



Council Building  
2 High Street  
Perth  
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24 November 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, 30 November 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, 30 November 2020**

**AGENDA**

- 1 WELCOME AND APOLOGIES**
- 2 DECLARATIONS OF INTEREST**
- 3 MINUTE OF PREVIOUS MEETING**
- 3.1 MINUTE OF MEETING OF THE AUDIT AND PERFORMANCE COMMITTEE OF 14 SEPTEMBER 2020** **5 - 12**  
(copy herewith)
- 3.2 ACTION POINTS UPDATE** **13 - 16**  
(copy herewith)
- 3.3 MATTERS ARISING**
- 4 GOVERNANCE & ASSURANCE**
- 4.1 AUDIT RECOMMENDATIONS UPDATE** **17 - 30**  
Report by Chief Financial Officer (copy herewith G/20/128)
- 4.2 INTERNAL AUDIT PROGRESS REPORT** **31 - 34**  
Report by Chief Internal Auditor (copy herewith G/20/129)
- 4.3 INTERNAL AUDIT COMMON DEFINITIONS** **35 - 50**  
Report by Chief Internal Auditor (copy herewith G/20/130)
- 4.4 STRATEGIC RISK MANAGEMENT UPDATE** **51 - 58**  
Report by Chief Officer (copy herewith G/20/131)
- 4.5 JOINT INSPECTION PLAN UPDATE**  
Report by Chief Officer (copy to follow)
- 4.6 EXTENSION OF EXTERNAL AUDIT APPOINTMENT** **59 - 60**  
Report by Chief Finance Officer (copy herewith G/20/133)
- 5 PERFORMANCE**

<b>5.1</b>	<b>2020/21 FINANCIAL POSITION</b> Report by Chief Financial Officer (copy herewith G/20/134)	<b>61 - 76</b>
<b>5.2</b>	<b>CARE AND PROFESSIONAL GOVERNANCE FORUM ANNUAL REPORT 2019/2020</b> Report by Associate Medical Director & Chief Social Work Officer (copy herewith G/20/135)	<b>77 - 88</b>
<b>5.3</b>	<b>PERFORMANCE REPORT FOR SIX MONTHS TO 30 SEPTEMBER 2020</b> Report by Chief Officer (copy herewith G/20/136)	<b>89 - 120</b>
<b>5.4</b>	<b>LOCALITY UPDATE SOUTH LOCALITY</b> Verbal update by South Perthshire and Kinross Locality Manager and Service Manager South Locality	
<b>6</b>	<b>FOR INFORMATION</b>	
<b>6.1</b>	<b>AUDIT AND PERFORMANCE COMMITTEE WORK PLAN 2020/21</b> (copy herewith G/20/137)	<b>121 - 122</b>
<b>6.2</b>	<b>AUDIT AND PERFORMANCE COMMITTEE RECORD OF ATTENDANCE 2020/21</b> (copy herewith G/20/138)	<b>123 - 124</b>
<b>7</b>	<b>PRIVATE DISCUSSION</b>	
<b>8</b>	<b>DATE OF NEXT MEETING</b> 15 February 2021 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 14 September 2020 at 9.30am.

**Present:** Councillors C Purves (Chair) and J Duff (both Perth and Kinross Council), P Kilpatrick (Tayside NHS Board) and B Campbell (Carer Public Partner).

**In Attendance:** G Paterson, Chief Officer (from Item 4.1 onwards); J Smith, Chief Financial Officer; D Fraser, D Mitchell, C Jolly, F Low, C Paton, S Strathearn 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); M Wilkie and C Windeatt (up to Item 6) (both KPMG).

**Apologies:** R Erskine (Tayside NHS Board); H Dougal and E Devine (both 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 22 JUNE 2020**

The minute of meeting of the Audit and Performance Committee of the Perth and Kinross Integration Joint Board of 22 June 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 the appointment of a Risk Champion for the IJB will also be included on the next iteration of the Action Points Update.

## **4. GOVERNANCE & ASSURANCE**

### **4.1 STRATEGIC RISK MANAGEMENT UPDATE**

There was submitted a report by the Chief Financial Officer (G/20/81) providing an update on progress in managing the IJB's Strategic Risk Management Profile and the development of the COVID-19 Risk Register.

The Chief Finance Officer provided details of the continued efforts to mitigate several risks which have presented themselves in relation to dealing with the pandemic and are at the heart of our COVID-19 response and renewal plans. She also provided details of the revised road map detailing the timeline for the revision of the Strategic Risk Register which takes into account the COVID risks. The work to date has shown that COVID-19 will have a significant impact on the strategic risks, both positive and negative. She advised that the timeline remained extremely challenging.

Councillor Duff made reference to the risk regarding the wellbeing of staff, noting the successful mitigating actions which have been put in place and queried whether there were any concerns regarding staff absence rates in general during the pandemic. In response, the Chief Financial Officer proposed that a briefing on this would be provided to members after today's meeting.

Councillor Duff also requested an update on sustainable digital care and the roll out of Technology Enabled Care (TEC). In response, S Strathearn advised that new TEC Strategy Boards were now up and running with timelines and action plans currently being developed with a view to rolling these out to our digital strategies.

Councillor Purves made reference to winter planning and queried at what stage preparations are in relation to this and whether any extra considerations are being taken this year regarding additional winter flu vaccinations. In response, the Chief Officer advised that some significant work is currently underway to ensure that we have capacity to deliver on an expanded flu immunisation programme. He further stated that a pan-Tayside approach is being taken with this which involves close working with NHS Tayside with local arrangements with capacity being expanded via various sources also being put in place. He also confirmed that this would be a significant undertaking but was confident that the flu immunisation programme will be able to be successfully delivered. He also advised that a report on Winter Planning Provision will be submitted to the next meeting of the IJB on 23<sup>rd</sup> September.

Councillor Purves also made reference to constituent's concerns in relation to people being reluctant to use public transport to get into a pharmacy to have the flu vaccination. In response, the Chief Officer acknowledged this and stated that this is

something the Partnership would be looking to address and will provide the IJB with some assurance on at its meeting later this month.

**Resolved:**

- (i) The progress in relation to the Perth and Kinross Health and Social Care Partnership's COVID-19 Risk Register as detailed in Appendix 1 to Report G/20/81 be noted.
- (ii) The planned work by the Partnership's Risk Steering Group in developing the IJB's Strategic Risk Register, be noted.
- (iii) A redeveloped IJB Strategic Risk Register be brought to the next meeting of the Audit and Performance Committee on 30 November 2020.

## **4.2 AUDIT RECOMMENDATIONS UPDATE**

There was submitted a report by the Chief Financial Officer (G/20/82) providing an update on progress with the implementation of all internal and external audit recommendations arising since the formal inception of the Integration Joint Board (IJB) on 1 April 2016.

The Chief Financial Officer advised that there were 45 recommendations overall, with 38 of those completed, 1 part complete with a further 6 currently overdue. She further advised that recommendations relating to Clinical, Care and Professional Governance had now been embedded back into report.

The Chief Officer further explained some of the activity which was underway in relation to Clinical, Care and Professional Governance and of the strong level of assurance which can be provided by this. He also advised that a paper will be brought to a future meeting of the IJB following on from discussion which took place at a recent IJB development session.

Councillor Purves made reference to reports which are produced in relation to Hosted Services by the other IJBs and queried whether these could be brought to Perth and Kinross IJB in order to provide a level of assurance as to how these services are being delivered in order to enable the IJB to be made aware of any emerging issues. In response, the Chief Officer concurred with this suggestion and agreed this could be considered whilst the review of the Integration Scheme is progressed.

Councillor Purves also made reference to community engagement and the ongoing programmes of work taking place in NHS Tayside as well as Perth and Kinross Council and queried what the Partnership was doing to link into these. In response, the Chief Officer advised that he was an active member of the Executive Officer Group and Chief Executive Group within Perth and Kinross Council which enables him to bring information back to the Partnership. He further stated that this could be built on at Community Planning Partnership level and how Perth and Kinross Health and Social Care Partnership could have more input. He also advised the Partnership were also looking at assigning lead responsibility to locality managers around community development to support the work already happening with COVID-19 already having provided some opportunities around the way communities have mobilised with a view to building upon these.

Councillor Duff made reference to strategic and corporate planning capacity and queried what actions have been taken to fill these gaps. In response, the Chief Officer advised that the Partnership has been realigning portfolios within the existing capacity and a gap analysis will be undertaken to determine what priorities will be able to be delivered on. The Chief Financial Officer also stated that the Executive Management Team had also been looking at the creation of additional fixed term posts to take forward key priority areas.

**Resolved:**

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

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

There was submitted a report by the Chief Financial Officer (G/20/83) seeking approval of the Annual Internal audit Plan for Perth & Kinross Integration Joint Board for 2020/21.

The Chief Internal Auditor advised that 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 from achieving its objectives. She further advised that three assignments would be progressed in 2020-21, relating to Improvement Actions, Corporate Support and Commissioned Service Providers. She also advised that the delivery of the plan may be affected by any further impact of COVID-19 but this would be communicated to this Committee should this be the case.

Councillor Purves made reference to the section of the report that details that some staff had been retasked in the earlier stages of the pandemic and queried whether they had now returned to the internal audit function. In response, the Chief Internal Auditor confirmed that all staff have returned to their substantive roles as of this week.

Councillor Duff queried the gradings in the report and sought clarification as only one report had a grade. In response, the Chief Internal Auditor stated that the definition of the grades was included in the appendix and advised that as some of the work was consultancy based in nature then no formal grading would be allocated to that work.

P Kilpatrick made reference to the audit process and queried the relationship with risk and what the outcomes are from the audits. In response, the Chief Internal Auditor agreed to meet with Mrs Kilpatrick out with today's meeting to discuss the process and outputs.

**Resolved:**

The Internal Audit Strategy and Plan for 2020/21 as detailed in Report G/20/83, be approved.



#### **4.4 INTERNAL AUDIT PROGRESS REPORT**

There was submitted a report by the Chief Internal Auditor (G/20/84) providing an update on progress in relation to Internal Audit's planned activity.

The Chief Internal Auditor advised that there has been a delay with the completion of the 2019/20 audit plan with one report now being considered at a future meeting of this Committee, one report considered at this meeting and there will be no report from the Improvement Actions audit as this was on a consultancy basis.

**Resolved:**

- (i) The progress made in the delivery of the 2019/20 Internal Audit Plan as detailed in Report G/20/84, be noted.
- (ii) The outcome from the consultancy assignment as detailed in Report G/20/84, be noted.

#### **4.5 INTERNAL AUDIT REPORT - PERFORMANCE MANAGEMENT (PKIJB 19-02)**

There was submitted a report by the Chief Internal Auditor (G/20/85) reviewing the arrangements in place for the adequateness and effectiveness of the measurement and reporting of performance.

The Chief Internal Auditor advised that these were categorised as category B, which is broadly satisfactory. She further stated that the report contains one priority recommendation where progress will be updated via the Audit Recommendations report.

P Kilpatrick queried if comparative performance year on year with Scottish top performers could be considered instead of just against our own performance. In response, the Chief Officer advised that the Annual Performance Report compares our performance against previous years and also against the Scottish average. He further advised that there was an opportunity to use the existing benchmarking groups to consider how we compare with recognised similar groups in relation to rurality and scale and this will be considered for future reporting.

Councillor Duff queried about IT issues and business systems staff offering support to staff in relation to running specialist regular reports. In response, S Strathearn stated that there are technical issues with the differing systems in place but that there was a desire to have synchronicity across the systems as well as common diaries. He further advised that some reports were too complex to allow users to run them independently so support would be offered in these instances. The Chief Financial Officer concurred with this and advised that this was the ambition and for an environment to be created where users can access data on a self-service basis.

**Resolved:**

The contents of Report G/20/85, be noted.

## **4.6 PARTNERSHIP IMPROVEMENT PLAN**

The Chief Officer provided the Committee with a verbal update on this item.

He advised that steady progress has been made in several activities but, as highlighted at the last meeting, there have been some challenges in making progress in certain areas. He further advised that a detailed review has been taking place on areas where there has been slippage with realignment of capacity to priority areas occurring and identification of where some additional capacity is needed. He further acknowledged that progress has not happened as expected and as reported to the last Committee meeting but COVID-19 had unfortunately impacted on capacity and this has not been able to be a priority. He provided assurance that the Partnership were now committed to doing this now and hoped to be able to report more effectively when the Committee next meets.

**Resolved:**

The Committee noted the position.

## **5. AUDITED ANNUAL ACCOUNTS 2019/20**

### **5.1 ASSURANCES RECEIVED FROM PARTNER**

There was submitted a report by the Chief Financial Officer (G/20/86) regarding the governance arrangements in place at NHS Tayside, Perth and Kinross Council and the other Tayside IJBs.

**Resolved:**

- (i) It be noted that assurance had been received from all partners;
- (ii) It be noted that Perth and Kinross IJB had provided assurance to all parties that adequate and effective governance arrangements were in place during 2019/20.

### **5.2 AUDITED ANNUAL ACCOUNTS 2019/20**

There was submitted a report by the Chief Financial Officer (G/20/87) presenting the IJBs Audited Annual Accounts for the period to 31 March 2020.

The Chief Financial Officer advised that despite significant workload challenges the unaudited annual accounts were able to be brought to the last Committee meeting for approval as per the deadline. These were then passed to Audit Scotland to allow the external audit to commence. She also expressed her thanks to KPMG who had to work in an extraordinary environment this year and for their flexibility. She also wished to express her gratitude to the Perth and Kinross Design Team for the work they have put in to maintain the user-friendly format and also to the Partnership's Finance Team who had worked well with external audit to ensure this report was produced.

M Wilkie concurred with the Chief Financial Officer that this has been an unusual year having to produce this piece of work remotely and that for everyone to meet the original timescales was a significant achievement.

Councillor Duff wished to also formally recognise the achievements of all in getting the accounts delivered within the timeframes as well as recognising the outturn going from a £4.2m overspend down to a £1.8m overspend.

Councillor Purves highlighted that workforce planning had again been raised in this report as an area still requiring attention. In response, the Chief Officer advised that some discussions have been taking place with the Executive Management Team around this as a document had to be prepared in relation to workforce planning activity which has taken place in relation to the pandemic. He advised that this had significantly helped the Partnership recognise that workforce planning needs advanced and developed and that work will continue to be progressed in this regard. He further stated that some of the workforce challenges in areas such as succession planning, doctors, nurses, psychologists and psychiatrists as well as social care would be the areas focussed on in the coming months.

The recommendation in relation to stability of Board membership and the issue of having discussions with Partners responsible for appointment was discussed. In response, M Wilkie accepted that this can prove to be a challenge but that that external audit has a responsibility to highlight this and that the IJB should raise this challenge with the Partner bodies

M Wilkie advised that the overall conclusion was that the IJB aims to conduct its work in a transparent way and takes sufficient steps to do that.

**Resolved:**

- (i) The Audited Annual Accounts for 2019/20 as detailed in Appendix 2 to Report G/20/87, be approved.
- (ii) KPMG's Annual Audit Report to members of Perth & Kinross IJB and the Controller of Audit on the 2019/20 Audit be approved for consideration by the IJB.
- (iii) The Letter of Representation be approved for signature by the Chief Financial Officer.

C WINDEATT LEFT THE MEETING AT THIS POINT.

## **6. PERFORMANCE**

### **6.1 PERTH & KINROSS HEALTH & SOCIAL CARE PARTNERSHIP ANNUAL PERFORMANCE REPORT 2019/20**

There was submitted a report by the Chief Officer (G/20/88) presenting the Annual Performance Report for Perth and Kinross Health & Social Care Partnership for 2019/20.

Councillor Purves commented that the report showed that we were performing quite well compared to the rest of Scotland but that some more constructive criticism from service users would be beneficial and it was important to also look at areas for improvement and best practice examples in relation to localities and local action partnerships would also be welcome.

Councillor Duff made reference to the lack of services in rural areas and specifically the investment in Mindspace detailed in the report and queried whether there were any plans to extend this into Highland Perthshire. In response, the Chief Officer stated that additional funding has been provided to Mindspace during the pandemic but was unable to confirm that they would be extending to Highland Perthshire but would come back to him out with the meeting on this.

B Campbell made reference the Mental Welfare Commission section report, specifically into the Moredun Ward at Murray Royal. She noted that the report states very positive feedback received from the inspectors regarding staff engagement but later in the report there are 8 recommendations made in relation to this and queried whether this seemed a bit contradictory. In response, the Chief Officer stated that the positive feedback is in relation to staff engagement and patient's involvement and involves patients themselves speaking positively although he noted that this does not detract from the key recommendations in relation to improvements which need to be made.

**Resolved:**

- (i) The Annual Performance Report for 2019/20 as detailed in Appendix 1 to Report G/20/88 be approved.
- (ii) The progress towards achievement of the aims outlined within the Strategic Commissioning Plan 2020:2025, be noted.

**7. FOR INFORMATION**

The following report was submitted and noted for information:

**7.1 AUDIT & PERFORMANCE COMMITTEE WORK PLAN 2020/21 (G/20/89)**

**7.2 AUDIT & PERFORMANCE COMMITTEE RECORD OF ATTENDANCE 2020/21 (G/20/90)**

**8. PRIVATE DISCUSSION**

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

**9. DATE OF NEXT MEETING**

Monday 30<sup>th</sup> November 2020 at 9.30am.



## Action Points Update 30 November 2020

### Perth & Kinross IJB – Audit and Performance Committee (Report G/20/127)

Ref.	Min. Ref.	Meeting	Action	Responsibility	Timescale	Revised Timescale	Update/Comments
40	3.3	14/09/20	Consideration of the appointment of a Risk Champion within the IJB Committee members	Chief Financial Officer	30/11/20	Complete	Whilst it may be considered exemplary practice, neither Perth & Kinross Council nor NHS Tayside has a Risk Champion therefore it is proposed that we do not take this forward at this time.
41	4.1	14/09/20	Briefing paper on absence rates across the partnership and actions being taken to be circulated to Committee members	Head of Adult Social Work & Social Care and Head of Health	30/11/20	Complete	Issued November 2020
42	4.2	14/09/20	The Chief Officer to consider how to report	Chief Officer	30/11/20	Complete	The 6 monthly (April – September 2020) report

Ref.	Min. Ref.	Meeting	Action	Responsibility	Timescale	Revised Timescale	Update/Comments
			information on Hosted Services to this Committee				includes a section on hosted services that the partnership has responsibility for. This will be expanded to include services hosted by Angus and Dundee IJBs moving forward.
43	4.3	14/09/20	The Chief Internal Auditor to meet with P Kilpatrick to discuss and review the internal audit process	Chief Internal Auditor	30/11/20	15/02/21	It is felt that to better explain the internal audit process it would be beneficial to use a completed audit report as a live example to work through. Due to retasking of staff for Covid, no audits have been completed recently therefore it is proposed to take this forward prior to the next committee.
44	4.5	14/09/20	The Chief Officer to consider opportunities to undertake further benchmarking within next year's Annual Performance Report, both across Scotland and with the relevant	Chief Officer	30/06/21	Complete	The Annual Performance Report 2019/20 included benchmarking of MSG and National Indicators against the Scottish average. Further consideration has been given to extending

Ref.	Min. Ref.	Meeting	Action	Responsibility	Timescale	Revised Timescale	Update/Comments
			benchmarking family group				benchmarking to family groups however, whilst some work has progressed to identify an appropriate benchmarking group in the current circumstances this will not be achieved for the 2020/21 Annual Performance Report.
45	6.1	14/09/20	The Head of Adult Social Work & Social Care to confirm the rural areas covered by additional funding made available to the 3 <sup>rd</sup> Sector for Mental Health & Wellbeing	Head of Adult Social Work & Social Care	30/11/20		Complete







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

### **AUDIT & PERFORMANCE COMMITTEE**

**30 NOVEMBER 2020**

### **UPDATE: AUDIT RECOMMENDATIONS**

**Report by Chief Financial Officer (Report No. G/20/128)**

#### **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**

There have been two audits completed since the last report to this Committee:

- External Audit Annual Report
- Performance Management

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

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

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

Status	Recommendations (excluding CCG)	CCG Recommendations	Total
<b>Complete</b>	33	8	41
<b>Part Complete</b>	2	0	2
<b>Not Yet Due</b>	4	0	4
<b>Overdue</b>	2	1	3
<b>Total</b>	<b>41</b>	<b>9</b>	<b>50</b>

Since the last Audit Recommendations report to the Audit and Performance Committee, the number of overdue recommendations has reduced by 3.

