



ANGUS INTEGRATION JOINT BOARD

26 JUNE 2024

CHAIR'S ASSURANCE REPORT, CLINICAL, CARE & PROFESSIONAL GOVERNANCE

REPORT BY ALISON CLEMENT, CHAIR

This report provides assurance from the Chair of Angus Health & Social Care Partnership (HSCP), Clinical, Care & Professional Governance Group (CCPG). This report is now using a standard format which can be reviewed in due course. After CCPG meetings, this report will be submitted to each Angus Integration Joint Board (AIJB) meeting.

This report is being brought to the AIJB to provide high-level assurance on the clinical, care and professional governance activities and arrangements across Angus Health and Social Care Partnership (AHSCP) as outlined in the Getting It Right for Everyone (GIRFE) Framework in accordance with the AHSCP integration scheme.

1 PERFORMANCE AGAINST WORK PLAN

The Workplan (Appendix 1) outlines the major items AHSCP Clinical, Care & Professional Governance Group must consider as part of its schedule of work for the year. This ensures group fulfils its terms of reference. It will continue to be kept under review throughout the year.

2 UPDATE ON RISKS

The Angus Integration Joint Board (IJB) Audit Committee has delegated responsibility from the IJB for ensuring all relevant strategic and operational risks are accurately identified, assessed, evaluated, recorded, and monitored.

Angus IJB has a Risk Management Strategy in place. The IJB monitors a series of corporate strategic risks using agreed methodologies. The risks monitored include:

- Financial,
- Quality of care,
- Compliance/legislative/regulatory
- Workforce

The scrutiny and management of risks is devolved to Angus HSCP Clinical, Care and Professional Governance Group, chaired by Angus HSCP's Associate Medical Director / Clinical Director. The current risk management process within AHSCP ensures that effective risk management is integrated in the way AHSCP leads, directs, manages, and operates.

Ongoing and continuous monitoring of risks via operational groups ensures a better understanding of whether the risk profile is changing and if the current/planned controls are effectively reducing the risk. This provides a greater level of assurance and ensures that the management of the risk is embedded into day-to-day management activities rather than a separate standalone process. Strategic Risks are reported to AHSCP CCPG twice a year using a Risk Assurance Report template and are subject to scrutiny by the group.

The IJB Strategic Risk Register is reported to Angus IJB Audit Committee twice a year. The annual risk report will be considered at the Angus IJB Audit Committee Meeting in June 2024. The Angus Integration Joint Board Strategic Risk Register is maintained, updated, and reported in line with the IJB Risk Management Strategy.

The following risks were reviewed at CCPG on 27 May 2024:

SR11. Commissioned Service Provider Failure - As a result of market competition, shortage of suitably qualified staff, a large-scale adult protection investigation leading to embargo and the increased cost of living, there is a risk that commissioned providers of personal care at home, residential care or supported housing, may be unable to continue to provide services. This could result in a shortage of care provision and unmet service user need.

There are a number of actions being taken forward to support the recruitment and retention of staff working within health and social care and there is an increasing focus on business continuity planning in the event that a provider becomes unsustainable. The current risk score remains at 12 (AMBER). Bronze Business Continuity Plans (BCP) are now in place for commissioned services. A review of Care Home and Care at Home providers BCPs has also taken place and support has been offered to providers looking to make improvements to their plans. A template has been developed and shared with Care at Home providers to support a consistent plan.

SR24. Commissioned Service Provider – Unmet Need - Unmet need for care at home services occurs when assessed services required by a service user as needed to help them remain at home are not being received due to providers lack of available hours or no lack of providers in particular localities across Angus. The unavailability of services in the community, particularly for critical priorities, can lead to delayed hospital discharges; admission to respite care home placements; and vulnerable people being left unsupported in the community.

The following current controls are in place to manage the risk:

- **Eligibility Criteria** – available services prioritised to critical and substantial service users.
- **Low Level Services** – establishing a network of unregistered providers (i.e., not care at home) who deliver low level support and whom service users can be signposted. This would hopefully take the pressure off care at home providers.
- **Framework** – new framework in operation since April 2023. Although providers are committed to their contractual commitment, there are still ongoing challenges within the sector which may inhibit immediate growth i.e., recruitment.
- **Option 2 capacity** – utilising Option 2 providers' capacity for Option 3 critical and/or substantial services.
- **New providers** – one provider has come into Angus and began delivering services from January 2024. This has created capacity in the South localities. There are also discussions ongoing with another provider who is currently going through the registration process to become a care at home provider in the North-East of Angus.
- **Recruitment** – significant work has been deployed to support recruitment for care at home provider.

The current risk score remains at 9 (YELLOW), which is the planned risk score, however due to the volatility of this risk it was agreed that it should remain on the risk register.

