



Council Building
2 High Street
Perth
PH1 5PH

06/12/2021

A Virtual Meeting of the **Audit and Performance Committee of the Perth and Kinross Integration Joint Board** will be held on **Monday, 13 December 2021** at **09:30**.

If you have any queries please contact Committee Services - 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, 13 December 2021

AGENDA

- 1 WELCOME AND APOLOGIES**
- 2 DECLARATIONS OF INTEREST**
Members are reminded of their obligation to declare any financial or non-financial interest which they may have in any item on this agenda in accordance with the [Perth and Kinross Integration Joint Board Code Of Conduct](#)
- 3 MINUTES**
 - 3.1 MINUTE OF MEETING OF THE AUDIT AND PERFORMANCE COMMITTEE OF 13 SEPTEMBER 2021** **7 - 12**
(copy herewith)
 - 3.2 ACTION POINTS UPDATE** **13 - 14**
(copy herewith G/21/170)
 - 3.3 MATTERS ARISING**
- 4 PERFORMANCE**
 - 4.1 LOCALITY UPDATE PERTH CITY**
Presentation
 - 4.2 2021/22 FINANCIAL POSITION** **15 - 30**
Report by Head of Finance & Corporate Services (copy herewith G/21/171)
 - 4.3 SIX MONTH PROGRESS REPORT ON REMOBILISATION AND KEY STRATEGIC PERFORMANCE INDICATORS** **31 - 54**
Report by Chief Officer (copy herewith G/21/172)
- 5 GOVERNANCE & ASSURANCE**
 - 5.1 STRATEGIC RISK MANAGEMENT UPDATE** **55 - 80**
Report by Chief Officer (copy herewith G/21/173)

5.2	PARTNERSHIP IMPROVEMENT PLAN - UPDATE Report by Chief Officer/Director (Integrated Health & Social Care) (copy herewith G/21/174)	81 - 88
5.3	UPDATE AUDIT RECOMMENDATIONS Report by Head of Finance & Corporate Services (copy herewith G/21/175)	89 - 94
5.4	INTERNAL AUDIT PROGRESS UPDATE Report by Chief Internal Auditor (copy to follow)	
6	CLINICAL CARE GOVERNANCE	
6.1	NHS TAYSIDE CARE GOVERNANCE COMMITTEE MINUTE OF 5 AUGUST 2021 FOR NOTING (copy herewith G/21/177)	95 - 126
6.2	PERTH & KINROSS HSCP CLINICAL AND CARE GOVERNANCE UPDATE REPORTS - AUGUST AND OCTOBER FOR NOTING (copy herewith G/21/178)	127 - 148
6.3	CLINICAL CARE GOVERNANCE RISK ESCALATION REPORT Report by Chief Officer (copy herewith G/21/179)	149 - 154
7	FOR INFORMATION	
7.1	AUDIT AND PERFORMANCE COMMITTEE WORK PLAN 2021/22 (copy herewith G/21/180)	155 - 156
7.2	AUDIT AND PERFORMANCE COMMITTEE RECORD OF ATTENDANCE 2021/22 (copy herewith G/21/181)	157 - 158
8	PRIVATE DISCUSSION	
9	DATE OF NEXT MEETING 7 March 2022	

If you or someone you know would like a copy of this document in another language or format, (on occasion, only a summary of the document will be provided in translation), this can be arranged by contacting the Customer Service Centre on 01738 475000.

You can also send us a text message on 07824 498145.

All Council Services can offer a telephone translation facility.

AUDIT AND PERFORMANCE COMMITTEE OF THE PERTH AND KINROSS INTEGRATION JOINT BOARD

Minute of Meeting of the Audit and Performance Committee of the Perth and Kinross Integration Joint Board (IJB) held via Microsoft Teams on Monday 13 September 2021 at 9.30am.

Present: Councillors C Purves (Chair) and J Duff (Perth and Kinross Council), P Kilpatrick and D McPherson (substituting for R Erskine) (Tayside NHS Board), and M Summers (substituting for B Campbell, Carer Public Partner).

In Attendance: Councillor E Drysdale (Chair of IJB); B Benson (Vice-Chair of IJB); G Paterson, Chief Officer, J Smith, Head of Finance and Corporate Services, C Jolly, E Devine, Z Robertson, F Low, M Grant and P Jerrard (all Perth and Kinross Health and Social Care Partnership); J Clark, Chief Internal Auditor; and S Hendry, K Molley, M Pasternak and A Brown, Corporate and Democratic Services (Perth and Kinross Council).

Apologies: R Erskine (Tayside NHS Board); B Campbell (Carer Public Partner); D Mitchell (Perth and Kinross Health and Social 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 21 JUNE 2021

The minute of meeting of the Audit and Performance Committee of the Perth and Kinross Integration Joint Board of 21 June 2021 was submitted and approved as a correct record.

3.2 MINUTE OF SPICAL MEETING OF THE AUDIT AND PERFORMANCE COMMITTEE OF 2 AUGUST 2021

The minute of meeting of the Audit and Performance Committee of the Perth and Kinross Integration Joint Board of 2 August 2021 was submitted and approved as a correct record.

3.3 ACTION POINTS UPDATE

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

3.4 MATTERS ARISING

There were no matters arising.

4. PERFORMANCE

4.1 2020/21 FINANCIAL POSITION

There was submitted a report by the Head of Finance and Corporate Services (G/21/105) providing an update on the 2021/22 projected year-end out-turn based on financial performance for the four months to 31 July 2021.

J Smith advised that the format of this regular report has changed to attempt to simplify the continuing complex financial position and aims to strengthen openness and transparency.

The actual spending to 31 July 2021 shows an overall underspend of £232k is forecast. For health, a breakeven position is forecast which relies on using only £0.833m of the £1.400m of NHS Tayside bridging finance due to a higher health 2020/21 underspend than planned. Discussions are ongoing with NHS Tayside regarding the unused bridging monies, although indications show that this may need to be passed back to offset the forecast overspend on Inpatient Mental Health.

Bob Benson noted that £0.260m out of the £2.000m savings has been achieved and if there were any new savings or transformation projects now being considered to improve this. The Head of Finance and Corporate Services stated that this level of slippage was anticipated and planned for with the bridging finance in place. This reflects the ability of Officers being able to deliver on savings whilst responding to a pandemic. The Chief Officer concurred with this and commented that the experience of the last 18 months has shown that we will have to forensically review the affordability of previous commitments through the lens of Covid19. This will have the possibility to create other opportunities for transformation as we move forward.

Councillor Purves discussed the aforementioned position regarding bridging finance being returned to NHS Tayside to offset the forecast Inpatient Mental Health overspend and expressed his concern if this was the case as this is money which could be used in Perth & Kinross to transform care and shift the balance of care. The Chief Officer noted Councillor Purves' comments and advised that this will help to inform the discussions taking place.

Resolved:

- (i) The overall projected £0.236m underspend after the application of reserves, be noted.
- (ii) The forecast Covid-19 Response & Remobilisation costs of £8.821m, be noted.
- (iii) It be noted that £4.587m of the above costs in (ii) will be met by the IJB Covid-19 Reserve and that this assumes the balance will be covered in full by additional Scottish Government funding;
- (iii) The update regarding the IJB reserves position, be noted;
- (iv) It be noted that there may be a potential future impact from financial risks on the financial forecast, against which mitigating actions continue to be identified.

4.2 KEY STRATEGIC PERFORMANCE INDICATOR REPORT FOR THE PERIOD TO JUNE 2021: QUARTER 1

There was submitted a report by the Chief Officer (G/21/106) providing an update on the Health and Social Care Partnership's performance for the quarter one period to 30 June 2021 including progress against the core set of integration performance indicators.

The Chief Officer commented that the performance demonstrated in this report is relatively good but that the Partnership is not being complacent and continues to seek mitigating actions in some areas where performance is being impacted, as well as some ongoing work to ensure that data is robust and valid. Moving forward the Partnership will continue to engage with the Angus and Dundee HSCPs to be in a position to report on services hosted in those areas and vice versa. Councillor Purves advised that it is his intention to write to the Chairs of the other IJB Audit Committees on the issue of information sharing to enable performance reporting for services Hosted in the other Tayside IJBs and for services hosted in Perth & Kinross.

Councillor Duff commented on performance indicator NI19 in relation to delay in discharge from hospital and that the performance seems disappointing and queried if this is replicated Tayside wide. The Chief Officer stated that Dundee and Perth & Kinross have increased numbers of delays also and this is reflective of a national trend so we are not an outlier in Tayside or in Scotland. The Scottish Government has initiated a range of actions to determine what is required to support discharge as we move forward.

Councillor Duff further queried the A&E attendance performance indicator and the increase in numbers shown here. The Chief Officer advised that this has naturally increased as a consequence of lockdown easing with C Jolly stating that the baseline last year was very low due to lockdown so the figures have risen as could be expected when compared to last year's low point, but this will continue to be monitored.

Resolved:

The Health and Social Care Partnership's performance for the period to July 2021, be noted.

5 GOVERNANCE & ASSURANCE

5.1 STRATEGIC RISK MANAGEMENT UPDATE

There was submitted a report by the Chief Officer (G/21/107) providing an update on the Integration Joint Board Strategic Risk Register and the improvement actions being taken to mitigate the risks.

Bob Benson commented on the strategic risk concerning the Viability of External Providers and if staff in this sector were leaving for more attractive options elsewhere. The Chief Officer stated this was a matter of concern and the Partnership is looking at ways of ensuring sustainability from the independent sector and of building community capacity. The challenge here is more acute in rural areas than urban areas. Hospitality reopening is also providing a number of different options for people in the care sector who may have become fatigued because of the pandemic response. The Chief Officer advised that the Executive Management Team will take this challenge into account and consider this risk and any changes will come back to the Committee at a future meeting.

Resolved:

- (i) The IJB's Strategic Risk Register and Strategic Risk Improvement Plan as detailed in Report G/21/107, be noted.
- (ii) The current position of the IJB's strategic risk exposure scores, be noted.
- (iii) The inclusion of the new strategic risk in relation to Partnership Premises, be noted.

5.2 PARTNERSHIP IMPROVEMENT PLAN UPDATE

There was submitted a report by the Chief Officer (G/21/108) providing an update on progress made against the actions within the Partnership Improvement Plan.

Resolved:

The progress towards the achievement of actions within the Partnership Improvement Plan, be noted.

5.3 AUDIT RECOMMENDATIONS UPDATE

There was submitted a report by the Head of Finance and Corporate Services (G/21/109) providing an update on progress on the implementation of all internal and external audit recommendations arising since the formal inception of the Integration Joint Board on 1 April 2016.

Resolved:

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

5.4 INTERNAL AUDIT PROGRESS REPORT

There was submitted a report by the Chief Internal Auditor (G/21/110) providing an update on progress in relation to Internal Audit's planned activity.

Resolved:

- (i) The progress made with the delivery of the 2019/20 and 2020/21 plans as detailed in Appendix 1 to Report G/21/110, be noted.
- (ii) The Performance Indicators as described in Section 3 of the report were agreed;
- (iii) The outcome of the review of the Internal Audit Plan for Perth & Kinross Council and NHS Tayside, be noted.

6 AUDITED ANNUAL ACCOUNTS 2020/21

6.1 ASSURANCES RECEIVED FROM PARTNERS

There was submitted a report by the Head of Finance and Corporate Services providing assurance on the governance arrangements operated by the IJB's partners.

The Head of Finance and Corporate Services drew attention to the delay in receiving official assurance from Dundee IJB due to their external audit not expected for completion before the end of November. However internal audit have provided Dundee IJB with assurances following their review. J Smith advised that this assurance will be brought forward to the next Audit and Performance Committee meeting.

Resolved:

- (i) It be noted that the IJB has issued confirmation of the adequacy and effectiveness of the governance arrangements in place within Perth and Kinross IJB for 2020/21 to NHS Tayside, Perth and Kinross Council and the 2 Tayside IJBs.
- (ii) It be noted the position regarding confirmation of the assurance from NHS Tayside and Perth and Kinross Council;
- (iii) It be noted the position regarding confirmation of the assurance from Dundee and Angus IJBs;
- (iv) It be noted the specific assurance from NHS Tayside in relation to Clinical Care Governance;
- (v) It be noted that the status of assurances from NHS Tayside, Perth and Kinross Council, Dundee IJB and Angus IJB is consistent with the contents of the IJB's Governance Statement in the audited Annual Accounts.

6.2 AUDITED ANNUAL ACCOUNTS 2020/21

There was submitted a report by the Head of Finance and Corporate Services (G/21/112) presenting the Integration Joint Board's (IJB) Audited Annual Accounts for the financial year 2020/21 in accordance with the 2020 CIPFA Code of Practice on Local Authority Accounting. The accounts also comply with the Local Authority Accounts (Scotland) Regulations 2014.

J Smith provided the Committee with an overview of the Audited Annual Accounts and expressed gratitude to the Partnership's Finance Team for their work in preparing the accounts in extraordinary circumstances as well as to KPMG and Perth & Kinross Council's Design Team for their flexibility and dedication.

Councillor Duff also wished to formally recognise, on behalf of the IJB, the achievements of all for the getting the accounts delivered and approved within the timeframes.

Resolved:

- (i) The contents of KPMG's Annual Audit Report to Members of Perth & Kinross IJB and the Controller of Audit on the 2020/21 Audit, be noted;
- (ii) The Audited Annual Accounts for 2020/21 as detailed in Appendix 2 to report (G21/112), be approved;
- (iii) The Letter of Representation be approved for signature by the Head of Finance and Corporate Services.

7. FOR INFORMATION

There were submitted and noted the following reports for information:

7.1 AUDIT & PERFORMANCE COMMITTEE WORK PLAN 2021/22 (G/21/113)

7.2 AUDIT & PERFORMANCE COMMITTEE RECORD OF ATTENDANCE 2020/21 (G/21/114)

8. DATES OF FUTURE MEETINGS

13 December 2021 at 9.30am
7 March 2022 at 9.30am

9. PRIVATE DISCUSSION

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

10. DATE OF NEXT MEETING

Monday 13 December 2021 at 9.30am.



Perth & Kinross IJB – Audit and Performance Committee

- 13 December 2021

Action Points Update (Report G/21/170)

Ref.	Min. Ref.	Meeting	Action	Responsibility	Timescale	Revised Timescale	Update/Comments
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	30/11/21	The 6 Monthly Performance Report, included on today's agenda, now provides comment and assurance on the Partnership's level of absence rates. This will be the process for providing this information and assurance to Committee members moving forward. Action Complete.
50	-	15/02/21	IJB Risk Workshop/Development Session to be scheduled to consider risk tolerance and acceptability	Chief Officer/ Head of Finance & Corporate Services	30/09/21	31/01/21	Due to PKHSCP corporate support capacity issues, the necessary preparation to ensure a successful event will not be possible until the new year.
52	4.2	13/09/21	The Audit & Performance Committee agreed to write to the Chairs of Dundee and	Chair	30/11/21	-	Complete.

Ref.	Min. Ref.	Meeting	Action	Responsibility	Timescale	Revised Timescale	Update/Comments
			Angus IJBs Audit Committees regarding information sharing across partnerships to enable appropriate performance reporting for Hosted Services across the 3 Tayside IJBs.				
53	6.1	13/09/21	Assurance on Dundee IJB's internal controls and governance arrangements to be brought to Audit and Performance Committee once available.	Head of Finance and Corporate Services	31/12/21	-	Dundee IJB's external audit not expected to be completed before end of November 2021.



PERTH & KINROSS INTEGRATION JOINT BOARD

AUDIT & PERFORMANCE COMMITTEE

13 DECEMBER 2021

2021/22 FINANCIAL POSITION

Report by the Head of Finance & Corporate Services
(Report No. G/21/171)

PURPOSE OF REPORT

The purpose of this report is to advise the Audit & Performance Committee of the 2021/22 projected year end out-turn based on financial performance for the 7 months to 31 October 2021.

1. RECOMMENDATIONS

It is recommended that the Audit & Performance Committee:

- i. Notes that the overall projected out-turn after the application of reserves is break-even;
- ii. Notes £8.687m Covid-19 Response & Remobilisation costs expected to be met by met by the IJB Covid-19 Reserve and additional Scottish Government funding;
- iii. Notes the update regarding the IJB reserves position for 2021/22;
- iv. Notes the financial risks that may have a future impact on the financial forecast against which mitigating actions continue to be identified.

2. BACKGROUND

- 2.1 The 2021/22 Budget set by the Integration Joint Board (IJB) in March 2021 (Report G/21/25) supported break-even across Health and Social Care after application of reserves.
- 2.2 The first financial update for 2021/22 was received by the Audit & Performance Committee in September 2021. This was based on the 4 months to 31st July 2021 and projected an under spend of £0.236m after application of reserves.

3. GENERAL OVERVIEW

- 3.1 Based on actual expenditure to 31st October 2021, break-even is forecast for 2021/22 after use of reserves. This is in line with the 2021/22 Financial Plan position although a minor deterioration for the position reported to the IJB in September.

Table 1

	Month 7 Projection Over / (Under) £m
Health Services	0
Social Care Services	0
Projected Position	0

- 3.2 The Financial Plan assumed use of £3.483m of reserves to deliver break-even. However only £1.532m of reserves is required to deliver the forecast above.
- 3.3 Covid Remobilisation costs of £8.687m are forecast for 2021/22 (Month 4 £8.821m). Of this, £4.547m will be met by the IJB Covid-19 Reserve. This forecast assumes that the balance will be covered in full by additional Scottish Government funding. As at November 2021, the Scottish Government have confirmed a further £3.638m will be allocated. At this stage there remains confidence that the balance of £0.502m will also be met in full.
- 3.4 Slippage in savings of £1.777m is included within the core operational forecast above. However, the Local Remobilisation Plan (LMP) Finance Submission to the Scottish Government includes this slippage over and above the £8.687m forecast costs. Whilst NHS Boards and HSCPs have been asked to make no assumption at this stage of funding to offset slippage in savings, they have asked that such slippage be included in LMP forecasts since discussion is still ongoing around potential Scottish Government funding.
- 3.5 A number of financial risks have been identified that may impact on the Financial Forecast moving forward. These will continue to be monitored and all efforts taken to deliver break-even at the year end.
- 3.6 Over very recent weeks the Scottish Government has announced significant additional funding for 2021/22 for Winter Resilience and Capacity. Plans are being developed for use of this funding and at this stage the forecast position assumes that it can be spent in full. Further information on the additional budget and forecast spend will be provided in future reports.

4. SOCIAL CARE

- 4.1 A break-even position is now forecast for Social Care Services. Table 2 below sets out the forecast position compared to plan.

Table 2

Social Care	Approved Financial Plan	Month 7 Projection	Month 4 Projection
	£m	£m	£m
Recurring Deficit/ (Surplus)	0.456	(0.486)	(0.450)
2021/22 Core Position	0.000	(0.050)	(0.716)
Slippage in Savings Delivery	1.019	0.804	0.804
Delay in Contributions Review	0.708	0.708	0.708
Transformation Support	0.393	0.135	0.256
PKC Non Recurring Funding	(0.838)	(0.838)	(0.838)
Sub-Total Shortfall / (Surplus)	1.738	0.273	(0.236)
PKIJB Reserve-2020/21	(1.738)	(0.273)	0.000
Variance Shortfall / (Surplus)	0.000	0.000	(0.236)

- 4.2 As reported previously, the positive movement in the recurring deficit from plan is driven by additional Scottish Government Living Wage funding (£0.9m). Living Wage costs had already been fully anticipated in the budget prior to the funding being announced at the end of March 2021. The application of this recurring surplus is being considered as part of the development of the 2022/23 Financial Plan.
- 4.3 Appendix 1 provides a breakdown of the forecast on the core position.
- 4.4 For Older Peoples Services, an under spend of £0.319m is forecast (£0.618m at Month 4). This is largely driven by an under spend of £0.804m in Care Home placements where demand is significantly lower than plan (£0.983m at Month 4). In addition, an under spend of £0.333m is forecast on Day Care and Transport due to usage levels (£0.252m at Month 4). In addition a £0.106m under spend has emerged since the last report in relation to Internal Care Homes due to a change in income levels from a movement in the resident profile. These under spends are being offset by a £0.772m overspend forecast on Care at Home (£0.631m at Month 4) where demand continues to be higher than plan. A forecast overspend has also emerged in the Community Alarm Service with additional staffing required to respond to increased demand (£0.134m). In addition, unanticipated equipment costs of moving from analogue to digital have been incurred for which funding discussions are ongoing with Perth and Kinross Council (£0.088m).
- 4.5 For Adult Services, an overspend of £0.244m is forecast (£0.266m at Month 4). Placements and supported community living are reporting an overspend of £0.331m (£0.355m at Month 4). This reflects an increase in service users.

This is being offset by a £0.079m under spend on Day Care, Transport and the Respite Bureau due to usage levels.

- 4.6 Within Management & Commissioned Services, the £0.906m additional Scottish Government Living Wage Funding referred to above is the most significant contribution to the overall underspend being forecast.
- 4.7 The Social Care forecast includes slippage on savings which is considered in the Savings Section below.

5. HEALTH

- 5.1 Breakeven continues to be forecast overall for health services after applying agreed reserves. Table 3 below sets out the forecast position compared to plan. The position before application of reserves is broadly in line with plan.

Table 3

Health	Approved Financial Plan	Month 7 Projection	Month 4 Projection
	£m	£m	£m
Recurring Deficit	1.127	1.333	1.348
Projected 2021/22 Under spend	(0.866)	(1.163)	(0.628)
Slippage in Savings Delivery	1.376	1.022	1.007
Transformation Support	0.112	0.067	0.067
Sub-Total Shortfall / (Surplus)	1.749	1.259	1.794
PKIJB Reserve- 2020/21	(0.345)	(0.961)	(0.961)
PKIJB Reserve- NHST Bridging	(1.404)	(0.298)	(0.833)
Sub-Total Offset Funding	(1.749)	(1.259)	(1.794)
Variance Shortfall / (Surplus)	0	0	0

- 5.2 Appendix 1 provides a breakdown of the forecast on the core position.
- 5.3 Older Peoples Services are forecasting an under spend of £0.038m (Month 4 overspend £0.168m) For Inpatient Wards, a £0.031m forecast overspend is a significant improvement from the last report (£0.233m at Month 4) with additional staff costs now forecast to be largely offset by maternity leave, vacancies and retirees. For Allied Health Professionals, a £0.220m overspend is driven by Occupational Therapy and Physiotherapy staff above budgeted levels (£0.200m at Month 4), with an urgent review of this underway. For Community Nursing, a £0.361m overspend (£0.178m at Month 4) is driven by a regrading of Band 6 staff. This pay pressure was not anticipated and

opportunities for additional funding are being pursued. These areas of overspend are being offset by slippage in investment of Intermediate Care Bed Funding (£0.330m).

- 5.4 Within Adult Services the £0.436m forecast underspend (£0.224m at Month 4) is driven by vacancies within the Community Mental Health and Learning Disability Teams (£0.186m), along with slippage in the commencement of planned care packages (£0.250m). For both areas, the level of under spend have increased since the last report.
- 5.5 Within Management/Commissioned/Other Services the forecast £0.282m under spend (£0.442m at Month 4) is driven by slippage in recruitment both to the Primary Care Resilience Team (£0.194m) and to backfill for staff who have transferred to support the Covid Vaccination Programme (£0.102m).
- 5.6 PKHSCP Hosted Services are reporting a £0.234m underspend overall. This is driven by vacancies within Prison Healthcare, Podiatry and Dental Services along with lower than budgeted supplies costs in Podiatry and Public Dental Services. Hosted Services in Dundee and Angus IJBs are forecasting an overall overspend (£0.138m). We are working with Dundee and Angus to better understand and inform the IJB on the financial position going forward.
- 5.7 For Prescribing, the forecast £0.375m underspend is positive and is an improvement on the last report (£0.272m). We await further analysis to establish actual price and item growth compared to plan.
- 5.8 For General Medical Services an overspend of £0.269m is forecast (£0.139m at Month 4). An under spend of £0.183m is forecast against the core budget however this is more than offset by an overspend in 2C practices across Dundee and Angus. Perth & Kinross continue to be allocated a share of these overspends and the share is forecast to be £0.452m for 2021/22. This is continuing to increase month on month and the latest movement is due to agency costs.
- 5.9 The available PKIJB 2020/21 health under spend reserve is higher than plan. This reserve increased following confirmation of the 2020/21 final out-turn and is now utilised in full. To break-even, £0.298m of the NHS Tayside £1.404m bridging finance reserve is also required.

6. SAVINGS

- 6.1 Approved savings remaining for Health & Social Care total £2.081m. Of this £0.260m is projected to be delivered. Table 4 below sets out the detail of savings slippage anticipated in 2021/22. The significant slippage in savings was anticipated as part of the 2021/22 Financial Plan and results from the impact of Covid on management capacity.

Table 4

Description	Approved Savings still to be delivered £m	Amount Projected to be delivered in 2021/22 £m	Shortfall £m
Review of Care Home Placements	0.232	0.232	0.000
Review of Care at Home	0.200	0	0.200
Complex Care Transformation	0.529	0	0.529
Integration of H&SC Teams	0.035	0	0.035
Prepaid Card Scheme	0.040	0	0.040
Sub-Total Social Care	1.036	0.232	0.804
Redesign of Rehabilitation Beds	0.740	0	0.740
Integration of H&SC Teams	0.305	0.023	0.282
Sub-Total Health	1.045	0.023	1.022
Total Health & Social Care	2.081	0.255	1.826

- 6.2 The Review of Contributions Policy saving remains unachieved and is in addition to the above. This saving of £0.708m is being funded by Perth & Kinross Council non-recurring in 2021/22. Discussions are ongoing within PKC in this respect.
- 6.3 Capacity to deliver the remaining savings in year remains significantly impacted due to Covid-19. Whilst use of reserves and non-recurring support will bridge savings slippage in 2021/22, there is a significant risk that savings cannot be delivered by 1st April 2022 due to ongoing capacity issues. A review of service management capacity is underway to increase capacity.

7. COVID-19 RESPONSE AND REMOBILISATION

- 7.1 The Quarter 1 estimate of Covid related costs submitted to the Scottish Government forecast costs Health and Social Care of £8.821m.
- 7.2 A further Quarter 2 estimate has been submitted and costs are now forecast at £8.687m. Across a number of areas forecast costs have come down, particularly in relation to vaccination costs, enhanced care home support and general staff resilience. However this has been offset by the inclusion of additional staff costs as agreed with the Scottish Government to protect capacity and flow over winter. In addition Dental Equipment and Ventilation costs have now been included which are recognised by the Scottish Government as a key priority for the remobilisation of dental services.

- 7.3 As shown in Appendix 3, the IJB Covid-19 reserve is £4.547m. The latest projection of £8.687m will require additional Scottish Government funding of £4.140m. As at November 2021, the Scottish Government have confirmed a further £3.638m will be allocated. At this stage there remains confidence that the balance of £0.502m will be met in full. As with 2020/21, robust financial governance will be applied. All proposed expenditure will be signed off by EMT/Gold Command to ensure it is essential and to agree that it is directly related to Covid Response and Remobilisation.
- 7.4 Appendix 2 provides a detailed breakdown of both Social Care and Health forecast 2021/22 Covid Costs in line with the Quarter 2 Scottish Government Forecast submission. In addition, slippage in savings of £1.826m (as at Month 6) is included in the Scottish Government Forecast Submission. Whilst NHS Boards and HSCPs have been asked to make no assumption at this stage of funding to offset slippage in savings, they have asked that such slippage be included in LMP forecasts since discussion is still ongoing around potential Scottish Government funding.

8. RESERVES

- 8.1 As at 1st April 2021, Perth & Kinross IJB had £13.900m of reserves. Appendix 3 sets out the detail of these reserves and the forecast utilisation during 2021/22.
- 8.2 The 2021/22 Budget approved by the IJB in March 2021, allowed a breakeven position for both Health and Social care after the use of general reserves. The budget identified how much of these reserves would be required to secure breakeven. The amount required is now projected to change, as summarised in Table 5 below.

Table 5

	Total Reserve £m	Amount Required in Approved Financial Plan £m	Amount forecast as now required £m	Forecast Balance of Reserve Remaining £m
PKIJB Reserve- Health Under spend 2020/21	0.961	0.345	0.961	0
PKIJB Reserve -NHST Bridging Funding	1.400	1.400	0.298	1.102
Social Care IJB 2020/21 Under spend	2.926	1.738	0.273	2.653
Total	5.287	3.483	1.532	3.755

- 8.3 Over and above this, the majority of reserves are at this stage expected to be utilised by the year end with some exceptions as set out in Appendix 3. However, there is a risk that Covid Response and Remobilisation will continue to impact on the capacity of Service Leads to deliver transformation in the planned timescales and slippage in spend in a number of areas may result. This is being kept under monthly review by the Executive Management Team. The recent announcement of additional Scottish Government Funding for 2021/22 for Winter and Resilience may also result in an increase in reserves if there are difficulties in recruitment and assuming IJBs are allowed to carry forward unspent funds in their reserves for application in future years.

9. KEY FINANCIAL RISKS

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

Risk	Potential extent of Financial Exposure	Comments
Additional Scottish Government Covid Funding is not available for costs exceeding reserves held.	£0.5m	Quarter 2 Scottish Government Covid Forecast less 2021/22 Covid Reserves and further SG allocation confirmation.
Workforce shortages lead to unprecedented bank/agency staffing costs to maintain safe services.	£0.5m	25% increase in of current 2021/22 forecast spend on supplementary staffing.
District Nursing Regrading backdated pay extension.	£0.1m	Potential additional backdated pay costs if further backdated.
Pay Awards for Medical Dental and Band 8/9 in excess of Financial Planning assumption.	£0.1m	Risk of an increased pay settlement not being funded.
Social Care Pay Award settle at 3%	£0.4m	The IJB has pay budget allowance for 1.5%. Non-IJB budgets do not have a pay budget allowance.
A return of funding is requested by NHS Tayside to support In-Patient Mental Health 2021/22 forecast overspend.	£0.8m	A review of the costs of Inpatient Mental Health Services is being progressed by the NHS Tayside Director of Finance.
Out of area client referral	£0.2m	Risk of specialist out of area referral costs need to be met by the HSCP.

Potential legal claims	£0.4m	Being managed and supported by PKC Legal Service
Female Custody Unit in Dundee	£0.2m	Health Service requirement to support Scottish Prison Service Unit. No recurring Scottish Government funding identified as yet.

10. CONCLUSION

- 10.1 The overall projected out-turn after the application of reserves is break-even.
- 10.2 A number of potential risks have been identified and require to be monitored closely and mitigating action taken as necessary to ensure that break-even can be delivered.

Author(s)

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

Appendices

Appendix 1 - Summary Financial Position

Appendix 2 – Covid-19 Response & Remobilisation Costs

Appendix 3 - IJB Reserves

Appendix 1

P&K Position as at end October 2021

	NHS Directed Services		Social Care		Partnership	
	Budget £'000	Total Projected Out-turn Over / (Under) £'000	Budget £'000	Total Projected Out-turn Over / (Under) £'000	Budget £'000	Total Projected Out-turn Over / (Under) £'000
Older People Services	27,963	(38)	44,956	(319)	72,919	(357)
Adult Services	5,518	(436)	26,583	244	32,101	(192)
Other Community Services			4,777	53	4,777	53
Management/Commissioned/Other	27,449	(282)	(14,559)	(509)	12,890	(791)
Undelivered Savings	(1,022)	1,022	(804)	804	(1,826)	1,826
Budget Deficit	(1,155)	1,333	(420)	0	(1,575)	1,333
Sub-Total Hospital & Community Health	58,753	1,599	60,533	273	119,286	1,872
P&K IJB Hosted Services	9,700	(372)			9,700	(372)
Dundee & Angus Hosted Services Recharges In/Out Excl. Covid	5,380	138			5,380	138
Sub-Total Hosted Services	15,080	(234)			15,080	(234)
GP Prescribing/Other FHS	27,382	(375)			27,382	(375)
General Medical Services/ Family Health Services	48,564	269			48,564	269
Sub -Total PKHSCP	149,779	1,259	60,533	273	210,312	1,532
2020/21 Underspend Reserve		(961)		(273)		(1,234)
NHST Funding Reserve		(298)		0		(298)
Total PKHSCP	149,779	0	60,533	0	210,312	0

Appendix 2

Covid-19 Response & Remobilisation Costs (as per Quarter 2 Submission)

Social Care Forecast Covid-19 Costs 2021/22	Total 2021/22 £
Social Care Provider Sustainability	3,108,000
Additional Capacity in the Community	748,000
Adult Social Care	256,000
Additional Staff Costs	211,000
Additional PPE	200,000
Loss of Income	131,000
Reducing Delayed Discharge	40,000
Other areas	50,000
Covid-19 Vaccination	18,000
Digital & IT Costs	20,000
Total (excluding unachieved savings)	4,782,000

Health Forecast Covid Costs 2021/22	Total 2021/22 £
Primary Care	720,000
Additional Bed Capacity	1,360,000
Additional Staff Costs	398,000
Covid-19 Vaccination	130,000
Reducing Delayed Discharge	395,000
Additional Prescribing	146,000
Prison Healthcare	98,000
Dundee Hosted Services	77,000
Angus Hosted Services	2,000

Additional FHS Contractor Costs	153,000
Digital/IT	96,000
Additional Equipment/Maintenance	274,000
Other	56,000
Total (excluding Savings)	3,905,000

IJB RESERVES

APPENDIX 3

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

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

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

The table below sets out the anticipate year-end position as at 31 October 2021.

	Balance as at 1 April 2021	Increase / (Decrease)	Balance as at 31 March 2022	Position	Update
	£000	£000	£000		
Primary Care Improvement Fund	1,674	(837)	837	Earmarked to Fund SG Priorities	Delay in recruitment due to Pandemic
Mental Health Action 15 Fund	171	(171)	0	Fully Earmarked to Fund SG Priorities	
Primary Care Transformation Fund	328	(26)	302	Earmarked to fund Local Priorities	Other sources of funds have become available so alternative plans for use of reserve being developed.
Alcohol and Drug Partnership Fund	522	(522)	0	Fully Earmarked to Fund SG Priorities	
Partnership Transformation Fund	408	(60)	348	Earmarked to Fund Local Priorities	Delays in organisational restructure leading to slippage in planned spend. Funding is committed for posts which will extend into 2022-23 which means some of this carry forward will be utilized in future years.
GP Premises Improvement Fund	64	(64)	0	Fully Earmarked to Fund SG Priorities	
Community Living Change Fund	505	(27)	478	Earmarked to Fund SG Priorities	3 Year Fund. Posts approved for 1 x Family Group Decision Making Co-Ordinator and Occupational Therapist posts for a period of 3 years.
Winter Planning Fund	188	(129)	59	Earmarked to fund local and SG priorities	Slippage on planned recruitment and agency social workers.
District Nursing Fund	61	(61)	0	Fully Earmarked to Fund SG Priorities	

Reduce Drugs Death Fund	67	0	67	No spending plans have yet been formalised.	No concrete spending plans have been put forward for utilising this funding to date.
Drugs Death Task Force	78	0	78	No spending plans have yet been formalised.	No concrete spending plans have been put forward for utilising this funding to date.
COVID 19 Fund	4,547	(4,547)	0	Fully Earmarked to fund Covid-19 costs	
Health Reserves Fund (NHS Tayside)	1,400	(298)	1,102	Partially Earmarked to deliver financial balance	Not all required to deliver financial balance based on current forecast. Alternative use may be considered by NHST. However may be required to offset NHST IP Mental Health Overspend
20/21 Health Operational Underspend	961	(961)	0	Fully Earmarked to deliver financial balance	
20/21 Social Care Operational Underspend	2,926	(273)	2,653		Minimal use of reserve to support in year position. Invest to Save proposals being developed for remaining funding.
Total	13,900	(7,976)	5,924		

SG = Scottish Government



AUDIT & PERFORMANCE COMMITTEE

13 December 2021

SIX MONTH PROGRESS REPORT ON REMOBILISATION AND KEY STRATEGIC PERFORMANCE INDICATORS

Report by the Chief Officer
(Report No. G/21/172)

PURPOSE OF REPORT

The purpose of this report is to update the Audit & Performance Committee on progress made in respect to Remobilisation actions and performance against the core set of integration performance indicators.

