 and the next phase of planned activity.

The Chief Officer briefed the Committee on the work which has taken place within the Partnership since the beginning of the COVID-19 pandemic, highlighting his wish to recognise and praise the work of staff during these very challenging times and stated that Partnership colleagues have shown significant versatility, commitment and professionalism throughout. He further explained that the Partnership was now transitioning into a different phase of dealing with the pandemic, highlighting that this new renewal phase provided the Executive Management Team with a different type of challenge from the initial focus, which was the emergency response to the pandemic. He also stated the impact of COVID-19 continues to be managed, and that unfortunately it was still affecting families and services and the Partnership was still working closely with Care Home colleagues such as Scottish Care.

He further advised that capacity and resources are being retained currently to be able to respond to any potential second surge in the pandemic, with social intervention measures also being worked on. He advised the Partnership was also carrying out some work around the impact Test and Protect could have if staff are identified who have been in contact with anyone who has tested positive. He stated that winter planning was also underway with plans being brought together to ensure that Community Services can provide treatment when and where needed in the

coming months. He also advised that that a review of the programme of work such as the Strategic Commissioning Plan, Transformation Plan and the Financial Plan to examine the implications of the pandemic on our ambitions and to ensure that they are still affordable and achievable and our strategic priorities over the coming year remain appropriate would be carried out.

Councillor Duff queried what exactly constitutes a COVID-19 death. In response, G Paterson advised that this means that the deceased individual has had a positive Covid-19 test, further advising that this does not mean they have died from Covid-19 but had Covid-19 at the time of their death. Following a follow-up question from Councillor Duff on the potential for a second surge and whether there was any general information on this. G Paterson confirmed he had no further insight into this currently, but that the Partnership would have to ensure contingencies are in place and that we must plan for the worst but hope for the best.

Councillor Purves stated that there is a general concern that actions taken to mitigate the pandemic have the potential to have a worse impact than the virus itself. In response, G Paterson stated that in his opinion the key was balance and how we can best remobilise services through the whole system. He further advised that a weekly call is still being held with other Chief Executives, including from Acute along with meetings with the other Chief Officers where the whole system approach is discussed in a cooperative manner and the need for balance to ensure that the capacity in community services is adequate when acute services are reinstated.

R Erskine queried whether it would have been more appropriate for this paper to have been submitted to the next meeting of the full IJB rather than this Committee. In response, Councillor Purves confirmed that the Terms of Reference state that this Committee has an overview of performance arrangements, he further clarified that he had requested to the Chief Officer that this report came to this committee to ensure that it has operational oversight of the Partnership's activities. He further advised that the review of the Integration scheme may perhaps inform how this Committee will operate moving forward.

**Resolved:**

The contents and summary data detailed in Appendix 1 of Report G/20/61 be noted.

## **4.2 ANNUAL PERFORMANCE REPORT**

There was submitted a report by the Chief Financial Officer (G/20/62) seeking approval to postpone publication of the IJB's Annual Performance Report for 2019/20 until the next meeting of the Audit and Performance Committee to be held in September 2020.

R Erskine made reference to the September 2020 deadline and queried if this deadline for publication of the Annual Performance Report could be met. The Chief Financial Officer advised that this was possible, albeit the report may look and feel slightly different to previous reports due to the parallel need to work on response and renewal plans in relation to COVID-19 but that it would fully meet the legal requirements.

**Resolved:**

The Audit and Performance Committee approved the postponement of the publication of the Annual Performance Report until September 2020.

### **4.3 2019/20 FINANCIAL POSITION**

There was submitted a report by the Chief Financial Officer (G/20/63) providing an update on the year end out-turn for the twelve months to 31st March 2020 and the level of reserves to be carried forward to 2020/21 subject to year-end audit.

It was noted that this report had previously been presented to the IJB Meeting on 29 May 2020.

Councillor Duff made reference to paragraph 2.2 of the report and queried the unanticipated benefit of £364k in Tayside Psychology Services. In response the Chief Financial Officer stated that this service is hosted by Dundee and it was noted that in previous financial years there has been a consistent level of underspend driven by vacancies in this service. She further stated that this is a benefit from a financial perspective but not from a service perspective and confirmed that this underspend has been built into our forecast position for 2021.

**Resolved:**

- (i) The 2019/20 year-end out-turn of £1.798m overspend, be noted.
- (ii) That earmarked reserves of £1.159m to be carried forward to 2020/21, be noted.

## **5. GOVERNANCE AND ASSURANCE**

### **5.1 INTERNAL AUDIT ANNUAL REPORT AND ASSURANCE STATEMENT 2019/20**

There was submitted a report by the Chief Internal Auditor (G/20/64) providing Committee with the year-end report and audit opinion of the Chief Internal Auditor for 2019/20.

The Chief Internal Auditor advised that this was the first report from Perth and Kinross Council Audit Services so will look different to previous reports. She further stated that planned work for 2019/20 assignments was paused due to the IJB's COVID-19 response, but that work was well underway with these. She confirmed that whilst these have not yet been reported to this Committee the Chief Internal Auditor has had sight of the work which was undertaken and has been able to place reliance on this work.

R Erskine made reference to the style of the report and noted it was very noticeably different from the 2018/19 report and queried why the styles of report are so different highlighting his view that an IJB should see a consistent style of report each year. In response, the Chief Internal Auditor. He further queried the concerns raised in the 2018/19 report in relation to the MSG report and that arrangements should be put in place to monitor and remedial actions put in place, stating that



today's report does not provide enough assurance to him that these issues have been addressed fully and further queried whether a lessons learnt could be included and whether this should be an Internal Audit function or a Chief Financial Officer role. In response, the Chief Internal Auditor stated that the report is in her style hence the different format, but the substance is largely the same. She confirmed that issues in last year's report have all been dealt with and arrangements have been put in place by the Chief Officer and the Chief Financial Officer to capture all these strands.

Councillor Purves stated that the issues identified previously have been included in the Partnership Improvement Plan which has replaced the Transforming Governance Plan and confirmed the Partnership Improvement Plan will be monitored by the Audit and Performance Committee moving forward and is on today's agenda.

**Resolved:**

The contents of Report G/20/64 and specifically the Audit Opinion stating that reasonable reliance can be placed on the IJB's risk management and governance arrangements and systems of internal control for 2019/2020, subject to management implementation of the agreed actions detailed in Internal Audit reports, be noted.

## **5.2 INTERNAL AUDIT 2019/20 PROGRESS UPDATE AND INTERNAL AUDIT REPORTS**

The Chief Internal Auditor provided the Committee with a verbal update in which she advised that three reports will be considered at the next meeting of this Committee in September 2020 relating to; (1) Financial Risks; (2) Partnership Improvement Plan; and (3) Performance Management.

She further advised that work has been substantial in these areas but due to the pause for the IJB's COVID-19 response work these reports were not quite ready to be considered by management and therefore unable to come to today's meeting.

**Resolved:**

The Committee noted the position.

## **5.3 STRATEGIC RISK MANAGEMENT UPDATE**

There was submitted a report by the Chief Officer (G/20/65) providing an update on progress in managing the high-level IJB's Strategic Risk Management Profile and planned risk register redevelopment work from the Perth & Kinross Health and Social Care Partnership's Risk Steering Group.

R Erskine sought assurance that any major changes to risks or new risks are taken into account and actions are taken or planned to be taken and how does will the IJB liaise with NHS Tayside, Perth and Kinross Council and if necessary other IJBs. He also made reference to the financial risk being red and queried why is this the biggest risk to the IJB and whether Covid-19 risks had been included. In response, the Chief Financial Officer advised that consideration is being given over the next few weeks on how the COVID-19 risk register, which is under development, will be aligned or combined with the standard risk reporting. She further stated that

in relation to the IJB's financial risk, this version of the risk register is as it was reported in February where this was identified as the biggest risk which may now have changed. She also confirmed in relation to liaising with statutory partners, that there was a link with NHS Tayside Strategic Risk Management Group of which the Chief Officer is a member but confirmed there is not a similar link with Perth and Kinross Council but there is a strong link with Lisa Simpson, Head of Legal Services, allowing sharing of risks.

The Chief Financial Officer further stated that the Partnership have set out a COVID-19 mobilisation plan which details our initial response to the pandemic and our renewal plans going forward. She further stated that the service actions have been clearly detailed in the mobilisation plan to ensure that discussions with the Scottish Government and statutory partners are robust and transparent and that these actions in the mobilisation plan were now being linked to the COVID-19 risk register which will ensure that the high-level risks have been responded to.

P Kilpatrick noted that the demand on health and social care services post pandemic could be a major risk to the Partnership and suggested some scenario planning could be considered as some of the population who have had COVID-19 could have serious health and social care needs due to comorbidities. In response the Chief Officer advised that the implications are being scoped out currently and these are being factored into our mobilisation plan.

**Resolved:**

The progress in relation to the Perth and Kinross Health and Social Care Partnership's Strategic Risk Profile and the planned work by the Risk Steering Group be noted.

## **5.4 PARTNERSHIP IMPROVEMENT PLAN**

There was submitted a report by the Chief Officer (G/20/66) presenting the Health and Social Care Partnership's Partnership Improvement Plan which draws together recommendations and proposed actions from a range of sources.

The Chief Officer explained that the expected progression with the Partnership Improvement Plan has been stalled due to the ongoing work responding to COVID-19. He advised that the Plan is the vehicle for bringing together recommendations from the Ministerial Steering Group (MSG) for Integration, the Joint Inspection, our Annual Governance Statement and Audit Reports amongst others. He further stated that the current iteration is what has been presented today and advised that it still requires to be updated with some reprioritisation to be considered.

Councillor Purves thanked the Chief Officer for bringing the Partnership Improvement Plan to this meeting and stated his recognition of this being an effective way to continue to monitor actions without going into operational detail. He requested it would be helpful if the completion dates were included against the actions as well as the RAG status.

R Erskine welcomed the report but raised some concern that this seems to have taken one year to be prepared and sought some assurance on progress. He also referenced corporate support and staffing and also sought assurance from the Chief Officer on there being sufficient resources in this area to progress the actions. He further stated that assurance from Internal Audit would be crucial to the robustness of the plan and highlighted that training and development of IJB members was an action and expressed his opinion that his experience of receiving induction and training was limited. He also sought some clarity on Action 27 regarding timely agreement of budgets and this being green. In response, the Chief Officer advised that the plan has not taken one year, stating the Joint Inspection findings were received in September 2019 and were a key part of the collation of the Plan, with the MSG findings in May 2019 which helped form some of the actions. He further stated this was the first time the Partnership Improvement Plan had come to this Committee but highlighted it was also presented to the IJB meeting in February 2020. He further acknowledged that progress has not always been as he hoped but provided assurance this is being worked on. He also advised of the recognised need to enhance the level of staffing and a restructuring of the Partnership, within the available resources, and stated this was currently being considered. He also stated that with regards some of the specific actions, there was also a recognition that these are contingent on the contribution of our statutory partners advising there are interdependencies on what we are enabled or funded to be able to do and require us to engage with statutory partner organisations.

