AGENDA ITEM NO 11 REPORT NO IJB 92/22



ANGUS HEALTH AND SOCIAL CARE

INTEGRATION JOINT BOARD – 7 DECEMBER 2022

CLINICAL CARE AND PROFESSIONAL GOVERNANCE MID-YEAR REPORT

REPORT BY GAIL SMITH, CHIEF OFFICER

ABSTRACT

To provide assurance to Angus Integration Joint Board (IJB) on the work undertaken by the Angus Clinical Care and Professional Governance Group between 1 April 2022 - 30 September 2022.

1. **RECOMMENDATIONS**

It is recommended that the Integration Joint Board;

- (i) Review and accept the level of assurance provided by NHS Tayside Care Governance Committee in relation to Clinical, Care and Professional Governance within Angus HSCP.
- (ii) Review and accept the level of assurance provided by NHS Tayside Care Governance Committee in relation to Clinical, Care and Professional Governance in the Acute Division of NHS Tayside which includes delegated, locally managed NHS and Angus Council functions.
- (iii) Supports the continuation of an integrated approach, the frequency of meetings, and the breadth of the business undertaken at meetings of Angus Clinical, Care & Professional Governance Group.

2. BACKGROUND

The purpose of the report is to provide an assurance to Angus IJB on the work undertaken by Angus Clinical Care & Professional Governance Group during the period from 1 April 2022 to 30 September 2022.

Objectives and responsibilities of the group are to;

- Review and enquire about strategic risks being managed across the Angus HSCP and action progressed to mitigate risk.
- Review and enquire to demonstrate there are systems to embed care and clinical governance at all levels from front line staff to the IJB and to drive a culture of continuous improvement.
- Share and learn from best practice and innovative ways of working in relation to clinical, care and professional governance across the Health & Social Care Partnership.

3. CURRENT POSITION

The Business considered by Angus Clinical, Care & Professional Governance Group during 2022/23 has addressed the remit and function of the group; profiling national policy and local application of policy and guidance that affects practice.

The group met on six occasions during the period from 01 April 2022 to 30 September 2022 on the undernoted dates:

CCPG Assurance Meetings

- 25 April 2022
- 13 June 2022
- 22 August 2022

CCPG Risk Management Meetings

- 23 May 2022
- 18 July 2022
- 26 September 2022

The membership of the group is detailed in Appendix 1.

Standing Agenda Items and Schedule of Business are illustrated in Appendix 2.

Table 1 below demonstrates the level of assurance provided to Angus HSCP and NHS Tayside Acute Division over 2022. Level of Assurance Key is illustrated in Appendix 4.

Reports have been received positively by the Care Governance Committee of NHS Tayside.

Table 1

Assurance Report	7 April 2022	2 June 2022	4 August 2022
Angus HSCP	Reasonable	Exception Report	Reasonable
NHS Tayside Acute Division	Reasonable	Reasonable	Exception Report

The group is responsible for monitoring and reviewing strategic risks held by Angus Health and Social Care Partnership. The full assurance reports have reasonable level of assurance. At alternative meetings, an exception report is brought to the meeting to provide any exceptions since the last Angus HSCP assurance Report to Care Governance Committee. The focused items remained to monitor further from the full assurance report are discussed further in the exception reports. Appendix 3 is a risk matrix which tracks the strategic risks from 01 April 2022 – 30 September 2022. Appendix 4 details the levels of assurance descriptors.

The CCPG also provide updates including Risk Management Annual Report to NHS Tayside Strategic Risk Management Group and also Angus Integrated Joint Board Audit Committee. All services have reviewed and updated Business Continuity Plans regularly over the past year.

4. PROPOSALS

From April 2022 the Clinical Care and Professional Governance Group met on a monthly basis with the focus alternating between service quality assurance; and strategic risk and adverse event management. It is proposed that this meeting frequency and format will continue throughout the next year.

5. FINANCIAL IMPLICATIONS

There are no financial implications for the Integrated Joint Board to consider.

6. RISK

There are no risks for the IJB to consider.

7. OTHER IMPLICATIONS

There are no other implications for the Integrated Joint Board to consider.

8. EQUALITY IMPACT ASSESSMENT

An Equality Impact Assessment is not required.

