NORTH AYRSHIRE
Health and Social Care Partnership

Integration Joint Board
15th February 2018

Subject:	**Health and Social Care Clinical and Care Governance Arrangements**
Purpose:	To provide an update to the Integration Joint Board (IJB) relation to activity and reviewed arrangements for the Health and Social Care Clinical and Care Governance Group.
Recommendation:	The IJB are asked to consider and support the proposed revised Health and Social Care Clinical and Care Governance reporting mechanisms.

Glossary of Terms	
NHS AA	NHS Ayrshire and Arran
HSCP	Health and Social Care Partnership
IJB	Integration Joint Board
CCGG	Clinical and Care Governance Group
SAER	Serious Adverse Events Review
SPSO	Scottish Public Services Ombudsman
MAST	Mandatory and Statutory Training
MWC	Mental Welfare Commission
CBT	Cognitive Behavioural Therapy
BTB	Beating the Blues
CMHT	Community Mental Health Team
AERG	Adverse Events Review Group

1. EXECUTIVE SUMMARY

1.1 Working within the approved Health and Social Care Clinical and Care Governance Framework, we continue to provide robust arrangements for governance of Partnership Services in order to deliver statutory, policy and professional requirements; and also to deliver the achievement of partnership quality ambitions. This paper outlines proposals for specific elements of governance for consideration by the Integration Joint Board (IJB) in order to meet statutory requirements and the commitments outlined in the Integration Joint Board Integration Scheme and provide the IJB with assurance that robust arrangements are in place.

1.2 Acknowledging the Partnership's acceptance of the framework for Clinical and Care Governance (outlined at Appendix 1), we remain focussed on the core elements of the framework as follows:

- Definition of Clinical and Care Governance
- The process of Clinical and Care Governance
- Accountabilities/Structure for Clinical and Care Governance
- Arrangements for the delivery of specific elements of Clinical and Care Governance (as outlined in the Integration Scheme)

(The framework for Clinical and Care governance is due for review April 2018)

2. BACKGROUND

2.1 The Partnership has developed Clinical and Care Governance arrangements in line with the commitments and requirements contained in the Integration Scheme. This paper provides an update on the function of the Health and Social Clinical and Care Governance Group (CCGG) and outlines further proposals to improve the quality of reporting and promote consistent approaches across all relevant areas of practice.

2.2 It is recognised that the environment of health and social care continues to evolve with integration at the heart of many developments. With this there has been many changing roles, both newly developed and transitional, and also new personnel. In addition, the focus of commitment and energy has been on providing high quality, safe and effective services in a period of increasing demand in capacity against the backdrop of financial pressures. It is more crucial than ever that we confirm our commitment to governance, review our current activity and performance and ensure there is a meaningful culture of governance through our organisations.

2.3 It is essential that governance is understood by all and opportunities for improvement taken. To support this we are scheduling a refresh of governance awareness and training for all levels of staff within the partnership focussing on common understanding, process and outcomes/impact. The CCGG also proposes to host two learning events for key stakeholders mid 2018 to ensure governance has the profile required to contribute to safety and public assurance.

3. PROPOSALS

3.1 The CCGG discussed the need to review and improve reporting mechanisms from partnership services and agreed that a more robust approach and improved meeting structure would support improved assurance. A new proposed agenda has been developed to include the following:

1. **Public Protection Update:**
   - Adult Support and Protection
   - Child Protection
   - MAPPA
2. **Adverse Events** (including themes identified from local, Directorate and Serious adverse events review (SAER).
3. **Complaints/Member Enquiries, Compliance & Compliments**

- Learning Notes
- Practice Bulletin

4. **Inspection Reports/Action Plans/SPSO**
5. **Workforce**
   - Policy
   - Training & Development (include MAST & identified training)
   - Planning/safe staffing
6. **Consultations and safety action notices**; local and national
7. **Guideline/Policy Register** (to ensure none are out of date)
8. **Risk Register**

9. **Minutes**
    - Mental Health Care Governance
    - Acute Governance Groups (x2)
    - Public Health Governance Group/Health Improvement Governance Group
    - Records Management minutes
    - Social Work Governance Group
    - Community Care Governance Group minutes
    - Any other's that may be relevant for example AHP governance
10. **Professional Updates**
    - Chief Social Work Officer
    - Clinical Director
    - Lead Nurse
    - Lead AHP
11. **Spotlight Report:** Mental Health, Learning Disabilities, Community Hospitals, District Nursing and Primary Care – One area every 2 months on rotation.