In response to the query on Action 27, the Chief Financial Officer stated that the MSG self-assessment process was to be completed in conjunction with our statutory partners, she advised that the Scottish Government asked if we set our budgets before 31<sup>st</sup> March. She further advised that NHS Tayside have been trying to do this but unfortunately it has not yet happened, but discussions with the NHS Tayside Director of Finance have been positive. She further commented that the action is one which we can help to support with but the completion of the actions actually rests with NHS Tayside and we cannot directly do this ourselves.

Councillor Duff commented on the priority level of the actions and the connection of the RAG status and suggested these may be visually improved if the columns were together. He also stated that a summary table provided at the end would also be helpful with the movement of actions being shown.

Councillor Purves invited any further comments from members on the Partnership Improvement Plan be sent to the Chief Officer directly.

**Resolved:**

The progress made to date on the Partnership Improvement plan be noted.

## **5.5 AUDIT RECOMMENDATIONS UPDATE**

The Chief Financial Officer provided an update on the current situation and advised that the outstanding actions have not been able to be progressed due to COVID-19 workload pressures. She further advised that currently there were four recommendations outstanding; two relating to Inpatient Mental Health and two

relating to Strategic Delivery plans, both of which may need to be revisited in the future.

The Chief Financial Officer also advised that a further update will be brought forward to the next meeting of this Committee.

**Resolved:**

The Committee noted the position.

## **5.6 APPOINTMENT OF INTERNAL AUDITORS 2020/21**

There was submitted a report (G/20/67) by the Chief Financial Officer proposing Internal Audit Arrangements for the Integration Joint Board for 2020/21.

The Chief Financial Officer advised that in line with best practice the Audit and Performance Committee are required to make a recommendation to the IJB about Internal audit arrangements for the financial year.

**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 1-year, be approved.

## **6. ANNUAL ACCOUNTS**

### **6.1 ANNUAL GOVERNANCE STATEMENT**

There was submitted a report by the Chief Financial Officer (G/20/68) seeking approval of the Annual Governance Statement for the financial year 2019/20 which provides assurance as to the effectiveness of the Integration Joint Board's (IJB) governance framework and in particular the system of internal control.

The Chief Financial Officer explained that the annual review of governance provided the opportunity to review the rules, resources, systems, process, culture and values of the organisation to ensure the framework surrounding delivery of strategic objectives was adequate. She further advised that the review showed significant areas of progress as well as identifying some areas of weakness which are continuing to be taken forward. She highlighted that Covid-19 had impacted on progress in some areas and resources will require to be realigned to ensure priority areas can be taken forward. She stated changes have had to be made rapidly in relation to the organisation's governance arrangements to respond to the Covid-19 pandemic, with an immediate requirement for a new command structure established which is still currently in place and will continue to be a key arrangement supporting us in the months ahead.

R Erskine queried if the report sufficiently covered the concerns raised over the last year and if the progress made over the year is adequately covered. He also queried the induction and development programme for IJB members as the Annual

Governance Statement states that this was in place. In response, the Chief Financial Officer confirmed that this Committee received the first quarterly performance report in February this year which was a much more robust performance report than had ever previously been presented to this Committee. She advised that the quarterly performance report is planned to come to every meeting of this Committee which will provide a sufficient level of assurance around performance reporting. She further advised that the development of IJB members does take place through various channels such as Budget Review Group meetings, visits and development sessions. She further stated that it is acknowledged that this was not a tailored induction programme, but the Partnership Improvement Plan recognises this, and this will therefore be progressed.

R Erskine acknowledged these points but stated that in his opinion the Annual Governance Statement did not give the impression that there is still some work required to be carried out in these areas. He queried whether the Annual Governance Statement could be updated substantively to provide more evidence on progress throughout the year before it is approved. In response, the Chief Financial Officer acknowledged all the points raised by R Erskine and confirmed her willingness to pull out more succinctly areas of progress and include these in the report.

**Resolved:**

The 2019/20 Annual Governance Statement was provisionally approved for inclusion in the unaudited Annual Accounts subject to additional assurance on progress on previous actions being provided, with an updated version of the Annual Governance Statement being circulated to Members for approval by written representation.

**Post Meeting Note:**

A revised copy of the Annual Governance Statement was circulated to Members on 25 June 2020. Councillor Purves, Councillor Duff, R Erskine and B Campbell all confirmed by written representation their approval of the Annual Governance Statement.

P KILPATRICK AND L BLAIR LEFT THE MEETING AT THIS POINT.

FOLLOWING A SHORT ADJOURNMENT, THE COMMITTEE RECONVENED AT 12.10PM.

## **6.2 UNAUDITED ANNUAL ACCOUNTS**

There was submitted a report by the Chief Financial Officer (G/20/69) presenting the Integration Joint Board's (IJB) Unaudited Annual Accounts for the financial year 2019/20 in accordance with the Local Authority Accounts (Scotland) Regulations 2014.

The Chief Financial Officer expressed her gratitude to Donna Mitchell and the Partnership's Finance team who have prepared the annual accounts, meeting all statutory deadlines, in difficult circumstances despite being re-tasked to support Workforce Matching.

J Smith and D Mitchell provided the Committee with an overview of the Unaudited Annual Accounts.

**Resolved:**

- (i) The Unaudited Annual Accounts be approved for submission to the Controller of Audit by 30 June 2020.
- (ii) The Chief Financial Officer be authorised to sign the Unaudited Annual Accounts on behalf of the IJB.

**7. FOR INFORMATION**

There following report was submitted and noted for information:

**7.1 AUDIT & PERFORMANCE COMMITTEE RECORD OF ATTENDANCE  
2019/20 (G/20/70)**

**8. PRIVATE DISCUSSION**

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

**8 DATE OF NEXT MEETING**

Monday 14th September 2020 at 9.30am.



## **PERTH AND KINROSS INTEGRATION JOINT BOARD**

### **AUDIT & PERFORMANCE COMMITTEE**

**14 SEPTEMBER 2020**

### **STRATEGIC RISK MANAGEMENT UPDATE**

**Report by Chief Financial Officer (Report No. G/20/81)**

#### **PURPOSE OF REPORT**

The purpose of this report is to update the Audit & Performance Committee on progress in managing the Integration Joint Board's (IJB) Strategic Risk Management Profile and the development of the IJB's COVID-19 Risk Register.

#### **1. BACKGROUND**

- 1.1** Perth and Kinross Integration Joint Board (IJB) owns an overarching high-level Strategic Risk Profile which is reported to the IJB Audit and Performance Committee on a quarterly basis. The last report was considered at the Perth & Kinross IJB Audit and Performance Committee on 22 June, 2020.

#### **2. CURRENT PERFORMANCE**

- 2.1** At the previous Audit and Performance Committee meeting a commitment was given to bring the IJB's redeveloped Strategic Risk Register forward to this meeting. However, it has not been possible to undertake this planned work due to the Health and Social Care Partnership's continuing response to COVID-19.
- 2.2** To respond to the immense challenges of the pandemic the HSCP continue to implement its COVID-19 Mobilisation and Remobilisation Plans which seek to ensure ongoing delivery of effective and safe services, learning the lessons of our robust Covid response.
- 2.3** Risks to the success of our plans have been identified and form the IJB's COVID-19 Risk Register. This has 13 risks and is attached at Appendix 1.

- 2.4** Nine of these risks were categorised as Red critical. However due to the mitigation measures put in place by the Partnership all of these have been significantly mitigated. These risks and mitigation actions will continue to be monitored by the Executive Management Team to ensure that mitigation continues to be effective.
- 2.5** It is clear from the ongoing review of the Covid Risk Register that our ongoing actions will have significant implications for the management of wider strategic risks and this will be fully taken account in the Strategic Risk Register development, Moving forward the movements in these risks will be captured, along with the identified COVID-19 risks, within a further developed IJB Strategic Risk Register and will be reported routinely.

### **3. NEXT STEPS**

- 3.1** Whilst the work on redeveloping P&K IJB's Strategic Risk Register has been paused by necessity due to COVID19, a revised route map to provide a full redevelopment of the IJB's Strategic Risks has been put in place, with initial work having commenced. This revised route map is attached at Appendix 2.
- 3.2** The redevelopment work being undertaken will include consideration of the risks identified in the IJB's COVID-19 Risk Register
- 3.3** The IJB's redeveloped Strategic Risk Register will come to the next Audit and Performance Committee meeting on 30th November 2020 for scrutiny and approval.

### **4. RECOMMENDATIONS**

It is recommended that the Audit and Performance Committee:

- Note the progress in relation to the Perth & Kinross Health and Social Care Partnership's COVID-19 Risk Register.
- Note the planned work by the Partnership's Risk Steering Group in developing the IJB's Strategic Risk Register.
- Request that the redeveloped IJB Strategic Risk Register is brought to the next Audit and Performance Committee meeting on 30<sup>th</sup> November 2020.

