East Lothian
Integration Joint Board

REPORT TO: East Lothian Integration Joint Board

MEETING DATE: 23 August 2018

BY: Interim Chief Officer

SUBJECT: East Lothian Clinical and Care Governance Framework

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1 PURPOSE

1.1 There is a requirement that the East Lothian Integration Joint Board (IJB)/Health and Social Care Partnership has in place a Clinical and Care Governance Framework that meets the requirements of the 5 principles set out in the National Framework 2014 (see appendix 1, Draft Clinical and Care Governance framework for ELHSCP).

1.2 This paper highlights the steps taken to develop and implement a clinical and care governance framework for the East Lothian IJB/Partnership.

1.3 To provide, for consideration and approval, the outline and associated process documents that will support the delivery of a robust assurance process (appendix 1) and the proposed Terms of Reference for the Clinical and Care Governance Committee (appendix 2) suggested as a sub-committee to the IJB.

2 RECOMMENDATIONS

The Board is asked to:

2.1 Approve the development of a Clinical and Care Governance infrastructure.

2.2 Agree the ongoing development and content of the draft framework document (appendix 1). This document will be updated to reflect the feedback from the pilot sites and the IJB and will be re-presented for final approval to the IJB in October 2018.

2.3 Consider and approve the Terms of Reference for the proposed Clinical and Care Governance Committee (appendix 2).

2.4 Agree that the Committee will be a sub-committee of the IJB and will be chaired by an IJB member.

2.5 Approve the intention of holding a staff event to launch the clinical and care governance framework in October 2018.

2.6 Approve the intention that the implementation of this new process will be monitored and reported to the IJB on a regular basis frequency to be agreed.

3 BACKGROUND

3.1 In 2014 the Scottish Government launched the National Health and Well Being Outcomes these having been prescribed by Scottish Ministers in Regulations under section 5 (1) of the Public Bodies (Joint Working) Scotland) Act 2014.

3.2 The national health and well being outcomes apply across all integrated health and social care services and ensure that Health Boards, Local Authorities and Integration Authorities are clear about shared priorities by bringing together responsibility and accountability for their delivery in a human rights based and social justice approach.

3.3 In late 2017 the Chief Operating Officer requested that a small project team be established to progress the development of a Framework

3.4. The Clinical and Care Governance framework proposed has been developed in partnership to ensure that there are explicit and effective lines of accountability across the Health and Social Care Partnership within East Lothian.

4 ENGAGEMENT

4.1 A small planning group was established in late 2017 comprising of senior managers from East Lothian Health and Social Work and included staff identified as the project team (appendix 3).

4.2 A staff event was held in February 2018 setting out the proposed development work and seeking engagement with all service areas. This event was attended by Group, Service Managers and team leads.

4.3 Four areas are currently participating in the testing of the proposed process and associated documents. This test phase is due for completion at the end of September.

4.4 Following the test phase and feedback from both the pilot areas and the IJB the framework and process documents will be further edited and finalised

4.5 An initial Test Committee meeting was held in July with positive feedback.

4.6 If the framework and operational process has been approved, it is the intention to hold an all staff event to launch the Governance Framework in October/November 2018.

4.7 There will be a requirement to support this new process and to continually monitor and evaluate the implementation and impact of the Governance Framework.

5 POLICY IMPLICATIONS

5.1 There will be no direct policy implication in the implementation of this new framework. In order to fulfil the requirements of clinical and care governance staff are required to work within agreed local and national policies, procedures, guidance protocols and standards of practice.

6 INTEGRATED IMPACT ASSESSMENT

6.1 The subject of this report does not affect the wellbeing of the community or have a significant impact on equality, the environment or economy.

6.2 The implementation of the assurance process will contribute to positive outcomes for both staff and users of all services.

7 RESOURCE IMPLICATIONS

7.1 The development of the framework, associated documents and the testing of the process has been supported from partnership core funding.

8 BACKGROUND PAPERS

8.1 A number of national papers/documents have been used to inform this work specifically:

- The Public Bodies (Joint Working) (Scotland) Act 2014
- The Schemes of Integration for the Integration Joint Boards
- National Health and Wellbeing Outcomes - 2014
- The National Clinical and Care Governance Framework - December 2015
- The East Lothian Integration Scheme - 2015
- Health and Social Care Standards –My Support My Life - 2017.

- Quality of Care approach/framework – Healthcare Improvement Scotland - December 2017.

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APPENDICES

Appendix 1 – Draft East Lothian Health and Social Care Partnership, Clinical and Care Governance Framework

Appendix 2 – Draft Terms of Reference for the Clinical and Care Governance Committee

Appendix 3 – Project/Planning Team

Appendix 1

East Lothian Health & Social Care Partnership

Clinical and Care Governance Framework

Draft: **August 10th 2018**

Version: **14**

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Clinical & Care Governance Framework

1. Introduction

The main purpose of the integration of Health, Social Work and Social Care services in Scotland is to improve the wellbeing of people who use such services, in particular those whose needs are complex and require services and support from Health and Social Care at the same time. Integration is intended to achieve improved outcomes for people in line with the National Health and Wellbeing Outcomes (Appendix 1) prescribed by Scottish Ministers in Regulations under Section 5 (1) of the Public Bodies (Joint Working)(Scotland) Act 2014.

The National Health and Wellbeing outcomes apply across all integrated Health and Social Care service, ensuring that Health Boards, Local Authorities and Integration Authorities are clear about their shared priorities by bringing together responsibility and accountability for their delivery. These outcomes, together with the integration planning and delivery principles, are grounded in a human rights based and social justice approach.

This Clinical & Care Governance Framework for East Lothian has been developed to ensure that there are explicit and effective lines of accountability across Health and Social Care as part of the integration scheme. It builds on systems and processes already in place and functioning well whilst developing new ways of gathering and reviewing service data that supports good governance. It sets out the assurance arrangements that will be put in place to ensure high standards of care and professionalism in the services provided throughout East Lothian in relation to:

- Delivery of **Person Centred** services - learning from feedback and complaints, acknowledging the Heath and Social Care Standards – My Support, My Life 2017.
- **Safety** – services / pathways are evidence based and risks are well managed.
- **Effective** - meeting clinical / care / public health standards through local evaluation and external scrutiny and service review.
- **Professional development** - ensuring staff have access to training to maintain and develop skills / competencies.
- **Improvement** - ensuring that we have the capacity, capability and leadership to develop and redesign services and recognise the need for improvement.
- **Shared Learning** – provide support and resources to ensure that any learning from adverse events / incidents are shared across the organisation.
- **Escalation Process** – ensuring that there is a robust and widely known process through which staff, patients and service users can raise concerns.

The Governance Framework outlines the roles, function and focus regarding care and professional governance for the range of staff / professionals involved with the planning and delivery of integrated health and social care services within East Lothian. This framework will evolve in the light of experience with joint working and local requirements for service development. Oversight

of the assurance process will be the remit of the East Lothian Clinical & Care Governance Committee (ELCCGC) established in July 2018. (See Appendix 2 Terms of Reference)

2. What is clinical and care governance?

A National Framework for Clinical and Care Governance was developed in 2014 and defines clinical and care governance as *'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. 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 and making sure that there is a strong voice of the people and communities who use services.

The 'National Framework' in 2014 identified five key principles of clinical and care governance (see below) and five process steps to support clinical and care governance (see Appendix 3):

1. Clearly defined governance functions and roles are performed effectively.
2. Values of openness and accountability are promoted and demonstrated through actions.
3. Informed and transparent decisions are taken to ensure continuous quality improvement.
4. Staff are supported and developed.
5. All actions are focused on the provision of high quality, safe, effective and person-centred services.