**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 3** 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)

Name	Designation	Contact Details
Jane M Smith	Chief Financial Officer	<a href="mailto:janemsmith@nhs.net">janemsmith@nhs.net</a> 01738 459556 07966 875713

## 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	610 days	A report will come to the IJB meeting in December 2020. The report will identify the approach being taken along with the actions and will supersede this action.
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	244 days	The Chief Officer has developed a proposal for the creation of a Head of Strategic Planning and Performance post which he is due to discuss with both Chief Executives.
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	Complete	-	The 6 monthly (April – September 2020) report includes a section on hosted services that the partnership has responsibility for. This will be expanded to include services hosted by Angus and Dundee IJBs moving forward.
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 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.	<ul style="list-style-type: none"> <li>Strategic Plan to be completed - <i>Complete</i></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 information site to evidence input into the Strategic Plan.</li> </ul>	Chief Officer	30/09/19	Part Complete	-	The P&K IJB Strategic Commissioning plan has now been published.  The Strategic Planning Group is being re-established with a review of the role, remit, membership etc underway, along with learning from best practice across other partnerships. It is expected that the initial meeting of the refreshed group will take place in December.
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	All budgets should be discussed and approved prior to the start of the financial year - <i>Complete</i> 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	244 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

## 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
					<p>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.</p> <p>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.</p> <p>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.</p>						mechanism for incorporating the use of reserves into the budget setting process.
45	External	Annual Report	2018/19	3	<p>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.</p> <p>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.</p> <p>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.</p>	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	Complete (Superseded by 58)	-	<p>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.</p> <p>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.</p> <p>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 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.</p>
56	External	Annual Report	2019/20	1	Achievement of reserves strategy: The budget should reflect the intentions of management to build reserves in line with its reserves strategy, which will also require significant discussion and planning with its partner bodies.	The IJB and its partners should work towards developing a plan to achieve the reserves outlined in its strategy.	Chief Financial Officer	31/3/21	Not yet due	-	
57	External	Annual Report	2019/20	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 formal agreement between	Partners are requested to formally agree the approach for overspends on an annual basis in advance of the financial year on which agreement is sought.	Chief Officer	31/3/21	Complete	-	The Chief Officer, along with the other Tayside IJBs, has formally requested that the review of IJB's Risk Sharing Arrangements is a formal part of the imminent review of the IJB's Integration Scheme.

## 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
					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. This recommendation is unchanged from 2018-19, but we note that there is a planned refresh of the integration scheme which may result in a change in respect of risk sharing.	Consistency of approach, and consideration of third party guidance should be included as part of the agreement					
58	External	Annual Report	2019/20	3	Strategic and corporate planning capacity: Although management understand the importance of having a strategic plan in place, there have been significant delays to the preparation of the plan mainly due to lack of capacity within the organisation. We also note that the IJB is currently developing a workforce plan. The revised deadline was 31 March 2019 having been deferred on several occasions. However, from discussion with management in September 2020, this continues to not be achieved. Continued changes in IJB membership reduce the level of experience and ability of members to adequately consider, challenge and support management proposals. In this context, the importance of officer capacity is enhanced. In addition, it was indicated as part of our 2018-19 work that the Chief Officer would undertake a review of current leadership and management arrangements in 2019, however, this has also been delayed. This recommendation is unchanged from 2018-19.	Management should: <ul style="list-style-type: none"> <li>Complete its planned review of current leadership and management arrangements to ensure sufficient strategic planning capacity.; and</li> <li>Prepare a workforce plan.</li> </ul>	Chief Officer	31/3/21	Not yet due	-	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. The Chief Officer has developed a proposal for the creation of a Head of Strategic Planning and Performance post which he is due to discuss with both Chief Executives. The IJB is undertaking a review of the current position to develop a 3 year workforce plan which will be aligned with our Strategic Commissioning 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.
59	External	Annual Report	2019/20	4	Membership of the Board: The appointment of voting members is the responsibility of the partner bodies. In our previous two annual audit reports, we have commented on significant changes in voting members, and the importance of maintaining voting members on the Board who build up experience in respect of the IJB. We identified that only three members of the Board had held positions continuously throughout the year. This significantly reduces the ability of voting members to challenge, scrutinise and make long-term consistent planning and strategic decisions. We also consider that the resources utilised by management to train new voting	Management should discuss appointment of voting members with partners, in order to enhance consistency of membership. This will support effective integration of services which is the ultimate goal of the IJB	Chief Officer	31/3/21	Not yet due	-	

## 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
					members are effective, but that delivery of induction training on numerous occasions throughout the year is not sustainable.						
60	Internal	Performance Management and Reporting	2019/20	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>	Chief Financial Officer	31/12/20	Not yet due	-	<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>

**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
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	The CCPGC has not yet been implemented. A development session was held 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.





**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
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.
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  
COMPLETED RECOMMENDATIONS**

**CLINICAL CARE & PROFESSIONAL GOVERNANCE**

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.
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 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.	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 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.	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.
50	Internal	Follow Up of PK07/17 Clinical, Care & Professional Governance PK04/19	2019/20	Rec 5	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	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. b) We would recommend that an R2 Forum workplan is created and includes a timetable for receipt of	Clinical Governance & Risk Coordinator, Chief Social Work Officer, Clinical Director,	31/8/19	Complete	-	See update to recommendation 3.

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

					<p>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 scheduled to discuss. This meeting took place on 10 August 2018.</p>	these annual reports and that escalation procedures are confirmed regarding delays and insufficient data.	Perth & Kinross IJB				
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</p>	<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.</p>	<p>Clinical Governance &amp; Risk Coordinator, Chief Social Work Officer, Clinical Director, Perth &amp; Kinross IJB</p>	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>

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

					<p>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>					<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> <ul style="list-style-type: none"><li>-At least one Co-Chair was in attendance at each meeting.</li><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</p>	<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.</p>	<p>Clinical Governance &amp; Risk Coordinator, Chief Social Work Officer, Clinical Director, Perth &amp; Kinross IJB</p>	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>

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

					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.						
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 detailed recommendations will be made in this report.</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)
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</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.

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

					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. 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.						
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.





## AUDIT & PERFORMANCE COMMITTEE

30 November 2020

### INTERNAL AUDIT PROGRESS REPORT

Report by Chief Internal Auditor (Report No. G/20/129)

#### 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 the remaining assignment from the 2019/20 Internal Audit Plan (report [G/19/141](#) refers), relating to Financial Risks. In addition, work has commenced on one assignment from the 2020/21 Audit Plan (Report [G/20/83](#)).

Perth & Kinross Council's Internal Audit Service continues to support identified essential services which have been prioritised as a result of the COVID-19 pandemic. Internal Audit resources have been re-tasked to support NHS Tayside's Test & Protect. Whilst it is not anticipated that this will impact on the completion of the Audit Plan for the Integration Joint Board, there may be a slight delay in its completion. The Audit & Performance Committee will continue to be informed of any impact.

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

#### 2. RECOMMENDATION

The Audit & Performance Committee is asked to:

- i. Note the progress made in the delivery of the 2019/20 and 2020/21 plans; and
- ii. Note the potential delay in the completion of the 2020/21 plan.

### 3. CONSULTATION

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

#### Author(s)

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### APPENDICES

1. Internal Audit Plan Progress Report



## Internal Audit Plans Progress Report

2019/20								
	Audit	Indicative Scope	Target Audit Committee	Planning commenced	Work in progress	Draft Issued	Completed	Grade
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	✓	✓			
2020/21								
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
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 the 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	✓	✓			





## **AUDIT & PERFORMANCE COMMITTEE**

**30 November 2020**

### **INTERNAL AUDIT COMMON DEFINITIONS**

**Report by Chief Internal Auditor (Report No. G/20/130)**

#### **PURPOSE OF REPORT**

This report presents a proposal to adopt the use of common definitions for the reporting of overall results for Internal Audit assignments.

#### **1. BACKGROUND**

The Public Sector Internal Audit Standards (PSIAS) provide the framework for the delivery of Internal Audit Services within the public sector and is the relevant standard for both the NHS and Council Internal Audit Services.

Whilst the standards are consistent across the public sector, there has been no common practice, and little guidance, regarding how best to report the overall results of internal audit work at the end of each engagement.

CIPFA have published the outcome from their research regarding the communication of results using common definitions and recommend that these are applied throughout the public sector (see Appendix 1). This will allow for a more consistent understanding and approach to reporting across public sector organisations.

The Chief Internal Auditor is planning to apply these common definitions for Internal Audit work from 2020/21 onwards.

#### **2. RECOMMENDATION**

This report presents to the Committee CIPFA's document entitled "Internal Audit Engagement Opinions: setting common definitions."

The Audit & Performance Committee is asked to:

- i. Note the content of the CIPFA document; and
- ii. Approves these definitions to be applied to future Internal Audit work.

### 3. CONSULTATION

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

#### Author(s)

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### APPENDICES

1. Internal Audit Engagement Opinions: Setting Common Definitions

Internal Audit Engagement Opinions:

# setting common definitions



## **About CIPFA**

CIPFA, the Chartered Institute of Public Finance and Accountancy, is the professional body for people in public finance. Our members and trainees work throughout the public services, in national audit agencies, in major accountancy firms, and in other bodies where public money needs to be effectively and efficiently managed.

# \ introduction

It is current practice in public sector internal audit teams to provide a summary opinion as part of the final report on internal audit engagements. Currently there is no standard definition or terminology for engagement opinions and it is for each head of internal audit to determine an appropriate methodology.

As organisations in the public sector increasingly work collaboratively with other public bodies, senior managers and audit committee members can find themselves receiving reports from more than one set of internal auditors. There have been questions or challenges to auditors about the consistency of use of their opinions because different terminology was being used. CIPFA's Internal Audit Special Interest Group reviewed existing practices and considered the case for a common approach.

This briefing examines the case for standardising the terminology and definitions used in engagement opinions and recommends a set of opinions and supporting definitions for internal audit teams to use. It focuses on engagement opinions not the annual opinion of the head of internal audit.

# \ background

The professional practice of internal audit within public sector bodies across the UK was consolidated into a single set of overall standards, the Public Sector Internal Audit Standards (PSIAS) in April 2013. PSIAS has been successful in ensuring consistency and has assisted in the training of internal audit staff and in supporting their movement across different parts of the sector, eg moving from health to local government.

Whilst the standards are now consistent across the public sector, there is no common practice, and little guidance available, regarding how best to report the overall results of internal audit work at the end of each engagement.

PSIAS defines an “*Engagement Opinion*” as:

*“The rating, conclusion and/or other description of results of an individual internal audit engagement, relating to those aspects within the objectives and scope of the engagement.”*

PSIAS standard 2410 requires audit reports to include the engagement’s objectives, scope and results. Standard 2410.A1 specifies the following where opinions are used:

*“Final communication of engagement results must include applicable conclusions, as well as applicable recommendations and/or action plans. Where appropriate, the internal auditors’ opinion should be provided. An opinion must take into account the expectations of senior management, the board and other stakeholders and must be supported by sufficient, reliable, relevant and useful information.*

## **Interpretation:**

*Opinions at the engagement level may be ratings, conclusions or other descriptions of the results. Such an engagement may be in relation to controls around a specific process, risk or business unit. The formulation of such opinions requires consideration of the engagement results and their significance.”*

Beyond standard 2410.A1 however, PSIAS gives no guidance around how best to articulate or rate audit opinions. The briefing Delivering Internal Audit Findings, IIA (UK), in 2018 provided some examples of engagement opinions used by internal audit teams and CIPFA is aware that many internal audit teams have shared practice between themselves in this area previously.

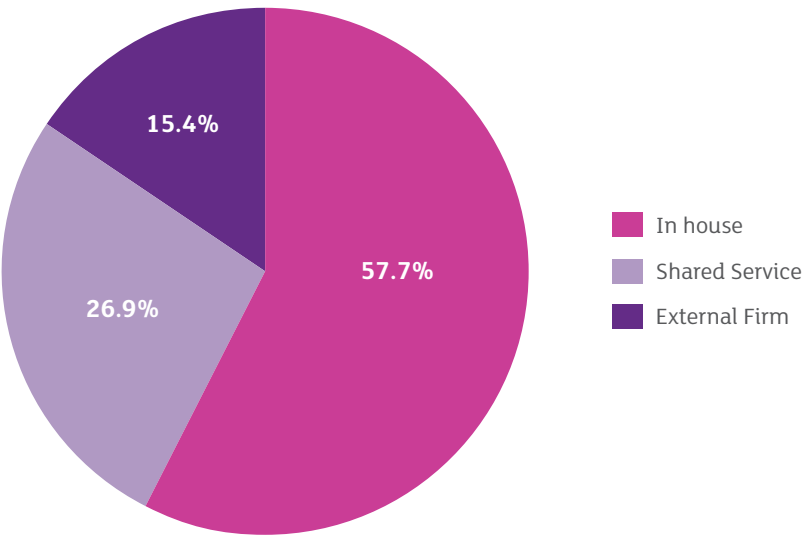
## Analysis of engagement opinions

CIPFA’s special interest group identified a range of current reporting practice and opinions in use by different internal audit providers across the UK public sector. The exercise included 52 organisations across the public sector including small in-house internal audit teams, large shared services, external commercial audit firms and specialist assurance providers. The results were analysed alongside a review of professional and regulatory practice and standards.

The 52 providers included all the main types of internal audit provider (see Figure 1) and encompassed internal audit provision to all parts of the public sector. Whilst the number of external firms comprised the smallest group (eight organisations), these firms are responsible for delivering internal audit services to hundreds of public bodies.



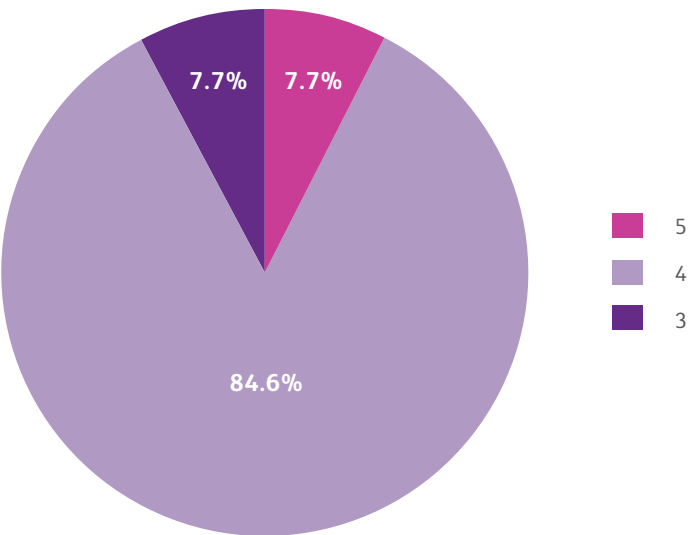
Figure 1: Type of Internal Audit Provider



Opinion levels in practice

Whilst having an engagement level opinion is not mandated by PSIAS, all of the internal audit providers in the sample chose to provide some form of rating or overall opinion. By far the most common practice was four possible levels of opinion on the engagement see figure 2. The opinion levels in use the organisations are summarised in Annex A.

Figure 2: Number of Opinion Levels



A four-level opinion rating was in use by 44 of the internal audit providers. When looking at the type of internal audit provision, the lowest proportion of four-level opinions in use was by in-house teams (83%). The only type of provider to use a three-level opinion was in-house services (four of the 30

in-house teams). All other internal audit providers used four-level opinion ratings, with the exception of one of the eight commercial audit firms, one of the 30 in house teams and two of the 14 shared service providers, who use five-level ratings.

### Opinion descriptions in practice

The survey results identify a wide range of language and terminology currently in use by different internal audit providers reporting across the public sector. The results also identify clear 'common' practice however, with the following four-level opinion ratings being far more widespread than any others:

- Substantial
- Reasonable
- Limited
- No or None

The 'pros and cons' of different levels of opinion

Advantages and disadvantages can be put forward for using each of the three, four or five-level opinion ratings. The main arguments can be summarised as follows:

- A five-level rating allows for greater differentiation than fewer levels, and can help audit committees and management to better understand the level of assurance being given.
- A four-level rating forces the auditor to give an opinion 'one side of the line' and explicitly above or below average (positive or negative); this helps organisations to understand if the area is doing 'well' or 'badly'.
- The 'middle' option available within three or five-level ratings creates the risk of becoming (or being seen to be) an easy or default choice. This creates a risk that the middle opinion might be given on occasions simply to avoid a difficult discussion.
- A rating system without a middle rating ignores the normal standard distribution ('bell curve') of how well managed most services are. In reality there are inevitably many audits undertaken on areas which turn out to be 'average', with maybe a few examples of good practice but also with a few weaker areas. Having no middle option creates the need to describe such results either positively or negatively, with the assigning of such opinions inevitably giving rise to some of the most prolonged debate; there is a risk that this can lead to discussions about audit terminology, rather than the substance of the audit report.
- The main external regulators responsible for rating most public services all make use of a four-scale system. There may be an advantage of consistency if internal audit also use a four-scale rating.

# the case for standardising opinions across internal audit in the public sector

There are a number of clear advantages to introducing common practice for reporting opinions on internal audit engagements. These include:

- The use of a standard opinion and underlying definition would increase confidence amongst audit committee members and managers that the engagement opinion issued is consistently applied.
- It would assist the sharing, comparability and understanding of assurances across public bodies. This would be of benefit to audit committees, managers and also other auditors (both internal and external).
- It would support audit committee members and senior managers in their understanding of audit reports. In particular those who sit on more than one public sector audit committee, or who receive reports from different auditors in relation to partnerships and joint ventures would find the consistency of benefit.
- It would support the training of internal audit staff, helping to drive up the quality and consistency of audit opinions, and facilitate staff moving across different internal audit teams.
- It would reduce disruption when changing internal audit provider. If the new provider applies a different approach to assurance ratings it results in audit committee members and managers having to learn and understand different terminology.