9. DIRECTIONS

The Integration Joint Board requires a mechanism to action its strategic commissioning plans and this is provided for in Section 26 to 28 of the Public Bodies (Joint Working) (Scotland) Act 2014. This mechanism takes the form of binding directions from the Integration Joint Board to one or both of Angus Council and NHS Tayside.

Direction Required to Angus Council, NHS Tayside or Both	Direction to:	
	No Direction Required	х
	Angus Council	
	NHS Tayside	
	Angus Council and NHS Tayside	

REPORT AUTHOR: DR ALISON CLEMENT, ASSOCIATE MEDICAL DIRECTOR EMAIL DETAILS: <u>Tay.angusHSCP@nhs.scot</u>

List of Appendices:

Appendix 1 Membership of Group

- Appendix 2 Standing Agenda Items for Assurance & Risk Meetings, Schedule of Business
- Appendix 3 Level of Assurance Key

Membership - Angus Clinical Care & Professional Governance Group

Chairperson and Vice-Chairperson

Job Title	Date Joined or Resigned (if during year)
Associate Medical Director (Chair)	
Lead Nurse (Vice Chair)	

Members

Job Title	Date Joined or Resigned (if during year)
Clinical Academic Nurse Consultant for Older	
People	
Head of Community Health & Care Services -	
Designated representative of Angus Chief	
Social Work Officer (Executive Lead for	
Planning and Commissioning)	
Senior Nurse, MIIU	
Justice Healthcare Service Manager	
Senior Nurse Justice Healthcare	
Senior Nurse, Medicine for the Elderly	
IJB Records Manager, Angus Council	
Service Manger, Accommodation and Home	
Care	
Head of Community Health & Care Services	
(Executive Lead for Audit, Improvement &	
Performance)	
Senior Nurse, Care Homes	
Physiotherapy Service Manager	
Specialist Nurse – Continence and Advisory	
Treatment Service	
Service Leader, Mental Health	
Service Manager, Disabilities Service	
Chief Social Worker	
Angus Lead Pharmacist	
Service Manager, Angus Integrated Drug &	
Alcohol Recovery Service/Homeless Support	
Service/Volunteers Service, Mental Health	
Supported Accommodation	
Head of Community Health & Care Services	
Angus AHP Lead	
Interim Lead Community	
Hospitals/ANP's/Discharge Co-ordinators	
Primary Care Manager	
Principal Planning Officer	
Service Manager, Care Management	
General Manager, Primary Care Services	
Senior Nurse Primary Care, Community	
Nursing	
Chief Officer, Angus HSCP	
AHP Service Manager	
Primary Care Team Manager – OOH and 2C	
Practices	
Senior Nurse, Psychiatry of Old Age	
Programme Manager & Data Protection	
Officer	
Third Sector Representative	

STANDING AGENDA ITEMS – ASSURANCE

Item
WELCOME & APOLOGIES
DECLARATIONS OF INTEREST
ACTION NOTE OF MEETING –
ACTION NOTE UPDATE –
URGENT BUSINESS NOT ON THE AGENDA
INFECTION PREVENTION AND CONTROL
COMPLAINTS AND FEEDBACK i. Health Annual Complaints Report ii. Social Work Annual Complaints Report iii. Shared Learning iv. SPSO
REFLECT FRAMEWORK i. Progress Update from services ii. REFLECT Overview Summary Sheet
CLINICAL, CARE & PROFESSIONAL GOVERNANCE & PERFORMANCE QUALITY ASSURANCE & EXCEPTION REPORTS
INFORMATION GOVERNANCE
PAPERS FOR INFORMATION (including RS MINUTES)

