



# **Role, Remit and Framework of Health and Social Care Moray Clinical Governance Group**

**Date of Issue:**

January 2019

**Date of Review:**

December 2019

**UNCONTROLLED WHEN PRINTED**

**Version 1.1**

## **Health and Social Care Moray, Remit and Framework of the Clinical Governance Group Version 1.1**

### **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)

### **Aim:**

The Health and Social Care Moray (HSCM) Clinical Governance Group is responsible for ensuring that systems and processes are in place across all service areas within HSCM to support clinical governance; providing assurance to the HSCM Operational Management Team (OMT), and HSCM Clinical and Care Governance Committee, that these systems are in place and performing effectively.

Moray Council, NHS Grampian and the 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 HSCM Clinical and Care Governance Committee at an operational level and inform decision making.
- To support and assist HSCM in achieving its clinical governance responsibilities.
- To provide a coordinated and integrated approach to clinical governance across all services.
- To inform, support and advise HSCM staff on clinical 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.

### **Purpose of the Group:**

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

The CGG has a responsibility and accountability to ensure that there are robust mechanisms for reporting clinical governance issues and for providing onward communication to the HSCM Clinical and Care Governance Committee, HSCM Operational Management Team (OMT)

An annual report will be submitted to the HSCM Clinical and Care Governance Committee.

**Membership:**

Membership of the CGG 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. As part of their role as a member of the CG Group, 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 give further insight into a set issue.

**January 2019 - Membership of Health and Social Care Moray Clinical Governance Group includes:**

**Membership\*****Health and Social Care Moray Operational Representation**

- HSCM Clinical Lead (Chair)
- HSCM Head of Primary Care, Prevention and Child Health
- HSCM Interim Acting Health & Wellbeing Lead
- HSCM Service Manager Adults and AHPs
- HSCM Service Manager Children and Young People
- Head of Clinical and Care Governance, Moray Alliance
- Associate Director of Nursing
- AHP Professional Lead

**In Attendance****Specialist/ Professional Advisors\***

- Clinical Governance Coordinator
- Patient / Public Representative
- Sector Lead Pharmacist
- Sector Lead Primary Care
- Quality Improvement Leads
- HSCM AHP Representative
- HSCM Service Manager Dental Services
- HSCM Dental Clinical Lead
- HSCM Out of Hours Service Manager
- HSCM Corporate Manager
- PCCT Manager
- Chair Practice Managers
- HSCM Integrated Service Manager, Mental Health
- Staff side representative

Members are expected to have a deputy, where possible, to ensure attendance is maintained from all representative areas.

See **Appendix B** for Agreed Membership Operational Representation

*\* Membership may be extended as appropriate.*

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

- One member of HSCM Management

- Two Service Managers (one of which must be clinical)
- A member of staff side
- Four Specialist/ Professional Advisors or their deputies

**Frequency of Meetings:**

Meetings will be held monthly, and the Group will continue to provide a quarterly report to the HSCM Clinical and Care Governance Committee.

**Running of Meeting:**

The meeting will be structured as follows;

- Service Reports (these will mirror the sector report model) - each Service will provide a report on a rolling basis. Likely to be quarterly in the first instance
- Quality Reports - these will be presented by work stream leads

Agenda items and papers are invited from each of the above representatives and are submitted to the Clinical Governance Facilitator for distribution. The agenda is set four weeks prior to the meeting by the Clinical Governance Lead and the Head of Clinical Governance for Moray Alliance. The agenda items and papers are sent out to the group one week in advance in preparation for the meeting.

The patient / public representative is given full access to the meetings and written documentation pertaining to that; however, 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 A**)

**Reporting Structure:**

Issues raised within the CG Group are recorded in the within a formal exception report prepared for Operational Management Team

The Framework outlining the CG Groups' reporting structure can be viewed in **Appendix C**.

- Overall accountability is held by the Chief Officer who delegates responsibility to the Clinical Lead, HSCM Head of Primary Care, Prevention and Child Health
- Accountability is escalated to the HSCM Clinical and Care Governance Committee.

