CLINICAL AND CARE GOVERNANCE STRATEGY

“Clinical and Care Governance is the corporate responsibility for the quality of care”

Date: April 2016 – 2020

Next Formal Review: April 2020
Draft version: April 2016
Approved version: April 2017
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<td>NHS Fife Clinical Governance Committee</td>
<td>15 February 2017</td>
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<td>Fife Health and Social Care Partnership Clinical and Care Governance Committee</td>
<td>4 November 2016</td>
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<td>NHS Fife Board</td>
<td>April 2017</td>
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Document Control:
- Document: NHSFC&CG Strategy 2016-20
- Version: 4
- Version Date: 30 March 2017
- Author: IMPACT/Head of Quality and Clinical Governance
- Page: 1 of 60
- Review Date: April 2020
1. **INTRODUCTION**

1.1 This strategy aims to bring closer together the three principles of safe, effective and person-centred care with other related strategies into an integrated approach which supports the delivery of quality care easier.

The strategy aims to integrate the principles of the National Care Standards with the values within NHS Fife Strategic Framework (Appendix 1) to create a framework for defining “what good looks like” across the Health and Social Care Partnerships.

1.2 This strategy applies to all clinical and all care environments to ensure the support for staff to continuously improve the quality and safety of care provided.

1.3 Leading quality improvement and quality assurance from within the organisation provides the opportunity to have integrated mechanisms around evidence, scrutiny and assurance and improvement.

2. **BACKGROUND**

2.1 **National**

The key national policy documents which influence our strategic approach to clinical governance, care governance and clinical and care governance are:

*The Quality Strategy*, The strategy makes reference to the six dimensions of Healthcare Quality (Crossing the Quality Chasm, Institute of Medicine, 2001). This national strategy commits all Boards to the delivery of 3 principles:

- **Person centred** - there will be mutually beneficial partnerships between patients, their families and those delivering healthcare services which respect individual needs and values and which demonstrate compassion, continuity, clear communication and shared decision-making.
- **Safe** – there will be no avoidable injury or harm to people from healthcare they receive, and an appropriate, clean, safe environment will be provided for the delivery of healthcare services at all times
- **Effective** – the most appropriate treatments, interventions, support and services will be provided at the right time to everyone who will benefit, and wasteful or harmful variation will be eradicated.

*The vision of the 2020 Route Map for Health and Social Care* NHS Scotland is that by 2020 everyone is able to live longer healthier lives at home, or in a homely setting. This is ultimately the outcome for the quality strategy and there is a shared national roadmap outlining delivery.

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Clinical and Care Governance Framework\textsuperscript{3} This framework which has been developed outlines the proposed roles and focus regarding clinical and care governance for the range of professionals and staff involved with the planning and delivery of integrated health and social care services in Scotland.\textsuperscript{2}

Practice Governance framework\textsuperscript{4} The Framework recognises that there are complex interdependencies and relationships in delivering safe, effective, accountable and professional practice within the variously configured governance and organisational structures that exist. The Framework provides a prompt which employers and practitioners can use locally to assess whether there is clarity of roles, responsibilities and accountabilities; that the conditions, organisational environment, leadership and professional support are in place to promote wellbeing; and to take responsibility for their own practice and learning and development.

Quality of Care Reviews\textsuperscript{5} This consultation paper sets out proposals for the successful development and implementation of a new model for a more comprehensive approach to reviewing the quality of care. Whilst the focus of the proposals are for healthcare, there is a need to be mindful of the framework in the future design of more integrated approaches to the scrutiny of health and social care.

National outcomes for Integration\textsuperscript{6}. These outcomes provide a strategic framework for planning and delivery of the health and social care services. This suite of outcomes, together, focus on improving experiences and quality of services for people using those services are provided, as well as, the difference that integrated health and social care services should make, for individuals.

National Care Standards\textsuperscript{7}. The standards have been developed from the point of view of people who use the services. The standards describe what each individual person can expect from a service provider. The standards are based on a set of principles. These principles are the result of all the contributions made by the National Care Standards Committee (NCSC), its working groups and everyone else who responded to the consultations on the standards as they were being written. They recognise that services must be accessible and suitable for everyone who needs them, including people from black and ethnic minority communities. They reflect the strong agreement that your experience of receiving services is very important and should be positive, and that you have rights.

\textsuperscript{3} Health and Social Care Integration. Public Bodies (Joint Working) (Scotland) Act 2014. Clinical and Care Governance Framework. The Scottish Government
\textsuperscript{6} National Health and Wellbeing Outcomes. A framework for improving the planning and delivery of the integrated health and social care services. The Scottish Government February 2015.
\textsuperscript{7} The National Care Standards. The Scottish Government 2001.

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Document Control: & & \\
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Author: IMPACT/Head of Quality and Clinical Governance & Page: 3 of 60 & Review Date: April 2020 \\
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The main principles are dignity, privacy, choice, safety, realising potential, and equality and diversity (Appendix 1a). It is around these principles that care governance will be focussed around.
Since their first introduction in 2001, the NCSC have not been reviewed and although they stood the test of time well, Ministers have committed to a review of the standards to ensure that the needs of service users continue to be met as the care sector and the way care is delivered is changing.

2.2 Local

*NHS Fife’s Strategic Clinical Framework* (Appendix 1) articulates the vision and plans to achieve the transformational change required to contribute to the delivery of the national ambition of the Quality Strategy, and the priorities of the 2020 Vision for Health and Social Care.

The Strategic Framework is framed around values, and it is these values which Clinical Governance will be focussed around:

- Safety First
- Dignity and Respect
- Care and Compassion
- Excellence
- Fairness and Transparency

*Health and Social Care Integration in Fife Strategic Plan for Fife 2016-19*\(^3\) *(Appendix 2)*. This strategic plan describes how the Fife Health and Social Care Partnership, an integrated partnership between Fife Council and NHS Fife, will develop health and social care services for adults over the coming three years. The creation of this new partnership will mean changes to our work practices and this will provide opportunities and challenges.

This plan clearly articulates the strategic vision, mission and outcomes of the partnership. The guiding values for the Partnership are:

- Person focused
- Integrity
- Caring
- Respectful
- Inclusive
- Empowering

It is these values which will underpin and be integral to clinical and care governance.
2.3 This Clinical and Care Governance Strategy is intended to be a living document and will continue to evolve as NHS Fife and the Health and Social Care Partnership develops mechanisms for communicating and demonstrating these values. Already it is clear that there are a number of common underlying values which will help guide the delivery of services across all clinical environments and across all care environments.

2.4 This strategy will ensure that governance arrangements and accountabilities are discharged to support and provide the focus on improved health and well being outcomes.

A number of other policy and guidance documents both local and national have been considered and are listed in Appendix 3.

3. WHAT CLINICAL GOVERNANCE IS

3.1 Clinical Governance provides a framework to facilitate the co-ordination of several activities for improving and assessing clinical quality.

The main scope of clinical governance activities under safe, person centred and effective care are detailed in Appendix 4, this diagram is based on a similar diagram illustrated in Appendix 8, Quality Assurance in Forth Valley, Clinical Governance and Risk Management 2012-2015. This coherent programme requires everyone in the organisation to be a part of and work towards ensuring person-centred, safe and effective care based upon the best evidence and practice.

3.2 Why good governance matters, as outlined in Governance for Healthcare Quality in Scotland – An Agreement (2013)\(^9\) states that everybody involved in overseeing, planning, delivering and supporting healthcare services in Scotland has a role to play in ensuring that our governance procedures improve, assure and result in necessary remediation to drive the quality of our healthcare services.

This relies on good decision making brought together through robust reporting, escalation processes, using a risk management approach and utilising continuous improvement to improve the quality of care provided.

3.3 It is through a framework of such activities supported by decision making, robust reporting and learning and development which individuals and organisations are accountable for continually improving the quality of their services and safeguarding the standards of care by creating an environment of excellence.

3.4 The NHS Board is responsible for the quality of care provided.
4. WHAT CARE GOVERNANCE IS

4.1 In the paper *Governance for Quality Social Care in Scotland*\(^\text{10}\) care governance is defined as “A robust system for assuring high standards in the delivery of safe, personalised and effective health and social care services.”

4.2. Achieving good governance requires a framework to be built around the search for quality. The paper *Governance for Quality Social Care in Scotland*\(^\text{11}\) outlines that new, agreed care governance arrangements are essential within this more complex environment to ensure quality services and statutory responsibilities are effectively discharged. This paper aims to set out the principles of effective care governance and how this is delivered. It is the first stage in a process that will aid the consideration of a joint position on governance involving both health and social care.

4.3 This paper highlights a number of key principles of care governance which include:

- involving service users/ carers and the wider public in the development of quality care services.
- ensuring safe and effective services; appropriate staff support and training.
- striving for continuous improvement with effective polices and processes in place.
- ensuring accountability and management of risk.

5. WHAT CLINICAL AND CARE GOVERNANCE IS

5.1 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.

5.2 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.

5.3 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.

5.4 Effective clinical and care governance will provide assurance to patients, service users, clinical and care staff, managers and directors alike that:

\(^\text{10}\) Governance for quality social care in Scotland. Social Work Scotland.

• Quality of care, effectiveness and efficiency drives 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 and service users;
• Unacceptable clinical and care practice will be detected and addressed.

5.5 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.

5.6 A key purpose 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. All health and social care professionals will remain accountable for their individual clinical and care decisions.

5.7 Many clinical and care governance issues will relate to the organisation and management of services rather than to individual clinical 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, however, is principally concerned with those activities which directly affect the care, treatment and support people receive.