Clinical and care governance is composed of the following elements:

- Safe and effective practice & care
- Person centred practice & care
- Responsibility and accountability
- Capacity and capability
- Team work
- Service user experience

All aspects of governance are set within the context of the legal and strategic aims of The Scheme of Integration for the Integration Joint Board (IJB) May 2015 along with the Strategic Plan 2016/19 and the directions set by the IJB.

Clinical and care governance including professional governance for the health and social care services provided in East Lothian will be monitored through the governance and assurance process developed by the East Lothian Clinical & Care Governance Committee (ELCCGC) (see Appendix 4, the governance and assurance process). This framework has been jointly developed through consideration of the existing governance arrangements of the key parties, namely East Lothian

Council and NHS Lothian Health Board and acknowledges the standards and requirements of other relevant bodies e.g. The Care Inspectorate and Healthcare Improvement Scotland (HIS).

3. What is Professional Governance?

Professional governance is an accountability framework that empowers Health and Social Care professionals at the front line to collaborate effectively in the delivery of services. Central to this is the creation of an environment which enables practitioners to:

- Practice in accordance with their professional standards, codes of conduct and organisational values.
- Be responsible for upholding professional and ethical standards in their practice and for continuous development and learning that should be applied to the benefit of the public.
- Ensure the best possible care and treatment experience for service users and families.
- Provide accurate information on quality of care and highlight areas of concern and risk as required.
- Work in partnership with management, service users and carers and other key stakeholders in the designing, monitoring and improvement of the quality of care and services.
- Speak up when they see practice that endangers the safety of patients, service users or staff in line with local whistle-blowing policy and regulatory requirements.
- Engage with colleagues, service users, communities and partners to ensure that local needs and expectations for safe and high quality health and care services, improved wellbeing and wider outcomes are being met.

The overarching Governance Framework along with associated policies, procedures and systems will provide assurance to the Integration Joint Board, East Lothian Council and Lothian Health Board, that effective processes for Health and Social Care practice are in place and implemented to develop, support and monitor care standards within agreed accountability and governance frameworks.

Professional Lead Officers

There are statutory functions (set out by the Scottish Government Directorate for Health and Social Care) relating to the assurance that professional standards are maintained. The Professional Lead Officers for the East Lothian Health and Social Care Partnership will provide professional advice to, or raise issues directly with the Integration Joint Board or through representatives on the IJB. In addition, the Professional Lead Officers will be responsible for reporting directly to the Council or Health Board.

The professional lead officers are -

- Chief Social Work Officer
- Clinical Director
- Chief Nurse

These individuals have a specific remit for ensuring that professional assurance arrangements are in place, are effective and appropriately monitored. This Governance Framework for all Health and Social Care professions working across the services in East Lothian has been developed to reflect the lines of accountability within the joint working arrangements across the health and social care services. The lines of accountability will be assured through the reporting of activity to the ELCCGC.

In addition, the ELCCGC will seek to ensure that the principles and standards of clinical and care governance are applied to the health improvement and health protection activities of the Partnership and that appropriate mechanisms are in place for the effective engagement of representatives of patients, clinical staff and other professionals in clinical, care and professional governance activities.

The ELCCGC will have representation from key professional groups. These individuals will support the development of the work of the ELCCGC and will contribute to the monitoring and assurance process.

Committee Membership:

- Medicine
- Nursing
- Social Work
- Allied Health Professions (AHP)
- IJ Board
- Communications
- Health Care Planning
- Public Protection
- Public / Carer Representation
- Others as required

4. Accountabilities for Clinical and Care Governance

The Health Board and Council (the Parties) have existing mechanisms to demonstrate accountability to the Scottish Government and the public. The Integration Joint Board will integrate new and existing methods of professional performance management and governance. This will include arrangements for the protection of people of all ages, as well as strategic planning and community planning across East Lothian.

The Accountable Officers are:

Chief Executives

The Chief Executive Officers of the Council and the Health Board hold ultimate accountability for the delivery of clinical, care and professional governance.

Chief Officer of the Integration Joint Board

The Chief Officer manages the integrated services of the Integration Scheme and is accountable for this through the Parties Chief Executives. The Chief Officer is accountable for the care standards and safe delivery of these services, for example, ensuring that they are person centred, effective and delivered to agreed clinical and care governance standards. The ELCCGC will act as the scrutiny mechanism to provide this assurance to the Chief Officer.

The management structure for operational delivery of the integrated services managed by the Chief Officer is through a single hierarchical management structure.

The Chief Officer reports directly to both the Chief Executive of the Council and the Chief Executive of the Health Board and is a full member of the senior management teams of both the Council and the Health Board.

Working alongside the Chief Officer, the parties will ensure that all staff working in integrated services has the necessary skills and knowledge to deliver the appropriate standards of care. Managers of Health Board and Council staff will promote best practice and cohesive working, and provide guidance and development to their teams. This will include effective staff supervision and implementation of staff support policies.

The Chief Social Work Officer (CSWO)

The CSWO, holds professional and operational accountability for the delivery of safe and innovative social work and social care services in East Lothian. The CSWO will provide professional advice to the Council and the Integration Joint Board, in respect of the delivery of social work and social care services by Council staff and commissioned care providers in the Integration Joint Board.

Clinical Director

The Clinical Director is professionally accountable for the quality of the medical services provided by the IJB (including those commissioned by the IJB).

Chief Nurse

The Chief Nurse is professionally accountable for the quality of the nursing, midwifery and AHP services provided in East Lothian. The Chief Nurse will provide professional advice to the Health Board and the Integration Joint Board (IJB) to ensure that nursing, midwifery and AHP services are safe, effective and person centred. The Chief Nurse has a specific remit for ensuring that there is patient engagement in the development of services, that clinical and care standards are met and that validated workforce planning tools are used to underpin workforce and skill mix model development.

The Chief Officer and the Professional Leads will liaise regularly to ensure that their respective roles in relation to professional standards are met.

5. Related Governance (Assurance) Groups and Forums within East Lothian

There are a number of groups and forums within East Lothian who are operationally responsible for monitoring local activities e.g. health and safety, resilience, care homes, public protection, unexpected deaths - adults and children. These groups will provide regular reports to the ELCCGC ensuring that this core assurance group is kept abreast of activity, changes and concerns., (see Appendix 4)

In addition to the Group Service Managers, representatives from the Public Protection team, Health and Safety, the GP Quality clusters and others will be invited to attend the ELCCGC to present the work of their service and to highlight good practice, innovation and areas of risk or concern.

6. Internal Monitoring and Self Evaluation

Having quality information about the outcomes and impacts being achieved can help an organisation to better understand the needs of the people using the service and its staff. Self-evaluation contributes to continuous quality improvement by providing a structured opportunity to assess performance, and based on this, identify opportunities for improvement. Regular self-evaluation forms part of good internal governance and is a key driver for local improvement work. Quality improvement on the basis of self-evaluation, rather than that which is solely mandated by external agencies can inspire greater local ownership of issues and design of more effective solutions.

Staff throughout the organisation currently collect and discuss data relevant to their service area and this will continue. Each Group Service Manager will set up a process whereby they will meet and discuss on a regular basis their service activity, performance and outcomes. This assurance activity will now be routine through the governance and assurance processes (see Appendix 4)

7. External Evaluation & Inspection

Inspection, audit and evaluation all play an active role in determining whether or not a service is meeting their key requirements and delivering care and treatment in a safe, effective and person centred way. A number of external scrutiny bodies have worked with the East Lothian Partnership in the past and will continue to work with the organisation in the monitoring of services. The Joint Inspection of Adult Services by the Care Inspectorate and Healthcare Improvement Scotland is one such ongoing external quality assurance process.

