CLINICAL AND CARE GOVERNANCE ASSURANCE ARRANGEMENTS

Aim

1.1 This report provides an update to the Integration Programme Board on Clinical and Care Governance Assurance Arrangements including:

- An overview of the current clinical and care governance reporting arrangements within NHS Borders and Scottish Borders Council (SBC)
- Next steps in the development of a clinical and care governance system following integration

Background

2.1 National Context: In any revised integrated arrangements there is a requirement for robust and effective governance, accountability and liability arrangements in order to ensure the delivery of safe, effective, person centred and quality services.

2.2 Work is underway at a national level via the clinical and care governance national project board to publish guidelines on this important area for integration. Scottish Borders have representation on this board and are fully engaged in this significant piece of work.

3.1 Current Arrangements: A small Clinical and Care Assurance Group has been working to map out existing assurance systems and processes and will consider further requirements for the partnership which will be reported to the Board in line with the requirements for the Integration Scheme.

Membership of the Clinical and Care Governance Assurance Group includes:

Chief Social Work Officer	Director of Nursing and Midwifery
Chief Officer, Health and Social Care Integration	Medical Director and Chief Officer
Service Development Manager - SBC	Head of Quality and Clinical Governance

3.2 The mapping exercise is included in Appendices. Appendix one outlines the current NHS Borders arrangements for clinical and care governance reporting, the core business of existing groups and the oversight and assurance given to the Audit, Clinical Governance and Public Governance Committees of Borders NHS Board. Appendix two outlines the current SBC governance arrangements, committees and their responsibilities as set out in the Councils current scheme of governance. SBC reporting on clinical and care governance happens within this structure. The working group are currently preparing a comparative description of how the existing structures and processes deal with similar situations, e.g. a serious incident involving a patient/client, a quality of care concern or a complaint.

3.3 It will be important in the new arrangements that the shadow board is clear about the arrangements for clinical and care governance for the range of service areas in the integration plan and are assured that these are robust.

3.4 In terms of advice to the shadow board the Chief Social Work officer and agreed clinical professional lead(s) will attend board meetings and thereby be available to advise the board on clinical and care governance matters. In addition papers for agreement by the Integration board will be distributed for consultation and comment to key professional leads in advance of meetings.

3.5 In terms of quality assurance and clinical incident reporting it will be important that clear links are made with existing public protection arrangements including current Adult Protection, Child Protection and Multi Agency Public Protection Arrangements (MAPPA). The Director of Nursing and Midwifery and Chief Social Work Officer are currently members of these committees and have a leadership role to ensure that robust protection processes are in place to ensure the safety of individuals and communities.

3.6 Where critical incidents occur there are already clear processes in the Borders for multi-agency reviews and it is proposed that this continues and regular update reports are made to the board as these relate to joint services.

3.7 The handling of complaints is a further key issue. Currently a clear process is in place to deal with complaints in relation to joint services such as the learning disability services. Discussions are currently underway to ensure that appropriate screening take place and there is a clarity about which agency leads on complaints according to the issue and relevance to the service area or professional issue raised.

3.8 The Chief Social work officer is currently Vice Chair of the strategic planning workstream and it will be important that as the strategic and workforce plan is developed professional advisors and staff are engaged in discussions about priorities and the development of joint services in relation to quality assurance, professional standards and resilience.

Recommendations

The Integration Shadow Board are asked to **note** the ongoing work regarding Clinical and Care Governance.

Policy/Strategy Implications	The content of the ongoing work outlined will be sponsored by the proposed Clinical and Care Governance Group to be formed under the Shadow Board. Within NHS Borders the Healthcare Governance Steering Group and Clinical Strategy Group will be kept fully engaged as will the Adult Services Manager Group and Social Work Senior Management Team within SBC.
Consultation	As above
Risk Assessment	In compliance
Compliance with requirements on	In compliance

Equality and Diversity	
Resource/Staffing Implications	Services and activities provided within agreed resource and staffing parameters