5.8 The Integration Joint Board is responsible for the quality of care provided.

6. WHAT DOES CLINICAL AND CARE GOVERNANCE THAT IS WORKING WELL LOOK LIKE?

In an organisation where clinical and care governance is working well:

• Services will be provided, organised and managed in a manner which supports the delivery of high quality care.
• The wider clinical and care environment in which services are provided will support the delivery of high quality care.
• Effective quality assurance and improvement processes will be in place covering all aspects of service delivery.
• Those providing care will be appropriately trained and have the skills and competencies required to deliver the care needed; continuing professional development and lifelong learning will be taking place; and there will be mechanisms for further training and re-training and re-assessment where necessary.
• Poor performance which impacts on the quality of clinical and social care will be recognised and appropriate action taken.
• There will be mechanisms through which staff can raise concerns over any aspect of service delivery which they feel may be having a detrimental effect on patient/client care, including the performance of clinical and care colleagues, or the
management of service, without prejudicing the principles of patient/client and staff confidentiality.

- Patient/client and public representatives will be involved effectively in quality-related activities.
- Evidence-based practice will be in day-to-day use, and there will be an infrastructure and support for clinical effectiveness activity, including appropriate information systems.
- Techniques such as risk management will be utilised to anticipate and minimise potential problems.
- Techniques such as clinical and service audit and critical incident reporting will be in use to monitor and improve existing practice.
- Programmes of research and development will be pursued and the lessons applied.
- Complaints will be handled in accordance with national guidance and lessons will be learned from their investigation and resolution.
- The provisions of the Code of Practice on Openness and on Confidentiality of Personal Health Information and related statutory provisions will be applied and monitored.

7. WHAT WE NEED TO DO

7.1 Using the following key principles to guide Clinical and Care Governance, we will ensure:

- Clearly defined governance functions and roles are in place and performed effectively.
- Values of openness and accountability are promoted and demonstrated through actions.
- Informed and transparent decisions are taken to ensure continuous quality improvement.
- Staff are supported and developed.
- All actions are focused on the provision of high quality, safe, effective and person-centred services and care.
- Establish a performance/monitoring system underpinned by Quality Improvement. In order for this to be achieved there will be an agreed clinical governance framework and a clinical and care governance framework, which clearly defines a set of measures. For health these measures will underpin each of the domains of the strategic framework, and for Health and Social Care Partnership an agreed defined set of measures will underpin and support the delivery of the national health and well-being outcomes for integration (Appendix 5). These measures will be used to monitor, improve care, experience and outcomes. This data set needs to extend from Board or Integration Joint Board to ward/clinical/care area. An Assurance Accountability and Performance Framework illustrates this in Appendix 8.

- This framework will consist of more than one indicator, and the triangulation of data from several sources will build a better picture of the quality and safety of care. In addition this
has to be considered alongside information gathered from listening to staff, patients, and other stakeholders.

- Integrated working of supporting corporate departments to draw together expertise, knowledge, skills and resources to promote and enable quality improvement. Its aim is to support individuals, teams and the organisation to implement and to deliver better care through improvement and implementation that may be measured in terms of safety, reliability and quality across health and Health and Social Care partnership.

8 HOW WE WILL DO THIS

8.1 We will deliver our priorities in Health and in the Health and Social Care Partnership through bringing closer together the elements of evidence, scrutiny and quality improvement by consistent application of a number of steps to inform decision making.

8.2 The five key process steps are:

1. Information on the safety and quality of care is available.
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 priorities.

8.3 We will ensure closer and integrated working within evidence, scrutiny and assurance and quality improvement support corporate team functions within health and within the Health and Social Care Partnership, to support all staff to deliver high quality care.

8.4 We will ensure a systematic approach is taken to reporting data and information to provide assurances that NHS Fife and Fife Health and Social Care Partnership are delivering person-centred, safe and effective care.

8.5 We will ensure there is a focus on making improvements in the quality and use of data to monitor performance. This will help identify areas where attention is required, or where good practice can be highlighted and shared and that we have an environment for staff which allows them to do the right job well, be engaged, learn and develop.

8.6 Work-plans will be created for the Committee and the Groups within the governance structure to underpin and support the direction of travel to deliver this strategy.

9. THE GOVERNANCE STRUCTURE
9.1 The Corporate Governance Structure within NHS Fife includes the NHS Fife Clinical Governance Committee (see Appendix 6).

9.2 The governance structure within the Health and Social Care Partnership includes the Clinical and Care Governance Committee.

9.3 Appendix 7 outlines the established structures and roles of individuals, committees and groups responsible for the delivery of this agenda. It is through these mechanisms assurance will be provided to the NHS Board and the Integration Joint Board.

9.4 The Health and Social Care Partnership Divisions and the Acute Services Division will have their own local governance groups to address governance matters specific to the division.

9.5 The NHS Fife Quality, Safety and Governance Group is not a standing Committee of the Board or the Integration Joint Board but acts as a conduit for ensuring robust systems for quality improvements and quality assurance are being put in place to oversee, co-ordinate, and assure that quality improvement activities centre on defined areas across the organisations. These defined areas are listed in the Terms of Reference at Appendix 11.

10. MONITORING AND EVALUATION

10.1 NHS Fife Board is responsible for the quality of care delivered by staff employed across Fife. There are a number of structures below the Board which have delegated responsibility, to operationalise and monitor the clinical governance agenda.

10.2 NHS Fife Clinical Governance Committee will seek to provide assurance to the Board that appropriate systems of control are in place to deliver against the priorities (aspirations) set out in the strategic framework.

10.3 The Integration Joint Board (IJB) will be responsible for:

- The planning of services through the Strategic Plan.
- The operational oversight of Integrated Services.
- The operational management of Integrated Services through the Director of Health and Social Care and;
- The planning of some acute services.

The Quality, Safety and Governance Group is the operational group supporting the delivery of this Strategy. NHS Fife Board, through the sub-committees of the NHS Fife Clinical Governance Committee and the Integration Joint Board, through the sub-committees of Clinical and Care Governance Committee, will monitor the effectiveness of the strategy. This will be achieved by monitoring of the agreed
indicators in conjunction with other sources of information to ensure that all issues relating to quality of care and identification of risk areas are known.

10.4 As NHS Fife and Fife Health and Social Care Partnership move towards performance management which is underpinned by improvement, a balanced approach to measurement is required. The structure of sub-committees is illustrated in Appendix 6 and Appendix 8 sets out examples of the metrics that will be monitored from Board to Ward and developed across the scope of the strategic framework and strategic plan, which this strategy focuses on.

10.5 The other sources of information which will be used to identify issues relating to quality of care and for the identification of risk areas as well as providing evidence of progress towards key objectives and outcomes are:

- The use of internal and external audit reports.
- The use of external assessment reports from bodies such as Healthcare Improvement Scotland, Audit Scotland, Professional Bodies and Scottish Public Services Ombudsman.
- Monitoring reports from Health and Social Care Partnership/Acute Services Division/Public Health.
- Monitoring reports of implementation of independent contractor contracts.
- Annual review by the NHS Fife Clinical Governance Committee and the Audit & Risk Committee of the Clinical and Care Governance Strategy, the Risk Management Framework and other key related strategies.
- Quarterly feedback and complaints report.
- Annual report of patient feedback and complaints.
- Participation Standard Report.
- Reducing Harm Action Plan.

10.6 The Assurance Accountability and Performance Framework in Appendix 8 is key to setting out the structure of accountability and flow of information and activity.

10.7 The additional objectives of other governance groups outlined in the associated strategies and plans will be monitored, by their dedicated sub-groups and ultimately through Annual Reports to the NHS Fife Clinical Governance Committee.

10.8 The Health and Social Care Partnership monitors, evaluates and supports voluntary organisations as part of Fife Council’s Monitoring and Evaluation Framework. This ensures that organisations receiving funding have a co-ordinated approach with a single Service Level Agreement. Service Level Agreements detail the work the organisation will carry out linked to agreed outcomes and outputs; this is monitored by dedicated Link Officers, who are also available to support organisations giving advice and guidance. Refer to Appendix 12 for Link Officer guidelines.

10.9 Contract Monitoring is currently in place to scrutinise and monitor contracts for care within the Health and Social Care Partnership. The reporting is linked to a series of
agreed areas with the provider. The work compliments the inspections undertaken by the Care Inspectorate as the governing body for care.

The Quality Assurance unit considers all information gathered from the service providers monitoring as well as the other sources to quality assess and matrix the service providers as graded low, medium or high. The frequency of monitoring visits and reviews is based upon the grading of each service provider.

- **Low** – quarterly desktop review and **annual visit and review**
- **Medium** – quarterly desktop review, oversight of action plans to address any issues of concern and **quarterly visit**.
- **High** – monthly desktop review, monitoring of action plan progress and a minimum of **4 to 6 weekly visits**.

10.10 The use of information from care inspections will be used in conjunction with other information to identify issues relating to quality of care. Guidelines for care inspections are detailed in Appendix 13. In addition the Quality Assurance Unit of the Health and Social Care Partnership provides an annual report for the whole of Fife which is presented at the Education, Social and Communities Scrutiny Committee of Fife Council.

An annual report is prepared by the Chief Social Worker for the Education, Social Work and Communities Scrutiny Committee.