#### **Author(s)**

<b>Name</b>	<b>Designation</b>	<b>Contact Details</b>
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## Appendix 1

# Perth & Kinross Health & Social Care Partnership COVID-19 Risk Register



Impact	Critical	5	10	15	20	25
	Major	4	8	12	16	20
	Moderate	3	6	9	12	15
	Minor	2	4	6	8	10
	Insignificant	1	2	3	4	5
		Very Low	Low	Medium	High	Very High
Probability						

ID	Risk Title	Prob	Impact	Score	Mitigation	Prob	Impact	Score
1	Workforce Resilience	4	5	20	<p>Establish a partnership Workforce Matching Unit to facilitate workforce review and any accelerated redeployment of staff as required.</p> <p>Develop and deliver relevant training to support redeployment of staff.</p> <p>Implement remote/virtual team working arrangements where appropriate to do so.</p> <p>Ensure the wellbeing of staff by communicating regularly the range of comprehensive support available (including links to third sector organisations) in relation to mental, physical and financial wellbeing.</p> <p>Develop an effective integrated learning team to understand the learning and practice development need/demands of staff and to develop an integrated and inclusive learning platform.</p> <p>Ensure clinical training/placement opportunities are maximised and prioritised for nursing staff.</p>	3	5	15
2	Unsustainable access to appropriate PPE	4	5	20	<p>Maintain established HUBs and processes for distribution.</p> <p>Maintain regular contact with staff, services and stakeholders.</p> <p>Review update and communicate guidance to staff and wider stakeholders.</p> <p>Support access to specialist PPE training and supply locally. Support 3rd Party Care providers to ensure ongoing sustainable access to appropriate PPE.</p>	2	5	10
3	Covid expenditure not fully funded by SG	4	5	20	<p>Regular submission of financial forecasts to Scottish Government. Robust review and scrutiny of planned covid expenditure through GOLD Command. Very strong joint working with PKC Finance and NHST Finance to ensure mutual understanding of forecast costs and financial risks.</p> <p>Effectively participate and support SG HSCP Benchmarking work programme, Undertake detailed Quarter 1 Review of forecast cost based on actual expenditure to date.</p>	3	5	15

4	Safe Capacity and Flow exceeded	3	5	15	<p>Ensure whole system view is taken to optimise patient flow.</p> <p>Minimise deployed discharges.</p> <p>Create new "Front door model" to minimise admissions.</p> <p>Review and optimise AHP In-patient and Community Services model.</p> <p>Enhance Locality Integrated Care Service to support deteriorating patients in the community.</p> <p>Review and optimise Health and Social Care community based service models</p>	2	5	10
5	Increasing vulnerability,, substance use and resultant service demand	4	4	16	<p>Produce and publish information campaign.</p> <p>Review multi-agency assessment clinic and triage reflecting service demand.</p> <p>Implement recovery and renewal plan for substance use services.</p> <p>Ensure HSCP representation on Lic. Forum.</p>	4	3	12
6	Sustainable Digital Solutions	4	4	16	<p>Identify service areas which would most benefit from better use of technology, implement and ensure staff have appropriate knowledge, skills and insight to support patient and service users.</p> <p>Review pre-existing new or replacement technology projects to ensure they meet COVID-19, and future, business requirements.</p> <p>Fully roll out Technology Enabled Care ensuring digital solutions are key to any future commissioning models.</p> <p>Review digital requirements of workforce to maximise efficiency during the ongoing pandemic response and further embed new ways of working accordingly.</p> <p>Enable staff to gain knowledge, skills and insight into the opportunities presented via investment in Digital Technology to improve future service delivery across localities.</p>	3	4	12
7	Care Home Support	4	5	20	<p>Ensure effective communication with visiting health professionals.</p> <p>Ensure Homes are informed and operating to the most recent guidance.</p> <p>Nursing and Social Work to undertake a joint care support visits to all care homes.</p> <p>Ensure daily contact with care homes to provide support and early mitigation of emerging issues.</p> <p>Ensure staff and service users are tested in accordance with current guidance.</p> <p>Jointly (PKHSCP, PKC &amp; NHST) ensure clinical and care resources are provided to Care Homes if necessary to maintain safe and effective care.</p>	3	5	15
8	Provider Sustainability	4	4	16	<p>Close collaborative working with Care providers.</p> <p>Implementation of effective and timely review mechanism for payment claims.</p> <p>Employ additional resource to ensure claims reviewed robustly with supporting evidence.</p> <p>Work closely with providers during transition/tapering period.</p>	4	3	12

9	Infection prevention, control and safer working	5	5	25	Establish and maintain safer working group. Ensure consistent safer working and physical distancing documentation and guidance is updated and disseminated appropriately. Undertake risk assessments and alterations to physical environments in-line with guidance.	2	5	10
10	Insufficient preparedness for future COVID-19 (or other pandemic) pressures	3	5	15	Undertake scenario planning to scope out impact on service capacity and workforce availability based on Scottish Government modelling. Maintain readiness of Work Matching Unit and related staffing support. Review and maintain service prioritisation through "collapsible hierarchy" process. Create "Outbreak Response Plan" to assist in management of HSCP Governance and decision making throughout cluster/outbreaks.	2	5	10
11	Governance arrangements not sufficient	5	5	25	Establish and maintain crisis management command, control, communicate structure	1	5	5
12	Increased unmet Adult Protection demand	4	4	16	A Multi agency public protecting group has been established and is led by the Chief Social Work Officer. A risk register has been developed to address the changes in landscape brought about by COVID-19 pandemic. Increased communication with staff, partners and public (including social media) to broaden opportunities for raising concern.	3	4	12
13	Widening Health Inequalities	4	4	16	In conjunction with third sector, identify the most vulnerable groups and provide support through lockdown, easing of lockdown and any future pandemic pressures. Identify areas where Third Sector activities have had to cease and assist them to offer appropriate alternatives, for example using technology to offer virtual support or identifying alternative premises where social distancing can be maintained. Ensure Third sector involvement in strategic planning, service development and service delivery to ensure health inequalities are met effectively.	3	4	12



## Appendix 2







## **PERTH AND KINROSS INTEGRATION JOINT BOARD**

### **AUDIT & PERFORMANCE COMMITTEE**

**14<sup>th</sup> SEPTEMBER 2020**

### **UPDATE: AUDIT RECOMMENDATIONS**

**Report by Chief Financial Officer (Report No. G/20/82)**

#### **PURPOSE OF REPORT**

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

#### **1. BACKGROUND**

It is best practice for Audit Committees to receive regular updates on progress in implementation of audit recommendations. A full review has therefore been undertaken on all internal and external audit recommendations since inception of the IJB on 1<sup>st</sup> April 2016. This will be updated on a regular basis and presented to each Audit and Performance Committee meeting.

#### **2. UPDATE / SUMMARY OF FINDINGS**

At the Audit and Performance Committee meeting in June 2020 it was advised that all audit recommendations concerning Clinical, Care and Professional Governance will be included in all future iterations of this report. As such, this report takes cognisance of the recent Internal Audit Follow up report on Clinical, Care and Professional Governance (PK04/19).

In terms of progress against recommendations, the follow up work undertaken indicates the following:

Status	Recommendations (excluding CCG)	CCG Recommendations	Total
Complete	30	8	31
Part Complete	1	0	1
Not Yet Due	0	0	0
Overdue	5	1	13
<b>Total</b>	<b>36</b>	<b>9</b>	<b>45</b>

There has been three audits completed since the last report to this Committee:

- Risk Maturity Assessment - Report No. PK04/18
- Follow Up of PK07/17 Clinical, Care & Professional Governance - Report No. PK04/19
- Internal Audit Annual Report 2019/20

Ten new recommendations have been identified from these new audits and these have been incorporated into this update.

**Appendix 1** lists all recommendations (excluding Clinical, Care and Professional Governance) either overdue, not yet due, completed or ongoing since the last report to this Committee.

**Appendix 2** lists all Clinical, Care and Professional Governance recommendations either overdue, not yet due, completed or ongoing.

**Appendix 2** lists all recommendations which are complete and have been previously reported as complete to this Committee.

### 3. RECOMMENDATION

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

#### Author(s)

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## PERTH &amp; KINROSS INTEGRATION JOINT BOARD

Overall Action Ref	Internal or External	Report Type	Financial Year	Report Action Ref	Context / Recommendation	Action	All Leads	To be completed by	Status	Days overdue	Latest Update
24	Internal	Annual Report	2017-18	2	The Executive Management Team has replaced the Transformation Board as the key forum to oversee development and implementation of the service redesign required to deliver Strategic Plan objectives. We have been informed that the 3 year Financial plan which is planned for September 2018 will clearly set out by Care Programme the Transformation Proposals and financial implications. This will sit alongside Strategic Delivery Plans for each Care Group which will link transformation plans to strategic objectives and thus provide an overall picture.	Each of the Strategic Boards will have the responsibility for the development of a three year plan that ensures delivery of objectives.	HSCP Executive Management Team	31/03/19	Overdue	167 days	The IJB approved a proposal that we move to a number of Strategy Groups rather than Programme Boards, with the intention that these develop strategy documents and action plans in relation to particular care groups. These are at different stages of development, this having been interrupted by the Covid-19 outbreak. The intention is to progress this work and present a term of reference to the IJB, as requested.
34	Internal	Annual Report	2018-19	2	The IJB should be provided with assurance that sufficient capacity and organisational structure is in place to support the planned work.	Consideration to be given to allocating Corporate Support resources and capacity and the provision of greater clarity and accountability through restructure.	Chief Officer	31/03/20	Overdue	167 days	The wider organisational restructure has been delayed due to the global pandemic. However, the demands of the pandemic have also further highlighted the need for an enhanced corporate and strategic planning capacity. We are actively considering how we address and resource this, without awaiting a full restructure.
38	Internal	Annual Report	2018-19	6	We would recommend a clearer link between the organisation's highest financial and strategic risks and reporting received. Whilst not recorded as a strategic risk to the organisation at the time of our report, Inpatient Mental Health Services clearly represents a complex challenge to the organisation but has not featured prominently in the business of the IJB and A&PC during 2018/19.	A schedule of reporting on Inpatient Mental Health Services to the IJB will be developed and agreed with the Chair/Vice Chair. Strategic Risk concerning Inpatient Mental Health to be developed and updated on IJB's Strategic Risk Register.	Chief Officer	30/06/19	Complete	-	The operational responsibility for inpatient mental health services has been transferred to the new Director for MH Services in NHS Tayside. It is not intended that this service risks will be included in the HSCP Risk Register, nor now report to the Clinical and Care Governance Forum. There have been two Strategic Risk Workshops on MH held to redefine the strategic risks and these will be retained by NHST in the context of their Risk Register.
39	Internal	Annual Report	2018-19	7	It is not clear how P&K IJB will receive assurance on services hosted by the other two Tayside IJBs as they relate to its citizens. We have recommended that risk & performance management arrangements should be included in any further work on the implementation of the Hosted Services Memorandum of Understanding.	A schedule of reporting on services hosted by Dundee and Angus IJB's will be agreed with the Chair/Vice Chair.	Chief Officer	30/06/19	Overdue	442 days	This has yet to be progressed and will be considered more fully in the imminent review of the Integration Schemes.
41	Internal	Strategic Planning PK05/18 (Inc. PK06/18)	2018-19	1	a) The Strategic Plan should be completed identifying key objectives and priorities consistent with the workforce development plans, financial sustainability planning operation plans and ehealth capacity. b) As the national Strategic Commissioning Plan Guidance section 37 requires that the views of the Strategic Planning Group are taken into account in the review of the strategic commissioning plan, sufficient time should be	<ul style="list-style-type: none"> <li>Strategic Plan to be completed.</li> <li>Strategic Planning Group to be taken into account in reviewing the Strategic Plan with sufficient engagement with this group having taken place.</li> <li>Strategic Planning Group minutes of meetings to be available on HSCP Share</li> </ul>	Chief Officer	30/09/19	Overdue	140 days	The P&K IJB Strategic Commissioning plan was agreed at the December 17 2019 IJB. During July 2019 we undertook comprehensive engagement with the people who live in Perth & Kinross to better inform the content and priorities which will be core to the new Strategic Commissioning Plan. The need to revitalise the SPG and have it meet more regularly and function more effectively is recognised, however, work on this has been delayed due to the priority given to responding to the global pandemic.