Through both internal self-evaluation, reporting and monitoring and independent validation through external scrutiny regimes, the organisation will be able to provide public assurance and demonstrate its accountability in action. The outputs from such activity will identify where things could be improved and will inform and drive good and innovative practice throughout.

In December 2017, Healthcare Improvement Scotland published its 'Quality of Care Approach'. The quality of care approach shifts the focus from quality assurance of services being "done to" organisations to an approach that, where possible, quality assurance and any resultant "intervention" is "done with" them. Open and honest organisational self-evaluation is fundamental to the approach. The Quality Framework is a tool that has been designed to support both self-evaluation for local reflection, evaluation and decision making about how best to improve outcomes for users of healthcare services, and, external quality assurance activity. It follows a common structure to the frameworks used by external quality assurance partners in social care, local authorities and education. Using a common language and structure across agencies can help reduce the burden of external quality assurance activity by making it easier to see where data and information collected for one purpose can usefully inform another. (See Appendix 4b for an overview of the Quality framework and domains).

8. References

The following documents have been considered in the development of this framework

- Public Bodies (Joint working)(Scotland) act 2014
- The scheme of Integration for the Integration Joint Boards - 2015
- National health and Well being outcomes - Health and Social Care Integration xxxxx
- The National Clinical and Care Governance Framework December 2015
- Health and Social care Standards - My Support, My Life. 2017
- Quality of Care Approach / Framework - Health Care Improvement Scotland. December 2017.

Appendices:

Appendix 1: National Health and Wellbeing Outcomes under Health and Social Care Integration
Appendix 2: Terms of Reference of the ELCCG Committee
Appendix 3: Five Process Steps to Support Clinical and Care Governance
Appendix 4: Governance & Assurance Process: A Suite of Documents
Appendix 5: Glossary of Terms

Appendix 1

National Health and Wellbeing Outcomes under Health and Social Care Integration

The National Health and Wellbeing Outcomes are high-level statements of what Health and Social Care partners are attempting to achieve through integration and ultimately through the pursuit of quality improvement across Health and Social Care.

By working with individuals and local communities, Integration Authorities will support people to achieve the following outcomes:

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, who are frail, including those with disabilities or long term conditions, 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 reduce any negative impact of their caring role on their own health and well-being.
Outcome 7	People using 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 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.

Appendix 2

East Lothian Health and Social Care Partnership
Clinical and Care Governance Committee
Terms of Reference

Purpose / Role of Committee

The following terms of reference sets out the membership, remit, responsibilities and reporting arrangements for this subcommittee of the Integration Joint Board (IJB). The Committee will act to review and assure the East Lothian IJB, NHS Lothian and the East Lothian Council in relation to the quality of care service delivery and user experience, demonstrating that those systems in place provide early recognition of issues which ensures that appropriate action is taken.

1. Membership

- IJB representative (Chair)
- IJB representation x 2 to include Public / Carer
- Chief Nurse (depute chair)
- Clinical Director
- Chief Social Work Officer
- Lead AHP
- Manager East and Midlothian Public Protection Team
- Deputy Chief Nurse
- Heads of Service
- Strategic Group Manager

In attendance as required

- Administrative support
- Service group representatives
- GP quality cluster representation
- Quality & Scrutiny Groups (Chair) e.g. Health and Safety
- Partnership
- Others as determined by agenda

Quorum

The Committee will be considered quorate if the Chair and / or deputy plus 4 members are in attendance.

2. Remit and Responsibilities

Clinical Effectiveness

The Committee is responsible for overseeing clinical & care governance and quality assurance processes across the Partnership including Professional regulation. The

committee will assure the IJB, NHS Lothian and East Lothian Council that all activity relating to health and social care provision meets requirements, inclusive of pre determined standards and legislation. The Committee will develop, implement and maintain an organisation–wide process for clinical and care governance.

The Committee will receive and review data / information relating to:

- Significant Adverse events (SAE)
- Complaints and concerns
- Public protection
- Medication and other care / service related incidents
- Whistle-blowing as it relates to clinical and care issues

Inclusive of trends themes and outcomes from:

- Investigations of Unexpected deaths (adult and children)
- Independent and local audit and Inspection e.g. Quality of Care
- Other clinical and care governance issues

In addition the Committee members will:

- Review the impact and lessons learned from adverse events and implement improvement across the organisation and follow up on outstanding action plans.
- Ensure that robust public protection / safe guarding arrangements are in place and in use.
- Ensure that robust systems are in place for the implementation of all aspects of 'Duty of Candour' and any reporting requirements.
- Review any circumstance / situation that places the integrity of the Partnership / IJB / service users at risk.
- Ensure that governance systems are robust and that policies and procedures applied to service activities are regularly reviewed and updated as required and in response to concerns and or new legislation.
- Consider issues of concern raised by staff where they believe that patients/ service users care or staff well being is compromised.

Patient / Service User Safety

- Receive and review regular reports from all related governance groups confirming that actions have been taken and lessons have been learned.
- Consider the impact of strategic plans on patient / service user safety and care delivery ensuring concerns are addressed
- Consider the risk / implications of proposed new innovations and ensure any concerns are addressed

Service User Experience and Engagement

The Committee will seek to ensure that wherever possible the views of the public are taken in to account in the planning and delivery of service. This will include the perspective of patients, carers, relatives and wider service users and will include:

- Review and approval of planned public / stakeholder related events

- Receiving and reviewing outcome feedback from engagement / stakeholder events
- Ensuring that lessons are being learned from service user feedback / intelligence

3. Responsibilities of Committee Members

Members of the Committee have a responsibility to:

- Attend meetings having read all circulated papers in advance
- Identify additional agenda items at least 15 days in advance of meeting
- Submit papers for circulation at least 10 days in advance of meeting
- Act as champions and disseminate information and good practice as appropriate
- Uphold the principles of the NHS & Social Service codes and other Professional Bodies.
- Identify a named representative to attend during any absence in attendance

4. Frequency of Meetings

Monthly

5. Reporting

The Committee will provide regular reports (quarterly) to the IJB and as required to NHS Lothian and East Lothian Council and in addition will provide an Annual report to all parties.

6. Administrative Arrangements

The Committee will be supported by an appropriate individual who will be responsible for supporting the Chair and Deputy in the management of the Committee business. Responsibilities will include:

- Ensuring an accurate note of the meeting is recorded and disseminated
- Keeping an action log of required outcomes, sharing and monitoring as required
- Circulating agenda and accompanying papers at least 5 working days in advance of the meeting
- Filing all related papers in accordance with policy and procedure

In addition, there may be occasion where information requires to be discussed in a private session due to its sensitive nature. Where this is a requirement, any recorded detail may be subject to redaction.

7. Date and review

These terms of reference have been approved by the East Lothian IJB and will be reviewed 6 months after the first full meeting of the Clinical and Care Governance Committee and annually thereafter.

