



REPORT TO: MORAY INTEGRATION JOINT BOARD ON 24 SEPTEMBER 2020

SUBJECT: GOVERNANCE ASSURANCE - CLINICAL AND CARE GOVERNANCE AND AUDIT PERFORMANCE AND RISK COMMITTEES

BY: INTERIM CHIEF OFFICER

1. REASON FOR REPORT

- 1.1. To provide an update to the Moray Integration Joint Board (MIJB) of the governance arrangements that were in place during Covid-19 initial response and progress in relation to the review of clinical and care governance arrangements and the assurance frameworks for Clinical and Care Governance and Audit, Performance and Risk committees.

2. RECOMMENDATION

2.1. It is recommended that the Committee considers and notes:-

- i) the governance arrangements during the initial response to Covid-19;**
- ii) existing governance arrangements and draft proposals for developments to the governance arrangements for Clinical and Care Governance Committee outlined in APPENDIX 1 and 2;**
- iii) the existing framework for Audit, Performance and Risk committee outlined in APPENDIX 3 and the planned development session.**

3. BACKGROUND

- 3.1. The national Clinical and Care Governance Framework 2013 provides Integration Authorities with an overview of the key elements and principles that should be reflected in the clinical and care governance processes implemented by Integration Authorities.

- 3.2. To fulfil this requirement there is a need for Moray Integration Joint Board (MIJB) and Health and Social Care Moray (HSCM) to ensure that they provide assurance that effective arrangements are in place to ensure there is:-
- Relevant Health and Social Care professionals held accountable for standards of care provided.
 - Effective engagement with communities and partners and improved health and wellbeing outcomes are being met.
 - Effective scrutiny of the quality of service performance to inform improvement priorities.
 - Clear learning and improvements generated from effective systems.
 - Support for staff if concerns are raised relating to safe service delivery.
 - Clear lines of communication and professional accountability from point of care to Executive Directors and Chief Professional Officers accountable for clinical and care governance.
- 3.3 Covid-19 started to impact on delivery of services during late February and at the meeting of MIJB on 26 March 2020 the Chief Officer was delegated the authority to make decisions on behalf of the board during the incident (para 12 of the minute refers)
- 3.4 At the meeting of the Clinical and Care Governance Committee on 27 August 2020 it was agreed a report will be submitted to this meeting highlighting the current situation and the processes in place to provide assurance to the MIJB Chair following the impact of Covid-19 (para 13 of the minute refers). A similar request was made at the Audit, Performance and Risk Committee on the same date (para 10 of the minute refers)

4. KEY MATTERS RELEVANT TO RECOMMENDATION

Clinical Care and Governance

- 4.1. During the initial impact of Covid-19 committee meetings were suspended. An interim arrangement for clinical governance was implemented whereby Mr. Sandy Riddell, Chair of Clinical and Governance Committee received monthly updates on the key issues arising during the response. These related principally to provision of care, care homes oversight and children and adult protection matters.
- 4.2. The clinical governance group, clinical risk management and practice governance groups of HSCM were suspended in the initial phase of response to Covid-19, however there were alternative forums established that provided cover from an assurance perspective during this period. The response group met twice weekly and the enhanced discharge group met daily during this period. The clinical governance co-ordinator maintained a watching brief on the risks and adverse events recorded in datix and escalated any concerns to the Head of Service.
- 4.3. During this period there have been various discussions with members of the clinical governance group and practice governance group to clarify reporting requirements and mechanisms for providing assurance to Clinical and Care Governance Committee, NHS Grampian and Moray Council.

- 4.4. The need for this work was identified following the Clinical and Care Governance workshop held in Elgin on 8 January 2020 and the output was discussed at the Clinical and Care committee on 27 February 2020 (para 9 of the minute refers). Two of the five key themes of areas for improvement identified by the workshop were to:
- declutter and simplify the existing reporting mechanisms and provide clarity for accountability and responsibility
 - seek clarification from NHS Grampian, Moray Council and professional leads of their assurance requirements
- 4.5. The previous structure is set out in **APPENDIX 1** and the revised structure with details of each group and their linkages is outlined in **APPENDIX 2**. The main difference is the linking of the clinical governance group and the practice governance group to form the Clinical and Care Governance Group. This group will feed up to the Clinical and Care Governance Committee.
- 4.6. There is still some further work to be undertaken around the public protection aspects and the links to the NHS Grampian clinical risk management group, which is planned for completion by end of October 2020.

Audit, Performance and Risk Committee

- 4.7. There has been a greater impact on governance arrangements for Audit, Performance and Risk Committee as it was suspended. However the key elements of routine reporting of performance, the annual performance report (which was published in a timely manner) and strategic risk register were overseen by the MIJB. The Chief Internal Auditor was also able to report, by exception to the MIJB if this was required.
- 4.8. Within HSCM all audits were suspended and performance resources were diverted to priority needs. Normal System Leadership Group meetings were also suspended however both NHS Grampian and Moray Council implemented emergency response plans and associated command and control structures. The HSCM Response and Recovery group was established and has provided a focus for prioritisation of resources and oversight of performance and risk management in relation to the response.
- 4.9. The suspension of normal business for a short period and the clear focus provided through attention to critical functions has provided an opportunity to review the frameworks within HSCM and the reporting to committee.
- 4.10. System Leadership Group business meetings will recommence on 25 September 2020 and the HSCM framework is outlined in **APPENDIX 3**.

5. SUMMARY OF IMPLICATIONS

(a) Corporate Plan and 10 Year Plan (Local Outcomes Improvement Plan (LOIP)) and Moray Integration Joint Board Strategic Plan “Moray Partners in Care 2019 – 2029”

Governance arrangements are integral for the assurance of the delivery of safe and effective services that underpins the implementation of the strategic plan.

(b) Policy and Legal

The Public Bodies (Joint Working) (Scotland) Act 2014 requires Health Boards and Local Authorities integrate adult health and social care services. This paper outlines the work being undertaken to ensure that the clinical and care governance framework for HSCM and partners, provides a clear understanding of the contributions and responsibilities of each person and how these are integrated.

(c) Financial implications

There are no financial implications arising as a direct result of this report.

(d) Risk Implications and Mitigation

The work that is being undertaken to improve the links between stakeholders and clarify the governance framework will further strengthen provision of assurance and reduce the likelihood of negative impacts to the system.

(e) Staffing Implications

There are no staff implications arising as a direct result of this report.

(f) Property

There are no property implications arising as a direct result of this report.

(g) Equalities/Socio Economic Impact

An Equality Impact Assessment is not required because there are no changes to policy as a result of this report.

(h) Consultations

Consultations have taken place with the Chief Officer, Chief Financial Officer, Jane Mackie, Head of Service and Chief Social Work Officer and Democratic Services Manager, and their comments have been incorporated in the content of this report.

6. CONCLUSION

- 6.1. This report provides an overview of the impact to existing governance arrangements as a result of Covid-19, the alternative processes that were implemented and the frameworks that have been reinstated for assurance for Clinical and Care Governance and Audit Performance and Risk Committees.**

Author of Report: Jeanette Netherwood, Corporate Manager
Background Papers: with author
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