



PERTH AND KINROSS INTEGRATION JOINT BOARD

AUDIT & PERFORMANCE COMMITTEE

26 SEPTEMBER 2022

CLINICAL AND CARE GOVERNANCE RISK ESCALATION REPORT

**Report by Chief Officer
(Report No. G/22/149)**

PURPOSE OF REPORT

The purpose of this report is to provide assurance to Perth and Kinross Integration Joint Board (PKIJB) that a robust Clinical and Care Governance system is in place in within NHS Tayside and Perth and Kinross Council and that there is an appropriate escalation process for operational risks which may impact on the ability of the IJB to deliver its strategic objectives.

1. RECOMMENDATIONS

The Audit and Performance Committee is asked to:

- i) Note the review and consideration of operational risks and the impact on the IJB's Strategic Risk Profile;
- ii) Note the assurance provided to on the Clinical and Care Governance systems in place within NHS Tayside and Perth and Kinross Council;

2. BACKGROUND

- 2.1 At their meeting on 29 September 2021, the IJB agreed a process that ensures the IJB receives assurance regarding the effectiveness of our Partner's Clinical and Care Governance arrangements.
- 2.2 Part of this agreed assurance process included the need for a Risk Escalation Report from the Chief Officer which identifies significant operational clinical and care governance risks which are likely to impact on PKIJB's Strategic Objectives and which therefore require to be considered as part of the ongoing review of the IJB's Strategic Risk Register.

- 2.3 Perth and Kinross Health and Social Care Partnership (PKHSCP) regularly provide assurance report to the NHS Tayside Care Governance Committee and these reports highlight significant operational risks and the steps taken to control them. These reports now form part of the clinical care governance risk escalation process.

3. ESCALATION OF OPERATIONAL RISK

- 3.1 As part of the assurance reports provided to NHSTCCG in April and August 2022, the following very high risks were identified: -

April 2022	August 2022
Accommodation for clinical and non-clinical staff (Health)	Accommodation for clinical and non-clinical staff (Health)
Mental Health Workforce (Health)	Mental Health Workforce (Health)
Care at Home Capacity (Social Work)	Access Team Workforce (Social Work)

- 3.2 The Mental Health workforce operational risk remains at a very high level. The risk was downgraded late in 2021 due to the contingency measures which were implemented but the risk escalated again in January 2022. However, work on a pan-Tayside basis is being taken forward in respect of recording and escalation of Mental Health risks at both operational and strategic levels.
- 3.3 The workforce operational risk concerning Care at Home Capacity, which was discussed in the April 2022 NHSTCCG PKHSCP report, was subsequently downgraded in May 2022. However, this was replaced by another very high workforce operational risk relating to the Social Work Access Team.
- 3.4 Having reviewed the very high workforce related operational risks identified in PKHSCP's assurance reports to NHS Tayside in combination with the IJBs strategic workforce risk, EMT agreed that there were no further implications at this stage for the strategic risk. The strategic risk is scored at the maximum level with appropriate controls in place and all improvement actions are being progressed.
- 3.5 Work continues at service level to mitigate the operational risk concerning accommodation for clinical and non-clinical staff which remains at a very high level. The IJB's strategic risk register already contains a risk concerning Partnership Premises which also remains at a very high risk exposure level.
- 3.6 EMT agreed that there were no further implications at this stage for the Partnership Premises strategic risk. This strategic risk has been subject to a recent review with 2 new improvement actions now put in place. These new improvement actions are designed to mitigate the risk in the medium/longer term with the immediate challenges concerning the Integrated Drug and Alcohol Team (IDART) and the Community Care and Treatment Centre (CCATs) accommodation being addressed and solutions sought in conjunction with our statutory partners.

- 3.7 The status of risk scores of identified significant risks as set out in the PKHSCP Clinical Care Governance Reports to NHS Tayside's Care Governance Committee are detailed in Appendix 3.

4. ASSURANCES PROVIDED BY STATUTORY PARTNERS

- 4.1 In April and August 2022, the PKHSCP assurance reports to the NHSTCGC, as attached at Appendices 1 and 2, provided 'Reasonable Assurance' regarding clinical and care governance arrangements within the Partnership. It is acknowledged that further improvements are required to gain comprehensive assurance.
- 4.2 The approved minutes of the NHSTCGC from February and April 2022, where PKHSCP's Assurance Reports were discussed, are attached at appendices 4 and 5.
- 4.3 The Annual Assurance Framework report for the North Locality, attached at Appendix 6, is included for information at this stage. This was reported to the PKHSCP Clinical and Professional Governance Forum (CPGF) on 24 June 2022 and provides an example of the level of integrated data and assurance which is provided to the CPGF.
- 4.4 Agreement has been reached in relation to the provision of assurance to PKIJB that appropriate management of Adult Social Work and Social Care operational risks is in place. PKHSCP will provide regular Clinical and Care Governance Assurance reports to Perth and Kinross Council's Audit and Risk Committee, in a similar manner as happens with NHS Tayside. The schedule for reporting to the Audit and Risk Committee is currently being agreed.
- 4.5 To fulfil its obligations as set out in the PKIJB Integration Scheme, the IJB requires assurance that: -
- Arrangements are in place for professional supervision, learning, support and continuous improvement for all staff;
 - There is evidence of effective information systems and that relevant professional and service user networks or groups feed into the agreed Clinical and Care Governance and Professional Governance framework;
 - Arrangements are in place for embedding mechanisms for continuous improvement of all services through application of a Clinical and Care Governance and Professional Governance Framework;
 - Arrangements are in place for ensuring effective mechanisms for service user and carer feedback and for complaints handling.

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

5. CONCLUSION

- 5.1 This report provides assurance to Perth and Kinross Integration Joint Board (PKIJB) of the Clinical and Care Governance systems in place within NHS Tayside and Perth and Kinross Council and that there has been appropriate consideration of operational risks on the IJB's ability to deliver on their strategic objectives.

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Appendices

- Appendix 1 – PKHSCP Assurance Report to NHST CCGC 7 April 2021
- Appendix 2 – PKHSCP Assurance Report to NHST CCGC 4 August 2022
- Appendix 3 – Health and ASWSC Operational Risk Register Status
- Appendix 4 – NHST CCGC Minutes 3 February 2022
- Appendix 5 – NHST CCGC Minutes 7 April 2022
- Appendix 6 – PKHSCP Care and Professional Governance Forum Annual Assurance Report for North Locality