Clinical Care and Governance Development

Aim: - To design and implement a streamlined assurance framework, that embeds clinical and care risk management, improvement and assurance across our integrated system and provides safe, effective and person centred care.

This action plan was determined through the translation of ideas generated at the workshop on 8 January 2020.

This action plan and subsequent progress will be reported to Clinical and Care Committee.

To fully progress these actions will require involvement with a wide variety of stakeholders from Health and Social Care Moray staff, NHS Grampian and Aberdeenshire and City HSCP, Professional Leads and Clinical Care Governance Committee.

| | Required Action | Progress | Update | Lead | Timescale |
|---|--|------------------------|---|-------|--|
| Α | Analysis of current arrangements | | | | |
| 1 | Examine meeting structures around clinical and care governance including purpose, attendance, links, frequency | Phase 1 completed | Progressed and reported to MIJB 29/9/20 | | |
| | and opportunities or issues | Phase 2 In progress | Public Protection aspects and links to NHS Grampian Clinical Risk Management Group to be incorporated in HSCM Governance framework – in progress | JN | March 2021 will be completed by March 2022 |
| | | Phase 3 In progress | Children and Families governance arrangements to be reviewed within the proposal for Integration with MIJB. This timeline requires to be extended as the timeline for the request for approval to proceed with integration has extended. | JM/TG | By March 2022 August 2022 |

| 2 | Self-assessment against current standards identified by professional leads, including communication mechanism of performance information | Not yet started | Development of communication mechanism for performance been suspended due to Covid. | Professional Leads/ JN/PMalloy | June – Sept 2021 August 2022 |
|---|--|--------------------|--|--|---|
| 3 | Review current use of DATIX and carry out an option appraisal for development opportunities | underway | This work started but had to be suspended due to Covid. To be taken forward following the ASP inspection when staff resource will be released. | JN/PM | Sept - Dec 2021 May to July 2022 |
| 4 | Seek any identified good practice in other Boards | ongoing | Ongoing through Clinical and Care Governance Group members and networks | All | |
| В | Planning the future model | | | | |
| 1 | Consider the output of the analysis | completed | Report submitted to CCG in February 2020 | | |
| | Identify opportunities to connect to the language used in PAIR (Performance, Assurance, Information and Risk) | completed | discussed at Clinical and Care Governance Group 4/4/21 | All | Jan – Mar 2021 |
| 2 | Design a revised governance structure including :- <u>Phase 1:-</u> Roles - accountability, responsibility, Communication - meeting structures, reports <u>Phase 2:-</u> | In progress | Design reported to MIJB 29/9/20. Phase 1 completed Phase 2 – indicators / measures have been identified but work required to collate into an appropriate dashboard | Clinical leads / CSWO/ JN/ P Merchant | May – July 2021 |
| | Performance – measures and dashboards, | | Phase 3 Workforce planning to be | | March – July |
| | Phase 3:- Culture - staff appraisals | | undertaken and appraisals will be an integral part of this | | 2021 Dec 2022 |

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|---|--|--------------|-------------------------------------|-------------|------------|
| | | | exercise. This has been delayed | | |
| | | | due to Covid | | |
| 3 | Consult on the revised governance | completed | Phase 1 completed - high level | J | Dec 2020 |
| | structure | | governance structure | Netherwood | |
| | | | | | |
| | | | Phase 2 – review and consult on | | |
| | | | process for information flow | J | March 2021 |
| | | | between groups and Clinical and | Netherwood/ | |
| | | | Care Governance Group. | P Merchant | |
| 4 | Identify training requirements | ongoing | Will be identified via employee | Clinical | |
| | | 0 0 | appraisals, workforce planning | Leads, | |
| | | | | CSWO, | |
| | | | | managers | |
| С | Implement the model | | | | |
| 1 | Build a culture of engaged and motivated | | | | |
| | staff:- | | | | |
| | Ensure all staff are informed of the | Suspended | | Clinical | |
| | new model and their individual and | due to Covid | | Leads, | |
| | team roles | | | CSWO, | |
| | | | | managers | |
| | Ensure all staff are trained to the | ongoing | Staff training in essential skills | Clinical | |
| | required standards | | has been ongoing. There will be | Leads, | |
| | | | some training to catch up on | CSWO, | |
| | | | following Covid | managers | |
| | Embed regular appraisal and | Suspended | | Clinical | |
| | performance management in teams | due to Covid | | Leads, | |
| | | | | CSWO, | |
| | | | | managers | |
| | Develop reflective practice and shared | Suspended | Identify opportunities and | P Merchant | |
| | learning opportunities within teams | due to Covid | facilitate discussions and training | | |
| | and across the system | | opportunities | | |
| D | Review the model | | | | |

| Follow up workshop to review progress, | Suspended | Will be scheduled once teams | Proposal April |
|---|--------------|--------------------------------|----------------|
| any areas requiring further attention and | due to Covid | are out of lockdown and | /May 2022 |
| any development opportunities | | operating "business as usual " | |

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