



Health and Social Care Moray Clinical and Care Governance Group (CCGG) Role and Remit

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Health and Social Care Moray Role and Remit of the Clinical and Care Governance Group

Introduction:

"Clinical governance is the system through which NHS organisations are accountable for continuously monitoring and improving the quality of their care and services and safeguarding high standards of care and services".

Healthcare Improvement Scotland (2005)

"Care governance is a robust system for assuring high standards in the delivery of safe, personalised and effective health and social care services".

Social Work Scotland – Governance for quality social care in Scotland

Guidance on the key elements and principles to be reflected in local clinical and care governance of integrated health and social care arrangements can be found here:

<https://www.gov.scot/publications/clinical-care-governance-framework/>

The Key Principles and Process Steps from this guidance are detailed below

Five Key Principles of Clinical and Care Governance:

1. Clearly defined governance functions and roles are performed effectively.
2. Values of openness and accountability are promoted and demonstrated through actions.
3. Informed and transparent decisions are taken to ensure continuous quality improvement.
4. Staff are supported and developed.
5. All actions are focused on the provision of high quality, safe, effective and person-centered services.

Five Process Steps to Support Clinical and Care Governance:

1. Information on the safety and quality of care is received
2. Information is scrutinised to identify areas for action
3. Actions arising from scrutiny and review of information are documented
4. The impact of actions is monitored, measured and reported
5. Information on impact is reported against agreed priorities

Aim:

The Health and Social Care Moray (HSCM) Clinical and Care Governance Group is responsible for ensuring that systems and processes are in place across all service areas within HSCM to support clinical and care governance; providing assurance to the HSCM Senior Management Team (SMT) and Moray Integration Joint Board (MIJB) Clinical and Care Governance Committee, that these systems are in place and performing effectively. To ensure the safe and effective delivery of care and maintenance of service delivery.

Moray Council, NHS Grampian and the Moray Integrated Joint Board (MIJB) are accountable for ensuring appropriate clinical and care governance arrangements for services provided in pursuance of integration functions in terms of the Public Bodies (Joint Working) (Scotland) Act 2014. As such there is a requirement to consider existing processes in place to assure clinical and care governance, and develop an integrated process and structure capable of a whole system approach.

Objectives:

- To provide support and assurance to MIJB Clinical and Care Governance Committee at an operational level and inform decision making.
- To support and assist HSCM in achieving its clinical and care governance responsibilities.
- To provide a coordinated and integrated approach to clinical and care governance across all services.
- To inform, support and advise HSCM staff on clinical and care governance issues, ensuring and enabling best practice and high quality safe patient care.
- To encourage ownership and collaboration with staff informing the working of the group, highlighting issues of concern and good practice.
- To reflect single system working through collaboration with all partners.
- To Identify and escalate any risks relating to clinical and care service delivery.

Role of Chair:

- Setting the agenda to promote effective decision making and constructive discussion.
- Leading the group to agree items for escalation to the MIJB Clinical and Care Governance Committee and HSCM SMT.

Purpose of the Group:

The role of the HSCM Clinical and Care Governance Group (CCGG) is to oversee and provide a coordinated approach to clinical and care governance issues within HSCM.

The CCGG has a responsibility and accountability to ensure that there are robust mechanisms for reporting clinical and care governance issues and for providing onward communication to the MIJB Clinical and Care Governance Committee and HSCM SMT

To provide exception reports to the MIJB Clinical and Care Governance Committee on a quarterly basis.

The MIJB Clinical and Care Governance Committee will produce an annual report for submission to the NHS Grampian Clinical Governance Committee providing Board activity which will evidence robustness in regards to procedures.

Membership:

Membership of the CCGG is representative of HSCM, which incorporates a diverse range of services. Representatives of each discipline are invited into the group allowing them a platform from which to share their knowledge, experience and opinions and escalation of risks related to clinical and care governance in relation to quality and service delivery. As part of their role as a member of the CCGG, members are expected to feedback on work of the group to their individual Profession/Service.

The group will extend invitations to other groups or representatives as required to address set agenda items or to seek further insight and assurance on a set issue.

