

ANGUS IJB
INTERNAL AUDIT SERVICE



CLINICAL, CARE & PROFESSIONAL GOVERNANCE
REPORT NO. AN05/18

Issued To: V Irons, Chief Officer
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Date: 23 May 2018

INTRODUCTION & SCOPE

1. The final sealed draft 'Getting it Right for Everyone – a Clinical, Care and Professional Governance Framework' (GIRFE) was endorsed by Angus Health And Social Care Shadow Integration Joint Board (IJB) in April 2015. An update was provided to Angus IJB in June 2016.
2. 'Getting it right for everyone' states in its introduction *'The framework has been developed to ensure that there are explicit and effective lines of accountability from care settings to each authority's IJB, the NHS Tayside Board and the three local authority's Chief Executives and elected members. The proposed framework recognises that such accountability is essential to assure high standards of care and professionalism in the services provided by each Integration Authority and the Board of NHS Tayside with the aim of achieving the best possible outcomes for service users in line with the National Outcomes Framework'*.
3. A strategic risk is recorded on the Angus IJB Risk Register regarding Clinical, Care and Professional Governance:
 - ◇ 'Unable to provide effective and embedded systems for Clinical, Care & Professional Governance in all services within the Angus Health & Social Care Partnership. As a result of the complexities associated with becoming an Angus Health and Social Care Partnership, there is a risk that we will be unable to deliver reliable, safe, effective and person centred care and meet statutory requirements due to the number and diversity of services within the partnership.'

OBJECTIVES

4. Our audit work was designed to evaluate whether appropriate systems were in place and operating effectively to mitigate risks to the achievement of the objective identified below:
 - ◇ As set out in GIRFE, *'It is recognised that the establishment and continuous review of the arrangements for clinical, care and professional governance for all services which are 'in scope' are essential to the delivery in Tayside of each Integration Authority's obligations and quality ambitions. The arrangements described in the Tayside Clinical, Care and Professional Governance Framework are designed to assure Tayside's three IJBs, NHS Tayside and the area's three Local Authorities of the quality and safety of service delivered by its staff, and the difference services are making to the lives and outcomes of the people of Tayside who need them.'*

RISKS

5. The following risks could prevent the achievement of the above objectives and were identified as within scope for this audit.
 - ◇ Responsibilities and lines of accountability between the parties and the IJB may not be clear, particularly in relation to hosted services especially primary care;

- ◇ Available data does not provide management with the joined up information to fully implement the Clinical, Care & Professional Governance Framework;
- ◇ Clinical and Care Governance processes and procedures may not be sufficient to deliver the required levels of assurance;
- ◇ Clinical, Care & Professional Governance processes may not be adequately aligned to performance and risk management.

AUDIT OPINION AND FINDINGS

6. The audit opinion is **Category B** – Broadly Satisfactory – There is an adequate and effective system of risk management, control and governance to address risks to the achievement of objectives, although minor weaknesses are present. A description of all audit opinion categories is given in the final section of this report.
7. The following chart shows where the grade lies within the B band:

A	B	C	D	E	F
	X				

8. We have appended a series of Clinical and Care Governance principles which may be helpful in clarifying and formalising future arrangements (See Appendix A).

Responsibilities and lines of accountability

9. Responsibilities and lines of accountability are set out in the Angus IJB Integration Scheme and expanded within GIRFE, which was endorsed by Angus Health And Social Care Shadow IJB in April 2015.
10. In relation to Clinical and Care Governance, the Angus Integration Scheme includes the following:
 - ◇ The IJB will receive Clinical & Care Governance reports to be assured of the delivery of safe and effective services;
 - ◇ NHS Tayside Board is accountable for Clinical and Care Governance. Professional governance responsibilities are carried out by the professional leads through to the health professional regulatory bodies;
 - ◇ The Chief Social Work Officer in Angus holds professional accountability for social work and social care services. The Chief Social Work Officer reports directly to the Chief Executive and elected members of Angus Council in respect of professional social work matters. He/she is responsible for ensuring that social work and social care services are delivered in accordance with relevant legislation and that these services and staff delivering these services do so in accordance with the requirements of the Scottish Social Services Council;
 - ◇ The six domains of quality will be underpinned by mechanisms to measure quality, clinical and service effectiveness and sustainability;

