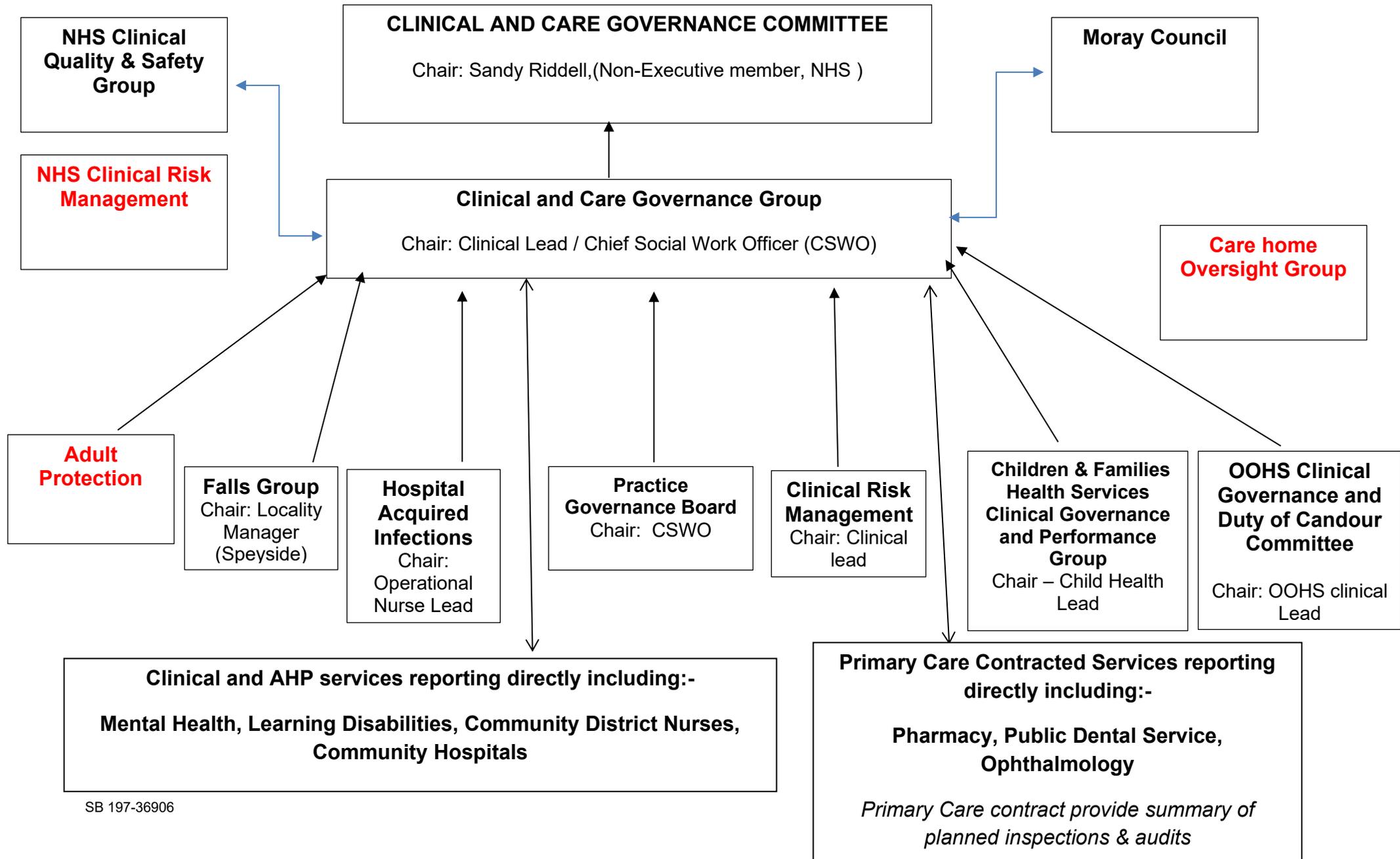


# HEALTH AND SOCIAL CARE MORAY CLINICAL AND CARE GOVERNANCE STRUCTURE (draft)



This document aims to strengthen the governance, leadership and accountability arrangements for Clinical and Care Governance for Health and Social Care Moray. These groups will be central to ensuring we can demonstrate we are operating safe systems with good quality standards for the people of Moray.

