Clinical and Care Governance - Workshop 8 January 2020

Question 1 Group 1

What's working well?

Structures that are in place – no surprises.
Engaged and governance issues eg AER.
Advantages of being smaller area – easy to build relationships; - easy navigation.
Not "fear" of raising issues in relation to governance/clinical issues/awareness – risk – comfortable to identify this.
Working closely ie CiPs as independent businesses and others eg care homes.
Working towards creation of MDTs within communities and practices.
Bring two cultures together.
Set processes which assists – consistency.
Escalation process.
Lots of ….. in Moray – feeling ahead of the "game" in relation to other areas.
Admin support – importance of this.
Innovative practice is being supported in amongst need for clinical governance and assurance.
Opportunity to imbed clinical governance since need was identified 20 years ago for Moray (previous LHCC).
Development of commissioning process in supporting CCGs.

Question 1 Group 2

What are we doing well:-

- MDT working regularly.
- Positive – two-way communication and assurance and across one system. The new reporting template for CCG group is excellent. Allows teams/services to provide …?..., development aspects, risks, mitigation, complaints and progress.
- Practice governance includes responsibility for health.
- Tie in encouraging SW teams to develop after bench-marking/plan.
- Structures commenced.
- What exactly will this professional group do going forward? May look different.
- Structures improved.
- Clear and documented.
- Regular meetings with clear roles and responsibilities.
- Right, people at tables/meetings.
- Open and honesty improving.
- Disciplines more comfortable to discuss issues/complaints/risks in more positive MDT manner.
- Hearing from experiences.
- Prevention – small problems, becoming big.
- Developing flow of communication.
- We are debating the issues around clinical and care governance.

Question 1 Group 3

What is going well?

- Moray IJB has good level of integration.
- Free discussion.
- Still feels council led in some ways (eg report structure).
- Dr Gray's Clinical Governance Group – developing and improving; links to clinical and risk management.
- HSCM Clinical Governance Group – CRM Group – feed into C&CG Committee.
- HSCM Children and Families Governance Group – developing – feed into C&CG Committee.
- HSCM Practice Governance Group – feed into C&CG Committee.
- Sharing knowledge between services.
- Professional challenge and communication.
- Less defensive – open, upfront.
- Workforce – skillset; experience, expectation, knowledge, models of working.

Integrated Governance Structure

- Confidence in clinical managers.
- Correct membership of meeting.
- Accountability for providing report – many areas not providing.
- Clear KPIs – what do we need to report on?
- Exception reporting – managed at service level and escalated when not performing or issues.

Going well in CC Governance: **PAIR**

- Governance meetings/Templates for reporting.
- CCGov.
- SW Practice Board – Professional
- DGH
- PC Gov
- SW Leadership.
- Feed into IJB – element of structure.

Question 2

What can we improve / develop further?

Take work forward in — Easier/More Challenging

- Council led formats (perceived)
- Continue to build on inclusive culture and constructed challenge.
- Single system reporting (eg complaints).
- Use of performance indicators and impact on other services.
- Increase knowledge and understanding in the role of C&CG Committee/
- IJB with feedback from groups to reporting services.
- Clarity of current Clinical Governance structures.
- Review and streamline structure.
- Avoid/reduce duplication of reporting.
- Self-evaluation of CG and existing groups/services.

Group 2

- Understanding the Health and Social Care Safe Staffing legislation – Governance, Operational implications.
- IT systems – DATIX – Adverse Events; - Tableau
- Development of performance Indicators – what is it we are measuring and why?
- Marking our own homework – open to external systems support.
- The evolving localities will give opportunity to diversify.
- Use and train different levels of the team to do investigating or improvement – sharing the load.
- Supervision in practice.
- How do we report appropriately – de-clutter – pro-active reporting?

Group 3

- Good at getting a structure and groups. Does all the info come together at SLG - CGC?
- How do we join up NHS and local authority?
- A lot of governance going on – how do we simplify?
- Local governance reporting.
- How does IJB Governance Committee receive the right info and the assurance?
- National care standards – health and social care standards need to be embedded.
- So many meetings on the same subject.
- NHSG should provide governance "guidance", "clarity" and "so what?".
- Care and Clinical Governance Group – what is it for?/what does it need?
- Eg complaints sign off; people being assured about the process.
- Need an overall process for complaints components et complain re: in-house care and community and hospital. How do we respond?; How do we assure the public?
- Moray as a test site.

