AGENDA ITEM NO 13

REPORT NO IJB 85/24

ANGUS INTEGRATION JOINT BOARD

18 DECEMBER 2024

CLINICAL, CARE AND PROFESSIONAL GOVERNANCE ASSURANCE REPORT

REPORT BY JILLIAN GALLOWAY - CHIEF OFFICER

1   ABSTRACT

This report is being brought to the Angus Integration Joint Board (IJB) to provide assurance on the clinical and care governance activities and arrangements across Angus Health and Social Care Partnership (AHSCP) as outlined in the Getting It Right For Everyone (GIRFE) Framework and in accordance with the AHSCP integration scheme. Clinical Governance is a statutory requirement to report on, at Board level, from Scottish Government as per NHS MEL (1998) 75.

2   ALIGNMENT TO THE STRATEGIC PLAN

Angus HSCP Clinical, Care and Professional Governance Group (CCPG) oversees the quality and safety of care provided by services. This includes those contracted by Angus HSCP which enables assurance to be provided to Angus IJB, NHS Tayside and Angus Council. Angus HSCP CCPG is committed to a continuous learning approach. AHSCP seek to provide better outcomes for everyone and to ensure that individuals are treated with respect and dignity and that the basic human rights are upheld. This is in line with the Scottish Government's Health and Social Care Standards which set out what people should expect when using health, social care or social work services in Scotland. This framework ensures that the focus remains on what matters most to people. AHSCP CCPG continue to evidence how a consistent approach to integrated working improves the quality of care provided across Angus. This will continue to be monitored to ensure the standards of integrated care delivery are high across the spectrum of services across Angus.

3   RECOMMENDATIONS

It is recommended that the Integration Joint Board: -

(i)   Scrutinise and discuss the content of the Report;

(ii)   Consider and agree a reasonable level of assurance regards clinical, care and professional governance within AHSCP; and

(iii)   Note that further reports will be presented as per the workplan.

4   BACKGROUND

The role of the Angus HSCP Governance group is to provide assurance to the Angus Integration Joint Board (IJB), there are effective and embedded systems for Clinical, Care and Professional Governance (CCPG) in all services within Angus HSCP.

The GIRFE Framework is an agreed tool used by all three HSCPs in Tayside 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.

The six domains continue to evolve over time and are 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 GIRFE domains are:

Information Governance
Professional Regulation and Workforce Development
Patient/Service user/Carer and Staff Safety
Patient/Service user/Carer and Staff Experience
Quality and effectiveness of care
Promotion of Equality and Social Justice

The Health and Social Care Standards are:

1. I experience high quality care and support that is right for me.
2. I am fully involved in all decisions about my care and support.
3. I have confidence in the people who support and care for me.
4. I have confidence in the organisation providing my care and support.
5. I experience a high-quality environment if the organisation provides the premises.

The AHSCP Quality Assurance Framework is based on the GIRFE domains with the primary drivers focusing on ensuring that:

- Clearly defined governance function and roles are performed.
- Values of openness and accountability are promoted and demonstrated through actions.
- Staff are supported and developed.
- All actions are focused on the provision of high quality, safe, effective, and person-centred services.

Angus HSCP is a Lead Partner for a number of services, these services report to Angus CCPG. As per the IJB Integration Schemes Lead Partner Governance and Assurance arrangements are required to ensure Lead Partner Chief Officers seek approval from all IJBs on proposed strategy and to ensure reports on these services are provided to other IJBs in every 3-year planning period.

A Lead Partner Forum meets every 6 weeks. A process for performance, risk and governance assurance is in place, this includes the sharing of risk assurance reports and quality assurance exception reports for Lead Partner services.

5   CURRENT POSITION

The Chief Officer for Angus HSCP suggests that the level of assurance provided is **reasonable** due to the following factors:

- AHSCP has a generally sound system of governance. Risk management and controls exist, with internal controls operating effectively, with minor lapses.
- The Clinical, Care and Professional Governance (CCPG) activity across AHSCP continues to evolve and develop to provide clear structures of assurance across all health and care services.
- The AHSCP leadership team are committed to the ongoing development and improvement of systems and processes through a culture of learning, quality, and safety, using a Quality Management System (QMS) approach.

The attached assurance report (Appendix 1) provides qualitative and quantitative information for the IJB's consideration in relation to the proposed level of assurance.

6 PROPOSALS

Angus IJB receive regular assurance reports regarding the Clinical, Care and professional Governance across Angus HSCP.

Angus IJB should consider if this report format provides the relevant information to allow to IJB to make an informed decision regarding the level of assurance provided.

7 FINANCIAL IMPLICATIONS

There are no direct financial implications arising from this report.

8 RISK MANAGEMENT

There are no direct risks arising from the recommendations of this report.

9 PUBLIC HEALTH IMPLICATIONS

The public health implications for Angus HSCP CCPG involve ensuring that Health and Social Care services meet quality standards, promote patient safety, and address population health and social care needs effectively. This includes:
- Improving patient safety
- Promoting Quality of Care
- Equity and Accessibility
- Monitoring and Evaluation
- Preparedness and Business Continuity

10 CLIMATE SUSTAINABILITY IMPLICATIONS

The Climate Sustainability implications for Angus HSCP CCPG include integrated into environmental responsibility into Health and Social Care delivery.
Key Considerations are:
- Sustainable Health and Social Care Practices
- Policy and Decision making
- Emergency Preparedness and Resilience

11 EQUALITY IMPACT ASSESSMENT, CHILDREN'S RIGHTS AND FAIRER SCOTLAND DUTY

A screening assessment has been undertaken and a full combined Equality Impact Assessment, is not required for the following reasons:

- This report is for assurance only.