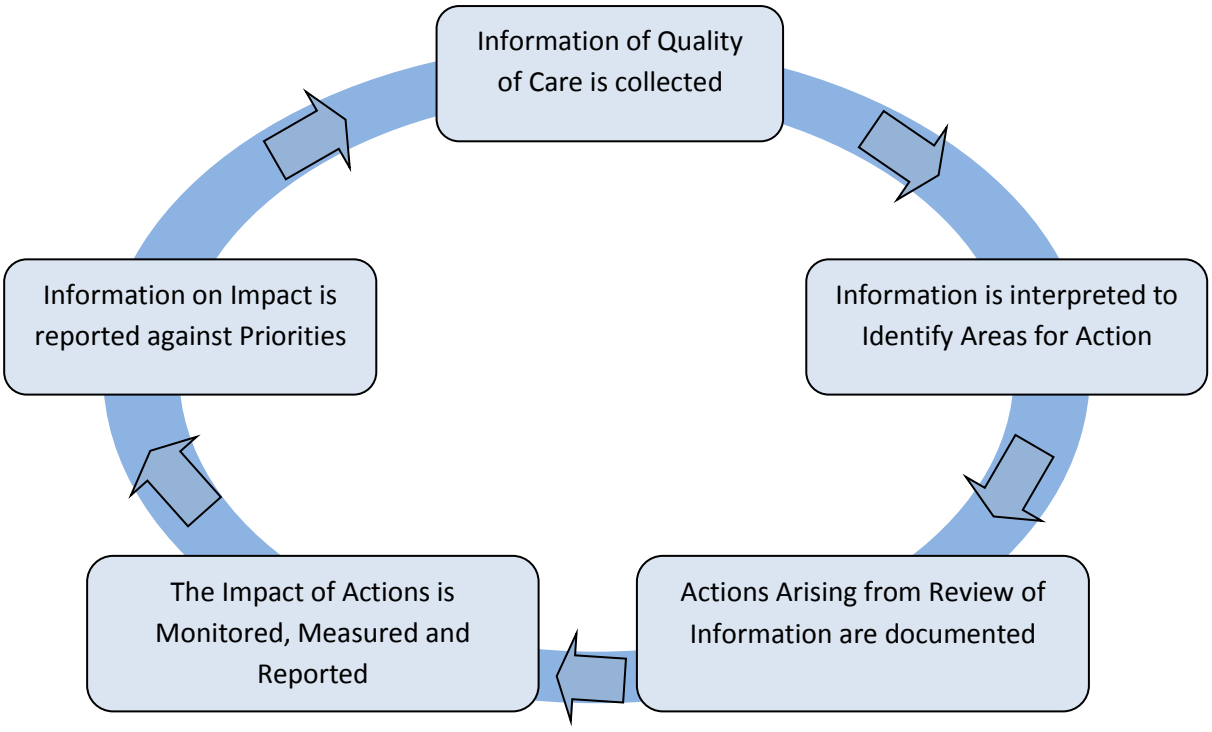
July 2018

Appendix 3

Five Process Steps to Support Clinical and Care Governance

The five process steps to support clinical and care governance as outlined in the Health and Social Care Integration, Public Bodies (Joint Working) (Scotland) Act 2014 – Clinical and Care Governance Framework (The Scottish Government) document are:

1. Information on the safety and quality of care is received.
2. Information is scrutinised to identify areas of 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.



Appendix 4

East Lothian Health and Social Care Partnership
Governance and Assurance Process

July 2018

The IJB have a legal requirement to have regular overview of the activity and governance arrangements in place for the Partnership.

These arrangements will include an assurance that there is a robust system in place that monitors and reports on clinical and care governance issues inclusive of Professional accountabilities and regulatory requirements.

On behalf of the Chief Operating Officer the Clinical and Care Governance Committee is accountable and responsible for giving assurance on all related matters this having been devolved from the Chief Operating Officer to the Professional Leads, the Clinical Director and the Committee.

The following information and suite of documents Appendices 4a - 4j provides the governance & assurance framework through which each service area will report and provide assurances on their performance , professional regulation requirements and all related aspects of clinical and care governance.

PROCESS

Each service should develop a service profile (appendix 4a) and actively monitor and review their performance, outcomes and achievements. This profile should also outline the service and core functions and requirements of the service. The profile should be a 'live' document and should be used regularly to monitor where the service is in relation to their progress against agreed service aims and objectives and include any required improvements, innovations, aspirations and risk.

The Service Managers should agree with their teams the frequency by which the service profile is updated (suggest quarterly). This regular review will support and enable self evaluation of the service by staff as outlined in Health Care Improvement Scotland ' Quality of Care Approach' and 'Quality framework ' (appendix 4b).

The documents developed to support this Governance Framework for East Lothian Health and Social Care Partnership have been informed using the domains described in the Quality of Care Framework. This Quality of Care Framework supports self evaluation and in turn will prepare service areas for any future internal and external scrutiny.

Each service should, in discussion with their Service Manager, develop a process of local monitoring whereby the Service Manager regularly and formally meets with staff (suggest 4-6 weekly) to discuss local activity, performance and any clinical or care governance issues. In addition, each service area, on a daily / weekly basis, should review service performance through informal means – eg – daily huddles, and escalate any concerns where required.

The Service Managers in turn, should meet with their Group Service Manager to agree any required action / escalation and / or ongoing monitoring. This process, demonstrated in the Assurance Pyramid (appendix 4c) and supported through completion of the Team / Service Governance Assurance Report (appendix 4d), will enable each service to celebrate success or raise awareness of risk and concern to the Clinical and Care Governance Committee (the committee) through the submission of Group Service Managers summary reports (Appendix 4e).

The dialogue and feedback from these sessions will enable two way discussions up and down through the service levels of management and governance.

The committee will meet monthly to review and discuss available data inclusive of the Group Service Managers summary reports.

Each service will be given the opportunity to present their progress and key priorities, inclusive of lessons learned and progress towards resolution and improvement

Members of the committee, as in the Terms of Reference, will consider the information provided and seek to determine whether action or assurance is required from any individuals, service or the IJB. This may include seeking an outline of required activity, along with resource requirements and a timeline for expected completion / improvement. Any such issues would remain an active part of the Committee Agenda.

The committee will also consider any existing or identified potential clinical or care risk. These risks may not be supported with tangible evidence however staff may have concerns regarding the potential impact on service delivery and direct clinical and care quality. Escalated risks of any nature which are brought to the committee will be reviewed. The committee will seek to mitigate, identify a solution or a response as required. (Appendix f) The committee will also receive and consider reports from other related assurance / governance groups and prepare, where required, regular assurance reports and accounts for the IJB, the Health Board and the Council . (Appendix 4g).

The committee operates with a pre determined fixed agenda (appendix h) and reporting schedule (appendix i) and will ensure that each area is given a regular dedicated opportunity to present their service to the Committee. During this presentation (appendix 4j) the service areas will be able to identify their successes, ongoing improvement and areas they find challenging and where they might require support.

Through this process, all aspects of clinical and care governance across the Partnership should be explored.

As Identified in the body of the Governance Framework this assurance process will evolve over time and will be supported through many levels of interaction inclusive of arrangements already in place that sees the reporting of information at several levels. (Appendix 4g)

Guidance and support will be given to operational areas in the initial stages of implementation.