Within Adult Protection Guidelines there is clear guidance on Significant Case Reviews, when this occurs, the Service Manager responsible will call a case conference to consider the issues and a decision will be taken on actions required.
APPENDICES

Appendix 1 – NHS Fife Strategic Framework

NHS Fife Strategic Framework

The people of Fife live long and healthy lives

To transform health and care in Fife to be the best

Safety First
Dignity & Respect
Care & Compassion
Excellence
Fairness & Transparency

Person-Centred
Clinically excellent
An Exemplar Employer
Sustainable

We will...
- listen to what matters to you and treat you as an individual;
- design services in partnership with service users, carers and communities;
- love you choices and information;
- create environments that encourage caring and positive outcomes for all;
- develop and redesign services that put patients first, supporting independent living and self-management of health through the integration of health and social care.

We will...
- work with you to ensure you receive the best possible care;
- ensure there is no avoidable harm;
- achieve and maintain recognised quality standards;
- ensure that NHS Fife’s environment is clean, tidy, well maintained, safe and something to be proud of;
- embed patient safety consistently across all aspects of healthcare provision;
- support research, innovation and quality improvement which will see NHS Fife as a centre of excellence.

We will...
- create time and space for continuous learning;
- listen to and involve staff at all levels of the organisation;
- give staff the skills, resources and equipment needed to do their jobs;
- encourage and expect all staff to take appropriate decisions;
- encourage staff to be ambassadors for health and social care in Fife;
- create high performing multi-professional clinical teams through clinical education and development;
- equip people to be the best leaders.

We will...
- ensure the maximum impact of our resources in the promotion of health and wellbeing;
- increase efficiency and reduce waste;
- ensure that our activities are cost effective and within budget;
- ensure that all service redesign and development makes the most effective use of resources and avoids waste and unwarranted variation;
- develop in collaboration with our partners, our property and assets to meet the changing needs of health and social care provision.

LOCAL ACTION PLANS WITH AGREED METRICS

Quantitative Assurance
BOARD HEALTH CHECK
Qualitative Assurance
Level of care that can be expected

We feel strongly that care services in Scotland should reflect:

**Dignity**
- Be treated with dignity and respect at all times; and
- Enjoy a full range of social relationships.

**Privacy**
- Have your privacy and property respected; and
- Be free from unnecessary intrusion.

**Choice**
- Make informed choices, while recognising the rights of other people to do the same; and
- Know about the range of choices.

**Safety**
- Feel safe and secure in all aspects of life, including health and well-being;
- Enjoy safety but not be over-protected; and
- Be free from exploitation and abuse.

**Realising potential**
- Achieve all you can;
- Make full use of the resources that are available to you;
- Make the most of your life.

**Equality and diversity**
- Live an independent life, rich in purpose, meaning and personal fulfilment

- Be valued for your ethnic background, language, culture and faith;
- Be treated equally and be cared for in an environment which is free from bullying, harassment and discrimination; and
- Be able to complain effectively without fear of victimisation.
Appendix 2 - Health and Social Care in Fife Strategic Plan
The Strategic Plan

The Strategic Plan sets out our priorities for 2016-19 and establishes the framework in which we will use our resources.

The Plan is driven by law and national and local policy, and aims to meet the needs of people now and in the future. It aims to make better use of new technology and working within available financial and workforce resources to tackle inequalities and offer early interventions.

An Integration Joint Board has been established by NHS Fife and Fife Council in line with the legal requirements to set up the Partnership. This will allow NHS Fife and Fife Council working with health and social care professionals, the Third Sector, Independent Sector, users, carers and other key stakeholders to take forward integration. NHS Fife and Fife Council will delegate the responsibilities for a range of adult health and social care services to the integration joint board. In addition, children’s community health services will also be delegated.

The Integration Joint Board will be fully responsible for:
- Overseeing the development and preparation of the Strategic Plan for services delegated to it.
- Allocating resources in accordance with the Strategic Plan.
- Ensuring that the national and local Health and Wellbeing Outcomes are met.

Starting from solid foundations

Strong relationships and partnerships are already established between NHS Fife and Fife Council Social Work Service as well as with the independent and third sectors.

Examples of recent Partnership activities:
- Support to the Joint Community Equipment Partnership to further develop equipment provision.
- A review of Occupational Therapy Services to establish how duplication could be reduced and further integration possible.
- Setting up a Discharge Hub bringing together staff from NHS and Social Work to make sure patients move through acute care to most appropriate place of care.
- Strong support from the Third and Independent Sector in providing local support for people through a wide range of community-based services.

The Partnership will build on these foundations and will continue to develop and support them.

Our Vision

Accessible, seamless, quality services that are personalised and responsive to the changing needs of individuals, designed with and for the people of Fife.

Our Mission

We will deliver this by working with people in their own communities, using our collective resources wisely. We will transform how we provide services to ensure these are safe, timely, effective and high quality and based on achieving personal outcomes.

NHS Fife and Fife Council will delegate a wide range of services and budgets to the Integration Joint Board for them to deliver services to the people of Fife.

The Integration Joint Board will be fully accountable and responsible for service delivery to achieve National Outcomes. They will use the joint resources to best effect in order to meet the priorities of the agreed Strategic Plan.

For more information visit www.filedirect.org.uk/Integration
Appendix 3 – Local and National Policy and Guidance Documents

**National**
- Clinical Governance NHS MEL (1998) 75
- Clinical Governance NHS MEL (2000) 29

**Local**
- NHS Fife Risk Management Framework October 2014
- NHS Fife Significant Adverse Event Policy
- NHS Fife Strategic Framework

Appendix 4 - Scope of Clinical Governance
Appendix 5 – National Outcomes for Integration

National Outcomes for Integration

Outcome 1  People are able to look after and improve their own health and wellbeing and live in good health for longer.

Outcome 2  People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.

Outcome 3  People who use health and social care services have positive experiences of those services, and have their dignity respected.

Outcome 4  Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.

Outcome 5  Health and social care services contribute to reducing health inequalities.

Outcome 6  People who provide unpaid care are supported to look after their own health and wellbeing, including to help reduce any negative impact of their caring role on their own health and wellbeing.

Outcome 7  People using health and social care services are safe from harm.

Outcome 8  People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support care and treatment they provide.

Outcome 9  Resources are used effectively and efficiently in the provision of health and social care services.

How will progress on meeting these outcomes be measured?

Each area of change will have local measures identified to track progress and improvement in terms of the most important success factors.

In addition, a range of National Core Indicators are being developed which will also indicate rate of progress across the whole system and the collective impact of actions outlined the full plan. These include:

- Percentage of adults who agree that their health and care services are well coordinated;
- Percentage of carers who feel supported to continue in their caring role; and
- Rate of emergency hospital admissions for adults.
Appendix 6 – Clinical and Care Governance Organisational & Reporting Structure

Clinical Governance and Clinical and Care Governance Organisational & Reporting Structure

NHS Fife

NHS Fife Clinical Governance Committee

Executive Committee

Fife Council Scrutiny Committee

Integration Joint Board

Acute Services Division Clinical Governance Committee

Fife Research Governance Group

Area Drugs and Therapeutic Committee

eHealth Board

Public Health Risk Management Governance Group

Equality & Diversity Steering Group

Information Group

Patient Focus and Public Involvement Group

Quality, Safety and Governance Group

Area Radiation Protection Committee

Infection Control Committee

Clinical and Care Governance Committee

Audit and Risk Sub-Committee

Performance and Finance Sub-Committee

File Wide Clinical and Care Governance Group

East Clinical and Care Governance Group

West Clinical and Care Governance Group

--- Assurance ---

--- Report ---
Appendix 7 - Established Structures and Roles of Individuals, Committees and Groups

1. Clinical Governance
   Roles and Responsibilities and Clinical Governance Committee Structures

NHS Fife has established Clinical Governance Structures which reflect the structural arrangements for accountable service delivery. This strategy is supportive of the current arrangements within NHS Fife Code of Corporate Governance, Fife NHS Board, Issue 12 (Appendix 4).

The Clinical Governance structure also takes account of individual executives’ responsibilities in these areas.

Clinical Governance arrangements are embedded into all services and responsibility is devolved to the Health and Social Care Partnership, the Acute Services Division and Corporate Directorates within a supportive common framework.

i) Individual roles and responsibilities

Leadership at all levels is key to the delivery of this strategy. The NHS Fife Executive Leads have delegated responsibility for their respective functions from the Chief Executive and the Health and Social care Partnership executives have delegated responsibility from the Director of Health and Social Care. However, the day to day responsibility for the delivery of high quality clinical services is devolved to the Health & Social Care Partnership/Acute Services Division/Corporate Directorates.

Clinical Governance NHS MEL 29 (2000) describes the four levels of clinical governance responsibilities. These levels of responsibility are also applicable to the Health and Social Care Partnership as illustrated below:

1. Overseeing role – Board, Integration Joint Board, NHS Fife Clinical Governance Committee and Clinical and Care Governance Committee.
2. Delivering role – Management structures.
3. Supporting role – staff working in activities underpinning clinical governance eg. clinical governance staff, complaints handling, QI, risk management and assurance staff.
4. Practising role – all clinical, care and support staff.

NHS Fife Chief Executive

The Chief Executive has a formal contractual responsibility for the organisation as a whole. In particular the Chief Executive has a responsibility for the quality of clinical services provided within NHS Fife.
**The Chief Officer (Director of Health and Social Care)**

The Director of Health and Social Care is the accountable officer for Health and Social Care to the Integration Joint Board. In particular this officer reports to the Chief Executive of Fife Council, and the Chief Executive of NHS Fife, and has responsibility to ensure the partnership can report its clinical and care governance performance to the Clinical and Care Governance Committee and the NHS Fife Clinical Governance Committee when appropriate.