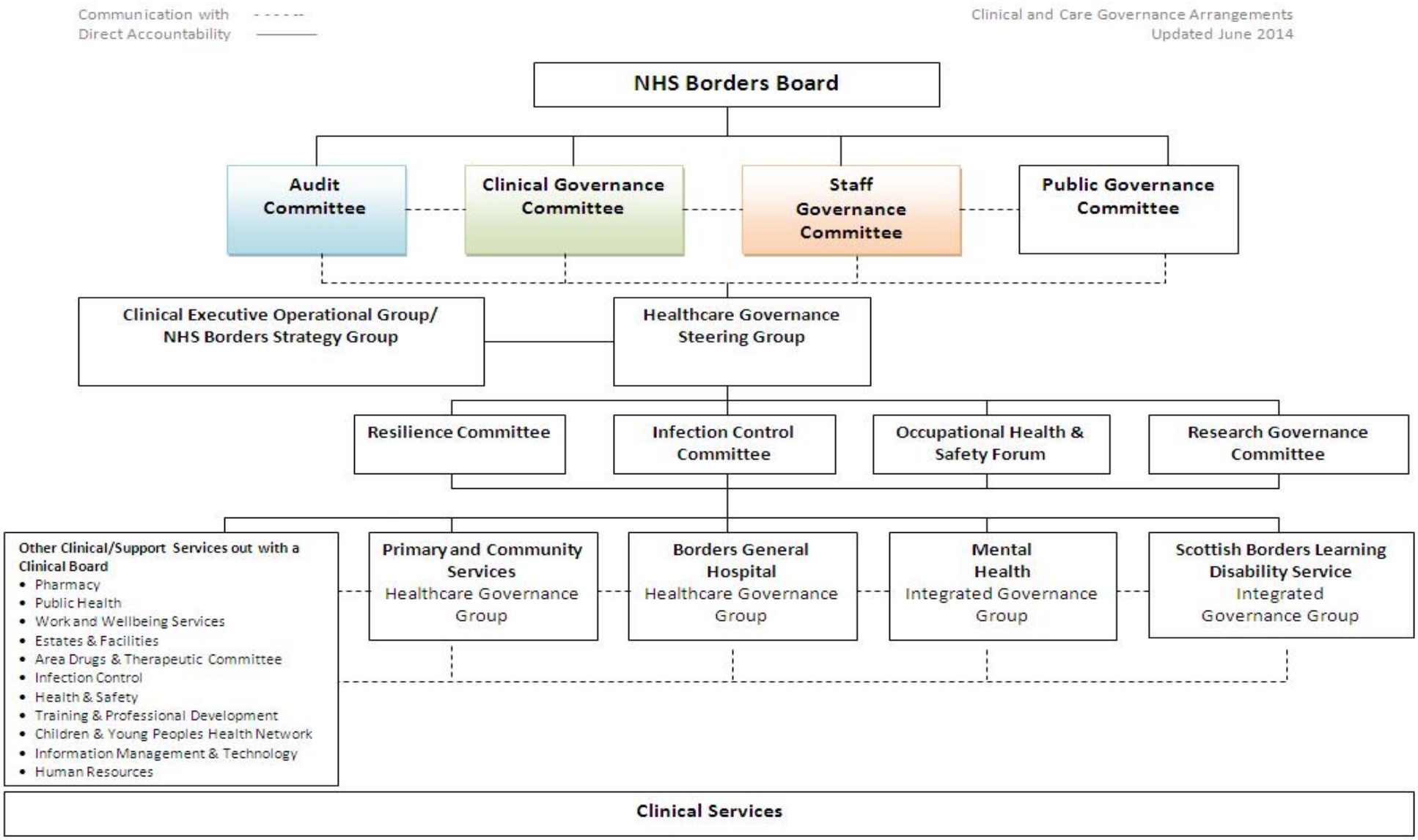
Approved by

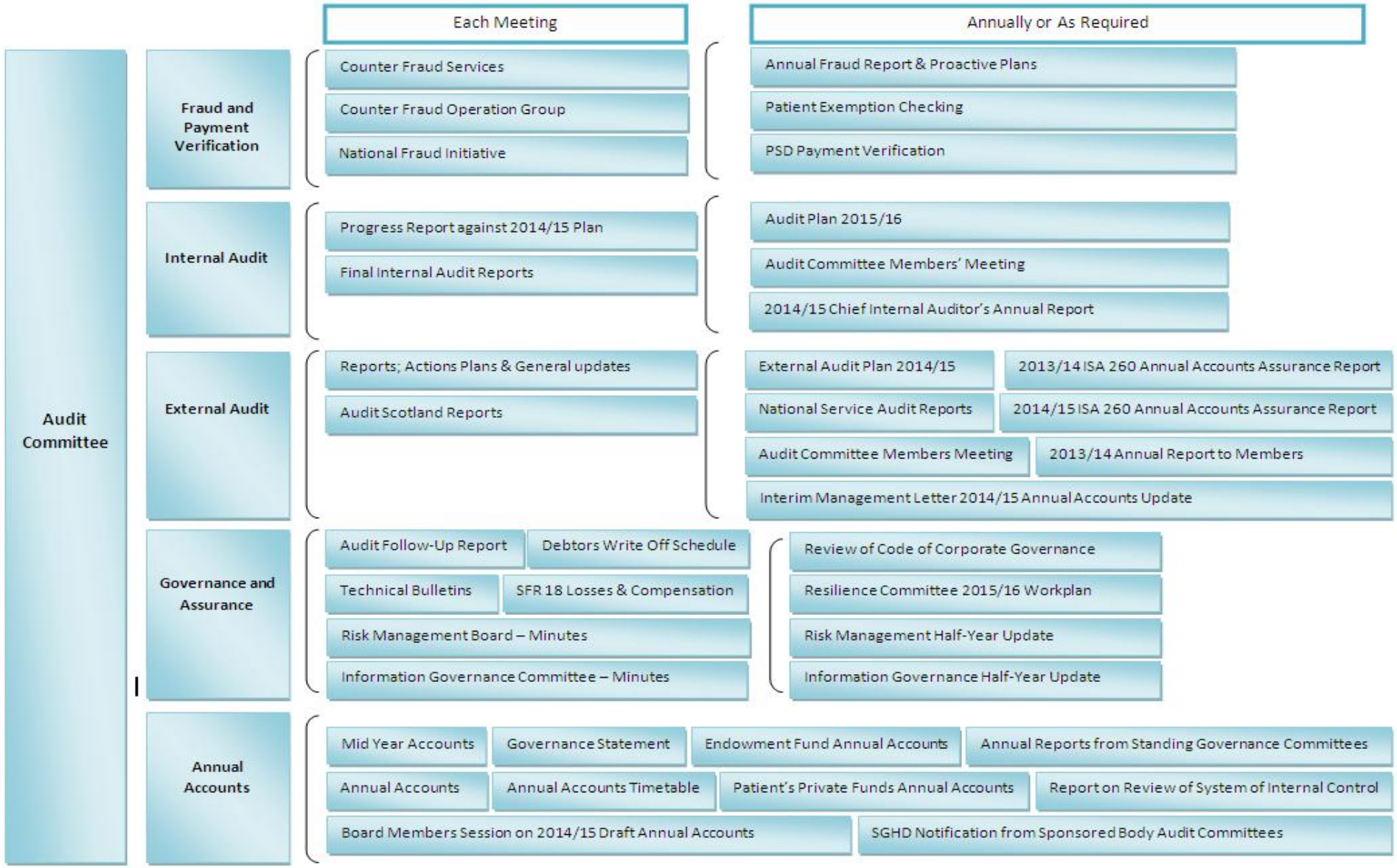
Name	Designation	Name	Designation
Evelyn Rodger	Director of Nursing and Midwifery	Elaine Torrance	Chief Social Work Officer
Susan Manion	Chief Officer, Health and Social Care Integration		

Author(s)

