



<b>Meeting of East Renfrewshire Health and Social Care Partnership</b>	Integration Joint Board
<b>Held on</b>	17 February 2016
<b>Agenda Item</b>	8
<b>Title</b>	Clinical and Care Governance
<b>Summary</b>	
<p>This paper proposes that the Integration Joint Board establishes a Clinical and Care Governance Committee. It gives a brief overview of the review of the former CHCP Care Governance arrangements and will inform the board members of the proposed composition and draft remit for discussion.</p>	
<b>Presented by</b>	Kate Rocks, Head of Children & Families and Criminal Justice (CSWO)
<b>Action required</b>	
<p>It is recommended that the IJB:-</p> <ul style="list-style-type: none"> <li>▪ Create a Clinical and Care Governance Committee, the remit and powers of which are set out in the report</li> <li>▪ Agree the composition of the committee</li> <li>▪ Appoint members of the committee</li> </ul>	
<b>Implications checklist – check box if applicable and include detail in report</b>	
<input type="checkbox"/> Financial	<input checked="" type="checkbox"/> Policy
<input type="checkbox"/> Efficient Government	<input type="checkbox"/> Staffing
<input type="checkbox"/> Legal	<input type="checkbox"/> Property
<input type="checkbox"/> Equalities	<input type="checkbox"/> IT

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**EAST RENFREWSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP****INTEGRATION JOINT BOARD****Report by Chief Officer****CLINICAL AND CARE GOVERNANCE****PURPOSE OF REPORT**

1. The purpose of this report is to create a Clinical and Care Governance Committee of the Integration Joint Board (IJB) and agree its remit and powers.

**RECOMMENDATION**

2. It is recommended that the IJB:-
- Create a Clinical and Care Governance Committee, the remit and powers of which are set out in the report
  - Agree the composition of the committee
  - Appoint members of the committee

**BACKGROUND****Clinical and Care Governance Requirements**

3. NHSGGC, East Renfrewshire Council and the Integration Joint Board have a shared responsibility for establishing “*A robust system for assuring high standards in the delivery of safe, personalised and effective health and social care services.*” National Clinical & Care Governance Integration Working Group.

4. Clinical and care governance is the process by which the quality of health and social care is monitored and assured. It should create a culture where delivery of the highest quality of care and support is understood to be the responsibility of everyone working in the organisation - built upon partnership and collaboration within teams and between health and social care professionals and managers.

5. National guidance on the establishment of integrated clinical and care governance sets out five Key Principles which should be taken into account locally

- Clearly defined governance functions and roles are performed effectively.
- Values of openness and accountability are promoted and demonstrated through actions.
- Informed and transparent decisions are taken to ensure continuous quality improvement.
- Staff are supported and developed.
- All actions are focused on the provision of high quality, safe, effective and person-centred services

### Review of CHCP Care Governance Arrangements

6. The former CHCP had a Care Governance Sub-committee which brought together both clinical and care governance for the first time, well in advance of other areas in Scotland. The sub-committee oversaw a detailed Care Governance workplan that included a number of audits and improvement activities. The CHCP Care Governance Sub-committee was one of the examples of good practice reviewed in developing national guidance for integration on health and care governance.

7. The Clinical Director and Chief Social Work Officer considered that it would be helpful to reflect on these former CHCP Care Governance arrangements before moving forward to establish Clinical and Care Governance arrangements for the Health and Social Care Partnership. A review workshop took place with members of the former Care Governance Sub-committee on 14 January.

8. Participants in the review workshop recognised the pioneering work that the Care Governance Sub-committee had carried out but felt that a more focused agenda should allow the IJB to have an overview of assurance, improvement and risk. Participants were keen to have an increased emphasis on learning to support a culture of improvement, the HSCP vision and with the touchstones being fundamental to the delivery of high quality services. This could be supported by the use of more qualitative information alongside quantitative data reports

9. The workshop consensus was that the CHCP Care Governance Sub-committee benefited from elected member and non-executive member leadership; a committed regular attendance from CHCP staff and management and the support of Committee Services. In addition, review participants considered that the new structure should give greater recognition of the advisory roles of the professional leads, in addition to public protection leads and more opportunities to understand the user and patient journey and experience.

### **REPORT**

10. The following remit for the proposed Clinical and Care Governance Committee has been developed following a review of national guidance and former CHCP Care Governance arrangements.

#### Remit

11. The role of the Clinical and Care Governance Group will be to consider matters relating to Strategic Plan development, governance, risk management, service user feedback and complaints, standards, education, professional registration and validation, learning, continuous improvement and inspection activity.

12. Specifically the committee will be responsible for the following:

- Providing assurance to the IJB, the Council and NHS, via the Chief Officer, that the Professional standards of staff working in Integrated Services are maintained and that appropriate professional leadership is in place.
- Review significant and adverse events and ensure learning is applied.
- Support staff in continuously improving the quality and safety of care.
- Ensure that service user/patient views on their health and care experiences are actively sought and listened to by services.
- Re-energise a culture of quality improvement through understanding what works and ensure that this is embedded in the organisation.

### Membership

13. Membership of any committee established by the IJB must comprise an equal number of voting members from both the Health Board and the Council. It is proposed that the membership comprise 2 voting members (1 from the Health Board and 1 from the Council).

14. Committee membership must include the Chief Officer who has delegated responsibilities, through the Parties' Chief Executives, for the Professional standards of staff working in Integrated Services. and the Professional Advisors to the Integration Joint Board; the Chief Social Work Officer, Clinical Director and Professional Nurse Advisor. .In addition it is proposed that the lead for Allied Health Professionals, local GPs and Pharmacists be asked to provide additional professional advice to the Committee. It is further suggested that a representative from each of the service user, carers, Third Sector and Independent Sector groups be appointed as members. Trade union representation from the Joint Staff forum would also strengthen the membership and a union representative should also be appointed to the committee.

15. Full details of the proposed membership are outlined in the attached appendix.

16. The Clinical and Care Governance Committee may in due course wish to co-opt appropriately qualified individuals from other sectors to join its membership as it determines, or as is required given the matter under consideration. This may include NHSGGC professional committees, managed care networks and Adult and Child Protection Committees.

### Chair

17. As the Chair of the Performance and Audit Committee established by the IJB is one of the voting members appointed by the Council, it is proposed that the Chair of the Clinical and Care Governance Committee be one of the voting members appointed by the Health Board. The committee will meet at least three times each financial year.

## **CONSULTATION**

18. The remit of the Committee has been prepared in consultation with the former members of the CHCP Care Governance Committee, including professional advisors, representative from NHSGGC's Clinical Governance, IJB's Chief Financial Officer and Trade Union representation from Joint staff forum.

## **PARTNERSHIP WORKING**

19. We anticipate third sector and independent sector participation as co-opted members of the Clinical and Care Governance Committee.

## **IMPLICATIONS OF THE PROPOSALS**

### Policy

20. This report responds to Scottish Government guidance on clinical and care governance.

Staffing

21. None

Property

22. None

Legal

23. None

IT

24. None

Equalities

25. None

**CONCLUSIONS**

26. The IJB has recognised the need to establish a Clinical and Care Governance Committee for assuring high standards in the delivery of safe, personalised and effective health and social care services. A draft remit for the Committee has been prepared for consideration.

**RECOMMENDATIONS**

27. It is recommended that the IJB:-

- Create a Clinical and Care Governance Committee, the remit and powers of which are set out in the report
- Agree the composition of the committee
- Appoint members of the committee

**REPORT AUTHOR AND PERSON TO CONTACT**

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**BACKGROUND PAPERS**

[Scottish Government Clinical and Care Governance Framework](#)

**KEY WORDS**

Clinical and Care Governance, assurance, quality, patient safety, learning

## Appendix 1

### Clinical and Care Governance Committee – Membership

- 1 x voting member of the IJB (Council)
- 1 x voting member of the IJB (NHSGGC)
- Chief Officer
- Chief Social Work Officer
- Clinical Director
- Professional Nurse Advisor
- Allied Health Professional Lead
- 1 x local GP
- 1 x local pharmacist
- 1 x service users' representative
- 1 x carers' representative
- 1 x Third Sector representative
- 1 x independent sector representative
- 1 x trade union representative

NB It will be open to the committee to co-opt additional members as it considers appropriate.

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