Joint performance review meetings involving both Chief Executives and the Director of Health and Social Care will take place on a regular basis in accordance with each organisation normal performance management arrangements.

**NHS Fife Medical Director**

The Medical Director is the identified Executive responsible for leading the development and implementation of the Clinical Governance systems, including Clinical Effectiveness, within the organisation. The Medical Director as Caldicott Guardian is responsible for ensuring that NHS Fife complies with the guidance in the Caldicott Reports and for the development of Clinical Governance within Public Health.

**The Director of Public Health**

The Director of Public Health is also the Executive Lead for Emergency Planning.

There are a number of other executive leads with roles directly related to this strategy including:

- NHS Fife Executive Lead for E-Health
- NHS Fife Executive Lead for Risk Management
- NHS Fife Executive Lead for Research and Development:
- NHS Fife Executive Lead for Information Governance
- NHS Fife Executive Lead for Patient Safety
- NHS Fife Executive Lead for Organisational Development
- NHS Fife Executive Lead for Staff Governance
- NHS Fife Executive Lead for Equalities
- NHS Fife Executive Lead for Patient Focus Public Involvement
- NHS Fife Executive Lead for Business Continuity
- NHS Fife Executive Lead for Infection Control
- NHS Fife Executive lead for Prescribing and Medicines Management

**Independent Contractors**

NHS Fife aims to ensure that the principles of Clinical Governance are embedded within the work of all our independent contractors.
Links are currently by way of their Sub-Committees, the Primary Care Department and the Associate Medical Director, for the Health and Social Care Partnership to the Board Medical Director. There is an annual report for Clinical and Staff Governance In General Practice as part of the Clinical Governance work plan. Any links with Independent Private Providers would be managed through regular meetings and quarterly quality reports as part of the Clinical Governance work plan.

All Staff

All staff are responsible and are accountable for clinical governance. This strategy clearly outlines the part staff must take in their daily work to contribute towards delivering safe, effective, person-centred care. Staff must feel empowered they have the permission within their own area to take action or make decisions on

- What matters to patients.
- What needs done to improve care.
- What they need to do to make changes including escalation when required.
- What needs to be monitored and reported to demonstrate improvements are progressing.
- Establishing systems and processes to ensure provision of high quality risk managed care.

All strands of Clinical Governance, delivering quality and safety including PFPI, Risk Management, Clinical Effectiveness and Quality Improvement are included in the NHS Fife staff induction programme, in house core training and core training for the Foundation Year Doctors.

2. **Clinical and Care Governance Roles and Responsibilities**

2.1 NHS Fife’s Medical Director, the Director of Public Health and the Nurse Director remains accountable for quality of care and professional governance in relation to the NHS functions delegated to the Integration Joint Board (IJB).

2.2 Fife Council’s Chief Social Work Officer will be accountable for ensuring the maintenance of proper standards and values in respect of the Social Work Services delegated to the IJB.

2.3 Both organisations will continue to monitor and report on clinical, care and professional governance matters through their existing mechanisms in order to comply with legislative and policy requirements.

2.4 Fife Council’s Chief Social Work Officer and NHS Fife’s Nursing and Medical Directors will be members of the IJB, providing oversight and advice at that level.

2.5 Professional oversight, advice and accountability in respect of care and clinical governance will be provided throughout Divisions and Localities by the Associate Medical Director, Associate Nurse Directors, Director of Pharmacy, Clinical Directors for Healthcare and Professional Lead Social Workers.
2.6 Professional advice will be provided to the IJB, the Strategic Planning Group and Localities through an Integrated Professional Advisory Group comprising of health and social care professionals. The existing advisory groups will be linked to the Integrated Professional Advisory Group and will provide advice, as required, and be involved fully in Strategic Planning processes.

2.7 All professional staff across the Partnership will continue to be professionally accountable to their Senior Officers and respective regulatory bodies.

2.8 The quality and safety of health and care, delivered by the IJB, will be overseen by a Clinical and Care Governance Committee. This Committee will report directly and provide assurance to the IJB. The IJB will provide assurance to the NHS Fife Clinical Governance Committee and to the relevant Scrutiny Committee of Fife Council for Social Work and Social Care.

2.9 It will provide assurance to the IJB, to the Senior Leadership Team, who are responsible for locality planning and delivery, and to the Strategic Planning Team that appropriate governance systems and processes are in place to assure the quality of care being delivered.

2.10 The Chief Social Work Officer will provide specific reports including the annual report and assurance to the relevant Committee of Fife Council.

2.11 The structure for Clinical and Care Governance within the Integrated Health and Social Care Partnership is illustrated within Appendix 6.

2.12 Each of the three Divisions of the Partnership will have an operational Clinical and Care Governance Group reporting to the Clinical and Care Governance Committee for their respective service areas.

2.13 Senior professionals within the locality structure will ensure that the values, set out in the Clinical and Care Governance Framework, are embedded in all strategic planning processes and service delivery. These senior staff will provide assurance about the quality of care provision within their localities.

3. **Clinical and Clinical and Care Governance Structures**

There are a range of related Clinical Governance and Clinical and Care Governance Committees and Groups within NHS Fife and Health and Social Care Partnership. These are detailed below and the relationships mapped in (Appendix 6).
**NHS Fife Board**

NHS Fife Board is responsible for the quality of care delivered in the organisation. The Board delegates, whilst retaining responsibility to the NHS Fife Clinical Governance Committee to oversee the delivery of the clinical governance agenda and to establish systems to gather information which demonstrates the quality of care delivered. NHS Fife Clinical Governance Committee provides assurances to the Board on the quality of the care and that there are adequate arrangements in place to continually improve the healthcare delivered.

**Integration Joint Board**

The IJB is responsible for monitoring and reporting in relation to the operational delivery of the integrated services on behalf of NHS Fife and Fife Council.

It will be responsible, also, for the continuous review of progress of the Implementation of this Strategic Plan, measured against the statutory outcomes for health and wellbeing and associated indicators. The National Health and Wellbeing Outcomes provide a strategic framework for the planning and delivery of health and social care services in Fife. They are high-level statements of what health and social care partners, both in Fife and nationally, are attempting to achieve through integration; through the pursuit of quality improvement across health and social care; and through focussing on the experiences and quality of services for service users, carers and their families.

**NHS Fife Clinical Governance Committee**

The role and remit of the NHS Fife Clinical Governance Committee is detailed within the NHS Fife Code of Corporate Governance and can be seen in Appendix 9.

This Committee is a key standing Committee of the Board whose responsibilities are to oversee the delivery of the Clinical Governance agenda within NHS Fife and to assure the Board and the public of Fife about the quality of clinical services provided. In the interests of openness and transparency, this Committee is chaired by a Non-Executive Director of the Board and the minutes are public documents.

The NHS Fife Clinical Governance Committee receives regular reports from the Clinical and Care Governance Committee through the Integration Joint Board minutes, the Acute Services Division, the Director of Public Health and where appropriate, Executive Leads (covering the work of the Corporate Directorates and Fife wide roles related to Clinical Governance), to provide assurance that adequate local arrangements are in place to continually improve the quality of healthcare.

The schedule of reporting is laid out in the NHS Fife Clinical Governance Work Plan and reviewed at every meeting. This includes regular reports from Infection Control, Information Governance and Radiation Protection.
The NHS Fife Clinical Governance Committee ensures that areas of identified risk or issues with quality of care are addressed as appropriate and there are regular reviews of progress.

**Clinical and Care Governance Committee**

The role and remit of the Clinical and Care Governance Committee is detailed and can be seen in Appendix 10.

This Committee is a sub-committee of the Integration Joint Board whose responsibilities are to oversee the delivery of the clinical and care governance agenda and to assure the Integration Joint Board and the public of Fife about the quality of services within the Health and Social Care Partnership. In the interests of openness and transparency this Committee will be chaired by a Non-executive director of the Integration Joint Board.

**Executive Director’s Group**

The Executive Director’s Group, chaired by the Chief Executive, NHS Fife, has delegated responsibility for risk management and ensures executive and corporate integration of the management of risk within the main governance areas in NHS Fife.

The Executive Director’s Group consider the Corporate Risk Register on a monthly basis and monitor the corporate risk profile and deals with escalated risks. Lead Officers must escalate any moderate or high level risks that are deemed impossible or impractical to manage at an operational level to the Executive Leads for consideration with a view to inclusion in the Corporate Risk Register or for alternative management action.

**The Quality, Safety & Governance Group**

The Quality, Safety & Governance Group (QSGG) is chaired by the NHS Fife Medical Director. It has representation from the Health and Social Care Partnership, Acute Services Division, Clinical Governance Support Team and the Quality Improvement Team through the Improvement Planning and Change Team (IMPACT).

It reports by minutes, to the NHS Fife Clinical Governance Committee and Clinical and Care Governance Committee. This Group has responsibility to take an overview of the quality and safety of care.

This Group will prioritise organisational wide themes and issues which inform and influence organisational improvement activities.

In the light of other guiding documents such as the Strategic Framework and Strategic Plan for Health and Social Care Partnership, this group will identify the key indicators relating to the identified activities, and ensure there are monitor processes in place to assess progress of improvement programmes and
activities, and identify support where required. The role and remit of QSGG is detailed within Appendix 11.

