

1. Introduction: Clinical and Care Governance

The ambition to provide high quality care, and commitment to continuously improve the safety and quality of health and social care is central to the way we work within West Dunbartonshire. This ambition is supported by the statutory Duty of Quality (Health Act 1999). Additionally, we must take account of many legislative and national and local policy requirements (Appendix 1) which have a major impact on the quality of care experienced by service users, carers and families. The framework of arrangements put in place to meet these related responsibilities is referred to as Clinical and Care Governance.

Clinical and Care Governance is the process by which accountability for the quality of health and social care is monitored and assured, while supporting staff in continuously improving services using recognised quality improvement methodologies, and ensuring that poor performance is identified and addressed. Effective clinical and care governance arrangements need to be in place to support the delivery of safe, effective, person centred health and social care services.

The clinical and care governance process applies to all services provided and commissioned by the Health and Social Care Partnership. Clinical and Care Governance is the responsibility of all who work within or on behalf of the organisation, delivery therefore requires an integrated approach with an emphasis on joint working and collaboration.

To this end it is recognised that scrutiny and assurance requires to be further strengthened with wider inclusion of social work and social care services within Clinical and care Governance Scrutiny arrangements. One of the Statutory roles and function of the Chief Social Work Officer (CSWO) is to ensure the quality of social work services as defined in revised guidance issued in July 2016 by the Scottish Government in relation to section 5(1) of the Social Work (Scotland) Act 1968. Section 15 of the guidance sets out CSWO responsibilities for Values and Standards as follows

- promote values and standards of professional practice, including all relevant national Standards and Guidance, and ensure adherence with the Codes of Practice issued by the Scottish Social Services Council for social service employers.
- work with Human Resources (or equivalent function) and responsible senior managers to ensure that all social service workers practice in line with the SSSC's Code of Practice and that all registered social service workers meet the requirements of the regulatory body;

- Establish a Practice Governance Group to link with relevant Clinical and Care Governance arrangements designed to support and advise managers in maintaining and developing high standards of practice and supervision in line with relevant guidance, including, for example, - the Practice Governance Framework: Responsibility and Accountability in Social Work Practice (SG 2011);
- Ensure that the values and standards of professional practice are communicated on a regular basis and adhered to and that local guidance is reviewed and updated periodically. We will build on the existing professional and service governance arrangements in place in NHS Greater Glasgow and Clyde Health Board (NHSGGC) and West Dunbartonshire Council (WDC) as our HSCP clinical and care governance arrangements mature and develop across integrated arrangements. As West Dunbartonshire HSCP continues to integrate governance mechanisms for services within partnerships we must ensure that core principles and elements of clinical and care governance are consistently and effectively applied and coordinated across the full range of services including all service areas within HSCP, services commissioned by the HSCP and third sector providers.

In order to deliver enhanced scrutiny across social work services a Sub group of Clinical and Care Governance will be implemented in 2022 and chaired by the CSWO to ensure robust reporting on practice standards and performance across all social work services. A regular report on the quality of all commissioned services and external quality assurance and oversight arrangements will be available for scrutiny.

West Dunbartonshire HSCP Clinical and Care Governance Group (WDHSCP CCGG) 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

WDHSCP CCG will also take cognisance of the seven core components of Clinical and Care Governance as set out by NHS Greater Glasgow & Clyde:

1. Client-centred services
2. Developing and applying the knowledge base for professional practice
3. Safe and reliable services
4. Enhancing clinical effectiveness
5. Quality assurance and accreditation
6. Supporting and developing practitioners
7. Information, communication and co-ordination

2. West Dunbartonshire HSCP Clinical and Care Governance Group:

2.1 Purpose

Within the Health and Social Care Partnership the Chief Officer is accountable for ensuring the clinical and care governance requirements specified in the approved integration schemes are appropriately discharged.

The aim in monitoring clinical and care quality aligned to the principles of good governance, is to engage and involve people in ensuring clinical and care quality is associated with public transparency, meaningful accountability requirements and robust organisational arrangements for clinical governance.

WDHSCP CCGG will ensure that effective arrangements, structures and procedures are in place to support oversight and scrutiny of care quality in order to provide assurance that all services delivered or commissioned by the HSCP are safe, effective, person centred, responsive to local needs and support clinical and care staff to continuously improve health and social care services in order to enhance the lives and health of those within our community. The group will provide this assurance to West Dunbartonshire Integration Joint Board, NHS Greater Glasgow and Clyde Health Board (NHSGGC&CHB) and, West Dunbartonshire Council (WDC).

