



**REPORT TO: CLINICAL AND CARE GOVERNANCE COMMITTEE ON 28
FEBRUARY 2019**

SUBJECT: CLINICAL GOVERNANCE GROUP

BY: CHIEF OFFICER

1. REASON FOR REPORT

- 1.1. To inform the Clinical and Care Governance Committee of progress in developing the Clinical Care Governance Framework in Health and Social Care Moray, with the establishment of a Clinical Governance Group.

2. RECOMMENDATION

2.1. It is recommended that the Clinical and Care Governance Committee:-

- i) consider and note progress made in establishing the Clinical Governance Group (CCG);
- ii) agree exception reporting from CCG to this committee on a quarterly basis; and
- iii) note the actions identified in 4.1 for future reporting on progress to this committee.

3. BACKGROUND

- 3.1. The Clinical and Care Governance Committee have acknowledged over the past 18 months that further work at an operational level was required to provide it with assurance that appropriate governance frameworks were in place to maintain safe, effective and person centred care.
- 3.2. Terms of reference (**APPENDIX 1**) and a meeting structure were developed for a clinical governance group. A reporting schedule (**APPENDIX 2**) and a reporting template (**APPENDIX 3**) will ensure that every service will provide assurance and the information collated will be used to produce a quarterly exception report for the Clinical and Care Governance Committee. A standard agenda has been established that will ensure all areas of activity are covered

(**APPENDIX 4**). A diagram is being developed (**APPENDIX 5**) that shows the groups concerned with clinical safety and assurance for HSCM.

- 3.3. This group will be chaired by the medical lead (Dr Graham Taylor) and will meet monthly.

4. KEY MATTERS RELEVANT TO RECOMMENDATION

- 4.1. An initial meeting of this group was held on 7 February and it was identified that the following areas required further engagement and review :-

4.1.1. Process for engagement and communication with Independent Contractors that will provide assurance around safe, effective and person centred care.

4.1.2. Ligature reduction programme – The clinical governance group was assured that this matter was being discussed with the Asset management team and NHSG estates to identify alternative accommodation for Ward 4 in order to undertake ligature compliance work. Moray Mental Health Services participating with the NHSG ligature reduction programme board. Moray Senior Management Team being appraised. Option appraisal underway and reporting to this group in February.

4.1.3. Develop a process for embedding all learning from adverse event reviews across Health and Social Care Moray.

- 4.2 The CCG Group will monitor progress and continue to report exceptions and evidence of good practice in the quarterly report to this committee with a summary report being submitted annually.

5. SUMMARY OF IMPLICATIONS

(a) Corporate Plan and 10 Year Plan (Local Outcomes Improvement Plan (LOIP)) and Moray Integration Joint Board Strategic Commissioning Plan 2016 – 2019

This report is in accordance with Annex C of the Health and Social Care Integration Public Bodies (Joint Working) (Scotland) Act 2014 Clinical and Care Governance Framework.

(b) Policy and Legal

Clinical and Care Governance requirements are set out within the Moray Health and Social Care Integration Scheme. Appropriate arrangements must be in place to ensure and evidence good governance in meeting duties under the Public Bodies (Joint Working) (Scotland) Act 2014

(c) Financial implications

None directly associated with this report

(d) Risk Implications and Mitigation

Moray Integration Joint Board (MIJB), Moray Council and NHS Grampian could find themselves exposed to significant risks if good governance is not in place. By the development of this group the risk to the organisation will be identified and mitigations and controls managed appropriately. Exception reports will be shared with this committee

(e) Staffing Implications

This activity is core to all practitioners at point of care. The formation of this group allows services to bring areas of clinical governance concerns and good practice for a multi-disciplinary discussion and action.

(f) Property

None directly arising from this report

(g) Equalities/Socio Economic Impact

An equalities impact assessment is not required for inclusion within this report as there is no change in policy.

(h) Consultations

The Chief Officer, Heads of service and Corporate Manager have been consulted on this report and comments incorporated.

6. CONCLUSION

- 6.1. The attached appendices and exception report provide assurance to the Committee that progress is being made in setting up a Clinical Governance group which will report quarterly to Committee.**
- 6.2. This in turn will provide a level of assurance that Governance Frameworks incorporating safe, effective and patient centred care are in place at service level.**

Author of Report: Liz Tait, Head of Clinical and Care Governance
Background Papers: Held by author
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