**Clinical and Care Governance Sub Groups and Committees**

The operational divisions across NHS Fife and the Health and Social Care Partnership have key responsibility for ensuring that Clinical and Clinical and Care Governance systems are embedded into practice. The relative strategic objectives and key performance indicators are interpreted and integrated at a local level in order to develop local governance development plans. The Health and Social Care Partnership/Acute Services Division/Corporate Directorates will develop systems to address Governance issues within their area of responsibility and produce reports for each meeting of the NHS Fife Clinical Governance Committee and Clinical and Care Governance Committee through the Chief Executive/Director of Acute Services and Director of Health and Social Care.

**Acute Services Divisional Clinical Governance Committee**

The Acute Services Division Clinical Governance Committee, a sub committee of the Acute Services Division Committee oversees the delivery of the Clinical Governance agenda within the Division and assures the Acute Services Division Committee and the NHS Fife Clinical Governance Committee about the quality of services provided.

**Health and Social Care Partnership Clinical and Care Governance Committee**

The Health and Social Care Partnership Clinical and Care Governance Committee oversees the delivery of the Clinical and Care Governance agenda within the Health and Social Care Partnership and reports to the Integration Joint Board. It is through the Integration Joint Board that assurance is given to the NHS Fife Clinical Governance Committee about the quality of clinical services provided.

It has established a Clinical and Care Governance Group in each division and mechanisms for supporting and monitoring Clinical and Care Governance activities including: annual reporting from managed and hosted services, monitoring of complaints, risks and incidents and providing support and overseeing the implementation of the Scottish Patient Safety Programme both within Community inpatient services and the Primary Care Setting.

**Public Health Risk Management and Governance Group**

Internal departmental Public Health governance is overseen by the Public Health Risk Management and Governance Group. The Director of Public Health is a member of the NHS Fife Clinical Governance Committee and will escalate any issues as appropriate and provide the NHS Fife Clinical Governance Committee with minutes of the meetings.
This Group will provide assurance to Fife NHS Board via the NHS Fife Clinical Governance Committee that governance mechanisms are in place to monitor health improvement and health protection of the residents of Fife. Key pan-Fife public health issues are reported directly into the NHS Fife Clinical Governance Committee. These include for example: Cervical Screening Annual Report; Breast Screening Annual Report; Antenatal/Neonatal Annual Report; any public health incidents.

**NHS Fife Resilience Forum**

This Forum is chaired by the Director of Public Health (DPH). The Chief Operating Officer is the Executive Lead for Business Continuity whilst the DPH is the Executive Lead for Emergency Planning. The Resilience Forum is an integral part of NHS Fife’s Emergency Planning and Business Continuity Management framework and provides support to the NHS Fife Chief Executive and the Strategic Management Team in the exercise of their duties in all areas of Resilience Planning within NHS Fife. Its purpose is to provide an NHS Fife Senior Management Forum which oversees the development, implementation and review of all aspects of NHS Fife’s local resilience processes, i.e. emergency planning and business continuity management. The Forum reports to the Executive Directors Group (EDG).

**E-Health Board**

This Board is chaired by the Executive Lead for E-Health and reports to the NHS Fife Clinical Governance Committee. A separate Annual Report and Strategy with detailed objectives for E-health are available.

**Information Governance Group**

This Group is chaired by the Executive Lead for Information Governance and reports to the NHS Fife Clinical Governance Committee. It is responsible for overseeing the Information Governance agenda.

**Research Governance Group**

This Group is chaired by the Executive Lead for Research and Development and oversees this agenda within NHS Fife. It reports to the NHS Fife Clinical Governance Committee. A separate Annual Report and Strategy with detailed objectives for Research and Development is available.

**Patient Focus and Public Involvement Group**

This is a standing committee of the Board. This committee holds the governance accountability for patient and public involvement as well as equality and diversity. The Equality and Diversity Steering Group is chaired by the NHS Fife Executive Lead for Equality and Diversity and reports to the Patient Focus and Public Involvement Group.

**Infection Control Committee**
This Committee is chaired by the NHS Fife Executive Lead for Infection Control and reports to the NHS Fife Clinical Governance Committee. This Committee is responsible for overseeing the Infection Control agenda and quarterly and annual reports are produced.

**Area Drug & Therapeutics Committee**

This Committee is chaired by the Medical Director and reports to the Clinical Governance Committee and the Executive Directors Group.

The Committee provides clinical and professional advice and leadership to NHS Fife Board and the Integration Joint Board to ensure patient-centred, safe, clinically effective and cost effective medicines use and medicines governance, in all care settings.
NHS Fife and Health and Social Care Partnership Executive Lead Responsibilities:

(NB: This is taken from the Code of Corporate Governance and reflects the current position to the best of our ability. It will be updated following approval at the Audit and Risk Committee)

EXECUTIVE LEADS

(a) Roles included in Job Description - Scheme of Delegation

1. **Director of Finance**
   - Lead and manage the provision of financial services and provide professional advice to the Health Board
   - Financial Governance
   - Procurement
   - Payroll
   - Lease Car Scheme
   - With DoP&SC drive Transformation Programme

2. **Director of Nursing**
   - Provide professional nursing advice and leadership to the Health Board
   - PFPI
   - Risk Management
   - Complaints
   - Patient Liaison
   - Spiritual Care
   - Patient Information
   - Palliative Care
   - Food, Fluid and Nutrition
   - Child Protection
   - Practice Development
   - Vulnerable Adult Protection
   - Control of Infection
   - Community Safety
   - Criminal Justice
   - Legal Services
3. **Medical Director**
   Provide professional leadership and advice to the Health Board on all medical staff issues
   Professional Leadership for Pharmacy
   Redesign & Quality Improvement
   Clinical Advisory Panel
   Research & Development
   Patient Safety
   Caldicott Guardian
   Clinical Governance

4. **Director of Public Health**
   Manage Public health provision & provide professional advice to NHS Fife
   Health Improvement
   Health Protection
   Health and Homelessness
   Regeneration/sustainable communities
   Emergency Planning

5. **Chief Operating Officer (Acute)**
   Lead and manage Acute Services to NHS Fife
   Business Continuity
   Manage the Acute Services across the 2 main hospital sites
   Manage provision of medical records function
   Manage Fife laboratories
   Cancer Services

6. **Director of Health and Social Care**
   Lead and manage the provision of services within the H&SC Partnership as accountable officer
   H&SC Partnership
   Manage the provision of Integrated Health and Social Care to adults in the community settings
   Manage social care to adults across Fife, regardless of location.
   Children Corporate Parenting
   Prescribing and Medicines Management
   Older People Services
7. **Director of Estates and Facilities**
   - Manage Estates staff to provide professional technical advice
   - Decontamination
   - Estates, Capital Planning and Projects
   - Security
   - Manage all domestic, catering and portering services
   - Manage laundry services
   - Transport

8. **Director of Planning and Strategic Partnerships**
   - Provide Senior Information Risk Officer (SIRO) and performance Reporting to the Board
   - Lead and manage:
     - Strategic Planning / Regional Plan
     - IMPACT
     - Planning
     - Clinical Governance
     - Quality Improvement
     - Organisational Development
     - Corporate Services
     - Communications
   - Corporate Services and Communications (incl. FOIs)
   - eHealth Information Services
   - Information Governance
   - With DoF, drive Transformation Programme

9. **Director of Human Resources**
   - Provide professional advice and leadership on workforce issues to NHS Fife
   - Provide a comprehensive HR service across NHS Fife
   - Staff Governance
   - Health & Safety
   - Fire Safety
   - Manage non-clinical training service and staff
(b) **Fife Wide Co-ordination and Facilitation Role**

1. **Chief Executive**  
   Accountable Officer

2. **Director of Nursing**  
   PFPI  
   Risk Management  
   Complaints  
   Patient Liaison  
   Spiritual Care  
   Patient Information  
   Palliative Care  
   Food, Fluid and Nutrition  
   Child Protection  
   Practice Development  
   Vulnerable Adult Protection  
   Control of Infection  
   Community Safety  
   Criminal Justice  
   Legal Services

3. **Director of Finance**  
   Financial Governance  
   Procurement  
   Payroll  
   Lease Car Scheme  
   With DoP&SC, drive Transformation Programme

4. **Medical Director**  
   Professional Leadership for Pharmacy  
   Redesign & Quality Improvement  
   Clinical Advisory Panel  
   Research & Development  
   Patient Safety  
   Caldicott Guardian  
   Clinical Governance
5. **Director of Public Health**  
   Health Improvement  
   Health Protection  
   Health and Homelessness  
   Older People Services  
   Regeneration/sustainable communities  
   Emergency Planning

6. **Chief Operating Officer (Acute)**  
   Business Continuity  
   Manage the Acute Services across the two main hospital sites  
   Manage provision of medical records function  
   Manage Fife Laboratories  
   Cancer Services

7. **Director of Health and Social Care**  
   Health and Social Care Partnership  
   Manage the provision of integrated Health and Social Care to adults in the community settings  
   Manage social care to adults across Fife, regardless of location  
   Children Corporate Parenting  
   Prescribing and Medicines Management

8. **Director of Estates and Facilities**  
   Decontamination  
   Estates, Capital Planning and Projects  
   Security  
   Manage all domestic, catering and portering services  
   Manage laundry services  
   Transport
9. **Director of Planning and Strategic Partnerships**

   Lead and manage:
   - Strategic Planning / Regional Plan
   - IMPACT
   - Planning
   - Clinical Governance
   - Quality Improvement
   - Organisational Development
   - Corporate Services
   - Communications

   Corporate Services and Communications (incl. FOIs)
   eHealth Information Services
   Information Governance