Angus HSCP CCPG ensures that an EQIA is considered and completed if appropriate for significant policy changes, strategic decisions, or new initiatives, ensuring compliance with equality legislation and promoting inclusivity.

12 COMMUNICATION AND ENGAGEMENT (IF APPLICABLE)

Angus HSCP has carries out its duties to involve and engage external stakeholders where appropriate. The Communication and engagement Strategic Framework 2023-2026 provides a plan for how Angus IJB will communicate and engage with all stakeholders to achieve the vision of the of the Strategic Commissioning Plan (SCP). It sets out how Angus IJB will work with stakeholders to:

- Deliver effective communications and engagement to support the delivery of the SCP 2023-2026.
- Help build public confidence in and manage the reputation of AHSCP by developing high quality communication channels.
- Provide meaningful opportunities to engage and influence decision making to improve health and wellbeing outcomes.

13   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	X
	Angus Council	
	NHS Tayside	
	Angus Council and NHS Tayside	

REPORT AUTHORS: Alison Clement Associate Medical Director
Abigail Stewart CCPG Coordinator
EMAIL DETAILS: tay.angushscp@nhs.scot

Appendix 1 - Assurance Report

Clinical, Care and Professional Governance Assurance Report

Clinical, Care and Professional Governance (CCPG) Arrangements

Angus HSCP CCPG Group meets monthly and has met on the following occasions since the last assurance report.

Assurance Meeting	Risk & Resilience Meeting
26 August 2024	23 September 2024
21 October 2024	18 November 2024

The focus alternates between service quality assurance; and strategic risk, adverse event management and resilience planning.

A CCPG Assurance Report is submitted to Angus IJB three times per year, and a CCPG Chairs Assurance Report to all subsequent Angus IJB meetings. This provides assurance on the clinical and care governance activities and arrangements across the Partnership as outlined in the Getting It Right For Everyone Framework and follows the principles set out in the Blueprint for Good Governance.

Clinical and Care Risk Management

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. Where possible this coincides with reporting to IJB, IJB Audit Committee and NHS Tayside to ensure consistency and avoid duplication.

The AHSCP leadership team are committed to the ongoing improvement of systems and processes through a culture of learning, quality, and safety. This is demonstrated through improved outcomes and effective strategic risk improvements.

At CCPG – Risk & Resilience meetings, during this reporting period, Risk Assurance Reports for the following risks were presented. The risk score is detailed in Appendix 2 - Angus IJB Strategic Risk Profile.

> **SR02 Prescribing Management**

Risk Level – 16 (AMBER)

Level of Assurance – Reasonable

Optimising medicines is part of the Prevention and Proactive Care strategic priority of Angus HSCP. The Angus Prescribing Management Quality Assurance Group (APMQAG) closely, monitors spending on prescriptions alongside quality prescribing indicators such as the national therapeutic indicators. There is regular review of the prescribing risk with its associated extensive prescribing workplan. Updates are regularly given to the Angus HSCP Executive Management Team, Angus CCPG and Angus IJB

A project team has been carrying out focussed work with care homes to update the Home Remedies Policy, with half of the care homes already following it. This supports availability of common remedies which people living in their own homes obtain over the counter, thus

ensuring only needed medication is provided to patients. There is ongoing support with Medicine for the Elderly, pharmacy, and GP colleagues to ensure all patients living in care homes have an annual polypharmacy review, with regular reporting on this performance measure to the IJB.

Angus has a mental health Medicines Management Group which is looking at opportunities to optimise prescribing within mental health care pathways. This includes mental health pharmacists accessing GP records to support polypharmacy reviews, and targeted review of patients on high-risk combinations of mental health drugs within primary care. The updated national prescribing indicators, which now include data on mental health drugs, are supporting improvement in this area at practice level.

Another key area for improvement is reducing medication waste. A communication plan is in place, focusing on messaging such as 'Value Your Medicines' while waiting for an NHS Tayside campaign. GP practices have been asked to remind patients to only order what they need. A test of change is ongoing in community pharmacy to ask patients proactively if they need all the medication, they are collecting to identify any waste. A new trial is being run in North Angus, where social care teams refer cases of excess medication in people's homes to a pharmacy for follow-up.

Discussion is taking place regarding the relationship of prescribing pathways to wider pathways of care for long-term conditions, with opportunities to optimise prescribing within long-term condition care. This links with realistic medicine, to ensure that alternatives to a prescription are readily available, and care is focused on shared decision making, with patients having access to best evidence around their care. This work is being taken forward in conjunction with the prevention and proactive care steering group in Angus, linking with the Tayside integration workstream of the planned care board.

The Clinical Care and Professional Governance Group (CCPG) agreed that progress has been made but more needs to be done to show a reduction in the number of prescribed medicines.

➢ **SR03 Financial Sustainability**

Risk Level – 20 (RED)

Level of Assurance – Limited

  ➢ While current positions (workforce issues / reserves) reduce short-term risks, the longer-term, strategic risks remain.

  ➢ Financial planning gaps were not addressed during the creation of the 2023 Strategic Commissioning and Delivery Plans. However, renewed efforts have been made to tackle this.

  ➢ Some financial planning issues within the Integration Joint Board (IJB) are still unresolved and are taking longer than expected.

  ➢ Funding from the Scottish Government for 2024/25 is approximately £1 million less than expected.

  ➢ There are potential risks related to the approval of new drugs and the sustainability of contracts for General Medical Services (GMS) and the National Care Home Contract (NCHC).

