

NHS FORTH VALLEY
INTERNAL AUDIT SERVICE



FALKIRK IJB
CLINICAL CARE AND PROFESSIONAL GOVERNANCE
REPORT NO. FK07/17

Issued To: P Cassidy, Chief Officer
A Templeman, Chief Finance Officer

A Murray, NHS Forth Valley Medical Director
S Lacey, Chief Social Work Officer

[Audit Committee]
[External Audit]

Date Draft Issued:	20 November 2017
Date Response Required:	27 November 2017
Target Audit Committee Date:	5 December 2017

INTRODUCTION & SCOPE

1. The 'Clinical and Care Governance Framework' (CCG Framework) was presented and approved at the Falkirk Integration Joint Board (IJB) on 24 March 2016. At the same meeting, Falkirk IJB agreed the establishment of a Clinical and Care Governance Group for the Partnership and delegated authority to establish the group and develop its terms of reference to the Medical Director and Chief Social Work Officer.
2. The Strategic Risk Register was initially presented to the IJB meeting on 3 June 2016 and an updated version was presented to the IJB on 6 October 2016. Governance was identified as a High risk, *'Failure to establish effective governance structures and to implement them effectively. This could result in:*
 - a) *failing to comply with legislation;*
 - b) *inability to deliver Strategic Plan outcomes;*
 - c) *criticism by audit and inspection bodies'*
3. The Harm to Vulnerable People / Public Protection / Clinical Care risk was identified as: There is a risk of harm to people, due to the IJB failing to meet its' statutory clinical care, Adult Support and Protection, and public protection duties, which could lead to:
 - a) Death or serious harm to a vulnerable person;
 - b) Significant case reviews, prosecution or other legal interventions;
 - c) Potential compensation claims external criticism / intervention (e.g. Care Inspectorate or Criminal Justice Authority);
 - d) Reputational damage to the IJB (and individual partners);

In the NHS, there are a large number of clinical incidents which have a significant impact on individuals, but good controls are place to mitigate the impact on the NHS.

In the Council, there is the potential for harm to vulnerable people despite to have a significant impact on the Council's reputation (even if the likelihood is low and subsequent enquiries establish that the Council were unable to prevent the incident).

OBJECTIVES

4. Our audit work was designed to evaluate whether appropriate systems were in place and operating effectively to mitigate risks to the achievement of the objective identified below:
 - ◇ arrangements outlined in the draft CCG Framework are designed to assure the IJB, Falkirk Council and NHS Forth Valley that the quality and safety of services delivered by staff, and the outcomes achieved from delivery of those services, are the best possible and will make a difference to the lives of residents.

RISKS

5. The following risks could prevent the achievement of the above objective and were identified as within scope for this audit.
- ◇ Responsibilities and lines of accountability between the parties and the IJB may not be clear, particularly in relation to those services currently being operationally managed by the partnership;
 - ◇ There may not be a clear, fully resourced plan to implement the Clinical, & Care Governance Framework;
 - ◇ Clinical and Care Governance processes and procedures may not be sufficient to deliver the required levels of assurance;
 - ◇ Clinical, Care & Professional Governance processes may not be adequately aligned to performance and risk management.

AUDIT OPINION AND FINDINGS

6. We are aware that Clinical and Care Governance arrangements are currently under review. We had hoped that details of this process might have emerged before this report was concluded but the meeting to discuss future arrangements across both Forth Valley IJBs was deferred. In these circumstances we have issued an interim report without a formal opinion, in order to highlight the need for the review of Clinical and Care Governance arrangements to progress at pace and also to identify areas for consideration as part of this review.
7. Under these circumstances, the IJB would need to be assured of three specific aspects of Clinical and Care Governance:
- ◇ That appropriate clinical and care governance arrangements are in place for delegated services;
 - ◇ That the services it is commissioning are being delivered to appropriate standards;
 - ◇ That the IJB is notified of any operational clinical or care risks of a type or materiality which could impact on its strategic objectives or which should be included in the Strategic Risk register.
8. The Falkirk Integration Scheme (IS) states that *'The Parties and the Integration Joint Board are accountable for ensuring appropriate Clinical and Care Governance for their duties under the Act'* and that *'the Integration Joint Board will be responsible for ensuring that a framework for Clinical and Care Governance is in place for the services to be delivered in relation to the Integration Functions ("the CCG Framework") with support from the Parties through relevant employees'*.
9. The Falkirk IS also states that *'The Chief Social Work Officer reports annually to a meeting of the Council on the discharge of his/her duties as Chief Social Work Officer. This will continue and relate both to the Integration Functions and non-integrated functions/services. In addition to the annual report, the Chief Social Work Officer is entitled to advise the Council on all matters relating to social work functions'*. It further states *'Clinical Governance reports are considered by the NHS Forth Valley Clinical Governance Committee. This will continue and relate both to the Integration Functions and non-integrated functions/services. The Clinical Governance annual report will be made available to the Integration Joint Board.'* Both of these provisions are consistent with the commissioning model assumed within Falkirk IJB.