Membership of Health and Social Care Moray Clinical and Care Governance Group includes:

Membership*

Health and Social Care Moray Operational Representation

- Chief Nurse, Moray (Joint Chair)
- Chief Social Work Officer (CSWO) (Joint Chair)
- Allied Health Professional (AHP) - Professional Lead (Joint Chair)
- HSCM Head of Service
- HSCM GP Clinical Lead
- HSCM Children and Families Health Services Lead
- Operational Lead Nurse, Moray
- Locality Manager (by rotation)
- HSCM Corporate Manager
- Social Care Service Manager (by rotation) representing Adult Services Practice Governance Board
- Social Care Service Manager (by rotation) representing Childrens and Families and Justice Practice Governance Board
- PCCT Service Manager

In Attendance

Specialist/ Professional Advisors*

- Clinical Governance Coordinator
- Lead Pharmacist
- Primary Care Development Manager
- Quality Improvement Leads
- HSCM AHP Representative
- HSCM Dental Clinical Lead or deputy
- HSCM Primary Care Out of Hours Lead Nurse (GMED)
- Moray Practice Managers Group Representative

- HSCM Integrated Service Manager, Mental Health
- Social Care Consultant Practitioners/Service Manager (as required) (by rotation)
- Staff side representative (tbc)

Members are expected to have a deputy, to ensure attendance is maintained from all representative areas. All papers being tabled will require a representative to present the paper.

**Membership may be extended as appropriate.*

Quorate: The group will be quorate with the following representation;

- Chair
- Three members of HSCM Operational Representation
- Three Specialist/ Professional Advisors or their deputies

Frequency of Meetings:

Meetings will be held monthly.

Running of Meeting:

The meeting will be structured with standing items: as follows;

- Welcome and Apologies
- Minute of Previous Meeting
- Action Tracker
- Clinical Risk Management (CRM) Update
- Items from Practice Governance Board

And

- Service Exception Reports
(The expectation would be that each service would present twice per year, with no upper limit of reports). A rolling schedule of reports presented will be collated and reviewed quarterly for assurance. Any services found not to be represented will be contacted by the Chair. Services can present as often as required if there are areas of concern or escalation required.
- Quality Reports - these will presented by work stream leads
- Quarterly Reports from Groups e.g. Falls Group/HAI/Food Fluid & Nutrition

Agenda items and papers are invited from each of the above representatives and are submitted to the CCGG Administrator for distribution. The agenda is set two weeks prior to the meeting by the Chair (**Appendix 4**). The agenda and papers are sent out to the group one week in advance in preparation for the meeting.

Service Exception Reports are to be submitted using the template at **Appendix 5**.

(Definition of Exception: A statement disclosing the dissimilarity between actual and expected occurrences. Exception reporting allows issues to be escalated so that they can be resolved / monitored).

The group maintains the right to hold closed sessions in instances where there may be a risk of breaching patient confidentiality, in accordance with the Data Protection Act or where clinically sensitive issues are to be discussed. **(Appendix 1)**

Reporting Structure:

Issues raised within the CCGG are recorded within a formal exception report prepared for MIJB Clinical and Care Governance Committee.

Adult Social Care services manage their governance issues and shared learning via the Practice Governance Board (PGB). A senior manager from this group will attend CCGG to update and represent any issues raised via PGB. If required, they may invite other members of PGB to present at CCGG (as agreed by the Chair).

This process will be replicated by Childrens and Families and Justice Services, with a representative from their PGB also attending CCGG. Future plans anticipate that the PGBs will merge into one group, but the reporting to CCGG and MIJB Clinical and Care Governance Committee will remain the same.

The Framework outlining CCGG reporting structure can be viewed in **Appendix 2.**

- Overall accountability is held by the Chief Officer who delegates responsibility to the Chairs of the CCGG, for this meeting purposes only.

Accountability is escalated to the MIJB Clinical and Care Governance Committee.

The Framework outlining the wider system reporting structure can be viewed in **Appendix 3.**

Resources and Budget:

Business of the meeting is recorded in formal minutes, taken by the secretary to the HSCM CCGG.

Author: Clinical and Care Governance Group

Appendix 1:

Health and Social Care Moray Clinical and Care Governance Group – Closed Session Agreement.

The closed session will be attended by a core group of individuals. Those requested to attend will be contacted prior to the meeting, with details of an agreed agenda.