  ➢ The financial pressures the IJB's partners, Angus Council and NHS Tayside, are operating under remain considerable.

The controls available to the IJB are not currently solving the financial planning issues it faces.

➢ **SR08 Workforce Optimisation**

Risk Level – 16 (AMBER)

Level of Assurance – Reasonable

The AHSCP Annual Workforce Plan Update Report 2024 was approved by Angus IJB on 30 October 2024. This report provided an overview of progress made with workforce priority actions over the last 12 months and what impact, if any, these have had. It illustrates that a range of improvement activity has taken place, reflecting a shift in how AHSCP traditionally deliver services towards new, innovative ways of working for the workforce. Much of the improvement activity has a focus on redesigning to mitigate hard to fill posts, up skilling staff to respond to changing demographics, developing career pathways that will aid retention of our workforce and introducing innovative new roles to enhance the capacity and capabilities of our workforce.

Challenges remain in relation to difficulties recruiting to specific posts, the significant growth in care at home demand, vacancies in care homes, timescales for recruitment processes, staff retention in specific areas such as care at home, shortages of GP's and pharmacists and increasing demand and complexity of need.

At the current time existing controls are not fully operating effectively:

➢ Continues to have vacant posts, some for up to 2 years that are filled by locum or temporary staff.

➢ Struggles to attract sufficient staff to entry level health and social care posts.

➢ Relying upon supplementary staffing (bank, overtime, agency, extra hours) to maintain safe staffing levels.

➢ Recruitment challenges throughout a range of professional disciplines.

➢ Failed to recruit, in any significant numbers, staff under the age of 25 to offset age retirals.

➢ **SR11 Commissioned Services Provider Failure**

Risk Level – 16 (AMBER)

Level of Assurance – Reasonable

Several actions are being taken forward to promote commissioned provider sustainability in Angus. These include:

➢ Ongoing support for providers to recruit staff – this includes AHSCP supporting providers at a number of recruitment events. There have been recruitments campaigns advertised online via AHSCP to support providers to recruit more staff. This is being monitored as part of the Workforce Steering Group subgroup for Recruitment and Retention.

➢ Development of a new Market Facilitation Statement, this will help to detail our requirements for commissioned services and provide additional information to providers who may be looking to expand or diversify the services they offer and encourage new providers to enter the market in Angus.

➢ Improved data gathering and monitoring in relation to commissioned providers. New data dashboards are in place to monitor key information such as capacity/ vacancy rates/ CI grades / Complaints/ Large Scale Investigations (LSIs) and workforce.

➢ Maintaining AHSCPs internal resource as provider of last resort.

The current risk level is 16 which has increased from 12 since the last report in May 24. Due to the recent closure of a care home, increasing winter pressures, delayed discharges from hospital and ongoing destabilisation in the care home market due to LSIs and lack of capacity

within the care home/care at home markets, the risk score has been increased to reflect these challenges. This risk score may also increase as we come into winter and face increased demand for care at home and care home services.

There are many external local and national factors which contribute to this risk which are out with our control. Care Homes and Care at Home providers are facing increased risk as a result of workforce shortages and rising costs. There is reduced capacity within the Care Home sector in Angus currently which has led to the risk score increasing. The current controls support the reduction of the risk however it is not possible to mitigate against this risk entirely due to these external factors.

> **SR24 Commissioned Services – Unmet Need**

Risk Level – 16 (AMBER)

Level of Assurance – Reasonable

The key risk is the increasing issue of unmet care needs in specific areas, with financial shortfalls expected to grow. Despite efforts to gather data and coordinate resources, unmet needs remain a concern in Angus.

There is a need for further discussions and planning, including national dialogue with the Scottish Government, to address the risk and ensure appropriate care is provided, while financial gaps are managed.

To address the requirement for care provision to manage people in the community this winter, a winter plan is being developed with plans to recruit care staff alongside refreshing the enhanced community support model. This refreshed approach will include monitoring of data around the sustainability of general practice to respond to any emerging gaps in care on a timely basis, with prioritisation of health and social care resources according to greatest need. Following recent review with IJB members this risk level has increased to 16.

Emerging Risks

The following emerging risks are being discussed at CCPG and an update is provided at each Risk and Resilience meeting:
> National Care Service
> Forensic & Custody Health Care Service – Female Sexual Offences Examiner
> Care Home Closure Report

National Care Service

The most recent COSLA report (August 2024) updated leaders on ongoing discussions with the Scottish Government regarding the National Care Service (Scotland) Bill. COSLA had submitted evidence to the Scottish Parliament for further consideration ahead of Stage 2 amendments.

Concerns have been raised about the draft Bill by various local government associations, trade unions, Social Work Scotland, and third sector organisations. After over a year of negotiations, there is still significant disagreement between COSLA and the Scottish Government on the Bill's purpose and intent.

The Bill is being developed during a time of financial strain and workforce pressures in social care, social work, and community health services. COSLA recommended the following actions:

> Recognise that the Bill does not adequately address the pressures in the health and social care system and instead focus on finding sustainable solutions for the short, medium, and long term.
> Acknowledge the lack of progress in addressing concerns from local government and withdraw support for shared accountability within the National Care Service (NCS).
> Develop a strategic approach involving all stakeholders to address the issues.

- Continue discussions on the National Social Work Agency, which could positively impact the profession.
- Explore alternative ways to progress reforms.

COSLA's narrative was welcomed by CCPG, AHSCP will continue to engage with COSLA as the process moves forward.