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Overall Action Ref	Internal or External	Report Type	Financial Year	Report Action Ref	Context / Recommendation	Action	All Leads	To be completed by	Status	Days overdue	Latest Update
					provided to stakeholders for engagement including the SPG and the PK IJB. c) SPG minutes of meetings should be available on the HSCP shared information site to evidence the group's input.	information site to evidence input into the Strategic Plan.					HSCP Sharepoint site currently being reviewed but SPG minutes will be regularly uploaded here.
43	External	Annual Report	2018/19	1	Budget Setting: The Core Health and Social Care budget for 2019-20 was approved on 15 February 2019, prior to the start of the following financial year as required. The GP Prescribing and Other Hosted Services budget was approved in June 2019, three months after the start of the financial year. At the time of this report, the Adult Mental Health budget has yet to be approved, for it to be discussed at the Board meeting in September 2019. This is six months for the start of the financial year. There is a risk that members and management are unable to respond to financial pressures in a timeous manner. We recognise that the IJB is reliant on the financial reporting of PKC and NHS Tayside. Furthermore, the budgets in their current form do not incorporate the use of reserves and associated expenditure. As the IJB increases the use of reserves, there is a risk that the information provided to the Board does not give a clear picture of income and associated expenditure.	All budgets should be discussed and approved prior to the start of the financial year. As a financial management tool, it is important that the financial plan includes the use of reserves and associated expenditure.	Chief Financial Officer	31/3/20	Part Complete	167 days	The PKIJB 3 Year Financial Recovery Plan and associated budget was approved by the IJB in March 2020 and this included all delegated services.  We are working with CFO Colleagues and PKC Financial Colleagues in Tayside to establish an effective mechanism for incorporating the use of reserves into the budget setting process.
45	External	Annual Report	2018/19	3	Strategic and corporate planning capacity: Although management understand the importance of having a strategic plan in place, there have been significant delays to the preparation of the plan mainly due to lack of capacity within the organisation. We note that the IJB is currently developing a workforce plan. The plan was due by 31 March 2019 however, from the review of the June 2019 risk register; we note that the issue is now overdue. 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.	The Chief Officer should address key gaps to provide sufficient officer capacity in respect of strategic and corporate planning in order to ensure the IJBs effectiveness.	Chief Officer	31/3/20	Overdue	167 days	The wider organisational restructure has been delayed due to the global pandemic. However, the demands of the pandemic have also further highlighted the need for an enhanced corporate and strategic planning capacity. We are actively considering how we address and resource this, without awaiting a full restructure. In particular there has been a review of Corporate Service Manager Capacity and re-alignment of portfolios to maximise effectiveness. In addition substantial work has been ongoing to review the Partnership Improvement Plan and identify key capacity gaps with options due to be considered by EMT in the first instance by the end of September 2020. A significant piece of work was undertaken during phase 1 of COVID-19. The workforce supported the response by responding in new and different ways. The HSCP is undertaking a review of the current position to develop a 3 year workforce plan which will be aligned with our Strategic Commissioning

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Overall Action Ref	Internal or External	Report Type	Financial Year	Report Action Ref	Context / Recommendation	Action	All Leads	To be completed by	Status	Days overdue	Latest Update
											and mobilisation Plans. An initial draft will be completed by 14th September and will underpin our workforce plan which will be submitted to IJB in February 2021.
46	Internal	Risk Maturity Assessment PK04/18	2019/20	-	A SMART action plan overtly addressing all the issues identified within this Risk Maturity Assessment should be prepared, taking into account available resources and the management time that will be required to remediate the other governance issues facing the IJB.	An action plan should be prepared which addresses issues identified.	Chief Financial Officer	31/5/20	Complete	-	A Risk Maturity action plan has been prepared. Due to the Partnership's response to COVID-19 the progress on this has not been as anticipated. The Partnership's Risk Steering Group will have ongoing oversight of this action plan and will contribute to updating progress via the Strategic Risk report to the Audit and Performance Committee.



**PERTH & KINROSS INTEGRATION JOINT BOARD**  
**CLINICAL, CARE & PROFESSIONAL GOVERNANCE RECOMMENDATIONS**

Overall Action Ref	Internal or External	Report Type	Financial Year	Report Action Ref	Context / Recommendation	Action	All Leads	To be completed by	Status	Days overdue	Latest Update
47	Internal	Follow Up of PK07/17 Clinical, Care & Professional Governance PK04/19	2019/20	Rec 1	The creation of a Clinical, Care & Professional Governance Committee (CCPGC) was sought and approved at the Integration Joint Board (IJB) meeting on 30 November 2018. The Terms of Reference for the CCPGC were approved alongside this. The purpose of the CCPGC is to provide independent assurance on the adequacy of the Clinical, Care & Professional Governance Framework and workplan while scrutinising the internal CCPG arrangements. The Clinical, Care & Professional Governance Forum (R2) will report directly to CCPGC. The CCPGC will meet a minimum of three times per year, whilst the R2 Forum will meet bi-monthly. A workshop to discuss a refresh of the Getting It Right for Everyone (GIRFE) framework was due to take place on 13 February 2019 and a verbal update was given at the 6 April 2019 R2 Forum meeting.	Any updates to GIRFE framework should be discussed and approved by the IJB or a nominated Committee/Group. Any impact on clinical and care governance processes for P&K HSCP should be included in this.	Clinical Governance & Risk Coordinator, Chief Social Work Officer, Clinical Director, Perth & Kinross IJB	31/3/19	Complete	-	The GIRFE framework has now been updated and approved by the Clinical, Care and Professional Governance Forum.
48	Internal	Follow Up of PK07/17 Clinical, Care & Professional Governance PK04/19	2019/20	Rec 2	Internal Audit recommended that the R2 prepare an annual report for consideration by the Audit & Performance Committee or the IJB. Whilst none was prepared for 2017/18, this action point has been extended to 30 June 2019 to allow for the R2 Forum to prepare an Annual Report for the CCPGC, which in turn will report to the IJB. Management have advised that the 2018/19 R2 Forum annual report is expected to be presented at the June R2 Forum meeting, before being presented to the newly established CCPGC by June 2019, although there are no meetings arranged at this time. The CCPGC will report directly to the IJB.	For 2019/20 onwards, timing of reporting should ensure that the R2 prepares and considers its own annual report, following receipt of which by the CCPGC the Committee then should provide its own annual report to the IJB concluding on the clinical and care governance arrangements in place during the year.	Clinical Governance & Risk Coordinator, Chief Social Work Officer, Clinical Director, Perth & Kinross IJB	31/3/20	Overdue	167 days	P&K IJB's position on a CCPGC has still to be determined. A development session on this was held recently and it was agreed that the CO, CSWO and Clinical Director would produce a report to the IJB on the way forward for the CCPGC. In the absence of a CCPGC, the CCPG Forum annual report will come forward for consideration at the Audit & Performance Committee.
49	Internal	Follow Up of PK07/17 Clinical, Care & Professional Governance PK04/19	2019/20	Rec 3	The Terms of Reference advises that all services/localities will provide assurances on the provision of high quality care as well as the identification and mitigation of risks to the R2 Forum via a detailed annual report, including both qualitative and quantitative information. The 2018/19 R2 Forum Terms of Reference were discussed at the February 2018 meeting with revisions to be made regarding domains, deputies, standing agenda items and workplan. Our fieldwork showed that they were not fully updated or formally approved by the Forum. The 2019/20 Terms of Reference were under review at the time of our fieldwork; however, we have been able to view a draft copy. The	We would recommend that the Terms of Reference are updated to include the previously agreed/discussed revisions including those in the management responses to PK07/17. The remit should clearly set out the reporting framework including the flow of assurance through other groups. Both the Terms of Reference and the remit should be formally approved by CCPGC.  We would also recommend that workplans for these should be created allowing for assurance	Clinical Governance & Risk Coordinator, Chief Social Work Officer, Clinical Director, Perth & Kinross IJB	31/10/19	Complete	-	There is now a clear reporting schedule in place and an exception reporting schedule in place. An annual assurance report is also in place. This is clear to all services across the Partnership. The implementation of this has seen a clear improvement in the robustness of the reporting to the CCPG Forum.

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					draft includes an updated remit outlining the relationship with the new CCPGC but does not include reference to all the revisions made in February 2018.	reporting in a timely manner. The workplans for Forum and Committee should include the provision of a draft annual report to the Forum for review before approval at CCPGC.					
50	Internal	Follow Up of PK07/17 Clinical, Care & Professional Governance PK04/19	2019/20	Rec 5	<p>A timetable for service annual reports was originally included on the Agenda for the February 2018 R2 meeting, with 20 expected reports spread out across six meetings until December 2018. However, our review of the work of the R2 forum during 2018/19 showed only two of the annual reports were delivered and discussed by the group during the year. The services that provided reports between August 2017 and February 2018 were also not included on the next year's timetable. The three Mental Health Services reports that were due to go to the October 2017 meeting were, in total, deferred five times between them. The timetable was included on the agenda for the April and July meetings but was removed afterwards. The minutes of the July meeting show that the service leads for Care Homes, Care at Home, Home Assessment Recovery Team (HART) and Hospital Discharge Team as well as Adult Social Work &amp; Social Care Occupational Therapy, Community Alarm and the Joint Equipment Loan Service were unaware that these reports were on the agenda and agreed to discuss on delivery of the reports, highlighting that each service would report separately. Our work showed that no annual reports were received for any of these services, jointly or separately, in 2018/19. Management informed us that service updates and exception reports were instead presented and discussed at the Clinical Governance (Health) Group and the Adult Social Work &amp; Social Care Quality Assurance Group. A report/minute of each meeting should be provided to the R2 Forum. This was not always the case, with verbal updates having been provided on occasion. We would consider these minutes to be insufficient assurance to the Forum.</p> <p>Whilst the subgroups for domains do not exist anymore, the lack of uptake by services in using the annual reporting template and timetable means that we cannot conclude positively on the CCPG arrangements within P&amp;K HSCP during 2018/19. We note this lack of engagement with concern.</p> <p>The Forum discussed at the meeting in July the need to report more regularly and it was agreed that a smaller meeting would be</p>	<p>a) The R2 will need to assess the outcome of the pilot reports to ensure that the format of the reporting framework also provides sufficient data, information and assurance and links to the assurance required by NHS Tayside's CQF.</p> <p>b) We would recommend that an R2 Forum workplan is created and includes a timetable for receipt of these annual reports and that escalation procedures are confirmed regarding delays and insufficient data.</p>	Clinical Governance & Risk Coordinator, Chief Social Work Officer, Clinical Director, Perth & Kinross IJB	31/8/19	Complete	-	See update to recommendation 3.