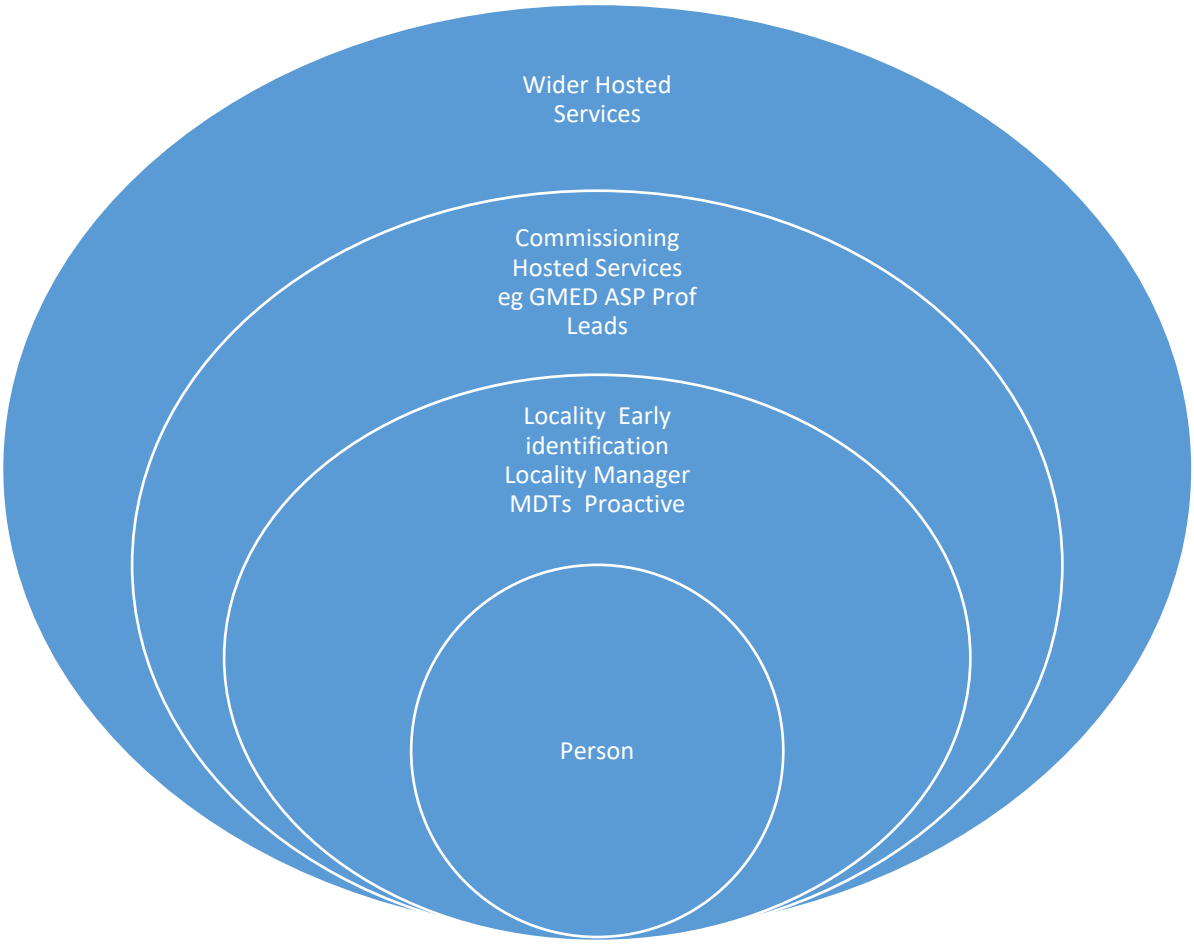
Group 4

- [Practice Governance/CRS].
- [Form vs function].

- MH side – Framework works well.
- Clinical Gov – structure and cross system approach re AEs.
- LD Gov Board – feeds local IJB – NHSG Board.
- MHOs governance feeds into local gov and NHS guide.
- [Sector independent/3rd sector].
- Datix system – complaints and feedback (although not fully integrated)
- [Cross system activity].
- [PAIR – improvement?, risk].
- Locality management/teams.

Suggestion – when we are person centred what the assurance on Clinical and Care Governance in what we are delivering and why looks like

(Unable to label local/regional/national)



Question 3

How to take forward?

- Take stock.
- Self-evaluation – development of delivery and action plan. Implementation – road map – year 1/2/3/4.
- Engagement of senior exec managers in all services (LA/MB?) – agreement of direction as IJB.
- Risk assessment of HDLs/CELs.
- Be brave and ambitious.
- Proceed until apprehended/push back.

New Structure

- One identity – single process complaints; one performance dashboard meaningful.
- Strategic performance vs statutory requirements.
- Organisational risk monitoring and management.
- Who collates data? What data? Clear KPIs.

Question 4 - What do we want to ask the Scottish Government (Iona)?

- For children's services (and others) (Girfec) include IJB in statutory requirements (Iona's GIRFEC list slide).
- One platform for adverse events/risk/complaints across IJB (eg Datix).
- Regular updates of integration progress.

SG Ask

- More shared learning.
- Easier access to information – regular updates.
- Sharing of good practice from other HB areas.
- Simple infographics to display information.
- IT needs updated – primary care/secondary care.
- Data sharing across boards.