Forensic & Custody Health Care Service – Female Sexual Offences Examiner
An update was provided on the Forensic & Custody Healthcare Service related to the availability of a Female Sexual Offences Examiner which is a legal requirement. The report highlighted staffing challenges, particularly the male-to-female staff ratio within the sexual offence team. A female nurse coordinator has been appointed. Interviews for a female lead physician have been successful with a full-time female appointment made. Further work is ongoing with the Primary Care Out of Hours (OOHs) service to train female GPs as medical examiners to build service resilience.

CCPG were reassured that appropriate actions were being taken and requested another update in two months.

Care Home Closure Report
A summary report was presented to CCPG in relation to the closure of Lochbank Care Home. A debrief will be held on the 7 November 2024. The debrief provides an opportunity to focuses on learning from the closure and review processes, protocols, and practices. The debrief will help to highlight areas of improvement to ensure, if possible, better handling of similar situations in the future. SR11 Commissioned Service Provider Failure has been updated to ensure it reflects increased risk.

Quality Assurance Framework

Angus HSCP Quality Assurance Framework provides a common set of quality indicators and measures which are relevant for all service delivery teams across the Partnership.
Each service submits an annual Quality Assurance Report to CCPG to provide assurance that care delivery is safe, effective and person-centred.

The Quality Assurance Report is currently under review,

Since the last report to the IJB the following services have submitted an annual Quality Assurance report.

Older People Care Management & Community Mental Health Teams – Older People
The Older People's Service has been supported by a part time Senior Planning Officer with a role and remit to support audit, scrutiny, performance, and practice development. This post has been key to the improvements made over the last 12 months in terms of audit activity including development of the audit framework, targeted audit of AWIA and completion of team audits to ensure standards are met. Feedback has been provided to workers and team managers to support improvement in team and individual worker's practice and to identify themes for thematic audit. The Senior Planning Officer has also been key to the completion of REFLECT, the improvement activity identified from this and the implementation of improvements.
- Improvements noted in relation to appraisals, compliance with mandatory training and a reduction in data breaches was acknowledged.
- Mental Health and Dementia training was highlighted as an area for further development.
- Business Continuity Plans are in place for all service areas and are regularly reviewed and updated.
- Learning from Adult Support and Protection is discussed and shared monthly at the management team meeting. Adult Support and Protection training is undertaken by the teams as part of team-based learning sessions.
- Staff identified the need to improve wellbeing in the workplace. Staff told us that they wished

to be supported to explore health & wellbeing at work. They identified the need to build daily habits to support energy renewal and improved concentration. Successful outcomes achieved include: - teams taking time to connect, being active, taking short breaks away from the desk and taking notice of self and others.

- Care Opinion is implemented and promoted across all service areas.
- Compliments and Complaints are collated and discussed on a quarterly basis within the service to share learning. Learning summaries are completed and shared with staff to ensure that we being customer focussed, acting fairly, and putting things right.
- Older People Assessment & Care Management standards were developed in May 2021 and reviewed in May 2024. These standards will be measured using data collated via general case file audits, referral data bases and Self-Directed Support (SDS) team checklists. This provides assurance that teams are achieving the outcomes of people. It also provides information on the experience of people who use adult social care and carers.

NHS Tayside Out of Hours (OOH) Service

The service continues to establish links across Tayside to ensure that patients are seen in the right place at the right time by the right professionals, recognising the part that the OOH Service provides in the wider system, it reduces inappropriate Secondary Care referrals, admissions, and reduces inappropriate Emergency Department (ED) attendance and, emergency calls from patients directly to the Ambulance Service, by patients being dealt within the OOH periods, so this enables patients to be managed/signposted appropriately, ensuring access to safe and efficient care.

- The team huddle is now embedded in the service at the start of each shift, with teams linking remotely across the 3 partnerships. The service has developed and tested an improved 'huddle' process using a RADAR proforma to include our wider staff groups, which has been very successful in improving information sharing and formalising the huddles.
- NHST OOH Services Clinical Leadership Team are establishing an interface group with our Mental Health and child Protection colleagues to formalise referral pathways between our services and standard operating procedures developed in partnership with the wider primary care teams.
- Over the last 12 months the OOH Management Team have undertaken a service review, including auditing systems/services/staffing levels across OOH, to ensure we are meeting or are planning on how we meet demand. This work has been supported by involving the wider workforce and using an Ecosystem mapping approach to identify and focus on Qualify Improvement opportunities. The challenges identified by the staff working in the service are being prioritised and actioned with individuals in the management team leading on small improvement projects. This is all further supported by the service continuing, when and where appropriate, to trial tests of change to improve the service and patient journey.
- The Clinical Educator continues to support the completion of the REFLECT by monthly sharing each area with all OOH staff for receiving their feedback. From this the Service identifies potential improvements to work in with the OOH Service.
- The service is working hard to develop and update clinical and operations standard operating procedures and implementing formal induction workbooks to ensure consistency, compliance and understanding.
- Two Clinical Directors are in post and the process for starting annual job plans is being developed. The Job Plans will link closely with learning needs identified at a GP's Annual Appraisal.
- The service highlighted the need to further develop the provision of data to drive improvements.
- The inclusion of service specific quality standards within the Quality Assurance report was discussed.
- Child and Adult Protection lead identified for OOH Service.
- Further report requested in 6 months rather than 12 months.

Independent Providers Quality Assurance Report

The Independent Care Homes sector within Angus remains a mixture of small independent homes and larger care home groups, providing care and support to a wide range of people including older people, people with a mental health condition and those with a physical and or a learning disability.