10. The IS states that *'The CCG Leads will be consulted on any proposal relating to the Integration Functions which is to be made to the Integration Joint Board and any views expressed and/or advice offered, will be incorporated into any reports to the Integration Joint Board on any such proposal'*. Our review of IJB papers showed that not all proposals contained overt assurance that the CCG lead officers had been consulted and were in agreement with proposals. Whilst the Lead Officers do attend the IJB and would therefore be able to highlight any concerns, it would be preferable to ensure that any proposals for change overtly demonstrate that the appropriate consultation has taken place. We do however note that the Chief Social Work Officer is a member of the officer's group to review papers, and Management have informed us that CCG leads can also be involved in the development of reports, particularly for their area of services.
11. S5.9 of the IS states that the CCG Leads will provide advice and guidance to the Strategic Planning Group on Clinical and Care Governance and on the development of the Strategic Plan before it is formally consulted upon. Therefore we recommend that the CCG Leads should be engaged in the development of the Strategic Plan 2019-2022 before formal consultation takes place.
12. S5.6 of the Integration Scheme sets out the issues to be included within the Clinical and Care Governance Framework as follows:
 - ◇ details of each of the roles and responsibilities of each of the CCG Leads and how these will be delivered individually and collectively in relation to services which will be delivered in respect of the Integration Functions;
 - ◇ details of how those roles and responsibilities will be fulfilled within the IJB, the Council and NHS Forth Valley. In particular, it will contain statements about how the role of the Chief Social Work Officer should be reflected in Council management arrangements. Arrangements in relation to the role of NHS Medical Director and the NHS Nursing Director are already explicitly articulated in NHS Forth Valley arrangements and will remain intact;
 - ◇ an agreed approach to measuring, and reporting to the IJB, the quality of service delivery, addressing organisational and individual care risks, promoting continuous improvement and ensuring that all professional and clinical standards, legislation and guidance are met;
 - ◇ arrangements for suitable service user and carer feedback/complaint handling processes;
 - ◇ arrangements to ensure that the Parties' staff working in integrated services have the appropriate skills and knowledge to provide the right standard of care;
 - ◇ arrangements to ensure that appropriate staff supervision and support policies are in place;
 - ◇ arrangements to ensure, and evidence, effective information sharing systems;
 - ◇ details of the role and relationship of the Integration Joint Board, the Chief Officer, and the CCG Leads to the Community Planning Partnership, particularly in relation to public protection (to include adult support and protection, child protection, MAPPA arrangements, the alcohol and drug partnership, and domestic violence); and
 - ◇ provision for the oversight and governance of mental health officers and practice and governance in relation to the Adults with Incapacity, Adult

Support and Protection, and Mental Health Care and Treatment statutory framework. This will include clear delineation of responsibility/accountability around the roles and interdependencies of the Chief Officer and the Chief Social Work Officer.

