



Meeting of East Renfrewshire Health and Social Care Partnership	Integration Joint Board
Held on	20 March 2019
Agenda Item	10
Title	Clinical and Care Governance Proposals
<p>Summary</p> <p>The purpose of this paper is for the Integration Joint Board to consider updating the Terms of Reference for the Clinical and Care Governance Committee. The proposed changes have been discussed at the Clinical and Care Governance Committee and at a development workshop in February 2019. The main items for consideration are:</p> <ul style="list-style-type: none"> ▪ Change of formal status from Committee to Group ▪ Frequency of meetings ▪ Public attendance ▪ Prioritisation of content ▪ Membership & Chair 	
Presented by	Dr Craig Masson, Clinical Director
<p>Action Required</p> <p>Integration Joint Board members are asked to:</p> <ul style="list-style-type: none"> - note the report - approve the proposed changes to the Terms of Reference - revoke the formal status of the Clinical and Care Governance Committee. 	
<p>Implications checklist – check box if applicable and include detail in report</p>	
<p> <input type="checkbox"/> Finance <input checked="" type="checkbox"/> Policy <input type="checkbox"/> Legal <input type="checkbox"/> Equalities <input type="checkbox"/> Risk <input type="checkbox"/> Staffing <input type="checkbox"/> Directions <input type="checkbox"/> Infrastructure </p>	

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EAST RENFREWSHIRE INTEGRATION JOINT BOARD

20 March 2019

Report by Clinical Director

CLINICAL AND CARE GOVERNANCE PROPOSALS

PURPOSE OF REPORT

1. To ask the Integration Joint Board to consider proposed updates to the Terms of Reference at appendix 1. Proposed changes include the timing and frequency of meetings, the issue of public presence at the meetings, the formal status of the Committee to be revoked in favour of the informal status of Group, the membership, the chairing arrangements and the mandatory reports to be included at each meeting.

RECOMMENDATION

2. Integration Joint Board members are asked to:
 - note the report
 - approve the proposed changes to the Terms of Reference
 - revoke the formal status of the Clinical and Care Governance Committee.

BACKGROUND

3. The current Terms of Reference for East Renfrewshire's Clinical and Care Governance Committee are at least three years old. There have been some significant changes in personnel over the past two years, including a new Clinical Director and a new Chief Nurse. They considered that it was time to review Clinical and Care Governance arrangements to ensure they were meeting legislative and partner body requirements.
4. A Development Workshop was held with members of the Clinical and Care Governance Committee on 6th February to discuss the current arrangements and potential changes.

REPORT

5. The Clinical Director, Chief Nurse and Chief Social Work Officer looked at the structure and content of the Committee and believed that some items should be simply for noting and others should be given more time to be discussed in greater depth.
6. East Renfrewshire are the only HSCP allowing public access to the Clinical and Care Governance Committee, which is felt to be a potential barrier to frank and open discussion about confidential individual and personal situations.
7. The issues of formal committee structure open public access and papers and content of the Clinical and Care Governance Agenda were discussed at the Development Workshop on 6th February 2019. The outcomes of this workshop have shaped the Terms of Reference as presented in appendix 1.

8. The main items for consideration are:
 - Change of formal status from Committee to Group
 - Frequency of meetings
 - Public attendance
 - Prioritisation of content
 - Membership & Chair
9. It should be noted that the Clinical and Care Governance Group will continue to report to the Integration Joint Board and Minutes, once approved by the Group will be shared with the IJB. In addition, inspection reports for HSCP services will be shared via the Performance and Audit Committee.

CONSULTATION AND PARTNERSHIP WORKING

10. Representatives from both the Clinical and Care Governance Committee and the Senior Management Team of the HSCP attended the development event held 6 February 2019.

IMPLICATIONS OF THE PROPOSALS

Policy

11. This report recommends a change to current Clinical and Care Governance arrangements but is in line with the Integration Scheme, national guidance and partner body expectations.
12. There are no implications in relation to finance, staffing, infrastructure, risk, equalities, legal or directions

CONCLUSIONS

13. The Clinical and Care Governance Group should aim to operate in accordance with the purpose, role, responsibilities and terms of reference set out in appendix 1.
14. The Clinical and Care Governance Group should review its membership, role and remit on an annual basis to ensure that these remain fit for purpose, and any recommended changes should be submitted to the Integration Joint Board for approval.
15. Whilst we will seek approval from the Integration Joint Board to make the proposed changes, this will not impact on the Integration Scheme and no amendments will be required as it does not identify the Clinical and Care Governance Group as a formal committee of the Integration Joint Board.

RECOMMENDATION

16. Integration Joint Board members are asked to
 - note the report
 - approve the proposed changes to the Terms of Reference
 - revoke the formal status of the Clinical and Care Governance Committee.