The principal arguments against adopting standard opinion levels are that this might constrain innovation in the profession, or may not suit the particular needs of an organisation or its audit team.

Overall CIPFA considers that the advantages outweigh the disadvantages.

## Establishing robust definitions to support the opinion

To be meaningful an engagement opinion should be understandable to the user and consistently applied. The underlying definition of the opinion is therefore critical. Further analysis was therefore undertaken to review the definitions in use across the sector.

The detailed assurance definitions for each of the four most common gradings were identified, comparing terminology used in the reporting practice of 33 different internal audit providers. These included large and small in-house teams, shared services and large specialist firms responsible for servicing clients across all parts of the public sector.

There is a wide variety of different definitions and language currently in use by different internal auditors to define the same headline level of assurance. As there is no standard terminology, practitioners have developed their own definitions over time.

If the work of internal audit is undertaken in compliance with PSIAS then it would seem most appropriate for internal audit opinions to directly relate back to the PSIAS defined scope of internal

audit. The work of internal audit is defined in PSIAS as being to: “evaluate and improve the effectiveness of risk management, control and governance processes.” (Definition of Internal Auditing, PSIAS 2017) This should be reflected in the definitions of the engagement opinions. A number of organisations were found to have adopted this approach in their definitions already.

## Recommended definitions for engagement opinions

Based on analysis of this existing practice, and taking into account the PSIAS definition of internal audit, standard definitions for internal audit assurance over an engagement, are proposed to be:

### ■ Substantial Assurance

- “A sound system of governance, risk management and control exists, with internal controls operating effectively and being consistently applied to support the achievement of objectives in the area audited.”

### ■ Reasonable Assurance

- “There is a generally sound system of governance, risk management and control in place. Some issues, non-compliance or scope for improvement were identified which may put at risk the achievement of objectives in the area audited.”

### ■ Limited Assurance

- “Significant gaps, weaknesses or non-compliance were identified. Improvement is required to the system of governance, risk management and control to effectively manage risks to the achievement of objectives in the area audited.”

### ■ No Assurance

- “Immediate action is required to address fundamental gaps, weaknesses or non-compliance identified. The system of governance, risk management and control is inadequate to effectively manage risks to the achievement of objectives in the area audited.”

In applying the most appropriate level of opinion the internal auditor will use their professional judgement, based on the results of the audit, consideration of risk and consequences of areas of weakness for the organisation.

# \ recommendations

Heads of internal audit working in or for public sector organisations are recommended to adopt the standard definitions for their engagement opinions. CIPFA and its Internal Audit Special Interest Group consider that the advantages of doing so outweigh any disadvantages.

In introducing the change there will need to be explanation to users of engagement reports and members of the internal audit team and this should be planned effectively. For example it may be easier to make the change at the start of the financial year so that all engagement opinions for the year are reported on a consistent basis.

The use of the standardised definitions is recommended but is not mandated. If the head of internal audit or their clients do not consider that it is appropriate to adopt them then there is no obligation to do so. CIPFA would however encourage heads of internal audit to discuss this with their audit committees.

CIPFA would recommend that they disclose the basis for not adopting the ratings in their annual report as this is the place where the overall engagement opinions for the year are generally reported.

## Feedback

CIPFA would welcome feedback on the use of definitions from both internal auditors and users of audit reports. We will keep this area under review and consider whether any issues or innovations in the practice of internal audit require a future change to the recommended definitions.

Please send any comments to [diana.melville@cipfa.org](mailto:diana.melville@cipfa.org).

## Acknowledgements

CIPFA would like to thank members of the Internal Audit Special interest Group for their work on developing this briefing. In particular Michael Townsend who conducted the research and analysis.

# detailed survey results

		Number of internal audit providers using the rating/descriptor			
	Rating/descriptor used	Total	4 Levels	5 levels	3 levels
<b>Top rating:</b>	Substantial	21	19		2
	High	11	7	3	1
	Good	6	6		
	Full	3	2	1	
	Significant	2	2		
	Effective	2	2		
	Green	2	1		1
	Strong	1	1		
	1	1	1		
	Low risk (green)	1	1		
	Assurance	1	1		
	Satisfactory	1	1		
	<b>Total</b>	<b>52</b>	<b>44</b>	<b>4</b>	<b>4</b>
<b>Bottom rating:</b>	No/None	26	22	4	
	Limited	7	5		2
	Unsatisfactory	4	4		
	Minimal	2	2		
	Poor	2	2		
	Low	2	1		1
	Red	2	1		1
	Fundamental weakness	1	1		
	Unsound	1	1		
	Unacceptable	1	1		
	Inadequate	1	1		

		Number of internal audit providers using the rating/descriptor			
	Rating/descriptor used	Total	4 Levels	5 levels	3 levels
	Little	1	1		
	4	1	1		
	Critical risk (red)	1	1		
	<b>Total</b>	<b>52</b>	<b>44</b>	<b>4</b>	<b>4</b>
<b>Above middle ratings:</b>	Reasonable	16	16		
	Satisfactory	7	7		
	Substantial	7	3	4	
	Moderate	3	3		
	Adequate	2	2		
	Medium	2	2		
	Effective with opportunity to improve	2	2		
	Significant with some/minor improvements	2	2		
	Qualified	1	1		
	Considerable	1	1		
	Good	1	1		
	Sound	1	1		
	2	1	1		
	Partial	1	1		
	Amber	1	1		
	<b>Total</b>	<b>48</b>	<b>44</b>	<b>4</b>	<b>0</b>
<b>Middle Ratings (3 or 5 levels):</b>	Moderate	3		2	1
	Reasonable	1		1	
	Adequate	1		1	
	Acceptable	1			1
	Satisfactory	1			1
	Amber	1			1
	<b>Total</b>	<b>8</b>	<b>0</b>	<b>4</b>	<b>4</b>

		Number of internal audit providers using the rating/descriptor			
	Rating/descriptor used	Total	4 Levels	5 levels	3 levels
<b>Below middle ratings:</b>	Limited	28	24	4	
	Partial	5	5		
	In need of improvement/ improvement required	3	3		
	Reasonable	2	2		
	Moderate	2	2		
	Low	1	1		
	Some	1	1		
	High risk (orange)	1	1		
	Insufficient	1	1		
	Weak	1	1		
	Unsatisfactory	1	1		
	3	1	1		
	Red/Amber	1	1		
	<b>Total</b>	<b>48</b>	<b>44</b>	<b>4</b>	<b>0</b>





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

### **AUDIT & PERFORMANCE COMMITTEE**

**30 NOVEMBER 2020**

### **STRATEGIC RISK MANAGEMENT UPDATE**

**Report by Chief Officer (Report No. G/20/131)**

#### **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.

#### **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 IJB's Strategic Risk Profile was last reported to the Audit and Performance Committee on 14<sup>th</sup> September 2020 where the COVID-19 Risk Register was also considered and approved.

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

- 2.1** At the previous meeting the Committee requested that the redeveloped IJB Strategic Risk Register, which takes account of the risks in the COVID-19 Risk Register, be brought to the next meeting for scrutiny and approval. Whilst this is not fully redeveloped the list of strategic risks is attached at Appendix 1.
- 2.2** Taking into account the IJBs previous strategic risks as well as the risks identified during the COVID-19 pandemic, 13 strategic risks have been identified. The previous strategic risks and the COVID-19 risks are shown in appendix 2 along with the new strategic risks.
- 2.3** Work on the redeveloped Strategic Risk Register is in progress but it has become clear from this work that the full redevelopment of the Strategic Risk Register will not be possible in the previously reported timescale. Perth and Kinross HSCP's Executive Management Team (EMT) has therefore endorsed

a new amended timeline at their meeting on 22nd October 2020. This revised route map is attached at Appendix 3.

- 2.4** 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.
- 2.5** We have joined with colleagues from the other Tayside HSCPs, the 3 Tayside Local Authorities and NHS Tayside to establish the Tayside Risk Management Group. The remit of the group is to revise the IJB Risk Management Policy and Strategy and to work collaboratively, sharing risk registers, risk appetites and wider documentation, leading to a consistent approach being taken across Tayside.
- 2.6** This work is being progressed and the revised Policy and Strategy is being finalised before approval is sought from each of the Tayside IJBs.

### **3. NEXT STEPS**

- 3.1** The risk scores, controls and any mitigating actions concerning each of the 13 new strategic risks are currently being fully developed by the risk owners, supporting forums and dedicated corporate support.
- 3.2** The IJB's fully completed redeveloped Strategic Risk Register will be brought to the next Audit and Performance Committee meeting on 15th February 2021 for scrutiny, assurance 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 Strategic Risk Register.
- Note the planned and ongoing work by the Partnership's Risk Steering Group in fully developing the IJB's Strategic Risk Register.
- Request that the fully redeveloped IJB Strategic Risk Register is brought to the next Audit and Performance Committee meeting on 15<sup>th</sup> February 2021.

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## Appendix 1

<b>Risk Ref.</b>	<b>Risk</b>	<b>EMT Risk Owner</b>	<b>Supporting Forum</b>	<b>Corporate Business Partner</b>
<b><u>SR01</u></b>	<u>FINANCIAL RESOURCES</u> : There are insufficient financial resources to deliver the objectives of the Strategic Plan.	Chief Financial Officer	n/a	Finance Manager
<b><u>SR02</u></b>	<u>WORKFORCE</u> : As a result of our ageing workforce, difficulties in recruiting suitably skilled and experienced staff in some areas, and the impact of COVID-19, there is a risk that the Partnership will be unable to maintain its workforce appropriately leading to unsustainable services.	Head of Health	Weekly Workforce Group	Service Manager (Business Planning and Performance)
<b><u>SR03</u></b>	<u>SAFE WORKING</u> : There is a risk that COVID-19 restrictions on safe working practice and social distancing leads to a reduction in service provision inhibiting the ability of the Partnership to achieve its strategic aims.	Head of Health	Safe Working Group	tbc
<b><u>SR04</u></b>	<u>SUSTAINABLE CAPACITY AND FLOW</u> : As a result of the demographics of the people who use our services in Perth and Kinross and the impact of COVID-19 on our population there is a risk of 'capacity and flow' within our services being unsustainable.	Head of Adult Social Work	tbc	Service Manager (Business Planning and Performance)
<b><u>SR05</u></b>	<u>SUSTAINABLE DIGITAL SOLUTIONS</u> : As a result of being insufficiently digitally enabled or integrated there is a risk that the Partnership will not be able to adapt effectively and efficiently to deliver new models of working.	Head of Adult Social Work	Digital Programme Board	Service Manager (Business Improvement)
<b><u>SR06</u></b>	<u>VIABILITY OF EXTERNAL PROVIDERS</u> : As a result of social care market conditions, availability of services, and COVID-19, there is a risk that external providers of care will not be able to meet people's assessed needs in the most appropriate way.	Head of Adult Social Work	Commissioned Services Board	Business & Resources Manager
<b><u>SR07</u></b>	<u>INSUFFICIENT PREPAREDNESS FOR FUTURE COVID-19 (OR OTHER PANDEMIC) PRESSURES</u> : Due to the scale of future COVID-19 outbreaks being unknown, there is a risk that preparations to sustain service provision will be insufficient.	Chief Officer	Gold Command	Service Manager (Business Planning and Performance)

<b>Risk Ref.</b>	<b>Risk</b>	<b>EMT Risk Owner</b>	<b>Supporting Forum</b>	<b>Corporate Business Partner</b>
<b><u>SR08</u></b>	<u>WIDENING HEALTH INEQUALITIES</u> : As a consequence of COVID-19 there is a risk that health inequalities widen significantly.	Chief Officer	Executive Management Team	Business & Resources Manager
<b><u>SR09</u></b>	<u>LEADERSHIP TEAM CAPACITY</u> : As a result of insufficient capacity in the Leadership Team there is a risk that the clear direction and leadership required to achieve the vision for integration is not achieved.	Chief Officer	n/a	Chief Financial Officer
<b><u>SR10</u></b>	<u>CORPORATE SUPPORT</u> : As a result of insufficient Corporate staff resource there is a risk that functions such as improvement and project support, robust administration as well as core corporate duties such as performance, risk management, strategic planning, governance and audit, will be unable to deliver as required to achieve strategic objectives.	Chief Financial Officer	Corporate Management Team	Business & Resources Manager
<b><u>SR11</u></b>	<u>PRIMARY CARE</u> : As a result of insufficient suitable and sustainable premises, and a lack of available national and cross-system flow of financial support, there is a risk that we will not be able to provide, within the legislative timeframe, the necessary services as defined within the 2018 General Medical Services Contract.	Clinical / Associate Medical Director	Primary Care Programme Board	Service Manager (Business Planning and Performance)
<b><u>SR12</u></b>	<u>EU WITHDRAWAL</u> : There is a risk that the UK will leave the EU without the necessary provisions in place to safeguard supplies, protect staff and reduce the effects of vulnerable UK citizens returning to the area, impacting on the ability of the IJB to ensure the sustainable delivery of Health and Care Services.	Head of Health / Head of Adult Social Work	Executive Management Team	Heads of Service
<b><u>SR13</u></b>	<u>INPATIENT MENTAL HEALTH SERVICES</u> : There is a risk that due to the complexity of the governance arrangements for Inpatient Mental Health Services Perth and Kinross IJB will not be able to meet its Strategic Planning responsibilities.	Chief Officer	Executive Management Team	Chief Financial Officer

## Strategic Risk Register v1

1. Financial
2. Recruitment and Retention
3. Joint Working Agreement
4. Communication & Engagement
5. Governance & Performance
6. Roles & Responsibilities
7. Direction & Leadership
8. Unified IT Strategy

## COVID-19 Risk Register

1. Workforce Resilience
2. Unsustainable Access to PPE
3. CV19 Expenditure Not Fully Funded by SG
4. Safe Capacity & Flow
5. Increasing Vulnerability, Substance Use and Resultant Service Demand
6. Sustainable Digital Solutions
7. Care Home Support
8. Provider Sustainability
9. Infection Prevention, Control & Safer Working
10. Insufficient Preparedness for future CV19 pressures
11. Governance Arrangements
12. Increased unmet Adult Protection Demand
13. Widening Health Inequalities
14. Complacency in PPE Use

## Strategic Risk Register v2

1. Financial Resources
2. Workforce
3. Safe Working
4. Sustainable Capacity & Flow
5. Sustainable Digital Solutions
6. Viability of External Providers
7. Insufficient Preparedness for future CV19 pressures
8. Widening Health Inequalities
9. Leadership Team Capacity
10. Corporate Support
11. Primary Care
12. EU Withdrawal
13. Inpatient Mental Health Services

## Strategic & COVID-19 Risk Mapping



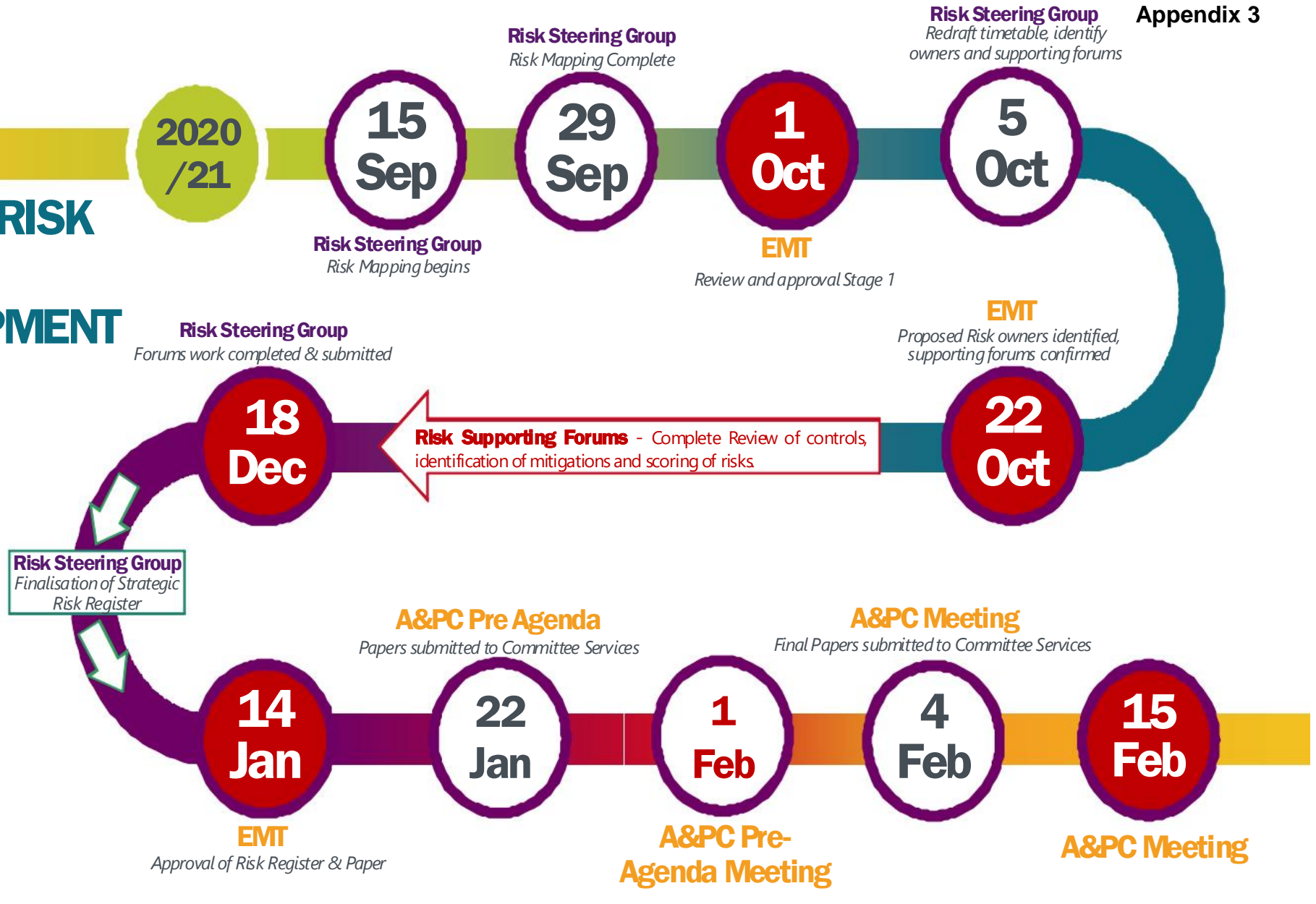


# P&K HSCP

## STRATEGIC RISK REGISTER REDEVELOPMENT

v05

Appendix 3







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

### **AUDIT & PERFORMANCE COMMITTEE**

**30 NOVEMBER 2020**

### **EXTENSION OF EXTERNAL AUDIT APPOINTMENT**

**Report by Chief Financial Officer (Report No. G/20/133)**

#### **PURPOSE OF REPORT**

The purpose of this report is to update the Audit & Performance Committee on the extension of External Audit's appointment as partnership auditors.