**Resources and Budget:**

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

**Appendix A:****Health and Social Care Moray Clinical 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:

- Sector Lead
- Clinical Lead
- General Manager
- Chief Nurse / Nurse Manager
- Clinical Governance Coordinator

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:

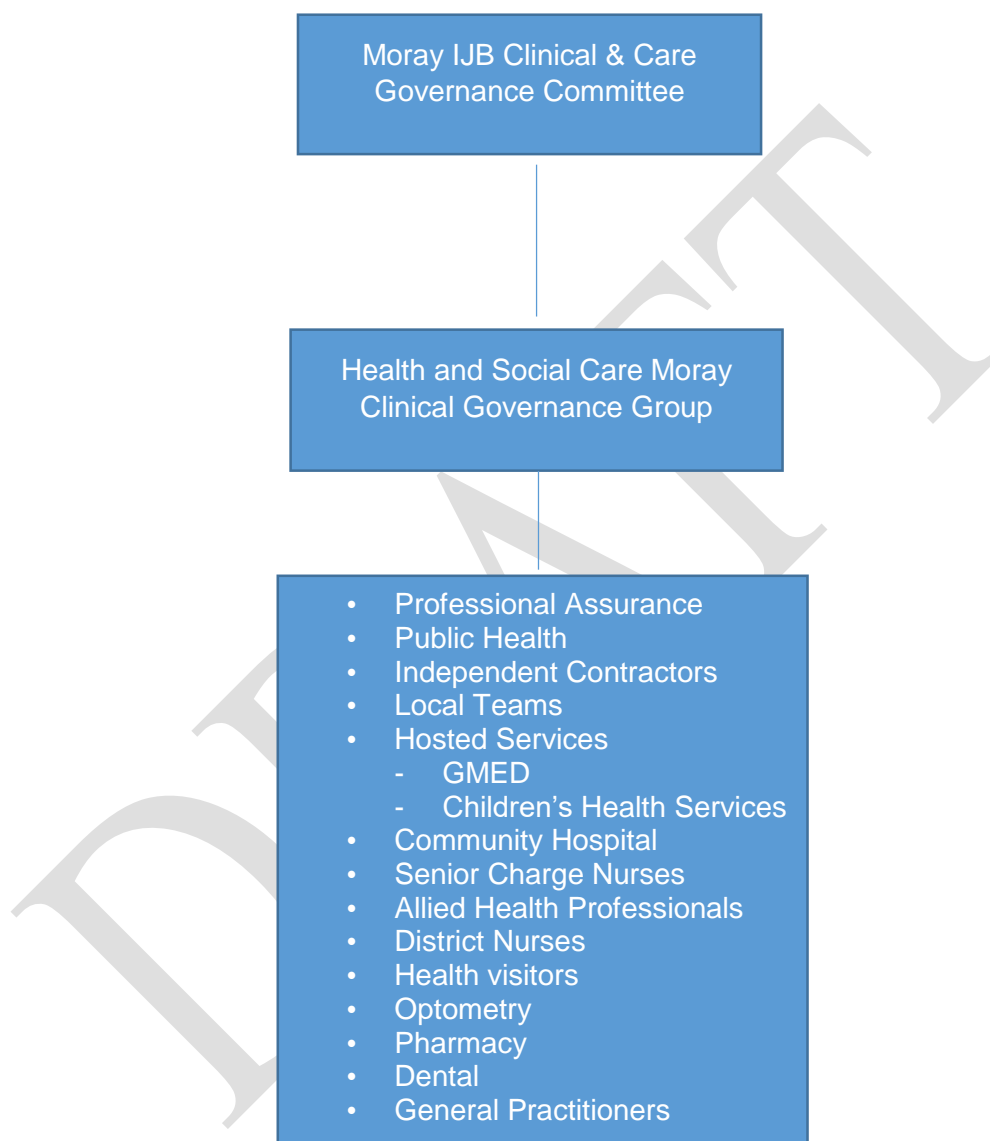
- The review and monitoring of information pertaining to significant event analysis / critical incident review / near miss or untoward incident and is patient or staff sensitive which may be at risk of breaching the Data Protection Act.
- To protect confidentiality in relation to highly sensitive or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

**Appendix B:**

**Health and Social Care Moray Clinical Governance Group – Agreed Membership  
Operational Representation**

- Clinical Lead (Clinical Governance Lead)
- Head of Primary Care
- Clinical Governance Coordinator
- Chief Nurse / Nurse Manager
- Operational Leads
- Sector Staff Side Representatives