REPORT AUTHOR AND PERSON TO CONTACT

Craig Masson, Clinical Director
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February 2019

Chief Officer, IJB: Julie Murray

BACKGROUND PAPERS

None

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**EAST RENFREWSHIRE HEALTH & SOCIAL CARE PARTNERSHIP
CLINICAL AND CARE GOVERNANCE GROUP**

TERMS OF REFERENCE

AIM

The Clinical and Care Governance Group will work in accordance with the Clinical and Care Governance Framework as set out by the Public Bodies (Joint Working) (Scotland) Act 2014, which details the following 'Five Process Steps to Support Clinical and Care Governance':

1. Information on the safety and quality of care is received
2. Information is scrutinised to identify areas for action
3. Actions arising from scrutiny and review of information are documented
4. The impact of actions is monitored, measured and reported
5. Information on impact is reported against agreed priorities

FUNCTION

The Clinical and Care Governance Group (CCGG) will ensure that the requisite structures and processes are in place to assure the Integration Joint Board (IJB), NHS Greater Glasgow & Clyde Health Board (NHS GGC) and East Renfrewshire Council (ERC) that these structures and processes are providing services which are safe, effective, person centred and responsive to local need.

OBJECTIVES

- To oversee the development of the Clinical and Care Governance Strategy.
- To ensure that clear strategic objectives for Clinical Governance are supported by an Action Plan with identified action owners.
- To ensure that appropriate linkages are established across key partner agencies in relation to the provision of care for East Renfrewshire's residents.
- To ensure mechanisms are in place for monitoring the quality of care, patient/service user/informal carers' safety and patient/service user/informal carers' experience, including mechanisms for monitoring of third and independent sector providers.
- To provide regular reports to the Integration Joint Board, Strategic Development Group, Professional Advisory Group, Primary Care & Community Governance Group, NHS Board Clinical Governance Committee, East Renfrewshire Council scrutiny committees and others as appropriate.
- To review the Clinical and Care Governance Annual Report.
- To take account of the issues and recommendations from the Chief Social Work Officer Annual Report which is required under statute.
- To ensure that National Guidance is appropriately implemented.

- To establish robust arrangements for quality improvement, audit, incident investigation, review and organisational learning across the HSCP. This can be instigated from internal and external scrutiny.
- To ensure the HSCP implements systems to monitor registration and compliance of professional staff including Fitness to Practice.
- To consider any matters of clinical or professional practice or governance brought to the attention of the Integration Joint Board by the Council or the Health Board where these have implications beyond Social Care services for the Council or beyond the HSCP in respect of health.
- To ensure that clear strategic objectives for governance are agreed, delivered and reported through the development of an annual Clinical and Care Governance workplan.
- The CCGG should review its membership, role and remit on an annual basis to ensure that these remain fit for purpose, and any recommended changes should be submitted to the Integration Joint Board for approval

REPORTING ARRANGEMENTS

The CCGG will report to the Integration Joint Board. An organisational structure chart is attached Appendix 1.

Approved Minutes from the CCGG will be available for the Integration Joint Board.

The CCGG will provide an exception report to the Primary Care & Community Governance Forum (PCCCG) at each meeting for the purposes of reporting at the next PCCCGF.

The CSWO will provide the CCGG with their Annual report.

The Clinical Director will provide the CCGG with their Clinical Governance Annual Report.

Both these reports will be made available to the Integration Joint Board each year and the Clinical Governance Annual report will also be submitted to the NHS GGC Board Clinical Governance Committee.

The CCGG will receive appropriate updates from the locality groups of any relevant issues, which require highlighting. Updates from the Adult Support and Protection Committee, the Infection Control group, and Child Protection Committee will be provided at each meeting.

Updates concerning new and Emerging Risks will also be considered by the CCGG.

The Group will also consider minutes / updates from the PCCCGF, and take cognisance of other Board Governance Forums, specifically Mental Health and Learning Disability Fora and appropriately consider the impact of any recommendations made for the HSCP, and take appropriate steps to instigate any actions.

Any additional minutes or matters of concern relevant to Clinical and Care Governance from other HSCP, Health Board or Council groups should be brought to the attention of the CCGG by the relevant senior team leads.

The CCGG will be empowered to form sub-groups as required to ensure completion of specific work streams.

The CCGG will also periodically review its own effectiveness to the satisfaction of the Chief Officer.

MEMBERSHIP

IJB Voting Member - Council
 IJB Voting Member - NHSCCG
 Chief Officer
 Chief Social Work Officer
 Clinical Director
 Chief Nurse
 Allied Health Professional Lead
 Local GP
 Pharmacy Lead
 Community Pharmacy Lead
 Prescribing Lead
 Optometry Lead
 Service users' representative
 Carers' representative
 Senior management of the HSCP

The Group meetings will be chaired by [TO BE AGREED] with an appropriate delegated vice chair when required.

Other representatives of the HSCP, the Council and the Health Board may be invited to attend meetings as requested and appropriate. The Group may also wish to invite appropriate professional representatives from third sector or independent sector providers if considering an issue or an incident that involves external providers.

If a member is unable to attend there should be an approved deputy who should attend in their place.