- ➢ There continues to be a significant turnover of staff within both the care home and care at home sector resulting in a loss of skills and experience. There continues to be a lot of 'movement' between different care services as well as many leaving the care sector completely.
- ➢ Further concerns are emerging due to the imminent increase of Disclosure Fees along with an increase in the Scottish Social Services Council registration fees.
- ➢ My Health, My Care, My Home Framework - Care Homes had the opportunity to have input into identifying the 10 priorities of the framework.

Forensic and Custody Healthcare Service Assurance Report

- ➢ Forensic & Custody Healthcare has witnessed a number of changes over the past few years in relation to leadership, staffing and the implementation of the Forensic Medical Services (Victims of Sexual Offences) (Scotland) Act 2021 and the associated new IT systems and processes to support this.
- ➢ The service has a quarterly Business & Clinical Governance meeting where service requests, complaints, DATIX adverse events and service improvements are monitored and discussed.
- ➢ The National Police Care Network are currently working with all health boards and Police Scotland to develop a Target Operating Model (TOM) to identify good practice and priorities across the country and support the implementation of a range of health services / interventions consistently across all police custody centres.
- ➢ AHSCP Forensic and Custody Healthcare Service was the first in Scotland to utilise Care Opinion to obtain service user feedback.

Adult Support and Protection (ASP) Assurance Report

The Angus Health and Social Care Partnership (AHSCP) Adult Protection Strategic Risk was archived with a risk score of 8 at the Clinical and Professional Governance group on 22 January 2024. This was due to the robust monitoring and reporting arrangements in place, compliance with mandatory training and a regular programme of audit activity demonstrating the effectiveness of current controls and ongoing governance arrangements.

A new Protecting People Angus structure was implemented on 01 April 2024 which brings together leadership and oversight arrangements for Adult and Child Protection and Violence Against Women.

A Strategic Plan is being developed, and the strategic priorities are supported by five Delivery Groups focussing on the following areas:

- ➢ Policy and Practice
- ➢ Workforce Development
- ➢ Self-Evaluation and Continuous Improvement
- ➢ Prevention
- ➢ Data

Significant Case Review (SCR) P19 Improvement Plan - robust governance arrangements remain in place to scrutinise the progress and ongoing implementation of recommendations arising from SCR P19. The SCR P19 Improvement Plan is a multi-agency improvement plan and all actions for the AHSCP have been completed and formally signed off.

Oversight Action Plan - A multi-agency oversight action plan and governance process has been developed and implemented across Angus. This includes all recommendations to be progressed from any Learning Reviews undertaken in Angus. All actions relating to the AHSCP have been completed and formally signed off.

Care Inspectorate Improvement Plan – The Multi Agency Inspection of Adult Support and Protection in 2023 concluded that the partnership's key processes for adult support and protection were very effective and demonstrated major strengths supporting positive experiences and outcomes for adults at risk of harm. An improvement plan was developed to progress recommendations for

improvement arising from the inspection. All actions in the Care Inspectorate Improvement Plan have been completed and formally signed off by the Care Inspectorate.

Celebrating Success - Events have been held for Case Holders and Team Managers in May and December 2023 and May 2024 with a further one scheduled for November 2024. These events enable engagement with staff and involve them in discussions about continual improvements.

AHSCP Audit Activity - A review of the current Case File Audit Tools and Audit Schedule being used in operational teams has been undertaken. AHSCP Operational Instructions and key documents informed the Key Priority Indicators (KPI) identified for Adult Protection, Adults with Incapacity and Mainstream/General case file audits.

Adults with Incapacity Internal Audit - Adults With Incapacity (AWI) has been a key area of development for AHSCP. As an Internal Audit of No Assurance was produced in 2023, AHSCP has worked hard on developing updated Operational Instructions and associated training for all Care Management teams. Following this, two separate file audits took place prior to the follow-up internal auditors carrying out the Audit in July 2024. The Audit Report has been recently produced and shows Substantial Assurance has been met in respect of the Partnership's AWI processes. This is a result of significant work and continued improvement.

The following controls remain in place in relation to AHSCP Adult Support and Protection Activity:
  ➢ Networks of learning events organised by Protecting People Angus are scheduled 4 times per year and are well attended.
  ➢ Mandatory Adult Protection training is available for all staff and further training Council Officer training is being delivered.
  ➢ The outcome of Large-Scale Investigations is included in the work undertaken by the weekly Care Home Operational Group.
  ➢ A regular programme of audit activity is in place across the AHSCP.
  ➢ Regular 'Celebrating Success' events now take place.
  ➢ Monthly AHSCP Adult Support and Protection meetings take place to provide governance and direction in relation to Adult Support and Protection matters.
  ➢ AHSCP ASP Operational Instructions for Staff continue to be reviewed and updated on a regular basis.
  ➢ A new process for conducting management oversight and promoting case discussion and reflection in cases subject to adult protection has been implemented. This has been mandated through the issue of an operational instruction on supervision in adult support and protection.

Update Reports

AHSCP Dementia Strategy – Angus Framework Update
Scotland has been developing and implementing National Dementia Strategies since 2010. The latest strategy, Dementia in Scotland: Everyone's Story, was launched in May 2023.
The two-year Dementia in Scotland:Everyone's Story Delivery Plan 2024 - 2026 was published in February 2024 to support the delivery of the vision and priorities of the national strategy.
The key deliverables by 2026 are:
  ➢ A public-facing campaign that challenges stigma associated with dementia, co-produced with the National Dementia Lived Experience Panel.
  ➢ Commission an independent evaluation of the Aberdeen Brain Health Service, supported by a cross-governmental, cross-sectoral oversight group.