Appendices

4 a = Service portfolio template
4 b = Quality of Care approach domains
4 c = East Lothian Clinical and Care Governance Assurance Pyramid
4 d = Team/ Service monthly Governance Assurance Report template – subject to edit following the pilot
4 e = Group Service Managers Summary template – subject to edit following the pilot
4 f = Routes of Escalation – as at 10/08/2018
4 g = Relationship of Clinical and Care governance groups (health and Social care) – as at 10/08/2018
4 h = Committee fixed agenda
4 i = Committee reporting schedule
4 j = Service presentation template
5 = Glossary of Terms – as at 10/08/2018

Appendix 4a: Service Governance Profile

DATE	
1. SERVICE AREA	
Organisations involved	
2. MANAGER OF THE SERVICE	
Manager of the Service Group	

COLUMN HEADINGS

- **SYSTEM USED** – For instance – DATIX, eFinancials, REVO, paper
- **REPORTED TO** – who or what organisation do you report this to?
- **DATE** – Note the date of the last measurement.
- **CURRENT PROGRESS** - + doing well, - not doing well, = on target

Section A – SERVICE DELIVERY					
3. DEFINITION OF THE SERVICE					
Model of Care					
Who gives the care?					
Who is it for?					
4. THE AIM OF THE SERVICE					
5. HOW DO YOU EVIDENCE THAT YOUR SERVICE MEETS USERS' EXPECTATIONS?					
6. HOW DO YOU DEMONSTRATE / ENSURE USER INVOLVEMENT IN CARE PLANNING AND CARE DELIVERY?					
	SYSTEM		***DATE***	***DESCRIPTION OF MEASUREMENT METHOD***	**CURRENT**

	USED	*REPORTED TO?*			**PROGRESS (+, -, =)**
7. Relevant Key Organisational outcomes					
8. Resources	***SYSTEM USED***	***REPORTED TO?***	***DATE***	***DESCRIPTION OF MEASUREMENT METHOD***	**CURRENT PROGRESS (+, -, =)**
Finance					
Cost Efficiencies / effectiveness					
Workforce					
Safe Staffing / Workforce measurement tool used					
Bank / Agency use					
Ability to deploy effectively					
Vacancies					
Turnover					
Sickness Absence %					
Other					
9. Activity					
10. Statutory Duties					
11. Standards	***SYSTEM USED***	***REPORTED TO?***	***DATE***	***DESCRIPTION OF MEASUREMENT METHOD***	**CURRENT PROGRESS (+, -, =)**
Local					
National					
Service/ clinically Specific					
12. Local audit and Inspection	***SYSTEM USED***	***REPORT***	***DATE***	***DESCRIPTION OF MEASUREMENT METHOD***	**CURRENT PROGRESS**

		ED TO?			**(+, -, =)**
Type and frequency					
Current Action Plans					
Other					
13. External Audit and Inspection	***SYSTEM USED***	***REPORT ED TO?***	***DATE***	***DESCRIPTION OF MEASUREMENT METHOD***	**CURRENT PROGRESS (+, -, =)**
Type and frequency					
Current Action Plans					
Other					

COLUMN HEADINGS

- **SYSTEM USED** – For instance – DATIX, eFinancials, REVO, paper

- **REPORTED TO** – who or what organisation do you report this to?
- **CURRENT PROGRESS** - + doing well, - not doing well, = on target

B – OUTCOME AND IMPACT				
14. Feedback / Involvement / Experience	**SYSTEM USED**	**REPORTED TO?**	**COMPLIANCE AUDIT / DESCRIPTION**	**CURRENT PROGRESS (+, -, =)**
Patients / Service Users				
Family / Carers / Significant Other				
Staff / paid carers				
3rd Sector Partners				
Community /Public/ Other				
	SYSTEM USED	**REPORTED TO?**	**COMPLIANCE AUDIT / DESCRIPTION**	**CURRENT PROGRESS (+, -, =)**
15. Qualitative Data Used			***Describe the mechanisms in place to gather, analyse and use service data for improvement.***	
Monitoring and Observation				
Complaints / Compliments				
Information Sharing across Agencies				
Action Plans				
Audit and Evaluation				
Adverse Incidents				
Other				

COLUMN HEADINGS

- **SYSTEM USED** – For instance – DATIX, eFinancials, REVO, paper.
- **SOURCE** – Where did this come from (probably an organisation)?

- **DATE** – The date of your last check / audit / review.
- **CURRENT PROGRESS** **+** doing well **-** not doing well **=** on target.

C- STAFF AND SERVICE GOVERNANCE ASSURANCE					
16. LEADERSHIP AND STAFF DEVELOPMENT	**SYSTEM USED**	**SOURCE**	**DATE**	**COMPLIANCE AUDIT / DESCRIPTION**	**CURRENT PROGRESS (+, -, =)**
Are there learning and CPD opportunities integrated into Job Plans / appraisals?					
Is continual professional development and learning and CPD opportunities included in each staff members PDP?					
Open and fair culture – staff feel able to report problems and know who to go to					
Does your service have opportunities to inspire leadership?					
17. POLICY AND PROCEDURES	**SYSTEM USED**	**SOURCE**	**DATE**	**COMPLIANCE AUDIT / DESCRIPTION**	**CURRENT PROGRESS (+, -, =)**
Implementation of new					
Updating and monitoring of local					

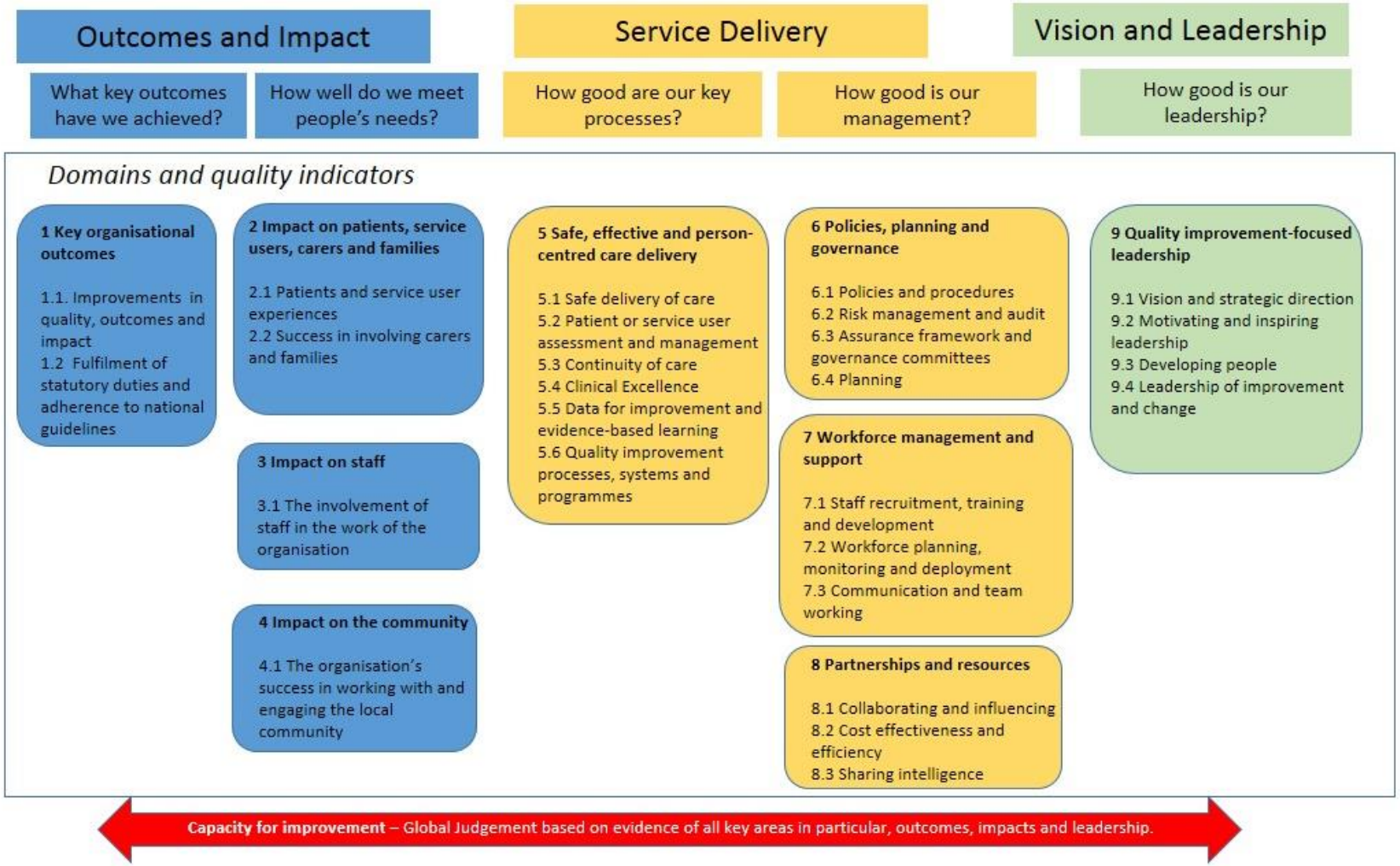
Governance Framework					
Employee Relations					
Professional Regulation					
Incident Management					
Health and Safety					
Medicines Management					
Other					
18. RISK MANAGEMENT	**SYSTEM USED**	**SOURCE**	**DATE**	**COMPLIANCE AUDIT / DESCRIPTION**	**CURRENT PROGRESS (+, -, =)**
Risk Register exists					
Regularly reviewed					
All risks under control					
Other					
19. RELEVANT GROUPS AND MEETINGS					