#### **1. BACKGROUND**

- 1.1** In April 2016, following a tendering exercise for the five-year cycle 2016/17 to 2020/21, the Accounts Commission confirmed that KPMG had been appointed as external auditors of the IJB, in line with their appointment as external auditors to Perth & Kinross Council.

#### **2. NEXT STEPS**

- 2.1** Covid-19 has resulted in significant disruption for public bodies and to auditors of the public sector. Due to this, the Auditor General for Scotland and the Accounts Commission for Scotland announced on 10 June an intention to extend the current audit appointments by one year in the first instance. The Accounts Commission has now confirmed the one-year extension.
- 2.2** The extension would be through to the audit of the 2021/22 year so KPMG will remain the Perth and Kinross IJB auditor throughout this period.

#### **3. RECOMMENDATIONS**

It is recommended that the Audit and Performance Committee:

- Note that KPMG's appointment as the IJB's external auditor has been extended for one year due to the ongoing disruption caused by the Covid pandemic.

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## **AUDIT & PERFORMANCE COMMITTEE**

**30 NOVEMBER 2020**

### **2020/21 FINANCIAL POSITION**

**Report by the Chief Financial Officer (Report No. G/20/134)**

#### **PURPOSE OF REPORT**

The purpose of this report is to advise the Audit & Performance Committee of:-

- I. The 2020/21 projected year end out-turn on the underlying operational position, based on financial performance for the six months to 30 September 2020;
- II. The impact of the Covid-19 Pandemic on the year end financial forecast;
- III. The risks to delivery of the IJB's Financial Plan 2020/21.

#### **1. RECOMMENDATIONS**

It is recommended that the Audit & Performance Committee:-

- (i) Note the £1.207m projected year-end underspend in relation to the underlying operational position.
- (ii) Note the £1.947m projected year end overspend in relation to Covid 19 costs after taking account of confirmed additional Scottish Government funding.
- (iii) Notes the update regarding the IJB reserves position.

#### **2. BACKGROUND**

- 2.1 The IJB received a finance update at its meeting on 23<sup>rd</sup> September 2020 (Report No. G/20/109) presenting the position as at month 4 (end July) and this report provides an update on that position.

#### **3. OPERATIONAL POSITION OVERVIEW**

- 3.1 An underspend of £1.207m is forecast on the underlying operational position, based on the 6 months to 30<sup>th</sup> September 2020. This is a movement of £1.953m from the position last reported to the IJB in September and the key movements are provided in the narrative below.

Table 1 below provides a high level summary across each devolved service, and a comparator to the last report.

**TABLE 1**

<b>Service</b>	<b>Month 4 Report</b>	<b>Month 6 Report</b>
	Projected Over / (Under) £m	Projected Over / (Under) £m
Hospital & Community Health	(0.697)	(1.333)
Hosted Services	0.128	(0.226)
Prescribing	0.540	0.359
General Medical/Family Health Services	0.029	0.018
Sub-Total Core Health Position	0.000	(1.182)
<b>Financial Plan Deficit</b>	<b>1.004</b>	<b>1.016</b>
Sub-Total Health	1.004	(0.166)
Social Care	(0.258)	(1.041)
<b>Total Health &amp; Social Care</b>	<b>0.746</b>	<b>(1.207)</b>

3.2 Health is projecting an in year under spend of £1.182m which more than offsets the recurring Financial Plan deficit leading to a net forecast underspend for the year of £0.166m.

3.3 Social Care is projecting an operational underspend of £1.041m.

3.4 Both Health and Social Care Operational Forecasts exclude slippage on savings which are reported as Covid Related costs in Section 7.

#### **4. SERVICE BY SERVICE PROJECTED POSITION**

The breakdown of the projected position is provided by service in Appendix 1.

##### **4.1 HOSPITAL AND COMMUNITY HEALTH CARE**

4.1.1 **Older People Services:** The projected position for Older People Services is an overall underspend of £0.819m. This is a movement and further underspend of £0.540m from the last report. The main variances and movements are within-

- Investment monies are projecting an overall underspend of £0.437m. These monies were provided as part of the 2019/20 and 2020/21 Financial Plan, for intermediate care beds and the respiratory community model, however progress has been delayed. In the last finance update this underspend was reported as an offset against Covid-19 costs. This is now reported against core budget and the movement is the main driver for the forecasting change from Month 4 to Month 6 for Hospital and Community Health.

- Medicine for the Elderly projected overspend of £0.064m a reduction of £0.134m from the last report. The overspend is due to excess supplementary staffing costs resulting from vacancies.
- Community Hospitals (projected underspend of £0.192m) mainly due to staff vacancies.
- Intermediate care teams (projected underspend of £0.259m) mainly resulting from vacancies within teams.
- Psychiatry of Old Age (POA) Services are projecting a £0.089m overspend overall. However, within this an overspend is projected of £0.400m for inpatient services due to staffing and costs being above budgeted level, with this being partially offset by the projected underspend in community POA services driven by vacancies.
- Community Nursing are projecting an underspend of £0.090m as a result of vacancies earlier in the year, most of these posts are now filled.

4.1.2 **Adult Services:** The projected position for Adult Services is an overall underspend of £0.228m. This is driven by vacancies within General Adult Psychiatry, Substance Misuse Service and Learning Disability Teams.

4.1.3 **Other Areas:** For all other areas within the Core Hospital and Community Health position the projected position is a £0.286m underspend (an increased underspend of £0.080m from the last report), with the main variances being within Medical Training and staff vacancies.

4.1.4 **Prescribing:** An overspend of £0.349m is forecast. This is based on actual expenditure for 4 months to 31<sup>st</sup> July 2020 and is highly impacted by Covid. The forecast reflects the combined effect of activity and pricing to date, accrual and forecasting assumptions for the remainder of the year plus progress restrictions on savings initiatives. The Perth & Kinross actual activity volumes are lower than plan (by 6.1%) and lower than previous year (by 3.4%). Prices are higher than anticipated (by 6.3%). Forecasting remains particularly challenging and unachievable savings are forecast within the position. The 2020/21 Financial Plan included QSEP initiatives which have seen limited progress during the first half of the year due to Covid-19 response prioritisation and therefore any new benefits that might be identified during the second half of the year have not been assumed or built into current projections.

The forecast also includes additional Covid-19 expenditure of £0.132m during the first half of the financial year, of which Scottish Government income is expected but has not yet been received. These costs will be removed from future forecasts to be reported separately against Covid cost actuals.

4.1.6 **General Medical/Family Health Services:** An underspend of £0.281m is forecast as a result of both historical underspend and a recurring rates underspend. However this is entirely offset by significant in year 2c practice costs across Dundee and Angus, of which Perth & Kinross are attributed a £0.299m share of the overspend.

4.1.7 **Financial Plan Deficit:** The £1.2m underlying opening budget deficit for health services has been reduced through a small number of recurring opportunities to £1.016m.

4.1.8 **Large Hospital Set-Aside:** This is a budget that is devolved to the Partnership for Strategic Planning purposes but is operationally managed by the Acute Sector of NHS Tayside. As at 2019/20 this budget re-set at £16.280m. No variance is projected against this budget as this is reported within the NHS Tayside Operating Division Financial Position.

## 4.2 HOSTED SERVICES

4.2.1 Perth and Kinross IJB (PKIJB) directed hosted services include Podiatry, Community Dental Services and Prison Healthcare. Excluding Covid costs, these are projecting an overall underspend of £0.162m 2020/21. This is a movement from the break even position reported at month 4, and is mainly due to slippage in staffing costs due to vacancies in year and a reduction in supplies spend.

4.2.2 Services hosted within Angus and Dundee IJB's are projecting an overall £0.951m overspend of which £0.319m is the P&K IJB share. However, of this share, £0.378m is related to projected Covid-19 costs. This forecast position has been adjusted to move the £0.378m into the Covid-19 position. The costs are detailed in the Covid-19 section below.

## 4.3 SOCIAL CARE

4.3.1 **Older People Services:** The projected position for Older People Services is an underspend of £0.521m. This is an increase of £0.292m from the last report. The main variances and movements are within –

- Care at Home projecting an underspend of £0.476m. This underspend has increased by £0.092m from last reported, and is due to the level of hours delivered being less than the level budgeted for. The HSCP recognises this as a priority to ensure improved response and options are being progressed to address unmet need and costs have been assumed for this in arriving at this forecast.
- Local Authority Homes are projecting an overspend of £0.206m. The homes are fully staffed, supplies costs are above budgeted level and income is forecast to be below the budgeted level.
- External Residential and Nursing Placements are forecasting an underspend of £0.101m. This is mainly driven by an underspend within the Physical Disability budget. The last report projected the placement underspend as an offset for Covid-19 costs, however due to recent increased demands this is now being reported within the core position.
- Further underspends are projected within Day Services, Equipment and Short Break services totalling £0.476m. Of these £0.317m were assessed as relevant to offset Covid-19 costs and have been deducted from the projected position.



4.3.2 **Adult Services:** The projected position for Adult Services is an underspend of £0.548m, this has increased significantly since the last report ( additional £0.368m) and is mainly due to confirmed delays in packages commencing. A further £0.071m underspend was projected against respite services and has been assessed as a relevant offset to Covid-19 costs, this has been deducted from the projected position.

4.3.3 **Other Areas:** For all other areas within Social Care the projected position is a £0.028m overspend, the main overspend remains within the bad debt provision (£0.130m). This is being offset by underspends now projected within Locality and Early Intervention and Prevention teams (£0.065m), mainly due to vacancies.

## **5. SAVINGS**

5.1 The 2020/21 savings plan for Health & Social Care totalled £3.993m. Of this £2.668m is projected to be delivered.

5.2 Capacity to deliver the remaining £1.325m of savings in year has been significantly impacted due to COVID-19. The balance of £1.325m has been included within the Covid-19 cost as unachievable savings.

5.3 Detail of the savings plan projection is provided in Appendix 3.

## **6. RESERVES**

6.1 As at March 2020, the IJB's Annual Accounts showed that Perth & Kinross IJB had £1.159m of earmarked reserves. These reserves are retained separately from general reserves. Appendix 4 sets out the anticipated year-end position as at 30 September 2020. At this stage, all earmarked reserves are expected to be fully utilised.

## **7. COVID 19 FINANCIAL POSITION OVERVIEW**

7.1 The financial impact of PKHSCP's response to the Covid-19 pandemic is routinely reported to Scottish Government through the return of its Local Mobilisation Plan (LMP) templates. These returns detail costs incurred to date and the forecast for the year. These include costs incurred as a direct consequence of Covid-19; any offsetting benefits (e.g. reduced costs from the step-down of services), and the impact on deliverability of the IJB's savings plan for 2020/21.

7.2 In September, estimated gross projected expenditure of £7.066m was reported to the IJB. A further detailed forecast has now been undertaken based on the 6 months to 30<sup>th</sup> September 2020. The updated gross cost projection is £7.953m and the breakdown of costs is set out in Table 2 below.

TABLE 2

Action/Cost	Projected Cost £m
Provider Sustainability Payments	3.078
Unachieved Savings	1.325
Additional FHS Payments – GP Practices	0.625
Additional Staffing	0.620
Loss of Income	0.480
Angus/Dundee Hosted Services *	0.378
Mental Health	0.230
Care at Home Increased Packages	0.206
Personal Protective Equipment(PPE)	0.142
Prescribing	0.132
Additional Hospital Bed Capacity	0.157
Management Capacity	0.124
Support to Care Homes	0.117
Delayed Discharge Co-ordination	0.096
Care Home Placements	0.084
Other Community Care Provision	0.057
IT /Equipment	0.054
Communications	0.038
Prison Health *	0.010
<b>Total Projected Costs</b>	<b>7.953</b>

\*PKIJB Share of hosted service cost

- 7.3 The Provider Sustainability Payment forecast takes account of the agreement reached between the Scottish Government and COSLA to tapering arrangements which will lead to a reduction in the level of payments in future months. This remains an area of high financial risk and subject to future change.
- 7.4 Scottish Government Local Mobilisation Plan Guidance requires where services have incurred reduced costs as a direct result of Covid, these must be used to 'offset' additional costs. As advised in section 4.3 above, projected social care service under spends of £0.388m are considered to be a direct result of Covid and have therefore been offset to arrive at the net Scottish Government funding requirement. This includes reduced under spends in relation to respite, day care and Occupational Therapy/Equipment.
- 7.5 On 30<sup>th</sup> September 2020, the SG announced additional funding for HSCP's based on their Quarter 1 submissions of forecast costs. The allocation is based on full funding of Quarter 1 costs. For Quarters 2 – 4, the allocation funds 50% of forecast social care costs and 70% of forecast health costs. A further £2.504m has been allocated to PKHSCP over and above the £2.060m previously confirmed. In addition, £0.306m income for the PKIJB share of Angus and Dundee hosted services has been assumed.

7.6 The net forecast position in relation to Covid is summarised in Table 3 below.

**TABLE 3**

	Health	Social Care	Total
Gross Covid-19 Cost*	1.617	5.588	7.205
Less Service Offset	0	(0.388)	(0.388)
Less SG Income Received	(1.040)	(3.830)	(4.870)
<b>Sub-Total Covid-19 Cost</b>	<b>0.577</b>	<b>1.370</b>	<b>1.947</b>

\*Excludes FHS & Prescribing

7.7 The significant risk to the IJB is that all Covid-19 costs are not funded in full. Should no further funding be provided, the projected exposure would be £1.947m. However, the overall additional allocation of budget from the SG remains subject to ongoing review and adjustment, with a formal review again in November 2020. It would appear there is a strong commitment to fund all HSCP actual costs of Covid.

7.9 PKHSCP are working closely with both PKC and NHST to ensure shared information to support ongoing financial management and identification of potential mitigating actions required to deliver break even, should full finding not be received from the SG.

7.10 The current forecast costs remain subject to significant change. More refined estimates will be possible as activity becomes clearer and actual costs are incurred, however it is clear that further localised outbreaks, wider surges and additional Scottish Government guidance and commitments will all have an impact on costs over the remaining months of the financial year.

## **8. CONCLUSION**

8.1 The projected core operational underspend of £1.207m is a movement of £1.953m from the position last reported.

8.2 After taking account of SG Income confirmed to date a net overspend on Covid costs of £1.947m is forecast. However, this is likely to be covered by additional Scottish Government Funding following further formal review in November.

Jane M Smith  
Chief Financial Officer

## **Appendices**

Appendix 1 – Summary Financial Position  
Appendix 2 - Hosted Services  
Appendix 3 - Savings Delivery  
Appendix 4 – IJB Reserves



	NHS Directed Services		Social Care		Health & Social Care Partnership	
	Budget	Projection at End	Budget	Projection at End	Budget	Projection at End
	£'000	September Over / (Under) £'000	£'000	September Over / (Under) £'000	£'000	September Over / (Under) £'000
Older People Services	25,415	(819)	43,076	(521)	68,491	(1,340)
Adult Support & Wellbeing Services	4,119	(228)	24,213	(548)	28,332	(776)
Other Community Services	0	0	4,620	(65)	4,620	(65)
Management/Commissioned/Other	26,381	(286)	(14,524)	93	11,857	(193)
<b>Sub-Total Hospital &amp; Community Health</b>	<b>55,916</b>	<b>(1,333)</b>	<b>57,385</b>	<b>(1,041)</b>	<b>113,301</b>	<b>(2,374)</b>
P&K IJB Hosted Services	8,467	(260)	0	0	8,467	(260)
Hosted Services Recharges	5,569	34	0	0	5,569	34
<b>Sub-Total Hosted Services</b>	<b>14,036</b>	<b>(226)</b>	<b>0</b>	<b>0</b>	<b>14,036</b>	<b>(226)</b>
GP Prescribing/Other FHS	25,936	359	0	0	25,936	359
General Medical Services/ Family Health Services	46,246	18	0	0	46,246	18
<b>Sub-Total Core Position</b>	<b>142,134</b>	<b>(1,182)</b>	<b>57,385</b>	<b>(1,041)</b>	<b>199,519</b>	<b>(2,223)</b>
Financial Plan Deficit	(1,175)	1,016	0	0	(1,175)	1,016
<b>Total P&amp;K HSCP</b>	<b>140,959</b>	<b>(166)</b>	<b>57,385</b>	<b>(1,041)</b>	<b>198,344</b>	<b>(1,207)</b>
<b>Large Hospital Set-Aside (as at 2019/20)</b>	<b>16,280</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>16,280</b>	<b>0</b>
<b>Covid Cost Position</b>						
Undelivered Savings (Covid Mobilisation Costs)		396		938		1,334
Covid Mobilisation Costs		1,221		4,650		5,871
Offset from above Core Position		0		(388)		(388)
SG Income Confirmed		(1,040)		(3,830)		(4,870)
<b>Total Covid Cost (after offset)</b>		<b>577</b>		<b>1,370</b>		<b>1,947</b>
<b>Grand Total</b>		<b>411</b>		<b>329</b>		<b>740</b>



**HOSTED SERVICES POSITION - PRIOR TO COVID COSTS BEING TRANSFERRED****Appendix 2**

SERVICES HOSTED IN PERTH & KINROSS IJB ON BEHALF OF TAYSIDE IJBs	ANNUAL BUDGET	YEAR END VARIANCE
	£	£
PERTH & KINROSS HOSTED SERVICES	8,368,922	130,784
HOSTED SERVICES ATTRIBUTABLE TO ANGUS & DUNDEE IJBs	5,565,400	93,700
BALANCE ATTRIBUTABLE TO PERTH & KINROSS	2,803,522	37,084
SERVICES HOSTED IN ANGUS AND DUNDEE ON BEHALF OF PERTH & KINROSS IJB	ANNUAL BUDGET	PROJECTED YEAR END VARIANCE
	£	£
PERTH & KINROSS SHARE OF SERVICES HOSTED IN DUNDEE		
Palliative Care	6,205,418	(450,000)
Brain Injury	1,785,563	(190,000)
Homeopathy	28,934	(6,000)
Psychology	5,313,798	400,000
Psychotherapy (Tayside)	896,417	(88,500)
Dietetics (Tayside)	3,122,527	120,000
Sexual & Reproductive Health	2,131,120	270,000
Medical Advisory Service	104,535	40,000
Tayside Health Arts Trust	63,222	0
Learning Disability (Tay Ahp)	851,534	100,000
Balance of Savings Target/Uplift Gap	(537,995)	(609,406)
Grand Total	19,965,073	(413,906)
Perth & Kinross Share (33.5%)	6,688,300	(138,700)
PERTH & KINROSS SHARE OF SERVICES HOSTED IN ANGUS		
Forensic Service	1,008,853	(180,000)
Out of Hours	7,591,375	(450,000)
Tayside Continence Service	1,872,116	0
Pharmacy	1,502,839	9,000
Speech Therapy (Tayside)	1,199,794	136,000
Balance of Savings Target/Uplift Gap	97,345	(51,572)
Grand Total	13,272,322	(536,572)
Perth & Kinross Share (33.5%)	4,446,200	(179,800)
TOTAL PERTH & KINROSS SHARE OF SERVICES HOSTED ELSEWHERE	11,134,500	(318,500)
TOTAL PERTH & KINROSS SHARE OF ALL HOSTED SERVICES	13,938,022	(281,416)





PKIJB Financial Recovery Plan  
2020/21  
as at September 2020

Description	Planned £m	Projected (as at September 2020) £m	Variance Shortfall / (-) Surplus £m
Ring fenced Surplus for Health Services within 2019/20 Financial Plan	0.457	0.457	0.000
Relocation from Highland House	0.048	0.048	0.000
Integration of Health & Social Care Teams	0.267	0.092	0.175
Redesign of Rehabilitation Beds	0.240	0.000	0.240
General Pharmaceutical Services Budget Realignment	0.880	0.880	0.000
Quality, Safety & Efficiency in Prescribing	0.412	0.412	0.000
Prescribing Management Group Savings Plan	0.094	0.094	0.000
Single Handed Care	0.100	0.100	0.000
Review of Supported Living	0.160	0.148	0.012
Review of Care Home Placements	0.462	0.232	0.230
Transformation of Services for People with Complex Care Needs	0.500	0.105	0.395
Review of Care at Home	0.100	0.100	0.000
Contributions Policy	0.273	0.000	0.273
<b>Totals</b>	<b>3.993</b>	<b>2.668</b>	<b>1.325</b>



## APPENDIX 4 IJB RESERVES

In March 2017 (IJB Report G/17/51) the IJB described and agreed its 'Reserves Policy'. This set out that the IJB may hold both 'ear-marked' reserves and general reserves. Ear-marked reserves will generally be for specific projects or ear-marked due to specific constraints or factors regarding funding, while general reserves are intended to assist the IJB manage its overall resources over the longer term. The IJB agreed it would set itself a target of having a general reserve equivalent to 2% of approved budgets (c£3.8m).