### **Role of the Chairperson**

The Chairperson of each group will be expected to;

- Exercise delegated authority from the SMT to progress the work of the groups
- Set agendas for meetings and ensure all services are appropriately represented
- Ensure the group works to their agreed remit
- Clearly directs the work of the group
- Ensure all services have the opportunity to contribute effectively to the work of the group
- Maintain an action plan for the group

### **Role of Group Members**

Regular attendance is required by all group members and substitutes can be sent as appropriate and this should be agreed by each individual group. People should not sit on more than two groups. All members of groups are expected to;

- Be an active participant of the group
- Represent the views of their services from both a strategic and operational perspective
- Agree and adhere to the remit of the group
- Be prepared to undertake pieces of work as directed by the group
- Carry the authority to make decisions on behalf of their service/organisation as appropriate
- Be willing and able to make changes to achieve shared goals
- Take responsibility and implement decisions taken by the group
- Feedback to their own organisation/service
- Respect and listen to the views of all members

## **Sub groups**

The groups below are, able to set up any sub-group or working group with additional members as required to deliver their strategic plans. However, the following factors should be taken into account;

- There should be a clear focus and remit for each sub group
- There may be instances where specific pieces of work need to be progressed via a short life working group - the remit of these would have to be clearly identified and they must report through the main strategic group below to ensure a coherence of approach
- It may be that group chairs would wish to set up a sub group to deliver on a cross cutting issue which affects all groups

## HSCM Clinical and Care Governance Groups: Remits and Membership

<b>Group:</b>	<b>HSCM Clinical and Care Governance Group</b>	
<b>Chair:</b>	HSCM Clinical Lead / Chief Social Work Officer	
	<b>Partner Group:</b>	<b>HSCM CCGG rep:</b>
<b>Reports to:</b>	Moray Integration Joint Board – Clinical and Care Governance Committee	Clinical Lead
	NHS Grampian – Clinical and Care Governance Committee	
	NHS – Quality and Safety Group	Liz Tait, Linda Harper
	Moray Council – Full Committee	Head of Service
<b>Purpose:</b>	<p>Provide assurance to the Committee that systems are operating effectively and services provided are safe, to the appropriate standard and are of a good quality.</p> <p>The role of the HSCM Clinical and Governance Group (CCGG) is to oversee and provide a coordinated approach to clinical and care governance issues within HSCM</p> <p>The CCGG has a responsibility and accountability to ensure that there are robust mechanisms for reporting clinical governance and care issues and for providing onward communication to partner organisations.</p>	
<b>Areas of accountability/responsibility:</b>	<ul style="list-style-type: none"> <li>• To provide clear direction and priorities for Clinical and Care services in Moray</li> <li>• To oversee the commissioning of interface services with Dr Grays</li> <li>• To promote a culture of quality assurance and self-assessment and service improvement</li> <li>• To ensure a corporate approach to clinical and care governance</li> <li>• To promote effective collaborative working in relation to all Services</li> <li>• To maintain oversight, scrutiny and governance in all areas of public protection</li> <li>• To implement a comprehensive communications strategy to promote community, public and staff confidence and reassurance</li> </ul> <p>An annual report will be submitted to the HSCM Clinical and Care Governance Committee.</p>	