1. RECOMMENDATION(S)

It is recommended that the IJB Audit & Performance Committee:

- Notes the Health and Social Care Partnership's (HSCP) performance to date.

2. SITUATION / BACKGROUND / MAIN ISSUES

- 2.1 The COVID-19 pandemic continues to present a significant challenge to Health and Social Care Service delivery. To address these challenges we continue to progress the actions contained within our ReMobilisation plan which was submitted to the Scottish Government in February 2021. Our ReMobilisation Plan, which is strongly linked to the IJBs strategic ambitions, is our annual operating plan for 2021/22 and this report provides an update on the actions being taken and the progress being made.
- 2.2 Further to this, as reported to this Committee in September 2021, this report continues our routine reporting of Key Strategic Performance Indicators and provides an overview of performance in Perth and Kinross when compared to Scotland overall and against that achieved in previous years.
- 2.3 As we continue to develop our approach to performance management and reporting:
 - We have identified an appropriate benchmarking group which will assist in making more meaningful comparisons of performance in future. This group

of HSCPs cover Local Authority areas which are comparable in terms of size, urban/rural split and deprivation prevalence. Having identified this group we will take forward the necessary steps to develop a systemised approach to the production of routine benchmarked performance reports.

- We recognise that gaining patient and service user feedback is of great value in understanding the extent to which services are improving the outcomes for the people that access them. We are currently piloting a survey tool across a range of health and social care services which will greatly assist in this process. Following an opportunity to take forward the learning from this early pilot we plan to roll this approach out to wider services in the 4th quarter of 2021/22. If this proves to be successful we plan to implement this solution across Health and Social Care Services in 2022/23.
- We are developing Strategic Delivery Plans (SDPs) across a range of portfolios. These SDPs will progress through the Strategic Planning Group before being presented to the IJB and will be underpinned by the identification of key metrics which will broaden the scope of strategic performance reporting.
- We are working with colleagues across Tayside HSCPs to systemise the production of reports on Hosted Services so that routine reporting to respective Audit and Performance Committees can be established.

3. OVERVIEW

- 3.1 When compared to 2020/21, of the 7 indicators for which data exists, 3 are within the target range, 2 are over 3% out with target and 2 are over 6% out with the target range. This performance is broadly consistent with Scotland's overall performance against these indicators over the same period.
- 3.2 Recognising the COVID-19 pandemic had a significant impact on service provision throughout 2020/21 and that this makes year on year comparisons difficult, we have also considered performance against 2019/20. In this respect only NI16 has reduced in performance. This indicator measures the rate per 1000 population of falls that occur in the population (65+) who are admitted as an emergency to hospital.
- 3.3 As reported to the Audit and Performance Committee previously we are continuing a deep dive into the data which supports this performance indicator and linking that data to wider datasets to understand the pattern of falls, where they are occurring and the extent to which further service and pathway developments may assist in mitigating admissions of this type. This is a complex piece of work which is taking some time to complete but will be reported to this committee at the earliest opportunity.

4. CONCLUSION

- 4.1 We are making good progress in respect to the delivery of our ReMobilisation Plan. The actions being taken are supporting the delivery of services in

pursuance of the IJBs strategic ambitions and in particular to improve the outcomes of the people that access our services.

- 4.2 Performance at this stage of the reporting year is good when compared to pre-pandemic levels and against Scotland overall. In respect to areas of particular concern we are taking the necessary steps to understand the problem and what come be done to improve performance.

Author(s)

Name	Designation	Contact Details
Chris Jolly	Service Manager (Business Planning and Performance)	christopher.jolly@nhs.scot

APPENDICES

- 1. Six Month Progress Report on Remobilisation and Key Strategic Performance Indicators**

Perth and Kinross Health and Social Care Partnership

Six Month Progress Report on Remobilisation and Key Strategic Performance Indicators



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”.

CONTENTS

SECTION 1: OVERVIEW OF ACTIVITY

1. Workforce: Wellbeing, Resilience & Development
2. Infection Control and Safer Working
3. Safe Delivery of Social Care (Care Homes/Care at Home/Day Services)
4. Third Sector/Commissioned Services
5. Hospital and Community Care
6. Primary Care
7. Urgent Care
8. Mental Health & Wellbeing
9. Older People's Mental Health
10. Alcohol and Substance Use
11. Digital Innovation
12. Carers Support
13. Complex Care
14. Public Protection/Adult Support & Protection
15. Inequalities
16. Working with Communities
17. Hosted Services
18. Mental Health Medical Staffing and Demand Contingency
19. Premises
20. Vaccination/Flu Programme

SECTION 2: PERFORMANCE AGAINST NATIONAL INDICATORS

- | | |
|-------|---|
| NI12 | Emergency Admissions |
| NI13 | Emergency Bed Days |
| NI14 | Readmissions to Hospital within 28 days of discharge |
| NI15 | Proportion of last 6 months of life spent at home or in a community setting |
| NI16 | Falls rate |
| NI19 | People aged 75+ spend in hospital when ready to be discharged |
| MSG 3 | A&E Attendances |

APPENDICES

APPENDIX 1 - National Indicators table

SECTION 1: OVERVIEW OF ACTIVITY

Introduction

The COVID-19 pandemic continues to have a strong influence on Health and Social Care Services. In this respect our ReMobilisation Plan, submitted to the Scottish Government in February 2021 and shared with the Integration Joint Board members at a development session on the 7th April, serves as our annual operating plan for 2021/22. The following sections provide a comprehensive overview of progress against the actions detailed within that remobilisation plan. The actions being taken are strongly linked to the IJBs strategic priorities as set out in the Strategic Commissioning Plan and the progress made is measured in this respect.

As we move forward and continue our progress through the pandemic, we continue to develop a more strategic approach to service planning and delivery. In this respect we are currently developing Strategic Delivery Plans for:

- Community Mental Health Services
- Older Peoples Services
- Autism and Learning Disabilities

These developing strategies are inextricably linked to the IJB's strategic ambitions for Health and Social Care and will be underpinned by key performance metrics. As we move into 2022/23 and beyond, progress against the delivery of these strategies will become core to our performance management and reporting arrangements.

Service Delivery

1. Workforce: Wellbeing, Resilience & Development

Good progress has been made on the preparation of our 3 Year Workforce Plan. A refreshed Workforce Planning Group has been established. Corporate resources have been reprioritised to support the production of the plan, Phase 1 of which has sought to identify the current and predicted gap in resources per staff grouping. Work is about to commence on Phase 2 which entails professional leads and relevant staff reviewing the data and developing proposals to address the gap on a local, regional and national level.

We committed to work with statutory partners to develop a local staff wellbeing approach. The HSCP Wellbeing Group is now established; this group builds on the established PKC group bringing in NHST colleagues from within the partnership along with colleagues from Psychological Services. The Tayside Psychological Therapies Service Staff Wellbeing and Resilience response provision is also now in place with information and resources for staff being provided and developed further. The recent announcement of funding from Scottish Government to support wellbeing in the Primary Care and Social Care workforce was welcomed and the Wellbeing Group will support the HSCP with a considered approach to how best to allocate this funding.

Due to the ongoing pressures related to the pandemic we have continued our robust approach to workforce management ensuring resilient staffing for essential services. As part of this approach we now receive routine reports from statutory partners (Perth and Kinross Council and NHS Tayside) on staff sickness absence rates. Overall sickness absence is very low across both Health and Social Care services (4.57% and 5.67% respectively for the year to Sept/Oct).

Although these overall rates for absence are low there are isolated pockets of higher levels of absences and this routine reporting allows for further investigation to be undertaken to ensure that appropriate steps are taken to support staff back to work and to manage services accordingly.

In respect to absences which are COVID-19 related, these are not classified as sickness absence and are counted separately. Within Social Care services COVID-19 related absences are currently at 1.38% for the year to Oct. At this time it is not possible to extract COVID-19 related absences in relation to Health services due to recording practices.

2. Infection Control and Safer Working

The Perth & Kinross HSCP Infection, Prevention and Control Committee (IPCC) continues to meet regularly to monitor and scrutinise practice and to ensure local compliance with national standards on Healthcare Associated Infection Prevention and Control and the implementation of the Infection Prevention and Control Annual Work Plan across the HSCP.

COVID-19 brought a focus on ensuring that risk assessments relating to infection, prevention and control and health and safety are completed. This exercise concluded that, within our working environments, safe physical distancing can be adhered to, that PPE is appropriately utilised and that buildings are therefore appropriate to allow safe working to continue. The Risk Assessments that we have put in place continue to be monitored by operational staff and any updated guidance is shared appropriately with teams.

The PKHSCP Care Home Clinical Oversight Group continue to meet twice weekly to monitor the levels of support, guidance and expertise provided to Care Homes and to feed into the NHST Care Home Oversight and Operational Groups. We have now appointed a Senior Nurse specifically for Care Homes, who is an active participant in our Oversight Group. The regular meetings of the Group will continue until March 2022 when a review will take place.

In collaboration with NHS Tayside we have undertaken care assurance visits to all 43 Care Homes in Perth and Kinross to ensure that any improvement plans are being supported and progressed.

3. Safe Delivery of Social Care (Care Homes/Care at Home/Day Services)

Care at Home

We are continuing our review of Care at Home which is considering how best to improve, deliver or commission Care at Home to those parts of rural Perthshire where recruitment challenges limit service provision. Ongoing difficulties in securing sustainable externally commissioned Care at Home provision in rural areas particularly, is leading to further examination of options for a more blended model of service delivery.

The review process has involved a high level of stakeholder engagement in each locality, and this has concluded that in some areas there is an appetite for the HSCP to take a lead role in developing a community collaborative type approach, while in other areas where there are more established community groups, there is a desire for communities to lead these developments but to be supported to do so.

We have considered a variety of different models and explored how they could be implemented within Perth and Kinross. There is no one model that exclusively will meet the needs of our population, but through our community engagement activity the trialling of different approaches

and the learning gained from other areas we have recognised that a “Wellbeing Teams” approach would be most beneficial in both urban and rural areas.

Wellbeing Teams are small, self-managing teams that operate in local neighbourhoods they are values-led at every step, focussed on co-production, supporting people to make decisions about their life and support, committed to the wellbeing both of the people they support and the members of the team.

The challenges we continue to experience in sustaining effective delivery of Care at Home to our more rural areas through externally commissioned services, is encouraging us to explore the potential for developing an in-house Care at Home service.

Care Home Support

To provide proactive care centred on the needs of individual residents, their families and staff we established the Enhanced Care Home Support Team. A team leader was recruited early in the year to the team and is leading the recruitment of other posts and the design and implementation of the team. There are delays in the recruitment process and this has meant that we have not been able to fill posts as planned, however, Nursing posts are now expected to be advertised in the coming weeks and an Enhanced Care Home Social Worker is now in post. Engagement with the Care Home sector has commenced and will be vital to our ongoing development of the team and their remit.

Day Services

Following the relaxation of the COVID-19 restrictions buildings-based support has resumed. Initially there were reduced numbers, but they have now increased to capacity. Virtual support is still available for those wishing to access it.

4. Third Sector/Commissioned Services

We continue to engage with third sector providers to support them to reflect on the past year and consider what their future delivery model will look like. We are committed to working with third sector providers to ensure that they are able to adapt to new delivery models, are aligned to the HSCP priorities and to consider where we can support future development.

During the pandemic we have seen small organisations flourish and gain significant levels of volunteer and community response. The value of these local and community-led organisation should not go unrecognised and we will endeavour to provide any support we can, while looking to replicate best practice across Perth and Kinross. Providing a swift response has been key and we will continue to look to promote organisations who are actively intervening earlier and delaying or avoiding the need for statutory services.

We plan to collaborate with some particular providers to consider services that support people who are experiencing Long COVID-19. Live Active Leisure and RVS are commissioned to work with and complement statutory services in relation to Long COVID-19, to encourage activity in a variety of settings: inpatient, community-based, within care homes and into service users’ own homes.

We also continue to support and work with our Independent Care at Home/Care Home providers to ensure the impact of Long COVID-19 is recognised and activities to counteract its impact are embedded in day to day practice.

5. Hospital and Community Care

In June 2021, we collaborated with senior clinicians and operational managers across NHS Tayside to instigate a system wide Resilience Plan to stabilise the Medical, AHP and Nursing Workforce. An action plan with key priorities for the short, medium and long term has been agreed with a weekly Operational Group, who are working at a fast pace to stabilise the MFE (Medicine for the Elderly) workforce and make best use of community pathways to support capacity and flow.

As part of the above contingency plan, a test of change has commenced between the Frailty team in PRI, Advanced Nurse Practitioners and Perth City Locality Integrated Care Team. This has focussed on providing support to people with more complex needs on arrival at PRI, to support them to return home without the need for admission/readmission, if it is appropriate to do so. Where admission is unavoidable the team support timely discharge through a holistic approach to meeting their health and care needs.

This test of change is in addition to the assessment, care and treatment support provided by Advanced Nurse Practitioners and the Locality Integrated Care Services to people with deteriorating conditions at home. These are people who are at risk of hospital or care home admission and this service is ensuring they are able to stay at home safely, for longer. Further improvements are being taken forward to enhance the Locality Integrated Care Team to provide a 7-day service including increased overnight care.

To further support the shift from traditional bed-based services to care for people with more acute healthcare needs at home, we have been successful in a bid to Healthcare Improvement Scotland to test a Hospital at Home Service over the Winter Period. We are currently recruiting the required workforce and developing the model. This will provide hospital-level care for acute conditions in a person's own home for a short episode that would normally require an acute hospital admission. This will be delivered through a multi-disciplinary team and will complement existing community services such as Advanced Nurse Practitioners and Locality Integrated Care Teams.

In collaboration with NHS Tayside Unscheduled Care Board for Winter Planning we have commenced the establishment of resilience and response arrangements to cope with the expected winter pressures. Despite the demands of the pandemic, we aim to maintain 'business as usual' and prevent deterioration in health and corresponding escalation in necessary care where possible. Business Continuity Plans across the Partnership are being reviewed with contingency planning for adverse weather commenced. Plans are also in place to build resilience for winter period into the Locality Integrated Care Team capacity and Integrated Discharge Hub to provide additional assessment and transition support capacity.

6. Primary Care

Primary Care covers a broad range of service and has seen significant development of new ways of working recently, both in relation to the pandemic but also in respect to the further implementation of our Primary Care Improvement Plan.

We are continuing to develop our Care and Treatment Services which support people to access a range of routine appointments, mainly focussed on Chronic Disease Management, which relieves the need for an appointment within a GP practice. It has been challenging to fully establish this service, particularly in Perth City, given the difficulties of securing permanent/long-term premises. Work continues however in this regard with support from statutory partners and we are developing

a Premises and Clinical Strategy which sets out the needs of the Health and Social Care Partnership for the medium to long-term.

We are continuing to work closely with GP practices to integrate primary care services with localities. An example of this continues the work referenced above in respect to Chronic Disease Management. Working with GP colleagues we are taking opportunities to link with localities based services to better manage patients' conditions within the community. This is particularly the case for people who have not presented to their GP for routine monitoring.

We have also tested the introduction of ANPs as the first point of contact for Nursing Home visits rather than it being the GP. Having completed a successful pilot of this approach within the Perth City locality we are taking the learning from this exercise to further test the approach within Care Homes, linking closely with the LInCs model and the Falls pathway.

During the pandemic it has not been possible to continue our Quality, Safety and Efficiency in Prescribing programme. Work has however now started to re-establish this programme again. The programme seeks to support GPs in respect to their prescribing practice and creates opportunities for a greater number of medication reviews to be undertaken and this leads to opportunities to improvements in the quality, the safety or the efficiency of the medication prescribed.

In recognition of the critical role that primary care plays in maintaining and improving the health of our population and having identified key risks to its sustainability we have developed a model for primary care resilience. In preserving the role of the GP as the expert medical generalist in the delivery of holistic primary care services, this model bolsters the Health and Social Care workforce to support GPs in that role and in doing so provides a greater level of sustainability in the support provided to patients. Having developed the model we are engaged in the HR processes in order to progress to recruitment.

7. Urgent Care

Our approach to Urgent Care (the Urgent Care pathway) continues to develop with a test of change underway in North Perthshire and Perth City Locality. This is assisting in the refinement of the pathway before rolling out across other localities. The current Test of Change are being clinically lead in a collaborative approach between Lead General Practitioners, Consultant Nurse Urgent Care, Advanced Nurse Practitioners and wider multidisciplinary locality teams. Further discussions are underway on how we enhance the urgent care approach across all localities.

We are beginning to collaborate with the Scottish Ambulance Service in the planning and development of the approach to ensure it is as seamless and integrated as possible. This links together wider developments via our LInCS model of care, our Advance Nurse Practitioners and how we manage Minor Injuries across Perth and Kinross, and which is now delivered effectively via our Community Care and Treatment Service.

8. Mental Health & Wellbeing

Several key priorities have been identified within the draft Mental Health Strategy for implementation and these include the recruitment of a Lead GP for Mental Health. A successful applicant has been appointed and they should commence post before the end of the calendar year. We have also recruited a Mental Health Advanced Nurse practitioner who will work in Community Mental Health Teams.

The Distress Brief Interventions (DBI) model is due to commence within Perth and Kinross in December, following a successful tendering process. A DBI is a time limited and supportive problem-solving contact with an individual in distress. This is a two-level approach:

- DBI level 1 is provided by front line staff and involves a compassionate response, signposting and offer of referral to a DBI level 2 service.
- DBI level 2 is provided by commissioned and trained third sector staff who would contact the person within 24-hours of referral and provide compassionate community-based problem-solving support, wellness and distress management planning.

Work is ongoing regarding establishing a Mental Health and Wellbeing Hub to focus on all aspects of health and wellbeing. This is a key theme which has been identified within the draft Mental Health and Wellbeing Strategy and discussions are taking place with other services and planning groups as to how this can best be taken forward.

We have continued our collaboration with 'The Neuk' Crisis and Distress Hub and its affiliated partners. In this regard we have located Registered Mental Health Nurses within the hub, working within the Early Intervention and Prevention Service. This enhances service provision around crisis and distress and improves accessibility to services.

We are also recruiting a Senior Suicide Awareness and Prevention Co-ordinator to enhance suicide awareness, prevention co-ordination and service delivery. Alongside this, work is continuing at Tayside level around future training and skills development for the workforce.

Our plans to explore the possibility of having a Single Point of Contact for access to Mental Health services have been delayed due to contingency measures currently in place. We are reviewing our current processes to determine the preferred model as we move forward.

Stakeholders within P&K continue to be heavily involved in pathway re-design work across Tayside and progress is reported back into the Mental Health and Wellbeing Strategy Group. The Mental Health strategic lead is liaising on a regular basis with the community Planning Partnership and Strategic Planning group.

9. Older People's Mental Health

The Older People Mental Health In-patient wards in Murray Royal Hospital have continued to remain COVID-19 free. This has been achieved through methodical use of PPE, routine surveillance testing for patients over 70 and the implementation of Asymptomatic Testing for staff where there has been excellent compliance.

Our Older Peoples Mental Health Teams have worked closely with other health and social care colleagues through our Locality Integrated Care Service model to provide an enhanced, integrated and co-ordinated approach for people with physical health needs, dementia and cognitive impairment.

Older Peoples Mental Health In-patient areas have been supported to increase the staffing complement to respond to COVID-19 incidence in the wards. This includes one to one support on admission whilst awaiting negative confirmation of COVID-19 testing, as well as ensuring that meaningful activity is promoted to reduce stress and distress caused by the isolation period. This successful approach has been carried forward into 2021/22, to enable us to sustain this good practice example, emerging from the pandemic

The In-patient area has significant challenges in delayed discharge given patients' complex health and care needs and there remains a significant challenge around capacity across the Tayside POA In-patient estate. To address this we have created a Band 6 Transition Nurse post to work alongside in-patient services, care homes and care home liaison teams across Perth and Kinross. This has successfully supported patients with complex care needs to be offered placements in a more homely setting. Remobilisation funding has been secured until July 2022 to ensure this Transition Nurse can continue to provide essential support. It is acknowledged that this is a vital role in bridging the gap between inpatient services and Community Mental Health Teams (CMHT) . Additional posts will be required to support this model, and this will be taken forward, along with the need to review our Care Home liaison function and our Dementia and COVID-19 action plan, within our developing service transformation proposal.

We are reviewing whether there is a need to develop specialist, complex inpatient beds for older people with mental health issues similar to the Intensive Psychiatric Care Unit model offered to young adults.

10. Alcohol and Substance Use Services

Our local Drug and Alcohol Services have continued to develop their approach to service users. We have received additional funding from the Scottish Government to reduce Drug Deaths and although some of this funding has been ring fenced for residential rehabilitation we are developing a mobile Buvidal clinic and bids to implement recommendations from the Recovery Community review are being considered. We have implemented the Non-Fatal Overdose pathway which seeks to identify and provide support to people as quickly as possible after a non-fatal overdose. In addition, we are seeking to recruit two Assertive Outreach Workers who will provide outreach to individuals who have experienced or who are at risk of overdose. Complementing these developments, we have continued to implement the Recovery Orientated System of Care (ROSC) with the Recovery Community, and this is being reviewed in partnership with the Scottish Recovery Consortium.

We have enhanced our use of Technology Enabled Care (TEC) where possible; virtual supports are in place such as Recovery Cafes and we are scoping the potential use of TEC to reduce the risk of people overdosing.

We plan to enhance the medical prescribing provision to ensure that people have access to the appropriate medicines at the right time and work is ongoing to implement the Medication-Assisted Treatment (MAT) Standards.

Increased funding has been awarded to Tayside Council on Alcohol (TCA) for alcohol counselling and the ADP has also supported and participated in a number of 'safer drinking' promotional campaigns to support people who have increased their alcohol intake due to lockdown restrictions.

11. Digital Innovation

Our ambition is to ensure our workforce have access to the technological tools and services they need to increase their resilience and enable new, more efficient and effective ways of joint working across health and social care. We need also to continue to roll out digital solutions to the people who use our services so that they can access the support they need effectively and efficiently.

To progress our digital agenda we have completed the roll out of 'Total Mobile' the Home Assessment and Reablement Team. This solution streamlines processes through the replacement

of paper submissions by electronic forms that support automation at many points of the process. The automation reduces duplication of work, standardisation of data input, and enhanced reporting. Following this success we are moving to the next stage of system implementation which will improve the scheduling of client visits which is a resource intensive manual process. Given the success of the Total Mobile solution we have started scoping the potential for this solution to be used across wider Health and Social Care Services.

We have reviewed the National Digital Citizen Delivery plan against existing Digital/TEC projects to ensure our outcomes are aligned and supporting the delivery plan. This is evident in areas such as the transition from analogue to digital telephony systems by working closely with the Local Government Digital Office. We are also active participants in the PKC Participation Group to engage with citizens, staff, and services in supporting and promoting access to digital services and equipment to reduce digital poverty and inclusion.

12. Carers' Support

We committed to develop new supports and alternative services for people in collaboration with carers and providers. Additional staff have been recruited and we will develop the befriending service which was established as part of the COVID-19 response. To assist in responding to increased referrals we have provided additional funding to PKAVS. We are also working with commissioned service providers to continue developing community-based supports across Perth & Kinross, particularly in rural settings.

We are promoting the use of TEC support for service users, including the publication of available support via PKAVS email newsletter and Failte, the new HSCP magazine. We have also worked with the Carers Strategy Group to develop training and to promote the use of TEC. This has also been taken forward with support from external partners, such as Vision PK and Hearing Loss UK.

We have reviewed (are reviewing?) the Hospital Discharge process to ensure that carers are supported and involved in discharge planning and that their perspective is considered. We have recruited a Social Care Officer who works in collaboration with the Hospital Discharge Team to improve the experience for the unpaid carer. We are now seeking to develop this further with colleagues across Tayside to improve the discharge process from Ninewells hospital.

We have recruited a Palliative Carer Support Worker to provide additional capacity within localities and to ensure compliance with new legislative guidance on supporting people who are terminally ill. Processes have been put in place to ensure that carers are supported appropriately, within the specified timescales.

To enable carers to be empowered to inform the development of our programmes, plans and strategies we have trained eight unpaid carers to participate in working groups ensuring that carers are represented in the planning and shaping of services for carers and those they care for. A Carers Reference Group has been established and further communication with strategic leads will be undertaken to ensure that carers are represented across all strategies. Young carers continue to be involved via the Young Carer Strategy Monitoring Group, the development of mental health support for young carers, and also young carers champions in schools.

In recognition of the additional support required, we have boosted our resources to PKAVS to allow them to support an increasing number of young carers to access normal life experiences, to get respite and where needed 1-1 tuition. All of this is aimed at allowing young carers to achieve their life potential and reduce the attainment gap. PKAVS have also been resourced to ensure

that support is available for parent carers to access respite allowing them to get the short breaks from their caring role.

13. Complex Care

Complex Care relates to the support provided for people with complex needs to enable them to live their daily lives. It includes a range of health and social care supports, accommodation and access to employment, further education and leisure activities.

People from any client group can have complex needs, however the vast majority have autism and/or a learning disability.

The Complex Care Transformation Programme aims to improve support for people with complex needs. An integrated, multi-disciplinary team (SCOPE) is being developed which will support people with autism and/or a learning disability and enable the implementation of a consistent, Positive Behavioural Support model which will identify and address individual's behaviours that services find challenging rather than trying to alleviate the impact by providing excessive amounts of social care. The recruitment of this multi-disciplinary team is currently being taken forward.

An overnight responder service and eight Core and Cluster developments are being implemented and day care/opportunities, respite and the transitions processes for people with complex care needs are being reviewed and improved. The tender for the TEC element of the Overnight Responder Service has now been completed. Procurement challenges have however prompted the need to consider alternative options.

In addition we have progressed the Transitions Pathway consultation exercise which is focussed on improving our approach to ensuring that young people transition as seamlessly as possible, at the appropriate time, from children's services.

14. Public Protection/ Adult Support & Protection

One of our Adult Support and Protection (ASP) key priorities is to improve referral routes to enable an effective, multi-disciplinary response to vulnerable people referrals. To progress this we have secured dedicated NHS ASP advisers to enhance the identification and referral of adult concerns from within the health sector.

The Inter-agency Referral Discussion (IRD) process was introduced into Perth and Kinross in December 2020. This further enhances the multi-agency approach to ASP taken in Perth and Kinross.

A key learning from recent audits relates to the improving use of chronological histories during case conferences, particularly when multiple agencies are involved. A 'test of change' has been taken forward in Perth City in this regard and will be reviewed in December 2021.

As we continue to develop our multi-agency approach to adult support protection, Third Sector colleagues have become core members of the ASP Committee and the supporting subgroup. Their involvement is allowing greater opportunities to identify ASP concerns particularly in relation to adults with mental health or substance use issues.

15. Inequalities

It is clear that many groups have been disproportionately affected by COVID-19 and its impact on communities. We remain committed to developing a targeted approach to those groups that have been affected to ensure they have information and access to appropriate support, care and treatment.

We are working with community planning partners to ensure that a human rights-based approach is developed. The Chief Officer and Heads of Adult SWSC sit on the Community Planning Partnership (CPP) Board with both Heads of Service as members of a CPP short life working group whose focus is to develop a joined up and targeted approach to tackling the priorities within the Local Outcomes Improvement Plan.

Out with this activity we are commencing our 'Community Brokerage' pilot with Support Choices. This model supports people to identify the social care support which is right for them and promotes greater choice and control in their own social care. Trained and accredited Community Brokers help people plan and organise their own support arrangements and make maximum use of local support and activities within the community, even if they are not eligible for formal support. We expect this to include people in a range of locations and circumstances, including Highland Perthshire, Crieff/Comrie and Perth City

We had planned to develop an Integrated Resource Framework (IRF) to enable us to understand health and social care inequalities across each locality and enable informed strategic decision making. However it has not been possible to progress the development of this as yet due to management capacity issues.

16. Working with Communities

A Connected Scotland strategy for tackling social isolation and loneliness and building stronger social connections was published in December 2018 and is the Scottish Government's national strategy for tackling social isolation and loneliness and building social connections. This strategy identifies 4 priority areas for action, we are adopting these within Perth & Kinross and establishing work streams with a focus on:

Empower Communities and build shared ownership

Our intention is to invest in and expand the use of Brokerage within Perth and Kinross. There are currently only a small number of brokers available primarily within North Perthshire, we are seeking to ensure brokerage is widely available within all localities. The intention of Brokerage is to intervene at the earliest possible stage and prevent long term impact, it can avoid the use of statutory services and as a model drives us towards an outcome focussed and co-produced approach to our community-based support or ultimately care planning. We have commissioned a local provider to undertake a pilot for the delivery of a Test of Change project to develop Community Brokerage in Perth and Kinross, commencing November for a period of six months.

As we continue to review our Care at Home delivery model, we are trialling specific elements of a "self-managed team approach" in our HART team, and this will allow us to gain local learning around this approach. The outcomes of this trial will be shared with our external partners and within our Community Collaborative groups with the intention of delivery models being developed, bespoke to the community in which they live.

Promote positive attitudes and tackle stigma

We have undertaken a review of current delivery and are clear that a change in delivery model would be of benefit to the Partnership. Further work is being undertaken with regard these proposals, but the proposed changes including an increase in number of social prescribers and a centralised management function will provide:

- GP practices and other agencies with access to a one door referral point for non-clinical social support.
- Community Groups and communities will be supported to engage in developing local approaches to the need being identified by the staff working with the individuals referred.
- A clarity and common role for the Social Prescribers will be established alongside a robust performance framework
- The HSCP will have made an explicit strategic commitment backed by a visible structural intent to deliver an integrated and coordinated preventative resource to work alongside individuals and communities to deliver the aspirations of the HSCP Strategic plan.

Support and Infrastructure that fosters connections:

There is an ongoing need for engagement as part of a continuous cycle of strategic planning, key to this is understanding and considering the views of localities, we need to harness the skills of local people, the power of local associations and the supportive functions of local institutions and services in order to build stronger, more sustainable communities.

As a vehicle for ensuring this continuous engagement the Strategic Planning Group and its membership were refreshed to ensure representation was inclusive of people who use health and care services, unpaid carers, commercial providers of healthcare, non-commercial providers of healthcare, commercial providers of social care, non-commercial providers of social care, social work and social care professionals, health professionals, non-commercial providers of housing and third sector bodies carrying out activities related to health and social care. Two meetings have been held with another due in late November. We have presented a variety of papers to the group including our latest remobilisation plan, the draft Mental Health Strategy, and a National Care Service Consultation presentation.

The SPG will oversee the development and monitoring of the Partnership's Strategic Plan and Strategic Commissioning Plan and provides a reporting structure for all service user strategy Groups.

The Communication, Engagement and Participation group and membership has been refreshed and the first meeting held, with an opportunity for stakeholders to contribute to future agendas. This group will coordinate all engagement activity across Perth and Kinross. Each of our localities has an up-to-date Participation and Engagement Plan that is overseen by the Locality Management Group. This document plays a key role in coordinating engagement by all agencies and organisations with a Health and Social Care focus in the areas, representation from each local management group now sit on the Communication, Participation and Engagement Group.

The aforementioned meetings will ensure engagement at all levels and across all agencies, meaning our Strategic Planning and thus service delivery is informed and co-produced by all relevant stakeholders.

Create opportunities for people to connect

The Partnership are investing in App based technology to promote and coordinate elements of our Volunteer workforce. This approach will allow ease of access to volunteering opportunities, it will

ensure volunteer activities are matched to skill, matched to location and will allow complete flexibility in regularity of volunteer work. The Volunteers will be trained and supported by an already commissioned local volunteer organisation.

We are investing in Remote Responder Technology, and we are currently tendering for the necessary IT equipment and software. Once this is completed, TEC units will be provided to people currently receiving overnight support and a Social Care Officer will be on shift overnight to monitor and respond virtually to calls through the TEC unit. Some existing overnight staff will be assigned to provide a physical response if this is required.

Our service users will be consulted before this service commences and risk assessments will be carried out. In each situation there will be a transition period during which existing supports will remain in place to ensure the new service is appropriate

17. Hosted Services

Public Dental Services

The pandemic reduced dental activity significantly however throughout 2021/22 the Public Dental Service has continued to try to increase clinical activity again to meet the needs of all patient groups. The service is however constrained by higher than average rates of sickness absence, and the continuing additional precautions in place as a result of COVID-19. Further demand pressures are being experienced in respect to patients not being able to access routine dental care within the independent sector. This is leading to increases in presentations of unregistered patients and dental emergencies to the PDS.

We have made further progress in the last six months in our Dental Outreach activity and additional dental sessions (funded via NHS Education Scotland, University of the Highlands and Islands and Dundee Dental School) are in place to increase support for Aerosol Generating Procedures (AGPs). The current Outreach cohort comprises final year undergraduate dentists and dental therapists from Dundee University, and undergraduate dental therapists from University of Highlands and Islands, attending Broxden, Kings Cross and Springfield.

For patients with special care needs who require General Anaesthetic (GA), we have improved access to dental treatment in Stracathro Hospital but the cohort suitable for this hospital is limited and the most complex patients are however unable to access care anywhere in Tayside.

PDS continue to work with NHS Tayside Estates Department to improve physical infrastructure in relation to ventilation issues across Tayside Dental premises to reduce fallow time and allow for more treatments to take place.

Podiatry

Recruitment and retention of Podiatrist remains a challenge at a time when demand is increasing in terms of volume and complexity. This is largely due to a reduction in presentation during the pandemic as well as the redeployment of staff to support other critical services.

The implementation of Podiatry Assessment Hubs is enabling the service to restore the balance between demand and capacity in line with eligibility criteria and supporting improved patient flow.

In order to support requests for lower risk assistance, the Podiatry service continues to offer advice and signposting to wider resources which support enablement and bolster health resilience.

Prison Healthcare

Within HMP Perth, through close working relationships with the Scottish Prison Service and the Vaccination Teams we have ensured that a comprehensive vaccination programme has been rolled out. This has been complemented by an effective approach to Infection Control and Safer Working which has assisted in managing COVID-19 infections within Prison Healthcare.

New admissions to the prison environment are tested on the day of admission and again on day 7 and where appropriate they are offered vaccination. By taking this approach in parallel with offering vaccination to the wider prison population, over 444 first dose vaccinations and 290 second doses vaccinations have been administered within HMP Perth. Within HMP Castle Huntly 134 first dose and 130 second dose vaccines have been administered.

18. Mental Health Medical Staffing and Demand Contingency

We have experienced significant difficulties in respect to the staffing levels within Mental Health Services. To mitigate against pressures raised through medical staffing vacancies we have established urgently a Contingency Hub to maximise the effectiveness of medical staffing and ANP input to mental health assessments with a supporting infrastructure including dedicated accommodation, service management and administrative support. This is being reviewed on a weekly basis with amendments being made accordingly.

The medical workforce is beginning to stabilise with additional locum support and working with key stakeholders we are seeking to reduce the level of contingency and to normalise working practices. Further to this we aim to increase staffing provision to help alleviate pressures by securing additional Registered Mental Health Nurses, Occupational Therapists and Mental Health Advanced Nurse Practitioners.

19. Premises

As services continue to remobilise and we consider new ways of delivering the support our patients and service users need, consideration is equally being given to the best locations from which our services should be delivered. Although the post COVID-19 model of working is still to be finalised, it is likely to be a form of blended working for some services. Many other HSCP services cannot however be delivered in a virtual manner and there will be an ongoing requirement for office and clinical space.

We currently face a number of pressing premises issues across a range of services and with new and developing services coming in we need to establish our core premises requirements urgently.

To progress this with the necessary pace we have engaged with statutory partners and are also seeking opportunities to procure external support via a contractor or consultant.

