MINUTE OF MEETING OF THE CLINICAL AND CARE GOVERNANCE SUB-COMMITTEE

THURSDAY 30 JUNE 2016

SPYNIE DENTAL CENTRE, ELGIN

PRESENT

Ms Amanda Croft (Chair)	Exec Board Member, NHS Grampian
Councillor Patsy Gowans (Vice-Chair)	The Moray Council
Dr Ann Hodges	Registered Medical Practitioner, Non Primary Medical Services
Dr Graham Taylor	Registered Medical Practitioner, Primary Medical Services
Mr Ivan Augustus	Carer Representative
Ms Pam Gowans	Chief Officer, Moray Integration Joint Board
Mrs Linda Harper	Lead Nurse, Moray Integration Joint Board
Mrs Susan Maclaren	Chief Social Work Officer, The Moray Council
Mrs Liz Tait	Professional Lead for Clinical Governance
Mrs Val Thatcher	PPF Representative
Mrs Debbie Barron	Clinical Governance Facilitator
Mrs Isla Whyte	PA to the Chief Officer, as Clerk to the Committee

APOLOGIES

Mr Sean Coady	Interim Hosted Services Manager, Moray Health and Social Care Partnership
Ms Jane Mackie	Interim Joint Operational Manager (Adult Services), Moray Health and Social Care Partnership
Mr Tony Donaghey	UNISON, The Moray Council

1.	DECLARATION OF MEMBERS' INTERESTS
	There were no declarations of Members' interests in respect of any item on the agenda.
2.	**CLINICAL GOVERNANCE FRAMEWORK AND STRUCTURE**
	LT presented the Clinical & Care Governance Framework to members; the framework was approved by IJB in April 2016. SC and LT pulled the

	framework together, which sets out membership, role and remit, key aims and reporting arrangements. The Clinical and Care Governance Committee is a formal sub-committee of the IJB. The framework will be reviewed on a regular basis and changes made if necessary. Need to consider relationship from Grampian perspective re MH and LD, also Gmed; governance on behalf of other IJBs. At the end of each meeting an agreement will be reached on any actions or changes to be made. The group agreed the need to ensure shared culture; it is a new committee which aims to be honest and open. IA asked if it was appropriate to have closed sessions as per the framework. AC responded that closed sessions would be due to patient data/info and adhering to Data Protection Act. If a closed session is required this may often be followed by an open session where process would be discussed without the patient information.
3.	**TEMPLATES TO SUPPORT FRAMEWORK**
	LT presented the draft agenda, service reporting template with guidance note and clinical governance checklist. At the agenda setting meetings an agreement will be reached on a topic for discussion and relevant people to be invited. SM asked for 5e on the agenda template to be updated to read NHS Children's Services. IA asked that as part of the minutes a table of actions is produced after each meeting (action log). Service reporting framework – those completing these templates will be asked to show new areas of concern and what the service is doing to address those concerns and to be very clear what the implications are / risks are. PG stated the need to distinguish between recurring themes (everyday business) and those that need action / an adverse event. SM asked that complaints are included where the ombudsman cases section is on service reporting framework. It was noted that where private providers are concerned the care inspectorate would be leading on any investigations, however, the IJB would still need to be sighted on any issues. Every member of this group should feel confident to challenge anything; this will create a learning culture and good practice. **After discussion the sub-committee agreed** to use these templates for future meetings. Each service will complete a Service Reporting Framework template annually as part of a rolling programme (timetable to be agreed). However, there will be the opportunity to get a slot on any agenda if required. As sub-committee of the IJB an annual report will be written for the IJB. IJB also completes an annual report and the CSWO will continue to complete an annual report.

4.	**LEARNING DISABILITES TEST OF TEMPLATES**
	At the agenda setting meeting it was agreed to approach the DN and LD team to ask them to complete the Clinical Governance Checklist to test out template.
	AH asked that the LD team is asked to complete again from a Community LD team perspective and not just LD health service.
	After discussion the sub-committee agreed in terms of a template to use for self-assessment this is appropriate. Would expect that operational management team is happy with self-assessment before it is submitted here. Each service will be asked to complete an initial self-assessment, then again annually or sooner depending on information provided. Programme/timetable to be agreed.
5.	**DISTRICT NURSING TEST OF TEMPLATES**
	Covered under previous item.
6.	**ADVERSE EVENTS SUMMARY**
	To note – useful for group to be sighted on/ bring to everyone's attention.
	Group discussed the need to enable staff to hold SEA (Significant Event Analysis) effectively.
7.	**BLOOD TEST RESULTS**
	For information – example of good piece of work done locally. Item to be added to agenda for sharing good practice.
	PG noted that this sub-committee could put something to Cluster Quality Lead to raise with GPs and vice versa.
8.	**MORAY PODIATRY PATIENT EXPERIENCE REPORT**
	For information.
9.	**QUESTION TIME**
	DB asked for a timetable of meetings and agenda settings to ensure all papers are sent out to members 1 week prior to meeting.
	SM asked if it would be useful for the Child Protection Report to come here and other relevant reports. Group agreed yes.
	IA ask what the process was if the IJB were to receive a complaint. MF and PG to begin discussions regarding this. All complaints come through PG at the moment, with support from relevant staff. Complaints included within Code

	of Conduct. AH advised the LD and MH Clinical Governance meeting would continue with some information noted here but being dealt with there and vice versa. LH added the Gmed Clinical Governance Committee will also continue meantime. LT advised that DB pulled together short report regarding incidents in community hospitals for your information (paper tabled). This report is an example of the type of information that could be produced. PG stated that this is the type of information that local managers should be reviewing regularly and any issues that cannot be resolved could be escalated. It was agreed to include a section at the end of the agenda to agree what will be reported back to IJB ie areas of good practice or areas of concern.
10.	**DATE OF NEXT MEETING**
	To be arranged.