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					scheduled to discuss. This meeting took place on 10 August 2018.						
51	Internal	Follow Up of PK07/17 Clinical, Care & Professional Governance PK04/19	2019/20	Rec 6	<p>The P&amp;K IJB Integration Scheme sets out that the IJB is responsible for the operational oversight of hosted services. Care and Clinical Governance Arrangements have also now formally been devolved to the three HSCPs. We were able to confirm that the annual reports for Public Dental Services and Podiatry went to the expected R2 meetings. Inpatient Mental Health Services was carried forward to the next meeting to allow members to read the report before discussion at the April 2018 R2 Forum. Whilst not recorded as a strategic risk to the organisation at the time of our report, this area clearly represents a complex challenge to the organisation, with a number of external reviews completed and ongoing.</p> <p>Her Majesty's Inspectorate of Prisons for Scotland (HMIPS)/Health Improvement Scotland (HIS) completed an inspection of HMP Perth and Prisoner Healthcare in May 2018 and ongoing updates on this report and its subsequent action plan have been provided to the R2 Forum on a regular basis. Following a re-inspection of HMP Perth, the report now published acknowledges the good progress made and being made against the original recommendations.</p> <p>However, Prisoner Healthcare was expected to provide an annual report to the October 2018 R2 Forum which did not come forward to the group.</p> <p>Our concern is that current internal clinical &amp; care governance systems did not identify issues subsequently raised as significant findings by external inspections.</p>	We recommend that the organisation, in addition to responding to the substantive points within the external report(s), undertakes a holistic review to understand why the internal systems did not identify these issues and how systems will do this in future.	Clinical Governance & Risk Coordinator, Chief Social Work Officer, Clinical Director, Perth & Kinross IJB	31/10/19	Complete	-	<p>A significant amount of work has progressed by the HSCP and the Prison Healthcare service since the HMP Perth Inspection report was received in May 2018. Much of this activity has focussed on remedial actions to address the specific findings contained within the report. The Prison Healthcare service has also been working to improve its internal performance and assurance processes. It now has in place a performance dashboard which is regularly updated, and will form part of its annual report to the R2 Forum. The dashboard and accompanying report was received and considered at the R2 Forum meeting on the 10 June 2019.</p> <p>Part of the assurance framework to the R2 Forum includes a programme of visits to services and localities, and HMP Perth will be included as part of these visits in future. Prior to this programme of visits starting, a visit to HMP Perth took place on 27th June 2019, and was an</p> <p>All hosted services are reporting into the CCPG Forum as they should.</p>
52	Internal	Follow Up of PK07/17 Clinical, Care & Professional Governance PK04/19	2019/20	Rec 7	<p>Internal Audit recommended the nomination of deputies for all members and for those to be listed within the 2018/19 Terms of Reference. The update to Audit &amp; Risk Committee says that deputies have been identified however the membership list shows only two nominated deputies along with two Managers for each locality (one is expected to attend each meeting). The Co-Chairs are expected to deputise for each other as the need arises. Our review of the draft 2019/20 Terms of Reference shows a further three deputies nominated.</p> <p>We reviewed the attendance records for meetings between April 2018 and December 2018 (6 meetings) and noted the following:</p> <p>-At least one Co-Chair was in attendance at each meeting.</p>	We would recommend that membership list should be reviewed and updated with all members included. Quoracy rules should ensure that as well as requiring representatives for both Health and Social Care, Localities and Hosted Services should also be represented. Deputies should be nominated for all members.	Clinical Governance & Risk Coordinator, Chief Social Work Officer, Clinical Director, Perth & Kinross IJB	31/10/19	Complete	-	<p>Membership list within the terms of reference to be updated and deputies identified. Members will also be expected to prioritise attendance at the R2 Forum.</p> <p>Attendance at the CCPG Forum has been prioritised and there has been a general improvement in attendance at this group. Membership of the forum has been reviewed.</p> <p>Terms of Reference for the CCPG Forum have also been reviewed and are reviewed on a regular basis.</p>

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					<ul style="list-style-type: none"> <li>- There were two meetings where a deputy was not utilised where appointed.</li> <li>- There was one meeting where no Locality Managers attended.</li> <li>- At only one meeting has a representative from each Locality attended.</li> <li>- On two occasions, both representatives from the same Locality attended.</li> <li>- On three occasions, only two Localities were represented.</li> <li>- A number of members do not have appointed deputies.</li> </ul> <p>Our review of the R2 agendas/minutes showed that the much of the agenda for the September meeting was not discussed because a member would be leaving early. However, this person was not included on the membership list so quoracy would not have been affected.</p>						
53	Internal	Follow Up of PK07/17 Clinical, Care & Professional Governance PK04/19	2019/20	Rec 8	<p>Internal Audit was able to review the gap analyses for December 2016 and August 2018 (assessment against 43 criteria under the 6 domains over 19 services). The vast majority of the 390 areas originally assessed as requiring improvements are still assessed as red or amber. Over all services and domains, only 61 areas showed improvement with one reduction ('Standard Operating Procedures are in place' within Psychiatry of Old Age wards. Within the gap analyses, 6 services originally assessed themselves as red or amber against the criteria 'Comprehensive Risk Management process is in place'. Only 1 (POA wards) have showed an improvement in the second gap analysis. However no annual reports were provided by many services so we were unable to review any action plans created after the first gap analysis and are unable to conclude on any improvements within these services.</p> <p>Considerable progress on risk management arrangements was made during the year and the Risk Register and revised Risk Management framework were approved in November 2018. The February A&amp;PC also received a strategic risk management update showing the organisation's strategic risks including information on current controls and treatment actions, but not assurances. Work is ongoing across the three Tayside partnerships to update and enhance risk management arrangements especially in relation to processes for ownership, identification and escalation of risk between the IJBs and their partners. Internal Audit has reviewed risk management arrangements separately and</p>	A new gap analysis is to be brought to the first meeting of the CCPGC. We would recommend that the gap analyses are compared and used by services to create action plans to improve underperforming areas and strengthen others.	Clinical Governance & Risk Coordinator, Chief Social Work Officer, Clinical Director, Perth & Kinross IJB	-	Complete	-	Because of the reconfiguration of services into localities, it will not be possible to carry out a further iteration of the GAP analysis which will allow for comparison against previous iterations. It is intended that future assurance with regards to the 6 domains within each service/locality will be within the assurance framework (consisting of annual reports, exception reporting at each R2 Forum meeting, and visits to services)



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					detailed recommendations will be made in this report.						
54	Internal	Follow Up of PK07/17 Clinical, Care & Professional Governance PK04/19	2019/20	Rec 9	<p>A recommendation was made regarding the regular consideration of relevant risks by the forum with clear routes for escalation. Management agreed that a standing item would be added to the agenda for clinical and care risk management.</p> <p>Whilst Risk Management was added to the agenda of the R2 Forum for 2018/19, we noted that there was no discussion of specific risks at meetings.</p> <p>The most recent Audit Follow Up position advises that the IJB's strategic clinical &amp; care governance risk or clinical risks will now be reported through the new CCPGC. The R2 Forum will have responsibility for driving forward and monitoring of ongoing mitigation actions for any strategic clinical and care risk. There have been no CCPGC meetings so far.</p> <p>The Terms of Reference for the CCPGC advise that the committee will provide the IJB with an annual report whilst providing an opinion on adequacy and effectiveness of internal CCPG arrangements.</p>	We support the direction of travel set out in the Audit Follow Up position and would recommend that following discussion of individual clinical risks at the R2, conclusions and actions to be taken are reported to the CCPGC.	Clinical Governance & Risk Coordinator, Chief Social Work Officer, Clinical Director, Perth & Kinross IJB	31/3/20	Complete	-	HSCP Service risk profile is a standing item at every CCPG Forum.
55	Internal	Follow Up of PK07/17 Clinical, Care & Professional Governance PK04/19	2019/20	New rec 1	As part of our audit, we identified a lack of assurance on acute mental health, for which the IJB is formally responsible as part of hosted services arrangements as set out in the Integration Scheme. Management informed us that there is no capacity and capability on the R2 Forum as it stands to undertake this. This leaves a significant gap which as yet has not been formally escalated to P&K IJB or the NHS Tayside Care Governance Committee.	The current status for assurance arrangements particularly in relation to Mental Health should be escalated to the IJB and to the NHS Tayside Care Governance Committee. The P&K Clinical, Care & Professional Governance Committee which is being established should be fully engaged with the NHS Tayside wide process.	Clinical Governance & Risk Coordinator, Chief Social Work Officer, Clinical Director, Perth & Kinross IJB	31/12/19	Complete	-	Acute Inpatient Mental Health Services no longer sit under the governance structure of P&K HSCP.