20. Vaccination/Flu Programme

We have worked in collaboration with NHST Central Vaccination Programme to deliver annual flu and COVID-19 booster programme. The local delivery model has however changed due to accommodation issues and the model will now be delivered through a centre in Perth with Pop-up clinics in rural areas across Perth and Kinross.

Care Home residents and staff vaccination is progressing well with housebound and long stay inpatient vaccination to follow. Health and social care staff clinics are running at PRI and the centre at Dewar's continues to provide vaccination for both flu and COVID-19. GP practices are continuing to support the delivering flu vaccination to the over 70 age group and the Clinically Extremely Vulnerable.

A Short Life Working Group has been established with partner agencies to consider mass vaccination clinics from December 2021 until March 2022. Risks to this programme exist in respect to premises however and these are being worked through with partners.

SECTION 2: PERFORMANCE AGAINST NATIONAL INDICATORS

National Indicators Overview

The following narrative provides an overview and commentary on our performance to date when considering a range of national performance measures. These measures are linked closely to the National Health and Wellbeing outcomes and all KPIs for which data exists at the time of writing have been provided. Please note that data is not currently available for National Indicators NI 11, 17, 18 and 20.

Emergency Admissions (NI12)

The rate of emergency admissions per 100,000 population has increased by 3.53% in the year to date compared to the 2020/21 value (10,395 to 10,762 July 2021). However, this increase is lower than that for Scotland overall, which increased by 5.48% over the same period. This means that when compared to Scotland the rate of emergency admissions in Perth and Kinross remains 4.90% lower.

The rise in emergency admission needs to be interpreted in the context of an exceptionally low comparator period, 2020/21. When compared to 2019/20 (immediately prior to the pandemic) we can see that emergency admissions currently remain lower (10,762 compared to 11,395).

ID	Indicator	measure	2019/20		2020/21		Latest Data for 2021/22		Period	Comparison		
			Scotland	Perth & Kinross	Scotland	Perth & Kinross	Scotland	Perth & Kinross		How we compare to 2020/21	Scotland latest compared to 2020/21	How we compare to Scotland
NI-12	Rate of emergency admissions per 100,000 population for adults (18+ all specialities)	Rolling 12 month rate	12,408	11,395	10,670	10,395	11,289	10,762	Jul-21	3.53%	5.48%	-4.90%

Emergency Bed Days (NI13)

The number of emergency bed days increased by 3.62% in the year to date compared to the 2020/21 value (93,569 to 96,958 June 2021). Across the same period, Scotland overall reported a slightly smaller increase of 3.03%. Despite this, the figure for Perth and Kinross remains 6.58% lower than the value for Scotland overall.

The increase in emergency bed days reported since 2020/21 should be understood within the context of particularly low number of emergency bed days reported for the 2020/21, due in part to the impact of COVID-19 and our pandemic response. When compared to 2019/20 Perth and Kinross recorded a 12.51% reduction in emergency bed days (110,828 to 96,958 June 2021).

ID	Indicator	measure	2019/20		2020/21		Latest Data for 2021/22		Period	Comparison		
			Scotland	Perth & Kinross	Scotland	Perth & Kinross	Scotland	Perth & Kinross		How we compare to 2020/21	Scotland latest compared to 2020/21	How we compare to Scotland
NI-13	Rate of emergency bed day per 100,000 population for adults (18+)	Rolling 12 month rate	118,474	110,828	100,201	93,569	103,334	96,958	Jun-21	3.62%	3.03%	-6.58%

Note: This indicator is linked to NI 12 above and NI 19 detailed below.

Readmissions to Hospital within 28 days of discharge (NI14)

The rate of readmission to hospital after discharge reduced by 6.66% in the year to date compared to 2020/21 (129 to 121 June 2021). Readmissions also reduced across Scotland overall across the same period, however, at a slower rate of 4.09%. Wider direct comparisons of current performance against Scotland are not however valid as recording practices vary significantly within Tayside to the rest of Scotland.

Current performance when compared to previous year's can be viewed within the context of Perth and Kinross's continuous improvement, with the rate of readmission having reduced by a 6.52% between 2019/20 and 2020/21 (138 to 129).

ID	Indicator	measure	2019/20		2020/21		Latest Data for 2021/22			Comparison		
			Scotland	Perth & Kinross	Scotland	Perth & Kinross	Scotland	Perth & Kinross	Period	How we compare to 2020/21	Scotland latest compared to 2020/21	How we compare to Scotland
NI-14	Readmissions to hospital within 28 days of discharge per 1,000 discharges (18+)	Rolling 12 month rate	138	138	112	129	108	121	Jun-21	-6.66%	-4.09%	10.98%

Proportion of last 6 months of life spent at home or in a community setting (NI15)

The proportion of the last 6 months of life spent at home or in a community setting has increased by 0.72% in the year to date compared to 2020/21 (90.33% to 91.05% July 2021). Within the same period, Scotland has demonstrated a slight reduction of 0.06%. Accordingly, Perth and Kinross recorded the proportion of the last 6 months of life spent at home or in a community setting at a rate 0.92% above that of the Scottish average.

Increasing performance rates in this measure have been maintained throughout the COVID-19 pandemic, with a 0.66% reduction recorded between 2019/20 and 2021 (89.67% to 90.33%).

ID	Indicator	measure	2019/20		2020/21		Latest Data for 2021/22			Comparison		
			Scotland	Perth & Kinross	Scotland	Perth & Kinross	Scotland	Perth & Kinross	Period	How we compare to 2020/21	Scotland latest compared to 2020/21	How we compare to Scotland
NI-15	Proportion of last 6 months of life spent at home or in a community setting	Rolling 12 month rate	88.24%	89.67%	90.19%	90.33%	90.13%	91.05%	Jul-21	0.72%	-0.06%	0.92%

Falls rate (NI16)

The falls rate reduced by 0.81% in the year to date when compared to 2020/21 (23.74 to 23.54 July 2021). This contrasts to a Scottish increase of 2.42% reported over the same period. Despite this relative improvement, the falls rate for Perth and Kinross is 6.52% higher than Scotland.

In 2019/20, which captures a significant period of pre-pandemic data, the falls rate was 7.37% lower when compared to 2020/21 (22.11 to 23.74).

			2019/20		2020/21		Latest Data for 2021/22			Comparison		
ID	Indicator	measure	Scotland	Perth & Kinross	Scotland	Perth & Kinross	Scotland	Perth & Kinross	Period	How we compare to 2020/21	Scotland latest compared to 2020/21	How we compare to Scotland
NI-16	Falls rate per 1,000 population (65+)	Rolling 12 month rate	22.35	22.11	21.47	23.74	22.01	23.54	Jul-21	-0.81%	2.42%	6.52%

People aged 75+ spend in hospital when ready to be discharged (NI19)

The days people aged 75+ spend in hospital when ready to be discharged increased by 26.96% in the year to date when compared to 2020/21 (197 to 250 August 2021). Across Scotland performance against this measure has also reduced albeit at a lower rate of 17.73%. Despite this movement in relative performance, the rate in Perth and Kinross remains significantly lower than Scotland overall, by 135.30%.

The increase in days people aged 75+ spend in hospital when ready to be discharged needs to be interpreted in the context of an exceptionally low comparator period, 2020/21. When compared to 2019/20 (immediately prior to the pandemic) we see the rate of delayed discharges remain 49.7% lower (497 compared to 250 August 2021).

			2019/20		2020/21		Latest Data for 2021/22			Comparison		
ID	Indicator	measure	Scotland	Perth & Kinross	Scotland	Perth & Kinross	Scotland	Perth & Kinross	Period	How we compare to 2020/21	Scotland latest compared to 2020/21	How we compare to Scotland
NI-19	Number of days people aged 75+ spend in hospital when they are ready to be discharged per 1,000 population	Rolling 12 month rate	768	497	484	197	589	250	Aug-21	26.96%	17.73%	-135.30%

A&E Attendances (MSG 3)

The number of A&E attendances have increased 9.69% when compared to 2020/21 (14,268 to 15,651 per 100,000 July 2021). Across the same period for Scotland this measure increased by 11.07%. As such, Perth and Kinross attendances at A&E are currently a significant 46.62% lower than for Scotland overall.

The increase in attendances should be understood within the context an abnormally low comparator period, 2020/21. When compared to the period immediately prior to the pandemic (2019/20) a 30.90% reduction has been realised (22,650 to 15,651 July 2021)

			2019/20		2020/21		Latest Data for 2021/22			Comparison		
ID	Indicator	measure	Scotland	Perth & Kinross	Scotland	Perth & Kinross	Scotland	Perth & Kinross	Period	How we compare to 2020/21	Scotland latest compared to 2020/21	How we compare to Scotland
MSG 3	A&E attendances per 100,000 population	Rolling 12 month rate	28,504	22,650	20,408	14,268	22,948	15,651	Jul-21	9.69%	11.07%	-46.62%

NATIONAL INDICATOR TABLES

APPENDIX 1

ID	Indicator	measure	2019/20		2020/21		Latest Data for 2021/22			Comparison		
			Scotland	Perth & Kinross	Scotland	Perth & Kinross	Scotland	Perth & Kinross	Period	How we compare to 2020/21	Scotland latest compared to 2020/21	How we compare to Scotland
NI-11	Premature Mortality Rate per 100,000	Rolling 12 month rate	430	332	460	363	na	na	na	na	na	na
NI-12	Rate of emergency admissions per 100,000 population for adults (18+ all specialities)	Rolling 12 month rate	12,408	11,395	10,670	10,395	11,289	10,762	Jul-21	3.53%	5.48%	-4.90%
NI-13	Rate of emergency bed day per 100,000 population for adults (18+)	Rolling 12 month rate	118,474	110,828	100,201	93,569	103,334	96,958	Jun-21	3.62%	3.03%	-6.58%
NI-14	Readmissions to hospital within 28 days of discharge per 1,000 discharges (18+)	Rolling 12 month rate	138	138	112	129	108	121	Jun-21	-6.66%	-4.09%	10.98%
NI-15	Proportion of last 6 months of life spent at home or in a community setting	Rolling 12 month rate	88.24%	89.67%	90.19%	90.33%	90.13%	91.05%	Jul-21	0.72%	-0.06%	0.92%
NI-16	Falls rate per 1,000 population (65+)	Rolling 12 month rate	22.35	22.11	21.47	23.74	22.01	23.54	Jul-21	-0.81%	2.42%	6.52%
NI-17	Proportion of Care Services rated good or better in Care Inspectorate inspections	Rolling 12 month rate	81.80%	86.39%	82.00%	86.00%	na	na	na	na	na	na
NI-18	Percentage of 18+ with intensive social care needs receiving Care at Home	Rolling 12 month rate	63.0%	59.3%	62.1%	60.7%	na	na	na	na	na	na
NI-19	Number of days people aged 75+ spend in hospital when they are ready to be discharged per 1,000 population	Rolling 12 month rate	768	497	484	197	589	250	Aug-21	26.96%	17.73%	-135.30%
NI-20	Percentage of health and care resource spent on hospital stays where the patient was admitted as an emergency	Rolling 12 month rate	24.08%	26.6%	25.95%	24.9%	na	na	na	na	na	na
MSG 3	A&E attendances per 100,000 population	Rolling 12 month rate	28,504	22,650	20,408	14,268	22,948	15,651	Jul-21	9.69%	11.07%	-46.62%

Performance Key

	We are within 3%, or are meeting or exceeding the number we compare against		We are between 3% and 6% away from meeting the number we compare against		We are more than 6% away from meeting the number we compare against
--	---	--	--	--	---



PERTH AND KINROSS INTEGRATION JOINT BOARD

AUDIT & PERFORMANCE COMMITTEE

13 DECEMBER 2021

STRATEGIC RISK MANAGEMENT UPDATE

Report by Chief Officer
(Report No. G/20/173)

PURPOSE OF REPORT

The purpose of this report is to:

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

1. BACKGROUND

- 1.1 As a key part of its governance process, the Strategic Risk Register examines the risks that impact on the IJB's ability to deliver its Strategic Commissioning Plan. The Audit and Performance Committee has delegated responsibility from the IJB for reviewing the adequacy and effectiveness of the systems and process in place to manage strategic risk.
- 1.2 The Strategic Risk Register is supported by a Strategic Risk Improvement Plan. This has been developed to improve either the range of controls in place or to improve the effectiveness of existing controls.
- 1.3 Perth & Kinross Health and Social Care Partnership's Executive Management Team (EMT) routinely monitors, reviews and provides a balanced assessment of the nature and extent of the strategic risks to which the IJB is exposed in pursuit of its strategic objectives. As part of this EMT regularly review Operational Risks across PKHSCP to determine whether escalation is required to Strategic Risk level. This includes Clinical and Care Risks.

2. ASSESSMENT

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

- SR06 Viability of External Providers – risk exposure increased from 8 (Amber) to 16 (Red)
- SR07 Insufficient Preparedness for Future COVID-19 (or other pandemic) Pressures – Risk Archived
- SR12 EU Withdrawal – Risk Archived

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

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

Table 1

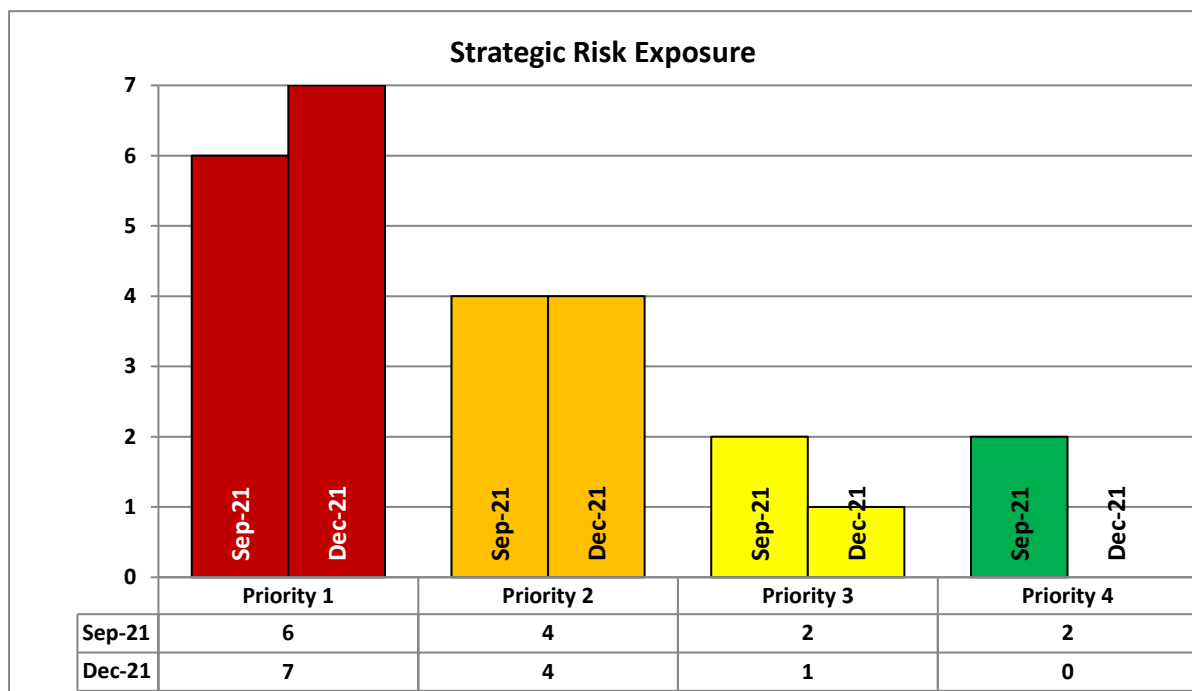
Risk	Impact	Probability	Sept 2021 Score	Justification	Impact	Probability	Dec 2021 Score	Change
SR01 Financial Resources	5	4	20	There is no change to risk exposure at present whilst an allocation letter from the Scottish Government is awaited concerning the recent winter/resilience/long term capacity monies. Existing controls are functioning as before with the BRG process in progress. The review of the IJBs Integration Scheme continues with the review of Financial Risk Sharing agreements being a key priority.	5	4	20	↔
SR02 Workforce	5	4	20	Good progress has been made on the preparation of the 3 Year Workforce Plan. Various workstreams are underway and groups being prepared to ensure that progress continues at pace to meet the 31 March 2022 submission deadline. Corporate resources have also been reprioritised to support the production of the plan. However the level of workforce challenges across PKHSCP are such that the 3 Year Workforce Plan will in itself be insufficient to mitigate the current level of risk. The Scottish Government Health & Social Care Workforce Strategy is awaited and the national solutions are essential to respond to national shortages across a number of key staff groups. This will be key in addressing growing workforce shortages to sustain existing and new service models. The Older Peoples Strategic Delivery Plan 2022: 2025 and the Community Mental Health & Wellbeing Strategy set out significant investment in additional staff to respond to increase in demand for services. However recruitment to additional posts is only now underway with success of both strategies dependant on success in recruitment. As such there is no change to the risk exposure.	5	4	20	↔
SR03 Safe Working	4	4	16	The production of an accommodation strategy encompassing Perth and Kinross HSCP service needs is being progressed. Support for this work is being sought via the identification of a consultant, although this remains at an early stage. There is no change to the risk score at present.	4	4	16	↔
SR04 Sustainable Capacity and Flow	5	4	20	Our Strategic Delivery Plan for Older Peoples Services and Perth and Kinross Mental Health and Wellbeing Strategy are being developed and will seek to address pressures in a sustainable manner. However the emergent partnership red risk in relation to Care at Home capacity has a direct impact on capacity and flow. Whilst Winter & Resilience funding has been made available by the Scottish Government to respond to Care at Home	5	4	20	↔

Risk	Impact	Probability	Sept 2021 Score	Justification	Impact	Probability	Dec 2021 Score	Change
				pressures, and a new model is being designed recruitment challenges may be difficult to overcome. There is no change to the risk score at present.				
SR05 Sustainable Digital Solutions	4	3	12	The Steering Group and Strategy Group are working well and directing the need for change as expected. However no change to risk scores at present as improvement actions still progressing.	4	3	12	↔
SR06 Viability of External Providers	4	2	8	The impact of staffing turnover remains a concern and is continually monitored with mitigating actions being taken where possible. Challenges are emerging in relation to different sectors of commissioned services, with Care at Home capacity being of particular immediate concern most notably in relation to rural P&K areas. As such it has been assessed that the probability of the residual risk be increased from 2 to 4. This increases this risk to Priority 1 RED. Immediate mitigating actions are being sought to reduce this risk exposure.	4	4	16	↑
SR07 Insufficient Preparedness for Future COVID-19 (or other pandemic) Pressures	5	1	5	There has been no change to the risk exposure of this risk for 6 months and it has remained a priority 4 green risk during this time. Following consultation with the risk owner and confirmation that there are no matters of operational significance EMT have decided to archive this risk from the strategic risk register. This risk will no longer be routinely updated but can be escalated along with other emergent risks where necessary.	5	1	5	↔
SR08 Widening Health Inequalities	3	4	12	Joint work continues with PKHSCP and the Community Planning Partnership in relation to addressing inequalities with increased capacity to coordinate volunteering improving opportunities for early intervention. Further close working with the CPP to tackle inequalities will be taken forward via the will be crucial with the new LOIP (Local Outcome Improvement Plan) The risk score remains unchanged.	3	4	12	↔
SR09 Leadership Team Capacity	4	3	12	The Chief Officer has determined that the planned HSCP restructure is now not considered the best or only way forward for enhancing leadership capacity. While restructuring may achieve more integrated working, it would not increase capacity within the Senior Team. Instead, it may delay for some considerable time our ability to take the action necessary to address this risk Additionally, Internal audit will be undertaking an assignment in relation to Leadership Capacity early in the new year. No change to risk score at present.	4	3	12	↔
SR10 Corporate Support	4	3	12	The Chief Officer has determined that the planned HSCP restructure is now not considered the best or only way forward for enhancing leadership capacity. While restructuring may achieve more integrated working, it would not increase capacity within the Senior Team. Instead, it may delay for some considerable time our ability to take the action necessary to address this risk However a rapid review of corporate support has been undertaken with a view to embedding and extending corporate support capacity. A funding solution has been identified that will be considered through the 2022/23 budget process. In parallel, an Internal Audit Review of Corporate Support is being	4	3	12	↔

Risk	Impact	Probability	Sept 2021 Score	Justification	Impact	Probability	Dec 2021 Score	Change
				undertaken. No change to risk score at present.				
SR11 Primary Care	4	4	16	Progress has been limited so no change to risk exposure.	4	4	16	↔
SR12 EU Withdrawal	4	1	4	There has been no change to the risk exposure of this risk for 6 months and it has remained a priority 4 green risk during this time. Following consultation with the risk owner and confirmation that there are no matters of operational significance, EMT have decided to archive this risk from the strategic risk register. This risk will no longer be routinely updated but can be escalated along with other emergent risks where necessary.	4	1	4	↔
SR13 Inpatient Mental Health Services	3	3	9	Improvement actions remain ongoing with the review of the Integration Scheme progressing. The joint work to bring forward a Strategic Delivery Plan and supporting Financial Framework has not completed by the original target date. The target date for this improvement action has therefore been amended but the RAG rating of the action remains at Amber. No change to risk exposure.	3	3	9	↔
SR14 Partnership Premises	4	4	16	Steps have been taken to commission consultancy support to develop an accommodation strategy which is a key improvement action. However this remains at an early stage so there is no change to the risk score.	4	4	16	↔
<> No change in risk exposure ↑ Increase in risk exposure ↓ Decrease in risk exposure								

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

Table 2



3. NEW/EMERGENT RISKS

- 3.1 An emergent risk in relation to the sustainability of GP Practices has been identified. This will be added to the Strategic Risk Register as a standalone risk with mitigation measures and improvement actions to be identified. The 3 year workforce plan will form an integral part of the controls being brought forward to mitigate this risk.
- 3.2 A development session for the Audit & Performance Committee will be arranged in order to introduce this risk and the work being done to understand and mitigate it.

4. STRATEGIC RISK IMPROVEMENT ACTION PLAN

- 4.1 The Strategic Risk Improvement Plan sets out the actions being taken to improve the overall control environment and where possible reduce current levels of risk exposure.
- 4.2 This has been updated and is attached at Appendix 2.
- 4.3 Since the Improvement Plan was last presented to the Audit and Performance Committee, the following changes have been made:
- SR2 Workforce, Improvement Actions “Implement short, medium and long term actions identified through the MFE & Community Contingency Plan. “ & “Work in collaboration with Acute Mental Health Services to support and to make best use of available senior clinical leadership.” have been replaced as below with an appropriate strategic level action that will mitigate strategic risk.
 - SR02 Workforce – Improvement Action 2b added.
 - SR03 Safe Working, Improvement Action 3a – RAG changed from Green to Amber and target date amended from 30/09/21 to 31/12/21.
 - SR04 Sustainable Capacity and Flow, Improvement Actions “Implement short, medium and long term actions identified through the MFE & Community Contingency Plan. “ & “Work in collaboration with Acute Mental Health Services to support and to make best use of available senior clinical leadership.” have been replaced as below with appropriate strategic level actions that will mitigate strategic risk.
 - SR04 Sustainable Capacity and Flow, Improvement Action 4b and 4c added.
 - SR06 Viability of External Providers, Improvement Action 6a added.
 - SR08 Widening Health Inequalities, Improvement Action 8b – RAG changed from Green to Red due to major issues with progression of this action due to insufficient management capacity.
 - SR10 Corporate Support, Improvement Action 10c added.
 - SR14 Partnership Premises, Improvement Action 14a – RAG changed from Green to Amber and target date amended from 30/09/21 to 31/12/21.
 - SR14 Partnership Premises, Improvement Action removed - “Appropriate and suitably skilled staff to be allocated from Partners to strengthen and stabilise existing arrangements and/or source suitable alternatives.” as too operational for Strategic Risk.

5. ESCALATION OF OPERATIONAL CLINICAL CARE GOVERNANCE RISKS

- 5.1 The Chief Officer has now initiated a process to routinely consider operational clinical care governance risks and their impact on PKIJB's Strategic Objectives. The routine examination of these risks allows for consideration to be given to the need for further assessment of existing strategic risks or the extent to which new strategic risks should be reported. A report setting out the outcome of this review is being considered in parallel to this report.
- 5.2 The Strategic Risk Register to be presented to the Audit & Performance Committee at its meeting in March 2022 will have fully considered and incorporated the Chief Officers Review and proposed escalation.

6. NEXT STEPS

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

7. RECOMMENDATIONS

The Audit and Performance Committee is asked to:

- i) Note the IJB's Strategic Risk Register and Strategic Risk Improvement Plan.
- ii) Note the current position of the IJB's strategic risk exposure scores as at section 2.
- iii) Note the imminent inclusion of a new Strategic Risk in relation to GP Sustainability as discussed in section 3.

Author(s)

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

Appendices

Appendix 1 – Perth & Kinross IJB Strategic Risk Register

Appendix 2 – Strategic Risk Improvement Action Plan



Perth & Kinross Health and Social Care Partnership Strategic Risk Register

Risk Ref.	Risk	EMT Risk Owner	Priority	Status
SR01	<u>FINANCIAL RESOURCES:</u> There are insufficient financial resources to deliver the objectives of the Strategic Plan.	Head of Finance and Corporate Services	1	↔
SR02	<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.	Heads of Service	1	↔
SR03	<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	1	↔
SR04	<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 Health	1	↔
SR05	<u>SUSTAINABLE DIGITAL SOLUTIONS:</u> As a result of being insufficiently digitally enabled or integrated there is a risk that the Partnership will not to be able to adapt effectively and efficiently to deliver new models of working.	Interim Head of Adult Social Care (Commissioning)	2	↔
SR06	<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.	Interim Head of Adult Social Care (Commissioning)	1	↑
SR07	<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	4	↔
SR08	<u>WIDENING HEALTH INEQUALITIES:</u> As a consequence of COVID-19 there is a risk that health inequalities widen significantly.	Chief Officer	2	↔
SR09	<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	2	↔
SR10	<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 Service unable to deliver as required to achieve strategic objectives.	Head of Finance and Corporate Services	2	↔
SR11	<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	1	↔
SR12	<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	4	↔
SR13	<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	3	↔
SR14	<u>PARTNERSHIP PREMISES:</u> Due to a lack of sustainable and suitable premises within which Health and Social Care Services can be delivered, there is a risk that services will be displaced without appropriate alternative accommodation having been developed or identified, resulting in a reduction in service capacity, reduced outcomes of patients and service users and a reduction in staff wellbeing.	Chief Officer	1	↔
<div> <div><> No change in risk exposure</div> <div>↑ Increase in risk exposure</div> <div>↓ Decrease in risk exposure</div> </div>				

Perth & Kinross Health and Social Care Partnership

SR01: FINANCIAL RESOURCES

Risk Owner: Head of Finance and Corporate Services

Date Added to Register: 22 Oct 2020

Review Date: 28 October 2021

Frequency of Review: 4 weekly minimum

Description of Risk: There are insufficient financial resources to deliver the objectives of the Strategic Plan

Risk Related to Achievement of Strategic Aim: 5. Making best use of available facilities, people and other resources

Current Risk Rating: (priority 1, 2, 3 or 4)

PRIORITY 1

Risk Movement: (↑, ↔, ↓)

↔ NO CHANGE IN RISK EXPOSURE

Risk Exposure Rating Priority 1: Risk remains extreme even after all identified controls and treatments have been applied. There are significant risks, which may have a serious impact on the Partnership and the achievement of its objectives if not managed. Immediate management action needs to be taken to reduce the level of net risk.

Inherent Impact (1-5)	Inherent Probability (1-5)	Residual Impact (1-5)	Residual Probability (1-5)
5	5	5	4
Inherent Score: 25		Residual Score: 20	

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

Existing Controls:

- A Financial Plan is approved annually as part of a 3 Year Financial Plan. This includes an efficiency savings and service redesign programme to support long term sustainability.
- Annual Budget Negotiation Process (PKC & NHST) is supported by robust budget review/due diligence process
- Effective member and officer working on development of the Budget through IJB BRG Process
- Financial Position is reported to each meeting of the IJB and is a standard item on the agenda.
- An IJB Reserves Strategy is in place.
- Regular informal meetings with NHS Tayside Director of Finance and PKC Head of Finance

Risk Overview:

The public sector economic landscape has been challenging for a number of years and the impact of demographic growth places an increasing pressure on demand for health and social care services in particular. Therefore the inherent Financial Resources risk is extreme. Controls are in place to reduce the risk exposure and they are working effectively, however they have a limited effect in reducing the overall residual score of the risk. Furthermore the financial implications of Covid are not yet fully known and may further raise the exposure level of this risk. As such the risk remains extreme and will be monitored and assessed at regular intervals.

The rapid development of 3 Year Strategic Delivery Plans across services considering the implications of Covid and the service redesign required to respond to demographic growth and increased complexity in an integrated way will be key to ensuring ongoing financial sustainability. However progress may be impacted by the ongoing demands of the Pandemic.

The Financial Risk Sharing arrangement currently in place between NHS Tayside and Perth & Kinross Council has lead to very separate considerations of the financial sustainability of PKIJB by each partner separately rather than collectively and the current review of Integration Schemes across Tayside provides the opportunity to move this forward

Existing control rating:  – Controls are working effectively.

Perth & Kinross Health and Social Care Partnership

SR02: WORKFORCE

Risk Owner: Heads of Service

Date Added to Register: 22 Oct 2020

Review Date: 28 October 2021

Frequency of Review: 4 weekly minimum

Description of Risk: 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

Risk Related to Achievement of Strategic Aim: 5. Making best use of available facilities, people and other resources

Current Risk Rating: (priority 1, 2, 3 or 4)

PRIORITY 1

Risk Movement: (↑, ↔, ↓)

↔ NO CHANGE IN RISK EXPOSURE

Risk Exposure Rating Priority 1: Risk remains extreme even after all identified controls and treatments have been applied. There are significant risks, which may have a serious impact on the Partnership and the achievement of its objectives if not managed. Immediate management action needs to be taken to reduce the level of net risk.

Inherent Impact (1-5)	Inherent Probability (1-5)	Residual Impact (1-5)	Residual Probability (1-5)		Impact	Critical	5	10	15	20	25
						Major	4	8	12	16	20
						Moderate	3	6	9	12	15
						Minor	2	4	6	8	10
						Insignificant	1	2	3	4	5
							Very Low	Low	Medium	High	Very High
Inherent Score: 25		Residual Score: 20				Probability					

Existing Controls:

- Established, robust recruitment processes in place within statutory partner organisations
- HSCP 1 year workforce plan for 2021/22 in place.

Risk Overview:

The extreme pressures experienced through the Covid pandemic has exacerbated shortages in the availability of suitably qualified and experienced staff to sustain services. Beyond the pandemic, shortages in the available workforce is recognised nationally in respect to Health and Care Services generally and this is particularly the case in some specific sectors. Although the current controls seek to reduce our exposure, their effect is limited by the acute nature of this risk when considering, for example, rising demands for services and the age profile of our workforce.

The completion of our 1 year plan has demonstrated the challenge the Partnership faces. The increasing age of our workforce and demanding demographic issues shows that significant work is required to mitigate the risk

Work is progressing to develop the 3 year workforce plan to reflect future needs. This is on track to meet the Scottish Government's deadline of 31 March 2022.

The Scottish Government is also developing a Health and Social Care Workforce Strategy and this is expected to urgently set out actions to be taken nationally to increase supply and improve recruitment and retention across all health and social care staff groups

Existing control rating: **C** - Significant Controls not operating effectively

Perth & Kinross Health and Social Care Partnership

SR03: SAFE WORKING

Risk Owner: Head of Health

Date Added to Register: 22 Oct 2020

Review Date: 28 October 2021

Frequency of Review: 4 weekly minimum

Description of Risk: 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.

Risk Related to Achievement of Strategic Aim: Making best use of available facilities, people and other resources

Current Risk Rating: (priority 1, 2, 3 or 4)

PRIORITY 1

Risk Movement: (↑, ↔, ↓)

↔ NO CHANGE IN RISK EXPOSURE

Risk Exposure Rating Priority 1: Risk remains extreme even after all identified controls and treatments have been applied. There are significant risks, which may have a serious impact on the Partnership and the achievement of its objectives if not managed. Immediate management action needs to be taken to reduce the level of net risk.

Inherent Impact (1-5)	Inherent Probability (1-5)	Residual Impact (1-5)	Residual Probability (1-5)	Impact	Critical	5	10	15	20	25
					Major	4	8	12	16	20
					Moderate	3	6	9	12	15
					Minor	2	4	6	8	10
					Insignificant	1	2	3	4	5
						Very Low	Low	Medium	High	Very High
Inherent Score: 25		Residual Score: 16		Probability						

Existing Controls:

- Perth & Kinross HSCP Health and Safety Group – providing oversight of partnership wide Safe Working, including compliance with Scottish Government guidance
- Statutory Partner Policies and Procedures on Health and Safety and Safer Working are in place having been reviewed in respect to COVID-19 pandemic.
- HSCP membership and attendance at Statutory Partner Health and Safety Committees/Groups which provide oversight of staffing/employer health and safety compliance
- P&K HSCP Partnership Forum – Health and Safety and Safer working is a key consideration of the Forum.
- PKHSCP Gold Command re-established.

Risk Overview:

Actions put in place near the beginning of the Covid-19 pandemic such as the completion of all physical distancing risk assessments for all health and social care settings, strict compliance with Scottish Government Safer Working guidelines and statutory partner policies and procedures reduced the risk exposure to a manageable level initially.

As services have remobilised, a significant lack of clinical and general accommodation capacity has emerged in some services/sites. This is due to the need to maintain social distancing and changes to the way services are delivered as a result of the pandemic.

The Partnership continues to engage with statutory partners to maintain control effectiveness and to progress a sustainable approach ensuring sufficient and appropriate premises and infrastructure are in place. This remains an extreme risk to the delivery of our strategic aims.

Existing control rating: **C** – Significant controls not operating effectively

Perth & Kinross Health and Social Care Partnership

SR04: SUSTAINABLE CAPACITY AND FLOW

Risk Owner: Head of Health

Date Added to Register: 22 Oct 2020

Review Date: 28 October 2021

Frequency of Review: 8 weekly minimum

Description of Risk: 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.

Risk Related to Achievement of Strategic Aim:

1. Working together with Communities
2. Prevention and Early Intervention
3. Person-centred health, care and support
4. Reducing Inequalities and unequal health outcomes and promoting healthy living

Current Risk Rating: (priority 1, 2, 3 or 4)

PRIORITY 1

Risk Movement: (↑, ↔, ↓)

↔ NO CHANGE IN RISK EXPOSURE

Risk Exposure Rating Priority 1: Risk remains extreme even after all identified controls and treatments have been applied. There are significant risks, which may have a serious impact on the Partnership and the achievement of its objectives if not managed. Immediate management action needs to be taken to reduce the level of net risk.

Inherent Impact (1-5)	Inherent Probability (1-5)	Residual Impact (1-5)	Residual Probability (1-5)	Impact	Critical	5	10	15	20	25
					Major	4	8	12	16	20
					Moderate	3	6	9	12	15
					Minor	2	4	6	8	10
					Insignificant	1	2	3	4	5
						Very Low	Low	Medium	High	Very High
5	5	5	4		Probability					
Inherent Score: 25		Residual Score: 20								

Existing Controls:

- HSCP Capacity and Flow strategic portfolio provides local management, ownership and control of the whole system that supports capacity and flow through our services
- NHS Tayside Unscheduled Care Board supports the wider development of strategic direction.
- HSCP Performance Framework details the key performance measures which relate to Capacity and Flow. These are reviewed routinely across the organisation
- Winter Planning Group oversees the Winter Plan and ensures that services are fit for purpose.
- PKHSCP Gold Command re-established.

Risk Overview:

The inherent Capacity and Flow risk is extreme. The Covid pandemic is continuing to have a significant impact operationally on Capacity and Flow within our services and whilst Controls are in place to mitigate the likelihood of the risk event occurring, they are not sufficiently effective to control the risk below an extreme level.

A contingency plan and new procedures are in place to ensure the appropriate and best use of senior clinical leadership capacity.