<p><b>Membership:</b></p>	<p><b>Health and Social Care Moray Representation</b></p> <ul style="list-style-type: none"> <li>○ HSCM Clinical Lead (Chair)</li> <li>○ HSCM Head of Service</li> <li>○ HSCM Head of Service / CSWO</li> <li>○ HSCM Children and Families Health Services Lead</li> <li>○ <b>Consultant Practitioner, Social Work</b></li> <li>○ Head of Clinical and Care Governance, Dr Grays</li> <li>○ Chief Nurse</li> <li>○ Operational Lead Nurse</li> <li>○ AHP Professional Lead</li> <li>○ Locality Manager ( by rotation)</li> <li>○ <b>Provider Services Manager</b></li> <li>○ <b>Service Manager, Mental Health</b></li> <li>○ Commissioning lead</li> <li>○ Corporate Manger</li> </ul> <p><b>In Attendance</b></p> <p><b>Specialist/ Professional Advisors*</b></p> <ul style="list-style-type: none"> <li>○ Clinical Governance Coordinator</li> <li>○ Patient / Public Representative</li> <li>○ Sector Lead Pharmacist</li> <li>○ Sector Lead Primary Care</li> <li>○ Quality Improvement Leads</li> <li>○ HSCM AHP Representative</li> <li>○ HSCM Service Manager Dental Services</li> <li>○ HSCM Dental Clinical Lead</li> <li>○ HSCM Out of Hours Service Manager</li> <li>○ PCCT Manager</li> <li>○ Chair Moray Practice Managers</li> <li>○ Staff side representative</li> <li>○ Primary Care Contracts Manager</li> </ul> <p>Members are expected to have a deputy, to ensure attendance is maintained from all representative areas. See Appendix 2 for Agreed Membership Operational Representation <i>* Membership may be extended as appropriate.</i></p>
<p><b>Meeting frequency:</b></p>	<p>Monthly (1<sup>st</sup> Thursday in the month 15:00 to 16:30)</p>

### HSCM Clinical and Care Governance Groups: Remits and Membership

<b>Group:</b>	<b>HSCM Clinical Risk Management (CRM)</b>	
<b>Chair:</b>	Head of Service	
	Group:	HSCM CCGG rep:
<b>Reports to:</b>	HSCM Clinical and Care Governance Group	Head of Service Chief Nurse
<b>Purpose:</b>	<p>The Clinical Risk Management (CRM) Group will provide a forum with facilitates openness, accountability and integrity of decision-making and risk in relation to the quality and safety of delivery of clinical care across Health and Social Care Moray (HSCM).</p> <p>It will scrutinise, challenge and/or identify patterns or learning opportunities and provide assurance that systems are operating effectively, escalating and taking action where necessary.</p>	
<b>Areas of accountability/responsibility:</b>	<p>To provide continued assurance and evidence of improvement, the CRM meeting will seek assurance and provide approval for the following core items:</p> <ul style="list-style-type: none"> <li>○ Complaints and Feedback</li> <li>○ Major and Extreme incidents</li> <li>○ Duty of Candour events</li> <li>○ Level 1 and 2 investigations</li> <li>○ RIDDOR</li> </ul> <p>Including identification of emerging key themes and trends.</p>	
<b>Membership:</b>	Head of Services Chief Nurse Locality Manager Corporate Manager Clinical Governance Co-ordinator Other attendees as appropriate	
<b>Meeting frequency:</b>	Fortnightly (2 <sup>nd</sup> and 4 <sup>th</sup> Thursday 8:00)	