Appendix 2

SCHEDULE OF BUSINESS – CCPG ASSURANCE GROUP

Date of Meeting	SCHEDULE OF BUSINESS
25 April 2022	HIS QUALITY MANAGEMENT SYSTEM
	Quality Management System Slides
	Moving from Quality Improvement to Quality Management
	Demonstrating Safety, Promoting Improvement – The Quality Management
	System COLLECTIVE LEADERSHIP AND CULTURE STRATEGIC FRAMEWORK
	Report to Staff Governance Committee
	INFECTION PREVENTION AND CONTROL
	Template Report required from Services
	COMPLAINTS AND FEEDBACK
	Health Annual Complaints Report
	Social Work Annual Complaints Report
	Shared Learning – Brechin HC SPSO Decision Report – A medical practice in NHS Tayside
	SPSO How to make a Good Apology
	REFLECT FRAMEWORK
	Progress Update from services
	REFLECT Workbook
	THE MENTAL WELFARE COMMISSION FOR SCOTLAND
	Authority To Discharge – Improvement Action Pl an
	Care &Treatment for People with Alcohol Related Brain Damage in Scotland – Improvement Plan
	CLINICAL, CARE & PROFESSIONAL GOVERNANCE & PERFORMANCE
	Quality ASSURANCE & EXCEPTION REPORTS
	Continence Service
	Revised Quality Assurance Reporting Schedule 2022
	INFORMATION GOVERNANCE
	CCPG Terms of Reference Review
	SBAR Audit of Nursing Records
	Excellence in Care Measure Remobilisation Plan
	Update Service Risk Project
	A SBAR Service Risks and Standards
	B Appendix 1 Service Risks and Standards Update on BCPs and Emergency Planning
	A SBAR Business Continuity Planning Framework
	B SBAR BCP Framework Appendix 1
	C SBAR BCP Framework Appendix 2
13 June 2022	CLINICAL, CARE & PROFESSIONAL GOVERNANCE QUALITY ASSURANCE
	REPORTING
	AHP Community Numerican
	Community Nursing OOH/MIIU
	COMPLAINTS AND FEEDBACK
	Health Complaints Flash Report (April-May 2022)
	Social Work End of Year Flash Report
	Shared Learning Report
	SPSO INSPECTION /AUDIT REPORTS
	REFLECT FRAMEWORK
	Progress Update from services
	REFLECT Workbook
	THE MENTAL WELFARE COMMISSION FOR SCOTLAND
	Authority To Discharge – Improvement Action Pl an
	Care & Treatment for People with Alcohol Related Brain Damage in Scotland –
	Improvement Plan INFORMATION GOVERNANCE
22 August 2022	CLINICAL, CARE & PROFESSIONAL GOVERNANCE & PERFORMANCE
	SERVICE EXCEPTION REPORTING
	Spiritual Care
	Community Mental Health Services
	INFECTION PREVENTION AND CONTROL
	Angus IPCC Report

CO	MPLAINTS AND FEEDBACK
	Health Quarterly Flash Report
	18-month Health Summary for 3 Services
	Social Work Quarterly Flash Report
	Shared Learning Report – Medicine for the Elderly*
	SPSO Final Decision (MfE)
RE	
	Progress Update from services
	REFLECT Workbook (re-circulated)
	REFLECT Overview Summary Sheet
ТН	E MENTAL WELFARE COMMISSION FOR SCOTLAND
	Authority To Discharge – Improvement Action Pl an
	A. Covering letter - Care & Treatment for People with Alcohol Related Brain
	Damage in Scotland Covering letter
	B Report - Care & Treatment for People with Alcohol Related Brain Damage
	in Scotland
	C Care & Treatment for People with Alcohol Related Brain Damage in
	Scotland – Improvement Plan
AH	PDOCUMENTATION
	Allied Health Profession (AHP) Patient Documentation Review
INF	ORMATION GOVERNANCE
INF	Nutrition & Dietetics (excluding Weight Management)* Physiotherapy – POP Team Dundee Angus & Perth* ORMATION GOVERNANCE CCPG Terms of Reference Review Operation and Governance of Working Groups & Other Forums

Angus Clinical, Care & Professional Governance - Risk Group

Item
WELCOME & APOLOGIES
DECLARATION OF INTERESTS
URGENT BUSINESS NOT ON THE AGENDA
URGENT BUSINESS NOT ON THE AGENDA
ACTION NOTE OF MEETING OF -
ACTION NOTE UPDATE –
RISK MATRIX and BOARD ASSURANCE FRAMEWORK
STRATEGIC RISKS
i. Angus HSCP Strategic Risk Profile & Risk Matrix
SR01 Sustainability of Primary Care Service
SR02 Prescribing Risk
SR03 Financial Management
SR08 Workforce Optimisation
SR11 Commissioned Service Provider Failure
SR14 Adult Support & Protection
SR16 Non-integration of Adverse Event, Risk Management and Complaints Handling
SR18 Implementation of Strategic Planning Priorities
SR20 Withdrawal of Roche Glucose Nano Meter
EMERGING RISKS
SERVICE RISKS
i. Mental Health Tayside Wide Service Risks
ii. Angus HSCP Service Risk Register ADVERSE EVENT MANAGEMENT
i. Adverse Events: Quarterly Flash Report
ii. Being Reviewed Breaches
ii. SAER/LAERs
iv. Shared Learning
INFORMATION GOVERNANCE
PAPERS FOR INFORMATION ONLY:-