The development of 3 Year Strategic Delivery Plan for Older People's Services is being developed. This will include the review of current approved plans, analysis of Covid-19 impact and remobilisation requirements.

Existing control rating: **B** - Not all controls are fully effective

Perth & Kinross Health and Social Care Partnership

SR05: SUSTAINABLE DIGITAL SOLUTIONS

Risk Owner: Interim Head of Adult Social Care (Commissioning)

Date Added to Register: 22 Oct 2020

Review Date: 24 September 2021

Frequency of Review: 8 weekly minimum

Description of Risk: As a result of being insufficiently digitally enabled or integrated there is a risk that the Partnership will not to be able to adapt effectively and efficiently to deliver new models of working.

Risk Related to Achievement of Strategic Aim:

1. Working together with Communities
2. Prevention and Early Intervention
3. Person-centred health, care and support
4. Reducing Inequalities and unequal health outcomes and promoting healthy living

Current Risk Rating: (priority 1, 2, 3 or 4)

PRIORITY 2

Risk Movement: (↑, ↔, ↓)

↔ NO CHANGE IN RISK EXPOSURE

Risk Exposure Rating Priority 2: These are significant risks, which may have a serious impact on the Partnership or Service Delivery and the achievement of its objectives if not managed. Immediate management action needs to be taken to reduce the level of net risk.

Inherent Impact (1-5)	Inherent Probability (1-5)	Residual Impact (1-5)	Residual Probability (1-5)	Impact	Critical	5	10	15	20	25
					Major	4	8	12	16	20
					Moderate	3	6	9	12	15
					Minor	2	4	6	8	10
					Insignificant	1	2	3	4	5
						Very Low	Low	Medium	High	Very High
Inherent Score: 20		Residual Score: 12		Probability						

Existing Controls:

- PKHSCP Technology Enabled Care Digital Strategy Group develops and directs strategy.
- PKHSCP TEC/Digital Portfolio Strategic Action Plan is a scheduled agenda item on EMT, EOT, PKC Digital Board.
- Members of the TEC Digital Strategy Group are members of the NHST/LA Tayside Digital Transformation Partnership (TDTP).
- PKC Information Governance has oversight and supplies guidance.
- PKHSCP TEC Digital Steering Group Scrutinises and escalates to Strategy group as required.
- Signed Data Sharing Agreements are in place between NHST/PKC/PKHSCP/ISD and between PKC/NHS NSS/Scottish Government.
- Governance framework for the delivery of the digital strategy across the Partnership in place.

Risk Overview:

The inherent risk of insufficient digital enablement is extreme; however the effectiveness of existing controls has reduced our risk exposure from the inherent score.

Improvement actions have been identified with a governance framework for the delivery of the digital strategy across the Partnership now completed and clear timelines for the delivery of the other actions in place.

Existing control rating: **B** - Not all controls are fully effective

Perth & Kinross Health and Social Care Partnership

SR06: VIABILITY OF EXTERNAL PROVIDERS

Risk Owner: Interim Head of Adult Social Care (Commissioning)

Date Added to Register: 22 Oct 2020

Review Date: 9 Nov 2021

Frequency of Review: 8 weekly

Description of Risk: 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.

Risk Related to Achievement of Strategic Aim:

1. Working together with 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 available facilities, people and other resources

Current Risk Rating: (priority 1, 2, 3 or 4)

PRIORITY 1

Risk Movement: (↑, ↔, ↓)

↑ **INCREASE IN RISK EXPOSURE**

Risk Exposure Rating Priority 2: These are significant risks, which may have a serious impact on the Partnership or Service Delivery and the achievement of its objectives if not managed. Immediate management action needs to be taken to reduce the level of net risk.

Inherent Impact (1-5)	Inherent Probability (1-5)	Residual Impact (1-5)	Residual Probability (1-5)	Impact	Critical	5	10	15	20	25
5	5	4	4	Impact	Major	4	8	12	16	20
					Moderate	3	6	9	12	15
					Minor	2	4	6	8	10
					Insignificant	1	2	3	4	5
						Very Low	Low	Medium	High	Very High
Inherent Score: 25		Residual Score: 16			Probability					

Existing Controls:

- Local and national contractual arrangements provide a recognised framework for commissioned services
- Maintenance of strong and supportive relationships with providers create routine and regular opportunities to highlight issues of concern
- Care Home oversight group which provides routine and regular monitoring service provision
- Commissioned Services Board provides strategic oversight of commissioned services
- HSCP COVID-19 Governance arrangements which provide direction, scrutiny, oversight and support to ensure sustainability of providers
- Strategic Planning Group remit ensures connectivity to activity within communities with a wide range of stakeholders from each locality are represented in each meeting and that actions coming from this group are in sync with our Strategic Commissioning Plan intentions and are meaningful and related to improved outcomes for those living in Perth and Kinross.

Risk Overview:

Providers have coped very well with the impact of COVID and no providers have proved unviable to date. However there are a range of challenges with different types of commissioned services and these require close management of controls and improvement actions

Care at Home capacity, especially in rural P&K, is facing particularly severe challenges. This risk has therefore been reviewed, the risk score increased and improvement actions identified.

Existing control rating: **C** – Significant controls not operating effectively

Perth & Kinross Health and Social Care Partnership

SR07: INSUFFICIENT PREPAREDNESS FOR FUTURE COVID-19 (OR OTHER PANDEMIC) PRESSURES

Risk Owner: Chief Officer

Date Added to Register: 22 Oct 2020

Review Date: 24 May 2021

Frequency of Review: 6 monthly minimum

Description of Risk: Due to the scale of future COVID-19 outbreaks being unknown, there is a risk that preparations to sustain service provision will be insufficient.

Risk Related to Achievement of Strategic Aim: 4. Reducing inequalities and unequal health outcomes and promoting healthy living
5. Making best use of available facilities, people and other resources

Current Risk Rating: (priority 1, 2, 3 or 4)

PRIORITY 4

Risk Movement: (↑, ↔, ↓)

↔ **NO CHANGE IN RISK EXPOSURE**

Risk Exposure Rating Priority 4: Appropriate controls keep the risk low / negligible. These risks are being effectively managed and any further action to reduce the risk would be inefficient in terms of time and resources. Ensure conditions remain the same and existing actions are operating effectively.

Inherent Impact (1-5)	Inherent Probability (1-5)	Residual Impact (1-5)	Residual Probability (1-5)	Impact	Critical	5	10	15	20	25
5	5	5	1	Impact	Major	4	8	12	16	20
					Moderate	3	6	9	12	15
					Minor	2	4	6	8	10
					Insignificant	1	2	3	4	5
						Very Low	Low	Medium	High	Very High
Inherent Score: 25		Residual Score: 5			Probability					

Existing Controls:

- HSCP Workforce sickness absence modelling provides early warning of potential staffing shortages in light of Scottish Government pandemic modelling
- HSCP Workforce Matching Unit created as part of initial pandemic response to provide assurance to HSCP Executive Leadership of sustainability of services and to coordinate the movement between services where necessary
- COVID-19 Governance Command, Control and Communication Structure including strong links with Statutory partner command structures, ensures robust cross system sightedness of emerging issues and decision making.
- Local Resilience Partnership serves as a Regional Gold Command. HSCP Membership of this group ensures high level insight to emerging issues and decision making and links to wider statutory partners at a strategic level.

Risk Overview:

The measures taken to manage our response to the COVID-19 pandemic has provided insight into what is needed to sustain services despite the challenges faced.

Given the controls which are now in place and the completion of a review of the Command structure the level of risk has been reduced to priority 4.

Existing control rating: **A** - Controls are working effectively

Perth & Kinross Health and Social Care Partnership

SR08: WIDENING HEALTH INEQUALITIES

Risk Owner: Chief Officer

Date Added to Register: 22 Oct 2020

Review Date: 24 September 2021

Frequency of Review: 8 Weekly minimum

Description of Risk: As a consequence of COVID-19 there is a risk that health inequalities widen significantly.

Risk Related to Achievement of Strategic Aim: 4. Reducing inequalities and unequal health outcomes and promoting healthy living

Current Risk Rating: (priority 1, 2, 3 or 4)

PRIORITY 2

Risk Movement: (↑, ↔, ↓)

↔ **NO CHANGE IN RISK EXPOSURE**

Risk Exposure Rating Priority 2: These are significant risks, which may have a serious impact on the Partnership or Service Delivery and the achievement of its objectives if not managed. Immediate management action needs to be taken to reduce the level of net risk.

Inherent Impact (1-5)	Inherent Probability (1-5)	Residual Impact (1-5)	Residual Probability (1-5)	Impact	Critical	5	10	15	20	25
					Major	4	8	12	16	20
					Moderate	3	6	9	12	15
					Minor	2	4	6	8	10
					Insignificant	1	2	3	4	5
						Very Low	Low	Medium	High	Very High
Inherent Score: 20		Residual Score: 12			Probability					

Existing Controls:

- Strategic Commissioning Plan 2019 documents the strategic ambitions of the IJB including those which relate to health inequalities.
- The HSCP COVID-19 Remobilisation Plan records the actions taken to mobilise services in response to the pandemic.
- The Equalities Strategic Forum provides a platform to ensure that local equality protected groups are represented effectively. This forum contains broad representation across the Community Planning Partnership including from statutory and third sector partners.
- Perth and Kinross Equalities, Empowerment and Fairness workstream (within the Recovery and Renewal agenda) focuses efforts across Council Services in respect to Equalities.

Risk Overview:

The COVID-19 pandemic has created unparalleled pressures on services and communities. Existing controls which are in place to mitigate this risk are assisting us to better understand where inequalities exist.

Some progress made in planning for improved working with Community Planning Partners on how we can determine how best to reduce inequalities. However the proposed risk score remains unchanged as this has not yet been progressed to completion.

Existing control rating: **B** - Not all controls are fully effective

SR09: LEADERSHIP TEAM CAPACITY

Risk Owner: Chief Officer

Date Added to Register: 22 Oct 2020

Review Date: 24 September 2021

Frequency of Review: 8 weekly minimum

Description of Risk: : 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.

Risk Related to Achievement of Strategic Aim: 5. Making best use of available facilities, people and other resources

Current Risk Rating: (priority 1, 2, 3 or 4)

PRIORITY 2

Risk Movement: (↑, ↔, ↓)

↔ **NO CHANGE IN RISK EXPOSURE**

Risk Exposure Rating Priority 2: These are significant risks, which may have a serious impact on the Partnership or Service Delivery and the achievement of its objectives if not managed. Immediate management action needs to be taken to reduce the level of net risk.

Inherent Impact (1-5)	Inherent Probability (1-5)	Residual Impact (1-5)	Residual Probability (1-5)	Impact	Critical	5	10	15	20	25
					Major	4	8	12	16	20
					Moderate	3	6	9	12	15
					Minor	2	4	6	8	10
					Insignificant	1	2	3	4	5
						Very Low	Low	Medium	High	Very High
5	4	4	3		Probability					
Inherent Score: 20		Residual Score: 12								

Existing Controls:

- HSCP Senior Leadership Team in place in the form of the Executive Management Team
- Chief Officer meets regularly with Chief Executive of both PKC and NHS Tayside including discussion on leadership resources
- Regular reporting on Partnership Improvement Plan to IJB Audit & Performance Committee including key actions to increase leadership capacity
- HSCP Covid Gold Command provide ongoing oversight of additional leadership required to support Covid Response and Remobilisation

Risk Overview:

The Chief Officer has determined that, given the challenges and circumstances we now face, it would be preferable to not now progress a formal, comprehensive restructure of the HSCP Leadership. While restructuring EMT would achieve more integrated working, it would not increase leadership capacity within the Senior Team. Instead, it may delay for some considerable time our ability to take the action to address other risks in relation to operational management and corporate services.

Existing control rating: **B** - Not all controls are fully effective

Perth & Kinross Health and Social Care Partnership

SR10: CORPORATE SUPPORT

Risk Owner: Head of Finance and Corporate Services

Date Added to Register: 22 Oct 2020

Review Date: 24 September 2021

Frequency of Review: 8 weekly minimum

Description of Risk: 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.

Risk Related to Achievement of Strategic Aim: 5. Making best use of available facilities, people and other resources

Current Risk Rating: (priority 1, 2, 3 or 4)

PRIORITY 2

Risk Movement: (↑, ↔, ↓)

↔ **NO CHANGE IN RISK EXPOSURE**

Risk Exposure Rating Priority 2: These are significant risks, which may have a serious impact on the Partnership or Service Delivery and the achievement of its objectives if not managed. Immediate management action needs to be taken to reduce the level of net risk.

Inherent Impact (1-5)	Inherent Probability (1-5)	Residual Impact (1-5)	Residual Probability (1-5)	Impact	Critical	5	10	15	20	25
					Major	4	8	12	16	20
					Moderate	3	6	9	12	15
					Minor	2	4	6	8	10
					Insignificant	1	2	3	4	5
						Very Low	Low	Medium	High	Very High
5	4	4	3		Probability					
Inherent Score: 20		Residual Score: 12								

Existing Controls:

- PKC and NHST have delegated a level of corporate support for local management by PKHSCP
- Corporate Support Agreement in place between PKIJB and NHST/PKC
- Chief Officer meets regularly with Chief Executive of both PKC and NHS Tayside including discussion on leadership and supporting resources
- Corporate Management Team oversee regular review and reporting to Executive Management Team on Corporate Support and prioritisation of existing resources
- Regular reporting on Partnership Improvement Plan to IJB Audit & Performance Committee
- PKHSCP Covid Gold Command provide ongoing oversight of additional leadership and supporting corporate support required to support Covid Response and Remobilisation
- The Annual Budget Setting Process captures all essential pressures/ investments including essential corporate support needs.
- The Covid Remobilisation Plan Process captures essential investment in increased corporate support capacity to ensure effective response and remobilisation.

Risk Overview:

External Audit and Inspection has been helpful in formally recognising material shortfall in levels of corporate support across a number of key areas.

The Chief Officer's formal restructure of the HSCP which was planned to ensure adequate capacity across the organisation is now not considered the best or most appropriate way forward. There are a high number of temporary posts that cannot be filled on a permanent basis while restructure is under consideration and this is having a destabilising effect on the HSCP's functioning.

The Chief Officer is now working with EMT to progress proposals within portfolio areas to ensure adequate capacity can be put in place. In relation to corporate support, a rapid review of functions is being undertaken and a funded proposal for recruitment of sustainable workforce to cover Corporate Support priorities is being progressed.

Existing control rating: **B** - Not all controls are fully effective

Perth & Kinross Health and Social Care Partnership

SR11: PRIMARY CARE

Risk Owner: Clinical / Associate Medical Director

Date Added to Register: 22 Oct 2020

Review Date: 28 October 2021

Frequency of Review: 4 weekly minimum

Description of Risk: 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.

Risk Related to Achievement of Strategic Aim:

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 the best use of available facilities, people and other resources

Current Risk Rating: (priority 1, 2, 3 or 4)

PRIORITY 1

Risk Movement: (↑, ↔, ↓)

↔ **NO CHANGE IN RISK EXPOSURE**

Risk Exposure Rating Priority 1: Risk remains extreme even after all identified controls and treatments have been applied. There are significant risks, which may have a serious impact on the Partnership and the achievement of its objectives if not managed. Immediate management action needs to be taken to reduce the level of net risk.

Inherent Impact (1-5)	Inherent Probability (1-5)	Residual Impact (1-5)	Residual Probability (1-5)	Impact	Critical	5	10	15	20	25
					Major	4	8	12	16	20
					Moderate	3	6	9	12	15
					Minor	2	4	6	8	10
					Insignificant	1	2	3	4	5
4	4	4	4			Very Low	Low	Medium	High	Very High
Inherent Score: 16		Residual Score: 16			Probability					

Existing Controls:

- Perth and Kinross HSCP Primary Care Board fulfils the responsibility of a Programme Board overseeing the Implementation of the Primary Care Improvement Plan, including 2018 General Medical Services Contract
- Regular engagement with Local Medical Committee which jointly approves the development and implementation of new services in support of the 2018 General Medical Services contract
- The Pan-Tayside 2018 General Medical Services Contract Implementation Group assists in the management and delivery of Tayside/HSCP Programmes
- NHS Tayside Primary Care Board considers highlight reports from each HSCP including escalation of risks
- Integration Joint Board - annual report on Primary Care Implementation Plan details progress and issues/risks affecting delivery
- Scottish Government – 6 monthly report on Primary Care Implementation Plan details progress and issues/risks affecting
- Locality Management Team meet regularly to resolve/highlight operational delivery issues
- NHS Tayside governance structure for premises and asset management provides the mechanism for submission of Primary Care premises strategic Plan
- NHS Tayside – over time improving sustainability of GP practice premises by replacing GPs as premises lease holders

Risk Overview:

The risk to primary care services relates to a number of issues with no single cause or solution. The complex and broad nature of this requires a manifold response internally within statutory partners, and externally at a national level. Control measures are in place but they are not fully effective and so improvement actions have been identified. The risk remains extreme.

Perth & Kinross Health and Social Care Partnership

SR12: EU WITHDRAWAL

Risk Owner: Heads of Service

Date Added to Register: 22 Oct 2020

Review Date: 24 May 2021

Frequency of Review: 6 monthly minimum

Description of Risk: 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.

Risk Related to Achievement of Strategic Aim: 5. Making best use of available facilities, people and other resources

Current Risk Rating: (priority 1, 2, 3 or 4)

PRIORITY 4

Risk Movement: (↑, ↔, ↓)

↔ **NO CHANGE IN RISK EXPOSURE**

Risk Exposure Rating Priority 4: Appropriate controls keep the risk low / negligible. These risks are being effectively managed and any further action to reduce the risk would be inefficient in terms of time and resources. Ensure conditions remain the same and existing actions are operating effectively.

Inherent Impact (1-5)	Inherent Probability (1-5)	Residual Impact (1-5)	Residual Probability (1-5)	Impact	Critical	5	10	15	20	25
					Major	4	8	12	16	20
					Moderate	3	6	9	12	15
					Minor	2	4	6	8	10
					Insignificant	1	2	3	4	5
						Very Low	Low	Medium	High	Very High
Inherent Score: 16		Residual Score: 4			Probability					

Existing Controls:

- NHS Tayside EU Exit Group collaborates with partners at a national level and provides direction and oversight in respect to preparedness.
- Perth and Kinross Council Brexit Group has HSCP representation and provides direction and oversight for all PKC services, facilities and citizens and covers everything from settled status to regulatory services, care homes and data storage.
- Tayside Local Resilience Partnership Working Group on EU Exit provides regional coordination and oversight of preparedness across wider statutory partner organisations
- HSCP Governance arrangements are in place to ensure local coordination within services and partners including GP Practices.

Risk Overview:

Although the after effects of EU exit are still being experienced, their implications are not presenting health and social care with any significant issues.

Existing control rating: **A** - Controls are working effectively

Perth & Kinross Health and Social Care Partnership

SR13: INPATIENT MENTAL HEALTH SERVICES

Risk Owner: Chief Officer

Date Added to Register: 22 Oct 2020

Review Date: 19 Aug 2021

Frequency of Review: 12 weekly

Description of Risk: 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.

Risk Related to Achievement of Strategic Aim:

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

Current Risk Rating: (priority 1, 2, 3 or 4)

PRIORITY 3

Risk Movement: (↑, ↔, ↓)

↔ NO CHANGE IN RISK EXPOSURE

Risk Exposure Rating Priority 3: Risk is manageable after controls have been applied. Although usually accepted, these risks may require some additional mitigating to reduce probability if this can be done cost effectively. Reassess to ensure conditions remain the same and existing actions are operating effectively.

Inherent Impact (1-5)	Inherent Probability (1-5)	Residual Impact (1-5)	Residual Probability (1-5)	Impact	Critical	5	10	15	20	25
					Major	4	8	12	16	20
					Moderate	3	6	9	12	15
					Minor	2	4	6	8	10
					Insignificant	1	2	3	4	5
						Very Low	Low	Medium	High	Very High
4	4	3	3		Probability					
Inherent Score: 16		Residual Score: 9								

Existing Controls:

- The IJB has in place an Integration Scheme agreed by both NHS Tayside and Perth & Kinross Council
- Tayside Mental Health Oversight Group includes membership from NHS Tayside, 3 Local Authorities and 3 IJB's
- PKHS CP Head of Health is a member of the Inpatient Mental Health Leadership Team
- Mental Health (including Inpatient Services) is a standard item on the IJB Agenda

Risk Overview:

The complex governance arrangements concerning Inpatient Mental Health Services meant that the inherent risk exposure was extreme. However the Review of the Integration Scheme for all 3 IJBs in Tayside will seek to clarify the governance arrangements and this, along with the other control measures currently in place, has allowed the risk exposure to be reduced to a manageable level.

The control effectiveness and the progress of the review will continue to be monitored and assessed to ensure the risk remains manageable.

Existing control rating:  - Controls are working effectively

Perth & Kinross Health and Social Care Partnership

SR14: PARTNERSHIP PREMISES

Risk Owner: Chief Officer

Date Added to Register: 22 Jul 2021
Review Date: 28 October 2021
Frequency of Review: 4 weekly

Description of Risk: Due to a lack of sustainable and suitable premises within which Health and Social Care Services can be delivered, there is a risk that services will be displaced without appropriate alternative accommodation having been developed or identified, resulting in a reduction in service capacity, reduced outcomes of patients and service users and a reduction in staff wellbeing.

Risk Related to Achievement of Strategic Aim:

1. Working together with our communities
2. Prevention and Early Intervention
3. Making best use of available facilities, people and other resources

Current Risk Rating: (priority 1, 2, 3 or 4)

PRIORITY 1

Risk Movement: (↑, ↔, ↓)

↔ NO CHANGE IN RISK EXPOSURE

Risk Exposure Rating Priority 1: Risk remains extreme even after all identified controls and treatments have been applied. There are significant risks, which may have a serious impact on the Partnership and the achievement of its objectives if not managed. Immediate management action needs to be taken to reduce the level of net risk.

Inherent Impact (1-5)	Inherent Probability (1-5)	Residual Impact (1-5)	Residual Probability (1-5)	Impact	Critical	5	10	15	20	25
					Major	4	8	12	16	20
					Moderate	3	6	9	12	15
					Minor	2	4	6	8	10
					Insignificant	1	2	3	4	5
						Very Low	Low	Medium	High	Very High
Inherent Score: 20		Residual Score: 16			Probability					

Existing Controls:

- Corporate support arrangements provided by HSCP Statutory Partners who support the delivery of accommodation needs.
- HSCP membership of Statutory Partner Capital Asset Groups.
- HSCP representation on PKC office/accommodation group.
- Formal and informal lease agreements/arrangements for current Partnership premises in place
- HSCP involvement in options' appraisal for Beechgrove site.

Risk Overview:

There are a range of accommodation issues in respect to HSCP services which taken together combine to create this strategic risk. The issues affect a range of services and relate to the following:

- Services at risk of displacement from their current location.
- Services operating from premises which are sub-optimal in design or size.
- Services located inconveniently for patients and service users.

Actions to mitigate this emerging risk are being considered as a matter of urgency. In particular the need for a premises and infrastructure plan to support our established and future models of services delivery has been identified. We are seeking to appoint an appropriate professional on a consultancy basis to progress this urgent piece of work.

Existing control rating: **C** - Significant controls not operating effectively

Perth & Kinross Health and Social Care Partnership

Risk Rating Matrix			Inherent Score	Residual Score										
Risk	Risk Title	Risk Owner	Risk Exposure – no controls	Feb 2021	Mar 21	Apr 21	May 21	Jun 21	Jul 21	Aug 21	Sep 21	Oct 21	Nov 21	Dec 21
SR01	Financial Resources	Head of Finance and Corporate Services	25 (5x5) RED	20 (5x4) RED	20 (5x4) RED	20 (5x4) RED	20 (5x4) RED	20 (5x4) RED	20 (5x4) RED	20 (5x4) RED	20 (5x4) RED	20 (5x4) RED	20 (5x4) RED	
SR02	Workforce	Heads of Service	25 (5x5) RED	20 (5x4) RED	20 (5x4) RED	20 (5x4) RED	20 (5x4) RED	20 (5x4) RED	20 (5x4) RED	20 (5x4) RED	20 (5x4) RED	20 (5x4) RED	20 (5x4) RED	
SR03	Safe Working	Head of Health	25 (5x5) RED	9 (3x3) YELLOW	9 (3x3) YELLOW	9 (3x3) YELLOW	16 (4x4) RED	16 (4x4) RED	16 (4x4) RED	16 (4x4) RED	16 (4x4) RED	16 (4x4) RED	16 (4x4) RED	
SR04	Sustainable Capacity And Flow	Head of Health	20 (5x5) RED	15 (5X3) AMBER	15 (5X3) AMBER	15 (5X3) AMBER	20 (5X4) RED	20 (5X4) RED	20 (5X4) RED	20 (5X4) RED	20 (5X4) RED	20 (5X4) RED	20 (5X4) RED	
SR05	Sustainable Digital Solutions	Interim Head of Adult Social Care (Commissioning)	20 (5x4) RED	12 (4X3) AMBER	12 (4X3) AMBER	12 (4X3) AMBER	12 (4X3) AMBER	12 (4X3) AMBER	12 (4X3) AMBER	12 (4X3) AMBER	12 (4X3) AMBER	12 (4X3) AMBER	12 (4X3) AMBER	
SR06	Viability Of External Providers	Interim Head of Adult Social Care (Commissioning)	25 (5x5) RED	15 (5X3) AMBER	15 (5X3) AMBER	15 (5X3) AMBER	8 (4x2) YELLOW	8 (4x2) YELLOW	8 (4x2) YELLOW	8 (4x2) YELLOW	8 (4x2) YELLOW	16 (4x4) RED	16 (4x4) RED	
SR07	Insufficient Preparedness For Future Covid-19 (Or Other Pandemic) Pressures	Chief Officer	25 (5x5) RED	10 (5x2) AMBER	10 (5x2) AMBER	10 (5x2) AMBER	5 (5x1) GREEN	5 (5x1) GREEN	5 (5x1) GREEN	5 (5x1) GREEN	5 (5x1) GREEN	5 (5x1) GREEN	5 (5x1) GREEN	
SR08	Widening Health Inequalities	Chief Officer	20 (4x5) RED	12 (3X4) AMBER	12 (3X4) AMBER	12 (3X4) AMBER	12 (3X4) AMBER	12 (3X4) AMBER	12 (3X4) AMBER	12 (3X4) AMBER	12 (3X4) AMBER	12 (3X4) AMBER	12 (3X4) AMBER	
SR09	Leadership Team Capacity	Chief Officer	20 (5x4) RED	16 (4X4) RED	16 (4X4) RED	16 (4X4) RED	12 (4x3) AMBER	12 (4x3) AMBER	12 (4x3) AMBER	12 (4x3) AMBER	12 (4x3) AMBER	12 (4x3) AMBER	12 (4x3) AMBER	
SR10	Corporate Support	Head of Finance and Corporate Services	20 (5x4) RED	16 (4X4) RED	16 (4X4) RED	16 (4X4) RED	12 (4x3) AMBER	12 (4x3) AMBER	12 (4x3) AMBER	12 (4x3) AMBER	12 (4x3) AMBER	12 (4x3) AMBER	12 (4x3) AMBER	
SR11	Primary Care	Clinical / Associate Medical Director	16 (4x4) RED	16 (4x4) RED	16 (4x4) RED	16 (4x4) RED	16 (4x4) RED	16 (4x4) RED	16 (4x4) RED	16 (4x4) RED	16 (4x4) RED	16 (4x4) RED	16 (4x4) RED	
SR12	EU Withdrawal	Head of Health	16 (4x4) RED	8 (4x2) YELLOW	8 (4x2) YELLOW	8 (4x2) YELLOW	4 (4x1) GREEN	4 (4x1) GREEN	4 (4x1) GREEN	4 (4x1) GREEN	4 (4x1) GREEN	4 (4x1) GREEN	4 (4x1) GREEN	
SR13	Inpatient Mental Health Services	Chief Officer	16 (4x4) RED	9 (3x3) YELLOW	9 (3x3) YELLOW	9 (3x3) YELLOW	9 (3x3) YELLOW	9 (3x3) YELLOW	9 (3x3) YELLOW	9 (3x3) YELLOW	9 (3x3) YELLOW	9 (3x3) YELLOW	9 (3x3) YELLOW	
SR14	Partnership Premises	Chief Officer	20 (4x5) RED						16 (4x4) RED	16 (4x4) RED	16 (4x4) RED	16 (4x4) RED	16 (4x4) RED	

Background

Risk management is an indispensable element of good management. As such, its implementation is crucial to the Perth and Kinross Health and Social Care Partnership (PKHSCP) and essential to its ability to discharge its responsibilities. It is about improving PKHSCP's ability to deliver outcomes by managing our threats, enhancing our opportunities and creating an environment that adds value and is a key part of corporate governance.

Good risk management will help identify and deal with key risks facing the PKHSCP in the pursuit of its goals and not simply a compliance exercise.

As part of good corporate governance an organisation is required to demonstrate that risk management is an integral part of its activity. This requires risk management to be embedded within the culture of the Partnership.

Appetite

Perth & Kinross Health and Social Care Partnership's risk appetite in relation to its key areas of strategic risk is set out in table 1 below. Where risks fall in amber or red (priorities 1 & 2), consideration is given to the effectiveness of controls and any actions required.

Table 1.

Risk Scoring Grid					
Impact	Critical	5	10	15	20
	Major	4	8	12	16
	Moderate	3	6	9	12
	Minor	2	4	6	8
	Insignificant	1	2	3	4
		Very Low / Very remote	Low / Remote	Medium / Possible	High / Probable
Probability					
					Very High / Almost Certain

Risk Exposure Rating

Risks are prioritised as to where they fall on the Risk Scoring Grid:

Priority 1 Risk remains extreme even after all identified controls and treatments have been applied. There are significant risks, which may have a serious impact on the Partnership and the achievement of its objectives if not managed. Immediate management action needs to be taken to reduce the level of net risk.

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

Priority 3 Risk is manageable after controls have been applied. Although usually accepted, these risks may require some additional mitigating to reduce probability if this can be done cost effectively. Reassess to ensure conditions remain the same and existing actions are operating effectively.

Priority 4 Appropriate controls keep the risk low / negligible. These risks are being effectively managed and any further action to reduce the risk would be inefficient in terms of time and resources. Ensure conditions remain the same and existing actions are operating effectively.

Controls and Actions

Where controls have been put in place to treat a risk, consideration is given on how this will affect the risk:

- Reduces impact of the consequences should the risk materialise
- Reduces the probability of the risk occurring

The effectiveness of the controls are rated to determine any actions required to ensure effectiveness via the scale set out in table 2 below:

Table 2.