**PERTH & KINROSS INTEGRATION JOINT BOARD  
COMPLETED RECOMMENDATIONS**

Overall Action Ref	Internal or External	Report Type	Financial Year	Report Action Ref	Context / Recommendation	Action	All Leads	To be completed by	Status	Days overdue	Latest Update
33	Internal	Annual Report	2018-19	1	Taking account of the considerable duplication between the outcomes of the organisation's governance self-assessment, our findings and those of the MSG, as well as the Audit Scotland HSCI report; where possible, all relevant findings from these reviews should be collated and monitored through a single SMART action plan.	All relevant findings from MSG report, Audit Scotland, etc to collated and monitored through a single SMART action plan.	Chief Officer	30/09/19	Complete	140 days	The SMART consolidated Partnership Improvement Plan will come forward to the February 2020 IJB meeting for approval and will be brought to Audit & Performance Committee for monitoring thereafter.
35	Internal	Annual Report	2018-19	3	Any changes in governance processes arising from the governance assessment process should be incorporated into the next updates of Standing Orders, Scheme of Delegation and Standing Financial Instructions.	Standing Orders, Scheme of Delegation and Standing Financial Instructions to be amended as necessary.	Chief Financial Officer	Ongoing	Complete	-	Complete - Standing Orders, Scheme of Delegation and Standing Financial Instructions will be amended as necessary.
37	Internal	Annual Report	2018-19	5	Reporting on transformational change to the IJB should reflect its importance to the IJB, focused on providing an overall picture of progress and risks to delivery.	The Strategic Delivery Plans for each Care Programme Board will set out programmes of transformation and progress will be provided through regular reporting on each programme to the Board. Individual transformation Business Cases will be b/f to the IJB.	Chief Officer	Ongoing	Complete	-	Strategic Delivery Plans for all Care Programmes linked to the refreshed Strategic Plan will be a key improvement action for 2019/20.
42	Internal	Strategic Planning PK05/18 (Inc. PK06/18)	2018-19	2	The new Strategic Plan should clearly set-out the decisions and processes required to achieve long-term financial sustainability, setting out the implications for output and quality. These should include overt consideration how the savings identified nationally from Large-hospital set-aside can be delivered and how those savings should be utilised.	The investment and disinvestment implications of further priorities identified in the refreshed Strategic Plan to be considered in detail by each of the Programmes of Care and fed into the ongoing 3 Year Financial Planning process.	Chief Officer	30/09/19	Complete	140 days	Our draft Strategic Commissioning Plan reflects the high level strategic ambition of the Health & Social Care Partnership. The delivery and action plans that are developed below this will more directly consider and reflect the necessary funding, investment and disinvestment decisions.
44	External	Annual Report	2018/19	2	Risk Sharing Agreement: The integration scheme states that any overspend incurred from 2018-19 onwards may be allocated on a proportionate basis of each partners contribution to the IJB. For 2019-20, there has not yet been any agreement between partners on how any overspend may be shared and we understand discussions have been limited. We consider best practice to be a formal documentation of the agreement, which will assist in the partners approach to budgeting. It is generally recognised that proportionate risk sharing facilitates effective integration.	We recommend that partners are requested formally agree the approach for overspend on an annual basis in advance of the financial year on which agreement is sought. Consistency of approach, and consideration of third party guidance should be included as part of the agreement.	Chief Officer	31/3/20	Complete	-	As at January 2020 informal discussions with the Chief Executives of both NHST and PKC have concluded that the risk sharing arrangements in place for the first 3 years will roll forward unchanged for 2019/20. However PKIJB are seeking a proportionate risk sharing arrangement which adheres to core aims of integration and will bring us in line with the rest of Tayside.

**Log**

2 completed actions removed from completed section.

5 completed actions moved to completed section.

3 new actions – 3 from KPMG annual report.





## **AUDIT & PERFORMANCE COMMITTEE**

**14 September 2020**

### **INTERNAL AUDIT STRATEGY & PLAN 2020/21**

**Report by Chief Internal Auditor (Report No. G/20/83)**

#### **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 2020/21.

#### **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 2020/21 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.

Following the onset of the COVID-19 pandemic, Internal Audit activity was paused to enable the Partnership to focus its attention on delivering its critical services. Internal Audit resources were directed in part to support this. As such, there will be a shortened time period for the completion of this Audit Plan which takes into account limitation in resources.

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 2020/21 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.

In addition to finalising the Financial Risks audit from the 2019/20 Internal Audit Plan, the following specific assignments have been highlighted for review during the year:

Reference	Title	Indicative Scope
PKIJB 20-01	Improvement Actions	To review the efficiency and effectiveness of their completion of agreed improvement actions and the ensuing reporting arrangements.
PKIJB 20-02	Corporate Support	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.
PKIJB 20-03	Commissioned Service Providers	To provide assurance over arrangements for the identification and authorisation of sustainability grants.

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 2020/21.

#### **5. CONSULTATION**

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

#### **Author(s)**

<b>Name</b>	<b>Designation</b>	<b>Contact Details</b>
J Clark	Chief Internal Auditor	<a href="mailto:InternalAudit@pkc.gov.uk">InternalAudit@pkc.gov.uk</a>

### **APPENDICES**

#### **1. Internal Audit Plan**





2020/21								
	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 2020	✓	✓	✓	✓	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 2021					
PKIJB 20-01	Improvement Actions	To review the efficiency and effectiveness of their completion of agreed improvement actions and the ensuing reporting arrangements	June 2021					
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	April 2021					
PKIJB 20-03	Commissioned Service Providers	To provide assurance over arrangements for the identification and authorisation of sustainability grants	January 2021					

Previous Years' Plans								
	Audit	Indicative Scope	Target Audit Committee	Planning commenced	Work in progress	Draft Issued	Completed	Grade
<b>2018/19</b>								
<b>PK04-19</b>	PK07-17 follow-up	Follow-up of Internal Audit Report PK07-17 which highlighted a number of areas relating to Clinical and Care Governance, including those in relation to hosted services, to ensure actions have been implemented and to take into account events subsequent to the issue of that report.	Feb-19	✓	✓	✓	✓	N/A
<b>PK05-19</b>	Performance management	Accurate, relevant and reliable reporting against strategic plan objectives and core integration indicators. Compliance with DL 2016 (05) - Guidance for Health and Social Care Integration Partnership Performance Reports	Feb-19	In order to avoid any duplication of audit effort and scrutiny arising from the Joint Inspection, this assignment was not taken forward within the year. this assignment will be superseded by assignment PKIJB 19-02, included within 2019/20 Internal Audit Plan				N/A
<b>PK07-19</b>	Information Governance	Extension of testing within parent bodies' IA plans to ensure assurance systems adequately cover IJB Information Governance and GDPR.	Feb-19	✓	✓	✓	✓	N/A
<b>2019/20</b>								
<b>PKIJB 19-01</b>	Financial Risks	To provide assurance over the consideration of the financial risks for the Partnership, including engagement with statutory partners	Feb 20	✓	✓			
<b>PKIJB19-02</b>	Performance Management	To review arrangements for the adequacy and effectiveness of the measurement and reporting of performance.	Feb 20	✓	✓	✓	✓	B
<b>PKIJB19-03</b>	Improvement Actions	To review the arrangements in place for the consolidation of improvement actions; the efficiency and effectiveness of their completion and the ensuing reporting arrangements	Feb 20	✓	✓	✓	✓	N/A



## **AUDIT & PERFORMANCE COMMITTEE**

**14 September 2020**

### **INTERNAL AUDIT PROGRESS REPORT**

**Report by Chief Internal Auditor (Report No. G/20/84)**

#### **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.

Since the last report to the Audit and Performance Committee, Internal Audit has continued to work on assignments from the 2019/20 Internal Audit Plan (report [G/19/141](#) refers). Two areas of work, Improvement Actions and Performance Management have been finalised and one, relating to Financial Risks, is yet to conclude. One assignment which has concluded for 2019/20 was consultative in nature. As such, a formalised report will not be provided to the Audit & Performance Committee and a summary of the outcomes are included within this report.

At the commencement of the COVID-19 pandemic, all planned Internal Audit work was paused. This was to enable the Partnership to focus on delivering essential services during the pandemic. Throughout the pandemic response, Internal Audit has remained available to provide support and advice in terms of governance, risk management and internal control throughout this period and continues to do so.

Internal Auditors have recently commenced their core work and have been finalising audits from the Internal Audit Plan 2019/20

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

## **2. OUTCOME FROM CONSULTANCY WORK**

The Public Sector Internal Audit Standards (PSIAS) defines Internal Audit as an independent, objective assurance and consulting activity designed to add value and improve an organisations achievement of its objectives. When consulting activity is undertaken, advice is provided to the organisation in order to ensure that improvements in controls, governance and/or risk management can be effectively progressed. Due to the nature of consulting advice, and to ensure that organisations are more open to requesting the independent and objective advice from Internal Audit where it is felt to be necessary, the standard reporting arrangements to the relevant Audit Committee differ.

Internal Audit's approach is to provide a summary of the outcome of the work to the Audit & Performance Committee.

At the request of the Partnership, the approach taken for the Improvement Actions assignment was to undertake a consultancy assignment in the first instance. The indicative scope of this assignment was originally to review the arrangements in place for the consolidation of improvement actions; and the efficiency and effectiveness of their completion and the ensuing reporting arrangements. However, during discussions with management, this assignment was re-scoped for 2019/20. During 2019/20, it was agreed to provide advice and support for the development of arrangements connected with actions being identified and captured for improvement. This was agreed with the understanding that the second part of the indicative scope, namely the efficiency and effectiveness of their completion and subsequent reporting, would be deferred to 2020/21. This is included within the Internal Audit Plan presented for consideration at this Committee.

Advice has been provided on setting timescales for the completion of actions which are realistic and attainable, given the number and scope of actions and competing priorities; the recording the evidence of progress and completion; and ensuring clarity in reporting to the Board on the priority of the actions and the risks associated of non-completion.

The outcomes from any consulting activity is taken into consideration for future years Internal Audit Plans. In this instance, there is a proposal to undertake a follow up included within the proposed Internal Audit Plan for 2020/21.

## **3. RECOMMENDATION**

The Audit & Performance Committee is asked to:

- i. Note the progress made in the delivery of the 2019/20 plan;
- ii. Note the outcome from the consultancy assignment; and
- iii. Consider the Internal Audit Report on Performance included on the agenda for this meeting.

#### 4. CONSULTATION

The Chief Finance Officer has been consulted on the content of this paper.