13. The CCG Framework was presented and approved at the Falkirk IJB meeting on 24 March 2016. From initial review of the CCG Framework, it was not clear that the requirements of s5.6 of the IS had been met in full, with some areas providing little additional detail and others not featuring in the document at all. We would recommend that the CCG Framework be reconsidered both in the light of experience and also to ensure that all of the provisions of the Integration Scheme are being met.
14. The CCG Framework included the establishment of a Clinical and Care Governance Group in March 2016 for each Forth Valley Health & Social Care Partnership. The first meeting of the Falkirk group was held in November 2016 with two subsequent meetings held. It is clear from the agenda and papers that the group did not have a clear and coherent vision of its purpose and that there were no clear terms of reference for the group. The last meeting in April 2017 concluded that a clear remit and membership allied to a formal workplan were priorities. We would concur with this conclusion and highlight the need to ensure that all of the requirements of the Integration Scheme and CCG Framework are fulfilled. The CCG Group also concluded that the CCG Framework itself was in need of amendment and again, we would concur with this judgement. We would also point out the lack of independent oversight within the group which has no non-executive/councillor representation.
15. During 2016/17, new CCG Leads have taken up post with the appointment of the Chief Social Work Officer for Falkirk Council and the NHS Forth Valley Medical Director. Internal Audit discussions with both the CCG Leads confirmed that they view the update of the CCG Framework and the implementation of good governance arrangements for the Clinical and Care Governance Group as key priorities.
16. A meeting to discuss Clinical and Care Governance was originally scheduled on 19 October 2017, with planned representation from both Falkirk and Stirling and Clackmannanshire IJBs. Unfortunately the meeting was cancelled and has been reconvened for 20 December 2017, with the attendant risk that arrangements may not be in place to provide suitable assurances by financial year-end. We would also highlight that no assurances were received from the Standing Committees of Falkirk Council or NHS Forth Valley, on the adequacy and effectiveness of Care and Clinical Governance arrangements respectively, for 2016-17. We would recommend that any future arrangements include provision of such assurance from the parent bodies who retain primary responsibility for governance in these areas and who continue to receive reports and assurances on them.

Action

17. An action plan [has been agreed with management] to address the identified weaknesses. A follow-up of implementation of the agreed actions will be undertaken in accordance with the audit reporting protocol.

acknowledgement

18. We would like to thank all members of staff for the help and co-operation received during the course of the audit.

A Gaskin BSc ACA
Chief internal Auditor

Ref.	Finding	Audit Recommendation	Priority	Management Response / Action	Action by/Date
1	The Clinical and Care Governance Group established in March 2016 did not have clear terms of reference, including a coherent vision of its purpose.	In line with discussion at the April 2017 Clinical and Care Governance Group, Management should:	2	At the meeting of the IJB on 2 February 2018 Board Members agreed that the current Clinical and Care Governance Group would be established as a IJB Committee with two voting members of the and that recommendations on its broader membership and its Terms of Reference will be brought to the next meeting of the IJB.	Sara Lacey CSWO 6 April 2018
		◇ As a priority, reconvene the Clinical and Care Governance Group and schedule an early first meeting;		A meeting of the CCG Group is convened on 20 March 2018.	Sara Lacey CSWO 20 March 2018
		◇ establish a coherent governance framework taking into account the governance principles and recommendations within this report. This should include development of a remit and workplan to		Present and review the CCG Framework and develop draft work plan/timeline at the meeting on 20 March 2018. The CCG Framework will be reviewed.	Patricia Cassidy Chief Officer 20 March 2018

Ref.	Finding	Audit Recommendation	Priority	Management Response / Action	Action by/Date
		ensure the group has a timetable to enable it to provide appropriate assurances at year end;			
		<p>◇ As part of the group's revised remit and workplan, ensure that all of the requirements of the Integration Scheme and CCG Framework are fulfilled;</p>		<p>The current CCG Framework will be reviewed at the meeting on 20 March 2018 to ensure it meets the requirements set out in section 5 of the IJB Integration Scheme..The development of the work plan will also reflect both the CCG and the Integration scheme and will be submitted to IJB 6 April 2018</p>	<p>Sara Lacey CSWO 6 April 2018</p>
		<p>◇</p> <p>◇ Ensure that the membership of the reconvened group is appropriate and that there is independent oversight within the group, for example through Non-Executive/ Councillor representation</p>		<p>The terms of reference of new CCG Committee, and membership will be submitted for approval to the IJB meeting on 6 April .</p> <p>The IJB will be asked to agree the appointment of the Chair meeting on 6 April .</p>	<p>Patricia Cassidy Chief Officer 6 April 2018</p> <p>6 April 2018</p>

