

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.

Since this process was initiated in January 2020, significant disruption has occurred as a result of the Covid-19 Pandemic. The pandemic has led to the redeployment of key staff and resource to other roles and although attempts have been made to restart the process as is, again there has been further disruption.

At this time a full Clinical Governance team is now in place and will remain so over the next 12 months. As a result it is proposed that this project be reviewed, restarted and fully completed and implemented within that 12 month period, i.e. by end September 2023. The following Action Plan outlines this 12 month programme.

	Required Action	Progress	Update	Lead	Timescale
	Phase 1 - Review and Plan				
1	Gap Analysis of previous change process, completed actions, relevance of completed actions in order to determine current relevance. <i>Output – New Action Plan</i>	Completed	Both review of previous plan and consultation with previous teams complete	Elizabeth Tait / Jacqui Shand / Isla Whyte	Completed
2	Gap Analysis of current data management processes. <i>Output – Dashboards and data communication process</i>	Advanced and ongoing with design phase initiated	Being reviewed and undertaking now – output of meetings variable	Jacqui Shand	By end December 2022
3	Gap Analysis and audit of current processes, policies and procedures. <i>Output – identification of those procedures which require upgrading, where process is</i>	Advanced and ongoing	Many processes are in draft form and parts of these are now not fit for purpose following pandemic.	Elizabeth Tait / Jacqui Shand / Isla Whyte	By end December 2022

	<i>required, training requirements, ongoing audit requirements.</i>				
4	Review current standards and anticipate imminent regulatory changes in relation to the formation and structure of HSCP's	ongoing	Under review	Elizabeth Tait / Jacqui Shand	By End of December 2022
5	Undertake a Review of National Good Practice	ongoing	Under Review esp. in relation to up and coming changes to legislation	Elizabeth Tait / Jacqui Shand	By End of December 2022
6	Undertake a review of Covid learnings and positive changes, both within Grampian and in the wider service - to be taken forward and integrated into the ongoing Clinical Governance Framework	ongoing	Scheduled for Workshops	Elizabeth Tait / Jacqui Shand	By End of December 2022
Phase 2 – Design					
1	Create draft framework based on current framework, integrating updated information	Begun	On track	Clinical Governance Team / Consultation	End March 2022
2	Create draft data flow map, dashboard design, data collection points and accompanying overarching process of managing and auditing the collection and communication of critical data in relation to the recognition, quantitative and qualitative interpretation and escalation of Clinical Risk within the organisation	To be initiated	On track	Clinical Governance Team / Consultation	End March 2022
3	Create refreshed organogram, with roles and responsibilities relating to job function	To be initiated	On track	Clinical Governance Team / Consultation	End March 2022

	rather than person to identify accountability and responsibilities throughout the organisational hierarchy.				
4	<p>Training matrix design to identify training requirements for HSCP team – to be integrated into appraisal structures</p> <p>The main themes have been identified:</p> <ol style="list-style-type: none"> <li>1. Dashboards / data requirements/ new kpi's / Datix</li> <li>2. Root cause analysis</li> <li>3. Design and application of organisational controls</li> </ol>	To be initiated	On track	Clinical Governance Team / Consultation	End March 2022
5	<p>Design and timetable series of workshops throughout the next 12 months to consult and communicate to the HSCP team in order to facilitate ongoing upskilling and implementation of new framework</p> <p><b>Leadership Workshop 1</b></p> <p>Senior Management Team review and consultation carried out on proposed structure. The first workshop comprises of</p> <ol style="list-style-type: none"> <li>i. a review of all process drafts and full consultation on new</li> <li>ii. Identification of Leadership roles, responsibilities and actions throughout the project to implement new structure to build a culture of consensus and strong leadership on the future model – ONE HSCP structure</li> </ol>	<p>To be initiated</p> <p>To be initiated</p>	<p>On track</p> <p>On track</p>	<p>Clinical Governance Team / Consultation</p> <p>Clinical Governance Team / Heads of service / Senior management teams</p>	<p>End March2022</p> <p>February 2022</p>

	rather than the current divided NHS vs Council dialogue				
	Implementation				
1	<b>Workshop 2</b> Full Service Introduction of new structure expectations and tools <ul style="list-style-type: none"> <li>i. Roll out dashboards, kpi's to collect data from January 2023</li> <li>ii. Present HSCP unified clinical governance management processes, policies and procedures</li> <li>iii. Management of Clinical governance – required meetings and data sharing</li> </ul>	To be initiated	On track	Clinical Governance Team	May / June 2023
2	Implement renewed system of meetings	To be initiated	On track	Service managers	May / June 2023
3	Implement new system of data collection utilising dashboards and working to kpi's	To be initiated	On track	Service Managers	May / June 2023
4	Ongoing monitoring to snag issues and training requirements throughout the roll out period – Conducted through ongoing reflective practice and open door processes to collect positive feedback and innovation from staff at all levels	To be initiated	On track	Clinical Governance Team	May - Ongoing 2023
5	Two weekly senior management / heads of service meetings – short progress meetings with very limited agendas designed	To be initiated	On track	Clinical Governance Team / Heads of Service	May - Ongoing 2023

	specifically to snag any issues during the project implementation phase				
	Review				
1	Implement improved and robust systems for monitor and review of the process to ensure new systems are maintained and subject to continual improvement processes – audit diary	To be initiated		Clinical governance team / service managers	Initiate January 2023
2	Harvest data from improved systems of trapping and monitoring positive outcomes and learnings from within the clinical governance framework to imbed shared learnings across the HSCP – Building positive behaviour spirals – through meeting structures	To be initiated		Clinical governance team / service managers	Initiate January 2023
3	Ongoing staff appraisals – to ensure ongoing competency	To be initiated		Clinical governance team / service managers	Initiate January 2023
4	Sequence of three further workshops throughout the rest of 2023 in order to imbed and normalise new practices and build competency	To be initiated		Clinical Governance Team	Initiate January 2023
5	Annual Review workshop for HSCP Leadership Team – To review legislation, best practice, the last year's performance of the system, kpi setting.	To be initiated		Clinical Governance Team / Heads of Service	January 2024