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**REPORT TO: MORAY INTEGRATION JOINT BOARD CLINICAL AND CARE GOVERNANCE COMMITTEE 24 FEBRUARY 2022**

**SUBJECT: PROGRESS UPDATE ON CLINICAL AND CARE GOVERNANCE DEVELOPMENTS**

**BY: CHIEF OFFICER**

**1. REASON FOR REPORT**

- 1.1. To provide an update to the Clinical and Care Governance Committee of the developments in relation to governance arrangements and assurance framework following the workshop in January 2020.

**2. RECOMMENDATION**

**2.1. It is recommended that the Committee considers and:-**

- i) **notes the governance arrangements during the continuing response to Covid-19;**
- ii) **notes the update on progress with output from the Clinical and Care Governance Workshop held in January 2020 outlined in APPENDIX 1; and**
- iii) **agrees to the scheduling of a follow up workshop in April/May 2022**

**3. BACKGROUND**

- 3.1. The national Clinical and Care Governance Framework 2013 provides Integration Authorities with an overview of the key elements and principles that should be reflected in the clinical and care governance processes implemented by Integration Authorities.
- 3.2. To fulfil this requirement there is a need for Moray Integration Joint Board (MIJB) and Health and Social Care Moray (HSCM) to ensure that they provide assurance that effective arrangements are in place to ensure there is:-
  - Relevant Health and Social Care professionals held accountable for standards of care provided.
  - Effective engagement with communities and partners and improved health and wellbeing outcomes are being met.

- Effective scrutiny of the quality of service performance to inform improvement priorities.
- Clear learning and improvements generated from effective systems.
- Support for staff if concerns are raised relating to safe service delivery.
- Clear lines of communication and professional accountability from point of care to Executive Directors and Chief Professional Officers accountable for clinical and care governance.

- 3.3. A Clinical and Care Governance Workshop was held in Elgin on 8 January 2020, the output reported to this committee on 27 February 2020 (para 9 of the minute refers) and a progress update on the finalised action plan provided on 25 February 2021 (para 7 of the minute refers.) Two of the five key themes of areas for improvement identified by the workshop were to:
- Declutter and simplify the existing reporting mechanisms and provide clarity for accountability and responsibility
  - Seek clarification from NHS Grampian, Moray Council and professional leads of their assurance requirements.

#### **4. KEY MATTERS RELEVANT TO RECOMMENDATION**

##### **Lockdown February 2021 to date**

- 4.1. The clinical and care governance group, clinical risk management and practice governance groups of HSCM have continued during the period, albeit at times, at a less frequency during peaks of Covid due to the demands being placed on all services across the system. They have now all been reinstated to their normal frequencies.
- 4.2. The response group has continued to meet weekly (Tuesday) and when necessary increased the frequency including a Friday due to the pressures on delayed discharges, care homes infections and staffing issues across a variety of services caused by Covid infections or track and trace. This meeting is being stood down following agreement by attendees on 15 February 2022. If the situation escalates it will be stood up again.
- 4.3. During this period the Care Home Oversight Group has, at times of pressure, met daily and has facilitated governance of the care homes, managing the infection control, response and provision of support. This meeting has also been the conduit for planning and co-ordinating the implementation of the lateral flow devices across all services of Health and Social Care Moray for all staff that have contact with people they provide care to. It has also had oversight and provided support to internal care at home services and services provided by external providers with regard to queries and issues arising as a direct result of Covid-19. Currently this meeting is taking place three times and given the reducing pressures it will move to meeting weekly next week.

##### **Clinical and Care Governance Workshop – progress update**

- 4.4. Evidence of progress on implementation of the draft action plan, agreed by Clinical and Care Governance Committee in February 2020, was submitted to Moray Integration Joint Board in September 2020. This related to the review and documentation of the governance framework surrounding clinical and care governance.

- 4.5. The action plan, attached at **APPENDIX 1** to this report, was submitted to the clinical and care governance group on 4 February 2021 for consideration and comment. Progress has been updated but some areas have not been progressed whilst staff resources were allocated to frontline service delivery.
- 4.6. The items in the plan were considered to be the areas of key focus however following discussion with the Clinical and Care Governance Leads and Chair of this committee, it is now considered the appropriate time for a follow up workshop to be held. This would enable consideration of the experiences of the last two years, identification of any residual impacts or changes to governance for services and systems that need to be incorporated, and to review the priorities, amending where necessary, to ensure that the plan is fit for purpose. It is intended that Clinical and Care Governance Committee members, Clinical and Care Governance Group members and others with specific roles be invited to attend.
- 4.7. Following the workshop the plan would be updated, submitted for approval to this committee and the implementation of the plan will be overseen by the clinical and care governance group with updates to be provided to this committee on a six monthly basis.

## **5. SUMMARY OF IMPLICATIONS**

- (a) **Corporate Plan and 10 Year Plan (Local Outcomes Improvement Plan (LOIP)) and Moray Integration Joint Board Strategic Plan “Moray Partners in Care 2019 – 2029”**  
Governance arrangements are integral for the assurance of the delivery of safe and effective services that underpins the implementation of the strategic plan.
- (b) **Policy and Legal**  
The Public Bodies (Joint Working) (Scotland) Act 2014 requires Health Boards and Local Authorities integrate adult health and social care services. This paper outlines the work being undertaken to ensure that the clinical and care governance framework for HSCM and partners, provides a clear understanding of the contributions and responsibilities of each person and how these are integrated.
- (c) **Financial implications**  
There are no financial implications arising as a direct result of this report.
- (d) **Risk Implications and Mitigation**  
The work that is being undertaken to improve the links between stakeholders and clarify the governance framework will further strengthen provision of assurance and reduce the likelihood of negative impacts to the system.
- (e) **Staffing Implications**  
There are no staff implications arising as a direct result of this report.
- (f) **Property**  
There are no property implications arising as a direct result of this report.

**(g) Equalities/Socio Economic Impact**

An Equality Impact Assessment is not required because there are no changes to policy as a result of this report.

**(h) Climate Change and Biodiversity Impacts**

No climate change or biodiversity implications have been determined for this report.

**(i) Consultations**

Consultations have taken place with the Chief Officer, Chief Financial Officer, Jane Mackie, Head of Service and Chief Social Work Officer, Sam Thomas, Chief Nurse and Sean Coady Head of Service and their comments have been incorporated in the content of this report.

## **6. CONCLUSION**

- 6.1 This report provides an overview of the return to normal business for clinical and care governance following the Covid-19 pandemic. It also outlines the plan for development of governance arrangements following widespread impacts of Covid-19.**

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Background Papers: with author

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