Ref.	Finding	Audit Recommendation	Priority	Management Response / Action	Action by/Date
2.	From initial review of the CCG Framework, it was not clear that the requirements of s5.6 of the IS had been met in full, with some areas providing little additional detail and others not featuring in the document at all.	The CCG Framework should be reviewed both in the light of experience and also to ensure that all of the provisions of the Integration Scheme are being met. The requirement to review the framework and any attendant risk should be notified to the IJB and firm, realistic timescales for review of the framework should be agreed.	2	The current CCG Framework will be reviewed at the meeting of the CCG group on 20 March 2018 to ensure it meets the requirements set out in section 5 of the IJB Integration Scheme. It will be submitted for approval to IJB 6 April 2018.	Patricia Cassidy Chief Officer 6 April 2018

Ref.	Finding	Audit Recommendation	Priority	Management Response / Action	Action by/Date
3.	No assurances were received from the Standing Committees of Falkirk Council or NHS Forth Valley, on the adequacy and effectiveness of Care and Clinical Governance arrangements respectively, for 2016-17.	<p>The CCG Leads should ensure that the CCG Framework is reflected in the remits of all relevant partner organisation committees.</p> <p>The CCG Leads should ensure the CCG Group receives timely appropriate assurance from the partner organisations that retain primary responsibility for governance in these areas.</p>	2	<p>CCG framework to be reviewed at meeting on 20 March 2018.and submitted to the IJB. Thereafter the update will be provided to to:</p> <ul style="list-style-type: none"> Clinical and Care Governance Committee NHS Forth Valley Falkirk Public Protection Chief Officers Group Community Planning Partnership Executive Board <p>The governance structure will be outlined in the revised CCG Framework.</p>	<p>Sara Lacey/ Patricia Cassidy End of June 2018</p> <p>20 March 2018</p>

Ref.	Finding	Audit Recommendation	Priority	Management Response / Action	Action by/Date
4.	Work will be undertaken in 2018 to develop a new Strategic Plan for 2019-22.	The CCG Leads should provide advice and guidance to the strategic planning group on Clinical and Care Governance, and on the development of the Strategic Plan 2019-2022 before it is formally consulted upon.	2	<p>There is a joint session planned on 4 May 2018 for IJB Board Members and members of the Strategic Planning Group to initiate the review of the current Strategic Plan.</p> <p>The CCG Leads will update the requirements for Strategic Plan at this session. Thereafter the CCG update will be a regular item on the Strategic Planning Group agenda.</p>	<p>Suzanne Thomson 4 May 2018</p> <p>Sara Lacey/ Andrew Murray</p>

DEFINITION OF ASSURANCE CATEGORIES AND RECOMMENDATION PRIORITIES

Categories of Assurance:

A	Good	There is an adequate and effective system of risk management, control and governance to address risks to the achievement of objectives.
B	Broadly Satisfactory	There is an adequate and effective system of risk management, control and governance to address risks to the achievement of objectives, although minor weaknesses are present.
C	Adequate	Business objectives are likely to be achieved. However, improvements are required to enhance the adequacy/ effectiveness of risk management, control and governance.
D	Inadequate	There is increased risk that objectives may not be achieved. Improvements are required to enhance the adequacy and/or effectiveness of risk management, control and governance.
E	Unsatisfactory	There is considerable risk that the system will fail to meet its objectives. Significant improvements are required to improve the adequacy and effectiveness of risk management, control and governance and to place reliance on the system for corporate governance assurance.
F	Unacceptable	The system has failed or there is a real and substantial risk that the system will fail to meet its objectives. Immediate action is required to improve the adequacy and effectiveness of risk management, control and governance.

The priorities relating to Internal Audit recommendations are defined as follows:

Priority 1 recommendations relate to critical issues, which will feature in our evaluation of the Governance Statement. These are significant matters relating to factors critical to the success of the organisation. The weakness may also give rise to material loss or error or seriously impact on the reputation of the organisation and require urgent attention by a Director.

Priority 2 recommendations relate to important issues that require the attention of senior management and may also give rise to material financial loss or error.

Priority 1 and 2 recommendations are highlighted to the Audit Committee and included in the main body of the report within the Audit Opinion and Findings

Priority 3 recommendations are usually matters that can be corrected through line management action or improvements to the efficiency and effectiveness of controls.