As at March 2020, the IJB's Annual Accounts showed that Perth & Kinross IJB had £1.159m of earmarked reserves.

Earmarked reserves will most likely be for specific projects and may be triggered by specific factors regarding funding. At the end of 2019/20 the IJB ring-fenced reserves includes Scottish Government funding to support the new GMS Contract (Primary Care Improvement Fund), Mental Health Funding (Action 15 funding), and Alcohol and Drug Partnership (ADP) Funding. These reserves are retained separately from general reserves.

The table below sets out the anticipated year-end position as at 30<sup>th</sup> September 2020.

Perth & Kinross IJB Earmarked Reserves			
	Opening Balance 1 April 2020	Increase or (reduction) in reserve	Closing balance 31 March 2021
	£'000	£'000	£'000
Scottish Government - Primary Care Improvement Fund	66	(66)	0
Scottish Government - Mental Health - Action 15 Fund	19	(19)	0
Scottish Government - Primary Care Transformation Fund	355	(355)	0
Scottish Government- ADP Fund	206	(206)	0
Partnership Transformation Fund	431	(431)	0
GP Premises Improvement Fund	82	(82)	0
<b>Total</b>	<b>1,159</b>	<b>(1,159)</b>	<b>0</b>

Note - The Out of Hours funding for Tayside is being carried forward by Angus as the Host IJB. This is being carried forward on behalf of all 3 IJBs in a ring fenced reserve.





## **Perth & Kinross Health and Social Care Partnership**

### **Audit & Performance Committee**

**30 November 2020**

### **Care & Professional Governance Forum Annual Report 2019 – 2020 (Report No. G/20/135)**

**Report by Associate Medical Director & Chief Social Work Officer**

#### **PURPOSE OF REPORT**

The purpose of this report is to provide an overview of the activity, assurances received, and assurances provided from the P&K Health and Social Care Partnership (HSCP) Care & Professional Governance Forum (CPGF) during the financial year 2019-2020.

#### **1. RECOMMENDATION(S)**

The Audit and Performance Committee are asked to note the activity throughout the year by the P&K HSCP Care & Professional Governance Forum.

#### **2. FORUM OVERVIEW**

During the financial year ended 31 March 2020, the Forum has met on 6 occasions. The Forum is scheduled to meet every 2 months. The meeting originally due to take place on the 12<sup>th</sup> December 2019 was rescheduled due to both co-chairs being unavailable.

- 5 April 2019
- 10 June 2019
- 5 August 2019
- 14 October 2019
- 31 January 2020
- 13 February 2020

The forum is co-chaired by Dr Hamish Dougall (Associate Medical Director) and Jacqui Pepper (Chief Social Work Officer).

Throughout the year, the Forum has been supported by Shirley Gunnion (Admin & Business Support Lead).

### **3. ACTIVITY AND ASSURANCES**

#### **3.1 Assurance Updates & Service Exception Reports**

During the year, the CPGF has received assurance updates from the existing sub-groups within Health services, Adult Social Work & Social Care and Adult Inpatient Mental Health & Learning Disabilities.

Also during the year, the forum agreed and established a programme of annual reporting, along with more regular exception reporting.

Exception reporting began to be provided by individual HSCP services and localities (including hosted services) at each meeting of the Care & Professional Governance Forum (CPGF) starting at the meeting in February 2020.

Exception reporting are based on the six domains of Clinical, Care & Professional Governance, and if there are no exceptions to report within each of the relevant domains, then colleagues are asked to confirm this via a nil return notation, so that we are assured that the domain components have been fully considered and not omitted in error. This required approach now also supports exception reports submissions from colleagues.

A summary of each service's exception reports for the last year is included in that services annual report, with details of any progress or improvements.

#### **3.2 Service Annual Reporting**

Annual reports are provided by all HSCP services and localities (including hosted services) at each meeting of the Care & Professional Governance Forum (CPGF).

The annual reporting template brings together the six domains of Clinical, Care & Professional Governance outlined in the Getting it Right Framework, and also seeks to incorporate the new Health & Social Care Standards.

A 1<sup>st</sup> cycle programme of annual reporting was established, with the following localities/services reporting during the 19/20 year:

<b>August 2019</b>	<b>Public Dental Service and South Locality</b>
<b>October 2019</b>	<b>Perth City Locality</b>

<b>December 2019</b>	<b>Prison Healthcare and Access Team &amp; MHO Team</b>
<b>February 2020</b>	<b>Commissioned Services and Equipment &amp; TEC</b>

### 3.3 Service Visits using 15 Step Challenge methodology

A process for visits to services and localities using the “15 Steps Challenge” has been developed as part of the overall assurance framework, and involves members of the Forum visiting service and locality areas to order to gain insight into the overall service user experience of services within the HSCP.

The 15 Steps Challenge uses a variation on mystery shopping observational approaches to understand what service users and carers experience when they first arrive in a care setting.

Verbal feedback is provided at the end of the visit, and a full summary of feedback is subsequently provided to the area being visited, with a request for actions to be identified to progress areas for improvement.

Two inpatient areas were visited during the 2019/20 year, one within Perth Royal Infirmary and one within Murray Royal Hospital. The findings from both visits showed an overall positive service user experience, with some suggested improvements were also identified under the main headings of **Safe, Welcoming, Caring & Involving** and **Well Organised and Calm**.

Visits have since been paused during the pandemic response. It is intended that the next visit will be to one of the Registered Social Work & Social Care Services, followed by a Care Home.

### 3.4 Assurance and Reporting to the NHST Clinical Quality Forum (CQF)

During the year, the CPGF has provided the minutes of its last meeting, along with an assurance report to the CQF every 2 months. The content of the assurance report has been standardised across all three HSCP's to allow for consistency of reporting, and covers the key themes of complaints, inspections and adverse events.

During the financial year 2019-2020, the assurance report shows:

- A reduction in the overall number of complaints received regarding partnership services.
- Variation throughout the year of the percentage of complaints partially or fully upheld; for the most recent quarter this was around 53%.
- An improvement in the percentage of complaints responded to within the national timescale (20 days).
- Variation throughout the year regarding the number of adverse events and near missed.

- Variation throughout the year regarding the number of falls that required a community alarm response.
- During inspections of registered services, there were no enforcement notices or requirements identified.

### **3.4 External Inspections**

Throughout the year, the following external inspection to services have taken place (along with details of actions taken and improvements):

#### **HMIPS / HIS visit to HMP Perth in March 2020**

The Prison Healthcare service was inspected in October 2018. Following this, the service developed an improvement plan which identified 62 actions to support the issues identified as well as to continue to progress with the ongoing work around wider service improvement. All but one of these actions are now complete; the remaining action relates to reducing the time taken for medicines administration, and the service continues to identify ways of achieving this.

A return visit to HMP Perth took place in November 2018, where a further 9 actions were identified. All but one of these actions is now complete; the remaining action is regarding securing a Clinical Psychologist, and this is being progressed.

A further meeting was subsequently held in March 2020 at HMP Perth. The inspectors were assured that there was significant improvement made since the initial full inspection in May 2018 and the subsequent follow-up visit in November 2018, and they commended the commitment to improvements demonstrated.

#### **Mental Welfare Commission Visit to Amulree Ward, Murray Royal Hospital (Adult Inpatient Mental Health) in October 2019**

Most patients spoke positively about their care and treatment in Moredun Ward and about their interaction with staff. With regard to care plans, the format used has a straightforward and clear layout, and it was noted that the care plans were variable in terms detail and level of person-centeredness.

On the day of the visit staff were observed spending time with individual patients and we saw patients who were engaged in meaningful activities.

There were 4 recommendations made following this visit, and there is now an improved approach to care planning within Amulree and Moredun wards, with care plan audits undertaken routinely to review for person centeredness and involvement of patients and carers. Weekly prescribing audit and monitoring is now in place in both wards. Activity champions have been appointed to plan structured patient activity. In relation to the environment and independent living, the whole estate is being reviewed to optimise the therapeutic environment.



It should be noted that Adult Inpatient Mental Health is no longer a hosted service in P&K HSCP.

**Mental Welfare Commission Visit to Moredun Ward, Murray Royal Hospital (Adult Inpatient Mental Health) in November 2019**

Staff were observed to be engaging with patients and were clearly enthusiastic about their work. All patients we met spoke highly of nursing staff and said they were friendly and always available to help and listen when needed.

Risk assessment and management plans were present for all patients whose files reviewed and formed the basis of care plans, most of which were well written. However, there were concerns that, although the care plans were well written, they appeared to have been written with little recognition of patient involvement.

There were 4 recommendations made following this visit, and there is now an improved approach to care planning within Amulree and Moredun wards, with care plan audits undertaken routinely to review for person centeredness and involvement of patients and carers. Weekly prescribing audit and monitoring is now in place in both wards. Activity champions have been appointed to plan structured patient activity. In relation to the environment and independent living, the whole estate is being reviewed to optimise the therapeutic environment.

It should be noted that Adult Inpatient Mental Health is no longer a hosted service in P&K HSCP.

**Mental Welfare Commission Visit to the Learning Disability Assessment Unit, Carseview Centre, Dundee (Inpatient Learning Disabilities) in November 2019**

Very positive feedback was received from inspectors in relation to patients who spoke very highly of the care and support from staff. The range of different professionals involved in the provision of care was positively noted including the Independent Sector.

A total of 3 recommendations were made, and these were in relation to ensuring staffing for the ward is adequate, audit and review of care plans and the review of the environment to enhance space and condition. In relation to staffing levels, recruitment remains a significant issue with supplementary staffing required on a daily basis. In relation to the environment, the whole estate is being reviewed to optimise the therapeutic environment. Quality improvement work is ongoing in relation to Care Plan Review.

It should be noted that inpatient Learning Disability Services are no longer a hosted service in P&K HSCP.

**Mental Welfare Commission Visit to Garry and Tummel Wards, Murray Royal Hospital, Perth (Psychiatry of Old Age) in July 2019**

Very positive feedback was received from inspectors in relation to all family members who spoke highly of the staff and care their relatives received and that staff were always available and were supportive during difficult periods. Care plans were considered to be detailed, person centred and reviewed regularly.

A total of 3 recommendations were made in relation to consistency of audit of care plans, review of re-admissions to consider adequacy of discharge planning and community follow up care and record keeping in relation to prescribing. Improvements have now been implemented in relation to person centred care planning and record keeping. Robust discharge planning is in place across both Garry and Tummel Wards. Both areas now have a designated Social worker to support discharge planning. Early referral to the Older Peoples Community Mental Health Team ensures there is support for individuals and their carers/relatives.

### **HIS Review of Adult Community Mental Health Services, Tayside (Jan-Mar 20)**

HIS carried out a review on the quality of care in Tayside with a specific focus on adult community mental health services between January – March 2020, the focus of which was to provide assurance as to whether:

*'People referred to Community Mental Health Services in Tayside have access to mental health care where and when they need it and are they able to move through the system easily so that those people who need intensive input receive it in the appropriate place and at the right time?'*

HIS concluded from their findings that this is not always the case for everyone using

Adult Community Mental Health Services across Tayside. They identified areas of significant concern but also saw examples of practice and encouraging initiatives throughout the area. These were confined to individual areas and pockets of the service rather than being consistent pan Tayside initiatives. This was a recurring theme across the three partnership areas.

HIS made 13 specific recommendations for NHS Tayside., along with three overarching actions. A Tayside wide implementation plan has been created to address these actions and recommendations.

### **Care Inspectorate**

Perth and Kinross HSCP has 10 registered services, 6 of which were inspected in 2019/20.

Parkdale Care Home and Day Service, New Rannoch Day Centre and Dalweem Care Home were inspected under the new inspection frameworks; Dalweem were inspected at end of February 2020.

Home Assessment and Recovery Team (HART) and Adults with Learning Disabilities Supported Living were inspected under the older inspection frameworks. Of the quality themes assessed, both services received *Very Good* for the Quality of Care and Support, with HART receiving *Very Good* for Staffing and Adults with Learning Disabilities *Very Good* for Management and Leadership.

No requirements or recommendations were made at the time of inspections.

### **Care Homes and Day Services**

Of the 4 services inspected under the new frameworks, 12 quality themes were assessed in the following key areas: How well do we support people's wellbeing? How good is our leadership? How good is our staff team? and How well is our care and support planned?

Out of the 12 quality themes assessed; 1 received Excellent (Level 6), 7 Very Good (Level 5) and 4 Adequate (Level 3).

Ongoing improvement activity within Care Homes include:

- Ensuring staff should always follow best practice guidelines when administering medications.
- Reviewing the support plan to ensure it follows Health and Social Care Standards and best practice guidelines.
- Continually working on reviewing support plans to they are person centred and ensure they follow Health & Social Care Standards
- Asking the staff/residents for suggestions and ideas on how to move the service forward.

Ongoing improvement activity within Day Services include:

- Ensuring the safe administration of medication with regard to record keeping and storing.
- Use of technology – exploring the potential of virtual day opportunities. Ensuring people are familiar with technology so they will accept it within their homes in the future
- Developing on the existing work around intergenerational support
- Researching how we can support more complex clients ensuring safety of themselves and others to enable carers respite.
- Blended approach to services following Covid-19 to ensure that services fit individuals, rather than individuals fitting into services.
- Service users to be more involved in the review process through the implementation of video reviews.
- Ongoing partnership working with partners such as Perth College, PAMIS etc.

### **Care Home Providers**

A total of 96 quality themes were inspected across Care Home Providers and the majority of gradings were good and above with very small numbers awarded adequate/weak evaluation, no services received unsatisfactory.

### **Care at Home Providers and Supported Living Services**

A total of 56 quality themes were inspected across Care at Home Providers and Supported Living services for Mental Health and Learning Disabilities (inspected under the older frameworks).

The majority of gradings were good and above, no services were awarded weak/adequate or unsatisfactory evaluation

## **3.5 Key items discussed at the CPGF throughout the year**

Throughout the year, the Forum has received reports and assurances regarding the following items:

- **Equality & Diversity.** The Forum received updates twice during the year, providing an overview of activity relating to the Equalities agenda within P&K HSCP. Some of the updates provided throughout the year were in relation to:
  - The completion and publication of the **NHST British Sign Language (BSL) Local Plan for 2018-2024**. The plan outlines the work undertaken in relation to engagement with the deaf community, employment of sign language interpreters and the training of a cohort of staff to BSL Level 1. The plan also describes the actions NHST will take to help achieve the five long term goals of the National BSL action plan. PKC have also produced a [BSL Local Plan](#) for the same period.
  - The establishment of **an Equalities Learning Programme** within PKC, which covers sessions on topics like HIV awareness, Immigration, Asylum and Discrimination, Gypsy/Traveller Awareness and LGBT Awareness. Some of the sessions are now being filmed in order that staff can access them on the PKC intranet Site (eric).
  - **EU Settlement Scheme and Brexit** - Signposting information for EU citizens and businesses employing EU workers had been added to the Council's [website](#), and a community information event took place on 14 February 2019 at North Inch Community Campus at which the Home Office attended to raise awareness of the scheme. A 'myth busting' information awareness raising campaign is also being considered to reduce the risks of any negative behaviour towards EU citizens.
- **Getting it Right for Everyone Framework (GIRFE).** The Forum received updates throughout the year regarding progress with the refresh of the Tayside GIRFE framework. Representatives from P&K HSCP were involved in the discussions regarding the refresh, with GIRFE meetings

being held fortnightly, and several workshop events held throughout the year. The final, refreshed GIRFE framework was published later in 2020.

- **P&K HSCP Clinical, Care & Professional Governance Internal Audit Follow up.** Internal audit conducted an audit of the Clinical, Care and Professional Governance arrangements across all three Tayside IJB's in 2017. Follow-up audits were conducted in 2019 to establish progress with the original recommendations, and it found that progress was still required for these to be completed.

During the year, all but 1 of the 9 recommendations from the follow up Internal Audit report have been completed. The one outstanding action is in relation to the creation of an annual report from the CPGF which should be considered by the Clinical, Care and Professional Governance Committee. A recent development session took place 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 CPGF annual report for 19/20 will come forward for consideration at the Audit & Performance Committee.

- **HMP Perth Inspection Improvement Plan.** Following the HMIPS/HIS inspection to HMP Perth in May 2018 and return visit in November 2018, updates regarding the subsequent Prison Healthcare service improvement plan were discussed at the Forum. Good progress regarding the improvement plan was noted, and the inspectors were due to return for a further follow up visit to the establishment. The Forum also heard that the service annual self evaluation was due to be completed and submitted by the end of June.

It was also agreed that a visit to HMP Perth be arranged for the co-chairs of the CPGF in June 2020.

- **Tayside Drug Deaths Report – 2018 (The P&K perspective).** The Forum heard from Dr Emma Fletcher (Consultant in Public Health Medicine), and Laura Kerr (Lead Officer for the Angus and P&K Alcohol & Drug Partnership regarding the findings from this report and improvements and investments locally.

Some of the key findings from the report show that 60% of deaths were of people living in the most deprived areas, 80% recorded as having at least one adverse event in life, 73% known to have suffered from a mental health issue, and 46% has been in prison or on remand at least once.

The recommendations from the report concern opportunities for prevention, use of intelligence, holistic healthcare provision and harm reduction approaches. The P&K Alcohol & Drug Partnership (ADP) have developed a non-fatal overdose pathway, invested in a peer naloxone programme, put of hours support and in prevention activity, as well as enhancing injecting equipment provision. The P&K ADP has also been informed by the recent

Dundee Drug Commission report, which had 16 recommendations within its report.