This section is used to explore the issues in SECTIONS A, B and C where a **+** or a **–** has been used in the right hand column (NOT the **=**). This section provides a summary of the successes and pressures in your service.

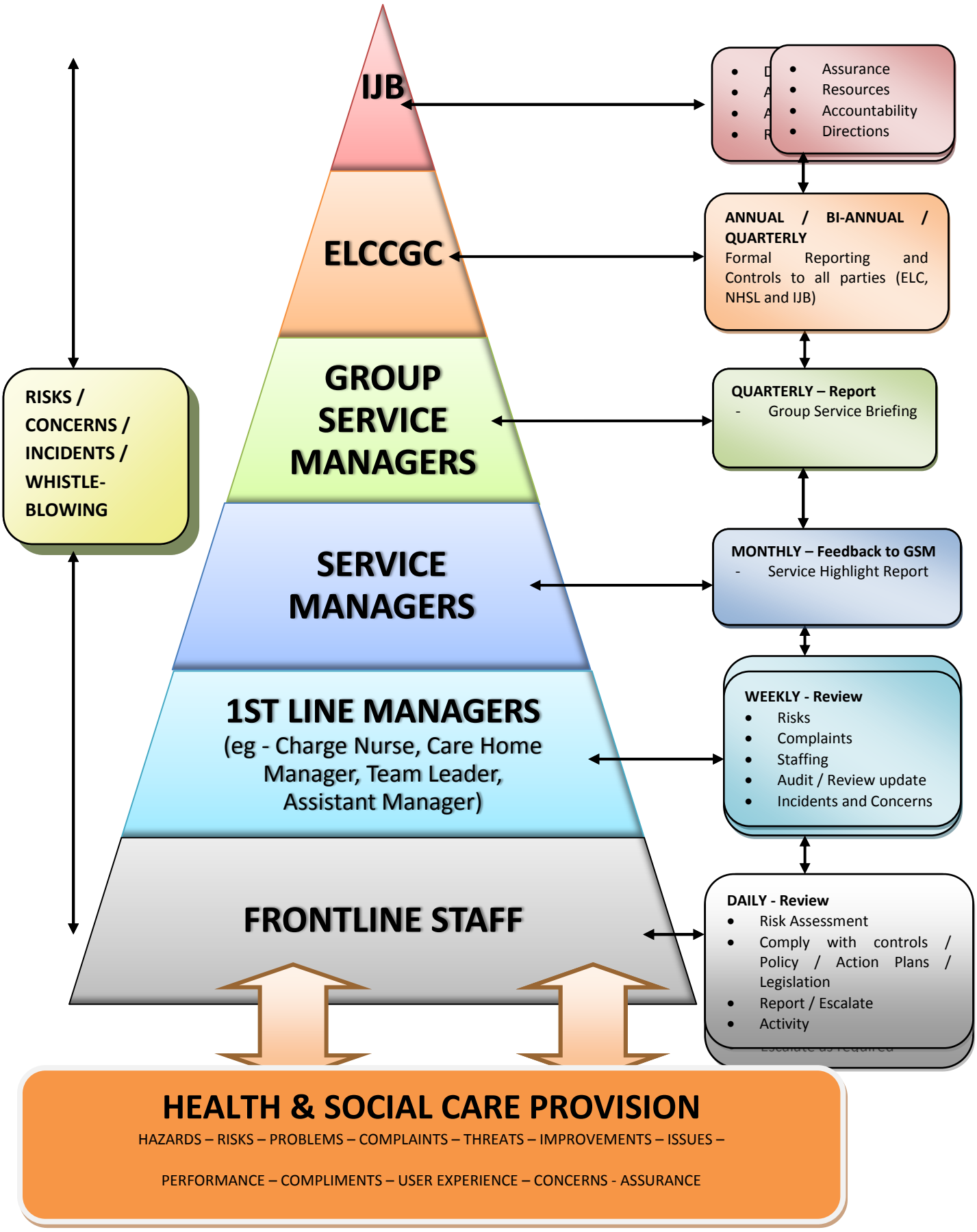
D - CURRENT IMPROVEMENTS / PRESSURES				
	Section (A, B, C)	**Item No (1 to 19)**	**DESCRIPTION**	**CURRENT PROGRESS (+, -, =)**
SUCCESSES – items marked as +				
CHALLENGES – item marked as -				

Completed By - _____ Date _____

Appendix 4b: Overview of the Quality of Care Framework and Domains



Appendix 4c: Governance Assurance Process Pyramid



4d: Service/ Team Monthly Report Template

Team / Service level Governance assurance report template

DATE	
1. Team/ Service	
2. Team Manager	
3. Service Manager	

4. THE AIM OF THE SERVICE		
5. Key organisational outcomes	Team/ Service Level	
	ELHSCP/ Local	
	ELC/ NHS Regional	
	National	

Item No	Domain: Service delivery /performance (effective)									
		Item	Owner	Level	Target	Status	Concern	Assoc Risks (RAG)	Escalated to	Actions
1.1	Key activities									
1.2	progress against service plan (HEAT, waiting lists etc)									
2	Domain: Resource management (effective, workforce ,Governance)									
		Item	Owner	Level	Target	Status	Concern	Assoc Risks (RAG)	Escalated to	Actions
2.1	budget -	financial position - impact on service								
2.2	staffing -	vacancies, turnover, sickness absence, use of bank/agency - impact on service delivery								
		Supervision Themes , workload management/, stressors								
2.3	HR issues									
3	Domain: Assurance (safe,effective,person centred)									
		Item	Owner	Level	Target	Status	Concern	Assoc Risks	Escalated to	Actions

								(RAG)		
3.1	Audit									
	Inspections									
	Care Regulation									
3.2	Adverse events	Ongoing investigations								
		Learning outcomes/ Action Plans								
3.3	Complaints/	Specific cases of note/ Investigations								
		Concerning trends								
3.4	Public Protection Issues									
3.5	Professional	Registrations/ Fitness to Practice								
4	**Domain: Quality (Improvement/effective/person centred)**									
		Item	Owner	Level	Target	Status	Concern	Assoc Risks (RAG)	Escalated to	Actions
4.1	Quality Improvement Initiatives									
4.2	PQI, Local Audit									
4.3	Improvement / Action plans progress									
4.4	Meeting Standards									
5	**Domain: Leadership**									
		Item	Owner	Level	Target	Status	Concern	Assoc Risks	Escalated to	Actions