2.2 Membership:

Chief Officer

Clinical Director

Chief Nurse

Head of Strategy and Transformation

Head of Mental Health, Addictions and Learning Disability

Head of Community Health and Care

Head of Children's Health, Care and Justice Services / Chief Social Work Officer

NHSGGC Musculoskeletal Physiotherapy and Diabetic Retinopathy Service Manager (Lead AHP)

Clinical Risk Co-ordinator

The chair will be shared by the Clinical Director and Chief Social Work Officer with the Chief Nurse as the delegated vice chair when required.

2.3 Reporting Arrangements:

- The Clinical and Care Governance Group (CCGG) has an advisory function. Decisions of the CCGG require ratification by the HSCP Senior Management Team by the Integration Joint Board.
- West Dunbartonshire HSCP CCGG will report via the HSCP Senior Management Team to the Integration Joint Board. An organisational structure chart is attached Appendix 2.
- 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 the 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 GG&C 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 Governance Forums, specifically Mental Health and Learning Disability Fora, Specialist Children's Services, Social Work and Social Care Governance Forum and appropriately respond and 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 Heads of Service e.g. reports from external scrutiny bodies regarding HSCP or commissioned services, or via exception reports from local service areas clinical and care governance fora.
- The Care home Oversight Group will report regularly to the HSCP Group providing assurance on quality and viability of these services
- All external inspection reports on all HSCP and commissioned services will be shared with the CCGF and assurance provided to the forum regarding progress with improvement plans.
- A social care and social work sub group will be developed to ensure enhanced oversight of social work and social care services. This will include oversight and scrutiny group on a quarterly basis prior to reporting at the Audit and Performance Board :
 1. All reports of care services delivered by the HSCP and regulated by the care inspectorate with the associated improvement plans .
 2. All reports of services regulated by the care inspectorate commissioned by the HSCP with improvement plans reported on a quarterly basis.
 3. Adult Care Home inspection activity or notifiable concerns will be considered by the Care Home Collaborative and notified to CCG sub group for scrutiny and assurance. (Discuss with Val and wider CCG)
 4. Notifiable incidents reported to the care inspectorate for commissioned and HSCP Services will be reported to the sub-group on a quarterly basis by service area.
 5. Social Care and social work complaints and any agreed learning activity will be identified and reported by service area. (to be discussed with Laura Goodwin of what can be built in)

6. Development activity of KPI for all social care and social work services where this is delivered by the HSCP and developing an agreed reportable data set for social work and care services . (what can we currently report on currently re statutory duties of care)

Secure detentions

Mental health detentions

Guardianship. / AWI

CPC/APC reported to Committee and PPCOG not for CCG

Statutory reviews for children and adults in Care

MLA and My Assessment and plan activity by service area

Supervision and Case Recording (is this audit only or can be reportable form care first)

Missing children and adults

New episodes of care children and adults

Individual placement agreements (children)

IRF 2

7. Training and learning opportunities for social work and care staff is reported and any gaps identified. (development form co-ordinator role) what we pay for is it reportable ?
HR ?

Mandatory training requirements – key roles

Skills passport what can we run /add

Core management training

8. Assurance is reported regarding service oversight of SSSC registration.

9. Service audit and self evaluation

2.4 Responsibilities:

The WDHSCP CCG responsibilities will be applied in a manner that reflects the specific nature of services in integrated settings. It is appreciated that ongoing adaptation will be required to embrace the concepts of shared health and social care governance.

The Responsibilities of the CCGG are

- To oversee the development of a Clinical and Care Governance Strategy.

- To ensure that clear strategic objectives for Clinical and Care 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 West Dunbartonshire'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 HSCP Senior Management Team, Integration Joint Board, Primary Care & Community Governance Group, NHS Board Clinical Governance Committee, West Dunbartonshire Council scrutiny committees and others as appropriate.
- To produce a Clinical and Care Governance Annual Report. The CSWO is responsible under statute for producing the CSWO report each year which goes to West Dunbartonshire Council. Under integrated arrangements the CCGG should take into account issues and recommendations from the CSWO report.
- 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 consider the implications of Hosted Services and their governance detailed in Appendix 3.
- The CCGG will ensure that clear strategic objectives for governance are agreed, delivered and reported through an annual Clinical and Care Governance action plan. This will include actions to promote the key components of Clinical and Care Governance and to ensure that arrangements are in place to deliver improvement in the quality of services for the population of West Dunbartonshire.
- Ensure all services comply with the statutory requirements and duties with reference to appropriate national standards for clinical and quality and patient safety (including those commissioned from contractors or jointly provided with other organizations)
- Provide assurance that local leadership arrangements ensure the requirements of clinical governance are embedded in services and are in line with related policies, with clear accountability for key clinical and care risks or quality priorities associated with their services
- The CCGG will annually review its own effectiveness and report to the Chief Officer
- The CCGG may form sub-groups as required to ensure completion of specific work streams.
- HOS will hold their own clinical and care governance meetings for their service areas and report from these to the HSCP clinical and care governance group

2.5 Procedures:

The Terms of Reference will be agreed by the CCGG. The Terms of Reference will be formally reviewed every 2 years. Out with the formal review, changes to the terms of reference may be proposed at any meeting of the group with due notice of the proposed change having been submitted via the secretariat support. Any change shall only become operative after consideration and approval by the group.

The CCGG will meet quarterly 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.
- 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.

Appendix 1

[Health Act 1999 \(legislation.gov.uk\)](http://legislation.gov.uk)

[Equality Act 2010: guidance - GOV.UK \(www.gov.uk\)](http://www.gov.uk)

[Healthcare standards - gov.scot \(www.gov.scot\)](http://www.gov.scot)

[Duty of Candour - Healthcare standards - gov.scot \(www.gov.scot\)](http://www.gov.scot)

[Health and Social Care Standards: my support, my life - gov.scot \(www.gov.scot\)](http://www.gov.scot)

Appendix 2

Figure 1 West Dunbartonshire Clinical and Care Governance Arrangements.

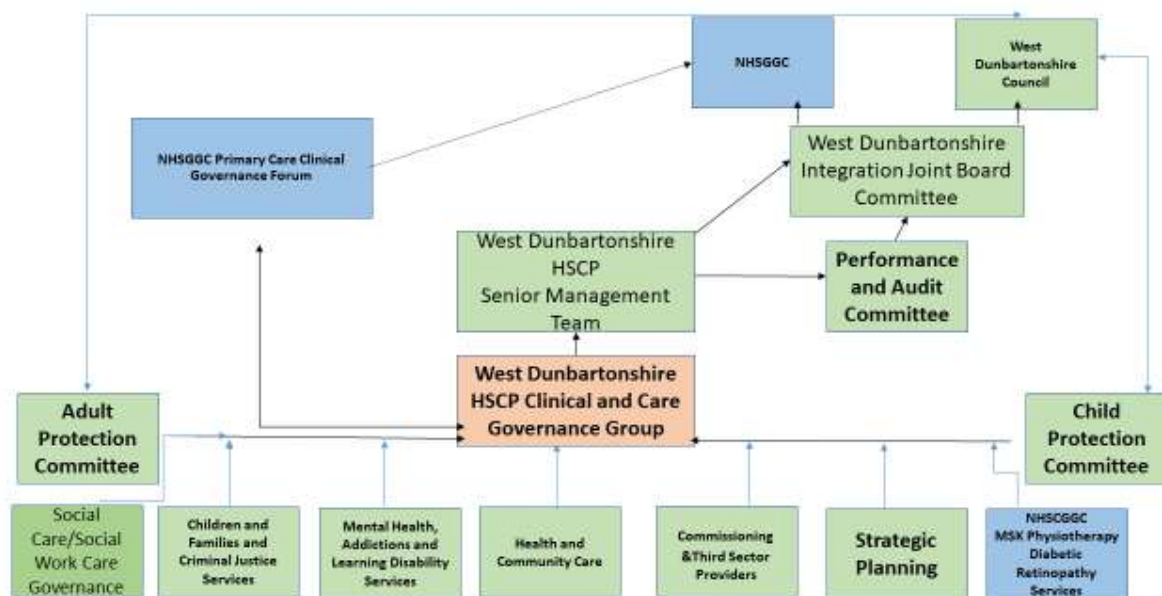


Figure 2 NHSGGC Corporate Level Clinical and Care Governance Arrangements.