- **Dundee Drug Commission report (2019).** The Forum heard that an independent commission was appointed to investigate the consistent high level of drugs deaths within Dundee. The Commission ran for a period of one year and was chaired by Robert Peat with membership consisting of a broad range of individuals including academics, those in national positions, representatives from Scottish recovery, etc. Each meeting had an element of both private and public sessions.

The Commission were focussed on Dundee however some services are Tayside wide and there was a commitment to look at findings and learnings that have implications across Scotland and beyond. The Commission were told of major issues with leadership including Alcohol and Drug Partnership and that services were difficult to access and not doing well holding on to people. Service users can feel the service is punitive as, in line with national guidance if anyone is identified as topping up with drugs, then methadone is stopped.

Discussion took place in respect of the non fatal overdose group and it was noted that a multi-agency daily huddle commenced in November 2019. Early indications are that this assertive outreach approach has enabled engagement with very vulnerable individuals with approx 96 now in service.

- **Alcohol and Drug Partnership (ADP) Update.** The Forum was provided with an overview of the P&K Alcohol & Drug Partnership Self-Evaluation which follows on the recommendations from Dundee Drugs Commission report. It was noted that HEAT targets have not been met in relation to waiting times for last two quarters and that there are reasons for this. It was highlighted that although there is a variety of support available in relation to substance misuse, this requires to be more joined up and an overarching awareness of all organisations. The Partnership is exploring developing wellbeing hubs which will incorporate specialist substance misuse. It was noted that the overdose pathway is a priority and there is a need to improve supporting and engaging with those who have no history of contact.
- **Stroke Bundle Update.** The NHS Tayside Hyperacute Stroke pathway changed in November 2019 and the clinical team have identified that the data collation process is no longer suitable for patients across the service and in particular Perth and Kinross patients. The team across NHS Tayside are working with the Scottish Government National Stroke Team to review this; it is likely that the data this year will falsely make it look like PRI is not doing well; however Tayside were congratulated on improvements at the recent national meeting and are mainly above the Scottish average on the standards looking at the Tayside overall data (All P&K patients are now admitted to Ninewells for their hyperacute stroke care which is where the core elements of the stroke bundle would be delivered).

However, there is a very small cohort of patients from Perth and Kinross who transfer to the Stroke Unit in PRI following a stroke diagnosis secondary to their admission diagnosis and this can often be several days after initial admission. Therefore the team are considering the compliance with the stroke bundle for these patients and how to monitor this. It is important to note this is a very small number of patients.

Discussions are also ongoing about the possibility to separate the Tayside figures out in order that a compliance figure specifically for PRI can be reported and tracked over time. There is an overall stroke improvement plan which is part of our government audit responsibilities.

- **Other annual reports.** The Forum has also considered the annual reports from the Adult Support & Protection Committee, Child Protection Committee and the Chief Social Work Officer report.

#### 4. Annual Report Sign-off

The authors of this annual report for 2019-20 can give assurances that there are arrangements in place to ensure effective reporting and assurances from HSCP localities and services with regards to Clinical, Care & Professional Governance.

Name	Designation	Contact Details
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## **AUDIT & PERFORMANCE COMMITTEE**

**30 NOVEMBER 2020**

### **PERFORMANCE REPORT FOR 6 MONTHS TO 30<sup>TH</sup> SEPTEMBER 2020**

**Report by the Chief Officer (Report No. G/20/136)**

#### **PURPOSE OF REPORT**

This report update's Audit & Performance Committee on the Health and Social Care Partnership's performance for the 6 months to 30<sup>th</sup> September 2020 and includes progress against National and Ministerial Steering Group Indicators.

#### **1. RECOMMENDATION(S)**

It is recommended that the Audit & Performance Committee:

- Notes the Health and Social Care Partnership's performance for the 6 months to 30<sup>th</sup> September 2020.

#### **2. SITUATION**

The Audit & Performance Committee (the Committee), as part of its Terms of Reference, is committed to maintain oversight of Perth & Kinross Health & Social Care Partnership's strategic performance. Most recently the Committee approved the Annual Performance report on the 14th September 2020, covering the period 1 April 2019 to 31 March 2020.

Our ambition is to provide quarterly performance updates however due to the pressures of COVID-19 and the late publication of the Annual Performance Report 2019/20, this report covers the 6 months to 30 September 2020.

#### **3. OVERVIEW**

The report attached at Appendix 1 provides an overview of Perth and Kinross Health and Social Care Partnership's COVID-19 Response and Remobilisation by key priority areas. Many of the actions taken during Covid Response and Remobilisation significantly contribute to the ongoing achievement of our aims as set out in the Strategic Commissioning Plan and this has been highlighted in the report. An update on delivery of the Strategic Commissioning Plan will be provided to the Perth & Kinross Integration Joint Board on the 9<sup>th</sup> December and this report will be significantly focused on the activities set out in this report.

The report also includes a summary of our performance against National Indicators and the Ministerial Strategic Group (MSG) Indicators to 30<sup>th</sup> June 2020 based on the latest available data.

#### **4. CONCLUSION**

This report sets out PKHSCP performance for the period to 30<sup>th</sup> September 2020. The activities of the partnership have been focused on Covid Response and Remobilisation for the duration of the report and this is reflected in performance update provided.

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

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#### **APPENDICES**

1. Perth and Kinross Health and Social Care Partnership Performance Report for 6 Months to 30<sup>th</sup> September 2020.

# **Perth and Kinross Health and Social Care Partnership**

## **Six Month Performance Report for 2020/21 (April to September 2020)**



### **Our Vision**

“We will work together to support people living in Perth and Kinross to lead healthy and active lives and live as independently as possible, with choice and control over the decisions they make about their care and support”.

## **FOREWORD & INTRODUCTION**

## **SECTION 1: OVERVIEW OF ACTIVITIES LINKED TO STRATEGIC PLAN OBJECTIVES**

## **SECTION 2: PERFORMANCE AGAINST NATIONAL INDICATORS**

## **SECTION 3: SCRUTINY AND INSPECTION OF SERVICES**

## **APPENDICES**

Appendix 1 National Health & Wellbeing Outcomes

Appendix 2 PKHSCP Strategic Objectives and Aims

Appendix 3 National Indicators as at 30<sup>th</sup> June 2020

Appendix 4 MSG Indicators as at 30<sup>th</sup> June 2020

## FOREWORD & INTRODUCTION

Since February, the Health and Social Care Partnership (HSCP) has been responding to the global COVID-19 pandemic, which has impacted on our Health and Social Care services, as we sought to follow Government guidance quickly, safely and pragmatically. The past 9 months have presented enormous challenges, but throughout this period PKHSCP has responded swiftly and effectively to mitigate the impact of the pandemic and support people with the greatest need. In doing so, we have aligned our activity to those of NHS Tayside and Perth and Kinross Council, responded and mobilised with pace, worked across organisational boundaries, engaged with stakeholders, deployed staff to priority services and embraced digital technology and new ways of working.

I am pleased to introduce the review of the performance of the Perth and Kinross HSCP for the first two quarters of 2020, which sets out the challenges we faced, how we responded in the early stages and how we have begun to remobilise services. It is important to reflect that responding to the pandemic has been our priority and that this has affected how we have delivered services and therefore on how we have performed over the past nine months. It has also impacted on our ability to garner feedback on services, to assess their impact and to report on our performance and effectiveness to the extent that we would otherwise have done had we not been working in such challenging and exceptional circumstances.

In this report we have included a summary of our performance against National Indicators and the Ministerial Strategic Group (MSG) Indicators. However, these cover the 3 months to 30<sup>th</sup> June 2020 and reflect the period of full lockdown, during which time there was significant stepped reduction in level of admissions to hospitals across Scotland and a change in the way many other services were delivered, impacting significantly on performance trends. In this context and with the ongoing impact of the pandemic it may be some time before any real consideration can be made of any sustained impact on performance measures.

In parallel however, many of the actions we have taken have contributed significantly to the aims and objectives set out in the Strategic Commissioning Plan. This Performance Report aims to provide assurance that even in the midst of the global pandemic our actions remain true to the IJB's Strategic Commissioning Plan ambitions. Over the next 6 months we will work with a refreshed Strategic Planning Group to reflect on our Covid Response and Remobilisation and consider the key priorities for the 2021/22 Strategic Delivery Plan.

The commitment, flexibility, compassion and professionalism shown by staff and third and independent sector colleagues during our COVID-19 response has been exemplary and this has continued as we moved into the remobilisation phase and again as we face a second surge. I would like to take this opportunity to thank all staff and third and independent sector colleagues who continue to go the extra mile every day.

The second surge that we are now facing is being experienced differently and the Scottish Government's response is more nuanced as they try to balance the 'Four Harms' outlined in their Strategic Framework; Covid Health Harms; Non-Covid Health Harms; Economic Harms;

Social Harms. This also influences how we are able to respond. While the ambition to remobilise and deliver a broad range of health services ensures that patients' needs are met, this places additional pressures on services and limits the opportunity to stand down services to redeploy staff to support our pandemic response. This combined with the demands of delivering an ambitious flu immunisation programme and addressing the annual, seasonal challenges of Winter will require us to be responsive, agile, and attentive to pressures on the system and to ensure that our finite staffing resource is able to be directed towards the delivery of the most essential services to those in the greatest need.

These ongoing challenges, combined with and the preparation for the third surge of the pandemic into the New Year and the delivery of a Covid-immunization programme, will inevitably be our priority focus. This will continue to have a significant bearing on our performance in relation to national indicators, the advancement of our transformation and improvement plans and, depending on Scottish Government Funding levels, on our ability to deliver a balanced budget.

**Gordon Paterson, Chief Officer**  
**Perth and Kinross Health and Social Care Partnership**

## SECTION 1: OVERVIEW OF ACTIVITIES AND LINK TO STRATEGIC COMMISSIONING PLAN

### Introduction

The following section provides an overview of the Perth and Kinross Health and Social Care Partnership Covid 19 Mobilisation and Remobilisation response during the 6 months to 30<sup>th</sup> September 2020. This is set out by key priority area.

Central to our preparedness and response to the pandemic, we developed, produced, and updated our initial Mobilisation plans. This enabled us to focus on the actions which were necessary to minimise and manage the impact of the pandemic's reach into our communities, homes, services and settings. This continued as we moved into the next phase and the preparation of our Remobilisation Plan, in which we identified a number of key priority areas which form the structure for the performance update below and which are linked to the HSCP's Strategic Objectives. Whilst we are now being challenged to respond to a second wave of Covid sustaining the level of activity to remobilise key services is critical, however this brings with significant demands on management and staff across PKHSCP.

### Whole System Capacity and Flow

During the pandemic it has been a significant challenge to sustain and deliver the necessary community based services to keep people at home and ensure timely discharge from hospital.

During the early stages of our response to Covid 19, we undertook a rapid temporary redeployment of staff from less critical services. This movement of staff allowed us to maintain and enhance critical services, ensuring appropriate flow in and out of hospital.

Within the inpatient area we accelerated the introduction of integrated discharge coordination. This has improved patient length of stay by focussing on discharge planning at ward level, linking together multidisciplinary teams in hospital to those based in communities across health and social care. This approach is currently being evaluated and is scheduled to report in early 2021. To support early discharge from hospital we have commissioned services from the Royal Voluntary Service to assist patients to transition home, and PKAVS to ensure that unpaid carers are enabled to continue in their caring roles, while enjoying a break from caring.

To support community-based care, in the early stages of our COVID-19 response we re-tasked staff from lower priority services to bolster and sustain the Home Assessment and Re-ablement Team (HART). Through the Winter Plan we will further improve our discharge capabilities by increasing the provision of Social Care Officers and clinical staff.

Recognising the need to move people on from HART (which is a short-term re-ablement service) to provide sustainable and appropriate care where needed, we are currently recruiting via the winter plan 16 new members of staff. This group will provide care at home

in rural areas to relieve the demands on the independent sector providers we commission services from.

In response to the pandemic, we also created capacity to provide respite for unpaid carers. This was done via the internal re-tasking of staff from less critical roles to bolster our commissioned “Sitting Service” which saw a significant increase in demand.

In May 2020 we accelerated the early roll out of our Locality Integrated Care Service (LiNCS) model across our 3 localities. The LiNCS model coordinates care via a Multidisciplinary Team within localities for people who may have a deteriorating condition, to ensure the needs of patients are met in a consistent way within the community, reducing the need for admission to hospital. The investments made in this service model are pivotal in assisting us to improve outcomes for people by maintaining them at home for as long as possible, reducing length of stay in hospital and admission to care homes. Alongside this we are introducing our Respiratory Service, which will assist patients with significant respiratory conditions to manage their condition and reduce exacerbations. We are also enhancing the provision of the evening service within the Community Nursing service, which has secured some funding through the Winter Plan resources.

The COVID-19 pandemic required us to react positively to very challenging circumstances with increased pressure within community services and the LiNCS model has greatly assisted in creating the necessary resilience. The model is however still new in concept and delivery and is being refined and developed with incremental improvements being implemented routinely. Patient feedback is an integral part of this improvement approach.

To improve the effectiveness and sustainability of this approach we are currently recruiting a further 4 Advanced Nurse Practitioners for our LiNCs service and Medicine for the Elderly Model of care. These ANPs will strengthen the linkages between our MFE Team, Urgent Care, the PRI “front door”, and our localities-based services as well as our third sector partners. These new posts will enhance our current ANP provision to support each of these community services, creating a team of 10 ANPs including our Lead ANP.

For patients that do present at A&E we will test a new model whereby rapid triage and assessment of patients’ needs will be carried out on arrival. This increases opportunities for a ‘Home First’ approach with patients being cared for in the most appropriate place aligned to their health and social care needs. Often this allows patients to return home without the need for admission, and for their health and care needs to be dealt with within the community.

Since spring 2020, and throughout the COVID19 period, the operational management and clinical team have reviewed the admission criteria for Tay Ward and developed a service specification focussed on patient-centred care. Despite the pressures created during COVID-19, the work undertaken in this area has improved the capacity and flow within the ward, almost eradicating waiting lists through this demanding period. As part of the improvement journey being undertaken we are also focussing on the ward environment and have enhanced the social and rehabilitation activities for patients.



Where patients require end of life care, through our Strategic Commissioning Plan we have committed to review our palliative pathways and although this work is still to be progressed, feedback from service users and families indicates a high level of satisfaction. This service is delivered with direct support from the HSCP in collaboration with MacMillan and Marie Curie. The service routinely receives feedback from patients and families expressing “thanks for listening”, for “being truthful and making things as simple as possible”, for “providing the information needed to make the right choices” and making possible final wishes to be with family at home.

More effective collaborative working by services across each element of the patient journey over the Covid Response and Remobilisation phases has directly impacted on the need for emergency admissions, reducing length of stay, improving delayed discharge, and caring for people at home for as long as is appropriate for their needs. Sustaining all of the improvements driven by Covid including the culture shift which has taken place will a key priority for PKHSCP moving forward, particularly as we seek to respond to winter challenges and a further Covid surge.

<b>Whole System Capacity and Flow activities over the period support the following Strategic Objectives</b>	
<b>HSCP Strategic Objectives</b>	
<b>1. Working together with our Communities</b>	✓
<b>2. Prevention and Early Intervention</b>	✓
<b>3. Person Centred Health, Care and Support</b>	✓
<b>4. Reducing inequalities and unequal health outcomes and promoting healthy living</b>	✓
<b>5. Making best use of People, Facilities and Resources</b>	✓

## Primary Care

During the early stages of our response to the COVID-19 pandemic Primary Care set up and operationally managed the delivery of our COVID Community Assessment Hub based on the Perth Royal Infirmary site.

This involved significant recruitment (via re-tasking of staff from a range of services) coordination and planning, to provide very rapidly the capability of dealing with suspected COVID-19 positive patients and triaging them appropriately to continue their care in the most appropriate setting. The model for sustainable delivery drew GPs and wider clinical support from across Perth & Kinross and extended to include a robust plan to cater for the possible impact of practices themselves succumbing to the impact of the virus.

Our response to the COVID-19 pandemic significantly impacted on some elements of implementing the General Medical Services Contract which seeks to provide extended primary care services into localities.

In respect to Urgent Care we accelerated the roll-out of this service as part of our pandemic response. This service works closely with General Practices to respond to urgent patient demand and links with wider community based services and a multidisciplinary team basis to assist in sustaining people to live at home for longer reducing the need for unplanned emergency admissions.

We continued to provide the First Contact Physiotherapy service throughout the pandemic. This developing service saw an accelerated roll out across all practices in Perth and Kinross to relieve pressure on GPs and to increase the availability of specialist physiotherapy services. In most instances this was done via telephone appointments with face to face consultations and treatments being provided safely, where necessary. In the first quarter of 2020/21 99.5% of available appointments were utilised and patient feedback indicated that over 88% of patients were satisfied, or very satisfied with the service they received.

Similarly, support to General Practice and patients continued to be provided via the significant increased investment in Pharmacy services across all GP practices. With a large increase in the demand for prescriptions over this period our pharmacy teams worked collaboratively with our community pharmacy colleagues, statutory partners and a wider volunteer network to ensure that the most vulnerable of patients, particularly those shielding from COVID-19, had their prescriptions processed and delivered to their homes.

This pharmacy support was however not able to be supported by our work on Quality, Safety and Efficiency (QSEP) in Prescribing during this period. With Primary Care resources being deployed to support the pandemic response our QSEP programme, which provides targeted support and interventions to General Practice to assist in improving prescribing practice, had to cease during the pandemic.

Most recently the HSCP's Primary Care Team have taken on responsibility for the local coordination and delivery of the seasonal flu vaccinations programme. This significant and unprecedented undertaking, which seeks to deliver around 60,000 vaccinations, is being supported broadly by General Practice, locality-based nursing teams and community volunteers.

The services outlined above form part of a wider Primary Care Improvement Plan which seeks to implement the new General Medical Services contract for General Practice, the purpose of which is to improve practice sustainability by providing opportunities for wider clinical services to be delivered by specialists in close collaboration with GPs. This allows GPs to concentrate their time on managing and treating patients with complex and multiple morbidities as 'expert medical generalists'.

Primary Care performance over the period supports the following Strategic Objectives	
HSCP Strategic Objectives	
1. Working together with our Communities	✓
2. Prevention and Early Intervention	✓
3. Person Centred Health, Care and Support	✓
4. Reducing inequalities and unequal health outcomes and promoting healthy living	—
5. Making best use of People, Facilities and Resources	—

## Infection Control and Safer Working

We are working hard to ensure that we continue to deliver our services in an environment which is safe and protects our staff and service users from infection, which is all the more important given the impact of Covid-19.

As such, we have taken measures to ensure that staff can continue to work safely, the people who use our services are not unnecessarily exposed to the risk of infections and that we can ensure that our environments are within infection prevention and control guidance and standards.