- ◇ The IJB is responsible for embedding mechanisms for continuous improvement of all services through application of a Clinical and Care Governance and Professional Governance Framework;
 - ◇ Provision for the establishment of a Tayside Joint Forum (R1) and a Local Joint Forum (R2) to provide oversight, advice, guidance and assurance to the Chief Officer and the Integration Joint Board in respect of clinical care and professional governance for health and social care services;
 - ◇ Establishment of an operational and professional forum for Angus consisting of a range of professionals and managers within three months of the establishment of the Integration Joint Board to provide oversight, advice, guidance and assurance to the Chief Officer and the Integration Joint Board on issues relevant to the population of Angus
11. GIRFE provides a definition of Clinical, Care and Professional Governance and stresses the importance of scrutiny and self-evaluation through the Performance Improvement Model. GIRFE also sets out Accountability for Clinical, Care and Professional Governance, stating that the Chief Executive Officers of the three Councils and Tayside NHS Board hold ultimate accountability for the delivery of Clinical and Care Governance as well as setting out the role and authority of the IJB Chief Officer.
12. GIRFE required the establishment of an R1 group as follows: *'The Tayside Clinical and Care Governance and Professional Governance Forum is a professional reference group, bringing together senior professional leaders across Tayside. This group, chaired by one of its members, will oversee the delivery of integrated care and support along with change and innovation to ensure the delivery of safe and effective person-centred care within Tayside. This group will ensure that the responsibilities for Clinical and Care Governance and Professional Governance, which remain with NHS Tayside and the Council relate to the activity of the Board. The group will provide oversight and advice and guidance to the Strategic Planning Groups, to each Integration Authority's CO and to the IJBs in respect of clinical and care and professional governance for the delivery of health and social care services across the localities identified in their strategic plans.'*
13. The R1 group as originally described within the GIRFE was not established. However, the September 2017 NHS Tayside Clinical Quality Forum (CQF) received its updated terms of reference which now state includes that *'There will be three meetings per year [of the CQF] which will focus on Clinical and Care Governance assurances and learning from the three HSCPs'*. The paper also sets out future arrangements including a requirement to *'Seek assurance through performance reports from the three HSCPs that the Getting it Right for Everyone, Clinical and Care Framework is implemented across all HSCPs.'* Following a decision of the NHS Tayside Clinical Quality Forum at their meeting on 14 November 2016, minutes of all three Tayside IJB R2 forums are reported here. The first meeting of the CQF under the Integrated Clinical and Care Governance Assurance arrangements took place in November 2017.
14. From a review of the draft minutes of this meeting it is not clear that this proposed arrangement for an R1 operating through the CQF entirely fulfils all of the requirements of GIRFE and the Integration Scheme and it is recommended that any new arrangements be considered and approved by the IJB or a nominated Committee/group.

15. The remit agreed for the Angus Clinical, Care and Professional R2 Group includes routine reporting on clinical, care and professional governance as well as the provision of assurance to the IJB. However, whilst updates in relation to the implementation of the Clinical, Care & Professional Governance Framework were reported to the IJB in 2016/17, no such reports were [presented in 2017/18.
16. We notice good practice in that Angus IJB has been represented by both the Clinical Director and Chief Social Work Officer (CSWO) attending the integrated clinical and care governance meetings to date, whilst there was no similar representation from the other two IJBs.
17. The IJB previously agreed that a Clinical, Care & Professional Governance report would be presented to the IJB on an annual basis and quarterly thereafter. Current assurance on implementation of the GIRFE however comes to the IJB only in the form of certain indicators in the annual performance report under performance area 2- Clinical, Care & Professional Governance. Against each of the 6 domains of the framework, areas for development are highlighted. In addition, the IJB received the Chief Social Work Officer's report for 2016/17 in October 2017 and the Director of Public Health Annual report 2016/17 was reported to the January 2018 meeting.
18. We would recommend that IJB members are asked to consider whether the assurance they receive is adequate for their needs. Management should give consideration as to whether there should be an IJB standing agenda item on clinical, care & professional governance, which could take the form of regular chair's assurance reports from the R2. In addition, we would recommend that the R2 Forum prepares an annual report for consideration by either the Audit Committee or the IJB itself, dependent on what is considered the most appropriate governance route
19. We reviewed the R2 Forum's terms of reference and can provide assurance that it addresses the requirements of the GIRFE framework. The role of the R3 groups has also been defined and we note good practice in the clear monitoring of action point updates to each of their meetings which are also then reported to the R2.
20. Our review of minutes of the R2 Forum to date has not shown any overt reporting on hosted services and these are also not included in the reporting calendar for the R2. Angus IJB hosts Primary Care on behalf of the other Tayside IJBs. There is a high risk associated with sustainability of GP services which is recorded as a strategic risk for both the Angus IJB and NHS Tayside although with separate risk owners (the NHS Tayside risk is owned by the Angus IJB Chief Officer and the Angus IJB risk is owned by the NHS Tayside Associate Director of Primary Care).
21. In October 2016, both Angus IJB and Tayside NHS Board received the new governance arrangements for primary care. The papers show that the intention then was that governance arrangements for primary care would be part of the IJB infrastructure with an R3 Care and Clinical Governance Group for Primary Care, and reporting lines flowing through current hosting arrangements as set out in the Memorandum of Understanding.
22. We would note that both Dundee and Perth & Kinross IJB should also receive assurance on this hosted service as well as Angus IJB being provided with assurance on services hosted on their behalf by the other IJBs.