SCHEDULE OF BUSINESS – RISK

Date of Meeting	SCHEDULE OF BUSINESS
23 May 2022	RISK MATRIX and BOARD ASSURANCE FRAMEWORK STRATEGIC RISKS
	Angus HSCP Strategic Risk Profile & Risk Matrix
	EMERGING RISKS
	Advanced Clinical Practitioners/Advanced Nurse Practitioners
	SERVICE RISKS
	Mental Health Tayside Wide Service Risks
	Angus HSCP Service Risk Register
	ADVERSE EVENT MANAGEMENT Adverse Events: Quarterly Flash Report
	Being Reviewed Breaches
	SAER/LAERs
	Shared Learning POA
	AIDARS Newsletter
	INFORMATION GOVERNANCE
18 July 2022	RISK MATRIX and BOARD ASSURANCE FRAMEWORK STRATEGIC RISKS
	Angus HSCP Strategic Risk Profile & Risk Matrix
	EMERGING RISKS
	Advanced Clinical Practitioners/ ANP Strategic Risk
	Resilience Planning Ukraine – Potential for Cyber Attacks
	SERVICE RISKS
	Mental Health Tayside Wide Service Risks
	SBAR - Angus HSCP Service Risk Register
	ADVERSE EVENT MANAGEMENT
	Adverse Events: Quarterly Flash Report
	Being Reviewed Breaches
	SAER/LAERs
	Shared Learning POA
	Operation and Governance of Working Groups & Other Forums.
	PAPERS FOR INFORMATION ONLY:- Safety Alerts
26 September 2022	RISK MATRIX and BOARD ASSURANCE FRAMEWORK STRATEGIC RISKS
20 September 2022	Angus HSCP Strategic Risk Profile & Risk Matrix
	EMERGING RISKS
	Draft Advance Practice Risk
	IJB Category 1 Responder
	Primary Care Premises Strategic Risk
	National Care Service
	Cost of Living Crisis
	SERVICE RISKS
	Mental Health Tayside Wide Service Risks
	Risk Management Training
	ADVERSE EVENT MANAGEMENT
	Adverse Events:-Flash Report
	Shared Learning
	TRAINING & EDUCATION
	Falls Spotlight Session
	HIS QI Connect with Dorothy Armstrong
	'Transforming the negativity of errors, concerns and complaints to a culture of
	learning and improvement'
	INFORMATION GOVERNANCE
	Data Breach Report LEAD AGENCY SERVICES – FOR INFORMATION
	Acute Urgent Care Exception Report NDS Exception Report
	RVH Primary CCG Forum Report
	PAPERS FOR INFORMATION ONLY:-
	Getting it Right Newsletter
	NHS Tayside Duty Of Candour Report

Appendix 3

Level of Assurance Key

Level of Assurar	ice	System Adequacy	Controls	1
Substantial Assurance		A sound system of governance, risk management and control exists, with internal controls operating effectively and being consistently applied to support the achievement of objectives in the area audited	Controls are applied continuously or with only minor lapses.	
Reasonable Assurance		There is a generally sound system of governance, risk management and control in place. Some issues, non-compliance or scope for improvement were identified which may put at risk the achievement of objectives in the area audited.	Controls are applied frequently but with evidence of non-compliance.	
Limited Assurance		Significant gaps, weaknesses or non- compliance were identified. Improvement is required to the system of governance, risk management and control to effectively manage risks to the achievement of objectives in the area audited.	Controls are applied but with some significant lapses.	
No Assurance		Immediate action is required to address fundamental gaps, weaknesses or non- compliance identified. The system of governance, risk management and control is inadequate to effectively manage risks to the achievement of objectives in the area audited.	Significant breakdown in the application of controls.	