## HSCM Clinical and Care Governance Groups: Remits and Membership

<b>Group:</b>	<b>Social Care Practice Governance Board</b>	
<b>Chair:</b>	Head of Service & Chief Social Work Officer	
	<b>Group:</b>	<b>HSCM CCGG rep:</b>
<b>Reports to:</b>	HSCM Clinical Governance Group System Leadership Group	CSWO, Head of Service, Locality Manager
<b>Purpose:</b>	The Practice Governance Group provides a forum with facilitates openness, accountability and integrity of decision-making and risk in relation to the quality and safety of delivery of social care services for adults across Health and Social Care Moray (HSCM).	
<b>Areas of accountability/responsibility:</b>	<p>To provide continued assurance and evidence of improvement, the CRM meeting will seek assurance and provide approval for the following core items:</p> <ul style="list-style-type: none"> <li>○ Risk register reviews (Case risks, Practice Risks)</li> <li>○ Medication Error reporting (Care Home &amp; External Providers)</li> <li>○ Overview of Referrals to Scottish Social Services Council (SSSC)</li> <li>○ Complaints and Feedback</li> <li>○ Monitoring Reports &amp; Internal Incidents</li> <li>○ Duty of Candour events</li> <li>○ Inspection and Audit Reports</li> <li>○ Policies and Procedures (development and implementation)</li> <li>○ Adult support and protection issues</li> <li>○ Commissioned services performance reports</li> </ul> <p>Including identification of emerging key themes and trends.</p>	
<b>Membership:</b>	Chief Social Work officer/Head of Service Locality managers Service Managers :- Provider Services, Mental Health, Learning Disabilities Commissioning and Performance Manager Consultant Practitioners Team Manager, Woodview Commissioning and Performance officer (Policy) Clinical Governance Co-ordinator Corporate Manager	
<b>Meeting frequency:</b>	Monthly – Tuesday 10:00 to 12:00	

### HSCM Clinical and Care Governance Groups: Remits and Membership

<b>Group:</b>	<b>HSCM Hospital Acquired Infections (HAI)</b>	
<b>Chair:</b>	Operational Lead Nurse	
	<b>Group:</b>	<b>HSCM CCGG rep:</b>
<b>Reports to:</b>	HSCM Clinical and Care Governance Group  Senior Charge Nurse Meeting  NHSG HAI / Infection Prevention and Control Committee (IPCSC)	Operational Lead Nurse
<b>Purpose:</b>	to assure the Infection Prevention and Control Committee (IPCSC) that the responsibilities related to infection prevention and control in NHS premises are being met	
<b>Areas of accountability/responsibility:</b>	<p>responsible for the delivery of H&amp;SCM's key responsibilities for the prevention and control of infection and monitoring performance and compliance which encompasses:</p> <ul style="list-style-type: none"> <li>• Surveillance, prevention, treatment and control of communicable disease (and the systems to achieve this), excluding sexually transmitted diseases.</li> <li>• Healthcare associated infections, including antibiotic resistant organisms.</li> <li>• Environmental hygiene.</li> <li>• Decontamination of re-usable medical devices. (NHS HDL (2005)8, Infection Control Organisational Issues)</li> </ul> <p>also responsible for</p> <ul style="list-style-type: none"> <li>• monitoring the uptake of mandatory HAI education within the sector,</li> <li>• the undertaking of monthly SICPS audits (hand hygiene and Equipment) and</li> <li>• the undertaking of 6 monthly HAI audits and DATIX submissions of subsequent action plans</li> </ul>	
<b>Membership:</b>	Head of Service Lead Nurse Operational Lead Nurse Moray AHP Lead (or *designated rep) Lead Pharmacist (or designated rep)	

	<p>Infection Prevention &amp; Control Nurse (or designated rep)  Assistant Domestic Services &amp; Portering Manager (or *designated rep)  Acting Infection Control Manager, NHSG  Clinical Governance Co-ordinator  Quality Improvement &amp; Assurance Co-ordinator  SCN, Speyside  SCN, Turner Hospital, Keith  SCN, Seafield Hospital, Buckie  Dental Services Manager  Locality Manager, Buckie, Fochabers &amp; Cullen  Locality Manager, Forres / Lossiemouth  Locality Manager, Elgin  Locality Manager, Keith / Speyside  Acting Health &amp; Wellbeing Lead  Clinical Nurse Manager, Health Visiting and School Nursing  Estates Manager (or *designated rep)  H&amp;S Representative  Moray PPF Member</p>
<b>Meeting frequency:</b>	Monthly (not met this year –suspended during Covid)