- ➤ Work with Public Health Scotland, and local academic partners, to add to the data we collect and publish on diagnosis and Post-Diagnostic Support (PDS).
- ➤ Establish a short-life working group to further develop current understanding of the workforces supporting people living with dementia, identifying any gaps.
- ➤ An independent evaluation of Scotland's Post Diagnostic Support policy and delivery.
- ➤ Establish a Resilient Communities Programme Board tasked with identifying priorities and allocating dedicated Scottish Government funding to grassroots and community organisations to enable a sustainable infrastructure to grow across the country.
- ➤ Establish a cross-governmental, cross-sectoral steering group to help shape the Scottish Government's role in contributing to the research and development of greater understanding around dementia risk, earlier dementia identification, diagnosis, and treatment, including the trialling of new treatments which can slow the progression of some dementias.

Scottish Government (SG) has estimated over £2 billion is being used as part of core spending for the care and support of people living with dementia. SG will work with Integration Authorities, local authorities, health boards, and other key partners to maximise impact and areas of good practice to inform future delivery plans and strategy priority areas for investment.

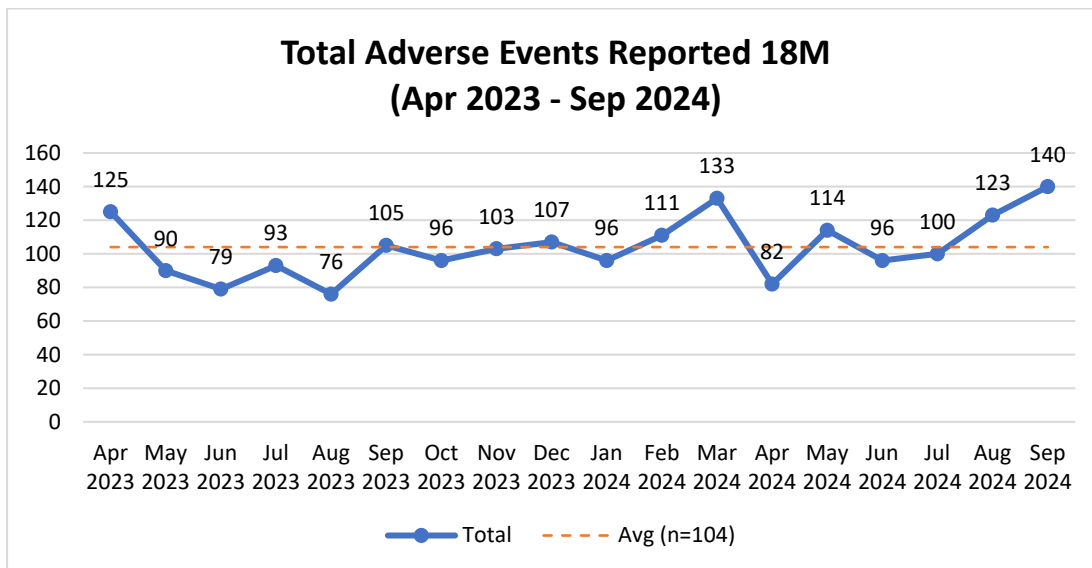How people living with dementia are supported in Angus:
- ➤ Post-diagnostic Dementia Team: people in Angus who are newly diagnosed with dementia are offered access to 12 months support tailored to their individual, and their family's needs, provided by the Post Diagnostic Dementia Team.
- ➤ Dementia Liaison Team (DLT): the DLT provides assessment, support, and interventions for people with dementia and their carers (informal and formal) who are in a care home or community hospital/medicine for the elderly inpatient ward in Angus.
- ➤ Inpatient care: the Willow Unit with the Susan Carnegie Centre at Stracathro Hospital, is an admission and assessment unit for all people with dementia from across Angus.
- ➤ Digital: in 2018, AHSCP was the first HSCP in Scotland to sign up to the aims, values and principles of the Technology Charter for People Living with Dementia which was co- produced by Alzheimer's Scotland.
- ➤ In April 2024 the post diagnostic dementia team launched the Living Well with Dementia website which has been created in collaboration with Healthcare Improvement Scotland. This work supports the digital ambitions of the national strategy.
- ➤ Workforce: the national dementia strategy highlights Carer Positive, an award which is presented to employers in Scotland who have a working environment where carers are valued and supported. The award incorporates 3 levels or stages, from 'engaged' to 'established' through to 'exemplary'. Angus Council is recognised as 'engaged' and NHS Tayside is recognised as 'exemplary'.
- ➤ Resilient Communities: the national dementia delivery plan highlights the importance of resilient communities and the role of Meeting Centres in supporting '20-minute neighbourhoods'. There currently five Meeting Centres in Angus, in Kirriemuir, Forfar, Montrose, Arbroath and Brechin. The AHSCP Day Opportunities Framework will aim expand the variety of day opportunities on offer in Angus.
- ➤ Dementia podcast: In May 2024, as part of Alzheimer Scotland Dementia Awareness Week, AHSCP produced a Dementia podcast raising awareness of the post diagnostic support team supports for people living with dementia in Angus.

Next Steps:
- ➤ It is proposed that a Steering Group is established is to oversee the development of an Angus Dementia Action Plan aimed to meet the needs of people living with dementia in Angus in line with the SG Strategy.
- ➤ Engagement will take place with all service areas, including third and independent sector partners involved in delivering care and support to people living with dementia to identify areas that are working well and areas for improvement.