Controls	
D	Significant Controls do not exist or have broken down
C	Significant controls not operating effectively
B	Not all controls are fully effective
A	Controls are working effectively

PERTH & KINROSS HEALTH AND SOCIAL CARE PARTNERSHIP

STRATEGIC RISK IMPROVEMENT ACTION PLAN



Appendix 2

5.1

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

ACTION		RESPONSIBLE	STATUS	TARGET DATE	IMPROVEMENT TYPE	RAG	REVIEW DATE	MOVEMENT
SR01 - FINANCIAL RESOURCES: There are insufficient financial resources to deliver the objectives of the Strategic Plan.								
1a	Timetable of Joint Engagement meetings with key stakeholders (PKC Head of Finance, NHST Director of Finance, Chief Executives)	Chief Officer/CEs of PKC & NHST	Part Complete / In Progress	31/10/21	Improve existing control	Amber	25/11/21	
1b	Development of 3 Year Strategic Delivery and Financial Plan for 2022/23:2024/25. This will be developed across 5 priority areas: Older People, Mental Health, Drug and Alcohol, Learning Disabilities and Primary Care. This will include the review of current approved plans, analysis of Covid-19 impact, remobilisation requirements and the inclusion of Scottish Government priorities and any associated additional funding.	Heads of Service	In Progress	31/03/22	New Control	Amber	25/11/21	
1c	Agree risk sharing arrangements between statutory partners.	Head of Finance & Corporate Services	In Progress	31/03/22	New Control	Amber	25/11/21	
SR02 - WORKFORCE: As a result of our ageing workforce, difficulties in recruiting suitably skilled and experienced staff in some areas, and the impact of COVID-19, there is a risk that the Partnership will be unable to maintain its workforce appropriately leading to unsustainable services.								
2a	Development of 3 year 2022/25 PKHSCP Workforce Plan	Chief Officer	In Progress	31/03/22	Improve existing control	Green	25/11/21	
2b	Implementation of P&K Mental Health & Wellbeing Strategy - Key Theme 5.1 - Review of Workforce Requirements	Heads of Service	In Progress	30/04/22	New Control	Green	-	
SR03 - SAFE WORKING: There is a risk that COVID-19 restrictions on safe working practice and social distancing leads to a reduction in service provision inhibiting the ability of the Partnership to achieve its strategic aims.								
3a	Produce a Perth & Kinross HSCP Accommodation Strategy to address infrastructure needs across the organisation for the short, medium and long term to ensure that capacity and demand can be managed safely and in accordance with the achievement of our Strategic ambitions	Chief Officer	In Progress	31/12/21	New Control	Amber	25/11/21	
SR04 - SUSTAINABLE CAPACITY AND FLOW: As a result of the demographics of the people who use our services in Perth and Kinross and the impact of COVID-19 on our population there is a risk of 'capacity and flow' within our services being unsustainable.								
4a	Development of 3 Year Strategic Delivery Plan for Older People's Services. This will seek to address issues that demographic growth presents and ensure capacity across the system is sufficiently robust.	Heads of Service	In Progress	30/11/21	New Control	Green	25/11/21	
4b	See 6a below	Interim Head of Adult Social Care (Commissioning)	In Progress	TBC	New Control	Green	-	
4c	Implementation of P&K Mental Health & Wellbeing Strategy - Key Theme 2.2 - Access to Mental Health Services and Support	Heads of Service	In Progress	31/03/22	New Control	Green	-	
SR05 - SUSTAINABLE DIGITAL SOLUTIONS: As a result of being insufficiently digitally enabled or integrated there is a risk that the Partnership will not to be able to adapt effectively and efficiently to deliver new models of working.								
5b	Develop engagement strategy to ensure patient and service user needs are addressed in respect to any/all technology based developments.	TEC/Digital Strategy Group	In Progress	31/05/22	New Control	Green	25/11/21	
5c	Consult and engage with our staff to understand their technological needs so as to maximise efficiency and facilitate effective ways of joint working.	TEC/Digital Strategy Group	In Progress	31/05/24	New Control	Green	25/11/21	
5d	Develop Business Case and 3 year plan to transition from analogue to digital solutions for telehealth/telecare.	TEC/Digital Strategy Group	In Progress	31/05/24	New Control	Green	25/11/21	
SR06 - VIABILITY OF EXTERNAL PROVIDERS: As a result of social care market conditions, availability of services, and COVID-19, there is a risk that external providers of care will not be able to meet people's assessed needs in the most appropriate way.								
6a	Produce and implement a revised preferred model of delivery for Care at Home services.	Interim Head of Adult Social Care (Commissioning)	In Progress	TBC	New Control	Green	25/11/21	

PERTH & KINROSS HEALTH AND SOCIAL CARE PARTNERSHIP

STRATEGIC RISK IMPROVEMENT ACTION PLAN



Appendix 2

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

ACTION		RESPONSIBLE	STATUS	TARGET DATE	IMPROVEMENT TYPE	RAG	REVIEW DATE	MOVEMENT
SR08 - WIDENING HEALTH INEQUALITIES: As a consequence of COVID-19 there is a risk that health inequalities widen significantly.								
8a	Work with community planning partners to reach hard to reach group mitigating health inequalities	Interim Head of Adult Social Care (Commissioning)	In Progress	31/03/22	New control	Green	25/11/21	
8b	Develop an Integrated Resource Framework (IRF) to enable us to understand health and social care inequalities across each locality and enable informed strategic decision making.	Head of Finance & Corporate Services	In Progress	31/03/22	New control	Red	25/11/21	
SR09 - LEADERSHIP TEAM CAPACITY: As a result of insufficient capacity in the Leadership Team there is a risk that the clear direction and leadership required to achieve the vision for integration is not achieved.								
9a	Review of PKHSCP Management Structure to sustainably increase Strategic Planning and Performance Leadership and supporting capacity.	Chief Officer	In Progress	31/10/21	Improve existing controls	Green	25/11/21	
9b	Implementation of PKHSCP Management Structure Review.	Chief Officer	Not started	31/03/22	Improve existing controls	Green	25/11/21	
SR10 - CORPORATE SUPPORT: As a result of insufficient Corporate staff resource there is a risk that functions (such as improvement and project support, robust administration as well as core corporate duties such as performance, risk management, strategic planning, governance and audit) will be unable to deliver as required to achieve strategic objectives.								
10a	Chief Officer to work with the EMT to progress a restructure of the HSCP that will seek to ensure adequate capacity across the organisation to improve functioning and effectiveness and address identified capacity shortfalls, within available finance.	Chief Officer	In Progress	31/10/21	New control	Green	25/11/21	
10b	See 9b above.	Chief Officer	Not started	31/03/22	Improve existing controls	Green	25/11/21	
10c	Finalise rapid review of Corporate Support and identify an appropriate funding solution as required to ensure sustainable corporate services for inclusion in the Draft 2022/23 Financial Plan	Head of Finance & Corporate Services	In Progress	31/12/21	New control	Green	-	
SR11 - PRIMARY CARE: As a result of insufficient suitable and sustainable premises, and a lack of available national and cross-system flow of financial support, there is a risk that we will not be able to provide, within the legislative timeframe, the necessary services as defined within the 2018 General Medical Services Contract.								
11a	Produce a Perth and Kinross Primary Care Premises Strategy which identifies our premises needs for the short, medium and long term.	Clinical Director	In Progress	30/06/22	Improve existing controls	Green	25/11/21	
11b	Development of 3 Year Strategic Delivery Plan for 2022/23:2024/25 for Primary Care. This will also address the further implementation of wider services in support of the GMS contract.	Heads of Service	In Progress	31/03/22	New Control	Amber	25/11/21	
SR13 - INPATIENT MENTAL HEALTH SERVICES: There is a risk that due to the complexity of the governance arrangements for Inpatient Mental Health Services Perth and Kinross IJB will not be able to meet its Strategic Planning responsibilities.								
13a	Review of Integration Scheme	NHST/PKC	In Progress	31/03/22	Improve existing controls	Amber	28/10/2021	
13b	Following approval in principle of the Tayside Mental Health Strategy by Tayside HSCP's bring forward Strategic Delivery Plan and supporting Financial Framework	NHST/3 Chief Officers	In Progress	31/03/22	New control	Amber	28/10/2021	
SR14 - PARTNERSHIP PREMISES: Due to a lack of sustainable and suitable premises within which Health and Social Care Services can be delivered, there is a risk that services will be displaced without appropriate alternative accommodation having been developed or identified, resulting in a reduction in service capacity, reduced outcomes of patients and service users and a reduction in staff wellbeing.								
14a	See 3a.	Chief Officer	In Progress	31/12/21	New Control	Amber	25/11/2021	



PERTH AND KINROSS INTEGRATION JOINT BOARD

AUDIT & PERFORMANCE COMMITTEE

13 DECEMBER 2021

PARTNERSHIP IMPROVEMENT PLAN - UPDATE

Report by Chief Officer/Director – Integrated Health & Social Care
(Report No. G/21/174)

PURPOSE OF REPORT

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

1. RECOMMENDATIONS

It is recommended that the Audit & Performance Committee:

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

2. BACKGROUND

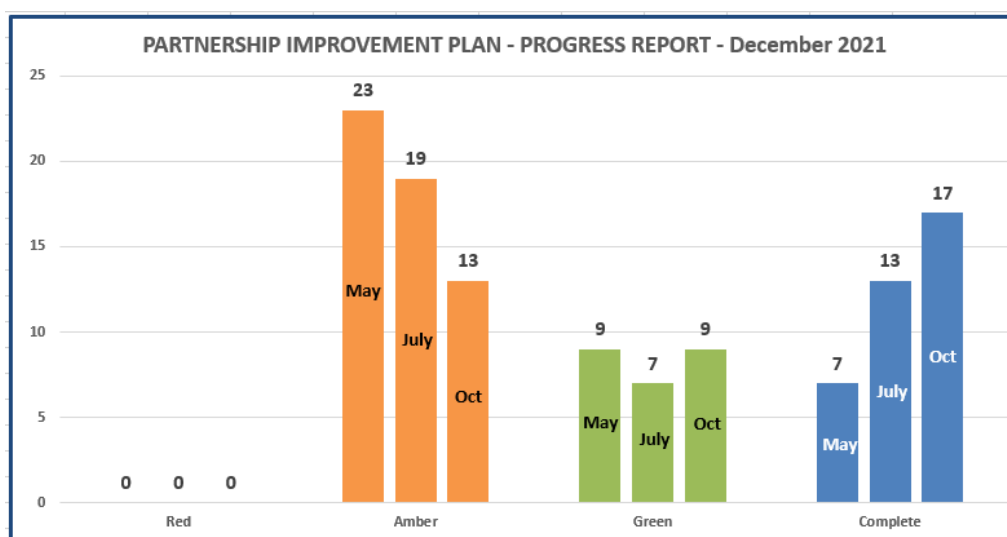
The Partnership Improvement Plan consolidates all improvement actions/recommendations arising from:

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

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

3. PROGRESS UPDATE

Notwithstanding the continuing challenges of the pandemic, progress has been made across several areas. The table below shows the movement in RAG status for May, July and October 2021:



Progress during this quarter includes:

- The Chair/Vice Chair of the IJB have held 1-1 development sessions with Members
- A revised approach to providing assurance on Clinical Care and Professional Governance has been agreed by the IJB.
- Robust stakeholder engagement is vital, and we have been making progress in this area. Strategy Group membership includes the independent sector, carers and service users or service user representatives. Strategy Groups are designed to ensure reciprocity of knowledge and information and to ensure a co-produced approach to our work.
- Following some previous delay, development of Strategic Delivery Plans has been accelerated and will be considered by IJB at the development session on 10 November 2021 along with the Community Mental Health Strategy in December.

In the last report it was noted that publication of the Market Facilitation Plan has been delayed until September 2021. This has been further delayed so that the Strategic Planning Group had the opportunity to consider the National Care Service consultation. This will now be published in November.

It should be noted that the Chief Officer is considering whether there is a greater risk in progressing the EMT restructure than not and is minded to prioritise the need to build capacity and resilience at third-tier level and below in the next 6 months.

4. CONCLUSION

Significant progress continues to be made against the actions within the Partnership Improvement Plan despite the continuing challenges arising from managing the Covid response. 44% of the actions within the plan have been completed so far. 22 of the 39 actions remain outstanding, of these six relate to actions which require collaboration with our statutory partners and are not

wholly within our control to deliver. The majority of the remaining actions are on track for completion by 31 March 2022.

Author(s)

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

Appendices

Appendix 1 – Partnership Improvement Plan



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

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

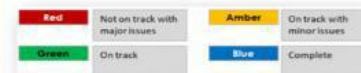
Red	Not on track with major issues	Amber	On track with minor issues
Green	On track	Blue	Complete

IP No.	RO	Action	Update - Oct 21	Update - July21	Revised Priority Level as at Oct 21	Revised Priority Level as at July21	Date for Completion as at Oct 21	Date for Completion as at July21	RAG as at Oct 21	RAG as at July21
1. LEADERSHIP, CULTURE AND VALUES										
IP01	CO	How effective is the IJB Board? Undertake a self-assessment of performance against the PKIIB Integration Scheme with IJB members and Executive Management Team to provide improved understanding of the IJB's role and remit.	Work ongoing - sessions held with IJB Members and scheduled to take place with PKC Councillors - Project Team continues to meet and Project Lead reports regularly to Chief executives. Development Sessions have taken place with IJB Members to highlight their roles and responsibilities and Induction Guidance and training is provided.	Project Team continues to progress the review of the Integration Scheme and now has identified NHS Tayside participants to support this process. IJB Members have received an Induction Guide, opportunities to attend induction sessions and regular Development Sessions to support their understanding of their role and effectiveness.	2	2	31 March 2022	31 March 2022	Green	Green
IP02	CO	Review of PKHSCP organisational structure and overall senior leadership capacity	In order to focus on building capacity below EMT level and to address an increasing number of temporary posts the Chief Officer is minded to not now progress this Senior Team restructure. The process of restructuring at EMT then IMT-level is likely to take us towards the timescale for the NCS legislation being considered. The Chief Officer is considering whether there is a greater risk in progressing the EMT restructure, than not and is minded to prioritise the need to build capacity and resilience at third-tier level and below in the next 6 months.	Discussion with EMT has resulted in some proposals being brought forward on a new structure. The Chief Officer is working on a formal proposal and this will be costed. It will then be presented formally to the Project Team (comprising Staff Side and HR) and into the necessary processes to adhere to both statutory partners' Organisational Change policies.	1	1	31 March 2022	31 March 2022	Amber	Amber
IP03	CO	Implement a Leadership Development Program focused on Collaborative Practice	No further updates.	No further update/progress.	2	2	31 March 2022	31 March 2022	Amber	Amber
IP04	CO/Chair	IJB Member Development: Refresh of induction and review of IJB Annual Training and Development Plan following full needs assessment. This will ensure that IJB members are adequately supported in terms of communication, training, consultation and engagement so that the Board can fulfil its governance role effectively. This should include the needs of public partners	Complete	IJB Members have received an Induction Guide, opportunities to attend induction sessions and regular Development Sessions to support their understanding of their role and effectiveness. Development meetings have been scheduled over August 2021 between the Chair/Vice Chair and Members to identify individual development needs. In parallel, External Audit committee training is being provided to a number of IJB Members.	1	1	n/a	30 September 2021	Complete	Green
IP05	Chair	Programme Annual Development Meetings between the Chair and Members	Complete	Dates will be scheduled after the PKC Elected Member recess across August and September 2021	2	2	n/a	30 September 2021	Complete	Green
2. STAKEHOLDER ENGAGEMENT										
IP07	H of ASCSW	Effective Stakeholder Engagement: Review the role of the Communication and Engagement Group and develop an engagement and participation strategy to support localities. This will providing a systemic approach to stakeholder engagement and will assist in improving the evaluation of the impact being made by specific developments	Membership and purpose of the group has been reviewed and renewed, with meetings scheduled 6 weekly. The first meeting was held on 1 October 2021.	The Communication, Engagement and Participation Group Terms of Reference have been refreshed and the membership is currently being reviewed. These meetings will be held every eight weeks and after the first scheduled meeting in September be timed to occur before the Strategic Planning Group. The existing strategy is fit for purpose and will be used to support the work of the Communication group.	1	1	n/a	01 September 2021	Complete	Amber
IP09	H of ASCSW	Effective Communication with our Public: Development of a coordinated approach to communication and marketing supported by dedicated expertise, ensuring that the effectiveness of the approach developed is evaluated in terms of its impact.	Further investment and skill development on Agenda for the next Communication, Engagement and Participation meeting on 12 November 2021	As above - likely to require additional resource, Communication Group will scope out requirements.	1	1	01 January 2022	01 September 2021	Amber	Amber
IP11	H of F&CS	Effective engagement with PKC Elected members: embed a Health & Social Care Session into the PKC rolling program for elected members	A development session for newly elected members will be developed so that they can gain a full understanding of the IJB and the challenges being faced, including the implications of the Independent Review of Adult Social Care. EMT are scheduled to take time in early January 2022 to agree and develop the contents for the session. A session to support development of a PKC response to the National Care Service Consultation has been supported in the meantime.	A development session for newly elected members will be developed so that they can gain a full understanding of the IJB and the challenges being faced including the implications of the Independent Review of Adult Social Care. EMT are scheduled to take time in early January 2022 to agree and develop the contents for the session.	2	2	31 May 2022	31 May 2022	Green	Green
IP12	H of ASCSW	We will engage with local communities to co-design future services	This is an ongoing and iterative activity, as referred to in the July update, systems are in place regards centralising locality based engagement. In addition the Communication, Participation and Engagement Group will link to the work of the Strategic Planning Group, ensuring a broad range of consultation is undertaken.	There are in existence locality Engagement Plans, leads from each locality will feed into the Communication, Engagement and Participation group on an 8-weekly basis. This work will be linked to that of the Community Planning Partnership and a coordinated approach as to how we communicate with Communities will be adopted.	1	1	Ongoing	31 December 2021	Green	Green
IP13	H of ASCSW	The partnership should build on existing good relationships with care providers and housing services to identify where there is potential to coproduce solutions to strategic challenges. This should include co-producing a market facilitation plan.	The Market Facilitation Plan is on the agenda for the next Strategic Planning Group on 23 November 2021	Draft Market Facilitation Plan is being presented to the Strategic Planning Group on 31st August 2021	2	2	30 November 2021	30 September 2021	Amber	Amber
3. VISION, DIRECTION AND PURPOSE										
IP14	CO	Development of our next five-year Strategic Commissioning Plan will set a shared vision (with statutory partners) and clear priorities which align our collective and collaborative activity ensuring that SMART objectives are used appropriately to drive improvements in outcomes. Progress against implementation should be systemic and routine to ensure robust prioritisation is undertaken bearing in mind short and long term goals	We have reviewed and revised our Remobilisation Plan 3 and drafted the fourth iteration reflecting changes in demand and priority and with a focus on building resilience for the Winter months.	Our Remobilisation Plan 3 (RMP3) is now our Annual Delivery Plan and is being updated and monitored regularly by EMT and IMT. It has been formally presented to the IJB for their scrutiny and assurance. The key actions in the RMP have been aligned to our Strategic Commissioning Plan priorities and reflect that our ambitions remain the same, but the journey of travel has adapted to ensure we are responding to the demands of the pandemic.	2	2	31 March 2022	31 March 2022	Green	Green



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

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



IP No.	RO	Action	Update - Oct 21	Update - July21	Revised Priority Level as at Oct 21	Revised Priority Level as at July21	Date for Completion as at Oct 21	Date for Completion as at July21	RAG as at Oct 21	RAG as at July21
IP15	H of ASCSW / H of Health	Measuring our performance: Develop a 'measure what you value rather than value what you measure' approach aligned to the refreshed strategic plan with accountability arrangements in place to deliver integrated performance reporting and review making best use of available data/benchmarking, including at locality level, to identify areas of service improvement.	Meetings with leads for performance indicators have commenced. Additional comparator data has been added to the EMT Performance Report to enhance the richness of the information. Higher level information for operational reporting for localities has been clarified. Benchmarking Group is being established to ensure consistency re data collection and reduce duplication.	Each indicator in the Performance Report to EMT now has an identified lead. Regular meetings are being arranged with the leads to discuss past and current performance and identify any actions required re future performance. The operational performance reporting for localities trialled in Perth City has now been rolled out across all localities for ASWSC. Improvement performance work ongoing for Tay Ward and commenced for Ward 1 Frailty PRI. Deep Dive in to Delayed Discharge performance and new approaches presented to EMT with agreement to look further at reasons for delays by nominated teams. Awaiting a step up increase in resources to support locality performance data to ensure ongoing sustainability.	1	1	ongoing	31 March 2022	Amber	Amber
IP16	H of ASCSW	How effective are our Strategy Groups? : Building on our Strategy Groups, review our planning and commissioning structures and leadership arrangements to ensure a strong connection to localities, and clear leadership arrangements to support capacity. This will be taken forward under the Strategic Planning Group which provides a balanced focus on all priorities and a mechanism for systematic review and monitoring using SMART principles	Terms of Reference for Strategy groups will be produced by the end of November 2021	The first SPG was held in June with excellent representation from across all sectors, and strategy group/portfolio representation, the next meeting is scheduled for August 2021. All service users groups have an established strategy group, all have varying representation and Terms of Reference (TOR). Work is underway to develop a TOR that is applicable across the Strategy groups and to ensure the membership of all groups is more standardised.	1	1	30 November 2021	30 September 2021	Amber	Amber
IP17	H of ASCSW / H of F&CS	Ensure greater priority on evaluating impact of strategies and plans including - Putting in place a systematic approach to involve stakeholders. - Effectively evaluating specific developments and initiatives to determine their impact on improving outcomes and to inform future strategy.	Each service user group has an aligned Strategy and associated Action Plan which have specific timescales for activity identified, which in turn is reviewed by the Strategy Group membership. This will include the independent sector, carers and service users or service user representatives. Strategy groups will look at all relevant developments, whether they are local or national and work to implement and improve service delivery based on this information. Strategy groups are designed to ensure reciprocity of knowledge and information and to ensure a co-produced approach to our work.	Robust stakeholder engagement is vital, not only after a strategy has been developed but in its creation; co-production of services is key to shifting the balance of power and ensuring our services are truly meeting the needs of our population. Empowering communities and user groups to be active partners in service design will only be meaningful if the appropriate stakeholders are represented in all of the appropriate groups. The Strategic Planning Group has overall responsibility for stakeholder engagement but its membership needs to link back to the various organisations and groups that they represent. All Strategy groups should have either user representation or links to user groups, ensuring that all planning and design activity is produced and meaningful for service users and service providers. Review of strategies should take place within these groups, with updates being reported through the governance structure as appropriate. We have the Local Involvement Network (predominantly Learning Disability service user group) and the Carer Reference group but intend on establishing a User Group that is inclusive of all user groups and facilitated by one of our service user representatives.	1	1	Ongoing	ongoing	Green	Amber
IP20	CO	Conduct regular reviews of priorities bearing in mind emerging issues being prepared to reorganise, reprioritise and reallocate capacity from lower level priorities or secure additional resource which can avoid or reduce future risks.	To refocus our priorities in light of Covid and to begin to look towards a three-year plan and financial plan we are developing high-level Strategic Delivery Plans for care groups. This will redefine our priorities and require the allocation of staff resource, or additional capacity to advance these plans.	We have had to moderate our previous ambitions in this regard as a result of the continuing demands of the pandemic in its third wave and to reflect the fact that the NHS remains on an emergency footing meantime. Instead, we are focussing on a number of key programmes, plans and strategies in-year and will only develop outline financial plans for years two and three.	1	1	31 March 2022	31 March 2022	Amber	Amber
IP21	H of ASCSW / H of Health	Take a systematic approach to reviewing and updating the partnership's strategic needs assessment bearing in mind the objectives of the Strategic Commission Plan.	Joint Strategic Needs Assessment is progressing. Working groups have been established to complete the Strategic Delivery Plans for Older People, Mental Health and Wellbeing, and Autism and Learning Disability Governance re Older People's Strategy is being established.	Joint Strategic Needs Assessment is in the early stages of development. The following work will support the development of our Older People Strategy and associated Action Plans: - Multi-disciplinary short life working group formed. - Engaged LIST and PH. - Community Engagement strategy being developed.	2	2	31 December 2021	30 September 2021	Amber	Amber
4. DECISION MAKING										
IP22	H of F&CS	Develop an effective workforce plan linking organisational development, E-Health and Care Plans to encompass the needs of both partner bodies (NHS Tayside and Perth and Kinross Council)	Good progress has been made on the preparation of our 3 Year Workforce Plan. A refreshed Workforce Planning Group has been established. Corporate resources have been reprioritised to support the production of the plan, initially around working with various data to identify the current and predicted gap in resources per staff grouping. Work has started on Phase 2 which entails professional leads and relevant staff reviewing the data and developing proposals to address the gap on a local, regional and national level. In order to support these discussions a Development Group for professional leads has been established to provide support and ensure that progress continues at pace to meet the 31 March 2022 submission deadline.	The 2021/22 Interim Workforce Plan was endorsed by the UB at its June 2021 meeting. Very positive formal feedback has been received from the Scottish Government including some areas for further focus within the 3 Year Plan. The membership and Terms of Reference of the PHHSCP Workforce Group has been refreshed and monthly meetings have now been scheduled, chaired by the Chief Officer. Recruitment of 1 WTE Workforce Planning Programme Manager is being undertaken as part of a wider recruitment process. However, the ongoing pandemic response will limit capacity of a number of officers to progress the development of the workforce plans. No change is proposed to the RAG status at this stage. It is proposed that the 3 separate recommendations be amalgamated into one for future reporting purposes.	1	1	31 March 2022	31 March 2022	Green	Green
5. FINANCIAL CONTROLS										
IP26	H of F&CS	Create integrated budgets to support improved planning of services and ensure devolution to locality level.	Draft 3 Year Financial Frameworks for Older People, Mental Health and Learning Disabilities are under development and are due to be shared with the UB Budget Review Group in November/December prior to inclusion in the 3 Year Financial Plan.	PHHSCP Executive Management Team have agreed to the development of integrated budgets to support the development of 3 Year Strategic Delivery and Financial Plan 2022/23 - 2024/25. The 3 Year Financial Plan will be developed across 5 key integrated priority areas: Older People, Mental Health, Drug and Alcohol, Learning Disabilities and Primary Care. However it is now recognised that the ongoing pandemic response is limiting the capacity of officers to progress this fully, in particular for Older Peoples Services. The RAG rating has been amended to reflect this.	2	2	31 March 2022	31 March 2022	Green	Amber
6. INTERNAL CONTROLS										
IP32	H of F&CS	Embed the routine issue of Directions as part of normal business process and ensure appropriate learning from other integration authorities	Routine review now embedded and Directions issued as required. Use of Directions Tayside wide is being considered as part of the Tayside wide review of the Integration Scheme.	UB papers for each Committee are reviewed to consider whether or not Directions are required. In the meantime officers are working with Legal colleagues to develop a robust process to ensure that consideration of Directions is automatically included in the preparation of reports by report authors.	2	2	31 March 2022	30 September 2021	Green	Amber
REQUIRING COLLABORATION WITH STATUTORY PARTNERS										
IP18	CO	Ensure robust oversight of the implementation of the strategic delivery plan for Older People and Unscheduled Care taking into account fully delegated hospital services and large hospital set aside.	The emerging Older People's Strategic Delivery Plan highlights the reduction in occupied bed days we have achieved against the demographic challenges we are facing and identifies the need for 'shifting the balance' funding to be released to support further transformation, reduce the demands on acute hospital and deliver further improvement against key indicators.	We will review existing commitments and priorities in relation to Older People's Services, informed by the necessary changes and improvements arising from our pandemic response to ensure we can continue to advance service redesign and improvements.	3	3	31 March 2022	31 March 2022	Amber	Amber
IP23	CO	Seek appropriate levels of Corporate support from Statutory Partners including organisational and workforce development.	This has not been able to be achieved, except for HR input into Workforce Planning Group and we will need to invest in Corporate Services capacity as well as operational management in order to support the Strategic Delivery Plans and three-year planning.	No further update	3	3	Ongoing	Ongoing	Amber	Amber



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

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

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

IP No.	RO	Action	Update - Oct 21	Update - July21	Revised Priority Level as at Oct 21	Revised Priority Level as at July21	Date for Completion as at Oct 21	Date for Completion as at July21	RAG as at Oct 21	RAG as at July21
IP25	CO	Improve the effectiveness of the connection of PKHSCP planning with Statutory Body Strategic Planning (Transforming Tayside/ Perth & Kinross Offer)	No further updates.	Given the demands of the pandemic and because it was being reviewed, the Transforming Tayside programme is no longer being progressed and we will look to align with its successor. We remain committed to aligning our work with the PK Offer and the revised Local Outcome Improvement Plan (LOIP) being developed by the Community Planning Partners. We are very keen to take a lead role in respect of the 'health and wellbeing' priority and to support Community Planning Partners to consider and deliver on their contribution towards our strategic priorities.	3	3	31 March 2022	31 March 2022	Amber	Amber
IP29	H of F&CS	Agree risk sharing arrangements between statutory partners	The Project Group chaired by Vivienne Davidson on behalf of all parties continues to meet on a monthly basis. The review of financial risk sharing arrangements across Tayside is being actively progressed by the Head of Finance PKC and Director of Finance NHS Tayside.	The Project Group chaired by Vivienne Davidson on behalf of all parties continues to meet on a monthly basis. The NHST Director of Finance is now a member of the group and this is aimed to assist in taking forward a range of issues, particularly the review of financial risk sharing arrangements across Tayside.	3	3	31 March 2022	31 March 2022	Green	Amber
IP35	CO	Clinical, Care and Professional Governance: Embed a consistent framework for performance review across all services, providing assurance to the new sub committee of the UB on the safety and effectiveness of services ensuring streamlining of our arrangements with those of both statutory bodies.	We have reviewed our approach and secured UB approval for what we will report to which Committee, to provide assurance to the UB.	We have a strong commitment and effective approach to the work of the Care Professional Governance Forum (CPGF) locally and are exploring how to better align its work to our wider performance review and reporting activity. In light of changes in NHST's approach to Clinical Governance, we are reviewing the most effective approach to providing the necessary assurance to the relevant Boards and bodies. We intend to bring forward further proposals to strengthen arrangements. These were discussed at the UB Development Session on 25th August with a paper to come forward to the UB at its meeting in September 2021.	3	3	n/a	30 September 2021	Complete	Amber
IP36	CO	With the governance and accountability structures of both statutory bodies, as well as those of the UB, there is considerable duplication in reporting to potentially 5-6 different committees/forum/groups and thus great potential to explore a more integrated and efficient approach. We will review current arrangements and work with partners to explore the potential to reduce duplication	No further updates.	This work will be contingent on identifying capacity and resource within Corporate Services and on the willingness of statutory partners to adopt approaches that reduce duplication. This will continue to be explored through the review of the Integration Scheme and also outwith this process. It is notable that the 'governance light' approach during the pandemic helped release capacity to focus on operational response and mitigating the impact of the pandemic.	3	3	31 March 2022	31 March 2022	Amber	Amber
IP39	CO	Clarify the governance and accountability arrangements in respect of Inpatient Mental Health Services	This is being advanced in the context of the review of the Integration Scheme.	This remains an important issue which should be addressed by the Review of the Integration Scheme. David Strang's Progress Review highlighted that this should be progressed.	3	3	31 March 2022	31 March 2022	Amber	Amber
COMPLETED ACTIONS										
IP06		Develop a statement of our vision and values to be become front and centre of all UB activities moving forward (combined with strategic plan see 14)	n/a			n/a		n/a		
IP28		Reach agreement with NHST on refreshed finance support arrangements for IPMH	n/a			n/a		n/a		
IP30		Corporate Support: Development of new structure under CFO to ensure sufficient capacity.	n/a			n/a		n/a		
IP37		A comprehensive improvement plan will be developed that brings together the findings of the Joint Inspection, the findings of the Annual Governance Self Assessment and as part of that the MSG Review of Integration	n/a			n/a		n/a		
IP08	CO	Review UB membership ensuring that all sectors are adequately and appropriately represented including the independent sector	n/a			n/a		n/a		
IP19	H of ASCSW	Review the role and remit of the Strategic Planning Group and the Third Sector Forum to ensure that existing strategies (and those under development) are supported in terms of the Partnership's capacity to deliver.	n/a			n/a		n/a		
IP31	CO	Align HR processes, policies and procedures via influencing national guidelines and thereafter implement	n/a			n/a		n/a		
IP10	H of ASCSW	Effective Engagement and Co-production at Locality Level: individual locality reports to be brought forward to the UB, leading to greater prioritisation of the systemic evaluation of strategic impact		Each of the 3 HSCP localities has an up to date Participation and Engagement Plan that is overseen by the Locality Management Group. This document plays a key role in coordinating engagement by all agencies and organisations with a Health and Social Care focus in the area. These plans will come to the Strategic Planning Group and will contribute to the group's ability to review current strategic delivery and developments as well as the formation of our Strategic Commissioning Plan. High level locality updates are included in the Audit & Performance Committee's Annual Workplan.		n/a		n/a		Complete
IP24	H of F&CS	Ensure that Programme and Project Management is effective and supports the implementation of all strategic plans and strategic priorities, taking into account the scale of the task, its capacity, finance and the timescale needed to achieve it.		Regular review is undertaken by the Service Manager (Business Planning and Performance) to prioritise existing resources and to increase capacity where required. This should now be marked as complete with a system now in place for regular ongoing review.		n/a		n/a		Complete
IP27	H of F&CS	Support NHST to ensure timely agreement of budgets moving forward		Regular meetings continue to take place with both NHST and PKC. This should now be marked as complete.		n/a		n/a		Complete
IP33	H of ASCSW / H of Health	Ensure that Risk item is on all team agendas.		The Operational Risk Log for ASWSC has been reviewed and updated. It now has the same format as risks recorded in DATIX to enable an HSCP wide Operational Risk Log. The Risk Log is a standing agenda item on the ASWSC Forum agenda. Risks relating to strategies and transformation projects are reviewed regularly within their individual governance arrangements. Health risks reviewed weekly and mitigating actions discussed. Operational risk register reviewed as part of clinical care and professional governance review to NHST.		n/a		n/a		Complete
IP34	H of ASCSW / H of Health	Ensure Health and Safety item is on all team agendas		Formal integrated health and safety meeting is held bi-monthly with exception reports received from all teams. Health and Safety actions are reported and noted at NHST H&S Committee. H&S remains on the agenda for Locality Governance meetings, IMT has been restarted and Health and Safety is a standing item on the agenda		n/a		n/a		Complete
IP38	CO	Joint engagement meetings regarding financial sustainability with key stakeholders (PKC Head of Finance, NHST Director of Finance, Chief Executives)		Complete		n/a		n/a		Complete



PERTH AND KINROSS INTEGRATION JOINT BOARD

AUDIT & PERFORMANCE COMMITTEE

13 DECEMBER 2021

UPDATE: AUDIT RECOMMENDATIONS

Report by Head of Finance and Corporate Services
(Report No. G/21/175)

PURPOSE OF REPORT

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

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 1st 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 has been one audit completed since the last report to this Committee:

- External Audit Annual Report 2020/21

Three new recommendations have been identified from this audit and these have been incorporated into this update.

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

Status	Recommendations (excluding CCG)	CCG Recommendations	Total
Complete	44	9	53
Part Complete	1	0	1
Not Yet Due	3	0	3
Overdue	1	0	1

Total	49	9	58
--------------	-----------	----------	-----------

Since the last report to the Audit and Performance Committee, 1 recommendation has been marked as being overdue. The number of recommendations marked as 'complete' remains at 44.

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

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

3. RECOMMENDATION

The Audit & Performance Committee are asked to:

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

Author(s)

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

PERTH & 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
34	Internal	Annual Report	2018-19	2	The IJB should be provided with assurance that sufficient capacity and organisational structure is in place to support the planned work.	Consideration to be given to allocating Corporate Support resources and capacity and the provision of greater clarity and accountability through restructure.	Chief Officer	31/10/21	Overdue	43 days	<p>The Chief Officer has previously intimated that he was progressing a restructure of the HSCP. However he has now determined that, given the challenges and circumstances we now face, it would be preferable to not now progress a formal, comprehensive restructure of the HSCP.</p> <p>A number of factors have influenced this decision including:</p> <ul style="list-style-type: none"> - A high number of temporary posts that cannot be filled on a permanent basis while restructure is under consideration and this is having a destabilising effect on the HSCP's functioning. - The prospect of restructuring is delaying the HSCP's ability to create new posts for which there is identified funding. These posts are needed to build capacity and resilience in operational management and in corporate services. <p>Not moving ahead with a formal restructure of senior management will not necessarily require wholesale restructure at levels below and will now enable individual Heads of Service to consider any organisational change required to address a lack of capacity and effective integrated working more quickly.</p> <p>In parallel, a rapid review of corporate support has been undertaken by the Head of Finance & Corporate Services. This seeks to address the temporary posts and gaps in key support services and provides a funding solution.</p>
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	<p>Management should:</p> <ol style="list-style-type: none"> Complete its planned review of current leadership and management arrangements to ensure sufficient strategic planning capacity; and Prepare a workforce plan- <i>complete</i> 	Chief Officer	a.31/10/21 b.Complete	Part Complete	a. 43 days b. Complete	<p>As per action 34 above, the planned restructure is now not considered the best or only way forward of enhancing strategic planning, corporate and leadership capacity.</p> <p>While restructuring EMT would achieve more integrated working, it would not increase capacity within the Senior Team. Instead, it may delay for some considerable time our ability to take the action to address the risks in these areas previously highlighted. By which time, the proposition of a National Care Service may then limit our ability to make the necessary improvements.</p> <p>In 2019/20 the IJB approved investment in additional strategic planning and performance capacity. This is being used as part of a wider funding solution to strengthen planning, performance and business improvement capacity.</p>

PERTH & 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
					unchanged from 2018-19.						
71	External	Annual Report	2020/21	1	The budget should reflect the intentions of management to build reserves in line with its reserves strategy, which will also require significant discussion and planning with its partner bodies.	The IJB and its partners should work towards developing a plan to achieve the reserves outlined in its reserves strategy.	Head of Finance and Corporate Services	31/03/22	Not Yet Due	-	This will be developed in line with the three year financial plan in order to set out delivery of the reserves strategy aims.
72	External	Annual Report	2020/21	2	The integration scheme states that any overspend incurred from 2018-19 onwards may be allocated on a proportionate basis of each partners contribution to the IJB. For 2019-20, there has not yet been any agreement between partners on how any overspend may be shared and we understand discussions have been limited. 2020-21 update: We understand that there is a revision process underway of the integration scheme in line with Scottish Government requirements between the IJB and its partners. We will continue to assess progress against best value and effective integration arrangements. It is generally recognised that proportionate risk sharing facilitates effective integration.	We recommend that partners are requested formally agree the approach for overspends on an annual basis in advance of the financial year on which agreement is sought. Consistency of approach, and consideration of third party guidance should be included as part of the agreement.	Chief Officer	31/03/22	Not Yet Due	-	A review of the full integration scheme is underway, and we will to contribute fully to ongoing discussions with partners around future financial risk share arrangements.
73	External	Annual Report	2020/21	3	As reported on page 31, management have carried out implementing our recommendation to develop a workforce plan. Through discussion with management, there is a need to address the findings in the workforce plan, which include filling posts where key gaps in management's capacity have been identified.	It is recommended that management continues with its progress on filling the key gaps identified as part of its workforce plan.	Chief Officer	31/03/22	Not Yet Due	-	Ongoing. The development of the PKHSCP 3 Year Workforce Plan is well underway and critical discussion will take place around the solutions required to address key workforce gaps. These solutions may be local, regional or national since many of PKHSCP staff shortages are being experienced across the UK and local or regional solutions will not in themselves address the shortages being experienced.