23. We welcome the ongoing work on the development of hosted services performance indicators. We have made recommendations in relation to reporting on hosted services in separate audit reports to both Dundee and Perth & Kinross IJB and would recommend that the chairs of the 3 Tayside R2 groups meet to discuss and agree mutual flows of assurance.

There may not be a clear, fully resourced plan to implement the Clinical, Care & Professional Governance Framework;

24. We found evidence of structured activity and reporting which demonstrates a clear momentum and our review of the work of the R2 Group provides assurance that the Framework is being implemented.

Clinical and Care Governance processes and procedures may not be sufficient to deliver the required levels of assurance;

25. An exception report template has been developed for individualised use by all services and we welcome this as a way to apply a consistent assurance appetite to all aspects of IJB activity. We would comment positively on the good practice framework which has been put in place. However, as there are differences sources of data for different activities, a gap analysis should be carried out to establish whether sufficient data is available for each service to ensure that the level of assurance received is consistent and in line with the principles under Appendix A.

26. Our review of minutes of the R2 evidenced work ongoing to address weaknesses identified by the exception reports and follow up of actions agreed.

27. A reporting schedule has also been agreed for the year which would see all services providing reports to the R2 group. We commend the development of the reporting framework for the HSCP's services as well as the voluntary reporting by commissioned services such as care homes.

28. The R2's standing agenda item on inspections includes Care Commission reports and the outcomes of these were summarised under the clinical and care governance performance area as part of the annual performance report to the IJB in June 2017.

29. As noted above, the R1 group, which was intended to be a key element of assurance and advice, has not met as intended. However, local arrangements which are well developed will be sufficient to provide appropriate assurance, albeit, as noted above, we have highlighted a need for the further flow of assurance to the IJB at governance level as well as assurance on hosted services.

Clinical, Care & Professional Governance processes may not be adequately aligned to performance and risk management

30. As noted above, GIRFE sets out clear linkages between performance management and Clinical, Care and Professional Governance. We noted that the annual performance report of the IJB includes reporting on the performance area of clinical, care and professional governance.
31. Whilst the terms of reference of the Audit Committee do not refer to clinical, care & professional governance, the overall duty of the committee is to review the internal control arrangements of the IJB which would include clinical & care governance. Responsibility for risk management arrangements currently sits with R2 and our fieldwork evidenced discussion by this group of operational clinical risks as well as adverse event management under the integrated system. We will comment on this area in more detail under AN04/18 Risk Management, but would highlight the immediate need to clarify that in line with our recommendation at paragraph 19 above, assurance should flow from the R2 to governance level, including escalation of operational risks.