- Engagement will take place with people living with dementia, employing a range of engagement methods to reach as many people as possible.
- A meeting will be planned at the end of September 2024 to share the themes of the feedback with key stakeholders and agree improvements to include with the action plan. It will be important to know how the implementation of the plan is progressing. The plan will include detail on measurable performance indicators and outcomes, agreed responsibilities with timescales, a clear reporting process.
- The newly established Tayside Dementia and Delirium Steering Group, chaired by the NHS Tayside Dementia Nurse Consultant, met for the first time on 25 June 2024. This group will identify priorities and areas of improvement, across Tayside, linked to the key deliverables of the SG dementia delivery plan. Outputs from this group will support the delivery of the Angus Dementia Action Plan.

Adverse Event Management

**Total Adverse Events Reported 18M
(Apr 2023 - Sep 2024)**

| Month	Total
Apr 2023	125
May 2023	90
Jun 2023	79
Jul 2023	93
Aug 2023	76
Sep 2023	105
Oct 2023	96
Nov 2023	103
Dec 2023	107
Jan 2024	96
Feb 2024	111
Mar 2024	133
Apr 2024	82
May 2024	114
Jun 2024	96
Jul 2024	100
Aug 2024	123
Sep 2024	140

Total — Avg (n=104)

This data reflects AHSCP adverse events reported on the NHS Tayside Adverse Event reporting system - DATIX

Angus CCPG regularly discusses the themes from adverse events reporting with a view to identify learning from Adverse Events and support quality improvement.

A weekly adverse event meeting has been established to review the previous weeks adverse events.

Completed Local Adverse Event Reviews and Mortality Learning Reviews are audited regularly to ensure themes are identified and actions are completed.

**Overdue Actions following Adverse Events**
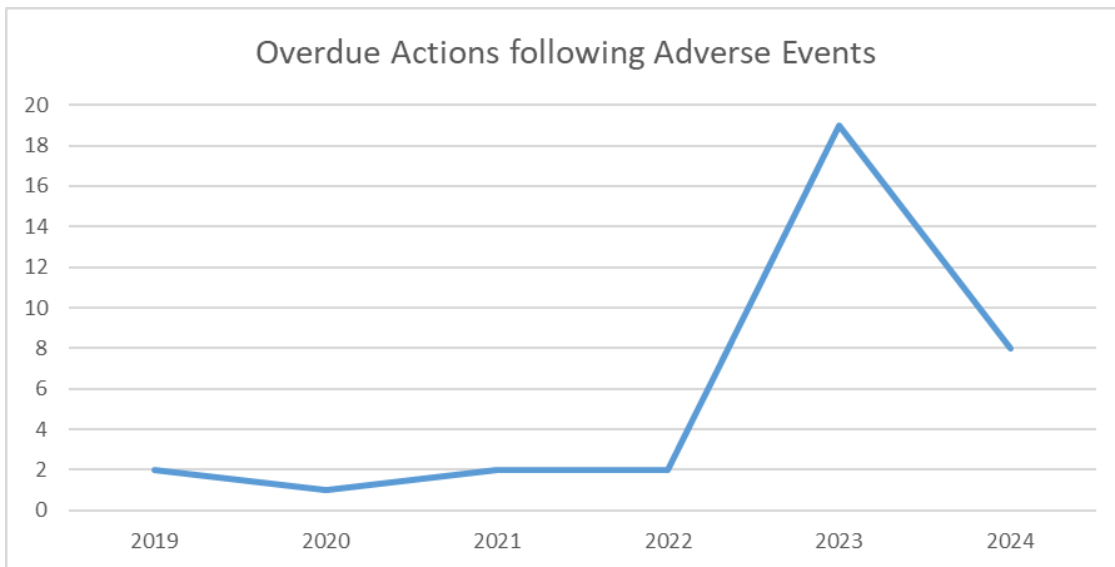
There are currently 34 overdue actions relating to adverse events. The CCPG team are working with services to ensure that all actions are completed, and details are recorded on DATIX. Overdue actions will also be monitored at the weekly adverse event meeting.

Top 5 Event Categories
1. Clinical Challenging Behaviour
2. Slips, Trips and Falls (Inpatients)
3. Medication Adverse Event
4. Pressure Ulcer
5. Documentation/Administration

There are focused sub-groups concentrating on identifying and forming improvement action plans via the Angus Safer Mobility and Falls Prevention Group, Medication Error Review group and Pressure Ulcer improvement.