   With DoF, drive Transformation Programme

10. **Director of Human Resources**

    Staff Governance
    - Health & Safety
    - Fire Safety

    Manage non-clinical training service and staff

11. **Health and Social Care Partnership**

    **Divisional General Manager (West)**

    Integrated Community Services:
    - ICASS including SPOA and AHPs, District Nursing and Hospital at Home and support worker functions
    - General Medical Services
    - General Dental Services
    - Community Ophthalmic Services
    - Community Pharmacy Services
    - Primary Care Teams and aligned roles to General Practice e.g. development Pharmacy
    - Local Commissioning (Older People SW)
    - Assessment and Care Management (Older People Social Work)
    - Review Team (Older People)
    - Homecare including community alarms, tele-care and
12. **Health and Social Care Partnership Divisional General Manager (East)**

- Nightlink
- Assessment and Care Management OT Services (Social Work)
- Community Hospital Inpatient Services (QMH)
- Fife Palliative Care Services (community and hospice)
- Integrated Discharge Hub (VHK)
- Day Assessment and Day Hospitals
- Day Centre Services
- Residential Care homes and intermediate care facilities
- Commissioned Voluntary Organisations and Local Coordination Hub
- Joint Equipment Store
- Lead for Fife wide review of OT services (2015)
- Primary Care Emergency Service (PC)

**Integrated Community Services:**
- ICASS including SPOA and AHPs, District Nursing and Hospital at Home and support worker functions
- General Medical Services
- General Dental Services
- Community Ophthalmic Services
- Community Pharmacy Services
- Primary Care Teams and aligned roles to General Practice e.g. development Pharmacy
- Local Commissioning (Older People Social Work)
- Assessment and Care Management (Older People Social Work)
- Review team (Older People)
- Homecare including community alarms, tele-care and Nightlink
- Assessment and care Management OT services (Social Work)
- Community Hospital Inpatient Services (Cameron, RWMH, Glenrothes, St Andrews, Adamson)
13. **Health and Social Care Partnership Divisional General Manager (Fife-Wide)**

Integrated Mental Health, Learning Disability and Psychological Services:
- Mental Health Services (hospital inpatient and community based);
- CAMHS; Addictions
- Learning Disability (inpatient, community and forensic)
- Clinical Psychology
- MHO Team
- Adult Resources
- Assessment and Care Management (Adults Fife-Wide)
- Adult Protection Policy Team
- SDS Team
- Adults Commissioning (SW)

Integrated Children’s Services:
- Children’s /Paediatric services
- School Nursing, Health Visiting and Child Protection
- Children’s OT

Other Fife-wide Services:
- Community Dental Service
- Sexual Health
- FRDU (Rheumatology)
- Health Promotion and Health Improvement
- Dietetics, SALT, Podiatry and MSK Physiotherapy

• Fife Rehabilitation Service and Sir George Sharp Unit
• Day assessment and Day Hospitals
• Day Centre Services
• Residential Care homes and intermediate care facilities
• Commissioned Voluntary Organisations and Local Coordination hub
• Lead for Fife wide review of In House Home Care (2015)
Appendix 8

The Assurance Accountability and Performance Framework

NHS FIFE CLINICAL GOVERNANCE COMMITTEE:
CONSTITUTION AND TERMS OF REFERENCE

Date of Board Approval: 23 February 2016

1. PURPOSE

1.1 To oversee clinical governance mechanisms in NHS Fife.

1.2 To observe and check the clinical governance activity being delivered within NHS Fife.

1.3 To oversee the clinical governance and risk management activities in relation to the development and delivery of the clinical strategy.

1.4 To assure the Board that appropriate clinical governance mechanisms and structures are in place for clinical governance to be supported effectively throughout the whole of Fife NHS Board’s responsibilities, including health improvement activities.

2. COMPOSITION

2.1 The membership of the NHS Fife Clinical Governance Committee will be:

- Six Non-Executive or Stakeholder Members of the Board (one of whom will be the Chair);
- One Staff Side representative of NHS Fife Area Partnership Forum
- One Representative from Area Clinical Forum; and
- One Patient Representative.

2.2 Officers of the Board will be expected to attend meetings of the Committee when issues within their responsibility are being considered by the Committee. In addition, the Committee Chairperson will agree with the Lead Officer to the Committee which Directors and other Senior Staff should attend meetings, routinely or otherwise.
2.3 The Medical Director shall serve as the lead officer to the Committee.

3. QUORUM

3.1 No business shall be transacted at a meeting of the Committee unless at least three Non-Executive Board Members or stakeholder members are present. There may be occasions when due to the unavailability of the above Non-Executive members, the Chair will ask other Non-Executive Members to act as members of the Committee so that quorum is achieved. This will be drawn to the attention of the Board.

4. MEETINGS

4.1 The Committee shall meet as necessary to fulfil its remit but not less than four times a year.

4.2 Fife NHS Board shall appoint a Chairperson who shall preside at meetings of the Committee. If the Chairperson is absent from any meeting of the Committee, the members at the meeting shall elect from amongst themselves a Chairperson for that meeting, who must be a Non-Executive Member of the Board.

4.3 The agenda and supporting papers will be sent out at least five clear days before the meeting.

5. REMIT

5.1 The remit of the NHS Fife Clinical Governance Committee is to:

- Monitor progress on the health status targets set by the Board.

- Receive the minutes of meetings of the Acute Services Division Clinical Governance Sub-Committee, Health and Social Care Partnership Clinical and Care Governance Committee and Quality Safety and Governance Group.

- Receive reports and have identified strategic issues or risks escalated to the Committee from the Acute Services Division, Health and Social Care Partnerships, and Quality Safety and Governance Group and Executive Leads including eHealth, Information Governance, Infection Control, Radiation Protection and Fife-wide Public Health Governance.
- The Committee will produce an Annual Statement of Assurance (as in Appendix 2.12) for submission to the Board, via the Audit & Risk Committee and PFPI Committee. The proposed Annual Statement will be presented to the first Committee meeting in the new financial year or agreed with the Chairperson of the respective Committee by the end of May each year for presentation to the Audit and Risk Committee in June.

- Capture and record all issues and risks on an operational risk register to be monitored through the Committee, and where appropriate these should be escalated to the Board for consideration in addition to the corporate risk register until mitigated to a tolerable level.

- Receive updates on and oversee the progress on the recommendations from relevant external reports of reviews of all healthcare organisations including clinical governance reports and recommendations from relevant
regulatory bodies which may include Healthcare Improvement Scotland (HIS) reviews and visits.

- The Committee will receive minutes from the Patient Focus and Public Involvement and Health and Safety Committee.

- Issues arising from these Committees will be brought to the attention of the Chair of the Clinical Governance Committee for further consideration as required.

- To provide assurance to Fife NHS Board about the quality of services within NHS Fife.

- To undertake an annual self assessment of the Committee’s work.

- The Committee shall review regularly the sections of the NHS Fife Integrated Performance Report relevant to the Committee’s responsibility.

5.2 The Committee shall provide assurance to the Board on achievement and maintenance of Best Value standards, relevant to the Committee’s area of governance as set out in Audit Scotland’s baseline report “Developing Best Value Arrangements”.

5.3 The Committee shall draw up and approve, before the start of each financial year, an Annual Work Plan for the Committee’s planned work during the forthcoming year.
6. **AUTHORITY**

6.1 The Committee is authorised by the Board to investigate any activity within its Terms of Reference, and in so doing, is authorised to seek any information it requires from any employee.

6.2 In order to fulfil its remit, the Clinical Governance Committee may obtain whatever professional advice it requires, and require Directors or other officers of the Board to attend meetings.

6.3 The Committee shall exercise the delegated powers identified in the Standing Orders and Standing Financial Instructions of the Board, as set out in the Purpose and Remit of the Committee.

7. **REPORTING ARRANGEMENTS**

7.1 The NHS Fife Clinical Governance Committee reports directly to Fife NHS Board. Minutes of the Committee are presented to the Board by the Committee Chair, who provides a report, on an exception basis, on any particular issues which the Committee wishes to draw to the Board’s attention.

7.2 The Corporate Risk Register will be scrutinised by the relevant Committees of the Board with a bi-annual update on all changes to the Corporate Risk Register being submitted to the Audit and Risk Committee.
Appendix 10

Clinical & Care Governance Committee

Terms of Reference

1. PURPOSE

1.1 To provide the Integration Joint Board (IJB), and through the Integration Joint Board, the NHS Fife Governance Committees and the Fife Council Scrutiny Committee responsible for overseeing social work with the assurance that services are taking account of all aspects of Clinical and Care Governance.

1.2 To provide the IJB, and through the IJB, NHS Fife Governance Committee and the Fife Council Scrutiny Committee with the assurance that Clinical & Care Governance requirements are being managed within all Divisions of the Health & Social Care Partnership (HSCP).

1.3 To provide a forum for the management of the Clinical & Care Governance components such as Patient and Client Safety, Risk Management, Clinical & Care Effectiveness, Involving People and Continuing Professional Development.

2. RESPONSIBILITY

2.1 To progress the strategic direction of HSCP Clinical & Care Governance.

2.2 To receive reports, from services about service developments, assurance and quality improvements pertaining to Clinical & Care Governance.

2.3 To approve quality assurance knowledge, information and best practice across the HSCP.

2.4 To assure staff of the importance of Clinical & Care Governance to the delivery of Safe, Effective, Person Centred Care.