##### **Author(s)**

<b>Name</b>	<b>Designation</b>	<b>Contact Details</b>
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#### **APPENDICES**

1. Internal Audit Plan Progress Report



## Internal Audit Plans Progress Report

2019/20 and prior years								
	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 2019	✓	✓	✓	✓	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 2020					N/A
PK04-18	Risk Management	Review of systems of risk management, assessment of risk maturity and consideration of assurance mechanisms for key controls	Dec 2017	✓	✓	✓	✓	N/A
PK04-19	PK07-17 Follow Up – Clinical & Care Governance	Follow-up of Internal Audit Report PK07-17 which highlighted a number of areas relating to Clinical and Care Governance, including those in relation to hosted services, to ensure actions have been implemented and to take into account events subsequent to the issue of that report.	February 2019	✓	✓	✓	✓	N/A
PKIJB 19-01	Financial Risks	To provide assurance over the consideration of the financial risks for the Partnership, including engagement with statutory partners.	June 2020	✓	✓			
PKIJB 19-02	Performance Management	To review arrangements in place for the adequacy and effectiveness of the measurement and reporting of performance	June 2020	✓	✓	✓	✓	B
PKIJB 19-03	Improvement Actions	To review the arrangements in place for the consolidation of improvement actions; the efficiency and effectiveness of their completion and the ensuing reporting arrangements.	June 2020	✓	✓	✓	✓	N?A





## FINAL REPORT (G/20/85)

PERTH AND KINROSS INTEGRATION JOINT BOARD  
INTERNAL AUDIT SERVICE**PERFORMANCE MANAGEMENT**

REPORT NO. PK19-02

## Issued To:

G Paterson, Chief Officer

J Smith, Chief Financial Officer

D Fraser, Head of Adult Social Work and Social Care

E Devine, Head of Health, Health &amp; Social Care Partnership

H Dougall, Clinical Director, Perth &amp; Kinross IJB

Audit &amp; Performance Committee

External Audit

J Pepper, Depute Director, Education & Children's Services and Chief  
Social Work Officer

A Taylor, North Locality Manager, NHS Tayside

K Sharp, North Locality Manager, PKC

L Bailie, South Locality Manager, NHS Tayside

A Fairlie, South Locality Manager, PKC

C Lamont, City Locality Manager, NHS Tayside

K Ogilvy, City Locality Manager, PKC

C Jolly, Service Manager (Business Planning and Performance)

S Strathearn, Business Improvement Manager, PKC

Date Final: 31 August 2020

Target Audit Committee Date: September 2020

## INTRODUCTION & SCOPE

1. To comply with the Public Bodies (Joint Working) (Scotland) Act 2014 on Integration Authorities, Perth and Kinross Health & Social Care Partnership [PK-HSCP or 'Partnership'] is required to publish a performance report within 4 months of its reporting year end.

On 27 Sept 2019, the Partnership produced its 2018-2019 annual performance report at the Perth & Kinross Integrated Joint Board [PK-IJB or 'Board']. Supplementary reporting was also provided by Programmes of Care, such as the PK\_HSCP performance report for Older People & Unscheduled Care presented on 16 Sept 2019. The Annual Performance Report reported on the core suite of indicators, with local measures to provide a broader picture of local performance.

2. Performance measurement and reporting are included as areas for improvement in the Partnership's Improvement Plan. Planned performance improvements are-
  - The Partnership's Performance Framework for performance (improvements and outcomes) measures and reporting using a '*measure what you value rather than value what you measure*' new approach, aligned to the refreshed strategic plan
  - The Core Performance Group to assist with review of performance measures so that data can be gathered and presented for a more consistent approach towards review of the Partnership's strategic needs assessment
  - Performance information to be provided to Clinical, Care Governance [CCG] Forum which will bring CCG into the HSCP performance framework
3. The Partnership Improvement Plan was outlined to the Board on February 2020. Progress on performance related activities was positive then moving forwards. In February 2020 all were marked as progressing on target for completion at the time except for the first action:
  - The simplified approach to '*measure what you value ...*' performance reporting was to focus on the 20 National Indicators
  - The Core Performance group of Health Services and Council Care Services staff started production of quarterly reporting, with the first Quarterly Performance Report to December 2019 produced for the Board in February 2020
  - Development of the over-arching corporate performance framework was underway.

There were verbal presentations and reports of operational planning and progress by two of the three Localities, North and South Localities.

4. Audit testing started on 20th February 2020, prior to emergency procedures from mid-March 2020 for COVID19. National and local lockdown with re-assignment of priorities paused 'business as usual' from 16 March 2020. This review records progress in performance management including plans in re-mobilisation for resumption of performance measurement and reporting forwards in recovery and renewal stages. Audit has not reviewed activity since the Partnership committed

resources to respond to the COVID19 pandemic and such activity has been paused.

5. The review was part of the Internal Audit Plan for 2019-20.

## OBJECTIVE

6. This audit reviews arrangements in place for the adequacy and effectiveness of the measurement and reporting of performance.

## RISKS

7. The following risks could prevent the achievement of the above objective and were identified to be within scope for this audit.

A -The Partnership is not working to ensure performance is adequately measured and

B - The Partnership is not working together to provide reports on performance outcomes

## AUDIT OPINION AND FINDINGS

8. The audit opinion until the end of March 2020 is **Category B - Broadly Satisfactory**. There is an adequate and effective system of risk management, control and governance to address risks to the achievement of objectives, although minor weaknesses are present.

A description of all audit opinion categories is given in the final section of this report.

9. Our overall opinion is based on the arrangements and reporting at governance level during the time leading up to and including the emergency planning procedures for COVID19. We reviewed Board and Group documentation, minutes of meetings of stakeholders and groups and conversations with key Managers and Officers. Audit has not reviewed activity since the Partnership committed resources to respond to the COVID19 pandemic.
10. Findings in the review are detailed below in order of objectives.
11. Other relevant reports referred to for assurance and developments include
  - Scottish Social Services Council [SSSC] Integrated Working Research Learning Report Feb 2020<sup>1</sup>
  - Health & Social Care Partnership May 2020 COVID19 Pandemic Response<sup>2</sup>

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<sup>1</sup> <https://www.sssc.uk.com/knowledgebase/article/KA-02955/en-us>

<sup>2</sup> [COVID-19 Pandemic Response HSCP](#)

- Health & Social Care Partnership July 2020 C-19 Pandemic Re-mobilisation<sup>3</sup>

**Joint Working to ensure performance is adequately measured:**

12. Audit identified that processes for measuring performance was changing. In February 2020, improvements to managing performance of services were detailed at Integration Joint Board Audit & Performance Committee –

*‘HSCP is drafting a performance framework which set out the relationships between planning and performance as well as providing a detailed overview of the audiences for performance reports, the reporting frequencies and the content to be provided....’*

*‘A simplified approach to performance reporting focussing on the 20 National Indicators has started. This will provide HSCP and Locality based performance information. An expansion to these indicators will then follow. This work is being taken forward with assistance from LIST and in close contact with PKC Strategic Performance Team and NHS Tayside Business Support Unit. The necessary Performance Framework will then be collated/produced which sets out "How we do performance". This will enable us to routinely consider performance reports and to give assurance at regular "Performance and Risk Meetings" of the EMT...’*

Evidence of performance measurement was provided during the review by Local Intelligence Support Team analysts working for National Services of Scotland. Data is extracted from several different sources and utilised to provide statistics based on definitions and guidance in technical bulletins for both Ministerial Services Group indicators and for the national Core Suite of indicators. Dependent on availability, the two sets of indicators are used to monitor performance, monthly and annually. Data is collated to the required format for scrutiny by executive management. Prior to the COVID19 emergency, not all staff had enhanced IT facilities and access to the latest Microsoft Office 365, therefore there was no single site on which to hold and view this data.

Data is also extracted from the Perth and Kinross Council web-based database system holding social care records for adult clients, called AIS SWIFT. Business Systems Team staff offer support for running specialist and regular monthly and annual reports as required to support operational teams in their daily activities and to compliment the national indicators within the Annual Performance Report.

An example of performance reporting was provided for South Locality dated August 2019 as part of the Care and Professional Governance Annual Assurance Framework. This work came from the Scottish Social Services Council research which included South Locality as one of the national areas selected, reported in Feb 2020. Information in the South Locality Annual Report included statistics on 9 National Key performance Indicators, incidents and survey responses from Locality

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<sup>3</sup> [COVID-19 Pandemic Remobilisation HSCP](#)

staff and wider group of public stakeholders on how the services were doing and how to develop services in the future towards developing a mission statement.

During the virus pandemic, Business Analysts were re-directed to assist in the COVID19 service responses. Responses to the COVID19 pandemic are reported to the Board, as is re-mobilisation.

13. Complexities resulting from data being located across several IT systems affects not only performance measurement and reporting but also information sharing by operational staff. This is reported in the Integrated Working Research Learning SSSC report published in Feb 2020 with Perth and Kinross South Locality integrated services as one of three sites tested. This study described work-arounds used by operational staff for integrated service provision. For example, weekly meetings of a variety of health and care professionals were held at different sites across the Locality to overcome geographical boundaries that did not always match across Partnerships and specialties. Despite not having shared IT systems, specialist staff worked from a weekly agenda and shared information to provide cohesive and integrated care for clients and their support families. System issues were reported as creating problems, such as diaries not synchronising together and resulting risks of duplication occurring.

This theme was reported by Locality Managers interviewed during this audit in 2020. They confirmed the importance of regular meetings with service professionals. Delays in updated information on clients being provided to them could delay support. This was being overcome with manual use of whiteboards out in Locality sites for reference. A need for improved local information and up to date information was expressed by Locality Managers as this would enable them to respond faster in providing the best support to suit clients' needs. Co-location of staff at hubs assisted in closer data sharing, integrated working and improved performance.

14. The Health and Social Care Partnership Executive Management Team have approved the draft performance framework.
15. Health services data is split into two sets of indicators to monitor performance monthly and annually as it is available. National Ministerial Steering Group [MSG] targets set at the start of each year for six main key indicators include –

- Emergency hospital admissions (all ages)
- Unscheduled hospital bed days; acute specialties (all ages)
- A&E Attendances (all ages)
- Delayed Discharge bed days (18+)
- Proportion of population who's last six months of life is spent at home or in a community setting (all ages)
- Balance of care: Percentage of population in community or institutional settings - at home (unsupported) (65+)

These six can be further subdivided into further indicator details

16. Technical documentation is provided to ensure consistency and reliability of these measurements and was provided as evidence.

17. In addition to MSG data, a national Core Suite of Integration Indicators at partnership level is required to be reported in the Partnership's Annual Performance Report. Again, technical documentation is provided for these national standards; they are calculated at rates (usually per capita i.e. per population), so that they are comparable across other partnerships and across years. There are two types of Core Integration indicators -
- Qualitative Health and Care Experience Survey outcome indicators based on survey feedback, to emphasise the importance of a personal outcomes approach and the key role of user feedback in improving quality. These are primarily from 2-yearly surveys and may be supplemented annually with related information from local surveys. Ten of these are defined.
  - Quantitative Indicators derived from organisational/system data that is primarily collected for other reasons, available annually or more often. Thirteen of these indicators are either defined or being in development.

As above, for the twenty-three indicators, collation of data is not always annual. The Health and Care Experience Survey [HACE] carried out for GP practices for example is only required to be updated every two years as it involves a large amount of work, with a postal survey sent to a random sample of patients registered with a GP in Scotland.