**PERTH & 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
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.	a. Strategic Plan to be completed - Complete b. Strategic Planning Group to be taken into account in reviewing the Strategic Plan with sufficient engagement with this group having taken place - Complete c. Strategic Planning Group minutes of meetings to be available on HSCP Share information site to evidence input into the Strategic Plan - Complete	Chief Officer	Complete	Complete	-	The P&K IJB Strategic Commissioning plan has now been published. The Strategic Planning Group has been re-established with a review of the role, remit, membership etc completed, along with learning from best practice across other partnerships. The initial meeting of the refreshed group took place in June 2021.
61	Internal	Financial Risks (PKIJB 19-01)	2019/20	1	We concluded that the IJB is provided with adequate reporting to understand the financial risks it is facing in the short term. We also note that the complex impact of Covid on the long term financial position makes an assessment of the accuracy of the risk in the longer term very difficult at this time. However, to improve the flow of assurance, there could be better links between the reporting on the financial position and the Finance risk.	The Financial position monitoring report should be overtly related to the Financial Resources strategic risk, should provide all necessary assurances and in particular should contain a conclusion on whether controls are operating effectively to mitigate the risk as intended and support the current scoring of the risk. Once a medium term plan is developed that should be incorporated into the risk as well as the focus on the outcome for the year. In addition, management should consider inclusion of the following in the financial reporting format: <ul style="list-style-type: none"> Clear identification of risks and emerging issues to include a more formal risk assessment including quantifying the potential financial impact of any issues arising wherever possible. Information should be detailed enough to allow members to judge whether issues are being anticipated/reported timeously. 	Head of Finance and Corporate Services	30/09/21	Complete	-	All financial monitoring reports from month 4 onwards will include a section identifying financial risks and mitigating actions.
62	Internal	Financial Risks (PKIJB 19-01)	2019/20	2	Within the Financial Resources Strategic risk, controls are assessed as working effectively, albeit they only reduce the probability of occurrence to 'high' and therefore additional mitigating actions are required. The format of recording the IJB's strategic risks does not	The IJB recognises that future financial strategy is dependent on development of a new Strategic Plan based on the new post Covid context and the impact on demand and resources and associated	Head of Finance and Corporate Services	-	Complete	-	

**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
					include information on a planned score for each risk, nor any additional actions to reduce the risk. The IJB's financial planning approach should ensure planning for sustainability. However, although the IJB does have both efficiency savings and service redesign programmes, none of the controls noted within the Finance risk refer to these or any other processes designed to ensure long term sustainability.	transformation work. For example the March 2021 budget paper to the IJB set out that 'We intend to review our Strategic Commissioning Plan and as part of that our Service Redesign and Transformation Programme on the basis of our experience over the last 12 months and through a 'Covid lens' which is likely to have a significant bearing on the Medium Term Financial Plan'. Once available, the risk should be updated for these additional controls.					
63	Internal	Financial Risks (PKIJB 19-01)	2019/20	3	There are several complex issues impacting on the relationship with the partner bodies which have previously been the subject of recommendations from various sources and remain outstanding at this point. These actions cannot be solved by the IJB in isolation.	We would stress the importance of continued focus on progress with these long standing complex actions including scrutiny at governance level on implications of non achievement. If necessary, and for issues involving Partners, escalation should be to the Working Together Forum, where the Chairs, Council Leaders, Chief Executives and Chief Officers from all partner bodies meet Consideration should also be given to working with the other Tayside IJBs who also have to find solutions to these issues.	Jointly Chief Officer, Chief Executives NHS Tayside, Perth & Kinross Council.	-	Complete as far as possible by the Chief Officer	-	Meetings have now been arranged collectively with the Director of Finance and all 3 CFO's for the duration of 2021/22 to discuss and resolve common issues. In addition, meetings have also been scheduled on a 1:1 basis with the NHST Director Finance. In addition meetings have been scheduled jointly with the Director of Finance NHST and the Head of Finance Perth & Kinross Council with the Head of Finance and Corporate Services during the year. Wider meetings with Chief Executives will be planned as part of discussion in relation to the review of the Integration Scheme and financial risk sharing arrangements.
69	Internal	Improvement Actions (PKCIJB20-01)	2020/21	1	Discussions are underway to further refine arrangements around timelines/forum for collation and scrutiny of the plan prior to future submissions to the Audit & Performance Committee.	An operating procedure should be developed setting out a standard approach and timetable to the regular update and review and scrutiny through the Executive Management Team.	Business & Resources Manager	30/06/21	Complete	-	
70	Internal	Improvement Actions (PKCIJB20-01)	2020/21	2	The Services are working closely together to update information within the plan; however, there is acknowledgement that documenting definitions of the RAG and Priority Status meanings may assist in ensure common understanding of these across the Service and Audit & Performance Committee.	A key should be added to the Plan which will defines RAG and priority status meanings.	Business & Resources Manager	30/06/21	Complete	-	

Minute**NHS Tayside****Tayside NHS Board
Care Governance Committee – Open Business**

Minutes of the above meeting held on Thursday, 5 August 2021 at 1000 hours in the Director of Nursing and Midwifery's Office, Level 10, Ninewells Hospital and via the use of Microsoft Teams.

Present:**Non Executives**

Mrs J Alexander	Non-Executive member, Tayside NHS Board/Employee Director (MS Teams) (Left at 1040 hours)
Mrs A Buchanan	Non-Executive Member, Tayside NHS Board
Mrs P Kilpatrick	Vice Chair, Care Governance Committee/ Non-Executive Member, Tayside NHS Board (MS Teams)
Professor G Martin	Non-Executive, Tayside NHS Board (MS Teams)
Mrs T McLeay	Chair, Care Governance Committee/Non-Executive, Tayside NHS Board
Dr N Pratt	Non-Executive, Tayside NHS Board (MS Teams)

Executives

Mrs C Pearce	Director of Nursing and Midwifery, NHS Tayside
Professor P Stonebridge	Medical Director, NHS Tayside

In attendance:

Mrs D Campbell	Associate, Director for Patient Safety, Care Governance and Risk Management
Mr G Doherty	Director of Workforce (MS Teams)

Attendee:

Ms M Campbell	Committee Support Officer (MS Teams)
Dr A Clement	Clinical Director, Angus Health and Social Care Partnership (MS Teams) (Item 7.3)
Mrs A Cunningham	Justice Healthcare Manager (MS Teams) (Item 9.1)
Mrs P Davidson	Infection Prevention and Control Manager (MS Teams) (Item 7.6)
Mr M Dickson	Clinical Governance Co-ordinator, Perth and Kinross Health and Social Care Partnership (MS Teams) (Item 7.2)
Dr H Dougall	Clinical Director, Perth and Kinross Health and Social Care Partnership (MS Teams) (Item 7.2)
Mrs J Galloway	Head of Health and Community Care Services (MS Teams) (Item 9.1)
Dr S Hilton	Public Health Consultant (MS Teams) (Item 7.9)
Miss A McManus	Allied Health Professions Lead, Perth and Kinross Health and Social Care Partnership (MS Teams) (Item 7.2)
Mrs A Michie	Communications Manager (on behalf of Mrs J Duncan) (MS Teams)
Mrs A Mitchell	Dundee HSCP/Dundee City Council (on behalf of Dr D Shaw) (MS Teams) (Item 7.2)
Ms K Melville	Lead Pharmacist (MS Teams) (Item 7.10)

Miss A Nicoll	Clinical Governance and Risk Management Facilitator (MS Teams) (Item 8.3)
Mrs K Reynolds	Lead Nurse, Dundee HSCP (on behalf of Dr D Shaw) (MS Teams) (Item 7.2)
Mr K Russell	Associate Nurse Director (Item 7.5)
Ms H Scott	Director of Performance (MS Teams) (Item 7.11)
Mr C Sinclair	Associate Nurse Director (MS Teams) (Items 7.3 and 8.2)
Mr B Webster	Management Student, Dundee University Shadowing the Director of Nursing and Midwifery
Ms L Wiggin	Chief Officer, Acute Services (MS Teams) (Item 7.4)

Apologies:

Mr G Archibald	Chief Executive, NHS Tayside
Mrs L Birse-Stewart	Chair, Tayside NHS Board
Mrs E Devine	Head of Health, Perth and Kinross Health and Social Care Partnership
Mrs J Duncan	Director of Communications and Engagement
Mr S Dunn	Associate Director of Nursing, Midwifery and Strategy
Mrs M Dunning	Board Secretary
Dr E Fletcher	Director of Public Health
Reverend A Gibbon	Head of Spiritual Care
Dr S Hilton-Christie	Associate Medical Director Patient Safety, Clinical Governance and Risk Management
Mr M Kendall	AHP Lead, Dundee Health and Social Care Partnership
Mrs T Passway	Interim Head of Clinical Governance and Risk Management
Mrs N Richardson	Interim Director of Allied Health Professions
Mrs V Irons	Chief Officer, Dundee Health and Social Care Partnership
Dr D Shaw	Clinical Director, Dundee Health and Social Care Partnership

Mrs Trudy McLeay in the Chair.

Action

1 WELCOME AND APOLOGIES

The Chair welcomed all those present to the meeting. No new or leaving members were noted within the Committee membership.

The Chair welcomed Mr Brian Webster, Management Student from Dundee University, who was in attendance, shadowing the Nurse director to enhance his knowledge around nursing leadership.

Apologies were received and noted above.

Test of Change: The Chair advised that the test of change with the Agenda and Minutes for Noting being included as hyperlinks, had proved to be a failure, and would not be repeated for subsequent meetings as access for all members could not be guaranteed. Minutes which are provided to the Committee members for noting will be provided as part of the documentation pack. This test of change had been undertaken as part of a consideration to reduce the considerable number of reports and papers provided within the combined documentation.

2 **DECLARATIONS OF INTEREST**

No interests were declared.

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

3.1 **Minutes: Care Governance Committee Open Business 3 June 2021**

The Minutes of the Care Governance Committee Open Business 3 June 2021 were approved, proposed by Mrs A Buchanan, Non-Executive Member, Tayside NHS Board and seconded by Mrs P Kilpatrick, Vice Chair, Care Governance Committee.

The Committee:

- Approved the Minutes of the Care Governance Committee Open Business 3 June 2021.

3.2 **Chair's Assurance Report**

The Chair advised that the Chair's Assurance Report was produced following the Committee on 3 June 2021.

The Committee:

- Noted the Chair's Assurance Report of the Care Governance Committee Open Business June 2021.

4 **ACTION POINTS UPDATE AND MATTERS ARISING**

4.1 **Action Points Update**

Mrs Claire Pearce, Director of Nursing and Midwifery provided updates on incomplete actions:

Action Point 3: Completion date of 7 October 2021 for the evaluation to have been undertaken. Confirmation of completion to be noted within the Action Points Update for the Care Governance Committee on 7 October 2021. A full update on the evaluation will be included within the next Assurance Report for Strategic Risk 16; which is scheduled for presentation to the Care Governance Committee at its meeting on 2 December 2021.

Action Point 6: Meeting has been arranged to discuss a process through which information is provided to Health and Social Care Partnerships in relation to recommendations and learning from SPSO reports. Ms Scott will update the meeting further on 7 October 2021.

Action Point 7: Action is marked as complete. The Committee agreed that further action be raised as consideration should be given to how Sage & Thyme or equivalent training could be developed and/or provided within NHS Tayside. Ms H Scott, Director of Performance advised that she had investigated the provision of Sage and Thyme training funding over previous years. Previous funding now not available through the Nursing Directorate budget. Ms Scott considered that a new approach be engaged with in that previously trained staff could share the principles of

Action

learning with others. Mrs J Alexander, Non-Executive Member recalled previous agreement that funding of staff undertaking Sage & Thyme training was the responsibility of individual Services and therefore there would not be a requirement for a central fund to be in place. Mr G Doherty, Director of Workforce indicated that Sage and Thyme training was not core training for the organisation and supported a review of the organisation's training requirements and agreed to discuss this with Mr Scott Dunn, Head of Development and request him to explore further how equivalent training could be undertaken within the organisation. Mr Doherty will also request that Mr Dunn liaise with Ms Scott to bring recommendations back to the Committee on a proposal to provide a cascade model of training for staff, to the Committee on 7 October 2021.

GD

HS &
SD

During the meeting Mr N Pratt, Non-Executive Member provided a link to on-line training to aide Committee members understanding of discussion and training requirements:

<http://www.sageandthymetraining.org.uk/online-training>

Ms Scott reported that within the NHS Tayside Annual Feedback report which is on the agenda at Item 6.1, there is information that over 200 staff have accessed on line learning sessions on the subject of effective communication, which have been supported by Dr D Armstrong, Lead Advisor to the Scottish Ombudsman.

Action Point 8: Action is marked as complete. Additional questions raised by Mrs P Kilpatrick, Vice Chair, Care Governance Committee:

- Pilot in Paediatrics – Which site? Date of pilot?
- When in 2022 is HEPMA to go live?
- Roll out in Perth Royal Infirmary prior to other site – What is the reason this site has been chosen?

It was agreed that request would be made to Dr P Curry, Chair Area Drug and Therapeutics Committee to present a short update report, inclusive of queries above, to the Care Governance Committee at its meeting on 7 October 2021.

Action Point 9: Noted that a meeting has been arranged to discuss a process through which information is provided to the Equality and Diversity Governance Group in relation to recommendations and learning from SPSO reports. Ms Scott will update the meeting further on 7 October 2021.

The Committee:

- Noted the updates provided.

4.2 Matters Arising

There were no other matters arising.

5 COMMITTEE ASSURANCE AND WORKPLAN

5.1 Committee Assurance Plan and Workplan 2021/2022

Mrs Pearce advised that the documents provided set out the work for the year 2021/2022 and gave assurance to Committee members that all matters have been undertaken timeously.

The Committee:

- Reviewed and noted the updated Committee Assurance Plan and Workplan for the year 2021/2022.

5.2 Record of Attendance

The Chair wished to commend all members of the Care Governance Committee for their continued commitment to attending the Committee during this third wave of the COVID-19 pandemic, this has allowed key discussions to be undertaken and decisions made ensuring the remit of the Committee has been fulfilled to date.

The Committee:

- Noted the Record of Attendance.

6.1 NHS Tayside Feedback Annual Report 2020/2021

Ms Scott presented the NHS Tayside Feedback Annual Report for the year 2020/2021 for Committee member's awareness and invited any comment on the content. Following presentation to the Care Governance Committee, the Annual Report will be presented firstly to the Executive Leadership Team, and then to Tayside NHS Board on 26 August 2021 for approval and publication thereafter, with submission to the Scottish Government, Healthcare Improvement Scotland, the Scottish Public Services Ombudsman, and the Patient Advice and Support Service by 30 September 2021.

Ms Scott advised that the Annual Report provided feedback around the experiences of NHS Tayside's patients, carers, family members and members of the public; and this information is reviewed to inform learning, actions and improvements to improve the services provided by the organisation.

The Annual Report demonstrates how NHS Tayside encourages and gathers feedback, handles complaints, supports learning and provides examples of improvements made as a result of feedback received. The report also captures how the organisation continues to develop and support a culture which encourages feedback in a clear and understandable manner.

The report provides examples of improvements and/or successes which have been achieved during the year 2020/2021, for example:

- There has been a 40% increase in stories through Care Opinion
- A Person Centred Network has been developed, which will support the work of four network groups to improve the care experience for staff, patients, families and carers; transform person-centred leadership and care cultures; develop community engagement including patient and public involvement; and develop person centred practice through

shared decision making.

- Aligned with work to improve the Complaints Handling Process, there has been training and education to staff to assist and build confidence to undertake early resolution and to support staff wellbeing.

Ms Scott indicated that key priorities for the year 2021/2022 will include:

- Continue to promote the use of Care Opinion: introducing the system within Health and Social Care Partnerships; collaborating with Interpretation and Translation Services and Care Opinion to improve the accessibility of the system; and continue to increase the usage and engagements of the system with both public and staff in areas which already utilise the system.
- Complete with the Complaints Handling Improvement Programme initiated within the year 2020/2021.
- Develop further resource and training for staff to build skills for early resolution and staff wellbeing.
- Embed the whole system Person Centred Network.

The Chair thanked Ms Scott for presenting the very informative report.

Mrs Buchanan made a suggestion that Ms Scott review the examples of Care Opinion stories cited to ensure that there is a more balanced view of patient experiences contained within the Report, with no bias to favour NHS Tayside. Ms Scott agreed to review the examples prior to presentation to the Executive Leadership Team.

HS

Mrs Kilpatrick queried whether in respect of the number of Prison Healthcare Service complaints under Performance Indicator Four, the total prison population that NHS Tayside serves could be indicated to give an indication of the scale of complaints received. Ms Scott agreed to review this table and provide a total prison population for Tayside.

Ms Scott also agreed to review narrative relating to the “Themes from Complaints” table to clarify that this information includes Prison Healthcare data.

The Committee members provided no further feedback to Ms Scott and accepted the report subject to the above amendments.

The Committee:

- Reviewed and accepted the NHS Tayside Feedback Annual Report, subject to amendment, which had been provided for review and comment.

7.1 Dundee Health and Social Care Partnership: Assurance Report

Mrs A Mitchell, Locality Manager, Dundee Health & Social Care Partnership and Mrs K Reynolds, Lead Nurse, Dundee Health and Social Care Partnership presented the Assurance Report on behalf of Dr D Shaw, Clinical Director.

Mrs Mitchell highlighted to the Committee:

- The top five clinical, care and professional governance risks within Dundee HSCP:
 - Increasing demand in excess of resources, Dundee Drug and Alcohol Recovery Service (DDARS)
 - Insufficient Numbers of DDARS staff with prescribing competencies.
 - Current funding insufficient to undertake the service redesign, DDARS
 - Covid-19 Maintaining safe DDARS
 - Clinical Treatment of Patients – Mental Health Service (946)
- Outstanding adverse event management reviews continue, with the number reducing as teams focus on balancing time between ensuring new adverse events are comprehensively reviewed and dedicating time to review legacy adverse events. However, there is recognition that the number of overdue adverse event management reviews and overdue actions is higher than the Partnership would wish.

The Chair thanked Mrs Mitchell for her brief overview of the report circulated.

In response to query from the Chair, Mrs Reynolds confirmed that following agreement to reduce the number of new patients entering the DDARS (reduction from four access assessment clinics per week to two) the patients are placed on a waiting list which is reviewed regularly to place patients in to treatment. Mrs Reynolds advised that there are currently two General Practices in Dundee which offer enhanced drug and alcohol services, with an additional General Practitioner having been appointment, raising that number of Practices to three.

Discussion took place around NHS Tayside's payment to General Practitioners who are contracted to provide enhanced drug and alcohol recovery service to patients which is not equitable with payments across NHS Scotland. Mr Doherty cautioned against arbitrarily enhancing NHS Tayside's payment thereby putting local General Practitioners and the Health Board at a disadvantage against the rest of NHS Scotland. Mr Doherty suggested that this topic would be a discussion for the national Chief Officers Group to agree a single position which is then applied across NHS Scotland, and is not for the Care Governance Committee. GP payments is being raised at senior level within the partnership and appropriate action is being taken.

Responding to query from Dr Pratt, Mrs Mitchell advised that the introduction of the multi-agency non-fatal overdose pathway within Dundee; along with the take home naloxone programme and same day prescribing have shown an improvement on the number of fatalities within Dundee.

Dr P Stonebridge, Medical Director queried how many General Practitioner sessions were available per 100,000 of population within Dundee, compared to Glasgow. Mrs Reynolds advised that she would

AM
DS

take this query back to Dr Shaw and include this information within the next assurance report.

Mrs Mitchell advised that the level of assurance offered within the assurance report was one of **“Moderate”**: Adequate framework of key controls with minor weaknesses present, controls are applied frequently but with evidence on noncompliance.

The Chair thanked Mrs Mitchell and Mrs Reynolds for presenting the assurance report which provided assurance that systems are developing well across the HSCP, although the Primary Care Groups and associated reporting needs to further develop to provide comprehensive reporting across all aspects of all services.

Level of Assurance

- The Committee accepted that the level of assurance offered from the assurance report was one of **“Moderate”**.

The Committee:

- Considered and accepted the report from Dundee HSCP which was provided for assurance.

7.2 Assurance Report: Perth and Kinross Health and Social Care Partnership

Dr H Dougall, Associate Medical Director; assisted by Mr M Dickson, Clinical Governance Coordinator and Miss A McManus, Allied Health Professional (AHP) Lead presented the Assurance Report for consideration by the Committee.

Dr Dougall advised that the increased scrutiny which is being undertaken through the Care Governance Committee is being reflected within the Perth and Kinross Care and Professional Governance Forum, focusing on risk management and mitigation.

The report provides information on the Partnership Risks, with more detail on Risk Scores and grading contained within Appendix 2 of the Assurance Report. There has been an increase in the number of risks within the Partnership to 23 risks, due to the inclusion of the Mental Health Service Risks. Discussions are still ongoing around ownership of the Prescribing Risk. Risk 735 relating to clinical psychology access has been removed following discussion and the successful recruitment to post.

Dr Dougall advised that greater assurance to the Forum is received through more regular reporting from Services within the Partnership, and this is evidenced within Appendix 3 of the Assurance Report.

Dr Dougall gave a summary of the top risks:

- Risk 657 General Practice Unit within Pitlochry, graded Red with a score of 20. Tests of change have been undertaken through the move to 12 hour shifts for staff and this has proved to be a positive move in the retention of existing staff and recruitment to vacant posts. Staff do

tend not to live in the rural area of Pitlochry and the flexibility of the 12 hours shifts has benefitted staff with less commuting time, better work/life balance, and improved working activity. It is hoped that the improvements which are cited will reduce the risk score.

- Risk 886 Staff challenges within the Occupational Therapy Service within Perth Royal Infirmary, graded Red with a score of 20, again successful recruitment is expected to reduce the risk score.
- Risk 982 Workforce, graded Red with a score of 20. Whilst this is a significant risk, new models of care are being explored with a reconfigured workforce model put in place to ensure that the safe delivery of service is maintained. This work is ongoing in collaboration with the Mental Health Service Associate Medical and Nurse Directors.
- Risk 829 Accommodation for staff, graded Red with a score of 20. Exploration of alternative accommodation option continues.

Dr Dougall advised:

- Clinical and care governance arrangements were summarised within Appendix 3 of the Assurance Report and that work had now resumed following the delay due to COVID-19 on developing governance and performance dashboards supporting care assurance across agreed professional standards; with the additional work of improving locality performance data to services.
- The top five themes for adverse events with harm remains the same as within the last report to the Care Governance Committee:
 1. Violence & Aggression
 2. Pressure Ulcers
 3. Slips, Trips and Falls
 4. Accident (mostly minor moving and handling issues; staff burns from handling hot drinks; other relatively minor knocks and bumps)
 5. Fatality (the vast majority of these relate to unexpected deaths of patients in the community who were known to an HSCP service)
- Progress has continued in reviewing the number of outstanding red adverse events, with 13 outstanding events at the time of the report. Delays in completion of these outstanding red events are due to complexity of events; delays due in part to the ongoing COVID-19 response of the Services involved; and co-ordination of multiple agencies and services responding to the event.
- Complaints received aligned to Perth and Kinross HSCP are similar in number to those cited within the previous report with no change to top three themes.
- A COVID-19 specific inspection visit, by Healthcare Improvement Scotland (HIS), to HMP Castle Huntly in January 2021 commended the prison establishment citing 13 areas of good practice, whilst also identifying a few areas of further action.
- A Clinical Care and Professional Governance Group for Mental Health is now in place and meets monthly to review performance against Mental Health Key Performance Indicators; monitor and progress actions for service risks; and monitor progress against the Listen, Learn, Change and HIS improvement plans. A deep dive has been undertaken relating to the key performance indicator “patients followed up by the Community Mental Health Team within 7 days of discharge”

as it was noted that information entered/extracted was not accurate. A further deep dive is planned to understand the key performance indicator for readmissions. Data cleaning on Trackcare is also continuing.

- Site assurance visits have not yet been resumed following the reduction in COVID-19 restrictions, but it is hoped that these visits will resume in the near future.

Mr Mark Dickson, Clinical Governance Coordinator advised that since the report was submitted for provision to the Care Governance Committee a new process had been introduced to review all Extreme/Major adverse events at the weekly Senior Management Team Huddle to identify if the event is appropriate for a Significant Adverse Event Review.

Mrs Anne Buchanan, Non-Executive Member referred to the update on care activity planning for those patients with dementia, being undertaken in Older Peoples Mental Health In-patient Teams, and would be interested to see further updates and evidence of incident reduction in the future.

Mr Dickson, responding to query from Mrs Buchanan, advised that once the Tissue Viability Nurse was recruited and in post, they would be involved in all investigations for pressure ulcers of Grade 3 and 4.

Dr Dougall, responding to query from Mrs Pearce, advised the Chief Officer was developing a proposal for consideration on how the Assurance Report from Perth and Kinross Health and Social Care Partnership would be shared across the Integrated Joint Board; acknowledging that the Assurance Report was within the public domain being available through the NHS Tayside website. Mrs Pearce indicated that whilst the Assurance Reports were available on NHS Tayside website as part of a larger document, it was important that the Integration Joint Boards had a process through which the reports were shared across the three partnerships to ensure that there is shared intelligence across the whole system of HSCPs and Mental Health and Learning Disability Services within Tayside and therefore a joint approach would have to be agreed. Mrs Kilpatrick requested that Dr Dougall consider with the Chief Officer an indicative date of implementation for a process to be in place for the sharing of Assurance Reports across the Integration Joint Boards within Tayside, and provide an update to the Care Governance Committee.

HD

Dr Dougall advised that the level of assurance offered within the assurance report was one of **“Moderate”**: Adequate framework of key controls with minor weaknesses present, controls are applied frequently but with evidence on noncompliance.

The Chair thanked Dr Dougall and Mr Dickson for presenting the Assurance Report which provided focused information on the clinical and care governance activities and arrangements across the Partnership.

Level of Assurance

- The Committee accepted that the level of assurance offered from the assurance report was one of “**Moderate**”.

The Committee:

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

7.3 Assurance Report: Angus Health and Social Care Partnership

Dr Alison Clement, Associate Medical Director, presented the Assurance Report for the Angus HSCP advising that the report offers a “**Moderate**” level of assurance providing evidence of mitigation of service risk management; ongoing improvements in adverse event management; reporting on further cycles and the maturing of assurance reporting from services.

Dr Clement gave a summary of the top risks:

- Risk 353 Sustainability of Primary Care Services: graded Red with a score of 25 despite extensive mitigation actions in place to improve the situation. A refreshed approach to this risk is being proposed, which would incorporate both in and out of hours General Practice, and with wider stakeholders including the requirement for recruitment across the wider multi-disciplinary team.
- Risk 578 Financial Management: graded red with a score of 20.
- Risk 591 Workforce Optimisation: graded red with a score of 20. A new Angus HSCP Workforce Steering Group has had its first meeting 13 July 2021, and a workforce plan is being developed. Contribution is being sought to the NHS Tayside workforce plan, with contributions by 5 August 2021. Senior Leadership Team have been asked to complete a workforce questionnaire. Staff Partnership Forum is seeking an engagement process. All these pieces of work will contribute to the development of a detailed picture of workforce challenges, emerging need and accurate risk to the Partnership.

Dr Clement also wished to highlight areas around risk management and care governance to the Committee:

- The Adult Protection Committee continue to meet and a report submitted to the Committee on 16 June 2021 by the Adult Protection Officer offering an increasing picture of activity in all areas of adult protection. Steps are being taken to increase resources available within the adult protection teams.
- The decision around Datix Cloud IQ is ongoing with the tendering exercise being undertaken through NHS Greater Glasgow and Clyde.
- Actions relating to the incorrect patient contact details on Adastra system have been undertaken locally as required, however, this issue continues to be raised at national level, with no resolution.
- Strategic Planning Group continues to meet following relaxation of COVID-19 restrictions, with a new strategic risk around the need to focus on prevention rather than responding to COVID-19 in development.
- Commissioned provider failure, while graded as a yellow risk, is raising concerns around the care homes and the number of vacancies; the

possibility of less beds being commissioned; and the added stress being transferred to the services which provide care at home.

- In respect of Mental Health and Learning Disability Services, six of the eight agreed system wide risks have been added to Datix; with the final two risks being currently added to the system.
- Work continues to be undertaken to support services to complete and learn from adverse events and is showing an improving situation through the management of Local Adverse Event Review timescales and sharing learning across the three Tayside Partnerships.
- The Anticoagulation Service continues to have excellent performance with a positive annual assurance report. Dr Clement highlighted that while less people are now being commenced on warfarin with a resultant reduction in numbers of patients being managed within the service, there will always be a requirement for a high quality service for those for whom it is most appropriate to be managed with warfarin.
- Work is ongoing to support the Angus 2C Practices to participate in the annual assurance reporting utilising the agreed framework, using the learning from the Primary Care Out of Hours Service.
- Complaints continue to be received but a large amount of work is being undertaken to complete complaints within the standards, and at an early resolution stage. Learning from complaints is shared at operational level, and the Partnership.
- Compliments are also seen as important to the HSCP and a process is being developed to review all compliments received through all mediums, including Care Opinion and social media. These will be shared across the Partnership.

The Chair thanked Dr Clement for providing a comprehensive report.

The Chair would wish, on behalf of the Care Governance Committee, to congratulate Ms Gail Smith on gaining the substantive post of Chief Officer of Angus Health and Social Care Partnership.

In response to query from the Chair, Dr Clement advised that Risk 1005 Stakeholder and Partnership Engagement has been inconsistent due to the restrictions which have been in place through the COVID-19 pandemic.

In response to question around the involvement of the third sector in mental health care in the partnership, Dr Clement clarified that due to the COVID-19 pandemic restrictions that there has been reduced access for patients, carers and staff to engage in face-to-face meetings, with third sector involvement usually restricted to telephone appointments to manage mental health conditions. With the reduction in pandemic restrictions patients, carers and staff are keen to re examine how the access to choices of treatments can be optimised across mental health services. Peer support in General Practice is available in all practices. Near Me technology has been utilised, however there are access issues for some patients, and face to face appointments are being increasingly accommodated where required. Dr Clement advised that peer support is accessed through Penumbra and Hillcrest, highlighting the importance of

the tendering process ensuring that the NHS was not dependent on single organisations which supports resilience of service provision. MS Teams meetings are used to support workshops for anxiety, sleep problems, and other specific needs which encourage locality improvement focussing on mental health wellbeing and physical health.

Dr Clement responding to query on escalation within 2C practices from Mrs D Campbell, Associate Director Patient Safety, Clinical Governance and Risk Management confirmed that she and the Senior Leads within Angus HSCP are providing considerable support to the 2C Practices on a day to day basis. Any operational or strategic issues raised are escalated to the Chief Officer as appropriate with regular meetings in place.

Dr Clement advised that while there is lack of clarity around where accountability sits across NHS Tayside and the three Health and Social Care Partnerships under the current hosting arrangements, this is overcome by good partnership working arrangements and a clear practice management escalation process in place.

As previously indicated, Dr Clement offered **“Moderate”** assurance for the assurance report presented to the Committee: Adequate framework of key controls with minor weaknesses present, controls are applied frequently but with evidence of non-compliance.

Level of Assurance

- The Committee accepted that the level of assurance offered from the assurance report was one of **“Moderate”**.

The Committee:

- Considered and accepted the report from Angus HSCP which was provided for assurance.

7.4 Acute Services Division Quality and Performance Review Report

Ms L Wiggan, Chief Officer Acute Services Division presented the Quality and Performance Review Report covering the period April to June 2021 for consideration by the Committee.

Ms Wiggan highlighted to the Committee that:

- All nine of the Clinical Care Groups have undertaken a review within the reporting period; some of the national reporting has remained paused; and the organisation continues to be operating within Wave 3 of the COVID-19 pandemic which commenced in June 2021. Remobilisation plans for planned care and treatment time guarantees are in place through agreed Remobilisation Plan 3.
- A new group has been established to provide assurance on the quality of care at an Acute Services Operational level through the establishment of an Operational Unit Clinical Governance Committee, enabling more focused discussion on clinical governance to be undertaken. The first meeting was held on 14 June 2021 with a draft data set of key measures and data being discussed to agree the information required to support the Committee and provide assurance in relation to identified priorities, and identify opportunities for learning

and improvement. Terms of Reference will set out how the Operational Unit Clinical Governance Committee will complement the existing Quality and Performance meetings and avoid duplication.

- The ratio of adverse events with harm against adverse events with no harm for the reporting period is 1:4.
- The number of Extreme/Major/Moderate events reported has remained broadly consistent across the reporting period.
- The number of commissioned significant adverse event reviews from the nine Clinical Care Groups was nine, with 13 local adverse event reviews commissioned.
- Completed adverse event review reports are reviewed and signed off and can be shared across the organisation; and in terms of significant learning can be shared nationally having been signed off by the Nurse and Medical Directors.
- Top five adverse event management events remain consistent: clinically challenging behaviour; slip trip or fall (inpatients only); medication adverse event; violence and aggression; and surgery/theatre. The top event of clinical challenging behaviour has been reviewed and a large number continue to be related to a small number of patients within the Child and Adolescent Mental Health Service Young People's Unit. Work continues to reduce the number of events for this cohort of patients. Currently a review against the number of similar incidents within the other two Young People's Units in Scotland is being undertaken to understand the level of incidence against national data.
- The number of outstanding events demonstrates a reduction (168 events in March 2021 to 138 events May 2021). Support continues to be provided to Clinical Care Groups by the Clinical Governance and Risk Management Team to complete outstanding events.
- Crude mortality levels have shown fluctuation, with reductions in line with the COVID-19 pandemic and decreased patient activity; and increases reflecting the high level of activity and acuity over the winter period and Wave 2 of the COVID-19 pandemic. Since March 2021 there has been a decrease in the crude mortality level to below the median. NHS Tayside's crude mortality rate and the number of COVID-19 deaths occurring in hospital for the reporting period have been below the national average at 14.6/100,00 population and 7.8/100,000 population respectively.
- Pressure ulcer cases has seen a slight increase over April and May 2021, with the increase related to COVID-19 patients admitted to Intensive Care Unit. This information has been shared with the Tissue Viability Network for further review. Tissue Viability Specialist Nursing Service recruitment is underway. Each Clinical Care Group reviews every pressure ulcer presentation to identify where there may be a trend, improvement or learning which is then shared across the clinical care groups through the Tissue Viability Network.
- In depth analysis is being undertaken around falls data as an increase in the incidence rate had been noted over time. Significant reconfiguration of wards, increased activity, complexity and acuity of patient cohorts during the three Waves of COVID-19 pandemic may have had a bearing on the increase in numbers. While Clinical Care

Groups review all falls to identify themes and learning, the Acute Services Falls Forum has been established to refocus and refresh the system wide approach to falls prevention and their management.

- The Clinical Governance and Risk Management Team continue to support clinical care groups with their adverse event management processes. Clinical care groups continue to review current and overdue risks and have actions captured within the reporting system to ensuring risks are accurate.
- The Clinical Care Groups are focusing on sharing learning through the quality and performance reviews. Learning is taken from adverse events, complaints, patient stories as well as from reviewing data and making improvements to practice.
- Work continues to increase the number of complaints which are dealt with at Stage 1, by training of staff in early resolution techniques. Work continues in reducing the number of complaints which have not been responded to within the national time standards. The number of complaints has been consistent, with the number of complaints received in May 2021 at 66.
- Ongoing work around absence levels, establishment data, core training compliance and TURAS have been used to triangulate workforce data.
- Work continues, in collaboration with the Estates Department, to improve the estate environment across the organisation, with a number of prioritised improvements agreed during the COVID-19 pandemic through the Gold Command pathway.

Responding to query from Mrs Kilpatrick, Ms Wiggin advised that the presentation of patients presenting through unscheduled care pathways during Waves 1 and 2 of the COVID-19 pandemic had increased, with greater complexity of patient presentation. However, analysis has not formally been undertaken to consider if the rate of cardiac arrest was greater or less than expected during the COVID-19 pandemic. Mrs Campbell advised that the Cardio Pulmonary Resuscitation Committee will have a breakdown of the emergency and 2222 calls and reviews of these events is undertaken and learning is shared. Mrs Campbell advised that a brief update on the number of cardiac arrest, learning and national benchmarking would be included in the next Acute Services Quality and Performance Review Report on 7 October 2021.

LW
DC

Professor Stonebridge suggested that where the report narrative requires to be supported by data, the data could be provided within an appendix to the report. Ms Wiggin and Mrs Campbell were happy to support this suggestion.

The Chair thanked Ms Wiggin for providing the report and highlighting key areas for the Committee.

Ms Wiggin offered “**Moderate**” assurance for the assurance report presented to the Committee: Adequate framework of key controls with minor weaknesses present, controls are applied frequently but with evidence of non-compliance.

Level of Assurance

- The Committee accepted that the level of assurance offered from the assurance report was one of “**Moderate**”.

The Committee:

- Considered and accepted the report relating to the Acute Services Quality and Performance Reviews which was provided for assurance.

1136 hours the Committee took a 10 minute comfort break. Mrs Jenny Alexander, Non-Executive Member left the meeting.

7.5 Mental Health and Learning Disability Services Quality and Performance Review Report

Mr Keith Russell, Associate Nurse Director presented the Quality and Performance Review (QPR) Report covering the meeting which took place on 25 June 2021, for consideration by the Committee.