Significant Adverse Event Reviews

Angus HSCP SAER Status (including Primary Care)
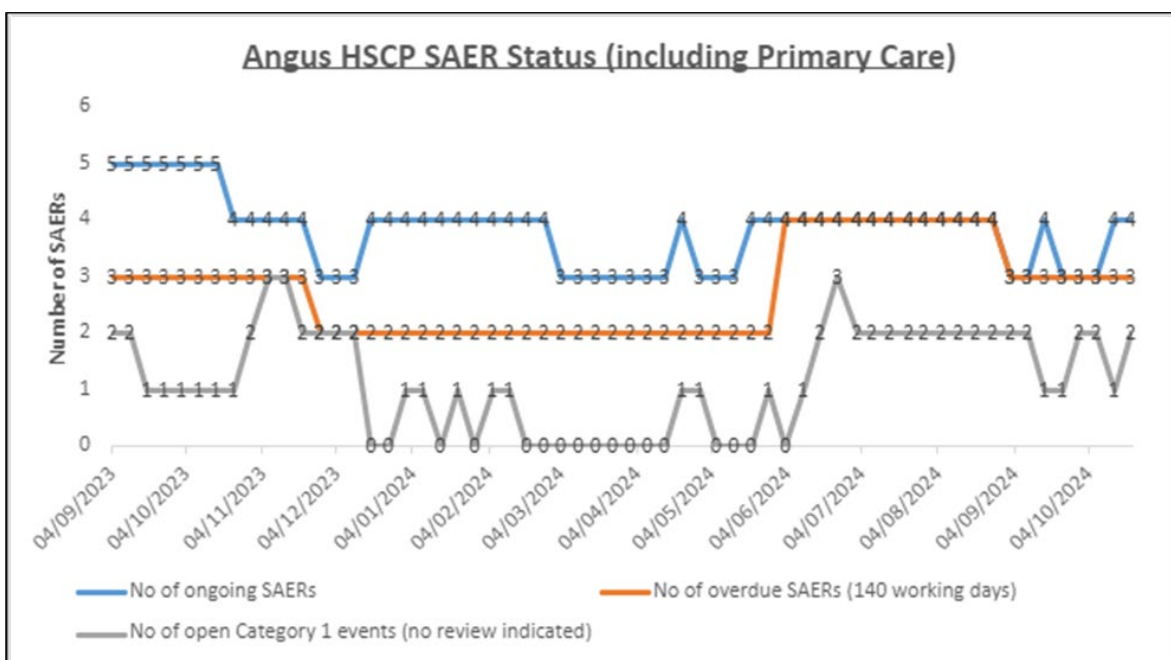
AHSCP currently has 6 SAERs in progress.

SAER 1	At Level 2 Sign off (multi-service review and sign off)
SAER 2	Under review (report being finalised)
SAER 3	Under review (report being finalised)
SAER 4	Under review (report being finalised)
SAER 5	Under review (Rapid review undertaken and action plan in place)
SAER 6	To be commissioned (requiring further information to commission)

There have been challenges in identifying Independent Reviewers, which has contributed to delays in meeting the expected timelines for commissioning. AHSCP CCPG team is actively working to address this issue by identifying suitable individuals and providing them with the necessary training to ensure the reviews can be completed promptly and effectively.

A number of the SAERs commissioned involve services outside of AHSCP. To ensure a thorough review, the AHSCP commissioning group has collaborated with these additional commissioning groups to establish the scope and terms of reference for the reviews.

AHSCP meet weekly to review adverse events. This group also commissions significant adverse event reviews and monitors progress of ongoing reviews.

The CCPG team monitor the progress of SAERs to ensure that all actions are completed, and learning is shared via AHSCP's CCPG meeting.

Feedback

Current Complaints as of 21st October 2024:

	0-5 Days	6-10 Days	11-15 Days	16-20 Days	>20 Days	>40 Days	**Total**
AHSCP	**3**	**2**	**4**	**0**	**6**	**2**	**17**

> 55 complaints and negative stories have been received, but 146 compliments and positive stories were acknowledged.
> There has been an increase in complaints compared to the previous quarter.
> A breakdown of feedback by service and themes was shared at CCPG for review and discussion.
> There has been a decrease in fully upheld complaints and an increase in non-upheld complaints, indicating positive outcomes.
> An increase in breached complaints was noted, often due to meetings between services and complainants.
> Complaint Action Plans are developed following the closure of Stage 2 complaints. Actions are monitored via local CCPG meetings and an update on the status of actions is provided to the CCPG team periodically.
> The AHSCP website has been updated to make it easier to report complaints or compliments.
> The large number of compliments highlights the positive work being done by services.
> Discussion points from CCPG include the importance of sharing learning from complaints and compliments across services.

A Complaints Quality Checklist has been created to provide guidance and maintain quality assurance in the management of complaints. Its purpose is to ensure that the complaints process is followed correctly and consistently.

Scottish Public Services Ombudsman Reports

Case 1	Final Decision received recommendations ongoing.
Case 2	Decision by SPSO September 2024 to not take forward.
Case 3	Initial Request completed, awaiting decision from SPSO.
Case 4	Decision by SPSO June 2024 to not take forward.
Case 5	Decision by SPSO September 2024 to not take forward.
Case 6	Initial Request completed, awaiting decision from SPSO.

External Reports & Inspections

The CCPG Team is responsible for monitoring actions from external reports and inspections to ensure that the 'loop is closed' and sharing learning. External findings are triangulated with internal control systems (Quality Assurance Reports, REFLECT Framework and action plans) to ensure these are working effectively, this assurance is provided via CCPG. Inspections from other areas out with Angus are also considered to identify learning for AHSCP.

Angus Council Accommodation with Support Service (Mental Health) Inspection

A full inspection of Angus Council Accommodation with Support Service took place on the 4 and 5 of April 2023. An update report on the outstanding actions was presented to CCPG on 26 August 2024 to provide assurance that action has been taken based on the Care Inspectorates recommendations. All actions are now complete.
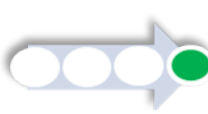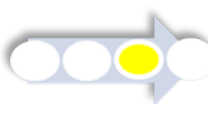
Resilience Planning

The AHSCP Resilience Framework was approved by the IJB on 30 October 2024. Operational guidance is being developed to ensure a consistent approach across all services.

As part of preparedness efforts, a winter planning tabletop exercise will be held with the Senior Management Team on 13 December 2024. This exercise will provide an opportunity to test Business Continuity Plans and ensure a readiness to address potential winter challenges by fostering effective coordination across teams.

Assurance Level Key

Please X the level of assurance you are providing:

Level of Assurance		System Adequacy	Controls	☐
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.	X

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.	