ACTION

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

ACKNOWLEDGEMENT

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

A Gaskin, BSc. ACA
Chief Internal Auditor

Ref.	Finding	Audit Recommendation	Priority	Management Response / Action	Action by/Date
1.	The R1 group as originally described within the GIRFE was not established. However, the September 2017 NHS Tayside Clinical Quality Forum received its updated terms of reference which now state that <i>'There will be three meetings per year [of the CQF] which will focus on Clinical and Care Governance assurances and learning from the three HSCPs'</i> . The paper also sets out future arrangements including a requirement to <i>'Seek assurance through performance reports from the three HSCPs that the Getting it Right for Everyone, Clinical, Care & Professional Governance Framework 2015 is implemented across all HSCPs</i> . Currently, minutes of all three Tayside IJB Clinical, Care & Professional Governance Forums (R2) are reported here.	It is recommended that any new arrangements be considered and approved by the IJB or a nominated Committee/group.	2	A self evaluation framework through Partnership Improvement model is underway and assurance will be provided to the IJB on the outcome.	Clinical Director 30 June 2018
				Recommendations for a higher level performance improvement framework and self evaluation (through the PIM) is to be discussed with the 3 HSCP's at the planned NHS Tayside event	Clinical Director 30 June 2018

Ref.	Finding	Audit Recommendation	Priority	Management Response / Action	Action by/Date
	From a review of the draft minutes of the September 2017 CQF meeting it is not clear that this proposed arrangement substituting for the originally envisaged R1 group through the CQF entirely fulfils all of the requirements of GIRFE and the Integration Scheme.				
2.	We notice good practice in that Angus IJB has been represented by both the Clinical Director and CSWO attending the integrated clinical and care governance meetings to date, whilst representation from the other two IJB was not available.	We would suggest that further consideration should be given to the role of the integrated clinical & care governance group given that the Local Authority CSWOs are both the recipients as well as providers of assurance.	3	Chief Social Work Officer has written to Angus HSCP Chief Officer to recommend a lead social work role within Clinical Care and Professional Governance (CCPG).	Chief Officer 30 June 2018
3.	In May 2016, the IJB agreed that a Clinical, Care & Professional Governance report would be presented to the IJB on an annual basis and quarterly thereafter.	We would recommend that IJB members are asked whether they receive adequate assurance for their needs. Management should give	2	Seek the opinion of the IJB and commence quarterly reporting.	Clinical Director 30 June 2018

Ref.	Finding	Audit Recommendation	Priority	Management Response / Action	Action by/Date
	<p>Updates in relation to the implementation of the Clinical, Care & Professional Governance Framework were reported to the IJB in 2016/17 but not in 2017/18.</p> <p>Current assurance on implementation of the Getting it Right For Everyone Framework comes to the IJB in the form of certain indicators in the annual performance report under performance area 2- Clinical, Care & Professional Governance.</p>	<p>consideration whether there should be a standing agenda item of the IJB on clinical, care & professional governance, which could take the form of regular chair's assurance reports from the R2. In addition, we would recommend that the R2 Forum prepares an annual report for consideration by either the Audit Committee or the IJB itself.</p>		<p>An annual report to be formulated to go to the Audit Committee/IJB. This will form part of discussion at next CQF.</p>	<p>Clinical Director 31 August 2018</p>

Ref.	Finding	Audit Recommendation	Priority	Management Response / Action	Action by/Date
4.	Our review of minutes of the R2 Forum to date has not shown any overt reporting on hosted services and these are also not included in the reporting calendar for the R2. Angus IJB hosts Primary Care on behalf of the other Tayside IJBs. There is a high risk associated with sustainability of GP services which is recorded as a strategic risk for both the Angus IJB and NHS Tayside/ In October 2016, both Angus IJB and Tayside NHS Board received the new governance arrangements for primary care. The papers show that the intention then was that governance arrangements for primary care would as part of the IJB infrastructure with an R3 Care and Clinical Governance Group for Primary Care, and reporting lines flowing through current hosting arrangements as set out in the Memorandum of Understanding.	<p>We welcome the ongoing work on the development of hosted services performance indicators. We have made recommendations in relation to reporting on hosted services in separate audit reports to both Dundee and Angus IJB and would recommend that the chairs of the 3 Tayside Groups meet to discuss and agree mutual flows of assurance.</p> <p>This should include both the assurance to be provided by Angus IJB to both Dundee and Perth & Kinross IJB, as well as Angus IJB being provided with assurance on services hosted on their behalf by the other IJBs.</p>	2	<p>To be discussed with Chairs of other CCPG's.</p> <p>Review of service performance indicators for hosted services performance required.</p> <p>This will form discussion with the Chairs of the other 3 HSCP's and agreement at NHS Tayside CQF.</p>	<p>Clinical Director 31 August 2018</p> <p>Principal Officer 31 August 2018</p> <p>Clinical Director 30 September 2018</p>

We would note that both Dundee and Angus IJB should also receive assurance on this hosted service.