2.5 To agree annual objectives and a Business Plan for Clinical Governance for the Integration Joint Board.
MEMBERSHIP

3.1 The membership of the IJB Clinical & Care Governance Committee is designed to ensure that all aspects of Service Provision for the HSCP are covered for both the Local and the Fife-Wide Services.

3.2 Core membership is;

Three Councillors from Fife Council
Three Non-Executive Directors from NHS Fife
The Chair will be appointed by the Integration Joint Board.

In attendance:

Associate Medical Director
Associate Nurse Director
Chief Social Work Officer
Divisional General Manager - East
Divisional General Manager - West
Divisional General Manager - Fife-wide
Lead Pharmacist
Head of Strategic Planning, Performance and Commissioning
Head of Quality & Clinical Governance
Patient Relations Manager
Head of Quality Improvement
Risk Manager

Ex officio

Chair of the Integration Joint Board
Director of Fife Health & Social Care Partnership

Administration Support

If any staff are unable to attend, a deputy should be nominated.

In addition other staff members can be co-opted onto the group or be invited to attend when relevant.

3. REPORTING ARRANGEMENTS

4.1 The Clinical & Care Governance Committee is a Committee of the Integration Joint Board.

4.2 The Clinical & Care Governance Committee reports to the IJB.
4. **MEETINGS**

5.1 The Group will meet 2 monthly between IJB meetings but may meet more frequently if deemed necessary by the Chair and not less than four times a year.

5.2 Meetings will be quorate when at least 4 members are present.

5.3 Members unable to attend should notify the Administrator in advance and make arrangements for a representative to attend in their place.

5.4 Non-members invited to present specific Agenda items will be noted on the Minute as having been in attendance.

5. **REMIT**

6.1 The Committee shall have accountability to the board for ensuring that quality of care is given the highest priority at every level within integrated services. It will provide assurance that services are high quality, safe, effective and person centred by ensuring that:

- Quality of care, effectiveness and efficiency drives decision-making about the planning, provision, organisation and management of services and as far as possible is informed by scientific evidence.

- The planning and delivery of services take full account of the perspective of patients and service users

- Staff are supported in continuously improving the quality and safety of care and unacceptable clinical and care practice will be detected and addressed

- 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 sectors.

6.2 To monitor the implementation of the recommendations from NHS Healthcare Improvement Scotland and the Care Inspectorate reviews and visits.

7. **AUTHORITY**

7.1 The Committee is authorised by the IJB to investigate any activity within its terms of reference and in doing so is authorised to seek any information it requires from any employee.
7.2 In order to fulfil its remit, the Clinical and Care Governance Committee may obtain whatever professional advice it requires, and require Directors or other officers of the IJB to attend meetings.

7.3 The Committee is authorised by the IJB to have oversight of information governance.

7.4 The Committee is authorised by the IJB to review standards for service.

7.5 The Committee is authorised by the IJB to review implementation of strategic plans.

To be revised April 2017.
NHS FIFE QUALITY, SAFETY & GOVERNANCE GROUP

CONSTITUTION AND TERMS OF REFERENCE

2017-18

CHAIR: MEDICAL DIRECTOR, NHS FIFE
EXECUTIVE LEAD FOR CLINICAL GOVERNANCE & PATIENT SAFETY

Date of Approval: 1 March 2017
1. PURPOSE

1.1 The purpose of the NHS Fife Quality, Safety and Governance Group is to take an overview of the quality and safety of care by:

a) Making use of multiple sources of information and data to identify organisational wide themes and issues which inform and influence organisational improvement activities.
b) Ensuring there are established mechanisms in place to assess the effectiveness of improvement activity, operationally and organisationally.
c) Identifying key performance indicators.
d) Ensure key learning points are identified, spread and shared across organisation.

2. COMPOSITION

2.1 Core membership who attend all meetings and provide consistent direction for the agenda and work plan shall be as follows:

- Chair, Medical Director, Executive Lead for Clinical Governance & Patient Safety
- Vice-Chair, Executive Nurse Director, Executive Lead for Risk Management
- Fife Health & Social Care Partnership (HSCP) Leads for Quality and Clinical and Care
- Acute Division Representative for Clinical Governance
- Head of Quality & Clinical Governance
- Head of Quality Improvement
- NHS Fife Patient Relations Manager
- NHS Fife Risk Manager
- NHS Fife Clinical Effectiveness Coordinator
- Partnership Quality & Clinical Governance Representative
- GP Representative

2.2 A broader membership will attend meetings to present or contribute to specific topic discussions.

2.3 The Group will be supported by IMPACT Clinical Governance staff.
3. ROLE AND REMIT

The role and remit of the NHS Fife Quality, Safety and Governance Group is as follows:

- To maintain an awareness of evolving quality, safety and governance agendas, both internal and external to NHS Fife.
- To receive regular reports on the development and implementation of the local guidance and policy relating to the management of adverse events.
- To provide regular reports on the key performance measures for quality to NHS Fife Clinical Governance Committee.
- To agree on the development of any new Fife Wide Policies or Procedures.
- To receive regular reports on policy and procedure reviews, with the focus on exception reporting and escalation to the Quality, Safety and Governance Group.
- To oversee, and receive regular reports from participating groups in national programmes identified from I-hub work plan. To ensure learning is identified and shared across the organisation.
- To identify key learning points from all areas and ensure these are communicated and embedded where appropriate across primary, secondary, and health and social care partnerships.

4. MEETINGS AND REPORTING ARRANGEMENTS

4.1 Meetings will be held 2 monthly.

4.2 The NHS Fife Quality, Safety and Governance Group will report to the NHS Fife Clinical Governance Committee and the Clinical and Care Governance Committee.

4.3 In order to fulfil its remit, the group will escalate identified risks or issues of importance to the NHS Fife Clinical Governance Committee and the Clinical and Care Governance Committee.
4.4 Individual members will report into local operational management groups, e.g. Acute Services Division Clinical Governance Committee, Partnership Clinical and Care Governance Groups.

Appendix 12


Social Work Service

Monitoring Officer
Chris Campbell –
Tel. 03451 55 55 55
Ext 44 59 80
LINK OFFICER

Main Responsibilities

The main responsibilities of Link Officers are to give support and guidance to voluntary organisations. Link Officers are formally appointed when the Council provides in excess of £10,000 in financial support to an organisation, and must therefore undertake additional responsibilities, particularly in relation to monitoring the activities for which financial support is provided. (In the case of Mental Health Specific Grant funding, a Link Officer will be appointed no matter the level of funding).

The principal function is that of offering advice, guidance and support to their designated voluntary organisation(s) on issues of relevance to the organisation’s discipline, specialism or locality.

As the Link Officer role is a formal appointment there must be an agreed minimum level of contact established. It would be unreasonable to expect attendance at all meetings organised by the voluntary organisation however, for the Partnership to be effective and unless funding conditions state otherwise, attendance should not fall below two meetings per year. It is also expected that account be taken of local circumstances in determining the level within the organisation at which contact is maintained (e.g., project staff and/or management committee).

The Link Officer will be expected to undertake a range of duties connected to the Council’s position as a principal source (or sponsor) of financial support to the voluntary organisation. These duties include involvement in:

- developing and monitoring of the Service Level Agreement between the Council and the voluntary organisation;
- the monitoring and evaluation of the organisations activities which are supported by the Council;
- the selection and recruitment of senior personnel within the voluntary organisation, and

provided). In such instances, the appointment of a Link Officer would normally be in response to a specific request from the organisation concerned and would depend on the availability of staff within the particular Service.

In determining the appointment of Link Officers account should be taken of the experience, expertise, interest and, where appropriate, the grading of the staff concerned. The question of the locality served by the voluntary organisation should also be taken into account in order that, as far as possible, the geographical and issue based interests of the Link Officer and the voluntary organisation should coincide.

The support needs of the voluntary organisation concerned must also be considered and it is the expectation that the appointment of Link Officer is subject to negotiation with the organisation concerned. Such negotiations should seek to identify not only
the appropriate staff member to undertake the Link Officer role, but also the level, nature and extent of support required.

**Monitoring Officer**

The role of the Monitoring Officer is twofold. Firstly, they will be responsible for ensuring that the service has in place the systems and procedures to adhere to the Monitoring and Evaluation Framework and to act as the main point of contact for the Service in these matters. Secondly, they will be required to co-ordinate the 3 year evaluation of organisations supported by their Service.

The Monitoring Officer will support and give advice to the Link Officer as appropriate.

review. If required Policy & Organisational Development (Funding and Monitoring Team) may be approached to act in a mediation role. It should be noted that a voluntary organisation could also choose to pursue an issue of serious concern under Fife Council’s Complaints Procedure.

While the above paragraphs attempt to set out the role of the Link Officer, there will be instances that have not been covered. The Link Officer should always be able to approach their line manager or the Service Monitoring Officer to discuss situations as they arise and to seek guidance on the support and guidance they can provide to the organisation.

There are also activities that should not be undertaken by the Link Officer and on no account should Council staff undertaking this role, seek to hold office, participate in voting, or act as signatories to bank accounts of voluntary organisations with which they are working. Such acts would be wholly inappropriate to the role of Link Officer and would serve to undermine the independence of the organisation concerned.

**Appointment of Link Officers**

It is a requirement of funding to grant-aided organisations that a Link Officer be appointed when an organisation is in receipt of £10,000 or more annually. This may be through one Service or represent the total funding awarded to an organisation through two or more Council Services. It is the responsibility of the Council Service providing the main source of funding (or with a direct interest in the Service provided if the funding source is external to the authority) to appoint the Link Officer. In instances where two or more Council Services have a direct interest, then agreement should be reached between the respective Services and the organisation concerned as to which Service assumes the lead role.

Link Officers can be appointed to those organisations in receipt of less than £10,000 per annum or where the funding source is independent of the Council (when the Council and the organisation concerned share a common interest in the service.

- Assisting the organisation to overcome problems and issues that arise, with appropriate support from other Services or organisations.
- Ensuring the Organisation has appropriate Procedures e.g. Child Protection policies, Vulnerable Adult policies, Disclosure checks.
**Service Level Agreement**

A key role for the Link Officer will be in the negotiation and completion of the Service Level Agreement with the voluntary organisation. It is expected that this task be undertaken jointly between the Link Officer and the organisation concerned. Due care should be taken to ensure that the SLA presents an accurate summary of the organisation’s activities and that a realistic agreement is reached on matters for inclusion within mutually agreed responsibilities.

Under normal circumstances the SLA will cover a three year period, with continuation being subject to annual monitoring and renewal following the 3-year evaluation exercise. The content of the SLA can be altered by mutual agreement, at any stage, providing that the evidence for that change is recorded. It is also important that any amendment to the financial provision of the SLA should take account of the appropriate reporting requirements. (Mental Health Specific Grant funded organisation will require a yearly Service Level Agreement).

The standard SLA pro-forma is intended for use by all Services (please refer to Section 3 of this Monitoring and Evaluation Framework). However it may not be sufficient for recording the appropriate level of detail in some cases and it is therefore expected that additional sections be added as required. It is of particular importance that the SLA be seen as a means of ensuring openness and accountability as required by Audit Scotland's "Following the Public Pound".

**Monitoring**

In line with the Council's Monitoring and Evaluation Framework all voluntary organisations in receipt of over £10,000 per year will be subject to annual monitoring. The Link Officer will be required to undertake the annual monitoring exercise and complete the monitoring form, in conjunction with the organisation in question. It is important that the annual monitoring exercise is planned to take place at a time that allows for the processing of the information gathered prior to making the required report to the relevant Committee of the Council.

There should also be a clear role for the Link Officer in the more formal process of evaluation of their organisation. While it is inappropriate for the designated Link Officer to carry out the 3-year evaluation, they will be required to feed into the process due to their involvement with and knowledge of the organisation.

At the request of the Service Monitoring Officer, Link Officers may be required to undertake the 3-year evaluation of a voluntary organisation for which they are not the designated Link Officer. Any such request will be based on the Link Officers expertise in a particular field or locality and with due consideration to the time commitment that will be required to undertake the evaluation.

**Selection and Recruitment**

It is expected that the Link Officer will be involved in the selection and recruitment of senior personnel within the voluntary organisation. The involvement of the Link Officer in
appointments at other levels within the organisation should be subject to agreement and should take account of local circumstances as well as the implications on the officer’s workload.

The Link Officer's role in the appointment of senior staff should include offering advice and guidance throughout the recruitment and selection process. Link Officers can play a role in the selection interview and can offer comment on the suitability of the candidates interviewed. However, the final decision on the appointment of any given candidate must rest with those members of the interview panel nominated by the voluntary organisation itself. Organisation must ensure that anyone appointed, if applicable, should have a Disclosure Scotland check before appointment is confirmed.

The Link Officer should work along with the voluntary organisation to ensure that the recruitment and selection procedure is robust and that all reasonable steps have been taken to eliminate.

Inconsistencies (real or perceived) which may undermine the integrity and transparency of the procedure.

**Problem Solving**

It is recognised that, from time to time, voluntary organisations may experience difficulties that will require specialist assistance. To provide appropriate support in these circumstances, a series of protocols have been developed within the Council to set out the levels of support that Link Officers can expect to be provided from other Services. In addition, the Link Officer may seek such assistance through the provisions of the Council's 'Support in Kind' policy. Guidance may also be sought from Fife Voluntary Action or from the relevant members of the strategic partnerships where there may be operational/practice-based concerns. The support and supervision process will allow the Link Officer to record such issues for internal discussion in order to explore, with their line manager, how these might be addressed.

In the event of the Link Officer becoming aware of any impropriety (be it administrative, financial or practice-based) or a pronounced change in an organisation's circumstances (e.g., insolvency, dissolution) that cannot be addressed at local level, the matter should be referred to the Service Monitoring Officer to consider any action that may be required. The matter should also be referred to the appropriate officer(s) in other Service(s) responsible for provision or administration of grants for that organisation. Where appropriate the Link Officer should also ensure that the appropriate Head(s) of Service is notified and note that it may also be necessary to brief local elected members and/or the appropriate Committee of the Council. It would be the responsibility of the appropriate Head of Service to determine the means by which such issues are reported and to which particular Committee of the Council.

It is recognised that, from time-to-time, difficulties may arise in the relationship between a designated Link Officer and the organisation concerned. In circumstances where such difficulties cannot be resolved through discussion, either party can seek to have the matter considered by the appropriate line manager. This course of action would also extend to situations where the appropriateness of the appointment of a Link Officer might require.
Appendix 13

Guidelines for Care Inspections, Grants to Voluntary Inspection and Contract Monitoring.

Guidelines for Care Inspections

1. Care Inspectorate

The Public Services Reform (Scotland) Act 2010 came into force in April 2011. It aimed to rationalise the number of government agencies including the different regulators. As a result the previous work of the Care Commission, of SWIA and of HMIE (children’s services remit) was undertaken by the new Social Care and Social Work Improvement Scotland (SCSWIS). Care services in the country became regulated by the latter body. From 15th September 2011 SCSWIS assumed the simpler working name of the Care Inspectorate.

Services are inspected by the Care inspectorate on either an announced or unannounced basis:

- Announced – Providers have the opportunity to set out their day-to-day practice and, where appropriate to invite staff, service users and families to be on hand to contribute while the inspection is taking place. A period of notice is given before an announced inspection.

- Unannounced – No prior notice is given to the provider. Inspectors can arrive on any day and report on the service as they find it.

Both types of inspection are used to ensure the services continued to meet the standards and the needs of people using the service. Inspections are also used to assess whether improvements have taken place in services where risks to service users have previously been identified or enforcement action taken.

2. Local Service Inspections

The Social Work Service have an older people’s review team, who carry out regular reviews of care establishments and care at home provision across Fife. The team will consider the individual needs of service users. Work is ongoing to ensure the reporting structure and outcomes from the reviews are linked directly with Care Inspectorate visits.

Particular issues are raised via the Quality Assurance/Contracts Unit who will monitor the action plan.

3. Adult Protection and Large Scale Investigations

The Cause for Concern Report

This information may be received through a Cause for concern report of harm or a phone call to the Adult Protection Phone Line (01383 602200), but may also be received though information from other sources including elsewhere within the social work service.
All information reported about an adult at risk, regardless of source, will be recorded on the social work system.

The Social Work Service will make initial inquiries to establish whether the three point criteria are met, and to take any immediate actions to support and protect the adult. The second stage of the inquiry process is the inter-agency referral discussion (IRD). All cases must be considered with an open mind without assuming that harm has, or has not, occurred. Such referrals should be acted upon as a source of information that may be presented as evidence at a later stage.

**Inter-agency Referral Discussion**

An Inter-agency Referral Discussion (IRD) is a professional discussion held with relevant representatives from social work, health, police and any other agency that has knowledge of the adult at risk of harm. The sharing of information and planning of approaches can be conducted by phone or in person. There can be frequent IRDs throughout the adult protection process and all will be formally recorded. The social work service will manage the IRD process and will be responsible for recording and sharing the agreed decisions and actions.

The purpose of an IRD is to:

- Identify and share relevant information regarding the risk to the adult
- Agree what protective measures are immediately required to safeguard the adult at risk.
- Assess the risk and protective factors to establish what actions are required to protect the adult from further harm
- Consider if the harm identified constitutes serious harm
- Consider if a crime requiring police investigation has been committed.

Consider if a medical assessment/examination is required:

- Establish what investigations are required by social work services, and link to any police investigation
- Plan the investigation, establishing which agencies will be involved, and what considerations need to be taken into account in order to visit the adult
- Take account of the impact of concurrent disciplinary processes
- Where there is more than one adult at risk of harm refer to Large Scale Investigation Protocol.

Or, based on the shared intelligence, jointly agree no further adult.

**Large Scale Investigations**

A Large Scale Investigation is a multi-agency response to circumstances where there may be two or more adults at risk of harm, within a managed care setting (this includes residential care, day care, home based care or a healthcare setting).
Fife Adult Protection Committee has developed a procedure for agencies to follow in the event of the need for a large scale investigation to be conducted. This procedure has been created to:

- Provide a standardised approach to carrying out a Large Scale Investigation for all professions consistent with current evidence of best practice;
- Offer a framework for an alternative process to holding large numbers of individual Adult Support and Protection Investigations;
- Ensure that there is adequate overview/co-ordination where a number of agencies have key roles to play; and
- Clarify partner agencies’ responsibilities for overseeing Large Scale Investigations in Fife.

Outcomes following an investigation

Within 10 working days of the start of the investigation the Council Officer will present a report of the findings using the Investigation and Council Officer’s Report paperwork to his/her team manager. Timings may be extended in exceptional circumstances where agreed by the overseeing team manager. The reason for any agreed extension will be clearly recorded on the Social Work electronic recording system.

Current reporting system

- Annual report on Care Inspectorate Grade to Fife Council Scrutiny Committee
- Annual area Committee report on Care Inspectorate Grades

Suggested Enhanced Reporting

For discussion