We have established a Perth & Kinross HSCP Infection, Prevention and Control Committee (IPCC), to ensure local compliance with national standards on Healthcare Associated Infection Prevention and Control and implement the Infection Prevention and Control Annual Work Plan across the HSCP. This Committee is not COVID-19 specific and considers and seeks assurances on data related to Infection, Prevention and Control in its widest sense with at least 3 or 4 specific infections and national hand hygiene measures monitored through this group. The Committee will maintain and provide assurance against infection prevention and control priorities within their defined area of responsibility.

Infection prevention and control in Care Homes has been a major focus for the Partnership over this period. In May, the Scottish Government detailed plans for additional responsibilities to be given to Nurse Directors, Health Boards and HSCP's to provide assurance that the care given in care homes is of a high standard and that all Infection Control and preventative measures are in place. On the 25th May the PKHSCP Clinical and Care Professional Oversight Group was established to assess and determine the levels of support, guidance and expertise to care homes to manage the extreme challenges presented by Covid-19.

COVID-19 has brought a focus on ensuring that risk assessments relating to infection, prevention and control and health and safety are completed within work environments for our staff. This has concluded that safe physical distancing can be adhered to, that PPE is appropriately utilised and that buildings are therefore appropriate to allow safe working to continue. For all HSCP Teams there is now an up to date risk assessment in place. In line

with Scottish Government guidance, all care homes should source their own stocks of PPE through their usual supply route or by using alternative suppliers. When stocks are critically low and providers are unable to access PPE, there are 'emergency' PPE Hubs located in Perth, Blairgowrie and Auchterarder where up to one week's supply of PPE can be issued. A local pathway is followed to support the control and distribution equitably of stock according to need and prioritisation.

Infection Control and Safer Working activities over the period support the following Strategic Objectives	
HSCP Strategic Objectives	
1. Working together with our Communities	—
2. Prevention and Early Intervention	—
3. Person Centred Health, Care and Support	—
4. Reducing inequalities and unequal health outcomes and promoting healthy living	—
5. Making best use of People, Facilities and Resources	✓

## Workforce Management, Resilience and Development

In the initial stages of our COVID-19 contingency planning we anticipated that during the pandemic we would experience staff shortages in areas of critical service need at times of unprecedented demand for services. In order to mitigate the risks faced it was vital to create a mechanism through which staff could be redeployed from areas of lesser priority to those of greater priority. Furthermore it was recognised that there would be an ongoing need for such an exercise to be undertaken routinely as we responded to service staffing shortages.

To undertake this function we established our Workforce Matching Unit with early identification of staff from across corporate teams being re-tasked to support the delivery of this critical function.

During this early stage considerable work was undertaken to understand the criticality of services and how they should be prioritised. We then reduced staffing levels in lower priority services to minimum safe levels and released staff to support areas of higher priority. Similarly where services could not be operated safely, staff were re-tasked to areas in need of support. This involved both the redeployment of staff within Perth and Kinross and other staff being deployed more broadly across Tayside.

The release of staff from their core functions to support other service areas was successfully achieved by the creation of robust systems and processes so that we could dynamically respond to areas most in need of support. In equal measure this was achieved by staff showing huge commitment, professionalism, flexibility and resilience with many examples of staff using their skills to work in new environments and others developing new skills in challenging circumstances.

Workforce Management, Resilience and Development activities over the period support the following Strategic Objectives	
HSCP Strategic Objectives	
1. Working together with our Communities	✓
2. Prevention and Early Intervention	✓
3. Person Centred Health, Care and Support	✓
4. Reducing inequalities and unequal health outcomes and promoting healthy living	✓
5. Making best use of People, Facilities and Resources	✓

## Digital Solutions

The Digital Solutions Board has been set up specifically to provide oversight in considering existing developments as well as the variety of digital solutions that were put in place to during Covid 19 Mobilisation that enabled our service areas to continue to work effectively and safely without the important face to face meetings. The portfolio is still in the early stages of development but has clear links with the Tayside Digital Strategy Board and the PKC Digital Board and we will work with these boards to ensure we have common aims and achieve synergies with them. A number of key work streams have been identified, including;

### Roll out of 'Near Me'

Near Me is a secure video consulting services that enables people to have health and social care appointments from home or wherever possible. It is already embedded within all GP surgeries and other clinical surgeries such as Occupational Therapy, The Drug and Alcohol Misuse Team, Speech Therapy, and HMP Perth and Castle Huntly. Over the Covid Response and Remobilization period, it has been essential to delivery of a number of services removing the need to travel and potentially putting patients at risk of infection when attending clinical meetings but still retaining a face to face consultation. We are now looking at full roll out across PKHSCP.

## Remote responder service across Perth and Kinross

SOL Connect were scheduled to develop and deliver a pilot for an overnight responder service in Perth City, however they were forced to withdraw due to COVID19. Scoping will continue for both the equipment and responder elements of an overnight response service for people with complex needs and a potential response base has been identified in Perth City which would be within a 10-minute response time for a variety of individuals.

## Home Mobile Health Monitoring

The National Blood Pressure Scale-up Programme is now available and being delivered by 3 GP Practices (Strathmore, Blairgowrie; Red Practice, Crieff and Yellow Practice in Drumhar) and is designed to allow people to text the results of basic medical tests using their own mobile phone rather than attend clinics, saving time and reducing the risk of attending. This fully engages the people to play an active part in their own care and wellbeing. PKHSCP Clinics have adopted this Programme, as well as Near Me, as part of the national Technology for Maternity Services to allow women to remotely monitor blood pressure and do urine tests at home rather than women having to attend clinics routinely during their pregnancy.

Digital Solutions activity over the period supports the following Strategic Objectives	
HSCP Strategic Objectives	
1. Working together with our Communities	✓
2. Prevention and Early Intervention	✓
3. Person Centred Health, Care and Support	✓
4. Reducing inequalities and unequal health outcomes and promoting healthy living	✓
5. Making best use of People, Facilities and Resources	✓

## Carers

During these extraordinary times, additional pressure is being placed on family carers. A number of services to support them such as respite care, respitality and complementary therapies are unavailable or have very limited provision due to current restrictions. Other services such as commissioned 'Sitting Services' have seen a substantial increase in demand as it is challenging to find alternative solutions for providing care for the carer's loved one.

Where possible we have embraced digital solutions, such as day care and online peer support groups. However these do not always fully give the carer the necessary break and this may have contributed to the slight increase (up 2% since March 2020) in the percentage of people being placed into permanent care due to carer breakdown.

We reinstated the Carers Strategy Group in August, with representation from various groups and third sector providers. This group will review and develop services for carers. Carers Voice are involved in a pilot to develop volunteers interested in representing carers at local strategy groups and the IJB, which will be taking place later this year.

In order to engage better with carers, we have introduced an online Carers Experience Survey. Information will be collected on an ongoing basis with the results being monitored and reported quarterly. Full implementation of this has been impacted by Covid but we are now rolling this out.

Carer Support activities over the period over the period supports the following Strategic Objectives	
HSCP Strategic Objectives	
1. Working together with our Communities	—
2. Prevention and Early Intervention	✓
3. Person Centred Health, Care and Support	✓
4. Reducing inequalities and unequal health outcomes and promoting healthy living	✓
5. Making best use of People, Facilities and Resources	✓

## Complex Care

The transformation programme for Complex Care is a 3-5 year project and is in its early stages, having been approved in February 2020. There are several work streams covering areas such as Transitions, Independent Living, Behavioural Support and Technology Enables Care. The changes in service models will improve efficiency and transform people's lives. While work is progressing in most of the areas, Covid has impacted progress in areas such as the development of the Core and Cluster model with building work unfortunately being delayed. It is anticipated that these will not be available for use until 2021/22. Services such as day care and respite have also been impacted, and whilst they remain under continual review, digital solutions have been put in place as an alternative with day care being provided virtually as well as exercise classes.

The Positive Behavioural Support (PBS) approach is being reviewed as part of the Tayside Mental Health and Wellbeing Strategy, however, we intend to undertake some intensive work in Perth & Kinross. This approach is not widely used currently, but we have had the opportunity to use it in a specific case which has transformed the life of one individual who we support..

We intend to create a specialist team which will maximise people's independence and reduce reliance on traditional models of support and institutional care. This team will bring together a range of professional expertise into one, integrated team allowing young people and adults to benefit from a wide range of specialist support in one place. This will minimise delays in getting the right help at the right time and reduce the need for young people and adults and families to be referred to multiple agencies, therefore providing a clear and streamlined pathway to support.

Complex Care Programme activities over the period support the following Strategic Objectives	
HSCP Strategic Objectives	
1. Working together with our Communities	✓
2. Prevention and Early Intervention	✓
3. Person Centred Health, Care and Support	✓
4. Reducing inequalities and unequal health outcomes and promoting healthy living	✓
5. Making best use of People, Facilities and Resources	✓

## Mental Health and Wellbeing

The Covid 19 Pandemic and the implications of extended period of lockdown and on mental health is a significant concern. The delivery of a number of community based services was impacted in the early stages as staff transitioned to virtual models of care.

Recognising the increased need that is now building as a result of the Covid pandemic, additional funds have been provided to a number of third sector organisations to enhance their service provision including rural areas. For example Mindspace have expanded their rural services, Supporting Voices are establishing the Hearing Voices network and many providers have embraced digital solutions. We are working with providers to review their current offering to consider reintroducing some face to face support for our more vulnerable clients where it is safe and appropriate to do so.

Work is continuing to establish a Mental Health Hub, which will provide generic wellbeing services such as a cafe/drop-in, classes and employment support groups and it is hoped to take this through the commissioning process at the beginning of 2021

The use of 'Near Me' to interact with people as an alternative to face to face clinical sessions has been essential. We have had around 500 presentations, primarily in Mental Health and Substance Misuse, in Perth and Kinross which is second only to CAMHS



Six Primary Care Mental Health nurses have been recruited along with 3 additional temporary posts to help manage the increased demand due to COVID and anticipated winter pressures. We have also employed a Mental Health Practitioner within the Access Team which has been particularly successful however they are managing a significant demand for services. Further funding has recently been secured to recruit a further practitioner into the Access team to deal with Mental Health and Wellbeing issues.

PKHSCP have recently successfully recruited a Clinical lead for Mental Health. This role will be an interface for Consultant Psychiatrist, Primary Care and the wider Mental Health Services bringing us in line with Dundee and Angus.

## Alcohol Services

The Covid 19 Pandemic and the implications of extended periods of lockdown and continued restrictions on alcohol use has been a significant concern. Two Alcohol Awareness sessions have been run as online events. Their focus has been on the issues around home drinking and Mental health. Leaflets and alcohol measure glasses are being provided to Letham4All. Work is ongoing to organise November's Alcohol & Mental Health Awareness week which will focus on support around drinking during the COVID crisis.

The multi-agency clinic has recently returned to operations following a break due to COVID. Services available will be dependent on the restrictions in place at any given time. In the mean time we have commissioned a number of third sector providers to provide preventative services to help reduce crisis and unplanned admissions.

Mental Health and Wellbeing and Alcohol and Support Services activities over the period support the following Strategic Objectives	
HSCP Strategic Objectives	
1. Working together with our Communities	✓
2. Prevention and Early Intervention	✓
3. Person Centred Health, Care and Support	✓
4. Reducing inequalities and unequal health outcomes and promoting healthy living	✓
5. Making best use of People, Facilities and Resources	—

## Public Protection, Adult Support and Protection

Public Protection contains many strands including Adult Support and Protection, Criminal Justice, Violence Against Women, Harmful Practices (forced marriage, human trafficking), Mental Health Act, Adult Incapacity Act, etc. In recent months, and due to the changing COVID-19 landscape, a Public Protection Forum has been convened by the Chief Officer (Public Protection) Group in Perth and Kinross. The purpose of this Group is to ensure business continuity; continued delivery of key frontline services; continued partnership working and support for staff. The Group first met virtually on 24 March 2020 and by the end of August 2020, 20 virtual meetings have taken place.

In addition, a Perth & Kinross Protecting People meeting has also been established. This takes a multi-disciplinary approach with attendees from Health and Social Care, Police Scotland, Fire Service, Community Safety, etc. The aim of this meeting is to enable a multi-agency approach to protecting people, to facilitate quicker and more efficient outcomes for people and to provide wider support and allows practitioners to present and discuss complex cases which can impact on the community.

Whole System Capacity and Flow activities over the period support the following Strategic Objectives	
HSCP Strategic Objectives	
1. Working together with our Communities	✓
2. Prevention and Early Intervention	✓
3. Person Centred Health, Care and Support	✓
4. Reducing inequalities and unequal health outcomes and promoting healthy living	✓
5. Making best use of People, Facilities and Resources	—

## Communities

Whether in our rural or urban localities we are committed to working with our diverse, local communities to understand and meet their needs, mobilise their assets and build their capacity.

This portfolio of work will support Community Planning activities and will empower citizens and communities in the planning and delivery of social care, embracing innovative approaches to engage, involve and co-produce creative solutions in response to local circumstances.

We will work in partnership with other teams and services and will

:-

- Coordinate approaches across localities
- Develop a coordinated volunteer response across localities, focussed on Partnership priorities
- Review our Social Prescriber role, the benefits and potential opportunities within these roles.
- Develop innovative approaches to support communities to deliver Care at Home services.

The Communities Programme supports the following Strategic Objectives	
HSCP Strategic Objectives	
1. Working together with our Communities	✓
2. Prevention and Early Intervention	✓
3. Person Centred Health, Care and Support	—
4. Reducing inequalities and unequal health outcomes and promoting healthy living	—
5. Making best use of People, Facilities and Resources	✓

### Third and Independent Sector

Throughout the pandemic we have worked closely with partners in the third and independent sector, to ensure that the essential services that they provide on our behalf can continue to be provided safely and effectively to people with the greatest need.

We have invested significant time and resource to ensure that our local Care Homes are able to remain resilient and effective in providing care during the pandemic. This has included;

- Setting up a local oversight group to review and risk assess each Care Home on a dynamic, collaborative basis with nursing colleagues and Scottish Care.
- Setting up weekly calls to support Care Home managers and respond to any emerging concerns they have as a result of the pandemic.
- Providing financial support in line with government guidance to support the sector's sustainability
- Visiting each home to provide improvement support, training and advice on infection prevention and control, use of PPE and staffing issues.
- Supporting and reporting to the Tayside Clinical Oversight Group on Care Homes led by the Nurse Director.

As we move forward and into the winter period we will need to:

- Recognise the impact that the pandemic and working in these challenging circumstances is having on the resilience and energy of the Care Home workforce.
- Monitor and maintain ongoing testing and infection control measures
- Establish the Enhanced Care Home Support Team, one nurse for each locality and one health lead within the Commissioning service.
- Continue working closely with the Scottish Care Lead
- Improve and increase the use of TEC within Care Homes, particularly if visiting is curtailed
- Roll out a vaccination programme for Care Home residents and staff
- Ensure the Care Home Review document (A rapid review of factors relevant to the management of COVID-19 in the care home environment in Scotland) is understood and recommendations implemented as appropriate
- Ensure ongoing data analysis is accurate and used to identify trends or any escalation required

## **Care at Home**

We are fortunate to have seen relatively low levels of Covid in the Care at Home workforce however, the implications of working in a Covid 19 context have had a significant impact on Care at Home services as they have had to adapt and change practice regularly in response to local and national guidance, they have had to access training and upskill in relation working with Covid 19. Accessing PPE has been particularly challenging and as a sector have required particularly large amounts of PPE, normal suppliers have experienced shortages and prices have been inflated as a consequence.

Financial stability for Care at Home providers is important to consider, there will be an ongoing requirement for PPE we will need to ensure we financially support providers in an ongoing basis not just at the peak of Covid and the immediate time around this.

As we move forward we will need to;

- Maintain and monitor Testing and Infection Control measures
- Improve and increase the use of TEC in Care at Home
- Introduce an overnight responder service

Identify and initiate new approaches to designing, commissioning and delivering Care at Home services, particularly in rural localities.

## **Supported Living Services (Learning Disabilities, Autism and Mental Health)**

Supported Living service providers have continued to deliver their services as normal, and have been able to avoid any incidence of Covid-19 in their services.

However, the lack of access to a number of services activities and opportunities has presented a challenge for some people using these services and this cause distress to those

with a cognitive impairment, leading to an increase in distressed behaviour and have a negative impact on quality of life.

**As we move forward we will need to;** Design new ways of working with people receiving a home based/outreach service and for those who attended day services or college and can no longer do so.

- Assess the implications of Covid 19 and the restrictions that this brings for the Core and Cluster developments being planned, which will accommodate a mixture of needs but predominantly designed to meet the needs of those with Complex needs.
- Improve and increase the use of TEC within Supported Living, again if visiting is curtailed it is important individuals can still virtually see and communicate with their families

We are now working in partnership with providers to look at local commissioning arrangements, sustainability challenges, digital solutions and current delivery models as part of recovery and remobilisation, to consider what the impact of the pandemic has been for them, what has worked well, what has not and what needs to be done differently as we move forwards.

The Partnership has been successful in its application to take part in a Health Improvement Scotland Collaborative. We will work in partnership with five other HSCPs to learn together and draw on our combined skills, to create the conditions that will support sustainable change that meets the needs of supported people and their families.

The Supported Living and Learning Disability Forum have joined a new Providers Forum, encompassing providers across all service user groups. It is planned that this forum will meet quarterly to consider strategic planning, service development, commissioning activity and service delivery. The intelligence gathered within this group and the Strategic Groups will feed into the Strategic Planning Group.

Third Sector activities over the period support the following Strategic Objectives	
HSCP Strategic Objectives	
1. Working together with our Communities	✓
2. Prevention and Early Intervention	✓
3. Person Centred Health, Care and Support	✓
4. Reducing inequalities and unequal health outcomes and promoting healthy living	—
5. Making best use of People, Facilities and Resources	✓

## **Perth & Kinross Hosted Services**

### **Podiatry**

During the COVID 19 period, NHS Tayside Podiatry service has continued to provide urgent and critical care to those people with foot wounds or in acute pain and those at risk of tissue breakdown. This has helped us ensure our delivery of timely care and support to those most at need. To those not in these categories, we have increased the use of telephone consultations to provide foot health information and advice, to enable people to manage their own foot health as far as possible.

Many of our podiatry team were redeployed to community nursing services across Tayside and made best use of our transferable skills to support all types of wound care; and learned new skills including palliative care, venepuncture and, more recently assisting in flu vaccination programme. Feedback from those redeployed and the community nursing teams has been very positive with both services now having an enhanced understanding of each other's roles thereby improving shared outcomes for patients.

### **Dental Services**

Public Dental Services (PDS) converted to an emergency only service from the beginning of lockdown. The three Urgent Dental Care Centres (UDCCs) in PDS and one in Dundee Dental Hospital (DDH) provided all the emergency dental care in Tayside from March until June when limited access to independent practice resumed. From then until Phase 3 of remobilisation and recovery, all Aerosol Generating Procedures were carried out in these UDCCs. Throughout, these locations have been the sole operating sites but independent practitioners from across Tayside have been fundamental in providing the necessary treatment in the UDCCs. In all, more than 11k emergencies have been treated through the UDCCs, and Tayside has provided more emergency care than any other Health Board area.