**HSCM Clinical and Care Governance Groups: Remits and Membership**

<b>Group:</b>	<b>Out of Hours (GMED) Clinical Governance and Duty of Candour Committee</b>	
<b>Chair:</b>	OOH Clinical Lead	
	<b>Group:</b>	<b>HSCM CCGG rep:</b>
<b>Reports to:</b>	HSCM Clinical and Care Governance Group Moray Integration Joint Board	Lead Nurse OOHS Clinical Lead
<b>Areas of accountability/responsibility:</b>	The role of the committee is to oversee and provide assurance in all matters pertaining to Clinical Governance, Duty of Candour and any associated issues within the service. The Committee will provide assurance and escalate issues of concern to the HSCM Clinical Governance Group and MIJB Clinical Care and Governance Committee.	
<b>Membership:</b>	OOH Clinical Lead Service Manager Service Support Manager Lead Nurse Advanced Nurse Practitioners Patient/Public Representation Third Sector Representation Clinical Governance Co-ordinator  The committee will extend invitations to other groups or representatives such as NHS24 or Scottish Ambulance Service as required. Closed sessions will be held with a restricted membership for matters of a sensitive nature.	
<b>Meeting frequency:</b>	Quarterly	

## HSCM Clinical and Care Governance Groups: Remits and Membership

<b>Group:</b>	<b>Children &amp; Family Health Services Clinical Governance and Performance Group</b>	
<b>Chair:</b>	Children and Families Lead	
	<b>Group:</b>	<b>HSCM CCGG rep:</b>
<b>Reports to:</b>	HSCM Clinical and Care Governance HSCM System Leadership Group MIJB Clinical and Care Governance Committee	Children and Families Lead
<b>Purpose:</b>	<p>To oversee and provide a coordinated approach to clinical governance and performance issues within Children and Families Health Services.</p> <p>The C&amp;FHS CG&amp;PG has a responsibility and accountability to ensure that there are robust mechanisms for reporting clinical governance and performance issues and for providing onward communication to linked groups described above.</p> <p>An annual report will be submitted to the HSCM Clinical and Care Governance Committee.</p>	
<b>Areas of accountability/responsibility:</b>	<p>focuses on Health Visiting and School Nursing Services</p> <ul style="list-style-type: none"> <li>• To provide support and assurance to HSCM Clinical and Care Governance Committee at an operational level and inform decision making.</li> <li>• To support and assist HSCM in achieving its clinical governance responsibilities.</li> <li>• To provide a coordinated and integrated approach to clinical governance across Children`s and Families Health Services.</li> <li>• To support and assist HSCM in delivery safe and effective care throughout Children`s and Families Health Services</li> <li>• To oversee clinical governance within Children`s and Families Health Services in HSCM to ensure there is a focus on quality and performance.</li> <li>• To inform, support and advise Children`s and Families Health Services staff on clinical governance and performance issues, ensuring and enabling best practice and high quality safe patient care.</li> <li>• To encourage ownership and collaboration with staff informing the working of the group, highlighting issues of concern and good practice.</li> <li>• To reflect single system working through collaboration with all partners.</li> </ul>	
<b>Membership:</b>	HSCM Children and Families Health Services Lead (Chair) Child Protection Specialist Nurse	

	Clinical Nurse Manager for Health Visiting and School Nursing. HSCM Clinical Governance Coordinator 2 Health Visitor Team Leaders
<b>Meeting frequency:</b>	Monthly (reporting to CCGG quarterly)

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## HSCM Clinical and Care Governance Groups: Remits and Membership

<b>Group:</b>	<b>HSCM Falls Action Group</b>	
<b>Chair:</b>	Locality Manager (Speyside)	
	<b>Group:</b>	<b>HSCM CCGG rep:</b>
<b>Reports to:</b>	HSCM Clinical and Care Governance Group  NHSG Falls Group	Locality Manager
<b>Purpose:</b>	To oversee and provide a coordinated approach to clinical governance and performance issues in relation to Falls.	
<b>Areas of accountability/responsibility:</b>	<p>Leading the Falls prevention work and the Falls Referral pathway</p> <p>Monitoring the Falls Dashboard (from Source) and highlighting issues for action</p> <p>Providing an overview of falls related training needs and provision</p> <p>Development of Falls Ambassador role</p> <p>Investigating use of technologies for fall prevention and detection in community hospitals</p>	
<b>Membership:</b>	<p>Hospital Ambulance Liaison Officer</p> <p>Locality Managers</p> <p>Performance officer/Analyst</p> <p>Lead Occupational Therapist</p> <p>Physiotherapy Manager</p> <p>Development Officer Social and Micro Enterprise</p> <p>Senior Charge Nurse</p> <p>OT Team manager</p> <p>Hospital Discharge Team manager</p> <p>Short Term Assessment and Reablement Team Manager</p> <p>Nurse Practitioner</p> <p>Access Team manager</p> <p>Operational Lead Nurse</p> <p>Clinical Lead</p>	
<b>Meeting frequency:</b>	Quarterly	