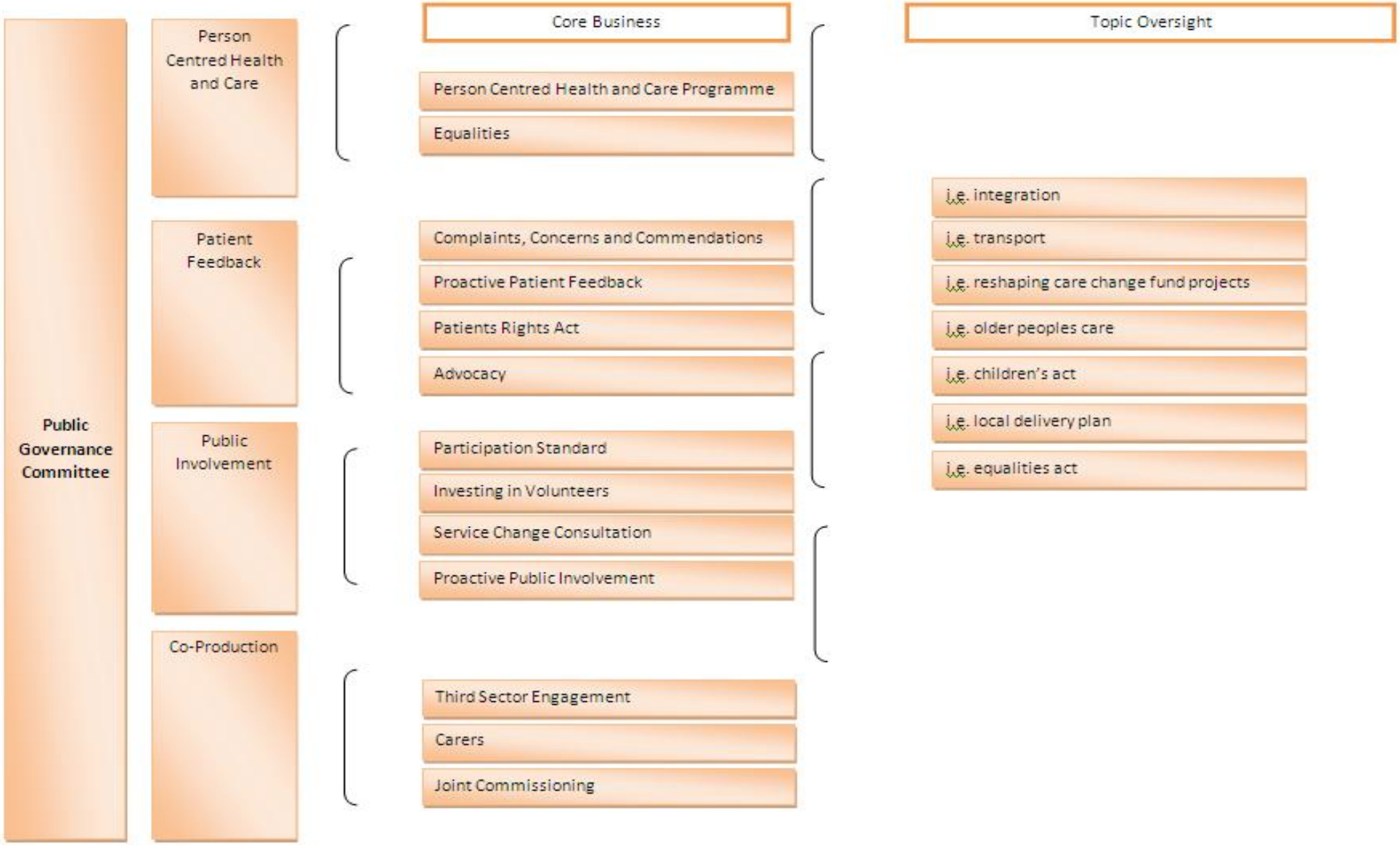
Name	Designation	Name	Designation
Laura Jones	Head of Clinical Governance and Quality	Michael Curran	Service Development Manager

Appendix 1 – NHS Borders – Current Clinical and Care Governance Reporting Arrangements