Ref.	Finding	Audit Recommendation	Priority	Management Response / Action	Action by/Date
5.	An exception report template has been developed for individualised use by all services and we welcome this as a way to apply a consistent assurance appetite to all aspects of IJB activity. We would comment positively on the good practice framework which has been put in place. However, there are different sources of data for different activities.	A gap analysis should be carried out to establish whether sufficient data is available for each service to ensure that the level of assurance received is consistent and in line with the principles under Appendix A.	2	Undertake gap analysis and review at CCPG.	Clinical Director 30 June 2018
6.	Inspection reports are a standing agenda item for the R2.	As a further development, we would recommend that the reporting schedule is linked to where external inspections of the services are planned or expected.	3	Addition of planned inspections to CCPG reporting calendar with alignment where appropriate.	Clinical Director 31 May 2018

Ref.	Finding	Audit Recommendation	Priority	Management Response / Action	Action by/Date
7.	Whilst the terms of reference of the Audit Committee do not refer to clinical, care & professional governance, the overall duty of the committee is to review the internal control arrangements of the IJB which would include clinical & care governance. Responsibility for risk management arrangements currently sits with R2 and our fieldwork evidenced discussion by this group of operational clinical risks as well as adverse event management under the integrated system.	Whilst we will comment on this area in more detail under AN04/18 Risk Management, we would highlight that in line with our recommendation 3 above, assurance should flow from the R2 to governance level, including escalation of operational risks where necessary.	2	<p>Report to be provided to IJB re Risk Management.</p> <p>Update on requirements to be provided following IJB approval of Risk Management paper.</p> <p>An annual report to be formulated to go to the IJB Audit Committee.</p> <p>Agree a process of escalating and reporting of risks to Angus Council and NHS Tayside.</p>	<p>Head of Community Health & Care Services (North Angus)/ Clinical Director</p> <p>30 April 2018</p> <p>31 May 2018</p>

Ref.	Finding	Audit Recommendation	Priority	Management Response / Action	Action by/Date
8.	R2 terms of reference have no review date. Reporting lines and arrangements may have changed since first established.	Good practice would be to review the Terms of Reference at regular, scheduled intervals.	3	Terms of Reference will be reviewed and at regular scheduled intervals and will include annual review date. Discussion to be held at CCPG 30/05/2018, finalise at July meeting.	Clinical Director 31 July 2018

APPENDIX A

Clinical and Care Governance

The following principles will apply to assurance:

- i) Consistency of care and clinical governance as far as possible i.e. the level and quality of assurance should be determined consistently (see below) whether in delegated or non-delegated healthcare functions or within social care activities whether delivered in-house or purchased. This will be particularly important as the boundaries between health and social care blur; there is no reason why assurance around the safety and effectiveness of care should change as an individual transitions between one part of the system to another, or if service provision changes. For example the local authority equivalents to SAERs, aggregated incident reports, HAI reports etc. should be reported in parallel and in aggregate with the Health equivalents within IJB reporting;
- ii) Proportionality; assurance should be inextricably and overtly linked with risk and the extent to which key controls manage that risk;
- iii) There must be a distinction between professional lines of accountability and governance assurance;
- iv) Independent oversight is a fundamental component of clinical governance assurance; this includes oversight from independent non-executives/councillors/voting members at an appropriate level based on robust, relevant and reliable data;
- v) Clear linkages to performance data, including operational, financial and quality performance; the ideal is a holistic system which integrates performance, clinical and other data level so that performance is measured once, used often.
- vi) Where assurances are not deemed sufficient or they highlight significant unmitigated risks, there must be clarity around which body will take the decision on the appropriate action to be taken and how they will provide assurance to other parties on the implementation and effectiveness of those actions.
- vii) All systems should distinguish between pro-active and reactive, internal and external assurance and develop effective triangulation to ensure that each assurance component contributes to an overall assessment of governance. For example, the key information to be taken from an external review is not about the specific circumstances found but whether they are consistent with assurances received from internal systems. Wherever practicable, the emphasis should be on internal systems which provide advance warning of any issues.
- viii) The provisions in the Integration Scheme for seeking professional advice should be reviewed to ensure that they are functioning as intended.

DEFINITION OF ASSURANCE CATEGORIES AND RECOMMENDATION PRIORITIES

Categories of Assurance:

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

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

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

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

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

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

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