



Item No. 7

Meeting Date Tuesday, 10th May 2016

Integration Joint Board

Report By: Chief Officer
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GLASGOW CITY INTEGRATED CLINICAL AND PROFESSIONAL GOVERNANCE GROUP – ASSURANCE STATEMENT

Purpose of Report:	To provide an update and assurance on Integrated Clinical and Professional Governance arrangements for the Integration Joint Board.
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Recommendations:	The Integration Joint Board is asked to note the arrangements implemented to date for integrated governance of health and social care.
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Implications for IJB:

Financial:	None
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Personnel:	The governance arrangements cover professional social work staff and health professionals from partner organisations.
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Legal:	Review of professional regulatory arrangements form part of the scrutiny provided by the Integrated Clinical and Professional Governance Group
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Risk Implications:	Assessment of risk is factored into the corporate risk register.
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Sustainability:	Not applicable
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Economic Impact:	Not applicable
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Sustainable Procurement and Article 19:	Not Applicable
Equalities:	The equalities obligations on the Board apply.
Implications for Glasgow City Council:	The staff are employees of Glasgow City Council or NHS Greater Glasgow & Clyde.
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1. Purpose

- 1.1 This report provides an update and assurance on Integrated Clinical and Professional Governance arrangements for the Integration Joint Board (IJB).

2. Background

- 2.1 The Integration Joint Board is responsible for the strategic planning of the functions delegated to it and for ensuring the delivery of the functions conferred on it by the Act through the locally agreed operational arrangements set out within the Integration Scheme.

- 2.2 The Integration Scheme states that:

“Clinical and care governance is a system that assures that care, quality and outcomes are of a high standard for users of services and that there is evidence to back this up. It includes formal structures to review clinical and care services on a multidisciplinary basis and defines, drives and provides oversight of the culture, conditions, processes, accountabilities and authority to act, of organisations and individuals delivering care.

Quality, clinical, care and professional governance in relation to services provided in pursuance of the functions delegated to the Integration Joint Board will:

- involve service users and carers and the wider public in the development of services;
- ensure safe and effective services and appropriate support, supervision and training for staff;
- strive for continuous quality improvement;
- maintain a framework of policies and procedures designed to deliver effective care;
- ensure accountability and management of risk.’

2.3 The IJB has established an Integrated Clinical and Professional Governance Group which will be the main vehicle for reviewing and ensuring the effectiveness of clinical and professional governance arrangements within the IJB and for the dissemination of information to the Council and Health Board. It is through this Governance Group that an assurance statement will be provided to the IJB on a quarterly basis by the Chief Officer.

3. The Integrated Clinical and Professional Governance Group

3.1 The Integrated Clinical and Professional Governance Group exists to secure, on behalf of the IJB, the effective co-ordination and direction of health and social care governance within the HSCP.

3.2 The Integrated Clinical and Professional Governance Group acts on behalf of the Integration Joint Board and is accountable to the IJB. Any decisions taken by the Group, or the IJB following presentation by the Group, shall be reported to the HSCP Senior Management Team for implementation. The following Groups will report to the Integrated Clinical and Professional Governance Group:-

- Glasgow City Health & Care Adult Services Governance Group
- Glasgow City Health & Care Older People & Primary Care Governance Group
- Glasgow City Children & Families / Criminal Justice Clinical and Care Governance Group
- Social Work Professional Governance Sub Group
- Mental Health Quality & Clinical Governance Committee
- Hosted Services (Sandyford Sexual Health; Prison Health Care; Police Custody Health Care)

3.3 The Integrated Clinical and Professional Governance Group oversees the work of these governance groups and the processes within the HSCP to ensure that appropriate action is taken in response to adverse events, scrutiny reports/action plans, incidents, complaints and litigation and that lessons learnt and examples of good practice are disseminated appropriately across the HSCP.

3.4 The Integrated Clinical and Professional Governance Group has met on two occasions to take forward the governance agenda and to establish the core membership of the Group. A schedule of quarterly meetings for 2016 has been agreed. A copy of the interim remit of the Group is shown at Appendix 1. A copy of the draft minutes of the meeting of the Group held on 8th March is shown at Appendix 2 to give members a flavour of the issues discussed.

3.5 It is recognised that this is an evolving agenda in relation to structural arrangements, matters that are consideration and reporting format to the IJB.

4. Recommendation

4.1 The Integration Joint Board is asked to note the arrangements implemented to date for integrated governance of health and social care.

DRAFT – SUBJECT TO FINAL APPROVAL**Glasgow City Health & Social Care Partnership
INTEGRATED CLINICAL AND PROFESSIONAL GOVERNANCE GROUP****Purpose**

The Group has been established to secure on behalf of the Integration Joint Board the effective co-ordination and direction of clinical and social care governance, within Glasgow City HSCP. The Group will operate within the overall quality, care and professional governance framework set out in the Integration Scheme. The Group will be instrumental in developing and advocating best practice across the organisation consistent with the policies of the City Council and Health Board.

Reporting Arrangements

The Integrated Clinical and Professional Governance Group acts on behalf of the Integration Joint Board and is accountable to the IJB. Any decisions taken by the Group, or the IJB following presentation by the Group, shall be reported to the HSCP Senior Management Team for implementation. The following Groups will report to the Integrated Governance Group:-

- Glasgow City Health & Care Adult Services Governance Group
- Glasgow City Health & Care Older People & Primary Care Governance Group
- Glasgow City Children & Families / Criminal Justice Clinical and Care Governance Group
- Social Work Professional Governance Sub Group
- Mental Health Quality & Clinical Governance Group
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Membership

- Chief Officer of the HSCP (Chair)
- Chief Officer Planning & Commissioning and Chief Social Work Officer
- Clinical Directors of the HSCP
- Lead Associate Medical Director (Mental Health)
- Nurse Director
- Head of Equality and Health Improvement or nominee
- Leads (or nominees) for Allied Health Professionals within the HSCP i.e. Psychology, Occupational Therapy, Speech & Language Therapy, Physiotherapy, Podiatry
- Social Work Leads from each Locality nominated by the respective Head of Locality
- Head of Public Protection and Quality Assurance
- Heads of Children's Services, Adult Services and Older People's Services (or nominated Service Manager)
- Nominee of the Head of NHS Clinical Governance

- Nominee of the NHS Pharmacy Practice Support Unit (PPSU)
- Staff Side Representatives, Health and Social Work
- Service Users or Carer's Representatives (up to three)

(Deputies for any member unable to attend should be identified and intimated in advance of the meeting.)

Remit

1. To provide assurance to the Integration Joint Board on the delivery of clinical and professional social work practice within the HSCP.
2. To agree the HSCP's governance priorities, give direction where required for governance activity, and monitor progress.
3. Oversee the work of governance groups, receiving minutes/reports from them for consideration and assurance.
4. Oversee the processes within the HSCP to ensure that appropriate action is taken in response to adverse events, scrutiny reports/action plans, incidents, complaints and litigation and that lessons learnt and examples of good practice are disseminated appropriately across the HSCP.
5. Review the operation and effectiveness of the group annually.

Frequency of Meetings

The Group will meet quarterly.

**Glasgow City Health & Social Care Partnership
INTEGRATED GOVERNANCE GROUP**

Minutes of a meeting held in the Boardroom,
Commonwealth House, 32 Albion Street, Glasgow,
at 2.30pm on Tuesday 8th March 2016

PRESENT:	David Williams (Chair)	Chief Officer
	Gwen Agnew	Professional Lead for Occupational Therapy (NHS GG&C)
	Andy Crawford	Head of Clinical Governance (NHS GG&C)
	Richard Groden	Clinical Director
	Isla Hyslop	Head of Organisational Development
	Colin MacLachlan	Business Manager
	Sean McKendrick	Head of Social Work (South)
	George Ralston	Professional Lead for Psychology (NHS GG&C)
	Paul Ryan	Clinical Director – North East
	Michael Smith	Lead Associate Director Mental Health
 1. APOLOGIES:		
	Susanne Miller	Head of Adult Services
	Mari Brannigan	Nurse Director
	Kirsty Smart	Professional Lead for Speech & Language Therapy (NHS GG&C)
	Tracey Cassidy	Professional Lead for Psychology (NHS GG&C)
	Jackie Kerr	Head of Locality (North West)
	Anne-Marie Rafferty	Head of Locality (North East)
	Mike Burns	Head of Children’s Services
	Sheila Tennant	Prescribing Lead (NHS GG&C)
	Dorothy McErlean	Staff Side Representative - Health

ACTION

2. MINUTES OF THE PREVIOUS MEETING

The Minutes of the meeting held on 10th September 2015 were approved as a correct record.

There were no matters arising not otherwise on the agenda.

3. MEMBERSHIP

a) Current Membership

Paper 2016/001, the current membership of the Group, was noted.

b) To Consider any Other Additions to Membership

ACTION

It was noted that the Health Staff Side had nominated a representative for membership of the Group. A response was awaited from Social Work Staff Side.

As the HSCP was now legally constituted, consideration will be given to identifying service user and carer representatives to be members of the Group.

**Colin
MacLachlan**

4. DRAFT REMIT OF THE GROUP

The Group reviewed Paper 2016/002 which was the draft remit for the Group.

It was noted that the reporting arrangements should be amended to take account of the new organisational arrangements.

It was agreed that the remit of the Group was not to carry out the tasks of governance but to ensure and assure the Integration Joint Board that there is effective clinical and professional governance across the HSCP.

This will involve actions such as reviewing the minutes of governance groups to check that the correct issues are being addressed and monitoring the outcomes of reviews, such as Significant Clinical Incidents (SCIs) to ensure that, where required, action plans are developed and implemented appropriately including any identified learning being disseminated.

DECIDED/-

1. That the remit will be amended to reflect the agreed changes.

**Colin
MacLachlan**

5. PROPOSALS FOR QUALITY AND CARE GOVERNANCE ARRANGEMENTS FOR GLASGOW CITY HSCP

Michael Smith spoke to Paper 2015/003 which set out proposals for governance arrangements at locality and care group level.

Governance will be organised in three care group clusters, Children & Families, Adult Services and Older People & Primary Care. Each of the groups will report to the HSCP Integrated Governance Group.

The HSCP manages a number of whole system services, e.g. Sandyford Sexual Health. These will report to the HSCP Integrated Governance Group and provide updates to the Operational Management Team.

DECIDED/-

1. That the proposed arrangements be ***agreed*** subject to minor

amendments.

2. That a final draft of the document should be presented to the Integration Joint Board and the Health Board Clinical Forum.

6. GOVERNANCE GROUP MINUTES

The Group reviewed the minutes from the following Governance Groups;

a) Social Work Professional Governance Sub Group – 27th November 2015 (Paper 2016/004)

Sean McKendrick noted the following points;

- i. A review of audit activity and reporting is being undertaken
- ii. The staff supervision policy is being updated.

b) Mental Health Quality and Clinical Governance Committee – 10th December 2015 (Paper 2016/005)

Michael Smith noted the following points;

- i. Child Protection arrangements being reviewed.
- ii. Review of Inpatient suicides being undertaken.
- iii. Doors as a point of Ligature being examined.

Points from meeting held on 18th February 2016 included;

- i. Forensic Services Governance Arrangements.
- ii. Acute/Mental Health Services Interfaces.
- iii. Work on the Scottish Patient Safety Programme.

c) Glasgow City Community Health Partnership Clinical Governance Committee – 15th December 2015 (Paper 2016/006)

Paul Ryan noted the following points:

- i. Complaints Report reviewed.
- ii. Clinical Risk Report reviewed.
- iii. Child Protection Report reviewed.

d) General points identified;

- i. Need to look at governance arrangements for Occupational Therapists across health and social work.
- ii. Consider how to have learning across different professions
- iii. Look at workforce governance and what links should exist with the Workforce Planning Board. ***To be discussed with Sharon Wearing***

7. COMPLAINTS

The Group noted Paper 2016/007 which set out proposals on the form and frequency of reporting on complaints arising in relation to health and social work services through the Integration Joint Board.

8. SCRUTINY

a) **Fatal Accident Inquires (FAI)**

Sean McKendrick noted that there were two matters awaiting a decision as to whether an FAI would be held.

Richard Groden noted that there had been a death in Police Custody which had raised governance issues for Forensic Clinicians. These were being addressed.

b) **Critical Incident Reviews (Social Work)**

Sean McKendrick noted that a review was being undertaken into an assault on a member of staff in a Homeless Facility.

c) **Significant Incident Reviews (Health)**

Michael Smith noted Paper 2016/08 which gave details on the fact that the Health and Safety Executive (HSE) may now investigate clinical incidents as well as health and safety incidents. The Health Board are discussing this with the HSE and Healthcare Improvement Scotland are also in discussions. ***Agreed that the matter should be taken to the Senior Management Team.***

Michael Smith

d) **Healthcare Improvement Scotland (HIS)**

It was noted that HIS were offering funding for improvement work within HSCPs.

e) **Mental Welfare Commission (MWC)**

Michael Smith reported that the MWC had recently met with the NHS GG&C Mental Health Clinical Directors Group. Issues discussed included;

- Glasgow having the lowest rate of emergency detention certificates which had consent from a Mental Health Officer.
- Issues at Darnley Court Nursing Home
- Issues at a Nursing Home in Ballieston
- Levels of boarding at Skye House

f) **Professional Regulatory Bodies**

It was noted that the **Nursing and Midwifery Council (NMC)** were introducing a system of revalidation from the 1st April 2016. All nurses and midwives will require to follow the new process to maintain their registration with the NMC.

g) Infection Control

Paper 2016/009, which was a copy of the minutes from the NHS GG&C Partnerships Infection Control Support Group Meeting on 19th November 2015, was noted.

9. ANY OTHER COMPETENT BUSINESS

None.

10. DATE OF NEXT MEETING

The next meeting was noted as Tuesday 7th June at 2.30 p.m. in the Sir Peter Heatly Boardroom, Glasgow City HSCP, Commonwealth House.