PDS is now remobilising and our own patients are being offered some degree of routine care, but numbers are still very constrained by public health measures put in place across dentistry to protect patients and staff. The ability to revert to UDCCs is being maintained should the need arise.

Going forward, we will be providing dental services and face fitting of all general practice clinical staff with FFP3 masks (>600 people) as a priority to ensure the safety of our patients and staff. Thereafter, we will support face fitting for newly qualified dentists, nurses and hygienist/therapists and any other clinical staff moving into Tayside.

### **Prison Healthcare**

Like so many other services Prison Healthcare have been challenged by the impact of the pandemic. However, the Service continues to test and implement improvements, some of which have occurred as a result of the pandemic and reducing the need for face to face appointments. All Teams have implemented telephone consultations, which have proven very successful and an improved way of consulting patients that will continue once the pandemic has subsided. Further, innovative ways to increase the number of telephone consultations are being explored.

The mental health and substance misuse teams, following a review of their patients to identify the most vulnerable, consulted with patients in the closed visits area of the prison while it was not being used. This ensured the safety of both the patients and staff, whilst facilitating a more person centred, face to face consultation.

HMIPS have been carrying out COVID Liaison Visits to all prisons in Scotland and, following the submission of a proforma, HMP Perth Prison Healthcare were inspected by HIS on 17th September 2020. As this was specifically a support visit in relation to COVID-19, the areas being looked at were in relation to infection control, leadership and staffing and access to care. The verbal feedback received on the day was very positive and identified a number of areas of good practice. The published report will be available later this year.

The Service has completed the 2nd cycle of the Quality Network for improving mental health in prisons, improving from 50% to 63% of the standards met. The Service has now registered for a 3rd cycle.

Supported by Scottish Government and in partnership with the Scottish Prison Service, the service is looking at ways of implementing Near Me in the Halls. Given the absence of Wi-Fi in prison, this has been challenging.

Perth & Kinross Hosted Services activities over the period support the following PKHSCP Strategic Objectives	
Strategic Objectives	
1. Working together with our Communities	✓
2. Prevention and Early Intervention	✓
3. Person Centred Health, Care and Support	✓
4. Reducing inequalities and unequal health outcomes and promoting healthy living	✓
5. Making best use of People, Facilities and Resources	✓

## Dundee HSCP and Angus HSCP Hosted Services

Our next performance report will include regular update on the activities and performance issues in relation to services hosted on our behalf by Dundee and Angus HSCP's.

## SECTION 2: PERFORMANCE AGAINST NATIONAL INDICATORS

### National Indicators Overview

The 19 Scottish Government National Indicators provide a basis for benchmarking between all Health and Social Care Partnerships across Scotland. Currently the 9 HACE indicators are still not nationally available however it is hoped that these will be available for the next performance report. Seven of the ten activity indicators are available from Public Health Scotland on a quarterly basis and an update on performance for the quarter to 30<sup>th</sup> June 2020 forms the basis for this report. Appendix 3 provides a detailed summary of performance.

During the first 3 months of the year, a number of national indicators for all of the Health and Social Care Partnerships show a non-typical downward trend. And although a downward trend is normally good, we cannot attribute these trends to a sustained improvement in performance. During the first months of Covid Response, Community and Hospital Staff and Third and Independent Sector colleagues worked collaboratively and tirelessly to ensure effective capacity and flow in and from hospital. In parallel, the introduction of a national lockdown, the reluctance of our older people to enter a hospital or care home environment alongside the removal of a significant level of unplanned admissions by our younger population had a direct impact on activity levels. Particularly affected therefore have been rates of emergency admissions, emergency bed days and delayed discharges in the first quarter. Appendix 3 shows that our performance in these indicators (NI12, NI13 and NI19) continues to compare well to the rest of Scotland. Our performance against NI15 Proportion of last 6 Months spent at home or in a community setting continues to improve and compares very well against the rest of Scotland.

Of concern however is our performance against NI14 Emergency Readmissions which became RED compared to the rest of Scotland and AMBER when compared to our published 2019/20 Annual Performance Report level. However we have very recently been made aware by NHS Tayside Business Unit that further investigation is being undertaken into what may be a significant re-admissions coding issue which may be impacting significantly on relative performance of all 3 HSCP's in Tayside compared to the rest of Scotland. This requires to be addressed before any further detailed analysis is undertaken.

Further, while NI 16 falls rate per 1000 population over 65 remains GREEN compared to the published 2019/20 Annual Performance Report level, it has moved to RED when compared to the Scottish Level. Further analysis will be required to understand this movement.

Finally NI20 (percentage of health and care resource spend in hospital stay when patient was admitted as an emergency) is GREEN when compared with published 2019/20 APR value but is now RED when compared to the rest of Scotland. This is a long term shifting the balance of care indicator, but it may be that the denominator used in the calculations (how much we spend on social care) is low enough to bias the indicator to RED. Further analysis is required.

We are working hard to ensure our next performance report includes a high level summary of performance across each locality in relation to these National Indicators.

### Ministerial Strategic Group Indicators Overview



The 6 Scottish Government MSG indicators support local monitoring of progress towards integration. Out of 6 MSG indicators, only four are during the year. Performance as at 30<sup>th</sup> June 2020 forms the basis for this report. Appendix 4 provides a detailed summary of performance.

Reflecting our performance against NI 12, NI 13 and NI 19 above, performance across all 4 MSG Indictors reflect the reduced activity levels over the first quarter and the efforts to ensure effective capacity and flow in and out of hospital. All are GREEN but similar to the National Indicators the significant COVID-19 impact on these numbers means that they do not in any way demonstrate sustained improvement in performance.

## SECTION 3: SCRUTINY AND INSPECTION OF SERVICES

### Care Inspectorate

Perth and Kinross HSCP has 10 registered services, due to Covid-19 no inspections have taken place since April 2020. A significant level of input has been directed by the Care Inspectorate towards our Covid 19 response with regard to registered services. Care Homes have taken precedence given the context and circumstances in which the care is delivered - underlying health conditions, the advanced age of many care home residents, and the shared location of residents in one facility which places residents at risk of transmission and severe impact from COVID-19.

The Care Inspectorate has solely focussed on infection prevention and control, personal protective equipment and staffing in care settings. These targeted inspections are short, focused and carried out with colleagues from Health Improvement Scotland and Health Protection Scotland, to assess care and support for people experiencing care and support during the COVID-19 pandemic. Care at Home and Supported Living services have not been inspected during the last six months and Care Homes given the high risk they present have been the focus of the Care Inspectorate.

The scrutiny directed towards Care Homes has been intense leading to a significant increase in reporting to multiple statutory bodies and unavoidably placed the Care Homes under extreme pressure. The Care Homes have however coped admirably in responding to rapid change, increased risk, significant levels of stress and exposure to Covid 19.

### NHS Healthcare Improvement Scotland (HIS)

Between the end of January and beginning of March 2020, HIS carried out an inspection of Community Mental Health Services across NHS Tayside. This included the Crisis and Home treatment teams as well as all Adult Community Mental Health Teams. The 3 locality teams within Perth and Kinross were part of this inspection. 15 recommendations were made by HIS and although a Tayside wide implementation plan has been formulated, Perth and Kinross have recognised specific areas for improvement that will be worked upon. These are:

#### Service Delivery –

- Review the referral and acceptance standards to ensure there are clear pathways for people to access care and support
- Review waiting times for routine initial assessment, sharing learning and good practice from across the partnership

#### Governance –

- Ensure clear governance and oversight of all cases open to CMHTs, ensuring systematic monitoring is in place
- Ensure robust audit processes are in place for clinical records thereby ensuring that all clinical documentation meets the required Standards

We are looking at how these can be progressed from a localised basis, with progress being fed into the wider Tayside Implementation Plan.

Due to Covid-19 there were no other formal external inspections to P&K health services between April and September 2020.

### **HMIPS Inspection**

HMIPS have been carrying out COVID Liaison Visits to all prisons in Scotland and HMP Perth Prison Healthcare was inspected by HIS on 17th September 2020. As this was specifically a support visit in relation to COVID-19, the areas being looked at were in relation to infection control, leadership and staffing and access to care. The verbal feedback received on the day was very positive and identified a number of areas of good practice. The published report will be available later this year.

### **Mental Welfare Commission**

Due to Covid-19 there were no formal external inspections to PKHSCP services between April - Sept 2020.

## APPENDICES

### Appendix 1 National Health and Wellbeing Outcomes

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

## Appendix 2 PKHSCP Strategic Objectives and Aims

### HSCP Strategic Objectives and Aims

#### **1. Working together with our Communities**

We want people to have the health and care services they need within their local communities and to empower people to have greater control over their lives and stronger connections in their community.

#### **2. Prevention and early intervention**

We will aim to intervene early, to support people to remain healthy, active, and connected in order to prevent later issues and problems arising.

#### **3. Person-Centred Health, Care and Support**

By embedding the national Health and Care Standards we will put people at the heart of what we do

#### **4. Reducing inequalities and unequal health outcomes and promoting healthy living**

Our services and plans will seek to reduce health inequalities, to increase life expectancy, increase people's health and wellbeing and to reduce the personal and social impact of poverty and inequality.

#### **5. Making the Best Use of People, Facilities and Resources**

We will use our combined health and social care resources efficiently, economically and effectively to improve health and wellbeing outcomes for the people of Perth and Kinross.

## Appendix 3 National indicators Performance to 30<sup>th</sup> June 2020

NATIONAL INDICATORS		19/20 APR Value	20/21 P&K PHS Q1 value	Movement to 19/20	% increase/ (decrease)	How we compared to Scotland (as at June 2020)		QPR Commentary on performance	20/21 Scotland PHS Q1 value
NI 11	Premature Mortality rate per 100,000	350	n/a	n/a	n/a	n/a	n/a	Only available annually	n/a
NI 12	Emergency admission rate for adults (per 100,000 population) (QPR is Rolling Year)	11,513	10,959	-554	-4.81%	↓	-253	After a slow upward rise in EA's between the 18/19 and the 19/20 values, we have seen a sudden reduction at Q1 June 2020 to a value similar to that recorded in our 18/19 APR. This is likely due to the introduction of a national lockdown causing a restriction in the movement of people, the reluctance of our older population to enter hospital environments, and the removal of the usual unplanned admissions caused by our younger populations. We continue to perform better than the Scotland value.	11,212
NI 13	Emergency bed day rate for adults (per 100,000 population) (QPR is Rolling Year)	106,791	101,531	-5,260	-4.93%	↓	-991	Emergency Bed Day Rate is closely linked to Emergency admissions rate where any reduction in EA also comes with a reduction in bed days. EBD rates had a very small reduction between 18/19 and 19/20 but seen a more significant drop between Q1 and the APR 19/20 value which can be attributed to the clinical need get people out of hospital environments faster than the usual rate. We continue to perform better than the Scotland Q1 value.	102,522
NI 14	Emergency readmissions to hospital within 28 days of discharge (rate per 1,000 discharges) (QPR is Rolling Year)	115	118	3	2.61%	↑	15	The emergency readmissions rate increased to amber RAG during Q1 against the 19/20 APR value and remained higher than the Q1 Scotland value. It is unclear if this is related to COVID-19, further analysis required as per APR commentary	102.61
NI 15	Proportion of last 6 months of life spent at home or in a community setting Rolling Year (QPR is Rolling Year)	89.76%	89.50%	-0.26%	-0.26%	↑	-0.1%	This indicator is a long term slow movement figure and currently is demonstrating a small downward shift but we would require to see its movement over the next quarter to see if there is a ongoing downward shift. We continue to perform better than the Scotland Q1 value.	89.58%
NI 16	Falls rate per 1,000 population aged 65+ Rolling Year (QPR is Rolling Year)	22.70	22.49	-0.21	-0.93%	↑	1.5	The falls rate has seen a nominal fall against the previous 19/20 APR but has not performed as well as the Scotland Q1 value. Further analysis required.	21.01
NI 17	Proportion of care and care services rated good or better in Care Inspectorate inspections	87.00%	n/a	n/a	n/a	n/a	n/a	Only available annually	na
NI 18	Percentage 18+ with intensive social care needs receiving care at home	60.73%	n/a	n/a	n/a	n/a	n/a	Only available annually	na
NI 19	Number of days people aged 75+ spend in hospital when they are ready to be discharged, per 1,000 population (QPR is Rolling Year)	644	461	-183.00	-28.42%	↓	-212.0	The 75+ Delayed Discharge bed days had seen a slow increase between APR18/19 value and APR 19/20 value. At Qtr1 however, we see a significant reduction in the rate to below the 18/19 APR value. This was primarily due to the collective efforts across all areas of the capacity and flow pathway to improve the speed of the discharge process and to facilitate the speedy exit from hospital particularly during this pandemic period. We continue to perform better than the Scotland value.	673
NI 20	Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency	24.93%	24.46%	-0.47%	-1.89%	↑	3.5%	This indicator reflects our need to have a significant impact in shifting the balance of care away from institutional care and into the community. This is a long term indicator that is a challenge across Scotland and we will continue to scrutinise and monitor our progress in this indicator. Denominator issue similar to readmissions	20.92%

<b>Green</b>	We are within 3%, or are meeting or exceeding the number we compare	<b>Amber</b>	We are between 3% and 6% away from meeting the number we compare against	<b>Red</b>	We are more than 6% away from meeting the number we compare against
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## Appendix 4 MSG Indicators Performance to 30<sup>th</sup> June 2020

19/20 Annual Performance Report						
	MSG Indicator	19/20 APR value	20/21 Q1	Change between 20/21 and 19/20	% increase/decrease	Commentary on performance
1a	Emergency Admissions - all ages	15380	14687	-693	-4.5%	After a slow upward rise in EA's over the last year to Mar 2020, we have seen a sudden reduction at June 2020 to a value below that recorded in our 18/19 APR. This is likely due to the introduction of a national lockdown causing a restriction in the movement of people,, the reluctance of our older population to enter hospital environments, and the removal of the usual unplanned admissions caused by our younger populations
2a	Unscheduled hospital bed days - all ages	102237	99925	-2,312	-2.3%	UHB days is closely linked to Emergency admissions where any reduction in EA also comes with a reduction in bed days. Similarly after a slow upward rise in UHB days to the APR 19/20 value, UHB days also was reduced to a level lower than our 18/19 APR value. These are unusual movements in our data
3a	A&E Attendances - all ages	34018	29767	-4,251	-12.5%	After a slow continuous rise over the last 12 months to our APR 19/20 value, our A&E attendances have also plummeted recently to a value below our 18/19 value. We are not fully clear yet why there is such a substantial reduction in A&E but national opinion is considering the reduction in access to hospitality venues, general large reductions in travelling, along with a reluctance by the population to be admitted into what was becoming perceived as very hostile hospital environments.
4.1	Delayed Discharge Bed days 18+	12414	11350	-1,064	-8.6%	The Delayed Discharge bed days has seen a continuous drop between APR18/19 value and APR 19/20 value and again at Qtr1 end. This was primarily due to the collective efforts across all areas of the capacity and flow pathway to improve the speed of the discharge process and to facilitate the speedy exit from hospital particularly during this pandemic period.We continue to perform better than the Scotland value.
5.1	Proportion of last 6 Months spent in the community - all ages	0.898	n/a	n/a	n/a	Only annual values are published - no update
6.1	Percentage at home unsupported 65+	n/a	n/a	n/a	n/a	Only annual values are published and 19/20 values are still not available - no update
Notes						
MSG Indicators 5.1 and 6.1 are only available as an annual number and are not available monthly. Additionally the 19/20 6.1 value is still not available for review but may be available later in the year						

<b>Green</b>	We are within 3%, or are meeting or exceeding the number we compare	<b>Amber</b>	We are between 3% and 6% away from meeting the number we compare against	<b>Red</b>	We are more than 6% away from meeting the number we compare against
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**PERTH & KINROSS INTEGRATION JOINT BOARD**  
**AUDIT AND PERFORMANCE COMMITTEE**  
**WORK PLAN 2020/21**

**Report No. G/20/137**

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	✓			
Extension To External Audit Appointment		✓	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:							
• Improvement Actions PKIJB 20-01		✓	Chief Internal Auditor				✓
• Corporate Support PKIJB 20-02		✓	Chief Internal Auditor				✓
• Commissioned Service Providers 20-03		✓	Chief Internal Auditor				✓
Internal Audit Plan 2020/21		✓	Chief Internal Auditor		✓		
Internal Audit Plan Progress Report		✓	Chief Internal Auditor		✓	✓	✓
Internal Audit Report – Common Definitions		✓	Chief Internal Auditor			✓	
Audit & Performance Committee Work Plan	✓		Chief Officer		✓	✓	✓
External Audit Annual Report 2018/19		✓	External Auditor		✓		
Care & Professional Governance Forum Annual Report 2019/20		✓	Co-chairs of the CPGF			✓	

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>Performance</b>							
Locality Update:							
• South Locality		✓	Chief Officer			✓	
• Perth City Locality		✓	Chief Officer				✓
• North Locality		✓	Chief Officer				
Financial Position	✓		Chief Financial Officer	✓		✓	
HSCP Performance Quarterly Report		✓	Chief Officer		✓ <sup>1</sup>	✓	✓
Annual Performance Report		✓	Chief Officer		✓		
<b>Annual Accounts</b>							
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		✓		
<b>For Information</b>							
Assurances Received from Partners		✓	For information		✓		
Audit & Performance Committee Record of Attendance	✓		For information	✓	✓	✓	✓

<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	PRESENT		
Bernie Campbell	Carer's Representative	Public Partner	APOLOGIES	PRESENT		
Councillor John Duff	Elected Member	Perth & Kinross Council	PRESENT	PRESENT		
Ronnie Erskine	Non Executive Director	NHS Tayside	PRESENT	APOLOGIES		
Pat Kilpatrick	Non Executive Director	NHS Tayside	PRESENT	PRESENT		

**In Attendance**

Name	Designation	Organisation	22 Jun 20	14 Sep 20	30 Nov 20	15 Feb 21
Gordon Paterson	Chief Officer	P&K HSCP	PRESENT	PRESENT		
Jane Smith	Chief Financial Officer	P&K HSCP	PRESENT	PRESENT		
Councillor Eric Drysdale	Elected Member	Perth & Kinross Council	PRESENT			
Bob Benson	Non Executive Director	NHS Tayside	PRESENT			
Diane Fraser	Head of Adult Social Work	P&K HSCP		PRESENT		
Phil Jerrard	Governance & Risk Coordinator	P&K HSCP	PRESENT	PRESENT		
Fiona Low	Business & Resources Manager	P&K HSCP	PRESENT	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		
Michael Wilkie	External Auditor	KPMG		PRESENT		
Christopher Windeatt	External Auditor	KPMG		PRESENT		
Sandy Strathearn	Business Improvement	P&K HSCP		PRESENT		
Chris Jolly	Service Manager	P&K HSCP	PRESENT	PRESENT		
Colin Paton	Lead for Communication	P&K HSCP		PRESENT		
Lynn Blair		Scottish Care	PRESENT			

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