3.2 To ensure consistency of reporting the CCGG has also developed new standardised reporting templates to ensure the focus of reporting has an assurance and evidence focus.

3.3 The schedule for CCGG meetings has been agree as follows:

Wednesday 7th February 2018
Wednesday 7th March 2018
Wednesday 4th April 2018
Wednesday 9th May 2018
Wednesday 6th June 2018
Wednesday 4th July 2018
Wednesday 25th July 2018
Wednesday 22nd August 2018
Wednesday 19th September 2018
Wednesday 17th October 2018
Wednesday 14th November 2018
Wednesday 12th December 2018

3.4 In order to ensure that robust challenge and impartial scrutiny is provided during the CCGG we have ensured service user and carer representation continues and we will welcome new members with unique and insightful experience.

3.5 It is proposed that the new structures and reporting mechanism will be put in place commencing February 2018. We will review performance and progression on a continuous basis and will make adjustments that add value as we progress. The position of chair for CCGG formally held by Dr Paul Kerr has now been taken on by Mr David Thomson, Associate Nurse Director/IJB Lead Nurse (NAHSCP).

3.6 It has been recognised that there are at times excessive apologies being sent to the CCGG. To address this, the Chair has written to all relevant Senior Managers requesting their attendance at CCGG or to ensure a deputy who can represent the service attend in their place to ensure opportunity to question, challenge and discuss information presented contributing to more robust assurance. We will monitor attendance and this will inform our over arching reporting to IJB.

3.7 **Recent Highlights reported: November 2017-Janury 2018**

Children, Families & Justice Services

- Improvement Programme for Children & Families
  A dedicated child protection team has been established, to assist with meeting deadlines, and is now in operation. The team was launched on the 10th October and is currently performing well and meeting timescales. The standard form (CP1) has now been adapted to make it more focussed on risk and the assessment of that risk. It was noted that this has been a difficult exercise with no new resources; existing Social Work staff with active caseloads have had to pass these back to colleagues resulting in a refocusing of staff resources.

Chief Social Work Officer

- The draft annual report has now been completed and circulated**.** Comments received were incorporated. This was scheduled for presentation to Cabinet on Tuesday 14th November and the Integrated Joint Board (IJB) on Thursday 16th November following this it will be signed off. Common themes will be collated from all Chief Social Work Officer Reports and issued. Noted that the national report should be tabled here for learning from other areas. Noted we need to identify pathways with the new child protection team, this being worked on.

- An Adult Support and Protection inspection took place with initial feedback appearing to be positive. Verbal feedback indicated that the auditors were happy with our processes. Positive learning(s) were identified. Brenda Walker, Senior Officer Adult Support & Protection to be invited to a future meeting to share the final report.

Health and Community Care

- Staff investigations are still ongoing following the suicide review within Elderly Mental Health. The review has, however, provided a better understanding of the needs of patients and action plan being put in place; to be presented to CCGG at a future meeting for progress report.

- An action plan was implemented in August in relation to the recent District Nursing incident. This is being progressed and will be brought back to this meeting for review in due course; date to be agreed with service.

- Update provided to the group on a recent issue encountered with the transfer of an acutely unwell patient from Arran to the mainland. The patient experienced a 12 hour delay with staff having to arrange an airlift. Resulting from this Arran staffs discussed how to improve transfers from Arran and have identified savings they can contribute to provide a transfer service. NHS Ayrshire & Arran would have to provide a further £50k.

- Senior Occupational Therapy input is currently low therefore being reviewed to ensure safe staffing levels. It is noted that current working methods are a contributable factor and this should be reviewed. Group acknowledged staffs that remain should be supported due to additional pressures and a session is being held with a staff facilitator. Noted that staff support is also available within the local authority via Occupational Health.