Members should treat the agenda and papers for CCGG meetings as confidential and comply with data protection requirements in respect of identifiable personal information.

PROCEDURES

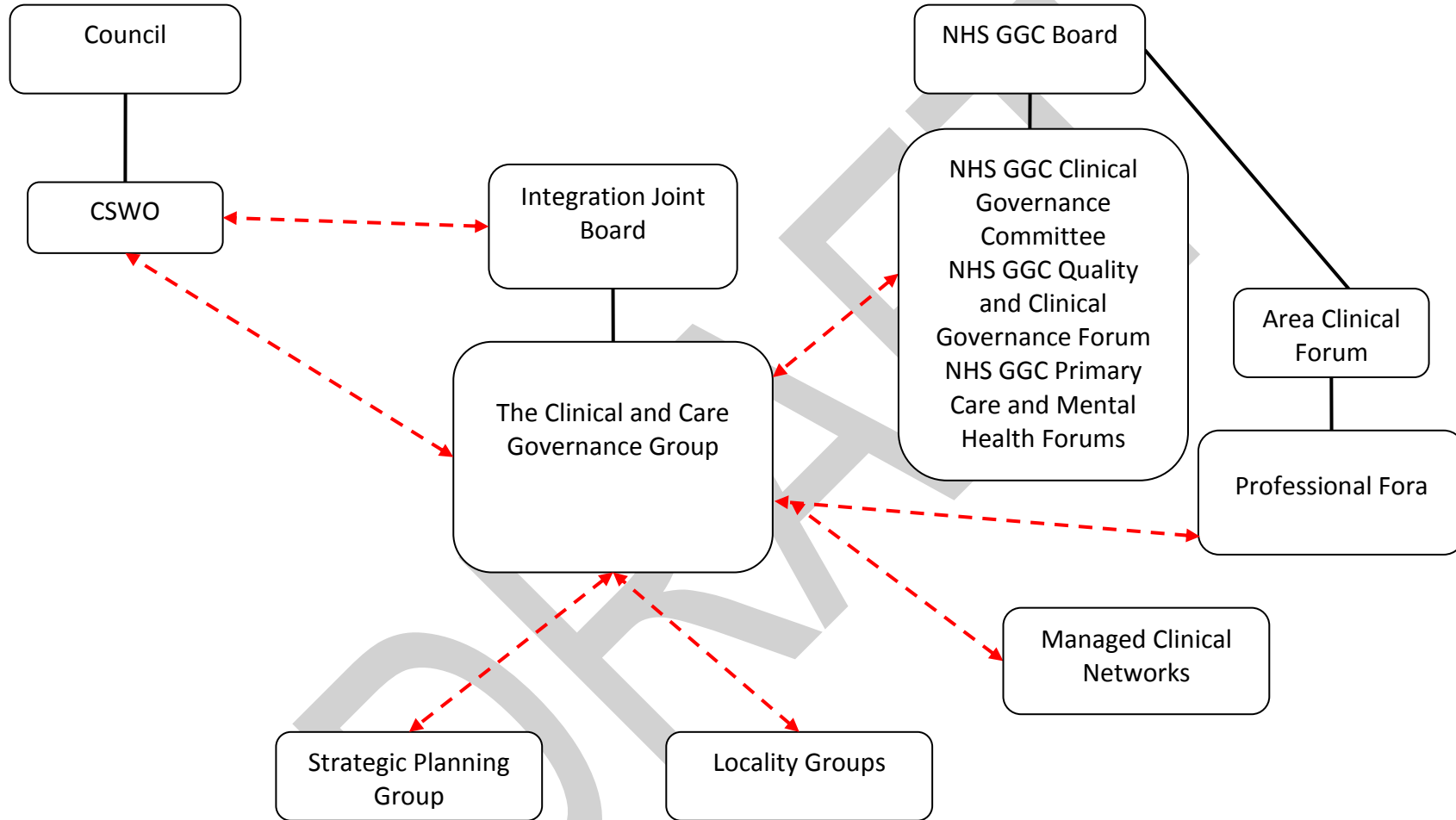
The CCGG will meet every quarter, ahead of the PCCCGF, with an agenda and papers being provided to members not less than one week prior to the meeting.

- All agenda items to be provided not less than ten days prior to the meeting, for inclusion on the agenda.
- Meetings will be held in an appropriate venue which will be notified to members in advance of each meeting.
- Meetings will be scheduled for 12 months in advance, and will not be rearranged unless necessity dictates.
- In order for meetings to be deemed quorate, at least half of all members must be present or represented (i.e. 1 voting member present).
- A formal minute of each meeting will be recorded and circulated to members within 4 weeks of the meeting taking place.

Minutes of the meetings will be provided to the Integration Joint Board once approved by the CCGG. The draft minutes will be ratified at the following meeting of the CCGG after any comments and amendments as appropriate have been received.

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Clinical and Care Governance Structure



KEY:

Reporting / Accountability —————

Provision of advice <----->

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