

**Title/Subject:** Clinical Care and Governance  
**Meeting:** Integration Joint Board  
**Date:** 6 April 2018  
**Submitted By:** Chief Social Work Officer and Medical Director  
**Action:** For Decision

## **1. INTRODUCTION**

- 1.1 The purpose of this report is to provide an update on the arrangements for Clinical Care and Governance (CCG) as requested by Board members at the meeting on 2 February 2018. The paper presents recommendations for terms of reference and proposed membership for the Clinical Care and Governance Committee.
- 1.2 This report details the actions arising from the recent Internal Audit Report presented to the Integration Joint Board (IJB) Audit committee on 16 March 2018.

## **2. RECOMMENDATION**

- 2.1. Members of the IJB are requested to:
- agree the draft terms of reference and membership of the Clinical and Care Governance Committee as set out in Appendix 1
  - agree Chair and Vice Chair of the Clinical and Care Governance Committee
  - agree nominations for the proposed membership as set out in section 4.3
  - note the Internal Audit Action plan attached at Appendix 2
  - agree the revised draft CCG framework at Appendix 3 and note that this may be revised as the integrated operational management and locality teams develop

## **3. BACKGROUND**

- 3.1 The IJB approved the Clinical Care and Governance Framework and membership of the CCG Group at its meeting on 24 March 2016. The CCG Group was set up and chaired by the former Medical Director followed by Chief Social Work Officer. During the second half of 2017 the newly appointed Medical Director and Chief Social Work Officer took the opportunity to review the CCG Group at the same time as the Internal Audit was underway.

- 3.2 At the IJB meeting on 2 February 2018 members of the Board discussed the importance of Clinical and Care Governance in detail, understanding that effective governance processes were ongoing in both local Falkirk Council and NHS Forth Valley structures.
- 3.4 Councillor Meiklejohn moved a motion that a Clinical and Care Governance Committee should be established with two voting members of the Board in its membership and that further recommendations regarding broader membership and Terms of Reference be provided at the next meeting. The motion was seconded and agreed.

#### **4. CLINICAL AND CARE GOVERNANCE GROUP**

- 4.1 The CCG Group met on 20 March chaired by the CSWO, the previously scheduled meeting was cancelled on 1 March due to the severe winter weather. The meeting focussed on the Internal Audit Action plan and the request from the IJB to develop terms of reference and membership for the new Clinical and Care Governance Committee.

4.2 **Terms of Reference**

Draft terms of reference are attached at appendix 1. These have been reviewed by members of the CCG Group to take account of the findings of the internal audit report and are presented as a draft for approval.

4.3 **Membership of the CCG Committee**

The proposed membership of the CCG group is detailed at section 3.1 within the terms of reference attached as appendix 1:

The IJB Standing orders require that an IJB committee be composed of IJB members and to include two voting members, one from each partner organisation In accordance with these requirements; the Committee shall be compromised of:

- 4 members of the IJB to include 2 voting members, a third sector or public representative and a staff representative

In attendance as professional advisors:

- Chief Social Work Officer
- Chief Officer
- Professional Lead – GP\*
- Professional Lead – Nurse/AHP\*
- Head of Social Work Adult Services
- Head of Clinical Governance

\* The Medical Director and Director of Nursing will provide support and advice to the Professional leads

#### **4.4 The Internal Audit Action Plan**

The Internal Audit action Plan is attached as appendix 2

#### **4.5 Draft Revised CCG Framework**

The CCG Framework has been revised to reflect the audit requirements and is attached at appendix 3 the requirements of the Action Plan will have been met once the Board has considered and approved the recommendations at section 2 of this report.

### **5. CONCLUSIONS**

Following the request by IJB Board members at the meeting on 2 February 2018, the terms of reference and membership are submitted for approval together with the revised CCF Framework, to establish the Clinical and Care Governance Committee These actions should meet the requirements of the Internal Audit Action plan report attached as appendix 2.

#### **Resource Implications**

The CCG committee will require administrative support. It is proposed that this is provided by the partner organisation providing support for the IJB.

#### **Impact on IJB Outcomes and Priorities**

Clinical and Care Governance should have a high profile at all levels to ensure that people receive quality of care. The principles for Clinical and Care Governance are aligned to the strategic priorities as expressed within the draft Strategic Plan.

#### **Legal & Risk Implications**

A key purpose of clinical and care governance is to support staff and services to continuously improve the quality and safety of care and to identify and address poor performance within a structured framework. As noted above in section 3 the national guidance and Framework will be used by Healthcare Improvement Scotland, The Care Inspectorate and Scottish Ministers when reviewing the effectiveness of arrangements in place to support the delivery of safe, effective and person centred services.

#### **Consultation**

The revised CCG framework, terms of reference and membership have been developed in collaboration with the NHS Clinical leads, CSWO, NHS Clinical governance officer and IJB Chief Officer. The action plan was agreed by the Audit Committee.

#### **Equalities Assessment**

There are no equality implications arising from this report.

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Approved for Submission by: **Chief Officer Falkirk HSCP**

**Author** – Sara Lacey, Chief Social Work Officer,  
Andrew Murray, Medical Director

**Date:** 26 March 2018

**List of Background Papers:** The papers that may be referred to within the report or previous papers on the same or related subjects.



## CLINICAL AND CARE GOVERNANCE COMMITTEE

### TERMS OF REFERENCE

#### 1. INTRODUCTION

- 1.1 The Clinical and Care Governance Committee will provide assurance to the Integrated Joint Board (IJB) on the systems for delivery of safe, effective, person-centred care in line with the IJB's statutory duty for the quality of health and care services.

#### 2. REMIT

- 2.1 To provide assurance to the IJB that clinical and care governance is being discharged within the Partnership in relation to the statutory duty for quality of care and that this is being led professionally and clinically with the oversight of the IJB.
- 2.2 To provide the strategic direction for development of clinical and care governance within the Partnership and to ensure its implementation.

#### 3. MEMBERSHIP

- 3.1 The Committee shall be established by the IJB and will be chaired by a voting member of the IJB. The Committee shall comprise of:

The Committee shall comprise of:

**Members of the Committee:**

- 4 members of the IJB to include 2 voting members, a third sector or public representative and a staff representative

**In attendance as professional advisors:**

- Chief Social Work Officer
- Chief Officer
- Professional Lead – GP\*
- Professional Lead – Nurse/AHP\*
- Head of Social Work Adult Services
- Head of Clinical Governance

\* The Medical Director and Director of Nursing will provide support and advice to the Professional leads

- 3.2 The Chair and members of the Committee will be appointed by the IJB. Committee membership and Chairmanship will be reviewed annually.

- 3.3 Where a member is unable to attend a particular meeting, a named representative shall attend in their place.
- 3.4 The Committee may wish to invite 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 NHS Board Professional Committees, Managed Care Networks and Adult and Child Protection Committees.
- 3.5 The Committee may co-opt additional advisors as required with approval of the Chair.

#### **4. QUORUM**

- 4.1 Half of the voting members will constitute a quorum.

#### **5. FREQUENCY OF MEETINGS**

- 5.1 The Committee shall meet quarterly and will meet at least 4 times a year
- 5.2 The Chair may, at anytime, convene additional meetings of the Committee
- 5.3 Two development workshops/activities will be held each year.

#### **6. CONDUCT OF BUSINESS**

- 6.1 A calendar of Committee meetings, for each year, shall be agreed by the members and distributed to members
- 6.2 The agenda and supporting papers shall be sent to members at least seven days before the date of the meeting
- 6.3 Administrative support shall be provided by NHS Forth Valley or Falkirk Council whichever organisation is providing support to the IJB.

#### **7. AUTHORITY**

- 7.1 The Committee is authorised on behalf of the IJB to investigate any matter that falls within its Terms of Reference and obtain professional advice as required.
- 7.2 The Committee may form one or more sub-groups to support the clinical and care governance function within the Partnership.

## **8. DUTIES**

The Committee shall be responsible for the oversight of clinical and care governance within Falkirk Health and Social Care Partnership. Specifically it will:

- 8.1 Agree the Partnership's clinical and care governance priorities and give direction to clinical and care governance activities.
- 8.2 Monitor the Partnership's Risk Register from a clinical and care governance/staff governance perspective and escalate to the IJB any unresolved risks that require executive action or that pose significant threat to patient /service user care, safety and service provision.
- 8.3 Have oversight of the processes within the Partnership to ensure appropriate action is taken in response to adverse events, scrutiny reports/action plans, safety action notices, complaints and learning. Also ensures that examples of good practice and lessons learned are disseminated within the Partnership and beyond if appropriate.
- 8.4 The Chief Social Work Officer will provide appropriate professional advice to the Clinical and Care Governance Committee in relation to statutory social work duties in terms of the Social Work (Scotland) Act 1968. In their operational management role the Chief Officer will work with and be supported by the Chief Social Work Officer with respect to quality of integrated services within the Partnership in order to then provide assurance to the IJB.
- 8.5 The Professional Leads nominated by NHS Forth Valley will be supported by NHS Forth Valley's Medical Director and Director of Nursing and Allied Health Professions through formal network arrangements. In their operational management role, the Chief Officer will work with and be supported by these Professional Leads with respect to quality of integrated services within the Partnership in order to then provide assurance to the IJB.
- 8.6 The Chief Officer has delegated responsibilities from both Chief Executives, for the professional standards of staff working in integrated services. The Chief Officer, relevant Lead Professionals and the Chief Social Worker will work together to ensure appropriate professional standards and leadership.
- 8.7 An important element of clinical and care governance is to support staff in continuously improving the quality and safety of care. However, it will also ensure that wherever possible poor performance is identified and addressed. The quality of decision making by Mental Health Officers with regard to practice, including AWI/Guardianship responsibilities, although direction of their work will remain the responsibility of the Council, to maintain their independence as required by statute. The quality of practice in relation to adults with Incapacity, Adult Support and Protection and Mental Health Care and Treatment statutory framework. Clear delineation of responsibility/accountability

will be developed around the roles and interdependencies of the Chief Officer and the Chief Social Work Officer.

- 8.7 Through the Clinical and Care Governance Committee, the Chief Officer will ensure that clear strategic objectives for clinical and care governance are agreed, delivered and reported through an annual clinical and care governance action plan. This will include actions to assure the quality of service delivery including that delivered through services procured from the third and independent sector.

## **9. REPORTING ARRANGEMENTS**

- 9.1 The Clinical and Care Governance Committee will formally provide a copy of its minutes to the IJB for inclusion on the agenda of subsequent IJB meetings. These minutes will be made publically available.
- 9.2 The Chief Officer will provide assurance to the IJB on the development and completion of the Annual Clinical and Care Governance Action Plan
- 9.3 The Committee will provide assurance to the IJB and inform the NHS Clinical Governance Committee on the operation of clinical and care governance within the Partnership.
- 9.4 The Committee will conduct a review of its role, function and membership within the first year and then regularly at a frequency to be determined



Ref.	Finding	Audit Recommendation	Priority	Management Response / Action	Action by/Date
1	The Clinical and Care Governance Group established in March 2016 did not have clear terms of reference, including a coherent vision of its purpose.	In line with discussion at the April 2017 Clinical and Care Governance Group, Management should:	<b>2</b>	At the meeting of the IJB on 2 February 2018 Board Members agreed that the current Clinical and Care Governance Group would be established as a IJB Committee with two voting members of the and that recommendations on its broader membership and its Terms of Reference will be brought to the next meeting of the IJB.	Sara Lacey CSWO 6 April 2018
		◇ As a priority, reconvene the Clinical and Care Governance Group and schedule an early first meeting;		A meeting of the CCG Group is convened on 20 March 2018.	Sara Lacey CSWO 20 March 2018
		◇ establish a coherent governance framework taking into account the governance principles and recommendations within this report. This should include development of a remit and workplan to		Present and review the CCG Framework and develop draft work plan/timeline at the meeting on 20 March 2018.  The CCG Framework will be reviewed.	Patricia Cassidy Chief Officer 20 March 2018

Ref.	Finding	Audit Recommendation	Priority	Management Response / Action	Action by/Date
		ensure the group has a timetable to enable it to provide appropriate assurances at year end;			
		<p>◇ As part of the group's revised remit and workplan, ensure that all of the requirements of the Integration Scheme and CCG Framework are fulfilled;</p>		The current CCG Framework will be reviewed at the meeting on 20 March 2018 to ensure it meets the requirements set out in section 5 of the IJB Integration Scheme..The development of the work plan will also reflect both the CCG and the Integration scheme and will be submitted to IJB 6 April 2018	Sara Lacey CSWO 6 April 2018
		<p>◇</p> <p>◇ Ensure that the membership of the reconvened group is appropriate and that there is independent oversight within the group, for example through Non-Executive/ Councillor representation</p>		<p>The terms of reference of new CCG Committee, and membership will be submitted for approval to the IJB meeting on 6 April .</p> <p>The IJB will be asked to agree the appointment of the Chair meeting on 6 April .</p>	<p>Patricia Cassidy Chief Officer 6 April 2018</p> <p>6 April 2018</p>

Ref.	Finding	Audit Recommendation	Priority	Management Response / Action	Action by/Date
2.	From initial review of the CCG Framework, it was not clear that the requirements of s5.6 of the IS had been met in full, with some areas providing little additional detail and others not featuring in the document at all.	The CCG Framework should be reviewed both in the light of experience and also to ensure that all of the provisions of the Integration Scheme are being met. The requirement to review the framework and any attendant risk should be notified to the IJB and firm, realistic timescales for review of the framework should be agreed.	<b>2</b>	The current CCG Framework will be reviewed at the meeting of the CCG group on 20 March 2018 to ensure it meets the requirements set out in section 5 of the IJB Integration Scheme. It will be submitted for approval to IJB 6 April 2018.	Patricia Cassidy Chief Officer 6 April 2018

Ref.	Finding	Audit Recommendation	Priority	Management Response / Action	Action by/Date
3.	No assurances were received from the Standing Committees of Falkirk Council or NHS Forth Valley, on the adequacy and effectiveness of Care and Clinical Governance arrangements respectively, for 2016-17.	<p>The CCG Leads should ensure that the CCG Framework is reflected in the remits of all relevant partner organisation committees.</p> <p>The CCG Leads should ensure the CCG Group receives timely appropriate assurance from the partner organisations that retain primary responsibility for governance in these areas.</p>	<b>2</b>	<p>CCG framework to be reviewed at meeting on 20 March 2018.and submitted to the IJB. Thereafter the update will be provided to to:</p> <ul style="list-style-type: none"> <li>Clinical and Care Governance Committee NHS Forth Valley</li> <li>Falkirk Public Protection Chief Officers Group</li> <li>Community Planning Partnership Executive Board</li> </ul> <p>The governance structure will be outlined in the revised CCG Framework.</p>	<p>Sara Lacey/ Patricia Cassidy End of June 2018</p> <p>20 March 2018</p>

Ref.	Finding	Audit Recommendation	Priority	Management Response / Action	Action by/Date
4.	Work will be undertaken in 2018 to develop a new Strategic Plan for 2019-22.	The CCG Leads should provide advice and guidance to the strategic planning group on Clinical and Care Governance, and on the development of the Strategic Plan 2019-2022 before it is formally consulted upon.	<b>2</b>	<p>There is a joint session planned on 4 May 2018 for IJB Board Members and members of the Strategic Planning Group to initiate the review of the current Strategic Plan.</p> <p>The CCG Leads will update the requirements for Strategic Plan at this session. Thereafter the CCG update will be a regular item on the Strategic Planning Group agenda.</p>	<p>Suzanne Thomson 4 May 2018</p> <p>Sara Lacey/ Andrew Murray</p>



## HEALTH AND SOCIAL CARE INTEGRATION:

# FALKIRK/NHS FORTH VALLEY CLINICAL AND CARE GOVERNANCE FRAMEWORK

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The Scottish Government, National Health and Wellbeing Outcomes: A framework for improving the planning and delivery of integrated health and social care services:

“Health and social care services should focus on the needs of the individual to promote their health and wellbeing, and in particular, to enable people to live healthier lives in their community. Key to this is that people’s experience of health and social care services and their impact is positive; that they are able to shape the care and support that they receive; and that people using services, whether health or social care, can expect a quality service regardless of where they live.”

Public Bodies (Joint Working) (Scotland) Act 2014

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## 1. Introduction

The main purpose of the integration of health, social work and social care services in Scotland is to improve the wellbeing of people who use such services, in particular those whose needs are complex and who require services and support from both health and social care.

Integration Schemes, drawn up for the Falkirk Integration Joint Board (IJB) and the Forth Valley IJB are intended to arrange services that can deliver better outcomes for the people of Forth Valley. Services will be set up to deliver the national health and wellbeing outcomes that are prescribed by Scottish Ministers in Regulations under Section 5(1) of the Public Bodies (Joint Working) (Scotland) Act 2014<sup>1</sup>.

The national health and wellbeing outcomes apply across all integrated health and social care services, and ensure that Health Boards, Local Authorities and IJBs are clear about responsibility and accountability for the delivery of shared priorities. Scottish Ministers will also bring together performance management arrangements for health and social care. National health and wellbeing outcomes, together with the integration planning and delivery principles, are grounded in a human rights based and social justice approach.

## 2. Purpose of the framework

The context in which the clinical and care governance framework, for the IJB will be implemented is one of a developing legislative framework with a wide range of policy drivers. Partner organisations across Falkirk and NHS Forth Valley will work to deliver services that are responsive, integrated and coordinated to meet the needs of individuals and communities in line with the strategic intentions expressed in law and policy.

Improved outcomes and effective services for service users and their unpaid carers require alignment of culture, values and language. This framework is intended to empower clinical and care staff to contribute to the improvement of quality of care. To make care safer, more effective and person centred – by making sure that there is a strong voice of the people and communities who use services.

The clinical and care governance arrangements described in this framework are designed to assure Falkirk IJB, NHS Forth Valley and the Council, that the quality and safety of services delivered by its staff, and the outcomes achieved from delivery of those services, are the best possible and make a positive difference to the lives of the people of Forth Valley. The diagram at Figure 1 illustrates lines of accountability for the Falkirk IJB, NHS Forth Valley Board and Falkirk Council.

It is acknowledged that this framework will be updated to reflect experience of joint working and as local requirements for services are better understood and evolve.

In addition the framework will evolve as service delivery models change and the workforce become more integrated and changes to regulation occur.

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<sup>1</sup> Power to prescribe national outcomes [Public Bodies \(Joint Working\) \(Scotland\) Act 2014](#)



### 3. Definition of Clinical and Care Governance

The Scottish Government's National Framework, to guide Health and Social Care Partnerships on the setting up of their clinical and care governance arrangements has served as a useful foundation document for the Falkirk IJB Framework.

3.1. Annex C of the National Clinical and Care Governance Framework sets out in some detail the working definition to be applied to Integrated Health and Social Care Services in Scotland. This working definition is as follows:

- a) Clinical and care governance is the process by which accountability for 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.
- b) It is the way by which structures and processes assure Integration Joint Boards, Health Boards and Local Authorities that this is happening – whilst at the same time empowering clinical and care staff to contribute to the improvement of quality – making sure that there is a strong voice of the people and communities who use services, their unpaid carers and their families.
- c) Clinical and Care Governance should have a high profile, to ensure that quality of care is given the highest priority at every level within integrated services. Effective clinical and care governance will provide assurance to patients, service users, unpaid carers, clinical and care staff, managers, and members of the Integration Joint Boards.
  - Quality of care, safety of service users, effectiveness and efficiency drive decision making about the planning, provision, organisation and management of services.
  - The planning and delivery of services take full account of the perspective of patients, service users, unpaid carers, and their families.
  - Unacceptable clinical and care practice will be detected and addressed.
- d) Effective Clinical and Care Governance is not the sum of all these activities; rather it is the means by which these activities are brought together into this structured framework and linked to the corporate agenda of Integration Authorities, NHS Boards and Local Authorities.
- e) An important element of clinical and care governance is to support staff in continuously improving the quality and safety of care. However, it will also ensure that wherever possible poor performance is identified and addressed.
- f) Clinical and care governance issues may relate to the organisation and management of services rather than to individual decisions. All aspects of the work of Integration Authorities, Health Boards and Local Authorities should be driven by and designed to support efforts to deliver the best possible quality of health and social care. Clinical and care governance is principally concerned with those activities which directly affect the care, treatment, protection and support people receive whether delivered by individuals or teams.

#### **4. Role of a Clinical and Care Governance Committee in monitoring and assuring the quality of care and services**

The work of the IJB will be outlined in the Strategic Plan. This will link closely with Falkirk's Strategic Outcome Local Delivery Plan (SOLD) developed by the Community Planning Partnership. Successful strategic planning will result in partnership working to deliver and plan services that focus on people and their outcomes. Each IJB will have a plan that sets out its arrangements for integrated health and social care and how those arrangements will lead to the improvement of the outcomes for the communities it serves.

The quality of care provided within Falkirk Council and Forth Valley NHS partnership will be overseen by a Clinical and Care Governance Committee (CCGC) reporting to the IJB. This will provide assurance to the IJB, NHS Forth Valley and Falkirk Council that clinical and care governance as part of the planning and delivery of services, is being delivered effectively.

To maintain their independence as required by statute, the quality of decision making by Mental Health Officer's with regard to practice (including Adults with Incapacity and Guardianship responsibilities) will remain the responsibility of Falkirk Council.

The members of the Clinical Care Governance Committee will include:-

**Members of the Committee:**

- 4 members of the IJB to include 2 voting members, a third sector or public representative and a staff representative

**In attendance as professional advisors:**

- Chief Social Work Officer
- Chief Officer
- Professional Lead – GP\*
- Professional Lead – Nurse/AHP\*
- Head of Social Work Adult Services
- Head of Clinical Governance

\* The Medical Director and Director of Nursing will provide support and advice to the Professional leads

The role of the CCGC will be to ensure that there is effective clinical and care governance within the Partnership that provides assurance to patients, service users, unpaid carers and their families, clinical and care staff, managers, and members of the IJB.

The CCGC will be responsible for ensuring that the five key principles outlined in the National Framework of clinical and care governance is delivered by the IJB:

1. The partnership has clearly defined governance functions and roles are performed effectively.
2. Values of openness and accountability are promoted and demonstrated through actions.
3. Informed and transparent decisions are taken to ensure continuous quality improvement.
4. Staff are supported and developed.
5. All actions are focused on the provision of high quality, safe, effective and person-centred services underpinned by a human rights based ethos.

The basis for the work of each CCGC is set out as five process steps in the National Framework:

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 principles.

This will include review and scrutiny as appropriate of key information including that relating to:

- The National Health and Wellbeing outcomes
- National Care Standards
- The quality and safety of integrated health and social care services, including health and safety issues
- Service user and carer engagement
- Thematic analysis of adverse event data including complaints
- Significant adverse events including significant case reviews
- Impact assessment and learning from external publications (including policies, guidelines, inquiries, monitoring and standards)
- Professional regulation and fitness to practice
- Responses to external scrutiny and internal investigation
- The quality of decision making by Mental Health Officers
- The quality of practice in relation to Adults with Incapacity, Adult Support & Protection and Mental Health Care and Treatment statutory framework
- Clear delineation of responsibility/accountability around the roles and interdependencies of the Chief Officer and the Chief Social Work Officer.

The CCGC will establish an information sharing and strategic relationship with the Chief Officers Public Protection Group.

## **5. Roles and Responsibilities**

The National Framework identifies clear roles for members of the IJB and how they fulfil these.

Chairs, Council Leaders, NHS Non-Executive Directors & Elected Members will:-

- Create an organisational culture that promotes human rights and social justice, values partnership working through example; affirms the contribution of staff through the application of best practice including learning and development; is transparent and open to innovation, continues learning and improvement.
- Establish that integrated clinical and care governance policies are developed and regularly monitor their effective implementation.
- Seek reassurance that practice and standards related to public protection are robust.
- Require that rights, experience, expertise, interests and concerns of service users, unpaid carers and communities inform and are central to the planning, governance and decision-making that informs quality of care.