Priority 4 recommendations are recommendations that improve the efficiency and effectiveness of controls operated mainly at supervisory level. The weaknesses highlighted do not affect the ability of the controls to meet their objectives in any significant way.

Appendix A - Clinical and Care Governance Principles

The Falkirk Integration Scheme states that *'The Integration Joint Board shall be responsible for carrying out the Integration Functions but shall do so by directing one or both Parties to carry out each Integration Function having had regard to the Strategic Plan'*.

In relation to Clinical and Care Governance (CCG) it states that *'The Parties and the Integration Joint Board are accountable for ensuring appropriate Clinical and Care Governance for their duties under the Act.'* Later it states *'The Integration Joint Board will be responsible for ensuring that a framework for Clinical and Care Governance is in place for the services to be delivered in relation to the Integration Functions ("the CCG Framework") with support from the Parties through relevant employees'* and also that *'Clinical Governance reports are considered by the NHS Forth Valley Clinical Governance Committee. This will continue and relate both to the Integration Functions and non-integrated functions/services. The Clinical Governance annual report will be made available to the Integration Joint Board'*.

Taking these passages together, the inference would be that the Health Board and Council are still ultimately responsible for these services and should continue to receive the necessary assurances, but that these should be shared with the IJB both directly and via the CCG and appropriate Local Authority Committee.

The national guidance and therefore also the Integration Schemes provide guidance on both professional accountability and clinical governance. Whilst the two are closely linked, they are separate and the key issue for all bodies is assurance over the overall health and well-being of the population, of the safety and effectiveness of care provided and of the adequacy and effectiveness of the systems and governance structures which provide that assurance.

Professional accountability appears to be well-covered within the Integration Schemes although the provision of professional advice from the Clinical Leads to the Falkirk IJB Strategic Planning Group is not yet fully evident. Due to the complexity of the issues involved, further work will inevitably be required in relation to assurance.

The cover paper to the Clinical and Care Governance Framework acknowledged that the terms of reference of the IJB Clinical Care Governance Group and its links to other groups and areas of risk and performance management would need to be further developed and that *'the proposed Framework will be further developed over time to reflect the experience of integrated working and governance required as local requirements for services are better understood and evolve as part of the strategic planning process'*.

The following principles are proposed:

- i) Consistency of care and clinical governance as far as possible i.e. the level and quality of assurance should be determined consistently (see below) whether in delegated or non-delegated healthcare functions or within social care activities (whether delivered in-house or purchased). This will be particularly important as the boundaries between health and social care blur; there is no reason why assurance around the safety and effectiveness of care should change as an individual transitions between one part of the system to another, or if service provision changes. For example reporting of the local authority equivalents to SAERs, aggregated incident reports, HAI reports etc. in parallel and in aggregate with the Health equivalents within IJB reporting should be considered subject to ii below;

- ii) Proportionality: assurance should be inextricably and overtly linked with risk and the extent to which key controls manage that risk;
- iii) There must be a distinction between professional lines of accountability and governance assurance;
- iv) Independent oversight is a fundamental component of clinical governance assurance in both the parties and the IJB; this includes oversight from independent non-executives/councillors/voting members at an appropriate level based on robust, relevant and reliable data;
- v) There should be clear linkages to performance data, including operational, financial and quality performance; the ideal is a holistic system which integrates performance, clinical and other data level so that performance is measured once, used often;
- i) Any assurance mechanism must meet the assurance requirements of all parties including the IJB;
- ii) Where assurances are not deemed sufficient or they highlight significant unmitigated risks, there must be clarity around which body will take the decision on the appropriate action to be taken and how they will provide assurance to other parties on the implementation and effectiveness of those actions;
- iii) All systems should distinguish between pro-active and reactive, internal and external assurance and develop effective triangulation to ensure that each assurance component contributes to an overall assessment of governance. For example, the key information to be taken from an external review is not about the specific circumstances found but whether they are consistent with assurances received from internal systems. Wherever practicable, the emphasis should be on internal systems which provide advance warning of any issues;
- iv) The provisions in the Integration Scheme for providing professional advice on Strategy should be reviewed to ensure that they are functioning as intended.