The core group of individuals attending these sessions may include:

- Head of Service
- Clinical Lead
- Chief Nurse / Nurse Manager
- AHP Lead

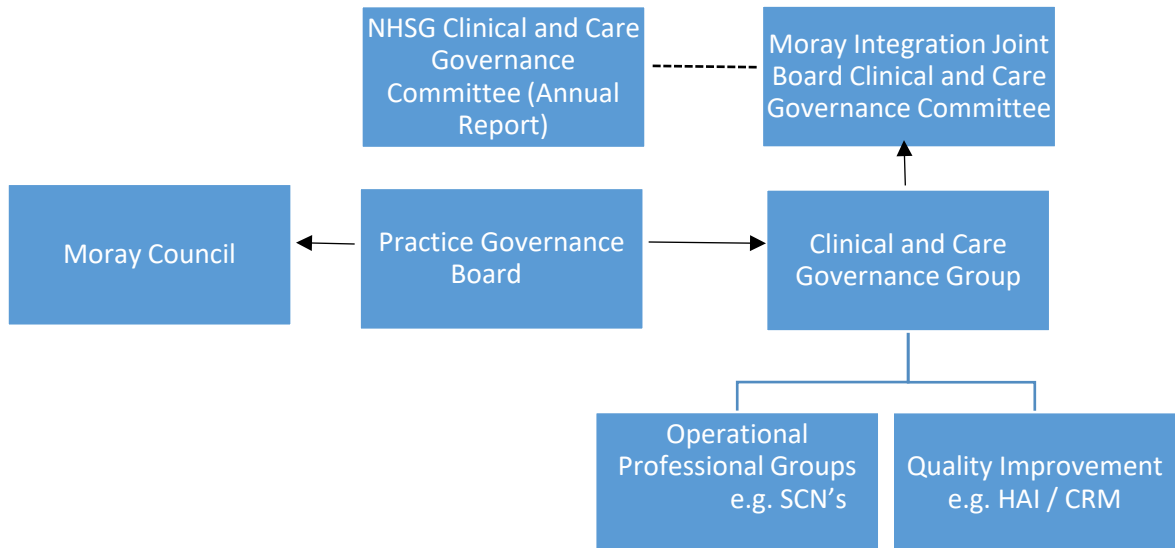
Others may be requested to attend, depending on the nature of the issue.

Closed sessions will be held in instances where patient / staff confidentiality is at risk of being breached or where highly sensitive issues are being discussed. These instances may include:

- The review and monitoring of information pertaining to significant event analysis / critical incident review / near miss or untoward incident and is patient or staff sensitive which may be at risk of breaching the Data Protection Act.
- To protect confidentiality in relation to highly sensitive or potentially controversial issues.
- To monitor and review the outcome(s) of investigations into serious service failure or issues relating to underperformance.

Appendix 2

Health and Social Care Moray Clinical and Care Governance Reporting Structure



Operational Professional Groups:

Nursing
Health Visiting
District Nursing
Allied Health Professionals
Primary Care: Pharmacy, Optometry, Dental, General Practitioners
Practice Managers Group Representative
Public Health

Hosted Services:

GMED

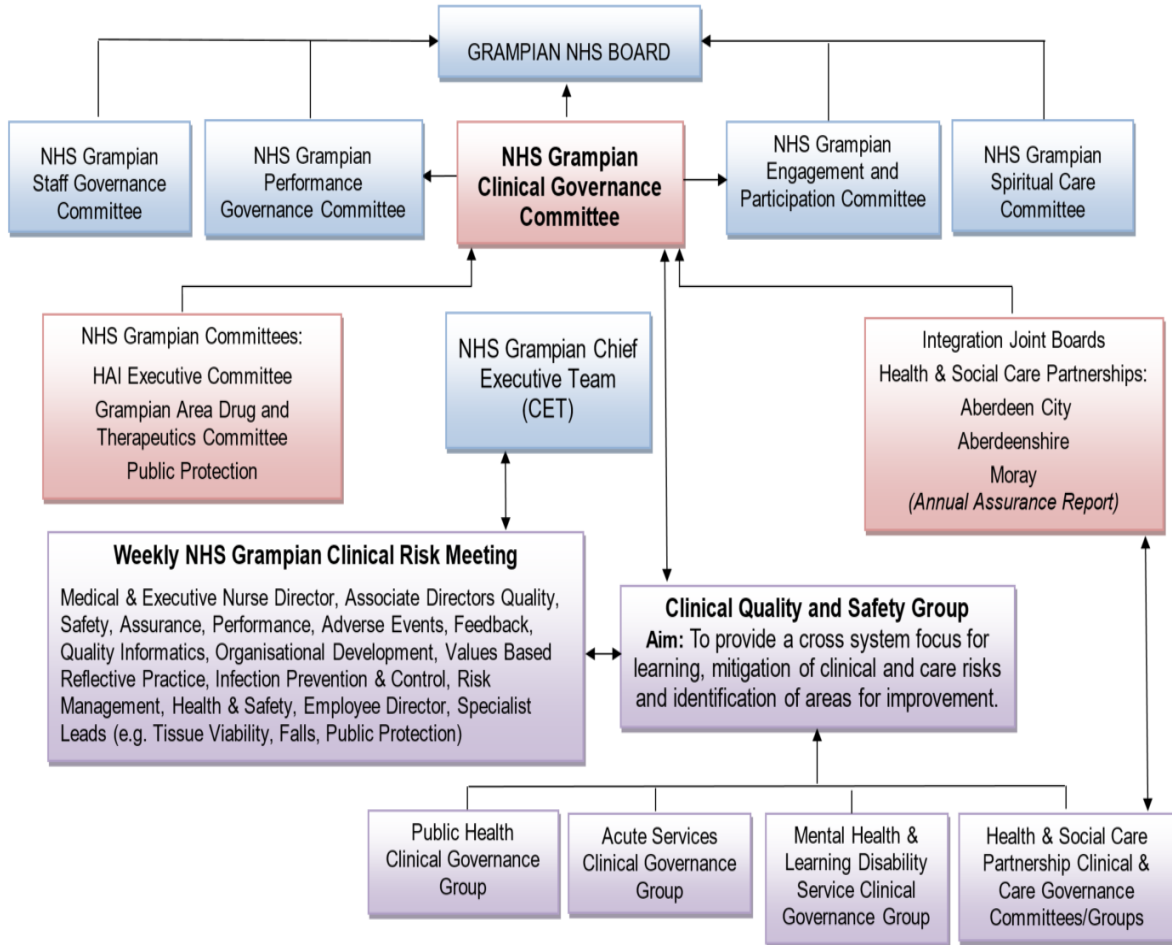
Quality Improvement Groups:

Food, Fluid & Nutrition
Hospital Acquired Infection Group (HAI)
Infection, Prevention and Control (IPC)
Clinical Risk Management (CRM)

APPENDIX 3

Wider System Reporting Framework

NHS



Appendix 4


**Health and Social Care Moray
Clinical & Care Governance Group
To be held on
Thursday **** 1530 - 1700
Meeting via MS TEAMS**



AGENDA

Item	Lead	Ref
1. Welcome & Apologies	Chair	#
2. Minutes of previous meeting	ALL	*
3. Matters Arising	Chair	#
4. Action Tracker	Chair	*
5. Clinical Risk Management (CRM) update presented by Chair		#
6. Items from Practice Governance Group (individual papers to be submitted under Item 7).	CSWO or Deputy	*
7. Reports from: (Pref. max 3 papers) a) b) c)		*
8. Other reports/ updates a) External Reports (for information only) b) e.g. Inspire Quality (quality improvement & assurance newsletter)		* *
9. Items agreed for escalation to Clinical & Care Governance Committee (Led by Chair – full report or inclusion in Exception Report) a)	ALL	
10. AOCB	ALL	#
11. Date of Next meeting		

Appendix 5

Health and Social Care Moray Clinical and Care Governance Group (CCGG)Exception Reporting Template		
Service:	Date of Meeting:	
<i>All reports should have followed own internal governance before being presented at CCGG (this is the responsibility of the author)</i>		
<p><i>All sections need not be annotated if not applicable.</i></p> <p><i>Exception reporting should identify:</i></p> <ul style="list-style-type: none"> • <i>situations/outcomes which may affect patients, staff or if services are at risk/unsafe</i> • <i>weaknesses/risks in current service delivery or evidence/trends that suggest there may be increased risk to patients or staff.</i> 		
1. Area of concern <i>e.g. patient care is at risk of being compromised/risk to staff wellbeing/financial risk/staff recruitment/retention issues</i>		
2. Progress against Action Plans <i>e.g. Audit, Inspections</i>		
3. Duty of Candour event (<i>please give brief outline of event and actions to date/planned actions – do not give identifiable personal information unless a closed session has been requested</i>)		
4. Complaints/Large Scale Inquiries (<i>identify any shared learning from any level, including action taken as a result of a complaint</i>)		
5. Adverse Events – <i>shared learning</i>		
6. Audits/Inspections/Peer Reviews/Quality Improvement Initiatives		
7. Areas of Good Practice/Shared Learning		

8. Other items of Concern	
Report Compiled by:	
Name:	Designation: