Dundee
Health & Social Care
Partnership

REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD –
                 25 JUNE 2019

REPORT ON: ANNUAL REPORT OF THE DUNDEE HEALTH AND SOCIAL CARE
                 PARTNERSHIP CLINICAL, CARE & PROFESSIONAL GOVERNANCE
                 GROUP

REPORT BY: CHIEF OFFICER

REPORT NO: DIJB32-2019

1.0 PURPOSE OF REPORT

This annual report is to provide information to the Integration Joint Board regarding matters of Clinical, Care and Professional Governance. In addition, the report provides information on the business of the Dundee Health & Social Care Partnership Clinical, Care and Professional Governance Group (CCPG Group), previously known as R2, and to outline the ongoing planned developments to enhance the effectiveness of the group.

2.0 RECOMMENDATIONS

It is recommended that the Dundee IJB:

2.1   Notes the content of this report.

2.2   Notes the progress made against the Annual Work Plan as attached at Appendix 1.

2.3   Notes the work undertaken by the Dundee Health and Social Care Partnership Clinical, Care and Professional Governance Group (R2) from April 2018 – April 2019 to seek assurance regarding matters of Clinical, Care and Professional Governance (Sections 4.2 – 4.5).

3.0 FINANCIAL IMPLICATIONS

None.

4.0 MAIN TEXT

4.1 Background

4.1.1   The purpose of this annual report is to inform the Integration Joint Board of the activities of the CCPG Group. The activities of the CCPG Group are governed by 'Getting it Right for Everyone – A Clinical, Care and Professional Governance Framework'. The report covers the period April 2018 to March 2019.

4.2 Dundee Health and Social Care Partnership Clinical, Care and Professional Governance Group

4.2.1   The CCPG Group meets every two months. The members of the CCPG Group consider:

- Service Area Reports/Service Area Updates (reported in Sections 4.3.2 – 4.3.8 of this report).

- The Risk Register (reported in Section 4.4 of this report).
- Outcome of Inspection Reports.
- Updates on Clinical Governance and Risk Management Local Adverse Event Reviews/Significant Case Adverse Event Reviews/Significant Case Reviews.
- Exception reports relevant to the Clinical, Care and Professional Governance Domains as reported in Section 4.5 of this report.
- Processes for the introduction of new clinical, care and professional policies and procedures.

4.2.2 Over the past year the CCPG Group has sought to support the sharing of information across a range of services and to ensure the work of the CCPG Group reflects the broad range of services delegated to the Integration Joint Board. While the breadth of service considerations can be a challenge for CCPG Group members, in that there remains a level of variance in the style and detail of governance reporting across the partnership, the CCPG Group has retained an objective to develop a fuller understanding of each of the services and the associated risks. Each service has now reported through the Governance structure at least once over the past year and work is ongoing to develop a system whereby more regular, comprehensive reporting will be undertaken by all teams throughout each calendar year, making best use of the available time and targeting the analysis at core and service specific data.

4.2.3 Throughout the year, members of the CCPG Group, along with the Chief Social Work Officer, have been invited to attend the Clinical Quality Forum (NHS Tayside) to further develop a sharing of information and scrutiny at a Tayside wide level. Reporting into the Clinical Quality Forum from the Health and Social Care Partnerships has provoked much debate and work continues between the Partnerships and NHS Tayside in reaching agreement for the most suitable and appropriate datasets and report content.

4.2.4 The following table has been formulated to articulate the reporting requirements through each of the governance forums. Clinical, Care and Professional Governance Forum (CCPGF), Clinical, Care and Professional Governance Group (CCPGG) and Clinical Quality Forum (CQF).

4.2.5 The CCPG Group prepares an annual work plan which sets out both the outcomes and actions to be progressed during the reporting year. The progress against the action plan is combined in Appendix 1.

	CCPGF	CCPGG	CQF
Scorecard	Full	Exceptions (from scorecard	Persistent exception (Three reports) Exceptions affecting multiple teams. Level of risk (High)
DATIX Themes / Action Taken	Full All Reported and Themed	Exceptions (Individual / Themes)	Persistent exception (Three reports) Exceptions affecting multiple teams. Level of risk (High)
Red Events	All	All	Overview – Themes / Numbers
LAER/OAER/SCR	All reported and learning shared	High Level Summary	Exceptions Organisational learning Organisational risk
Complaints (and SPSO)	All – Learning shared	Quality report (Sample) Upheld Status Report SPSO + Exception	SPSO Numbers Organisational learning
Risks	All (Detailed in scorecard)	High level report with assurance	Overview Report. Persistent exception

	CCPGF	CCPGG	CQF
		statement. Persistent long term risks. Transient Risks	(Three reports) Exceptions affecting multiple teams. Level of risk (High)
Inspection Reports	Action Plan Produced Per Team (where applicable)	Action Plan Produced Per Team (where applicable)	Overview Statement
Standards / Legislation / Guidelines	New Standards Reported	Agenda items ad hoc	Organisational Impact

4.3 Service Reporting

4.3.1 In order to fully understand the specific risks and governance arrangements associated with service/care delivery areas, the CCPG Group has prepared a reporting programme which will ensure each service area provides a service governance report. Consideration was given to the impact of the issues raised by managers; the recording of the risks identified and the actions to be taken to eliminate or mitigate the risks. Each service was asked to provide an update on the performance and follow up service reports were presented. The following extracts report on the issues raised through a range of services.

4.3.2 Care Homes and Day Centres
The Care Homes and Day Centre Service covers the 4 Partnership owned care homes, Turrif House, Janet Brougham House, Craigie House and Menzieshill House. It also covers Oaklands Day Centre. The service provides support to older people over the age of 65. Oaklands Day Centre is accessed by individuals aged 65 to 104 and is open 7 days per week.

- All direct care staff must be registered with the SSSC and the service outlined governance processes demonstrating how they ensure all staff maintain registration.
- There is a robust training programme in place for staff ensuring suitable levels of knowledge and skills across the service.
- It was explained that the current eligibility criteria for the service was under review with the intention of being able to support younger adults with a diagnosis of dementia. The majority of residents have a diagnosis of dementia or cognitive impairment and this is the primary cause of admission.
- Although no registered nurses are employed directly in the service a collaborative and partnership working arrangement was described between staff and district nurses, care home teams, specialist nurses and community dieticians.

4.3.3 Physiotherapy and Occupational Therapy Services
Over the past two years, the focus has been on establishing a culture of collaboration and the organisational conditions which enables citizens of Dundee to live a healthy and independent fulfilled lives. Physiotherapy and Occupational Therapy Services have been realigned to support integrated working with a locality focus, with integrated senior leadership posts established to enable effective leadership of change and redesign. The services provide assessment, diagnosis and rehabilitation across in-patient, out-patient and community settings and work across a wide range of pathways supporting person centred care. The next steps for these services will be:

- Further implement integration of Physiotherapy and Occupational Therapy services within both in-patient and community settings with a strong focus on person centred care.
- Tests of change are being undertaken in A&E to improve patient pathways, supporting moving patients to the right place at the right time.
- To develop new approaches to working with the Third Sector and other partners.
- The commencement of a Major Trauma Centre based at Ninewells Hospital has supported role development and resource allocation across the Allied Health Professional Services.

- The Primary Care Improvement Plan has led to the development of a First Contact Physiotherapy Service with Physiotherapists seeing patients in place of a GP for musculoskeletal conditions. This three year project is in the early stages and will see two clusters supported by the end of 2019-2020.
- Implementing outcomes of a review of Tayside Medical Advisory Services and Manual Handling Services.
- Reviewing learning and recommendations from the national research and benchmarking to inform continuous improvement of the services.
- Building workforce capacity by completing a 5 year integrated workforce plan by April 2020 which sets out workforce projections, workforce development and skills mix needed to deliver integrated health, social care and third sector services.
- Continuing to focus on improving outcomes, choices and experiences by further embedding the lead professional working with risk model, self-directed support and personalisation.
- Further developing support to Carers and family members through partnerships with third sector services.

4.3.4   Mental Health Services

A presentation was given focussing on the Community Mental Health Services looking at strengths and weaknesses of both the scheduled and unscheduled aspects of care with key themes identified:

- Significant work is underway with improvement intiatives and a full time improvement advisor has been appointed to support and progress this crucial work.
- There is focus on improved services around prevention and early intervention.
- A newsletter has been developed aiding enhanced comnuication across the service.
- Work is underway ensuring the right support is provided at the right time and reducing delays in the system.
- The interface between mental health and substance misuse services is being reviewed to ensure a more connected, streamlined approach to care.
- The number of Psychiatrists within the Community Mental Health service continues to run well below required levels. The appointment of agency staff have supported the management of this risk, however, it is not tenable to sustainably manage this risk over the long term.
- The absence of a medical management structure for Dundee Psychiatrists is a particular challenge in terms of implementing short term risk management measures. Medium term measures being progressed include a redesign of services, incorporating a job planning process for Psychiatrists.

4.3.5   Integrated Substance Misuse Service (ISMS)

Despite ongoing challenges there has been a significant amount of work on service improvement and addressing matters of clinical, care and professional governance. However, there still remains a significant risk in terms of service delivery. The current key risks, and actions to address, which have been recorded on Datix include:

- There is increasing patient demand which includes insufficiency of current staffing levels to meet new and existing demand, rising unallocated cases and limited flow from the service. The appointment of agency and temporary staff and the implementation of an escalation plan have supported the interim management of this risk. However, this is not a sustainable way to manage this risk over the long term and further options are being considered.

- There are insufficient numbers of ISMS staff with current prescribing competencies, inclusive of nursing and medical staff. Funding for six nursing posts which will include a non-medical prescribing role has been approved to support this. Recruitment to these posts was challenging and due to this trainee posts were established and recruited to develop capacity in relation to nursing posts which will include a non-medical prescribing role within the service.
- The ability to monitor protection concerns is reduced as the team are not able to review patients as regularly as they would with a full staffing establishment. Attendance at Case Conferences is prioritized where possible and short notice attendance/report requests will be provided verbally. Locality Integrated Managers with responsibility for substance misuse will continue to promote joint working across the Health and Social Care Partnership and Children & Families Services to agree actions and approaches which support protection of children and families.
- There are concerns about the service ability to adhere to the timescales within the Adverse Event management policy due to the high volume of incidents and the reduced number of clinical staff. We have taken pragmatic approaches to thematic reviews and sought assistance from the Clinical Governance Team to progress the completion of Adverse Event Management processes.
- As a result of a range of both internal and external pressures, staff morale is currently low and Occupational Health and the Wellbeing Service are being used to support staff though this challenging time.

4.3.6   Centre for Brain Injury Rehabilitation (CBIR)
The CBIR unit is a 16 bed unit within Royal Victoria Hospital. The Tayside wide remit is to provide specialist in-patient individualised goal orientated rehabilitation programmes for patients with an acquired brain injury.

- The service has developed to support major trauma rehabilitation following the opening of the Major Trauma Centre based at Ninewells Hospital.
- Multidisciplinary working is a key component of the service and the team are proud to have been nominated for a STAR award and were shortlisted to the final 6 in the innovation in practice category.
- Data was presented on the clinical and cost effective nature of this rehabilitation with the UK Rehabilitation Outcomes Collaborative publishing figures suggesting a lifetime saving to the public purse of £1.25M per case.

4.3.7   Community Nursing
The Core District Nursing Service covers all Dundee GP practices as well as Muirhead/Invergowrie from 08.00 hrs to 16.30 hrs with separate evening and overnight nursing teams who operate between 16.30 hrs and 08.00 hrs. Each team is led by a trained District Nurse. The team are supported by community staff nurses and health care assistants. The Core District Nursing service assess, plan, deliver and evaluate safe, effective patient centred care to adults and older people within their own home environment across Dundee and the surrounding locality.

- A key area for development in the Community Nursing team centres around the Enhanced Community Support Team where the team provide a holistic advanced assessment with a strong emphasis on prevention or hospital admission.

4.3.8   Psychiatry of Old Age (Community Service)
The Psychiatry of Old Age Service comprises 2 Community Mental Health Teams, a Care Home team and a Post Diagnostic Support Team. Each of the teams are integrated teams and they provided an overview of the governance systems in place across the service, which included:

- A robust registration and revalidation process for professional staff.
- A comprehensive database for mandatory training.

- A positive approach to staff development and staff wellbeing through application of iMatter, appraisal systems and human resources policy implementation.
- Very low numbers of complaints and adverse events across the service (2 complaints in a year) with learning identified with records storage improved.
- Post Diagnostic Team worked with Alzheimer's Scotland and Dundee Carer's Centre to develop support groups for specific cultural groups.
- Compliance with post diagnostic support standard at 100% for past 3 years (previously 87%), which is recognised nationally.
- IT was highlighted as a risk as the team operated on two separate IT systems, which makes co-working and information sharing difficult.

4.3.9   Nutrition and Dietetics
The Nutrition and Dietetic Service is hosted in Dundee HSCP and deliver a Tayside wide service across in-patients, out-patients and community environments. Dieticians are the only qualified health professionals that assess, diagnose and treat dietary and nutritional problems at an individual and wider public health level.

A presentation on the population approach to nutrition was provided.

- The service has embraced the use of technology in delivering care and gave examples of using Florence within the renal service.
- The service provided information detailing a successful increase in outcomes for record keeping audits following the development of new documentation across the service.
- The Weight Management Service provided excellent patient feedback information detailing the key factors of their learning and experience in the service.
- Partnership working was demonstrated via the Community Cookit Service which aims to train individuals who do not have formal qualification in nutrition but have an interest as well as knowledge and experience of working in the community.
- Staffing vacancies was highlighted as a risk across several areas within the service. While most areas were able to work flexibly to provide cover over the short term the Paediatric Team had a sustained period of reduced staffing which led to the implementation of a modified service model on a temporary basis. Staffing levels have now improved within the Paediatric Team.

4.4   Risk Register

4.4.1   Risks are identified by Service Managers, and recorded on DATIX (patient safety reporting system), these are actively monitored at the CCPG Group. The CCPG Group members ensure that actions are in place to mitigate these risks. The CCPG Group members have asked that these risks be reviewed to ensure actions are specific, measurable, achievable, realistic and time-related (SMART) and that actions are completed.

4.4.2   The following risks were added to the service risk register on DATIX during the last year:

- Telephony Issues across the Royal Victoria Hospital site (3 risks within 3 clinical areas – Centre for Brain Injury Rehabilitation, Medicine for the Elderly, Specialist Palliative Care Service)
- Insufficient numbers of staff with prescribing competencies within the Integrated Substance Misuse Service.
- Adoption of new texture descriptors for dysphagia diets.
- Lack of available clinical support to nursing staff in Sexual and Reproductive Health Service, (now archived)

A number of risks continue to be actively managed and remain on the risk register on DATIX including:

- Challenges in recruiting staff.
- Access to services.
- Budget restriction (Drugs).
- Interconnectivity of IT systems.

- Potential impact of GP Contract on service areas.
- Potential new cost pressures and / or loss of services.
- Child Protection Monitoring (Integrated Substance Misuse Service)
- Adherence to Adverse Event Management Policy due to volume and capacity (Integrated Substance Misuse Service)

4.5   Governance Domains

4.5.1   There are six governance domains that form the basis and structure for the Clinical, Care and Governance Framework. Feedback against these domains is provided at each CCPG Group meeting and the feedback over this year has included:

4.5.2   Information Governance

- Joint Information Technology (IT) information sharing across the Health & Social Care Partnership has been discussed to support integrated and efficient services. Further work is required, at National Level, to support enhanced information sharing within the Partnership. This is an ongoing concern with slow progress being made.
- Work was presented on a refreshed dataset which is to be reported through the Clinical, Care and Professional Governance Forum. This dataset captures key information under each of the six domains in the Governance Framework. It was identified that further work is still required with the dataset to ensure all functions across the Partnership are captured and reflected.
- A General Data Protection Regulation Breach Report is produced for the committee to review. A number of issues have been highlighted in terms of accurate recording, notification of information governance teams and actions taken (and recorded) to mitigate risks of further breaches. Training is in place for staff across the Partnership for GDPR.
- The council have revisited and strengthened the policy for covert monitoring in relation to social media. A system has been developed for approval of covert surveillance with training in place for staff.
- The transition between systems monitoring delayed discharges led to the inability to produce accurate, real time data. Key staff have worked closely with the E-Health Team to move towards a resolution. Processes are in place to ensure accurate data and work is ongoing further streamline this process.

4.5.3   Professional Regulation and Workforce Development

- There have been significant delays in the recruitment process for a number of posts across the Partnership. A review of processes within the Partnership and alongside the NHS and Local Authority has helped to address this. The situation continues to be monitored.
- It was highlighted that assurance across the Partnership for all teams mandatory training could not be adequately provided. A short life working group has been established to review mandatory training requirements and reporting processes.
- The Dundee Health & Social Care Partnership Joint Induction Programme has been designed and delivered for new staff to the Partnership. This process is being evaluated after each session and will continue to evolve to ensure effectiveness and suitability.
- The CCPG Group heard an update on the Safe Staffing Bill and supported the Partnership to provide a response to the National Consultation. This Bill has now been passed into legislation and the committee will continue to monitor this.
- The Group were advised that the NMC have reviewed and published new standards of proficiency for registered nurses representing the skills, knowledge and attributes that all students and nurses should demonstrate. Scottish Universities and Health Boards will work together to have the new standards embedded by 2021.

4.5.4   Patient, Service User, Carer and Staff Safety

- One of the external registered care homes has gone through a Large Scale Investigation process. A detailed action plan is being worked through and Human Resources

procedures have now been concluded. At the time of writing the Care Inspectorate and the Police had indicated that they were assured about the progress being made.

- Raised levels of legionella were discovered in one of our care facilities through routine testing. The facility was closed to ensure health and safety of residents and staff. The facility has since reopened and a new flushing regime has been implemented with an increased level of inspection and testing.
- A proposal was discussed in relation to non medical prescribing for nurses in care homes. A number of factors in relation to finance, supervision and training were discussed and the Angus and Dundee Partnerships are considering a test of change to examine this new model of care.
- There are eleven outstanding red adverse events from 2017 (reduced from 67) awaiting a Local Adverse Event Review. One of these was reported in July 2018, seven of these are within Community Mental Health services and therefore being reviewed regularly under their new adverse events management process. Four of these (including the one reported in 2018) are in the Integrated Substance Misuse Service. There are 38 red adverse events outstanding from 2018, while this shows a significant improvement on figures considered one year ago, there remains room for improvement. A new staff training programme will increase the number of staff able to complete the reviews.
- There was a review in the process for managing adverse events in the mental health service (Out-Patients) with each Partnership area managing their own local events. This had previously been managed Tayside wide. This has been implemented with the service reporting improved management of reviews within the service.
- A new Pressure Ulcer Policy was developed and implemented across the Partnership.

4.5.5   Patient, Service User, Carer and Staff Experience

- iMatter has been rolled out to all staff across the Partnership. Uptake has been positive and teams are working locally to develop and implement action plans based on their own local survey results.
- A complaint was investigated via the SPSO and they reported that enhanced levels of support should have been provided to the client by a registered professional around the decisions that were taken. Guidance has been produced, by the Partnership, for both the public and professionals to mitigate against further incidents of this nature.
- It was noted that there remain challenges in meeting the timescales for complaint responses due to the high volume in one area of some staffing changes will support this going forward.
- Duty of Candour came into effect on 1st April 2018. Training and education and raising awareness has been undertaken across the Partnership. Duty of Candour is recorded on Mosaic for Dundee City Council and through the DATIX system for Health. There have been no significant issues in relation to duty of candour.

4.5.6   Quality and Effectiveness of Care

- The CCPG Group noted the contents of the Mackinnon Centre report which scored two 6's which is regarded as an excellent standard. There are no requirements or recommendations from the report.
- The CCPG Group noted the contents of the Turrif House report which scored two 5's which is a very good standard. There was one recomendation in relation to a consistent approach in dealing with stress and distress due to anxiety and pain.

4.5.7   Equality and Social Justice

- The principles of equality and social justice were demonstrated in a YouTube video that has been developed through the Allied Health Professions Governance Process to support staffs understanding of issues relating to equality and social justice.

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5.0   POLICY IMPLICATIONS

This report has been screened for any policy implications in respect of Equality Impact Assessment. There are no major issues.

6.0   RISK ASSESSMENT

Risk 1 Description	The absence of clear clinical, care and professional governance arrangements and monitoring can impact on the ability to provide safe services for both employees and service users/patients. Without the ability to both monitor compliance and take action to address concerns the Health & Social Care Partnership will be unable to gain assurances around service delivery.
Risk Category	Governance
Inherent Risk Level	Likelihood 4 x Impact 3 = 12 – High risk
Mitigating Actions (including timescales and resources)	- Established clinical, care & professional governance Groups in place. - Reporting arrangements agreed.
Residual Risk Level	Likelihood 3 x Impact 3 = 9 – High Risk
Planned Risk Level	Likelihood 2 x Impact 3 = 6 – Moderate Risk
Approval recommendation	Given the moderate level of planned risk, this risk is deemed to be manageable.

7.0   CONSULTATIONS

The Chief Finance Officer, Head of Service – Health & Community Care, Clinical Director, Lead Allied Health Professional, Lead Nurse, the Professional Advisers to the IJB and the Clerk were consulted in the preparation of this report.

8.0   DIRECTIONS

The Integration Joint Board requires a mechanism to action its strategic commissioning plans and this is provided for in sections 26 to 28 of the Public Bodies (Joint Working)(Scotland) Act 2014. This mechanism takes the form of binding directions from the Integration Joint Board to one or both of Dundee City Council and NHS Tayside.

Direction Required to Dundee City Council, NHS Tayside or Both	Direction to:	
	1. No Direction Required	✓
	2. Dundee City Council	
	3. NHS Tayside	
	4. Dundee City Council and NHS Tayside	

9.0   BACKGROUND PAPERS

None.

David W Lynch   DATE: 18 June 2019
Chief Officer

David Shaw, Clinical Director
Matthew Kendall, Lead AHP
Diane McCulloch, Head of Service

DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP
CLINICAL, CARE AND PROFESSIONAL GOVERNANCE GROUP ANNUAL WORKPLAN 2018/2019

Outcome	Action	Update
All DH&SCP to provide an annual Service Report setting out service CC&P Gov. performance and achievements.	Confirm services to report to the CC&PG Group. Agree and issue reporting schedule. Finalise standard reporting template. Agree follow up actions with service leads.	Complete Complete Ongoing. Full review of scorecard and reporting underway.
Develop a reporting Schedule for planned reports	Map core reports to be considered by the CC&P Gov Group and develop a planned reporting arrangements	Complete for operational services within DHSCP. Further work required to ensure hosted services across all three Partnerships are reporting effectively across Tayside.
Develop and operational CC&P Gov framework which embeds CC&P Gov scrutiny at an operational level	Agree a partnership wide approach to primary CC&P Governance scrutiny Review the form and function of the DH&SCP Clinical Care Governance Forum to better represent the full partnership.	Session arranged for June 2019 to finalise option appraisal to support this.
Receive, scrutinise and monitor the DH&SCP CC&P Gov core data set for all services and associated action plans.	Agree a partnership core data set and reporting framework Seek confirmation of actions in relation to any exception reporting.	Core data has been developed and is provided through the CQF. However further work is being undertaken reviewing the CCPG Framework and this will further inform the reporting requirements. Exception reporting table produced to support appropriate reporting at different CCPG forums.
Receive, scrutinise and monitor operational service	Agree framework for recording and reporting operational risks	Not agreed. 2 systems in place.

Outcome	Action	Update
risks which impact on CC&P Gov implementation and performance	Monitor operational service risks alongside service reports.	Risks are monitored at each CCPGG Meeting.
Receive, scrutinise and monitor customer care reports.	Agree the framework for reporting on customer complaints, concerns and compliments in a single partnership report. Agree the reporting framework including updates on any actions arising from the outcomes of investigations Consider any customer feedback survey results and associated action plans Consider any Ombudsman reports Sign off the annual complaints report	Progressing. There is not a single reporting system across the Partnership, however, a collective report is produced. Ombudsmen reports are routinely reviewed and discussed through the CCPG Forum.
Receive, scrutinise and monitor information relating to significant incidents; LEARS/SCEA/Significant Case Reviews/Significant Incidents as these apply to CC&P Gov matters	Review and agree the partnership operational framework/processes for consideration and learning from LEARS/SCEA/SCR/SI Receive summary reports of the outcomes and learning points from SCEA's/LEARS/SCR/SI and seek any further actions Receive update reports of progression of actions arising from LEARS/SCEA/SCR/SI	Reviews are considered at service level and reported through CCPGF. There is escalation of these to the CCPGG when necessary. Further work required on updating of actions.
Consider any other external inspection reports or public body national thematic reports which highlight matters of Clinical, Care and Professional Governance	Receive and consider any external inspection reports or national body thematic reports which highlight matters of clinical, care and professional governance. This should include: • External inspections of DH&SCP directly delivered services • External inspections of services delivered on behalf of the partnership • National reports which contain learning for the partnership	Ongoing
Receive, scrutinise and monitor information relating to registered services directly delivered and commissioned by the DH&SCP	Receive and scrutinise Care Inspectorate reports for registered services directly provided through the partnership Receive and comment on the annual report of registered services which also includes services commissioned through partnership • Registered Residential Care Services • Registered non-residential care services	Ongoing

Outcome	Action	Update
	Receive and scrutinise exception reports regarding registered services not directly delivered by DH&SCP	
Receive, scrutinise and monitor exception reports for non-registered services commissioned by or associated with the DH&SCP where it is considered that incidents impact on the Clinical, Care and Professional Governance matters of interest to the partnership	Receive appropriate reports for consideration, learning and appropriate action.	Services reviewed
Agree implementation plans for new policy and legislative matters as these relate to CC&P Governance matters	Monitor implementation of current policy and legislative initiatives during year 1 of implementation: • Duty of Candour • GPDR • Health and Social Care Standards Approve implementation plan for new policy and legislative initiatives which impact on matters of clinical, care and professional governance and monitor these.	Duty of Candour and GDPR – Awareness raising and training have been provided in relation to these. Both are reported through Health or Local Authority systems with reports presented through CCPGG. Further work is required around the Health and Social Care Standards.
Forward report to the Performance and Audit Committee any performance exceptions and forward report to the Integrated Joint Board any matters of significant concern	Agree the exception reporting at each meeting Agree exception reporting at each meeting (and outwith meeting if required)	Exceptions reports produced for PAC
Complete actions included within the Internal Audit of the Inspection of Clinical, care and	Implement actions Contribute to the progress report	Complete for actions aligned to the CCPG Group

Outcome	Action	Update
Professional Governance procedures.		
Agree cross Tayside reporting arrangements	Agree core Tayside data set for submission to Tayside-wide forums Agree relationship between Mental Health CC&P Gov. Groups and the DH&SCP CC&P Gov. Group Agree reporting arrangements for hosted services across Tayside H&SCP's	Agreed through CQF – although being reviewed within review of Framework. Mental Health Group has been disbanded with this work now sitting within the local governance structures. Not completed.
Provide regular information to the Clinical Quality Forum	Agree core data set and reporting arrangements Provide relevant information Agree attendance and deputy arrangements	Complete.
Prepare Annual Clinical, Care and Professional Governance Assurance Report	Provide annual assurance report (2018/19) to the Integrated Joint Board and Clinical Quality Forum by July 2019	Complete.