## HSCM Clinical and Care Governance Groups: Remits and Membership

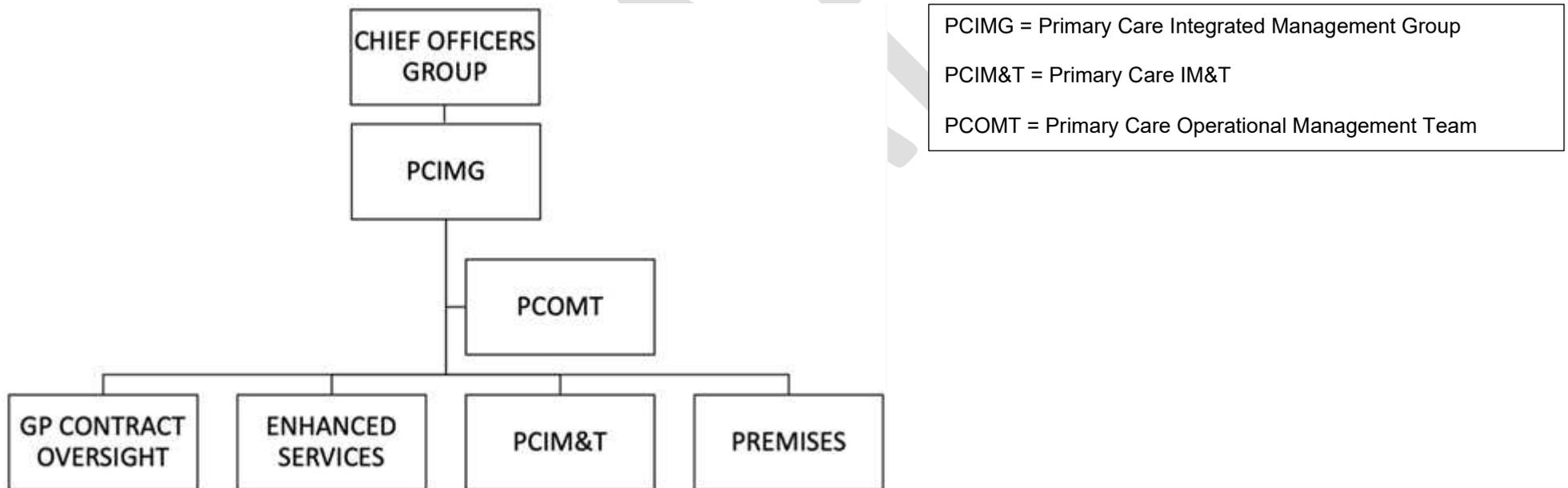
### Primary Care Contracts

Assurance regarding hosted services for Primary Care is provided to a variety of groups.

The clinical leads provide assurance reports to Health and Social Care Clinical and Governance Group on a regular basis.

A summary of progress on planned inspections /audits will be supplied to Clinical and Care Governance Group by Primary Care Contracts lead.

The NHSG Primary Care reporting structure is set out below for information:-



## HSCM Clinical and Care Governance Groups: Remits and Membership

### Ongoing work:-

- The public protection reporting structure (incorporating adult, children and family protection) is being further developed and once confirmed the reporting links will be incorporated into this framework.
- Clarifying requirements regards reporting flow for the Care home oversight group
- Clarifying reporting requirements and attendance to NHSG Clinical Risk Management