SR27 Resilience Planning and Civil Contingencies - There is a risk that Angus IJB will be unable to evidence that it has the appropriate systems and processes in place to implement the new Category 1 Responders requirements. This could result in Angus IJB not meeting the legal obligations under the Civil Contingencies Act 2004.

Work continues to progress in relation to Resilience Planning and Civil Contingencies. An AHSCP Resilience Planning Group has been established and a work plan has been developed to address the requirements within the Civil Contingencies Act 2004. A AHSCP Resilience Planning Framework has been drafted and will be finalised by July 2024. The current risk score remains at 12 (AMBER).

IJB Strategic Risk Lunch & Learn Sessions

4 Angus IJB Strategic Risk Lunch & Learn Sessions have been held, these provide a 'bitesize' session for IJB members to discuss the IJB Strategic Risks.

IJB Strategic Risk	Lunch & Learn Session
SR11 Commissioned Service Provider Failure	Tuesday 7 May 2024
SR24 Commissioned Services Unmet Need	Tuesday 7 May 2024
SR25 AHSCP Mental Health (<i>DRAFT</i>)	Tuesday 7 May 2024
SR26 Sustainability of AHSCP Primary Care Services	Friday 24 May 2024
SR02 Prescribing	Friday 31 May 2024
SR28 Eclipse System	Monday 03 June 2024
SR08 Workforce Optimisation	Monday 24 June 2024
SR27 Category 1 Responder Duties	Monday 24 June 2024
SR03 Effective Financial Management	IJB Development Session 9 May 2024

3 ANY OTHER ISSUES TO HIGHLIGHT TO THE IJB

Adverse Event Reporting

The top 5 most reported event categories are:

1. Slip, Trip and Falls (Inpatients)
2. Clinical Challenging Behaviour
3. Pressure Ulcer
4. Medication Adverse Event
5. Documentation/Administration

Clinically Challenging Behaviour -There is still an increasing concern despite the proactive leadership to address the issue within the psychiatry of old age service.

AHSCP is contributing to national discussions with Healthcare Improvement Scotland (HIS) regarding a standardised approach to the recording violence and aggression incidents and the use of planned restraint, this is via the HIS Data Standardisation Steering Group. However, this work is progressing slowly.

Medication Adverse Events – The Angus HSCP Medicines Incident Review Group was reinvigorated post Covid-19 pandemic. The group has expanded to include most services within the AHSCP and reports to Clinical, Care and Professional Governance (CCPG) bi-annually. A post medication incident pathway has been established to oversee and identify themes and learnings across all medication adverse events reported within AHSCP.

Pressure Ulcers - There is considerable work ongoing within the district nursing service regarding pressure ulcer improvements. An in-depth analysis of pressure ulcer events was completed by the Senior Nurse for Primary Care and was presented at CCPG on 13 December 2023 with an update report due in June 2024. Several learning opportunities and improvements have been identified, this includes training regarding the completion of Preliminary Pressure Ulcer Risk Assessment (PPURA) to be conducted by Clinical Nurse Educators and ensuring all staff have completed the core mandatory NHS Education for Scotland (NES) Learn Pro Module on Prevention & Management of Pressure Ulcers.

Slip, trip or fall – Falls Prevention is a prioritised programme within the prevention and proactive care work stream of the Angus strategic plan. The first AHSCP Safer Mobility & Falls Prevention Multi-Agency Group meeting for 2024 was held on 7 February 2024.

The Angus Safer Mobility and Falls Prevention Service recently completed a 6 week test of change that aimed to improve service delivery, provide a service within 2 working days and identify people from referrals received who would benefit most from a falls assessment. Outcomes from the test were extremely positive, with 100% referrals completed a level 1 falls assessment within 2 working days. From the people referred to level two assessment - 75% were completed with the persons home within 10 working days. There was a service delivery shift from predominantly delayed telephone triage and extended waiting list to early identification of the people who had experienced a fall and would benefit from level 2 falls assessment, timely intervention and level 2 falls assessment completed in their home. The evaluation of the change is currently ongoing, with other positive improvements ongoing, however, to maintain this improvement requires an investment in the safer mobility service.

AHSCP Quality Discharge Monitoring Group – This group has been established to review discharges from Acute and Community Hospitals where there may have been a concern regarding the discharge, the first meeting is 5 June 2024. This group will review the discharges and identify opportunities to learn/make improvements. Governance arrangement for this group is to be agreed.

NHS Tayside Governance Structures

The current Governance structures for NHS Tayside are under review. This will impact AHSCP reporting requirements to NHST.

4 HORIZON SCANNING

AHSCP CCPG are monitoring the developments in relation to the National Care Service, to identify potential emerging risks.

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Appendix 1 – CCPG Annual Workplan 2024/25