

South Ayrshire Health and Social Care Partnership

REPORT

Meeting of South Ayrshire Health and Social Care Partnership	Integration Joint Board
Held on	19 February 2020
Agenda Item	7
Title	Clinical and Care Governance Oversight for the HSCP
Summary:	
The purpose of this report is to propose changes to the arrangements for Clinical and Care Governance for South Ayrshire HSCP.	
Presented by	Tim Eltringham, Director of Health or Social Care
Action required:	
It is recommended that the Integration Joint Board agree the discontinuation of the Clinical and Care Governance Sub Committee, and (ii) note that the HSCP Director will reform the current officer led Clinical and Care Governance Group in order to ensure compliance with the Scottish Government Guidance.	

Implications checklist – check box if applicable and include detail in report									
Financial	<input type="checkbox"/>	HR	<input type="checkbox"/>	Legal	<input type="checkbox"/>	Equalities	<input type="checkbox"/>	Sustainability	<input type="checkbox"/>
Policy	<input type="checkbox"/>	ICT	<input type="checkbox"/>						

Directions required to NHS Ayrshire & Arran South Ayrshire Council, or both	1. No Direction Required	<input checked="" type="checkbox"/>
	2. Direction to NHS Ayrshire and Arran	<input type="checkbox"/>
	3. Direction to South Ayrshire Council	<input type="checkbox"/>
	4. Direction to NHS Ayrshire and Arran and South Ayrshire Council	<input type="checkbox"/>

**SOUTH AYRSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP
INTEGRATION JOINT BOARD
17 FEBRUARY 2020
REPORT BY DIRECTOR OF HEALTH & SOCIAL CARE**

CLINICAL AND CARE GOVERNANCE OVERSIGHT FOR THE HSCP

1. PURPOSE OF REPORT

- 1.1 The purpose of this report is to propose changes to the arrangements for Clinical and Care Governance for South Ayrshire HSCP

2. RECOMMENDATION

- 2.1 **It is recommended that the Integration Joint Board agree the discontinuation of the Clinical and Care Governance Sub Committee.**
- 2.2. **Note that the HSCP Director will reform the current officer led Clinical and Care Governance Group in order to ensure compliance with the Scottish Government Guidance.**

3. BACKGROUND INFORMATION

- 3.1 The Integration Scheme recognises that the Chief Officer has delegated responsibilities through the Parties Chief Executives for the Professional Standards of staff working within Integrated Services. The Scheme recognises the role of professional leads in health and the Chief Social Work Officer in ensuring the discharge of these duties.
- 3.2 The Integration Scheme summarises the arrangements for the establishment of a "Health and Care Governance Group", with a range of professional and stakeholder membership which will support clinical and care governance activity within the partnership.
- 3.3 Following the establishment of the HSCP a Health and Care Governance Group was established chaired by the Chief Social Work Officer.
- 3.4 In 2016 following a review of Clinical and Care Governance within Ayrshire and Arran it was proposed that a Sub Committee of the IJB be established to oversee activity within the HSCP. This committee has been operational since 2017.
- 3.5 In addition to the Committee an officer led Clinical and Care Governance Group has been operational for the last 12 months.
- 3.6 In October 2019 the Director of Nursing for NHS Ayrshire and Arran presented a report to the NHS Board which reviewed the existing

arrangements for Clinical and Care Governance across the three HSCPs. In developing the report (Attached at [Appendix 1](#)) the focus was on ensuring that arrangements are consistent with best practice and Scottish Government Guidance.

4. REPORT

4.1 It is proposed that the Clinical and Care Governance Sub Committee be discontinued and that in line with the Scottish Government Guidance, a Health and Care Governance Group be fully established. This group will be chaired by the HSCP Director and build on the existing officer led group.

4.2 In line with guidance, the Health and Care Governance Group will include the following members:

- Senior Management Team of the HSCP;
- Clinical Director;
- Associate Nurse Director;
- Lead Allied Health Professional
- Chief Social Work Officer;
- Director of Public Health or representative;
- Service user and carer representatives; and
- Third Sector and Independent Sector representatives.

4.3 Where appropriate, the Health and Care Governance Group may wish to invite appropriately qualified individuals from other sectors to join its membership as it determines.

4.4 The remit of the Health and Care Governance Group will include the following as core:

- Provide assurance to the IJB (and Chief Officer if not the Chair) on the quality of services delivered by the HSCP.
- Support the governance of public protection within the HSCP including child protection, adult support and protection, MAPPA, GBV.
- Oversee the processes within the HSCP to ensure that appropriate action is taken in response to adverse events, scrutiny reports/action plans, safety action notices, patient/service user feedback, complaints and litigation; and that examples of good practice and lessons learned are disseminated within and across the HSCP, PAN-Ayrshire and beyond as appropriate.
- Monitor the HSCP Risk Register from a health and care governance perspective and escalate to the IJB any unresolved risks that require executive action or that pose significant risk to patient care, service provision or the reputation of the IJB.
- Ensure that mechanisms are in place for services to routinely listen, learn and develop from patient, service user and carer experience.
- Ensure that quality and self-evaluation mechanisms are in place to inform a culture of continuous improvement.

- Provide an annual report on Health and Care Governance to the IJB, NHS Ayrshire and Arran Healthcare Governance Committee and the relevant South Ayrshire Council Panel.

4.5 In order to ensure a consistent approach to the remit of each IJB Health and Care Governance Group the following elements will be standing agenda items:

- Quality standards (including scrutiny reports)
- Health and Care Governance Risks
- Adverse events – including SAERs, completion of action plans and learning summaries
- Service user experience (including feedback and complaints)
- Learning and Improvement
- Infection control and prevention

5. STRATEGIC CONTEXT

5.1 The report is intended to ensure that arrangements for Clinical and Care Governance meet agreed standards..

6. RESOURCE IMPLICATIONS

6.1 Financial Implications

6.1.1 There are no financial implications emerging from this report..

6.2 Human Resource Implications

6.2.1 There are no Human Relations implications emerging from this report.

6.3 Legal Implications

6.3.1 There are no legal implications emerging from this report..

7. CONSULTATION AND PARTNERSHIP WORKING

7.1 The approach being proposed has been subject to consultation with key professionals across health and social care.

7.2 There has been no partnership engagement in relation to the matters in this report.

8. RISK ASSESSMENT

8.1 There are risks if the proposals are not adopted that the HSCP will fail to operate systems consistent with guidance in relation to Clinical and Care Governance.

9. EQUALITIES IMPLICATIONS

9.1 There are no equalities implications emerging from this report.

10. SUSTAINABILITY IMPLICATIONS

10.1 There are no sustainability implications emerging from this report.

REPORT AUTHOR AND PERSON TO CONTACT

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BACKGROUND PAPERS

Appendix 1: Ayrshire and Arran Integrated Health and Care Governance Framework: NHS Board Paper October 2019

14 January 2020