PERTH AND KINROSS HEALTH AND SOCIAL CARE PARTNERSHIP

Integration Joint Board

4 November 2016

CLINICAL, CARE & PROFESSIONAL GOVERNANCE PROGRESS REPORT

Chief Officer

PURPOSE OF REPORT
The purpose of this report is to provide an update with regards to the arrangements for Care & Professional Governance across the partnership, and activity and progress to date led by the Care & Professional Governance Forum.

---

1. **RECOMMENDATION(S)**

   a) That the board note the activity and progress made to date regarding the partnership arrangements for Care & Professional Governance.
   b) That the board approve the Forum Terms of Reference and Workplan for 2016/17.
   c) That the board approve the proposals outlined within section 3 of this report.
   d) That the board receives a further progress in six months time containing details of progress and further recommendations.

2. **SITUATION / BACKGROUND / MAIN ISSUES**

   Overview:

   On the 10th April 2015, the Perth and Kinross Health and Social Care Integration Pathfinder Board endorsed an integrated framework for Clinical, Care & Professional Governance. This framework is called "*Getting it Right for Everyone – a Clinical, Care and Professional Governance Framework'*, and has been agreed as the underpinning framework across the NHS and the three Local Authorities in Tayside.

   The framework also outlines a structure for assurance and scrutiny which identifies a need for a Care & Professional Governance Forum within each partnership. The forum has responsibility to ensure that there are effective and embedded systems for Clinical, Care & Professional Governance in all services within each partnership.

The Perth & Kinross forum first convened on 21st January 2016, and were joined by the Chief Officer for the partnership, who provided an overview of the Clinical, Care & Professional Governance Framework. The forum were also provided with an overview of the clinical and care governance structures and activity in place within the former CHP and within Community Care services.

Initial domain mapping:

On the 10th February 2016, the forum met for the second time, and conducted a mapping exercise across all six domains. The purpose of this exercise was to gain a more in depth understanding of the arrangements and activity already in place within partnership services. It also provided an opportunity to identify areas of commonality, and areas within which the group felt priority of focus should be given. The following extract from the outcome of this mapping exercise shows these in detail:

	Areas of Commonality	Areas for Priority
DOMAIN 1 INFORMATION GOVERNANCE	Data Protection policies. Data retention	Performance management – robust data. Links to performance framework to IJB. Information sharing. Providing interpretation of data. Mobile working and access to information
DOMAIN 2 PROFESSIONAL REGULATION & WORKFORCE DEVELOPMENT	Process for registration and revalidation. CPD and appraisal processes.	Staff employed in partnership that are not registered within any professional body. Difficulty progressing job planning in Dental due to delay rolling out Zircadian. Work to define new capabilities and development within the partnership. Common, joint induction? - Will help with flexible working, keeping in mind recruitment and retention challenges. Assurances around appropriate training. Standardised supervision and a common definition?
DOMAIN 3 PATIENT, USER, CARER, STAFF SAFETY	Infection Prevention & Control processes and assurances	Business Continuity and Resilience Planning. Joint learning from adverse events and near misses. Ensuring monitoring of trends. Ensure we maintain no-blame and learning culture.
DOMAIN 4 PATIENT, USER, CARER & STAFF EXPERIENCE	Staff feedback (iMatters within Health), annual staff survey within SW&SC. Participation & Engagement Strategy. Moving towards integrated complaints process.	Work towards common method of feedback within partnership. Ensuring we act on feedback. Ensure we seek feedback from all groups of patients. Staff support – supporting staff with stress. Patient / service user and carer forums – more involvement.
DOMAIN 5 REGULATION, QUALITY AND EFFECTIVENESS OF CARE	Professional and clinical/care Standards in place and embedded.	Ensuring person centred care. HEAT targets not necessarily focussed on care quality. Revisit the standards within the joint inspection. Having outcomes focussed approach.
DOMAIN 6 PROMOTION OF EQUALITY & SOCIAL JUSTICE	IJB has approved Participation & Engagement Strategy	Contribute to a reduction in health inequalities. Access to services and encouraging engagement. Public health involvement and input. Need to consider the localities within the partnership.

Establishing membership and terms of reference:

The membership of the forum endeavours to ensure that all partnership services (including hosted services), as well as professional representatives have membership at the forum. The membership has been adjusted throughout the year to ensure that representation is appropriate without the forum becoming unmanageably large.

The group terms of reference (*appendix 1*) was discussed and agreed at the forum meeting on the 16th March 2016. These outline in broad terms the purpose of the forum, as well as the responsibilities for both the group and its members.

The forum has responsibility for:

- Agreeing a workplan for the current financial year, and submitting this for endorsement to the P&K Integrated Joint Board. The workplan will take cognisance of national and local priorities, in particular the P&K Strategic Commissioning Plan.
- Ensuring that partnership services provide evidence that care is delivered in the context of the 6 domains of Clinical, Care & Professional Governance. This will be achieved through a set of agreed reports at each meeting.
- Ensure that there is a robust reporting and assurance mechanism for those services which are hosted within the partnership but do not solely operate within P&K.
- Ensuring that partnership services provide evidence that they proactively identify any risks within their service, and that any identified risks are actively controlled and managed.
- Ensuring that forum members act as a conduit for information to and from staff within their service or profession.
- Agreeing a series of measures and indicators which will support partnership services in providing assurances of high quality care provision.
- Sharing best practice and innovative ways of working across the partnership.
- Ensuring close liaison and sharing of best practice with the other two Care & Professional Governance Forums within Tayside.
- Routine performance reporting (through the partnership Joint Performance Framework), and provision of assurance to the P&K Integrated Joint Board.
- Routine provision of assurance to the Tayside Clinical, Care & Professional Governance Forum.

Forum members have responsibility for:

- Providing updates with regards to performance, improvements or care risks within their respective services, along with data for improvement.
- Providing updates with regards to any significant events, complaints, and the progress with associated actions.
- Providing the forum with any learning which may be applied to other parts of the partnership or partnerships across Tayside. This includes learning from complaints, adverse events or examples of exemplar practice.
- Reporting back to their respective services on any pertinent information or actions agreed at forum meetings.
- Keeping abreast of Clinical, Care & Professional governance issues in order to shape and influence the work of the forum.

Forum workplan, domain leads and updates

As described above, the first key responsibility identified for the forum is to create a workplan for the current year. A draft workplan was created using the outcomes of the domain mapping exercise carried out on the 10th February 2016. An initial draft was discussed at the forum on the 16th March 2016, and the content was expanded to include additional objectives and actions, resulting in the final version (*appendix 2*).

The workplan is separated out into sections for each of the six Care & Professional Governance domains. Each domain has several group members identified as leads, and they have responsibility to progress the objectives and actions within each domain. Updates on progress within each domain are provided at each forum meeting.

When discussing and agreeing the final workplan, the forum was aware of the importance of ensuring alignment of priorities with the partnership Strategic Commissioning Plan. The forum is also aware that a number of forum members are leads within the partnership transformation projects, and that the forum should ensure the workplan supports this activity.

Gap analysis

As previously described, the Tayside Clinical, Care and Professional Governance Framework describes six key domains which all services should be able to demonstrate adherence to. To allow a baseline measurement of adherence to these domains, several NHS Tayside services agreed to conduct a "*Gap Analysis*" (appendix 3). This Gap analysis involved a facilitated discussion with service representatives, using a series of questions designed to assess how robust the services arrangements were within each domain.

This Gap analysis was initially carried out within NHS Tayside Allied Health Professions, and NHS Tayside Pharmacy services. Both of these services found the exercise to be valuable, and allowed them an opportunity to self-asses and establish areas which required improvement.

More recently, the Gap analysis has been carried out within P&K Community Nursing Services, and within the Third Sector by way of two workshops with third sector representatives.

The results and findings of the use of the Gap analysis within all of these services were discussed at the forum meeting on the 12 August 2016, and it was clear the value that this process had brought to those services. Therefor, the forum agreed that all services within the partnership would conduct the same exercise using the Gap analysis to self-assess their compliance with the six domains.

Feedback from the results of this will allow the forum to build a picture across the partnership as to any areas which are found to be consistently challenging, in order that these can be prioritised for improvement. Likewise, it will also identify areas of operating excellence, and learning can be shared across partnership services as to how this was achieved.

Seeking assurances:

The Care & Professional Governance Forum should seek assurances from all partnership services that care provision is delivered within the context of the six domains of Clinical, Care & Professional governance. These domains are:

- Information Governance
- Professional Regulation & Workforce Development
- Patient, Carer & Staff Safety
- Patient, Carer & Staff Experience
- Regulation, Quality & Effectiveness of Care
- Promotion of Equality & Social Justice

The forum has been working towards a process in which all services will provide ongoing assurance to the forum that there are robust processes in place for all six domains, and that there are ongoing efforts to further improve. This assurance will include both qualitative and quantitative information which will be reported to the forum on a regular basis throughout the year, and will be used to provide assurances to the Integrated Joint Board of the provision of high quality care.

A draft reporting template has been created to allow the above reporting assurance to take place across the partnership, and it is intended that all services will submit a completed report for feedback and discussion at the Care & Professional Governance meeting in December 2016.

The group has also identified that it has a key role in being aware of any upcoming internal or external inspections to partnership services, and to received feedback on the results and any recommendations of these inspections. At the forum meeting on the 12 August 2016, a summary of the findings from the inspection of HMP Open Estate at Castle Huntly was provided. This inspection was carried out by Her Majesty's Inspectorate of Prisons for Scotland (HMIPS) from the 22nd to 29th February 2016.

3.   **PROPOSALS**

As described above, the forum has agreed its purpose and areas of priority for the current financial year, and these are outlined within the Terms of Reference and Workplan. As the forum progresses, it will require to adapt and respond to developments within the partnership, and be in a position to provide appropriate advice and assurances. It is proposed that in its future development, the forum should:

- Consider the potential clinical, care or safety implications of service transformation proposals, and provide advice and guidance to the partnership with regards to these.
- Maintain an ongoing overview of all significant adverse events which occur within partnership services, the root causes of these adverse events, and the actions being taken to minimise the likelihood of reoccurrence.
- Ensure that as locality structures are further developed, that the principles of Care & Professional Governance are embedded at the outset. Localities should develop a strong foundation of Care & Professional Governance awareness and activity, in conjunction with professional leads who will support the embedding of the Care & Professional Governance Framework.
- Ensure that the Forum enables learning across services, disciplines and agencies, as well as the sharing of good practice and innovative ways of working.
- Ensure that the Forum prioritises future activity based on the forum terms of reference and workplan, as well as the partnership strategic commissioning plan.
- Complete some financial planning around resources needed to roll out the Care & Professional Framework and consolidation within localities.

4.   **CONCLUSION**

The Care & Professional Governance Forum is now well established, with a broad range of representation and with a clear remit and workplan for the current financial year.

Proposals for how the Forum should further develop have been outlined above. Key within future development will be to ensure the Forum provides advice and guidance regarding the care implications of any service transformation proposals, as well as supporting the delivery of high quality, safe care in future locality working arrangements.

Author(s)

Name	Designation	Contact Details
Bill Atkinson	Director of Social Work & Housing	batkinson@pkc.gov.uk
Mark Dickson	Clinical Governance & Risk Coordinator	mark.dickson@nhs.net

PERTH & KINROSS HEALTH & SOCIAL CARE PARTNERSHIP (HSCP)

PERTH & KINROSS CARE & PROFESSIONAL GOVERNANCE FORUM

TERMS OF REFERENCE 2016/17

1. Chairpersons & Executive Lead

The forum is jointly chaired by the Director of Social Work & Housing, and the partnership Clinical Director. The Executive Lead is Evelyn Devine, Interim Lead Officer.

2. Support Officer

The Support Officer for this forum is Rose Wallace. Any updates for the forum or suggested agenda items should be submitted to rosewallace@nhs.net or 01738 459554.

3. Purpose of Forum

The Forum has responsibility to ensure that there are effective and embedded systems for Clinical, Care & Professional Governance in all services within the partnership.

This will involve seeking assurances from all partnership services that care provision is delivered within the context of the six domains of Clinical, Care & Professional governance. These domains are:

- Information Governance
- Professional Regulation & Workforce Development
- Patient, Carer & Staff Safety
- Patient, Carer & Staff Experience
- Regulation, Quality & Effectiveness of Care
- Promotion of Equality & Social Justice

The forum will work towards a process in which all services will provide ongoing assurance to the forum that there are robust processes in place for all six domains, and that there are ongoing efforts to further improve. This assurance will include both qualitative and quantitative information which will be reported to the forum on a regular basis throughout the year, and will be used to provide assurances to the Integrated Joint Board of the provision of high quality care.

The forum will make recommendations in relation to care or professional governance issues or processes across the partnership. The forum also has a key responsibility in enabling learning across services, disciplines and agencies, as well as the sharing of good practice and innovative ways of working.

The partnership brings together a wide range of services, each of which has a unique perspective and areas of operating excellence. By exploring and embracing these different perspectives, the forum will seek to create a shared understanding of how we can deliver integrated, high quality care within Perth & Kinross.

4. Membership

Forum members will be provided with meeting dates in advance, and are expected to attend all meetings. In the exceptional instances where the representative is not able to attend, a deputy should attend in their place.

Bill Atkinson, Director of Social Work & Housing, Perth & Kinross HSCP *(Co-Chair)*
Robert Bain, Clinical Team Manager, Learning Disabilities, NHST
Morag Curnow, Clinical Dental Director, NHST PDS
Jane Dernie, Lead AHP, Perth & Kinross HSCP
Evelyn Devine, Interim Lead Officer, Perth & Kinross HSCP
Mark Dickson, Clinical Governance & Risk Management Coordinator, Perth & Kinross HSCP
Tim Elworthy, Consultant, Tayside Substance Misuse Service
Alison Fairlie, Team Leader, Community Care – Mental Health, Perth & Kinross HSCP
Jim Foulis, Associate Nurse Director, Nursing Directorate, NHST
Diane Fraser, Head of Community Care, Perth & Kinross HSCP
Clare Gallagher, Executive Director of Independent Advocacy in Perth & Kinross
Jillian Galloway, Service Manager, Prisoner Healthcare, Perth & Kinross HSCP
Grace Gilling, Head of Perth & Kinross Adult Mental Health Service, Perth & Kinross HSCP
Sandra Gourlay, Service Manager Community Nursing & Lead Nurse, Perth & Kinross HSCP
Colin Johnston, Head of Community Care, Perth & Kinross HSCP
Beth McDowall, Project Manager, Perth & Kinross HSCP
Helen McKinnon, Chief Officer, Third Sector Interface, PKAVS
Morag Martindale, Clinical Director, Perth & Kinross HSCP *(Co-Chair)*
Karen Melville, Pharmacy Lead, Perth & Kinross HSCP
Sue Muir, Head of Older Peoples Services, Perth & Kinross HSCP
Mary Notman, Adult Support & Protection Coordinator, Perth & Kinross HSCP
Karen Ozden, Director of Mental Health, NHST
Neil Prentice, Associate Medical Director of Mental Health, POA, NHST
Karen Sharpe, Service Manager, Perth & Kinross HSCP

Representatives from the following services will be asked to attend when required:

- OHSAS
- Infection Prevention & Control
- Complaints and Advice / Customer Liaison
- Workforce
- Any individual with specialist expertise relevant to a specific item of business can be invited to attend.

5. Quorum

The forum will be quorate if seven members are present, and at least two of the partners are represented.

6. Frequency of Meetings

The forum will meet every 2 months.

7. Remit

The forum has responsibility for:

- Agreeing a workplan for the current financial year, and submitting this for endorsement to the P&K Integrated Joint Board. The workplan will take cognisance of national and local priorities, in particular the P&K Strategic Commissioning Plan.
- Ensuring that partnership services provide evidence that care is delivered in the context of the 6 domains of Clinical, Care & Professional Governance. This will be achieved through a set of agreed reports at each meeting.
- Ensure that there is a robust reporting and assurance mechanism for those services which are hosted within the partnership but do not solely operate within P&K.
- Ensuring that partnership services provide evidence that they proactively identify any risks within their service, and that any identified risks are actively controlled and managed.
- Ensuring that forum members act as a conduit for information to and from staff within their service or profession.
- Agreeing a series of measures and indicators which will support partnership services in providing assurances of high quality care provision.
- Sharing best practice and innovative ways of working across the partnership.
- Ensuring close liaison and sharing of best practice with the other two Care & Professional Governance Forums within Tayside.
- Routine performance reporting (through the partnership Joint Performance Framework), and provision of assurance to the P&K Integrated Joint Board.
- Routine provision of assurance to the Tayside Clinical, Care & Professional Governance Forum.

Forum members have responsibility for:

- Providing updates with regards to performance, improvements or care risks within their respective services, along with data for improvement.
- Providing updates with regards to any significant events, complaints, and the progress with associated actions.
- Providing the forum with any learning which may be applied to other parts of the partnership or partnerships across Tayside. This includes learning from complaints, adverse events or examples of exemplar practice.
- Reporting back to their respective services on any pertinent information or actions agreed at forum meetings.
- Keeping abreast of Clinical, Care & Professional governance issues in order to shape and influence the work of the forum.

8. Reporting Arrangements and Schedule

The forum has in place a workplan, which is revised and agreed annually. All partnership services updates and progress are provided by services through exception reporting at each meeting.

The forum will submit an annual report to the Integrated Joint Board, and will provide performance information to the IJB via the Joint Partnership Performance Framework.

9. P&K HSCP Services

Health Services	Social Work & Social Care Services	Hosted Services	Third Sector Services
District Nursing	Social Work	Learning Disability Inpatient Services	
Substance Misuse	Social Care	Substance Misuse Inpatient Services	
Primary Medical Services		Public Dental Services	
General Dental Services		General Adult Psychiatry Inpatient Services	
Ophthalmic services		Podiatry	
Community Geriatric Medicine		Prison Healthcare	
Primary medical services to patient OOH			
Community Palliative Care			
Community Learning Disability services			
Community Mental Health services			
Community Continence services			
Community kidney dialysis services			
Public Health Promotion			
Allied Health Professionals			
Community Hospitals			
Psychiatry of Old Age			
Medicine for the Elderly			

Perth & Kinross Health
& Social Care Partnership

P&K Care & Professional Governance Forum

Draft Workplan (2016-17)

Last Updated:
17 September 2016

Information Governance

ID	OBJECTIVE	ACTION	UPDATES	STATUS
1a	**Promote a culture of openness in the sharing of information across health and social care professionals and agencies**	Provide care and professional governance advice and support in the development of shared information systems	Working Groups are in place to ensure that clinical input is provided to the development of EMIS. CPGF will seek updates on the development of Trakcare, and STRATA to promote shared information systems	
1b		Provide care and professional governance advice and support in the development of mobile working and remotely accessing patient care information	CPGF will seek updates on relevant systems eg Mobile Swift to ensure HSCP requirements are addressed. Need for direct involvement in TRAK/EMIS/Digital Platform	
1c	**To have in place a series of key measures which provide assurances with service performance in relation to Care & Professional Governance arrangements and activity**	Identify key measures for services to report to the Forum	Quality Assurance Framework is being developed in PKC; core measures are recorded through Qlikview by NHST. Recommend a proposal be submitted to CPGF which identifies the key measures across the HSCP to be reported to CPGF	
1d		Ensure that data regarding Clinical, Care and Professional Governance are populated within the P&K Performance Governance Framework	HSCP Joint Performance Framework Group will support this as part of the Joint Performance Framework implementation.	
1e	**To be assured that all services can demonstrate adherence with data protection and Information Governance requirements, including awareness amongst staff of their responsibilities.**	All services to demonstrate they adhere to data protection requirements, and that staff have conducted Information Governance training	PKC and NHS have elearning module; monitored at service level as part of mandatory training plan. Third sector arrangements to be checked	
1f	**To be assured that all services can demonstrate good record keeping in line with professional obligations, and that improvement plans are in place where appropriate**	All services to demonstrate they have in place a process within which they conduct audits of the quality of record keeping, and prioritise any areas for improvement	Case file audits and documentation audits are carried out regularly. Work is needed to evidence this, and agree exception reporting to CPGF	

Professional Regulation & Workforce Development

ID	OBJECTIVE	ACTION	UPDATES	STATUS
2a	**To be assured that all services comply with appropriate professional standards and codes of practice**	All services to provide assurances that they are aware of the professional responsibilities of staff within their service, and that staff comply with all professional standards and codes of practice.	The Forum will need assurances that registration / revalidation mechanisms are in place for each profession. Also in relation to eksf / ERD completed	
2b		Ensure professional accountability is clear for those staff employed within or employed by the partnership who are not registered with a professional body	PIN guidelines – staff not linked to a Professional Body should comply with the Health Workers Handbook. Further consideration required for accountability for private providers of care.	
2c		Define core competencies, skills and knowledge and development for staff within the partnership	One of the priorities for action will be to draw up guidance so that there is appropriate governance and accountability to enable work to be delegated within integrated locality teams.	
2d	**To be assured that the workforce has the appropriate training, competencies and professional support to allow them to deliver high quality care**	Initiate work towards a common, joint staff induction within the partnership	The Forum requires assurance that every HSCP service will have an induction programme in place containing core elements agreed by the Forum	
2e		Create a shared understanding across the partnership of staff supervision definitions and expectations.		
2f		Seek assurances that all staff are appropriately trained for their role		

PATIENT, SERVICE USER, CARER AND STAFF SAFETY

ID	OBJECTIVE	ACTION	UPDATES	STATUS
3a	**To be assured that all services have a proactive approach to risk identification and risk management, and that any significant risks are appropriately escalated**	All services to provide assurances that any risks to service delivery or safety are identified, managed and escalated where appropriate	A risk assessment and risk management process is being trialled within Community Care. Further work required towards having a joint risk sharing process.	
3b		All services to provide assurances that any appropriate learning from adverse event and near misses is identified and shared across all appropriate services.	Health services use DATIX for the reporting, and adherence to the Adverse Event Management Policy ensures that learning from adverse events and near misses are identified and shared. Significant Case Reviews (multi-agency), and Local Adverse Event Reviews	
3c	**To be assured that all services have a robust process for Adverse Event Management, including the learning and sharing of learning following an incident or near miss.**	Explore the possibility of having a common mechanism to report adverse events within the partnership (ie – DATIX).	This has been raised with the DATIX team in NHST.	
3d		All services to provide assurance that there is a culture in which staff report adverse events and near misses, and are open and transparent.	There is a good culture of reporting incidents within health, and this has been reinforced consistently for many years.	
3e		All services to provide assurance that that any trends in relation to adverse events or near misses are identified and explored.	Identification of trends and patterns is performed through DATIX for health services. The ability to undertake this within Community Care will be explored.	
3f	**Ensure robust Business Continuity Planning (BCP) arrangements across the partnership**	Ensure that when existing BCP's are being reviewed, that they take into account partnership arrangements	A mapping is due to be undertaken of the plans in existence within health and identification of those which should be joint plans.	
3g		Have in place Business Continuity arrangements which reflect integrated locality working.	As above	
3h	**Ensure there is a joint approach to Health & Safety Management throughout the partnership**	Work towards having joint groups for H&S management within the partnership	Links made with the Housing & Community Care H&S group via John Handling.	
3i		Ensure that there is appropriate reporting and assurance of H&S activity and any risks to this group	Key H&S reporting and activity should be included as part of the service exception report to this group.	

49

PATIENT, SERVICE USER, CARER AND STAFF EXPERIENCE

ID	OBJECTIVE	ACTION	UPDATES	STATUS
4a		All services to provide assurances that they seek real time feedback from patients, service users and carers, and use this information to shape service delivery	Current arrangements: 1. Annual customer survey 2. Annual carers survey 3. Care assurance tool completed monthly in all ward areas for MFE; to be rolled out in all inpatient areas 4. Monitoring and reporting of commissioned services should assure around engagement, feedback and complaints mechanisms within third / independent sector Next steps: to create a reporting mechanism to CPGF	
4b	**To be assured that all services have a process for obtaining feedback from patients, service users and carers**	All services to involve patient/service user and carer forums to obtain feedback where appropriate	Current arrangements: 1. Care home resident survey 2. Service feedback questionnaires 3. service specific patient and carer forums 4. Carer and Service User Forums now established/ developing and endorsed by the IJB as conduits for strategic engagement. Next steps: to build the profile and strategic connections of the forums across the partnership and to leverage locality connections	
4c		Work towards joint feedback mechanisms (service users, carers and staff) where possible within the partnership	Current arrangements: 1. Service user feedback. "you said, we did" 2. Join the Conversation Next steps: Opportunity to explore join mechanisms initially through integrated care teams and ECS ?	
4d		Ensure that services seek feedback from all groups of patients, including those for who traditional feedback mechanisms are more challenging.	Current arrangements: Prison based SW feedback Community payback client feedback Safer communities customer feedback	

50

Ref	Description	Current arrangements / Next steps
		Next steps: CPGF to agree format/ indicators for feedback across services to report to CPGF
4e	All services to provide assurances that all staff have an approach to hearing and acting upon concerns before they become complaints	Current arrangements: 1. Complaints (informal) process 2. Procedures in place to support frontline responses to early feedback to support improvement 3. Joint media protocols in place Next steps: CPGF to recommend governance arrangements for reporting and format of complaints into HSCP
4f	Link in with work ongoing nationally to agree a joint approach to the management and handling of complaints.	Current arrangements: Complaints (formal) process Next Steps: Joint arrangements to complaints handling are developing
4g	**To be assured that all services have a process for obtaining feedback from their staff** All services to provide assurances that they seek feedback from their staff, and use this information to shape service delivery and workforce development	Current arrangements: 1. Annual staff survey. Feedback is currently cascaded throughout organisations and informs improvement plans 2. Team feedback forms 3. Learning and Development needs analysis- annual review 4. Team development days 5. ERD/ supervision
4h	Explore themes with the NHST iMatter survey and recent PKC staff surveys	Next steps – work towards developing a partnership workforce survey that includes all sectors
4i	**To be assured that all services have a person centered approach to care in which patients, services users and carers have a central role in identifying their desired outcomes** All services to provide assurances that their approach to care is person centered, and that patients, service users and carers have a central role in identifying their desired outcomes	Current arrangements: 1. NHS Values 'putting patients first' is monitored at ward, management and corporate levels 2. Outcome Focussed Assessment 3. Personal Outcome Plans 4. SDS support planning process 5. Learning and Development training plan 6. "Involving Patients & Carers and the Public eLearning

	Module 7. Joint - Person centred planning framework Next Steps: Move towards outcome-focused commissioning and reporting would assure this in third / independent sectors

REGULATION, QUALITY & EFFECTIVENESS OF CARE

ID	OBJECTIVE	ACTION	UPDATES	STATUS
5a	**To be assured that services have an ongoing process to self evaluate the extent to which their service provides person centred care**	All services can evidence improved outcomes for people who use or may need services	Person centred framework implementation to be agreed	
		to provide assurances that they have in place a process of self evaluation and self assessment, with associated actions plans for improvement	Need to agree applicable system of self evaluation	
5b		All services to further develop integrated pathways of care	Identify key priority areas for pathway review/ development	
5c	**To be assured that services are prepared for any inspections, audits or visits to any partnership services, and that any risks or improvement required are escalated**	All services to provide assurance of preparedness for any internal or external inspections, audits or visits	Need to produce informed programme of inspections (announced or unannounced) of all services. Identify the interests of inspection bodies and be proactive in preparedness and preparation.	
5d		All services to demonstrate progress with any actions identified following any inspection, audit or visit to their service.	Review the findings of the Joint Inspection of adult and social care services for older people, carried out in 2013 and establish progress to date	
5e				

53

PROMOTION OF EQUALITY AND SOCIAL JUSTICE

ID	OBJECTIVE	ACTION	UPDATES	STATUS
6a	**To be assured that all partnership services demonstrate activity that support the improvement cycle to reducing inequalities in the delivery of services**	All services to provide assurances that they undertake impact assessments for service developments to help inform where inequalities can be reduced.		
6b		All services to provide assurances that care is delivered in way which does not increase inequalities, and there is equitable access to services		
6c		Ensure services use information from public health information to help inform where there may be health inequalities.		
6d	**To be assured that all services have staff who are aware of their responsibilities in relation to Equality and Diversity**	All services to provide assurances that staff are appropriately trained with regards to their Equality and Diversity responsibilities.		

PERTH AND KINROSS HEALTH AND SOCIAL CARE PARTNERSHIP

CLINICAL AND CARE GOVERNANCE QUESTIONS FOR GAP ANALYSIS – August 2016

PROFESSIONAL REGULATION AND WORKFORCE DEVELOPMENT

1. What systems are in place for new staff induction?

2. Do you measure staff performance against their professional standards?

3. What systems do you have in place for ongoing staff clinical/care training?

4. Do you give registered staff protected time to support their continuing professional development?

5. What do you do to support clinical supervision within your service

6. Does your service link with national clinical effectiveness/practice development networks?

7. How do you ensure registration is in place for all professionally registered staff?

8. Have all your staff had an eKSF /PDP/ERD and objectives set in the last year?

9. Does your service actively support student education programmes

10. Do you have a current workforce plan that you are working towards?

PATIENT STAFF AND CARER SAFETY

11. What documentation do you currently use for health and safety?

12. Do you use any competency frameworks for support/unqualified staff

13. Do you have any standard operating procedures in place within your service?

14. Do you use a specific risk management process?

15. How do you ensure all staff have completed mandatory/statutory training?

16. Do you have a current business continuity plan?

17. Do you have plans in place to ensure your services/teams are externally audited for H&S?

18. How are staff enabled to report incidents and how do you action/review these incidents?

PATIENT/ SERVICE USER/CARER AND STAFF EXPERIENCE

19. How do you currently receive feedback about staff experiences?

20. How do you currently receive feedback about patient/service user experiences?

21. How do you currently receive feedback about carer experiences?

22. Are patients/service users actively involved and engaged with making changes to service provision?

23. Are carers actively involved and engaged with making changes to service provision?

24. If complaints are received how do you act upon actions that may be required?

REGULATION, QUALITY AND EFFECTIVENESS OF CARE

25. How do you know that the services you provide are person centred**?**

26. How do you know that the services you provide are effective?

27. How do you measure that the services you provide are efficient?

28. How do you know that the services you provide are equitable?

29. How do you know that your services are delivered in a timely manner?

30. Do you have any quality improvement activity happening within your service

31. Are your services being provided in accordance with best evidence based practice? Clinical research?

INFORMATION GOVERNANCE

32. Do you have review processes in place for your clinical/care record keeping?

33. Is the same core documentation/record keeping being used in all areas?

34. Is there duplication of paper documentation and data entry within your service?

35. Is your service currently complying with NHS Tayside/P&K Local authority storage and retention of records policy?

36. Are IT systems used for all professional documentation within your service?

37. Are you using telehealth/telecare/mobile IT options within services?

38. Do you have the right data and information at the right time in order to evidence the effective outcomes of service provision?

PROMOTION OF EQUALITY AND SOCIAL JUSTICE

39. To what extent do you currently use data and intelligence on local health inequalities and their causes to inform service developments?

40. Do you understand the health needs of the patient/service user population that you serve?

41. To what extent do you co commission, co design, and co-assess services?

42. To what extent do you co-deliver services with your patient/service users?

43. To what extent do you ensure that services are targeted at areas of greatest need with patients/service users?