18. A new performance reporting process was presented to the PK-IJB in February 2020. The Chief Officer asked for feedback to understand whether the performance overview reports matched the needs of the management /audiences.
19. Changes with new Strategic Groups and Locality delivery processes are referred to in improvement actions. New Strategic Groups are to replace the previous Programme Boards from the previous Strategic Commissioning Plan structure to 2019. Locality reporting is in place through the CCG but this has still to be embedded in the performance framework. Similarly, Service level reporting exists but has still to be incorporated into the performance framework.
20. The three geographic areas – Perth City, North and South Locality areas provide integrated health and social care on the ground, in some cases working together across different geographic boundary areas and sharing resources to provide an integrated solution for clients and families. The geographic boundaries for health and social care specialties do not all match up across specialties and Partners. These differences were explained to the Board during Localities presentations in February 2020. Locality Managers for North and South Localities explained how non-matching boundaries were overcome by operational staff working in these areas.
21. Performance measurements in the new draft framework identified national key indicators. Locality Managers interviewed expressed interest in having real-time localised data to manage operational work towards providing adequate care and support. This is a different type of data, however they reported it would assist in improving their performance which is to be measured.
22. The new performance framework has been validated by the Executive Management Team [EMT] and was being populated with data. The Core Performance Group was working to provide improved performance

measurements for management purposes up until the COVID19 emergency began in March 20.

23. In May and June 2020, the Board was advised of changes related to the COVID19 emergency. HSCP was revisiting plans and strategies 'through a COVID19 lens', and reviewing whether they remain valid, relevant, achievable and affordable, in the context of the response to COVID19.
24. The Partnership is currently working on Re-Mobilisation Plans to take us through to the end of the financial year.

**Joint Working to ensure performance is adequately reported.**

25. The audit review found evidence of improved performance reporting in the papers presented to February 2020 Board meetings. The Audit & Performance Committee of the Board was provided with new reporting frequencies with new quarterly reports planned -

*As an initial step, in relation to the implementation of the Strategic Commissioning Plan, the HSCP will provide the Committee with an Annual Performance Report followed by individual performance update reports produced on a quarterly basis.*

*The initial report of this type covered the period March to December 2019 i.e. three quarters of the year. This is to provide the Committee with an appropriate update since the last partnership wide report...*

However, in June 2020 the Board was notified of delays to standard performance reporting targets. Due to emergency work to manage COVID19 pandemic, the Annual Performance Report would not be ready for the standard reporting date of 31 July. It was proposed instead that the Annual Performance Report would be presented for approval at the meeting scheduled for 14 September 2020 and, subject to approval, be published before the end of September 2020.

26. In addition to the Chief Officer's Annual Performance Report, the Board was notified in July 2020 of further delays in forward planning for other reports including -

- Annual report of Chief Social Work Officer
- Annual Report of the Chair for Adult Support and Protection

Therefore, performance management is one of several areas experiencing delays whilst focus in services moved towards protecting and saving people's lives during the pandemic.

27. Prior to the COVID-19 emergency, two of the three Locality areas presented a view of their Locality work to the Board. North Locality and South Locality reported to the Board in February 2020 providing great insight into the integrated processes in their areas. The City Locality has still to report to the Board. However, management of this Locality confirmed there was an integrated management meeting monthly co-chaired by Partnership Managers, with a Locality Action Plan and Locality Performance Framework in place. An integrated Locality Governance group reports on performance with integrated dashboard information provided by NHS MIS system data.

28. The Board's Audit & Performance Committee planned to meet in the North Locality at Breadalbane in May 2020, then Covid-19 emergency measures superseded this.
29. All three Localities provided a Locality Newsletter in January 2020. South Perthshire & Kinross-shire Locality also provided an example of its annual report in summer 2019 as part of its Annual Assurance Framework.
30. In summary, although a clear way forward identified in the HSCP Strategic Commissioning Plan for 2020-2025 in Dec 2019 started moving forwards in the beginning of 2020, the COVID19 pandemic and emergency response processes from March 2020 have resulted in delayed progress in some areas. Re-mobilisation planning was taking precedence in managing the risk to health and social care services and future potential outbreaks ahead.

This is to be expected given severity of risk and resource management. The improvement planning process for performance related areas are inter-dependent on other factors.

## **ACTION**

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

## **ACKNOWLEDGEMENT**

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

Chief Internal Auditor



Ref.	Finding	Audit Recommendation	Priority	Management Response / Action	Action by/Date
1.	<p>Performance national indicators are available at Locality level and work is underway as part of the performance framework to report on this regularly.</p> <p>Locality health and social care staff reported a need for more current operational data at Locality level. Clients' health data and service provision were not available to view within one system. To compensate for this, information was updated manually in Locality offices at GP practices where co-located integrated Teams were based.</p> <p>Locality Managers' operational work included daily work-arounds to manage case-loads across different boundary areas of Council care and Tayside Health specialities as boundaries do not always match up</p>	<p>Planned expansion of performance measurement and reporting at Locality level would be beneficial to local teams and operational management.</p> <p>There is a difference between operational information need requested by Localities and performance reporting, however the link between these information strands is noted. Locality planning may document key challenges and risks to delivery</p>	<b>3</b>	<p>The Executive Management Team have approved the Performance Framework. This document sets out the need for Locality reporting and this is already established with the Clinical Care and Professional Governance Forum.</p> <p>Work is continuing to implement the performance framework. Embedding Locality reporting within core performance management and reporting is an integral part of that process</p>	31/12 /2020

## DEFINITION OF ASSURANCE CATEGORIES AND RECOMMENDATION PRIORITIES

### Categories of Assurance:

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

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

**Priority 1 recommendations** relate to critical issues, which will feature in our evaluation of the Governance Statement. These are significant matters relating to factors critical to the success of the organisation. The weakness may also give rise to material loss or error or seriously impact on the reputation of the organisation and require urgent attention by a Director.

**Priority 2 recommendations** relate to important issues that require the attention of senior management and may also give rise to material financial loss or error.

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

**Priority 3 recommendations** are usually matters that can be corrected through line management action or improvements to the efficiency and effectiveness of controls.

**Priority 4 recommendations** are recommendations that improve the efficiency and effectiveness of controls operated mainly at supervisory level. The weaknesses highlighted do not affect the ability of the controls to meet their objectives in any significant way.



**PERTH & KINROSS INTEGRATION JOINT BOARD**  
**AUDIT AND PERFORMANCE COMMITTEE**  
**WORK PLAN 2020/21**

(Report No. G/20/89)

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 22 <sup>nd</sup> 2020	Sept 14 <sup>th</sup> 2020	Nov 30 <sup>th</sup> 2020	Feb 15 <sup>th</sup> 2021
<b>Governance &amp; Assurance</b>							
Strategic Risk Management	✓		Chief Financial Officer	✓	✓	✓	✓
Partnership Improvement Plan	✓		Chief Officer	✓	✓	✓	✓
Audit Recommendations Update	✓		Chief Financial Officer	✓	✓	✓	✓
Internal Audit Annual Report and Assurance Statement		✓	Chief Internal Auditor	✓			
Appointment of Internal Auditors 2019/20		✓	Chief Financial Officer	✓			
Internal Audit Reports 2019/20:							
• Financial Risks PKIJB 19-01		✓	Chief Internal Auditor			✓	
• Performance Management PKIJB 19-02		✓	Chief Internal Auditor		✓		
• Partnership Improvement Plan PKIJB 19-03		✓	Chief Internal Auditor		✓		
Internal Audit Reports 2020/21:							
• Tbc		✓	Chief Internal Auditor				
Internal Audit Plan 2020/21		✓	Chief Internal Auditor		✓		
Internal Audit Plan Progress Report		✓	Chief Internal Auditor		✓	✓	✓
Audit & Performance Committee Forward Plan	✓		Chief Officer		✓	✓	✓
External Audit Annual Report 2018/19		✓	External Auditor		✓		
<b>Performance</b>							
Locality Action Plans:							
• South Locality		✓	Chief Officer				
• Perth City Locality		✓	Chief Officer			✓	
• North Locality		✓	Chief Officer				✓

Item	Standing Item	Non Standing Item	Responsibility	June 22 <sup>nd</sup> 2020	Sept 14 <sup>th</sup> 2020	Nov 30 <sup>th</sup> 2020	Feb 15 <sup>th</sup> 2021
Financial Position	✓		Chief Financial Officer	✓		✓	
HSCP Performance Quarterly Report		✓	Chief Officer		✓ <sup>1</sup>	✓	✓
Annual Performance Report		✓	Chief Officer		✓		

Annual Accounts							
Review Annual Governance Statement		✓	Chief Financial Officer	✓			
Unaudited Annual Accounts 2019/20		✓	Chief Financial Officer	✓			
Audited Annual Accounts 2019/20		✓	Chief Financial Officer		✓		
Letter of Representation to External Audit		✓	Chief Financial Officer		✓		

For Information							
Assurances Received from Partners		✓	For information		✓		
Audit & Performance Committee Record of Attendance	✓		For information	✓	✓	✓	✓

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<sup>1</sup> 6 month performance report will come to Nov 2020 meeting

**Record of Attendance 1 April 2020 - 31 March 2021**



**Members**

Name	Designation	Organisation	22 Jun 20	14 Sep 20	30 Nov 20	15 Feb 21
Councillor Callum Purves	Elected Member	Perth & Kinross Council	PRESENT			
Councillor John Duff	Elected Member	Perth & Kinross Council	PRESENT			
Bernie Campbell	Carer's Representative	Public Partner	APOLOGIES			
Ronnie Erskine	Non Executive Director	NHS Tayside	PRESENT			
Pat Kilpatrick	Non Executive Director	NHS Tayside	PRESENT			

**In Attendance**

Name	Designation	Organisation	22 Jun 20	14 Sep 20	30 Nov 20	15 Feb 21
Councillor Eric Drysdale	Elected Member	Perth & Kinross Council	PRESENT			
Bob Benson	Non Executive Director	NHS Tayside	PRESENT			
Gordon Paterson	Chief Officer	P&K HSCP	PRESENT			
Jane Smith	Chief Financial Officer	P&K HSCP	PRESENT			
Phil Jerrard	Governance & Risk Coordinator	P&K HSCP	PRESENT			
Scott Hendry	Team Leader (Committee Services)	Perth & Kinross Council	PRESENT			
Adam Taylor	Assistant Committee Officer	Perth & Kinross Council	PRESENT			
Donna Mitchell	Finance Manager	P&K HSCP	PRESENT			
Jackie Clark	Chief Internal Auditor	Perth & Kinross Council	PRESENT			
Chris Jolly	Service Manager	P&K HSCP	PRESENT			