Mr Russell advised that:

- The Quality and Performance Review was undertaken through two component parts:
 - In-Patient, Regional In-Patient and Crisis Resolution and Home Treatment Services.
 - Mental Health ‘system wide review’ which focuses on performance and shared learning across HSCP integrated community services.
- The three HSCPs reported individually on areas of performance which enables system wide information sharing, connection and opportunities for shared learning across key themes such as adverse event reporting, quality indicators, verified incomplete adverse events and the risk management process.
- The harm to no harm ratio across all three HSCPs for adverse events is 1:1. It is considered that reporting of events is low and work is being led by the HSCPs to understand and improve this and increase reporting of all events (with/no harm/near miss).
- HSCPs are working to incorporate the mental health service wide risks into their risk registers, and provide risk scoring appropriately. This will ensure system wide connections, shared learning, and understanding of strengths and weaknesses of risk management across whole system.
- Child and Adolescent Mental Health and the Young People’s Unit are currently reported through the Acute Services QPR Report.
- Within Secure Care Services work is being undertaken to further develop the positive safety culture, and this is being led by the Service Leadership Team.
- A Staff Wellbeing Survey has been undertaken across the Secure Care Services which has provided staff the opportunity to share feedback and views on issues associated with safety, wellbeing and collaborative working with the Service Leadership Team. Mr Russell advised that he had spent two very productive days within Secure Care Services across all wards talking to and understanding staff’s concerns around the sustainability of safe staffing, as well as their

pride in the work that they do in care for their patients. Staff were able to identify positive role models within the Service, and the Service will work with staff to develop an improvement plan.

- Inpatient General Adult Psychiatry and Learning Disability Services have identified that the top five categories of adverse events are:
 - Violence and Aggression
 - Self Harm
 - Clinical Challenging Behaviour
 - Security
 - Staff
- The Senior Charge Nurse team have a good understanding of the factors influencing and contributing to these events and are working with the multi-disciplinary team to reduce the number of events and improve the key outcomes and measures.
- The harm to non-harm ratio has remained at 1:4 within inpatient General Adult Psychiatry and Learning Disability Services.
- There is an increase in adverse event reporting being noted, as evidenced by the increase in reporting of minor events which is at its highest level and this is felt to be a feature of a positive reporting culture.
- Bed occupancy within General Adult Psychiatry has been under significant pressure with the average bed occupancy median at 92.8% (the Royal College of Psychiatry recommendation for safe occupancy levels 85%). The rolling programme of Ligature Anchor Point Removal has impacted on the number of beds available (reduction of 10-12 beds) and, on occasion, patients have been admitted to non-bedroom areas for a short period of time. Mental Health Services have responded to this significant challenge by rephasing the Ligature Anchor Point Removal programme and ensuring all available beds are open.
- Surge activity is monitored on a daily basis through capacity and flow huddles to gain understanding at an early stage the peaks and troughs of capacity. Assurance was given to the Committee that the current practice in Tayside does not include the admission of patients to non-bedroom areas.
- A review of the Child and Adolescent Mental Health Service (CAMHS) Out of Hours Admission pathway is underway to ensure that young people are admitted to the environment best equipped to meet their needs. As part of this work an audit of General Adult Psychiatry Wards against the standards set out in the Scottish Government Guidelines for the Admission to Adult Mental Health Wards of under 18s is being completed. The Director of Nursing and Midwifery has been provided with current admission rates and can discuss this directly with Committee members as required.
- Mental Health and Learning Disability Services and the three HSCPs are working closely together to reduce the number of delayed discharges within inpatient services.

In response to a query from Mrs Kilpatrick, Mr Russell advised that during the programme for ligature anchor point reduction, all options regarding decanting patients from one area to another were reviewed to ensure

capacity was as flexible as possible. Mr Russell advised that the recent significant demand for inpatient admission, high level acuity and clinical need had resulted in a position where non-bedded areas were utilised for the admission of patients for a very short period of time. Mr Russell and Mrs Pearce, along with the Senior Leadership Team, continue to monitor surge activity.

Responding to a query from the Chair around Improving Observation Practice (IOP), Mr Russell confirmed that the introduction of the new protocol is the biggest culture change in inpatient settings within mental health nursing practice and requires staff to work with individuals in a different way. The pilot of IOP highlighted a number of benefits to the approach and opportunities for learning. The Senior Nurse for Practice Development is supporting the roll out to all other areas across Mental health and Learning Disabilities. Mr Russell agreed to include within the next Quality and Performance Review Report, to the Committee 7 October 2021, a short update on the implementation and use of the Improving Observation Practice Protocol.

KR

Mr Russell confirmed that the complaint which has a response time over 200 days has not been referred for external review. The complaint involves a number of services and individuals and this has been the main reason for the delay in completion of the complaint. The Chair wished to reiterate that a patient or family members are at the heart of all complaints and would commend the Service to work toward conclusion of all outstanding complaint responses.

Responding to Dr Pratt's query, Mr Russell advised that the Mental Health and Learning Disability Service has made positive progress in terms of the recommendations from The Independent Inquiry into Mental Health Services in Tayside: Trust and Respect report. Staff have shown great focus and determination to develop services whilst working within a global pandemic. Mr Russell advised that there is constructive and positive relationships in place within the Integrated Leadership Team which is working collaboratively on key issues. While there are still challenges ahead, in particular workforce availability, he would assure the Committee that Mental Health Services have a committed, creative and passionate workforce that is working hard to deliver services.

Professor Stonebridge advised the Committee that recent appointments include an Operational Medical Director for Mental Health and Learning Disability Services, two General Managers and a Lead Nurse, with the Director of Nursing and Midwifery taking the leadership role on an interim basis. This reflects Tayside NHS Board's commitment to progress Mental Health and Learning Disability Services and support staff to deliver safe and effective patient care.

Mr Russell advised that the level of assurance offered within the assurance report was one of **"Limited"**: Satisfactory framework of key controls but with significant weaknesses evident which are likely to undermine the achievement of objectives, controls are applied but with

some significant lapses.

The Chair thanked Mr Russell for the report, however, would wish to recommend that the Committee record an assurance level of moderate recognising that the Service has acknowledged that there are areas where further work is required, that there are recommendations identified and actions in place and being undertaken. The Committee members agreed that an assurance level of **“Moderate”** be recorded.

Level of Assurance

- The Committee recorded the level of assurance of **“Moderate”** for the Mental Health and Learning Disability Services Quality and Performance Review Report.

The Committee:

- Considered and accepted the report from Dundee HSCP which was provided for assurance.

7.6 Assurance Report: Strategic Risk 16 Infection Prevention and Control

Mrs Pamela Davidson, Infection Prevention and Control Manager presented the assurance report for consideration to the Committee, advising:

- The risk score remained at 20 following review in May 2021.
- Recruitment to the vacancy for Lead Infection Prevention Control Doctor is ongoing with the job description having been completed. A further locum post is being advertised following the Local Infection Prevention Control Doctor post contract ceasing in June 2021. This vacancy impacts significantly on the Team’s leadership, decision making, ability to provide advice and input regarding infection prevention and control into projects.
- Hand hygiene data has been included within the assurance report following a deep dive into data undertaken in January 2021, which highlighted reporting challenges from clinical and non-clinical teams, and work is underway with the Business Unit to improve submission of data.
- Key Performance Indicator data has been included within the assurance report; being a national reporting requirement in relation to patient screening for multi-drug resistant organisms (MDRO) methicillin resistant *Staphylococcus aureus* (MRSA) and carbapenemase-producing *Enterobacteriaceae* (CPE) on admission to hospital. A review of data collection is being undertaken to improve the process.

Mrs Davidson advised that the publication of national data by Antimicrobial Resistance and Healthcare Associated Infection (ARHAI) Scotland for Quarter 1 (Jan to Mar) was released on 6 July 2021; with data for Quarter 2 (Apr – Jun) being local data which is not validated at present and will be subject to change, this validated data will be published

in October 2021.

- Healthcare Associated *E. coli* bacteraemia infection rate for Quarter 1 2021 has slightly increased from 42.1 per 100,000 bed days in Quarter 4 2020 (Oct-Dec) to 42.7 per 100,000 Total Occupied Bed Days (TOBDs) in Quarter 1 2021 (Jan-Mar) and is above the national average. Projected rates for NHS Tayside in Quarter 2 2021 (Apr – Jun) using the same TOBDs as Quarter 1 2021 per 100,000 is projecting the rate will further increase to 43.6.

Community Associated *E. coli* bacteraemia infection rate in Quarter 1 2021 (Jan-Mar) has decreased significantly from 44.8 per 100,000 population in Quarter 4 2020 (Oct-Dec) to 35.9 per 100,000 population but remains above the national average. Projected rates for NHS Tayside in Quarter 2 2021 (Apr – Jun) per 100,000 population is projecting an increase to 41.2
- Healthcare Associated *Staphylococcus aureus* bacteraemia infection rate for Quarter 1 2021 has increased from 19.1 per 100,000 Total Occupied Bed Days in Quarter 4 2020 (Oct-Dec) to 23.3 per 100,000 TOBDs in Quarter 1 2021 and is above the national average. Projected rates for Quarter 2 2021 (Apr-Jun) using the same TOBDs as Quarter 1 2021 per 100,000 is projecting a decrease to 22.3.

Community Associated *Staphylococcus aureus* bacteraemia rate for Quarter 1 2021 (Jan-Mar) has increased from 9.5 per 100,000 population in Quarter 4 2020 (Oct-Dec) to 12.6 per 100,000 population and is above the national average. Projected rates for NHS Tayside in Quarter 2 2021 (Apr-Jun) per 100,000 population is projecting the rate will increase to 15.3.
- Healthcare Associated *Clostridioides difficile* Infection (CDI) rate for Quarter 1 2021 (Jan-Mar) has significantly decreased from 14.3 per 100,000 bed days in Quarter 4 2020 (Oct-Dec) to 5.8 per 100,000 TOBDs and is significantly below the national average. Projected rates for NHS Tayside in Quarter 2 2021 (Apr-Jun) using the same TOBDs as Quarter 1 2021 per 100,000 is projecting an increase to 7.8 in Quarter 2 2021 (Apr-Jun).

Community Associated rates CDI rate in Quarter 1 2021 (Jan-Mar) has significantly decreased from 4.8 per 100,000 population to 1.9 per 100,000 population and is below the national average. Projected rates for NHS Tayside in Quarter 2 2021 (Apr-Jun) per 100,000 population is projecting an increase to 4.8.

Note:

Risk exposure no controls – 25

Current risk exposure – 20 (June 2021)

Planned risk exposure – 16

Risk Owner – Medical Director

Risk Manager – Infection Prevention and Control Manager

Level of Assurance Offered: Limited

The Chair thanked Mrs Davidson for the very detailed Assurance Report.

The Chair raised that the Lead Infection Prevention Control Doctor post had featured in a number of reports and requested an update on the

progress of recruitment. Mr Doherty advised that he would check on the status of this role recruitment.

Post Meeting Note: Mr Doherty has advised that there has been no formal request to advertise the Lead Infection Prevention Control Consultant Post, there are therefore no delays within recruitment. When request submitted, this post will be escalated and advertised as a matter of urgency. Mr Doherty has requested that the matter be formally raised with the relevant Clinical Group to understand why this appears outstanding given the Board concerns.

Responding to Mrs Buchanan, Mrs Davidson advised that a watching brief is being kept on the rates of *Staphylococcus aureus* bacteraemia infection and the interventions and improvement that have been identified are a work in progress; and an understanding of why there is an increase can be gained from the review of cases.

Responding to query from Mrs Kilpatrick on the projected increase in healthcare associated Clostridioides difficile Infection (CDI) rate for Quarter 2, Mrs Davidson advised that while she is aware that other Health Boards may also see an increase in the rate of incidence in Quarter 2, she could not comment definitively as the data used to project is non-validated. Mrs Davidson could confirm that NHS Tayside are currently significantly below the Scottish national average rate; and an increase in Quarter 2 would not raise the organisation's rate to such a level.

Mrs Davidson advised that the level of assurance offered within the assurance report was one of **"Limited"**. Satisfactory framework of key controls but with significant weaknesses evident which are likely to undermine the achievement of objectives.

Level of Assurance:

- The Committee accepted that the level of assurance offered from the report was one of **"Limited"** acknowledging that, while there is a wide range of established controls in place, application of and compliance with these is dependent on a large number of variances across the organisation.

The Committee:

- Considered and accepted the report on Strategic Risk 14 Infection Prevention and Control provided to give assurance of compliance with national guidance in relation to infection prevention and control.

7.7 Assurance Report: Strategic Risk 16 Clinical Governance

Mrs Campbell presented the assurance report for consideration to the Committee, advising that:

- Whilst there had been slippage at the outset of the COVID-19 pandemic, business continuity arrangements were put in place and the business of providing robust clinical governance and risk management continues alongside the COVID-19 response. This will result in the expected reduction of the planned risk exposure rating of 9 to be

achieved by 31 August 2021.

- An Operational Unit Clinical Governance Group has been established to gain assurance from the Operational Unit medical, nursing and management leaderships. The first meeting was held on 14 June 2021, and a terms of reference, workplan and reporting template have been developed.
- To support assurance reporting, improved standardised report templates have been produced and utilised by the three Health and Social Care Partnerships and Acute and Mental Health and Learning Disability Services to provide assurance reports to the Care Governance Committee.
- The Clinical Policy Governance Group has met on two occasions and have provided approved policies for adoption at the Care Governance Committee.
- The Significant Adverse Event Review (SAER) process has undergone a revision and was presented to the Operational Leadership Team on 4 June 2021 with positive feedback gained. Commissioning and sign off processes are being tested over a transition period, with an expectation that all clinical areas will take responsibility for commissioning and sign off of SAERs by end September 2021.

Note:

Risk exposure no controls – 25

Current risk exposure – 12 (July 2021)

Planned risk exposure – 9

Risk Owner – Medical Director

Risk Manager – Associate Director for Patient Safety, Clinical Governance and Risk Management

Level of Assurance Offered: Moderate

Professor Stonebridge advised that given the planned controls which are central to the strategic risk mitigation, Internal Audit colleagues have incorporated Strategic Risk 16 as part of their workplan this year, earlier than as planned in 2022. This is a significant achievement for the organisation.

Professor Stonebridge also advised that the Chief Executive had held a meeting with the Executive Leads for Care Governance Committee, Executive Directors and Clinical Governance and Risk Management Team colleagues to review the Care Governance Committee Annual Report gaining assurance that the Committee is responding to organisational concerns and feedback from Internal Audit Reports. The Chief Executive has provided positive feedback to the Executive Leads on the work having been undertaken by and has provided advice on areas to be taken forward by the Committee.

The Committee were requested to approve the application that the Strategic Risk 16: Clinical Governance Current Risk Exposure Rating be reduced to the Planned Risk Exposure rating of 9, supported by the evidence that was provided within the Assurance Report, reinforced by

the Care Governance Committee Annual Report. The Committee were in agreement that the Strategic Risk exposure rating be reduced to a score of 9.

Following query from the Chair, Mrs Campbell advised that staff training in Datix Cloud IQ, if this was the system which the organisation pursued to procurement, would be embedded in the implementation plan for the purchase. Mrs Campbell advised that one benefit of Datix Cloud IQ is that it is less complex than the current system utilised.

Mrs Campbell clarified for Dr Pratt that the Clinical Policy Governance Group was established with a remit to scrutinise, approve and recommend for adoption Clinical (including Infection Prevention and Control); and Nursing and Midwifery policies, a role previously undertaken by the Clinical Quality Forum. The establishment of the Operational Unit Clinical Governance Committee does not replace any function of the Clinical Quality Forum, this new Committee will improve the robustness of clinical governance arrangements within the clinical services in the Acute Operational Unit, and link in with the Quality and Performance Review processes already in place.

Mrs Campbell advised that the level of assurance offered within the assurance report was one of **“Moderate”**: Adequate framework of key controls with minor weaknesses present, controls are applied frequently but with evidence of noncompliance.

Level of Assurance:

The Committee agreed that the level of assurance gained from the report was one of **“Moderate”** acknowledging that Clinical Governance and Risk Management Team had introduced business continuity plans which had worked in parallel with the organisation’s response providing robust clinical governance and risk management arrangements.

The Committee:

- Considered and accepted the report on Strategic Risk 16 Clinical Governance which had been provided to present the strategic context and actions that have and will be implemented to continue to address the clinical governance strategic risk.
- Agreed the recommendation that the risk exposure rating be reduced to a score of 9.

7.8 Assurance Report: Strategic Risk 736 Public Protection

Mrs Pearce presented the assurance report for consideration to the Committee which provided an update on the progress of the Public Protection Framework for NHS Tayside since its approval in January 2021.

Mrs Pearce advised that:

- Two Adult Protection Advisors have been orientated into post, as part of Phase 1 of the framework.
- The Public Protection Executive Group have met on two occasions

30 March and 2 June 2021, with the minutes provided to the Committee for information; and Terms of Reference and Membership have been agreed.

- Phases 2 and 3 of the framework have commenced and recruitment to the Adult Protection Team is progressing.
- The risk rating, which had been reduced from a score of 20 to 16 at the last report to the Committee in April 2021, has remained the same despite progress being made.
- Scottish Government monies released through the continued commitment to oversee care homes is being utilised to temporarily fund Adult Protection Advisor resource to support work within care homes as part of the multi-agency partnership. The Adult Protection Advisor resource will provide a range of benefit to reduce risk, support early recognition of and prevention of risk.

Mrs Pearce advised that as a whole strategic risk of public protection there still remains work to be undertaken to ensure a cohesive shared infrastructure, however, it is acknowledged that the Child Protection element provides a higher degree of assurance, having been embedded in organisational practice for a number of years, than the Adult Protection element which is still under development.

Note:

Risk exposure no controls – 25

Current risk exposure – 16 (July 2021)

Planned risk exposure – 12

Risk Owner – Director of Nursing and Midwifery

Risk Manager – Associate Director of Nursing, Midwifery and Strategy

Level of Assurance Offered: Limited

Mrs Pearce offered an assurance level of **“Limited”**: Adequate framework of key controls with minor weaknesses present, controls are applied frequently but with evidence of noncompliance.

Level of Assurance:

The Committee accepted that the level of assurance offered from the assurance report was one of **“Limited”** acknowledging that Phase 1 Recruitment of the framework is complete and Phase 2 has been initiated with clear direction on shared Public Protection functions.

The Committee:

- Considered and accepted the report on Strategic Risk 736 Public Protection which had been provided to give an update on the progress on the Public Protection Framework for NHS Tayside since its approval in January 2021.

7.9 Assurance Report: Strategic Risk 798 Corporate Parenting

Dr Simon Hilton, Consultant in Public Health Medicine attended the Committee to give a verbal update on Strategic Risk 798 Corporate Parenting.

Dr Hilton advised that since he commenced his post of Consultant in Public Health Medicine in April 2021 and accepted the management of the strategic risk there has been limited progress made since the last report to the Committee, primarily due to capacity issues deriving from the ongoing COVID-19 response. Dr Hilton advised that he is currently still assuming the responsibility for the Child Health Commissioner role within NHS Tayside until a substantive individual is in post.

Dr Hilton advised that the NHS Tayside Corporate Parenting Group had been established with its first meeting scheduled for the end of May 2021, however, due to the emergent COVID Delta variant and the Public Health commitment, this meeting was subsequently cancelled. Dr Hilton advised that he had remained engaged with members of the Group so as not to lose the dynamic and momentum that had been built up. The rescheduling of the NHS Tayside Corporate Parenting Group is now a priority, with Dr Hilton indicating to the Director of Public Health that dedicated time be set aside for this, irrespective of the ongoing COVID-19 response. A focus of this Group will be to evidence progress against the Corporate Parenting Plan which has been agreed by the organisation and consider all corporate parenting issues which arise within NHS Tayside.

Dr Hilton advised the Committee that the Care Inspectorate is undertaking a joint inspection of services for children at risk of harm and the inspection within Dundee is ongoing currently, completing end of November 2021. Published report will be available in early January 2022.

A Sub Group of the Tayside Regional Improvement Collaborative (TRIC) Priority Group (PG) 4 is currently reviewing an action plan for partners; and Dr Hilton has advised this group to avoid duplication and/or too many actions in order that tangible progress can be made against outcomes of actions contained within the Corporate Parenting Plans which NHS Tayside and the three Local Authorities have in place.

Dr Hilton advised that having reviewed the controls in place and those planned there had been no firm actions taken since the last report to the Committee on 22 April 2021 which would directly reduce the risk.

Note:

Risk exposure no controls – 20

Current risk exposure –15 (August 2021)

Planned risk exposure – 6

Risk Owner – Director of Nursing and Midwifery

Risk Manager – Director of Public Health

Level of Assurance Offered: Moderate

Dr Hilton offered a “**Moderate**” level of assurance from his verbal report: Adequate framework of key controls with minor weaknesses present, controls are applied frequently but with evidence of noncompliance.

Level of Assurance:

The Committee accepted the level of **“Moderate”** acknowledging that, whilst there had been no firm progress on the actions within the risk since the last report, there were firm plans to progress the NHS Tayside Corporate Parenting Group which will review progress against the approved Corporate Parenting Plan; and the recruitment of the substantive Child Health Commissioner is being progressed.

The Committee:

- Accepted the verbal report on Strategic Risk 798 Corporate Parenting.

7.10 **Safe and Effective Management and Use of Controlled Drugs across Tayside**

Ms Karen Melville, Lead Pharmacist Controlled Drug Governance presented the report to provide assurance that there are process in place within NHS Tayside to ensure the safe and effective management and use of controlled drugs.

Ms Melville highlighted:

- The Director of Pharmacy is appointed as the Controlled Drug Accountable Officer, supported by a small team of Lead Pharmacist, Inspection Officer and Administrative Assistance.
- The NHS Tayside Safe and Secure Handling of Medicines comprises of a suite of principles and specific guidance, one section of which is dedicated to Controlled Drugs. Following feedback this Controlled Drug section was updated and approved through the NHS Tayside Medicines Policy Group and presented to the NHS Tayside Local Intelligence Network in March 2021. The Controlled Drug Governance Team will be working with Associate Nurse Directors to roll out the new documentation across NHS Tayside. Delivery, whilst being significantly delayed due to the COVID-19 pandemic, has now been planned for September 2021, following which there will be a programme of peer audit undertaken to review compliance.
- The rolling programme of self-assessments within General Practices have been significantly delayed due to the COVID-19 pandemic, however, to date seven Practices have been inspected by the Controlled Drug Governance Team, with the Team anticipating that this work will continue as restrictions ease.
- There are appropriate processes in place within NHS Tayside for the disposal of controlled drugs, witnessed by pharmacy staff or an individual formally authorised by the Controlled Drug Accountable Officer.
- Controlled drug incidents, near misses and/or concerns are reported to the Controlled Drug Team and are reviewed on a daily basis, ensuring that the events have been appropriately investigated, actions and learning identified. The Controlled Drug Team can also provide advice to Services where appropriate. In depth review of incidents has allowed the Controlled Drug Team to identify broader organisational issues which have required changes in systems, policy or procedures; and which have resulted in amendments to the Controlled Drug governance section of the Safe and Secure Handling of Medicines.

Ms Melville offered a **“Moderate”** level of assurance from her verbal report: Adequate framework of key controls with minor weaknesses present, controls are applied frequently but with evidence of noncompliance.

Level of Assurance:

The Committee accepted that the level of assurance offered from the report was one of **“Moderate”** as the processes which are in place currently meet the standards expected; incidents are continually reviewed and learning from incidents are shared, and the launch of the updated Controlled Drug section of the Safe and Secure Handling of Medicines will help NHS Tayside towards more consistent and robust handling of controlled drugs across all services.

The Committee:

- Considered and accepted the report on the Safe and Effective Management and Use of Controlled Drugs across Tayside.

7.11 Scottish Public Services Ombudsman (SPSO) Reports

Ms Hazel Scott, Director of Performance presented the Assurance Report providing an update on the information submitted to the Ombudsman by NHS Tayside and an update on the decisions published during the period May and June 2021.

Ms Scott highlighted:

- Three cases were investigated by the Ombudsman and decision reports published on their findings:
 - One case upheld (with recommendations)
 - One case partially upheld (with no recommendations)
 - One case not upheld.
 Appendix 1 provides a summary of the decision letter findings.
- Appendix 2 provides an update on the actions which were outstanding in respect of cases previously reported to the Committee. All four cases have now been closed by the Ombudsman as recommendations have been met.
- With regard to SPSO Ref 201900199: staff training is ongoing in relation to Interpretation and Translation Policy and effective implementation of same by staff when required. The particular complaint and the learning has been widely shared across clinical services, and with Equality and Diversity Champions to cascade appropriately.

The Chair thanked Ms Scott for the report giving the Committee assurance that the processes in place for reviewing and responding to recommendations made by the Scottish Public Services Ombudsman are effective.

The Chair raised with Ms Scott the change to the report whereby the detail of each case reported by the Ombudsman had been removed and queried the reason for this. Ms Scott advised that the detail previously

included within the report had been removed at the request of the Medical Director (Caldecott Guardian for NHS Tayside). The Chair thanked Ms Scott for her response and asked that she raise the level of detail included within the SPSO report with the Medical Director and request that perhaps themes could be provided within the report to give context to the recommendations.

HS

Ms Scott advised that the level of assurance provided within the report was one of **“Moderate”**: Adequate framework of key controls with minor weaknesses present, controls are applied frequently but with evidence on noncompliance.

Level of Assurance

The Committee accepted that the level of assurance offered from the report was one of “Moderate” as assurance is provided on completion of recommendations, however wider organisational learning from SPSO recommendations remains an area which could be improved.

The Committee:

- Considered and accepted the SPSO Report which was provided for assurance and which updated the Committee on the Ombudsman’s decision reports for the period May and June 2021.

8 ITEMS FOR DECISION

8.1 Care Governance Committee Annual Report 2020/2021

Professor Stonebridge presented the Annual Report for approval to the Committee highlighting:

- The dissolution of the Clinical Quality Forum in November 2021 had led to leaner processes of clinical and care governance and risk management processes.
- The Clinical Governance Strategy is a key aspect of the delivery of safe and effective clinical care, and while this has been suspended in part during the COVID-19 pandemic clinical governance activity has continued in relation to adverse event and risk management.
- The appointment of the Associate Medical Director for Patient Safety, Clinical Governance and Risk Management will support the clinical teams to prioritise clinical governance issues.
- The reporting of the Health and Social Care Partnerships directly in to the Care Governance Committee has provided more assurance to the Committee and, through the Chair’s Assurance Reports, Tayside NHS Board. The evidence provided within the reports in support of the assurance offered continues to improve and evolve.
- Equality and diversity is central to our activities as a healthcare organisation, and the appointment of an Associate Medical Director for Workforce who will be a central lead for diversity will focus our thinking in this area.

The Chair thanked Professor Stonebridge for bringing the Annual Report to the Committee, acknowledging that the document had been circulated for comment to Committee members and feedback incorporated as

appropriate.

The Committee considered the Care Governance Committee Annual Report 2020/2021 and were satisfied that the Committee had fulfilled its remit as detailed within NHS Tayside's Code of Corporate Governance. The Annual Report was proposed for approval by Mrs Kilpatrick, Vice Chair, Care Governance Committee and seconded by Dr Pratt, Non-Executive Member, Tayside NHS Board.

Level of Assurance:

The Care Governance Committee recorded a level of Comprehensive Assurance in relation to the Care Governance Committee Annual Report 2020/2021.

The Committee

- Considered and approved the Care Governance Committee Annual Report 2020/2021.

8.2 Clinical Policy Governance Group Report

Mr Charles Sinclair, Associate Nurse Director/Co-Chair Clinical Policy Governance Group presented the report to the Committee advising:

- Two development sessions had been held for Group members who may provide support where required to authors in the updating or writing of new policies for NHS Tayside. These sessions were well attended and received.
- The group had met for the second time on 30 June 2021 at which time it had approved one policy, which was presented to the Care Governance Committee for adoption:
 - Disposal of fetal remains less than 24 weeks gestation.

The Chair thanked Mr Sinclair for his concise update, indicating that the updated policy had been circulated for members review prior to the meeting.

The Committee:

- Approved for adoption the policy which had been submitted by the Clinical Policy Governance Group:
 - Disposal of fetal remains less than 24 weeks gestation.

8.3 Duty of Candour Annual Report

Mrs Campbell presented the third Duty of Candour Annual Report for approval by the Committee.

Mrs Campbell highlighted:

- The Annual Report, covering the period of 1 April 2020 to 31 March 2021, provides detail on the adverse events (15) which occurred within NHS Tayside that triggered the duty of candour process.
- The focus on the duty of candour process is not singularly the reporting of events, but is around the lessons learned from events and how these can be shared across all services within the organisation.

The Chair thanked Mrs Campbell for presenting the Annual Report to the Committee for approval and thereafter for publication.

The Chair noted the information contained within the report demonstrating the number of patient/relevant person accepting/declining a copy of the final review report, and queried whether there was any explanation of why they declined. Mrs Campbell advised that the Service complete entry into the Datix system and would evidence why the patient/relevant person does not wish to receive a copy of the final review report and it was agreed that this information will be provided in future annual reports to the Committee.

DC

Mrs Buchanan, Non-Executive Member proposed the Duty of Candour Annual Report for approval, and this was seconded by Mrs Kilpatrick, Vice Chair, Care Governance Committee.

The Committee:

- The Committee approved the Duty of Candour Annual Report for publication.

9 ITEMS FOR AWARENESS

9.1 Forensic Medical Services (Victims of Sexual Offences) (Scotland) Bill Update Report

Mrs Jillian Galloway, Head of Health and Community Care Services and Mrs Angela Cunningham, Justice Healthcare Manager presented the report to the Committee for awareness and assurance on the implementation of the Forensic Medical Services (Victims of Sexual Assault) (Scotland) Act. The Act provides the legalisation to support the improvements to the forensic medical service and implementation of a self-referral service across Scotland so that an individual can access healthcare and request forensic medical services without having to make a report to Police Scotland. Currently, NHS Tayside provides this Service on behalf of Police Scotland, the change will lead to this Service now becoming a responsibility of NHS Tayside. Implementation date of April 2022.

The report gave a progress update on the Health Board Readiness Assessment, which outlines the actions to implement the self-referral service and identifies any further work to be undertaken prior to “going live”. The Committee was assured that Tayside NHS Board are in a good position, and any delays that are affecting implementation are those that are occurring nationally (example; access to services within NHS24).

Once these delays are resolved Tayside NHS Board will work to implement services locally. Whilst the report was due to be presented for awareness, Mrs Galloway and Mrs Cunningham offered and the Committee accepted **Moderate** assurance on the progress of actions to implement the Forensic Medical Services (Victims of Sexual Assault) (Scotland) Act within Tayside.

The Committee:

- Considered the report and noted the progress as evidenced in the implementation plan which had been provided to the Committee for awareness and assurance.

9.2 Internal Audit Report – T08/21 Internal Control Evaluation 2020/21

NHS Tayside Internal Control Evaluation 2020/2021 Report No T08/21 was provided to the Committee for awareness, all recommendations contained within the report are contained within Strategic Risk 16 Clinical Governance as mitigating controls.

An update on the outstanding action from ICE Report 2019/20 Action Point 4 Development of Standard Operating Procedure for External Inspection Visits had been received from Ms Dunning, Board Secretary: Internal Audit advised on 23 June 2021 that as NHS Scotland was on an emergency footing until at least 30 September 2021, this action had a revised completion date of 31 March 2022.

The Committee:

- Received and noted the NHS Tayside Internal Control Evaluation 2020/2021 Report No T08/21 which had been provided for awareness.

Items for Noting

9.3- The Committee:

- 9.6**
- Care Governance Committee members noted the previously circulated minutes from the following meetings:
 - Area Drug and Therapeutics Committee Minute 22 April 2021 (approved)
 - Public Protection Executive Group Minute 2 June 2021 (approved)
 - Spiritual Healthcare Committee Minute 8 June 2021 (unapproved)
 - Equality and Diversity Governance Group Minute 13 May 2021 (unapproved)

10 RESERVED BUSINESS

The Committee moved into Reserved Business at 1320 hours.

10.1 Minutes: Care Governance Committee Reserved Business 3 June 2021

The Minutes of the Care Governance Committee Reserved Business 3 June 2021 were approved, proposed by Mrs A Buchanan, Non-Executive Member, Tayside NHS Board and seconded by Mrs P Kilpatrick, Vice Chair, Care Governance Committee.

The Committee:

- Approved the Minutes of the Care Governance Committee Open Business 3 June 2021.

10.2 Action Points Update

The Committee:

- Noted the Action Points Update where all actions were complete.

11 **DATE OF NEXT MEETING**

The next meeting will take place at 1000 hours on 7 October 2021, and will be undertaken through MS Teams.

Subject to any amendments recorded in the Minute of the subsequent meeting of the Committee, the foregoing Minute is a correct record of the business proceedings of the meeting of Tayside NHS Board Care Governance Committee held on 5 August 2021, and approved by the Committee at its meeting held on 7 October 2021.

7 October 2021

.....
CHAIR

.....
DATE

Meeting:	Care Governance Committee
Meeting date:	5 August 2021
Title:	Perth & Kinross HSCP Clinical and Care Governance Assurance Report
Responsible Officer	Dr Hamish Dougall, Associate Medical Director Jacquie Pepper, Chief Social Work Officer
Report Authors:	Dr Hamish Dougall, Associate Medical Director Jacquie Pepper, Chief Social Work Officer Mark Dickson, Clinical Governance Coordinator Dawn Wigley, Lead Nurse Angie McManus, AHP Lead



1 Purpose

This is presented to the Board for:

- **Assurance**

This report relates to:

- Government policy/directive
- Legal requirement

This aligns to the following NHS Scotland quality ambition(s):

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

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

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

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

2.2 Background

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

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

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

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

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

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

2.3 Assessment

2.3.1 Partnership Risks

The integrated leadership team, including professional leads, within the partnership, are collectively committed to driving forward service improvements to reduce risk. Health related service risks within the partnership are logged on DATIX, unfortunately at present Social Work and Social Care Risks are not. Social Work and Social Care have in place a risk register, and this will be further developed to allow for a discussion and scrutiny of all HSCP risks at the CPGF.

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

The partnership has 23 current service risks recorded on DATIX (full list provided within appendix 2).

Of these 23 current service risks, 4 are graded “Very High”, 15 as “High”, and 4 as “Medium”.

The four “Very High” graded risks are:

Ref	Locality/Service	Grading and Title of risk	Risk Score & Grading	Last updated
657	North	GP Unit Pitlochry Staffing Levels	20 RED	15-06-21
MFTE mitigation actions are firmly in place to prevent service contingency. Weekly review meeting with good representation from the HSCP and acute colleagues. New models of care being explored and tests of change planned. Successful recruitment underway.				
886	MFTE, POA / Intermediate Care	Staffing challenges within the OT service at PRI	20 RED	07-07-21
MFTE mitigation actions are firmly in place to prevent service contingency. Weekly review meeting with good representation from the HSCP and acute colleagues. New models of care being explored and tests of change planned. Successful recruitment underway.				

982	Mental Health P&K wide	Workforce	20 RED	18-06-21
Significant medical workforce challenges are ongoing, therefore Mental health mitigating actions are in place with the medical team now centrally based as a team at MRH, supported by administrators, Pharmacy and Advanced Nurse Practitioner. Further developments are required to ensure sustainability of this new model of care delivery. This work is ongoing in collaboration with NHST Mental Health AMD and AND.				