								(RAG)		
5.1	Achievements/ celebration									
5.2	Publicity	Positive								
		Adverse								
	Training Initiatives									
	PDP Progress									
	iMatter									
6	**Domain: Person centred**									
		Item	Owner	Level	Target	Status	Concern	Assoc Risks (RAG)	Escalated to	Actions
6.1	Feedback: User, Family, Carer									
6.2	Engagement events									
6.3	Involvement : User	User								
		Public								
7	**Domain: Potential Risks / Hazards**									
		Item	Owner	Level	Target	Status	Concern	Assoc Risks (RAG)	Escalated to	Actions
7.1	Health & Safety									
7.2										
8	**SUMMARY of priorties / Actions for coming month**									

Domain	Item	Action	Owner	Level	Target	Status	Risk registered?	RAG Rating	Escalated to	
1										
2.										
3										
4										

Appendix 4e : Group Service Managers Monthly Summary report

	Date :	**Manager :**	**Service Group:**
	Domain Item	**Report type**	**Items of Significance/ note**
1	**Service Overviews , Monthly reports**		
1.1	Risks and Concerns	Exceptions / trends	
1.2	Adverse Publicity	Exceptions / trends	
1.3	SAE / DRD / Suicides	Noted Investigations/ trends	
1.4	Unexpected Deaths inc Child	Noted investigations/ trends	
1.5	Complaints / Compliments	Exceptional / Trends/ Lessons Learned	
1.6	Public Protection	Noted investigations/ lessons learned	
1.7	Duty of Candour (Other)	Trends	
1.8	Total incidents (Inc Medication)	Levels/ trends	
1.9	Inspections • Quality of Care • Care Inspectorate • Local audit/ inspections	Outcomes reports	

2.	Workforce		
3.	Health & Safety		
4	Quality Initiatives/ Achievements		
5	*Other (please detail)*		

Appendix f: Routes of Escalation

To be entered here

Appendix G : Relationship of clinical & care governance groups (Health & Social Care)

To be entered here

Appendix 4h EAST LOTHIAN CLINICAL & CARE GOVERNANCE COMMITTEE - Agenda Template – refer to Calendar for month due ([P] - Paper report, [V] - Verbal report, [D] – Discussion)

No	Domain Item	Report Content	Frequency	PRESENTER	TIME
1.0	**Apologies**		**Monthly**	**CHAIR**	
1.1	Previous Minutes		Monthly	CHAIR	
1.2	Action Points		Monthly	CHAIR	
2.0	**Service Group Overview, Monthly Reports[P]**				
2.1	Risks and Concerns	Exceptions / trends	Monthly	All	
	Adverse Publicity			All	
	SAE / DRD / Suicides	Noted Investigations / trends	Monthly	All	
	Unexpected Deaths inc Child			All	
	Complaints / Compliments	Exception / Trends / Lessons Learned	Monthly	All	
	Public Protection	Noted investigations/ lessons learned	Monthly	All	
	Duty of Candour (Other)	Trends	Monthly	All	
	Total incidents (Inc Medication)	Levels / trends	Monthly	All	
		Action plans: New / Progress	Monthly		
		Concerns	Monthly		
2.2	GP Cluster Group	Overview / Update	6 monthly	Cluster Lead	
3	**Service Presentations**				
3.1	Service 1 & Service 2	PPT		Srv Manager	
4	**Policies & Procedures, Consultation & Submission responses[D]**				
4.1	New Policy / Change in Legislation, regulation, standards and any Consultation & Submission Responses	Communications / Impact	Monthly	All	
5	**East Lothian Trends[P]**				
5.1	Complaints	Update / Exceptions	Triannual	Discussion	
5.2	Publicity, Public Engagement	Update / Exceptions	Triannual	Communications Representative	
5.3	Public Protection	Update/ Exceptions	Triannual	Chair of sub group	
5.4	Health and Safety	Update / Exceptions	Quarterly	Chair of sub group	
5.5	SAE	Update	Triannual	Discussion	
5.6	Inspections	Action Plan Progress	Triannual	Discussion	
		External Scrutiny	Triannual	Discussion	
		Local Audit	Triannual	Discussion	
5.7	Related Governance groups • Resilience • Data • Workforce • Pharmacy	Exceptions /Celebrations	6 monthly	TBC	
6	**Reports to : (Drafting, Planning & Preparation, Approval)**				
6.1	IJB / partnership	Executive Reports	Annual	All	
6.2	NHS Lothian		Annual	All	
6.3	East Lothian Council		Annual	All	
7	**AOCB**	Submissions		Chair	
8	**DONM**	As meeting schedule		Chair	

Appendix 4i: ELCCGC Schedule of Reporting

HEALTH AND SOCIAL CARE PROFESSIONAL GOVERNANCE GROUP - CALENDAR

Frequency	Domain	Report Type	Further Detail	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
MONTHLY															
	Group Service Reports	Report from all Services													
	Service Area	Presentation - 15 mins	1	G	I		A	C	E	G	I		A	C	E
	Service Area	Presentation - 15 mins	2	H		H	B	D	F	H		J	B	D	F
	Exceptions	Unexpected Deaths / Child Death													
		Complaints / Compliments													
		Public Protection													
		New Inspections													
	New Policy / Change in Legislation	Communications / Impact													
QUARTERLY															
	Complaints / Compliments	Update	Trend				X				X				X
	Publicity, Public Engagement	Update	Trends and Outcomes				X				X				X
	Public Protection	Update	Trend	X				X				X			
	Health & Safety	Update	Trend		X			X			X			X	
	SAE	Update	Trend			X				X				X	
	Inspections	Update	Quality of Care		X				X				X		
		Action Plan Progress	External Scrutiny	X				X				X			
		Update	Local Audit			X				X				X	
6 MONTHLY															
	Primary Care (GP Clusters x 2)		Update	X						X					
	Related Governance Groups	Exceptions / Celebrations	Quality Assurance Group	X						X					
			Resilience		X						X				
			Performance and Planning			X						X			
			Workforce				X						X		
			Quality of Care					X						X	
			Pharmacy						X						X
ANNUAL															
	IJB / partnership	Executive													
	NHS Lothian	Executive						X							
	East Lothian Council	Executive													

LEGEND		
ADULT COMMUNITY (AC)	**A**	Mental Health and Substance Misuse
	B	Adult Community Resources
ONGOING AND ACUTE (OA)	**C**	Ongoing Care Services
	D	Acute Services
CHILDREN AND YOUNG PEOPLE (CYP)	**E**	C and YP Community Services
	F	Long Term Support
CHILDREN'S HEALTH AND FAMILY SUPPORT SERVICES (CHF)	**G**	Children's Health and Family Support Services
ADULT STATUTORY SERVICES (AS)	**H**	Adult Statutory Services
ACCESS AND REHAB (AR)	**I**	Access and Rehabilitation
	J	Assessment, Support and Planning

Version 8 - 02/08/2018

Appendix 4j: Group / Service Presentation Guidance Template

East Lothian
Health & Social Care Partnership

SERVICE GOVERNANCE PRESENTATION

Name of service

Presenters name and Job Title

(Refer to your Service Profile and monthly reports, highlighting areas for celebration and any particular concerns / risks that you would wish the committee to know about)