- Issues were noted with the Eddison System, which is the current method of saving information between acute services and community, in that this is no longer suitable. TrakCare has been identified as the system to replace Eddison. Partnership staff contributed to the creation of relevant forms etc for the new system however these did not appear within the training session attended previously raising staff concerns. Noted this should be taken through the Information Governance group. Request made that carers be heavily involved in future discussions as this is not the case currently.

- Care at Home & Anan Cara were both inspected recently and both have held their inspection report scores.

- Montrose House has had their care planning score updated to 4.

- The Dirrans Centre received grade 6's across all staff services (Quality of Care & Support, Quality of Environment, Quality of Staffing and Quality of Management Support) which is excellent. A note of congratulations to the staff on their recent win of the Investors in People Platinum Award.

<u>Mental Health Services</u>

- A report based on the recommendations identified in the Mental Welfare Commission (MWC) report into the care and treatment of Mr QR, a suicide that happened in 2014 in another board area being developed, and will bring this back to a future meeting. Presented at the NHS Clinical Governance Committee in January 2018.

- Due to a recommendation identified within a recent Significant Adverse Event Review (SAER) all relevant guidelines have to be amended with regards to discharge planning. The patient involved did not receive follow up for months following discharge therefore work to ensure all relevant discharges are seen for follow-up within a 7 day period has been initiated.

- A report regarding an MWC visit to Jura Ward is going to the Healthcare Governance Committee and the recommendations from this will be brought back to CCGG. It is noted this was a positive report but there were still learning identified; accommodation continues to be an issue as well as lack of therapies provided by AHPs.
- Conversation took place around Tarryholme and recent negative press. Communications are planning to engage with all community groups within the area to highlight the positive works that will take place and encourage re-engagement. Positive support from elected members was recognised and welcomed.

- The risk register workshop will now be held in January 2018 during the Mental Health Governance & Development Group to improve recording and accountability.

- Cognitive Behavioural Therapy (CBT) Beating the Blues (BTB) was successfully rolled out in August and is based within the East Health & Social Care Partnership, sitting under the administrator. An early issue rasied with regards to completing the questionnaire in that an alert is issued if 'fleeting thoughts of suicide' is ticked by the practitioner. Initially it had not been identified which service would follow up on these alerts therefore it was agreed that the Community Mental Health Team (CMHT) would undertake this however as this process began it became clear that this was creating more alarm for some individuals identified who were suddenly being contacted by Mental Health Services, as a result it has now been agreed that this will now go back to GPs to pick up. Noted that the scheme is self sufficient however does require some oversight.

- There are some Child Protection Committee action plans for Mental Health Services and it was noted these should be brought to this group for endorsement and assurance. A pathway needs to be developed around perinatal mental health therefore a session is planned for the end of November, with the facilitator of the Significant Case Review, in order to identify themes and provide direction.

3.8 In order to improve communications in relation to governance and improvement performance, we have introduced new mechanism for information sharing :-

- Newsletter/Bulletin – We are developing a flash report type communication that will go to all staff groups to disseminate highlights and learning from Datix reporting. This will include sharing good practice examples, learning and awareness raising of incident reporting and where it sits within the governance framework. Consideration still to be given as to how we share information across all partner agencies within the partnership and beyond.

- An action log has to be created for all actions noted from CCGG to support the CCGG to better track actions and outcomes in relation to improvement activity and ensure followed up and/or completion of work is within identified time frames and challenge/enquiry instigated when not. The bulletin will be circulated quarterly.

3.9 It is acknowledged that there is currently a review of both Adverse Event Review Groups (AERG) and Adverse Event policy this being done with support from the Risk Management team. It has been recognised that although the North Ayrshire Partnership has a well established AERG, this group predominantly addresses issues reported via Mental Health on a pan Ayrshire basis. In order to better assure we have robust reporting systems for District Nursing, Community Hospitals and Social Work within integrated services, an extended AERG will be formed commencing February 2018. Training and support will be provided to all participating reviewers from the relevant areas of practice. In addition, all current AERG members and identified reviewers will undertake an update on root cause analysis (RCA) to ensure appropriate structures and expertise is evident when reviewing adverse and serious events.

4. IMPLICATIONS

Financial :	None
Human Resources :	None
Legal :	None
Equality :	None
Environmental & Sustainability :	None
Key Priorities :	To meet the requirements of the The Public Bodies (Joint Working) (Scotland) