



PERTH AND KINROSS INTEGRATION JOINT BOARD

AUDIT & PERFORMANCE COMMITTEE

7 MARCH 2022

CLINICAL CARE GOVERNANCE RISK ESCALATION REPORT

Report by Chief Officer
(Report No G/22/41)

PURPOSE OF REPORT

The purpose of this report is to Identify significant operational clinical care governance risks which are likely to impact on Perth and Kinross Integration Joint Board's (PKIJB) Strategic Objectives and which therefore require to be considered as part of the ongoing review of the IJB Strategic Risk Register.

1. BACKGROUND

- 1.1 At their meeting on 29 September 2021, the IJB agreed a process for them to receive assurance regarding Clinical Care Governance.
- 1.2 Part of this agreed assurance process included a Risk Escalation Report from the Chief Officer identifying significant operational clinical care governance risks which are likely to impact on PKIJB's Strategic Objectives and which therefore requires to be included in the IJB Strategic Risk Register, together with mitigating actions aligned to the strategic planning responsibilities of the IJB.

2. ASSESSMENT

- 2.1 The December 2021 and February 2022 PKHSCP reports to the NHS Tayside Care Governance Committee, as set out at Appendices 1 & 2 have been reviewed by the Executive Management Team (EMT).
- 2.2 In relation to workforce, the following very high risks were identified :-

December	February
	Mental Health Workforce
Community Hospitals Staffing	POA Inpatient Staffing

- 2.3 In February 2022, the operational risk concerning Community Hospital staffing levels was downgraded to an amber risk as a result of the mitigations which have been implemented. Whilst this operational risk has been de-escalated, a paper was presented to the IJB in February 2022 concerning the temporary closure of Pitlochry GP Unit which recognised that a strategic review of new models of care is now required in North Perthshire to ensure services are safe, sustainable and able to keep people at home or in a homely environment for longer. This review will be a key priority within the Older Peoples Strategic Delivery Plan to be considered by the IJB in March.
- 2.4 A further operational workforce risk has been included in relation to POA Inpatient Staffing. Mitigations are being put in place to address the issue.
- 2.5 The Mental Health workforce operational risk has also been re-escalated. The risk was downgraded late in 2021 due to the contingency measures which were implemented. However further work is now taking place in collaboration with NHST to ensure these workforce challenges can be mitigated as soon as possible.
- 2.6 EMT agreed that, as the strategic workforce risk is already at a very high level, there were no further implications at this stage for the IJB's strategic risk. However, this will continue to be closely monitored by EMT in the coming weeks
- 2.7 Work continues at service level to mitigate the very high operational risk concerning accommodation. However, the key improvement action for the Partnership premises strategic risk relates to the production of an IJB Premises Strategy. This strategic improvement action is ongoing with the measures necessary to accelerate this being considered by EMT in January 2022. The operational risk has no implications at this stage for the IJB's strategic risk register.
- 2.8 The further very red risk was identified in both the December and February Reports relates to Care at Home provision and this was included in the last report. This very high risk has potential implications for the IJB's Strategic Risk relating to Viability of External Providers (SR06). As reported at the last Committee the Chief Officer and EMT reviewed this with the risk exposure score of Strategic Risk SR06 being subsequently increased. The risk level of the operational risk has not increased over this review period so EMT concluded that there are no further implications for the strategic risk at this stage. The Older Peoples Strategic Delivery Plan, to be considered by the IJB in March 2022, will set out proposals for reshaping and rescaling of Care at Home Services in a way that responds to the current issues.
- 2.9 The status and movement in risk scores of identified significant risks set out in the PKHSCP Clinical Care Governance Reports to NHS Tayside Care Governance Committee are detailed in Appendix 3.

2.10 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 Care Governance Forum, supports regular review of all services to ensure that such arrangements are in place.

3. NEXT STEPS

- 3.1 The PKHSCP Clinical Care Governance Forum Reports will continue to be reviewed with the findings being considered by the Chief Officer and EMT for any implications for the IJB's Strategic Risks.
- 3.2 The Audit and Performance Committee will continue to be provided with a Clinical Care Governance Risk escalation report at each meeting.
- 3.3 A full update will be provided at the next meeting on the progress in ensuring that the PKC Scrutiny Committee regularly reviews the PKHSCP Clinical Care Governance Report in relation to social care risks and is in a position to provide assurance to PKIJB of appropriate management of PKC operational risks.

4. RECOMMENDATIONS

The Audit and Performance Committee is asked to:

- i) Note the assessment of Partner's Operational Risks and the assurance at Section 2.
- ii) Note the PKHSCP Assurance Reports as considered at the NHST Clinical Care Governance Committees of 2 December 2021 and 3 February 2022 as attached at appendices 1 & 2.
- iii) Note the minutes of the NHST Clinical Care Governance Committee meetings of 7 October and 2 December 2021 as attached at appendices 4 and 5.

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Appendices

Appendix 1 – PKHSCP Assurance Report to NHST CCGC 2 December 2021

Appendix 2 – PKHSCP Assurance Report to NHST CCGC 3 February 2022

Appendix 3 – Health and ASWSC Operational Risk Register Status

Appendix 4 – NHST CCGC Minutes 7 October 2021

Appendix 5– NHST CCGC Minutes 2 December 2021