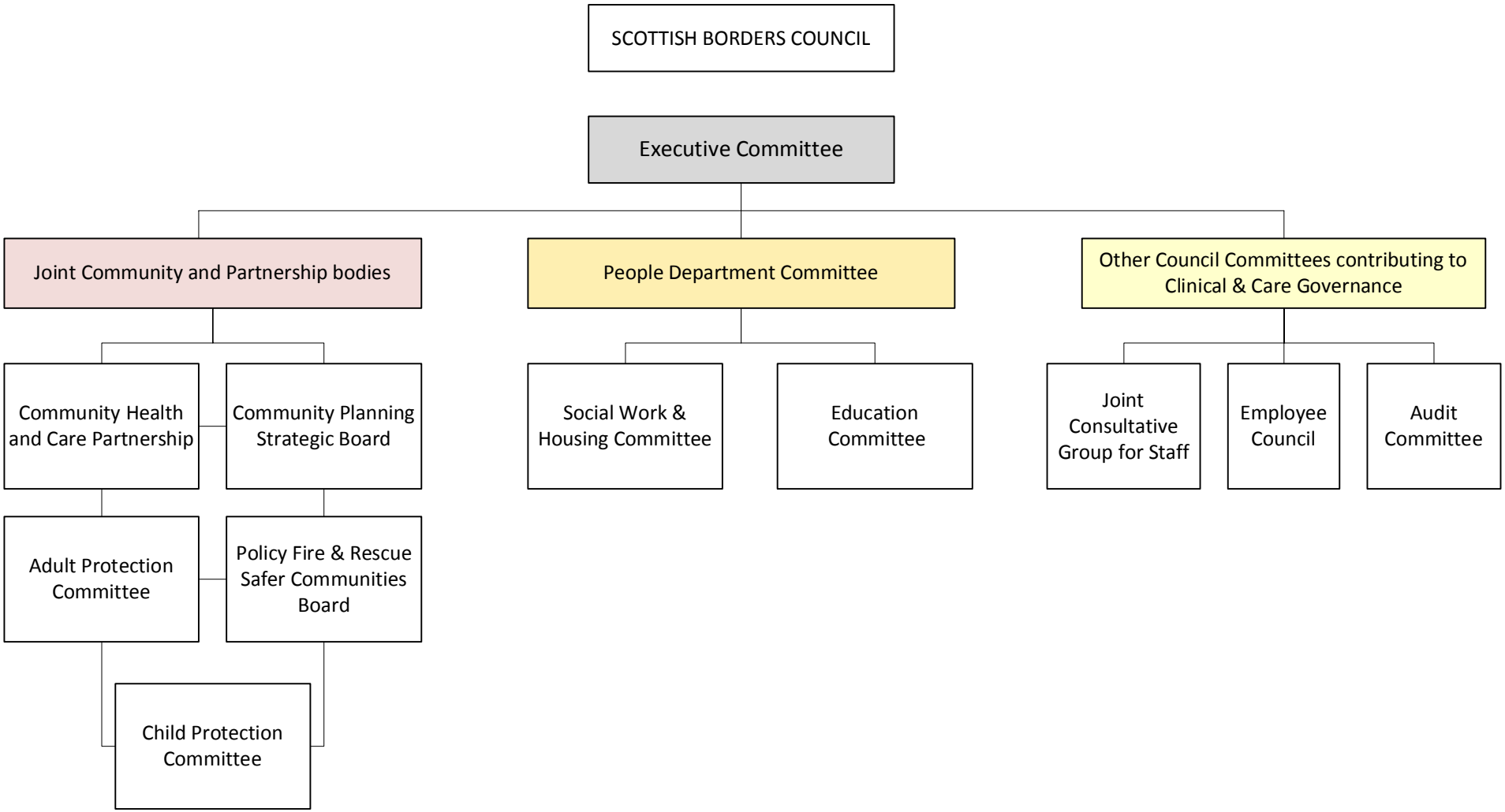



Audit Committee
Each Meeting
Annually or As Required
Fraud and Payment Verification
Counter Fraud Services
Counter Fraud Operation Group
National Fraud Initiative
Annual Fraud Report & Proactive Plans
Patient Exemption Checking
PSD Payment Verification
Internal Audit
Progress Report against 2014/15 Plan
Final Internal Audit Reports
Audit Plan 2015/16
Audit Committee Members' Meeting
2014/15 Chief Internal Auditor's Annual Report
External Audit
Reports; Actions Plans & General updates
Audit Scotland Reports
External Audit Plan 2014/15
2013/14 ISA 260 Annual Accounts Assurance Report
National Service Audit Reports
2014/15 ISA 260 Annual Accounts Assurance Report
Audit Committee Members Meeting
2013/14 Annual Report to Members
Interim Management Letter 2014/15 Annual Accounts Update
Governance and Assurance
Audit Follow-Up Report
Debtors Write Off Schedule
Technical Bulletins
SFR 18 Losses & Compensation
Risk Management Board – Minutes
Information Governance Committee – Minutes
Review of Code of Corporate Governance
Resilience Committee 2015/16 Workplan
Risk Management Half-Year Update
Information Governance Half-Year Update
Annual Accounts
Mid Year Accounts
Governance Statement
Endowment Fund Annual Accounts
Annual Reports from Standing Governance Committees
Annual Accounts
Annual Accounts Timetable
Patient's Private Funds Annual Accounts
Report on Review of System of Internal Control
Board Members Session on 2014/15 Draft Annual Accounts
SGHD Notification from Sponsored Body Audit Committees

Clinical Governance Committee
Patient Safety
Person Centred Care
Clinical Effectiveness
Assurance
Each Meeting
Annually or As Required
Infection Control
Adverse Events
Hospital Standardised Mortality
Patient Safety Programme:
Adult Acute
Mental Health
Maternity
Primary Care
Paediatrics
Specialist Programmes
Infection Control
Adverse Events
Blood Transfusion
Mortality Review
Suicide
Severe Maternal Morbidity
Adult Protection
Child Protection
Patient Feedback
Person Centred Health & Care Programme:
Co-Production
Leadership
Staff Experience
Care Experience
Occupational Health
Complaints and Feedback
Clinical Board Governance
Inspections and Reviews
Clinical Effectiveness Programme:
Medical Revalidation
Clinical Audit
Clinical Policy & Guidelines
Research & Innovation
Patient Information
Care of Older Adults
Dementia Care
Maternity Services
Children's Services
Pharmacy
Polypharmacy
Medical Appraisal
Public Health
Risk Management
Clinical Governance Committee Work Plan
Risk Management
Self Assessment CGC
Annual Report CGC


Public Governance Committee
Person Centred Health and Care
Patient Feedback
Public Involvement
Co-Production
Core Business
Person Centred Health and Care Programme
Equalities
Complaints, Concerns and Commendations
Proactive Patient Feedback
Patients Rights Act
Advocacy
Participation Standard
Investing in Volunteers
Service Change Consultation
Proactive Public Involvement
Third Sector Engagement
Carers
Joint Commissioning
Topic Oversight
i.e. integration
i.e. transport
i.e. reshaping care change fund projects
i.e. older peoples care
i.e. children's act
i.e. local delivery plan
i.e. equalities act

Appendix 2 – Scottish Borders Council – Current Clinical and Care Governance Reporting Arrangements



	Responsibilities
EXECUTIVE COMMITTEE	Identify the requirement for any in-depth policy or practice review
	Review the effectiveness of all the Council's work and the standards and levels of services provided
	Act as a focus for value for money and service
	Consider the training, development and welfare of all staff

		Responsibilities
Joint Community and Partnership Bodies	Community Health and Care Partnership	All governance arrangements relating to services delivered in partnership through the Scottish Borders health and care partnership Board with NHS Borders
	Community Planning Strategic Board	Approve a strategy to achieve the objectives of the Community Planning Partnership
		Consider and make recommendations, if required, on any aspects of Community Planning, in terms of issues or improvements
		Provide effective commitment and leadership and facilitate agreement between partners on the strategic priorities for the area
	Police Fire & Rescue and Safer Communities Board	Assess the adequacy and effectiveness of the Scottish Borders Safer Communities Plan
		Consider statistical reports on complaints on policing, fire and rescue, and safer communities in the Scottish Borders.
	Adult Protection Committee	Develop and implementation of an interagency strategy for Adult Protection
		Production, distribution, maintenance and review of agreed interagency procedures, guidelines and codes of practice
		To ensure compliance with current legislation and national policy in relation to Adult Protection
		Reviewing significant cases (including 'adults at risk' fatalities)
		Ensuring that interagency training needs are identified and me
	Child Protection Committee	Distributing and ensure compliance with agreed inter-agency procedures, guidelines and codes of practice.
		Provision and dissemination of information on the protection of children and young people to the general public.
		Facilitating co-operation with the review of critical cases Ensuring
		Ensuring that inter-agency training needs are identified and met.

People Department

	Responsibilities
Social Work and Housing Committee	Review of policies and strategies Receive regular summaries of external inspection reports and key actions Act as a focus for value for money and service quality Consider any matters raised by the Chief Social Work Officer
Social Work Complaints review sub committee	Review of responses made to complaints
Education Committee	Not directly involved in Integrated Services however as part of the People Department linkages e.g. Child Protection will need to be made

Council Committees contributing to C&C&

	Responsibilities
Employee Council	Share information and promote communication between Council management and staff
Joint Consultative Group for Staff	Consultation on matters relating to terms and conditions of employment, health & safety and welfare of all Council employees except Teachers
Audit Committee	The Assessment of the adequacy and effectiveness of the Council's risk Management arrangements The review of external audit plans and arrangements for effective liaison between external and internal audit The monitoring of responses to recommendations contained within external audit repots and the implementation of such recommendations