- Ensure that transparency and candour are demonstrated in policy, procedure and practice.
- Seek assurance that effective arrangements are in place to enable relevant Health and Social Care professionals to be accountable for standards of care including services provided by the third and independent sector.
- Require that there is effective engagement with all communities and partners to ensure that local needs and expectations for health and care services and improved health and wellbeing outcomes are being met.
- Ensure that clear robust, accurate and timely information on the quality of service performance is effectively scrutinised and that this informs improvement priorities. This should include consideration of how partnership with the third and independent sector supports continuous improvement in the quality of health and social care service planning and delivery.
- Seek assurance on effective systems that demonstrate clear learning and improvements in care processes and outcomes.
- Seek assurance that staff are supported when they raise concerns in relation to practice that endangers the safety of service users and other wrong doing in line with local policies for whistleblowing and regulatory requirements.

Chief Executives, Chief Officers, Directors or Equivalent will:-

- Embed a positive, sharing and open organisational culture that creates an environment where partnership working, openness and communication is valued, staff supported and innovation promoted.
- Provide a clear link between the organisational and operational priorities of NHS Forth Valley and Falkirk Council served by the IJB; objectives and personal learning and development plans, ensuring staff have access to necessary support and education.
- Implement quality monitoring and governance arrangements that include compliance with professional codes, legislation, standards, guidance and that these are regularly open to scrutiny. This must include details of how the needs of the most vulnerable people in communities are being met.
- Implement systems and processes to ensure a workforce with the appropriate knowledge and skills to meet the needs of the local population.
- Implement effective internal systems that provide and publish clear, robust, accurate and timely information on the quality of service performance.
- Develop systems to support the structured, systematic monitoring, assessment and management of risk.
- Implement a coordinated risk management, complaints, feedback and adverse events/incident system, ensuring that this focuses on learning, assurance and improvement.

- Lead improvement and learning in areas of challenge or risk that are identified through local governance mechanisms and external scrutiny.
- Develop mechanisms that encourage effective and open engagement with staff on the design, delivery, monitoring and improvement of the quality of care and services.
- Promote planned and strategic approaches to learning, improvement, innovation and development, supporting an effective organisational learning culture.
- Ensure compliance with professional standards, codes of practice and performance requirements and alignment of activities with organisational objectives and service user outcomes.
- Promote learning from good practice, adverse incidents, complaints and risks.
- Create an environment that supports the contribution of staff, their safety and professional development as well as supporting and enabling innovation.
- Establish clear lines of communication and professional accountability from point of care to Executive Directors and Chief Professional Officers accountable for clinical and care governance:
- This will include a relationship of accountability between the Adult Support and Protection Committee, the Child Protection Committee, the Strategic Oversight Group, MAPPA, the Alcohol and Drugs Partnership and Gender Based Violence. It is expected that the Public Protection Chief Officers Group would undertake this function.
- It is expected that this will include articulation of the mechanisms for taking account of the training environment for all health and social care professionals training (in order to be compliant with all professionals' regulatory requirements).

## **6. Professional Leadership**

The Chief Social Work Officer, the NHS Medical Director and the NHS Nursing Director (together, "the CCG Leads") will take the lead role in relation to Clinical and Care Governance. The NHS Medical and Nursing Directors will have arrangements in place for co-ordinating these functions across clinical groups. The Chief Social Work Officer will have arrangements in place for co-ordinating these functions across social care groups.

### NHS Medical Director

The NHS Medical Director is the individual appointed by NHS Forth Valley to provide the professional leadership for medical services and appointed by the Scottish Ministers as an Executive Board Member of NHS Forth Valley.

### NHS Nursing Director

The NHS Nursing Director is the individual appointed by NHS Forth Valley to provide the professional leadership for nursing and midwifery services and appointed by the Scottish Ministers as an Executive Board Member of NHS Forth Valley.

### Chief Social Work Officer

The role of the Chief Social Work Officer (CSWO) is to provide professional advice on the provision of social work services which assists authorities in understanding many of the complexities which are inherent across social work services. The principal functions relate to governance, management of risk, protection and the deprivation of liberty. The CSWO is a 'proper officer' in relation to the social work function: an officer given particular responsibility on behalf of a local authority, where the law requires the function to be discharged by a specified post holder. The CSWO has responsibility to advise on the specification, quality and standards of services commissioned.

The Medical Director and the Chief Social Work Officer will be responsible for providing professional advice to the IJB and the Chief Officer including any risks inherent in relation to any proposed actions.

### All those providing care & services

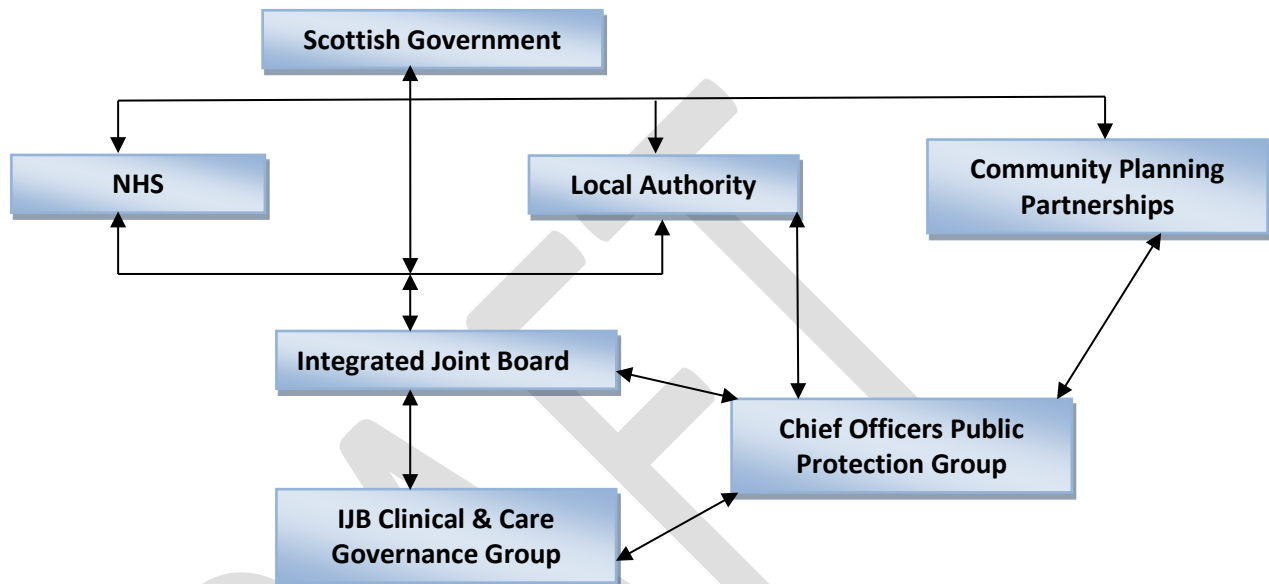
Each individual professional is expected to ensure that their professional practice and continuing educational development is evidence based with a focus on regulatory and continuous professional development requirements and standards therefore they will:-

- Practice in accordance with their professional standards, codes of conduct and organisational values.
- Be responsible for upholding professional and ethical standards in their practice and for continuous development and learning that should be applied to the benefit of the public.
- Understand their responsibilities relating to Public Protection.
- Have the necessary policies and procedures in place to report and manage incidents of suspected, witnessed or actual harm.
- Ensure the best possible care and treatment experience for service users and families.
- Provide accurate information on quality of care and highlight areas of concern and risk as required.
- Work in partnership with management, service users, unpaid carers and other key stakeholders in the designing, monitoring and improvement of the quality of care and services.
- Speak up when they see practice that compromises the safety of patients or service users in line with local whistleblowing policy and regulatory requirements.
- Engage with colleagues, patients, service users, communities and partners to ensure that local needs and expectations for safe and high quality health and care services, improved wellbeing and wider outcomes are being met.

## 7. Reporting Arrangements

\*\*Note - the governance diagram will be developed in the first development session of the new CCGC members, in advance of the inaugural committee.

The diagram below illustrates lines of accountability and reporting. They will send reports directly to the NHS Forth Valley Clinical and Care Governance Group and to the Falkirk Scrutiny Committee responsible for overseeing the quality of social work and social care services.



## 8. Information, Governance and Sharing

Existing information management and data sharing protocols will continue to be applied, and the standing principles that pertain to information governance will remain.