**Appendix C – MHSC Clinical Governance Group Reporting Structure.**



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**Appendix D – Quality Report template****Health and Social Care Moray****Quality Assurance Reporting Template****Summary Page (complete this page last)**

<b>Service:</b>	<b>Speciality:</b>
<b>Date of meeting:</b>	
<b>Main items for discussion:</b>	
1. 2. 3.	
<b>Please highlight an Item of good practice:</b>	
<b>Report compiled by:</b>	
<b>Name:</b>	<b>Designation:</b>

## Section 1: New Risks

Please complete one form for each new risk identified

<b>Risk: New</b>	
<b>Risk Register ID:</b>	
<b>Level of Risk:</b>	
<b>Clinical Implications:</b>	
<b>How is the risk currently being monitored:</b>	
<b>What plans are in place to reduce the risk:</b>	

## Section 2: Risk Updates

Please complete one form for each risk being updated

<b>Risk: Update</b>	
<b>Risk Register ID:</b>	
<b>Level of Risk:</b>	
<b>Clinical Implications:</b>	
<b>How is the risk currently being monitored:</b>	

<b>Section 3</b>	<b>Morbidity and Mortality Meetings</b>
	<p>Frequency of meetings:  Date of last meeting:  For each case discussed:</p> <ul style="list-style-type: none"> <li>• Learning points to be addressed</li> <li>• Contributing factors (identification and prioritisation of system wide issues)</li> <li>• Patient and family experience</li> <li>• Lessons learned and action points to mitigate against future occurrence</li> <li>• Measures taken to disseminate learning</li> <li>• Duty of Candour</li> </ul>
<b>Section 4</b>	<b>ADVERSE EVENTS <i>(please report on the lessons identified from major and extreme incidents)</i></b>
	Any major or extremes are either deaths associated with M&M cases or are currently being investigated as Level 1's
<b>Section 5</b>	<b>PROGRESS ON IMPLEMENTING RECOMMENDATIONS FROM OMBUDSMAN CASES</b>
<b>Section 6</b>	<b>AREAS OF ACHIEVEMENT AND GOOD PRACTICE</b>
<b>Section 7</b>	Complaint Overview
<b>a)</b>	<b>Complaints Closed by Early Resolution (ER) or by written response (Investigation) in previous year:</b>
<b>b)</b>	<b>Complaints workload - how many complaints are open and how many of these are overdue in previous year:</b>
<b>c)</b>	<b>The severity of complaints closed in previous year:</b> Graph required
<b>d)</b>	<b>Outcome of complaints closed in previous year:</b> Graph required

<b>e)</b>	<b>The issues complained about in complaints closed in previous year:</b> Graph required
<b>f)</b>	<b>Action taken within service as a result of complaints closed since last report:</b> Graph required

<b>Section 8</b>	<b>Care Opinion</b>								
	<table border="1"> <tr> <td></td><td>Number</td></tr> <tr> <td>Critical Stories</td><td></td></tr> <tr> <td>Non-critical Stories</td><td></td></tr> <tr> <td>Total Stories</td><td></td></tr> </table>		Number	Critical Stories		Non-critical Stories		Total Stories	
	Number								
Critical Stories									
Non-critical Stories									
Total Stories									

<b>Section 9</b>	<b>Adverse Events</b>

<b>Section 10</b>	<b>Duty of Candour Report</b>
	Please report here if the Duty of Candour has been triggered by an event, giving outline of event and actions to date and planned (if not already covered in M and M section)

<b>Section 11</b>	<b>Peer Reviews</b>
	New or on-going actions as a result of peer reviews.

<b>Section 12</b>	<b>External Visits and Inspections by HIS etc.</b>
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	New or on-going actions as a result of External Visits or inspections.
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<b>Section 13</b>	<b>Safety</b>
<b>a)</b>	<b>Falls</b> Data and narrative required
<b>b)</b>	<b>SABS and relevant Health Care Acquired Infections.</b> Data and narrative required
<b>d)</b>	<b>Total Incidents Reported</b> Graph required (incidents by month, year and severity)