East Lothian Council NHS Lothian

ASSURANCE and QUALITY

(Consider the impact and service performance in relation to each of the following : highlight any cause for celebration and / or concern)

- Local Audits, PQI, documentation
- External Inspections
- Care Regulations
- Adverse Incidents
- Complaints
- Public Protection
- Professional / Fitness to Practice
- Quality Improvement Initiatives
- Improvement / Action Plans Progress
- Meeting Standards

KEY ORGANISATIONAL OUTCOMES

(Under this heading consider how your service is performing against the following in relation to health and care)

•National targets / standards –
•NHS / ELC Regional Strategic Plans -
•IJB Directions –
•Service Level treatment outcomes –
•Local Aims / objectives -

East Lothian Council NHS Lothian

RESOURCE MANAGEMENT

(Consider the positive and negative impact on service delivery against the following)

•Budget -
•Staffing –
•HR issues –
•Equipment –
•Environment -

East Lothian Council NHS Lothian

POTENTIAL RISKS / HAZARDS

(Please highlight any areas of concern not already mentioned considering)

•Publicity
•Health and Safety (environment & staff)
•Resilience Planning (emergency and business continuity)
•Safety of any aspect of clinical/ care delivery

East Lothian Council NHS Lothian

LEADERSHIP

(Consider under this heading how well the service does in relation to the following and highlight good practice or areas that require support)

•Developing people and partnerships
•Promoting and celebrating achievements
•Supporting Innovation
•Engaging – staff and community
•Workforce wellbeing

NHS

PERSON CENTRED

(Consider how well the service performs under the following headings)

•Using feedback for improvement (staff, service users, carers & family)
•Success in Involving service users and the public
•Enabling and empowering services user choices (Inc. balanced and positive risk decisions).

East Lothian Council NHS Lothian

OUR PRIORITIES FOR ACTION

This is your opportunity to impress on the committee your key priorities and any support required

East Lothian Council NHS Lothian

Appendix 5 Acronyms and Glossary East Lothian Clinical and Care Governance Framework

Acronym/ Word	Title	Definition	
A			
B			
C			

DRAFT

D			
E			
F			
G			

DRAFT

H			
I			
J			
K			

DRAFT

L			
M			
N			
O			

DRAFT

P			
Q			
R			
S			

DRAFT

T			
U			
V			
W			

DRAFT

XYZ			

East Lothian
Health & Social Care Partnership

DRAFT

East Lothian
Health & Social Care Partnership

DRAFT

Appendix 2

East Lothian Health and Social Care Partnership
Clinical and Care Governance Committee
Terms of Reference

Purpose / Role of Committee

The following terms of reference sets out the membership, remit, responsibilities and reporting arrangements for this subcommittee of the Integration Joint Board (IJB). The Committee will act to review and assure the East Lothian IJB, NHS Lothian and the East Lothian Council in relation to the quality of care service delivery and user experience, demonstrating that those systems in place provide early recognition of issues which ensures that appropriate action is taken.

1. Membership

- IJB representative (Chair)
- IJB representation x 2 to include Public / Carer
- Chief Nurse (depute chair)
- Clinical Director
- Chief Social Work Officer
- Lead AHP
- Manager East and Midlothian Public Protection Team
- Deputy Chief Nurse
- Heads of Service
- Strategic Group Manager

In attendance as required

- Administrative support
- Service group representatives
- GP quality cluster representation
- Quality & Scrutiny Groups (Chair) e.g. Health and Safety
- Partnership
- Others as determined by agenda

Quorum

The Committee will be considered quorate if the Chair and / or deputy plus 4 members are in attendance.

2. Remit and Responsibilities

Clinical Effectiveness

The Committee is responsible for overseeing clinical & care governance and quality assurance processes across the Partnership including Professional regulation. The

committee will assure the IJB, NHS Lothian and East Lothian Council that all activity relating to health and social care provision meets requirements, inclusive of pre determined standards and legislation. The Committee will develop, implement and maintain an organisation–wide process for clinical and care governance.

The Committee will receive and review data / information relating to:

- Significant Adverse events (SAE)
- Complaints and concerns
- Public protection
- Medication and other care / service related incidents
- Whistle-blowing as it relates to clinical and care issues

Inclusive of trends themes and outcomes from:

- Investigations of Unexpected deaths (adult and children)
- Independent and local audit and Inspection e.g. Quality of Care
- Other clinical and care governance issues

In addition the Committee members will:

- Review the impact and lessons learned from adverse events and implement improvement across the organisation and follow up on outstanding action plans.
- Ensure that robust public protection / safe guarding arrangements are in place and in use.
- Ensure that robust systems are in place for the implementation of all aspects of 'Duty of Candour' and any reporting requirements.
- Review any circumstance / situation that place the integrity of the Partnership / IJB / service users at risk.
- Ensure that governance systems are robust and that policies and procedures applied to service activities are regularly reviewed and updated as required and in response to concerns and or new legislation.
- Consider issues of concern raised by staff where they believe that patients/ service users care or staff well being is compromised.

Patient / Service User Safety

- Receive and review regular reports from all related governance groups confirming that actions have been taken and lessons have been learned.
- Consider the impact of strategic plans on patient / service user safety and care delivery ensuring concerns are addressed
- Consider the risk / implications of proposed new innovations and ensure any concerns are addressed

Service User Experience and Engagement

The Committee will seek to ensure that wherever possible the views of the public are taken in to account in the planning and delivery of service. This will include the perspective of patients, carers, relatives and wider service users and will include:

- Review and approval of planned public / stakeholder related events

- Receiving and reviewing outcome feedback from engagement / stakeholder events
- Ensuring that lessons are being learned from service user feedback / intelligence

3. Responsibilities of Committee Members

Members of the Committee have a responsibility to:

- Attend meetings having read all circulated papers in advance
- Identify additional agenda items at least 15 days in advance of meeting
- Submit papers for circulation at least 10 days in advance of meeting
- Act as champions and disseminate information and good practice as appropriate
- Uphold the principles of the NHS & Social Service codes and other Professional Bodies.
- Identify a named representative to attend during any absence in attendance

4. Frequency of Meetings

Monthly

5. Reporting

The Committee will provide regular reports (quarterly) to the IJB and as required to NHS Lothian and East Lothian Council and in addition will provide an Annual report to all parties.

6. Administrative Arrangements

The Committee will be supported by an appropriate individual who will be responsible for supporting the Chair and Deputy in the management of the Committee business. Responsibilities will include:

- Ensuring an accurate note of the meeting is recorded and disseminated
- Keeping an action log of required outcomes, sharing and monitoring as required
- Circulating agenda and accompanying papers at least 5 working days in advance of the meeting
- Filing all related papers in accordance with policy and procedure

In addition, there may be occasion where information requires to be discussed in a private session due to its sensitive nature. Where this is a requirement, any recorded detail may be subject to redaction.

7. Date and review

These terms of reference have been approved by the East Lothian IJB and will be reviewed 6 months after the first full meeting of the Clinical and Care Governance Committee and annually thereafter.

July 2018

Appendix 3

East Lothian Health and Care Governance - Planning / Project team

Alison MacDonald - Head of Service /Interim Chief Officer
Fiona Duncan – Chief Social Worker
Lesley Berry – Head of Therapies
Jane-Ogden Smith – Head of Communications
Lorraine Cowan - Group Service Manager
Pauline Fox – Governance support
Carol Crowther – Senior Nurses projects – project Team
Lee McGuinness - Senior Nurse projects - project team