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

2.3.2 Clinical & Care Governance Arrangements - **Comprehensive Assurance**

Full details of the Clinical & Care Governance Arrangements in P&K HSCP are provided within appendix 3. A summary of recent assurances received at the P&K Care & Professional Governance Forum (CPGF) are:

Key risks identified within the exception reports from the CPGF meetings held on the **4 June & 5 July 2021**:

- Prison Healthcare:
 - it was noted that an issue nationally has been raised as a service risk regarding Vision Electronic Patient Record system which does not meet the service need. This is ongoing and requires a national solution.
- Commissioned services:
 - it was noted that after a report to the Care Inspectorate and concerns on unmet care within a Care Home there is a Large Scale Investigation (LSI) being undertaken. Continual monitoring is ongoing through the Local Oversight Group.
 - Standards in one large Care Home group are of concern with Infection Control issues being identified especially with Care Homes who have had outbreaks and significant levels of support. Further work is being undertaken as a result of these concerns with the group across the whole of Tayside.
- MFE In-patient Services:
 - It was noted there are longstanding issues regarding nursing shortages within MFTE Inpatient Services. New models of care are being explored which include implementing the role of a Band 4 rehabilitation HCSW.

At the **June 2021** meeting of the CPGF, an update to the **Equipment and Technology Enabled Care (TEC)** annual report was provided, with the following key points noted:

- Due to significant increase in demand The Community Alarm service is currently not able to meet key performance indicators, and a plan to mitigate this risk is being taken forward. An SBAR has been submitted to IMT/EMT for consideration to mitigate risks in relation to lack of capacity through increased demand and pressures on existing team with failure to meet key performance indicators.
- The number of service users in Perth and Kinross who are supported to live more independently by Community Alarm has increased by 535 services users during the period April 2020 and April 2021.
- There are no significant risks identified within the Joint Equipment Loan Store (JELS) service.
- With the introduction of new technology the JELS are now able to capture client satisfaction feedback. It is anticipated that the next report to CPGF will include this feedback and meantime if there are significant concerns raised as a result of receiving these then these will be reported in the bi-monthly exception reports to CPGF.

At the **July 2021** meeting of the CPGF, the **North Locality** provided an update to their annual report, with the following key points noted:

- To further strengthen Care Governance, the locality have increased the frequency of their Care Governance meetings.
- In terms of remobilisation, the locality has undertaken a review regarding learning from COVID, and this has identified a series of personal, organisational and system learning within the locality.
- The most significant risk in the North locality is regarding recruitment in Pitlochry Hospital, and this is a red risk recorded on DATIX. Successful recruitment is underway and the service awaits several staff returning from leave.
- Actions from the recent SCR are being implemented within the North locality.

2.3.3 Adverse Event Management - **Moderate Assurance**

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

Highest frequency events with harm:

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

- **Violence & Aggression**

During the months of May & June 2021, there were a total of 35 V&A incidents. Of these, 10 involved incidents with harm. A review of the 35 total incidents showed that the vast majority (20/35) occurred across the three Psychiatry of Old Age (POA) wards at Murray Royal Hospital (MRH), and the majority (21/25) were regarding physical aggression.

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

- **Pressure Ulcers**

During the months of May & June 2021, there were a total of 13 Pressure Ulcer incidents. Of these, 9 involved incidents with harm. A review of the 13 total incidents showed that 5 occurred within an inpatient setting, 6 within the patients home, and 2 within a care home setting.

All identified grade 3 and 4 pressure ulcers have a Local Adverse Event Review (LAER) undertaken to ensure any learning from the adverse event.

- **Slip, Trip & Falls**

During the months of May & June 2021, there were a total of 82 Slips, Trips and Falls incidents. Of these, 7 involved incidents with harm. A review of the 13 total incidents showed that 49 occurred within POA wards at MRH, 26 within Community Hospitals wards, 5 within PRI wards, and 2 in a non-inpatient setting.

- **Accident**

During the months of May & June 2021, there were a total of 12 Accident incidents. Of these, 6 involved incidents with harm. A review of the 12 total incidents showed that 8 of these were in an inpatient setting, 3 in a patients home and 1 in health centre.

- **Fatalities**

Within the months of May and June 2021, there were 5 unexpected fatalities within our community. As these patients were known to an HSCP Community Service, These fatalities will be explored in line with the Adverse Event Management Policy.

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

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

- September 2020 – 24 outstanding events
- January 2021- 19 outstanding events

- May 2021 - 13 outstanding events
- July 2021 – 13 outstanding events

Progress has been made regarding the outstanding red events, and as of July 2021, there are 13 outstanding which are overdue. The reason for some of these being outstanding relates to complexity of events; delays due in part to the COVID pandemic response; co-ordination across multiple agencies and services etc. Reviews will continue until a further sustained improvement is evident. Outstanding red events relating to Mental Health services are also summarised and discussed at the NHST Mental Health QPR meetings.

At the last NHST Mental Health QPR meeting, P&K shared that Prison Healthcare have progressed the implementation of a person of concern Multi-Disciplinary Group to support reducing drug related deaths. This initiative follows the positive work undertaken by Dundee Drug & Alcohol services on now fatal overdose management. P&K Integrated Drug & Alcohol Recovery team (IDART) are undertaking a thematic review of drug related deaths to inform future service improvements and will report back to the NHST Mental Health QPR meeting.

With regards to Adverse Event information in general, it has been identified that it would be useful for each geographical locality in P&K to be provided a summary of adverse events specific for their locality to enable them to identify trends and any learning. Arrangements have been made to provide this information at future locality meetings.

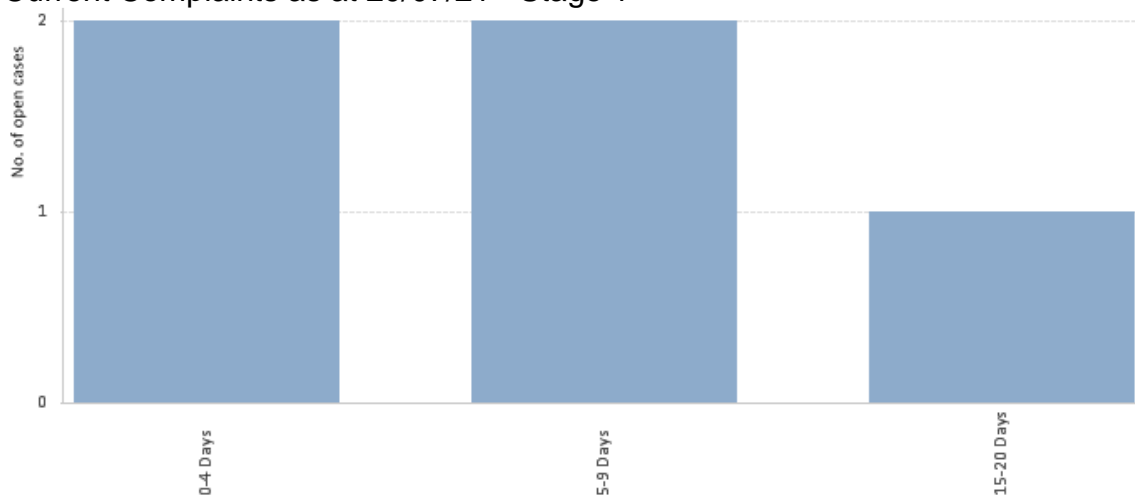
Adverse events are regularly reviewed and form a standing agenda item at the locality governance groups to identify learning, improvements, training needs or themes.

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

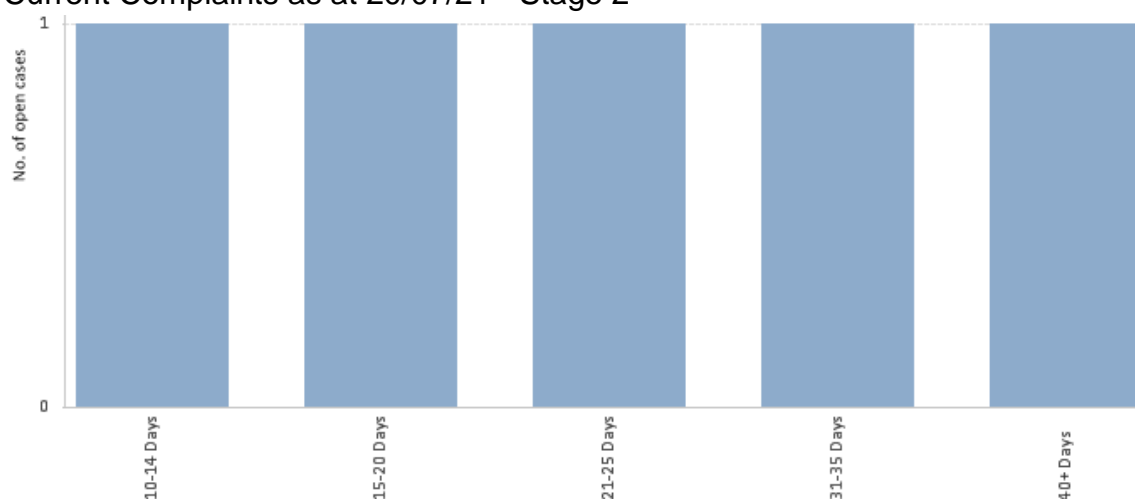
2.3.4 Complaints - Comprehensive Assurance

Complaints summary for HSCP Health Services:

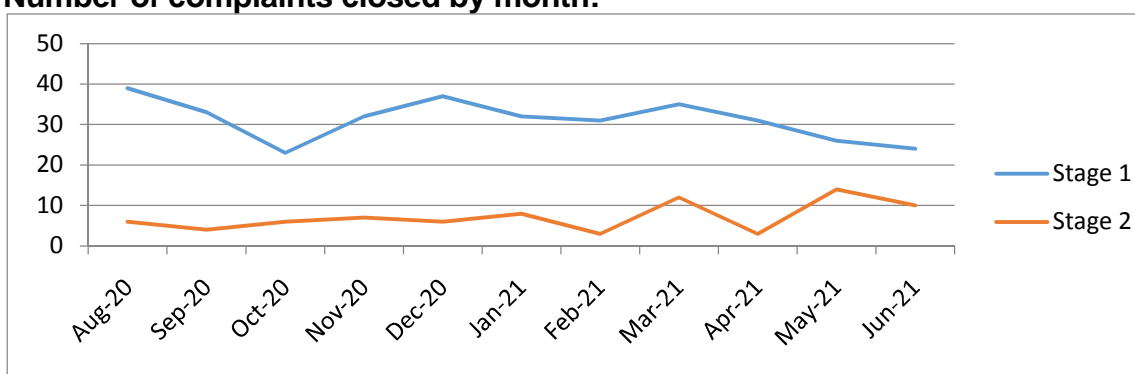
Current Complaints as at 20/07/21 - Stage 1



Current Complaints as at 20/07/21 - Stage 2



Number of complaints closed by month:



- **Total number of complaints received in May 2021 = 35**
- **Total number of complaints closed in May 2021 = 40**
 - Stage 1 = 26 (2 upheld or partially upheld)
 - Stage 2 = 14 (1 upheld or partially upheld)

- **Total number of complaints received in June 2021 = 30**
- **Total number of complaints closed in June 2021 = 34**
 - Stage 1 = 24 (6 upheld or partially upheld)
 - Stage 2 = 10 (2 upheld or partially upheld)
- **Top three themes (Prison Healthcare):**
 - **Overall**
 - Disagreement with treatment plan
 - Wait times
 - Staff attitude / Communication
 - **Upheld or Partially Upheld complaints**
 - Wait times
 - Disagreement with treatment plan
- **Top three themes (services other than Prison Healthcare):**
 - **Overall**
 - Wait Times
 - Communication
 - Staff attitude
 - **Upheld or Partially Upheld complaints**
 - Inaccurate information provided
 - Staff attitude / Communication

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

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

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

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

2.3.5 External Reports & Investigations - Comprehensive Assurance

- No inspections during the time period.

There is an expectation from the HSCP that following any external inspection, a copy of the report and drafted improvement plan would be presented to the

Care & Professional Governance Forum and ongoing updates provided within exception reports.

The HIS report regarding the COVID specific visit to HMP Castle Huntly is due to be published on the 27 July 2021, and the findings will be discussed at the CPGF meeting on the 30 July.

Learning from Inspection recommendations/learning summaries across Tayside are considered and reflected by the CPGF and are shared with locality Governance groups for cascading. A recent example of this is the Improvement Action Plan for the unannounced visit to Arbroath Infirmary, which has been shared and discussed at locality CG groups for learning.

2.3.6 Mental Health – Moderate Assurance





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

The data provided for Mental Health QPR, KPI's has been under scrutiny by the P&K Mental Health Governance Group. It was recognised that a number of the KPI's had sub-optimal performance in P&K.

To aid understanding and support service improvements, a deep dive into the data regarding the KPI '*patients followed up by CMHT within 7 days of discharge*' has been undertaken. This demonstrated that for the month of May 2021, 100% of appropriate patients were followed up by the P&K CMHT's within 7 days. It was noted that the information being entered/extracted from Trakcare does not provide accurate data regarding this measure, this spans HSCP teams and NHST Mental Health teams. Following this deep dive, a number of actions have been agreed, which include further exploring with colleagues locally and across NHS Tayside.

A further deep dive is now planned to further understand the KPI for readmissions. Mental Health Quality Performance data will continue to be under scrutiny by locality managers and the cleansing process on Trakcare will continue.

The level of assurance should be provided for each heading under assessment (2.3).

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

2.3.7 Quality/ Patient Care

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

- P&K has been successful in its HIS bid to progress Hospital at Home model
- An in-depth AHP modelling paper presented to EMT to shape future AHP workforce.

Some of the challenges we are encountering:

- Increase in Mental Health Referrals
- Competing priorities and workload
- Two of our services are currently working within contingency as described previously in this report.

2.3.8 Workforce

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

- Locality and Service Managers focusing on supporting their staff to recover
- Work commenced to review HSCP structure recognising received feedback
- Reviewing roles in response to staff exit interviews

Challenges:

- Delays in Recruitment
- Competing Priorities and Workload
- Impact on Workforce normal availability through Covid impact

2.3.9 Financial

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

2.3.10 Risk Assessment/Management

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

2.3.11 Equality and Diversity, including health inequalities

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

2.3.12 Other impacts

N/A

2.3.13 Communication, involvement, engagement and consultation

Staff responded to pulse survey and localities/services have developed improvement plans. The HSCP recognises that further work is required to fulfil improvement staff feedback.

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

2.3.14 Route to the Meeting

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

- Care & Professional Governance Forum members
- Executive Management Team

2.4 Recommendation

This report is being presented for:

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

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

Appendix 1 – List of services within P&K HSCP

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

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

Appendix 2 – DATIX service risks within P&K HSCP (as at 20th July 2021)

Current service risks within health services (23):

Ref	Locality/Service	Grading and Title of risk	Risk Score & Grading	Last updated / Manager
657	North	GP Unit Pitlochry Staffing Levels	20 RED	15-06-21
886	MFTE, POA / Intermediate Care	Staffing challenges within the OT service at PRI	20 RED	07-07-21
982	Mental Health P&K wide	Workforce	20 RED	18-06-21
829	Perth City	Challenges in relation to accommodation for clinical and non-clinical staff across P&K	20 RED	18-06-21
981	Mental Health P&K wide	Pathways of Care	16 AMBER	26-05-21
664	Perth City	Care & treatment hub accommodation within Perth City	16 AMBER	25-03-21
983	Mental Health P&K wide	Ligature Anchor Points	15 AMBER	25-05-21
272	MFTE, POA / Intermediate Care	Tay & Stroke wards - workforce	15 AMBER	16-04-21
563	Prison Healthcare	Risk to patient safety within the Prison Healthcare Service due to the hazards of New Psychoactive Substances (NPS)	15 AMBER	06-07-21
321	Public Dental Service	IT Failure - Public Dental Service	12 AMBER	10-08-20
468	Prison Healthcare	VISION health record system does not meet service need	12 AMBER	06-07-21
565	Prison Healthcare	Prison Healthcare Staffing levels (nursing)	12 AMBER	06-07-21
613	Perth City	Excessive wait times for Adult Mental Health OT intervention	12 AMBER	09-04-21
827	Perth City	Provision of Dialectical Behaviour Therapy(DBT) within P&K Community Mental Health Teams	12 AMBER	12-08-20
911	Prison Healthcare	Medical Cover for HMP Castle Huntly	12 AMBER	02-07-21
980	Mental Health P&K wide	Environment and Infrastructure	12 AMBER	25-05-21
984	Mental Health P&K wide	Doctors in Training	12 AMBER	16-06-21

1010	Older Peoples Services	Lack of clarity from NHST of operational delivery model for Flu Vaccination and CV-19 booster	12 AMBER	22-06-21
569	Prison Healthcare	Medication administration within HMP Perth	10 AMBER	06-07-21
701	Prison Healthcare	Mental Health Waiting Times within the Prison Healthcare Service	9 YELLOW	06-07-21
780	Prison Healthcare	No available drug testing for street Benzodiazepines	8 YELLOW	06-07-21
978	Mental Health P&K wide	Mental Health Strategy	8 YELLOW	26-05-21
985	Mental Health P&K wide	Stakeholder and Partnership Engagement	6 YELLOW	26-05-21

Appendix 3– Clinical & Care Governance Arrangements

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

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

Following a Short Life Working Group to strengthen Mental Health Governance, the decision has been made by the Partnership to commence a Mental Health Specific Clinical Care & Professional Governance Group, which will report directly to P&K CPGF and the Tayside Mental Health Quality & Performance Review. This will allow targeted improvement to improve Mental Health performance data, mitigation of Mental Health risks and to support scrutiny on progress made in respect of HIS Improvement Plan and Listen, Learn, Change work streams.

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

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

Exception reports received during the previous year have been:

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

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

* non submission of reports highlighted to manager for action

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

The structured annual reporting template brings together the six domains of Clinical, Care & Professional Governance outlined in the Getting it Right Framework, and also seeks to incorporate the new Health & Social Care Standards. Managers submit report and attend Care Governance Forum to present report, give assurance and answer questions. The HSCP are now on cycle two and has received the following so far:

	1 st Cycle	2nd Cycle
ACCESS TEAM & MHO	January 2020	November 2020
COMMISSIONED SERVICES	February 2020	not yet due
EQUIPMENT & TEC	February 2020	June 2021
NORTH LOCALITY	June 2020	July 2021
PERTH CITY LOCALITY	October 2019	April 2021
MFTE/POA IN-PATIENTS & INTERMEDIATE CARE	May 2020	May 2021
PODIATRY	June 2020	not yet due
PRISON HEALTHCARE	January 2020	March 2021
PUBLIC DENTAL SERVICES	August 2019	November 2020
REGISTERED SERVICES	July 2021	not yet due
SOUTH LOCALITY	August 2019	September 2020

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

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

Wider governance arrangements:

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

Care Governance Committee

7 October 2021

Perth & Kinross HSCP Clinical and Care Governance Update Report

Responsible Officer Dr Hamish Dougall, Associate Medical Director

Report Authors: Dr Hamish Dougall, Associate Medical Director
Evelyn Devine, Head of Health
Angie McManus, AHP Lead
Mark Dickson, Clinical Governance Coordinator

1 Situation

The partnership has 25 current service risks recorded on DATIX . Of these, four are graded “Very High”. Two of these risks have become more significant since the last report provided to this Committee in August 2021, and further details regarding these risks are contained within the Assessment section.

In addition, there have been several emerging risks identified since the last report, and further details regarding these three risks are also provided.

2 Background

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

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

Whilst operational risks within P&K IJB are managed by the partners (NHST and PKC) providing the services, P&K IJB need to be assured that a robust process is in place and that there is an appropriate escalation process for operational risks which create a risk to the ability of the IJB to deliver its strategic objectives.

Accordingly it was proposed that the following will be reported to the PKIJB Audit & Performance Committee throughout the year:-

- Minutes of the NHS Tayside Care Governance Committee (for noting);
- The PKHSCP Clinical Care Governance Report to the NHS Tayside Care Governance Committee (for noting);
- Risk Escalation Report from the Chief Officer identifying those significant operational clinical care governance risks which are likely to impact on PKIHB's Strategic Objectives and which therefore requires to be included in the IJB Strategic Risk Register, together with mitigating actions aligned to the strategic planning responsibilities of the IJB;
- The NHS Tayside Care Governance Committee Annual Report will be provided to PKIJB each year to provide assurance that robust systems and processes have been in place and are effective;
- The Chief Officer and Chief Social Work Officer will work with the Convener of PKC Scrutiny Committee to develop the necessary arrangements that will ensure PKC can fulfil its responsibility and the necessary assurance can be provided to PKIJB including an Annual Report.

These arrangements are fully consistent with the Tayside Risk Management Strategy approved by Perth & Kinross IJB in April 2021. The arrangements follow the advice of the PKIJB Legal Advisor and are fully supported by PKIJB's Chief Internal Auditor and External Auditor. The arrangements are also considered to maximise openness and transparency.

These new operational arrangements are the most appropriate mechanism to provide the necessary assurance to the IJB as to the management of risk and the quality of clinical and care services. A [paper](#) outlining these proposed arrangements was discussed and agreed at the P&K IJB meeting on the 29th September 2021.

3 **Assessment**

3.1 **New Emerging risks:**

- **Access to assessment beds within Psychiatry of Old Age (POA).**
There is currently a delay with timely access to POA admission beds (mainly within the organic assessment wards). This is due to the high level of delayed discharges within those wards. Reason for delays are in finding appropriate placements for patients with significant behaviour and psychological symptoms of dementia, and the legal framework pertaining to deprivation of liberty and the ability to discharge to long term care in a timely manner. The POA service have introduced a transitional care nurse who works collaboratively with the inpatients and Care Homes throughout P&K providing support to Care Home staff, patients and relatives on discharge.
- **Winter Pressures.** This risk is currently archived and has been in place in past years over the winter period. The upcoming winter period is expected

to be a challenging time for services within the HSCP, especially for those which are experiencing existing pressures. This risk will be updated with the mitigation in place and planned for the 2021/22 winter period and set to "Current".

- **Prison Healthcare Female Custody unit.** As a result of the development of a female CCU in Dundee, NHS Tayside, Prison Healthcare must deliver healthcare to the women in the unit. This has financial implications for P&K HSCP / NHS Tayside. Should funding not be available to staff the CCU, the women residing there would not have access to GP services; receive supervised medication or have access to PHC mental health or substance misuse services, which would lead to increased risk of harm to these patients. There is also a risk of significant reputational damage for NHS Tayside.

3.2 Key risks that are becoming increasingly significant:

- **P&K HSCP Community Hospital Registered Nurse Staffing Levels (DATIX risk 657).** This risk continues, and a series of mitigation actions are firmly in place to prevent service contingency. The risk has broadened to all four Community Hospitals, which are experiencing significant workforce challenges due to an inability to recruit to a number of posts. Further difficulties are being managed due to staff being required to self-isolate whilst CV-19 test results are processed. There is a risk that there will not be sufficient staff to safely keep all four Community Hospital wards operational.
- **Workforce within Mental Health Services (DATIX risk 982).** Significant medical workforce challenges are ongoing, and the risk is becoming more significant as more patients are referred Community mental health but whom cannot be allocated to a Consultant Psychiatrist. The Nursing staff within the CMHT's are also uncomfortable with the current situation of having minimal access to medical staff, and there has been an increase in patient complaints. There are a series of Mental Health mitigating actions in place, but at present there is no clear path to this risk being reduced, and the risks to the safety of patient remains.

3.3 Main concerns or issues:

- The two red risks described within section 3.2 are the main concern due to both of these risk increasing over time, and there being limited additional mitigations which the HSCP can put in place to control the risks.



PERTH AND KINROSS INTEGRATION JOINT BOARD

AUDIT & PERFORMANCE COMMITTEE

13 DECEMBER 2021

CLINICAL CARE GOVERNANCE RISK ESCALATION REPORT

Report by Chief Officer
(Report No. G/20/179)

PURPOSE OF REPORT

The purpose of this report is to:

- Identify significant operational clinical care governance risks which are likely to impact on Perth and Kinross Integration Joint Board's (PKIJB) Strategic Objectives and which therefore require to be included in the IJB Strategic Risk Register.

1. BACKGROUND

- 1.1 At their meeting on 29 September 2021, the IJB agreed a process for them to receive assurance regarding Clinical Care Governance.
- 1.2 Part of this agreed assurance process included a Risk Escalation Report from the Chief Officer identifying significant operational clinical care governance risks which are likely to impact on PKIJB's Strategic Objectives and which therefore requires to be included in the IJB Strategic Risk Register, together with mitigating actions aligned to the strategic planning responsibilities of the IJB.

2. ASSESSMENT

- 2.1 The Operational Risk Registers of the Partners have been reviewed. This review has identified 4 'very high' red risks on the Health Operational Risk Register (as set out in the August 2021 PKHSCP Report to the NHS Tayside Care Governance Committee) and 1 'very high' red risk on the Adult Social work and Social Care Operational Risk Register (to be included in the next report from PKHSCP which will go to the meetings of NHS Tayside Care Governance Committee and PKC Scrutiny Committee).

- 2.2 3 of the red risks on the Health Risk Register detailed in the August report relate to workforce issues. These have a potential implication for the IJB's Workforce Strategic Risk and the Chief Officer and EMT will now seek to review this further to make a determination on whether the strategic risk exposure score should be amended and what further strategic improvement action can be taken.
- 2.3 The 1 red risk on the Adult Social Work and Social Care Operational Risk Register relates to Care at Home provision. This has implications for the IJB's Strategic Risk relating to Viability of External Providers (SR06). The Chief Officer and EMT have already reviewed this and concluded that the risk exposure score of Strategic Risk SR06 should be increased. This change is reflected in the report at item 5.1 presented today.
- 2.4 The status of identified significant risks on the Operational Risk Registers of Health and Adult Social Work and Social Care is detailed at Appendix 1 for information.
- 2.5 To fulfil its obligations as set out in the PKIJB Integration Scheme, the IJB requires assurance that:-
- arrangements are in place for professional supervision, learning, support and continuous improvement for all staff;
 - there is evidence of effective information systems and that relevant professional and service user networks or groups feed into the agreed Clinical and Care Governance and Professional Governance framework;
 - arrangements are in place for embedding mechanisms for continuous improvement of all services through application of a Clinical and Care Governance and Professional Governance Framework;
 - Arrangements are in place for ensuring effective mechanisms for service user and carer feedback and for complaints handling;

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

3. NEXT STEPS

- 3.1 The Partnership Operational Risk Registers will continue to be reviewed with the findings being considered by the Chief Officer and EMT for any implications for the IJB's Strategic Risks.
- 3.2 The Audit and Performance Committee will continue to be provided with a Partnership Operational Risk escalation assurance report at each meeting.

4. RECOMMENDATIONS

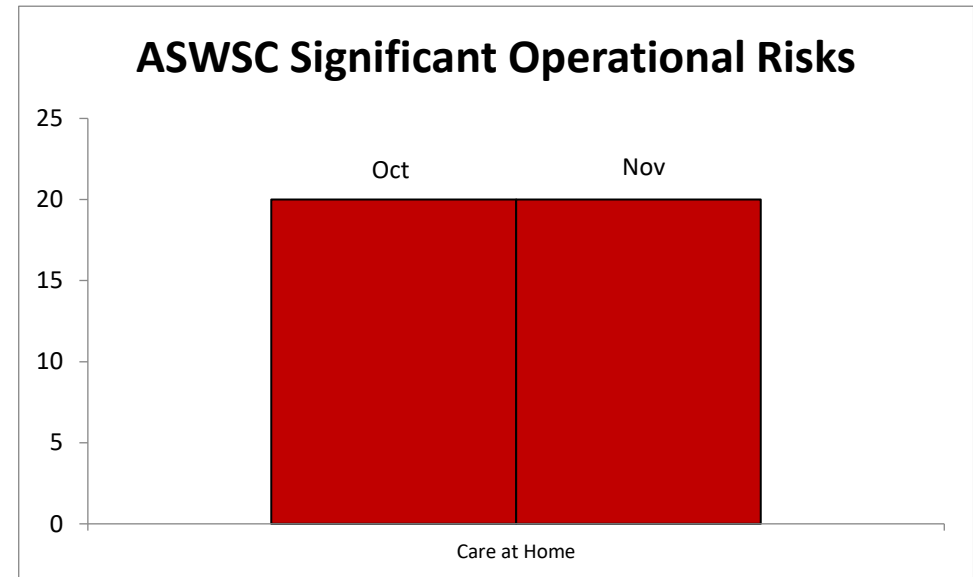
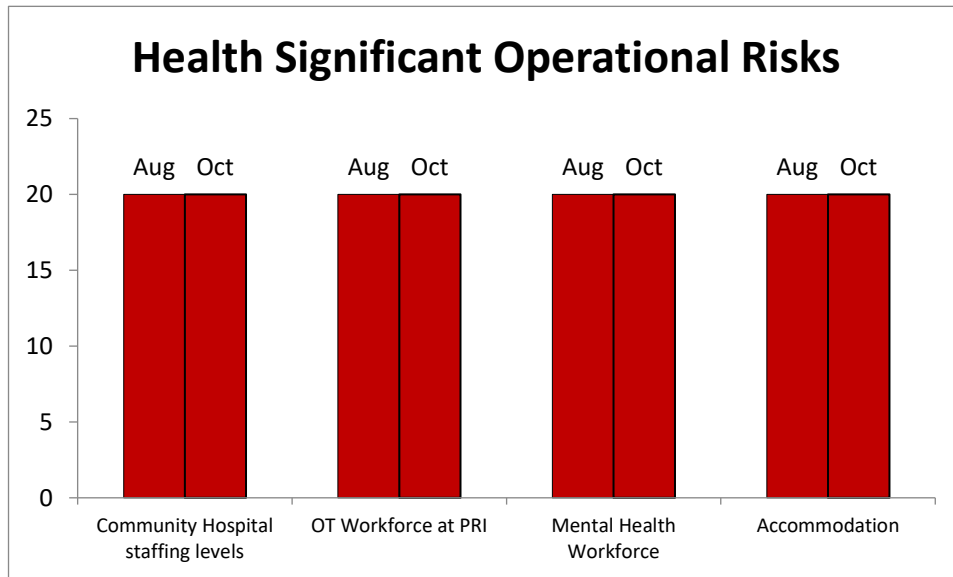
The Audit and Performance Committee is asked to:

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

Author(s)

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

Appendix 1



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



PERTH & KINROSS INTEGRATION JOINT BOARD
AUDIT AND PERFORMANCE COMMITTEE
WORK PLAN 2021/22

Report No. G/21/180

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 21 st 2021	August 2 nd 2021	September 13 th 2021	December 13 th 2021	March 7 th 2022
Governance & Assurance								
Strategic Risk Management Update	✓		Chief Officer	✓		✓	✓	✓
Partnership Improvement Plan	✓		Chief Officer	✓		✓	✓	✓
Audit Recommendations Update	✓		HOFCS	✓		✓	✓	✓
Internal Audit Annual Report and Assurance Statement		✓	Chief Internal Auditor	✓				
Appointment of Internal Auditors 2022/23		✓	HOFCS					✓
Internal Audit Reports 2020/21:								
• Corporate Support PKIJB 20-02		✓	Chief Internal Auditor				✓	
Internal Audit Reports 2021/22:								
• Leadership Capacity PKIJB 21-01		✓	Chief Internal Auditor					✓
• Primary Care Improvement PKIJB 21-02		✓	Chief Internal Auditor					✓
Internal Audit Plan 2022/23		✓	Chief Internal Auditor					
Internal Audit Plan Progress Report	✓		Chief Internal Auditor	✓		✓	✓	✓
External Audit Strategy		✓	External Auditor					✓
External Audit – Proposed Audit Fee 2021/22		✓	HOFCS					TBC
External Audit Annual Report 2020/21		✓	External Auditor			✓		
Appointment of External Auditors		✓	HOFCS					TBC

Performance								
Locality Update:								
• South Locality		✓	Heads of Service					✓
• Perth City Locality		✓	Heads of Service				✓	
• North Locality		✓	Heads of Service					✓
Financial Position	✓		HOFCS	✓		✓	✓	✓
HSCP Key Strategic Performance Indicator Quarterly Report	✓		Chief Officer	✓		✓	✓	✓
Annual Performance Report		✓	Chief Officer		✓			

Item	Standing Item	Non Standing Item	Responsibility	June 21 st 2021	August 2 nd 2021	September 13 th 2021	December 13 th 2021	March 7 th 2022
Annual Accounts								
Annual Governance Statement		✓	HOFCS	✓				
Unaudited Annual Accounts 2020/21		✓	HOFCS	✓				
Audited Annual Accounts 2020/21		✓	HOFCS			✓		
Letter of Representation to External Audit		✓	HOFCS			✓		
Assurances Received from Partners		✓	HOFCS			✓		
Clinical and Care Governance								
NHS Tayside Care Governance Committee Minutes	✓						✓	✓
NHS Tayside Care Governance Committee Annual Report						✓		
Perth & Kinross HSCP Clinical and Care Governance Update Report	✓						✓	✓
For Information								
Audit & Performance Committee Record of Attendance	✓		For information	✓	✓	✓	✓	✓
Audit & Performance Committee Work Plan	✓		For information	✓	✓	✓	✓	✓



Record of Attendance 1 April 2021 - 31 March 2022

Members

Name	Designation	Organisation	21 Jun 21	02 Aug 21	13 Sep 21	13 Dec 21	07 Mar 22
Councillor Callum Purves	Elected Member	Perth & Kinross Council	PRESENT	PRESENT	PRESENT		
Bernie Campbell	Carer's Representative	Public Partner	APOLOGIES	PRESENT	APOLOGIES		
Councillor John Duff	Elected Member	Perth & Kinross Council	PRESENT	PRESENT	PRESENT		
Ronnie Erskine	Non Executive Director	NHS Tayside	APOLOGIES	APOLOGIES	APOLOGIES		
Pat Kilpatrick	Non Executive Director	NHS Tayside	PRESENT	APOLOGIES	PRESENT		

In Attendance

Name	Designation	Organisation	21 Jun 21	02 Aug 21	13 Sep 21	13 Dec 21	07 Mar 22
Gordon Paterson	Chief Officer	P&K HSCP	PRESENT	PRESENT	PRESENT		
Jane Smith	Chief Financial Officer	P&K HSCP	PRESENT	PRESENT	PRESENT		
Councillor Eric Drysdale	Elected Member	Perth & Kinross Council	PRESENT	PRESENT	PRESENT		
Bob Benson ²	Non Executive Director	NHS Tayside	PRESENT	PRESENT			
Evelyn Devine	Head of Health	P&K HSCP	PRESENT		PRESENT		
Phil Jerrard	Governance & Risk Coordinator	P&K HSCP	PRESENT	PRESENT	PRESENT		
Fiona Low	Business & Resources Manager	P&K HSCP	PRESENT	PRESENT	PRESENT		
Marc Grant	Finance Team Leader	P&K HSCP	PRESENT		PRESENT		
Scott Hendry	Team Leader (Committee Services)	Perth & Kinross Council		PRESENT	PRESENT		
Adam Taylor	Assistant Committee Officer	Perth & Kinross Council	PRESENT		PRESENT		
K Mollet	Corporate and Democratic Services	Perth & Kinross Council		PRESENT			
Magda Pasternack	Corporate and Democratic Services	Perth & Kinross Council	PRESENT		PRESENT		
Audrey Brown	Corporate and Democratic Services	Perth & Kinross Council	PRESENT	PRESENT	PRESENT		
Jackie Clark	Chief Internal Auditor	Perth & Kinross Council	PRESENT		PRESENT		
Maureen Summers ³	Carer's Representative	Public Partner	PRESENT		PRESENT		
Chris Jolly	Service Manager	P&K HSCP	PRESENT	PRESENT	PRESENT		
Kenny Ogilvy	Acting Head of Service ASWSC Operations	P&K HSCP	PRESENT	PRESENT			
Angie McManus	AHP Lead	P&K HSCP		PRESENT			
Zoe Robertson	Acting Head of Service ASWSC	P&K HSCP	PRESENT		PRESENT		
Donald MacPherson ¹	Non Executive Director	NHS Tayside	PRESENT	PRESENT	PRESENT		

1. Substituted for R. Erskine 21/6/21, 2/8/21 & 13/9/21 2. Substituted for P. Kilpatrick 21/6/21 3. Substituted for B. Campbell 21/6/21 & 13/9/21

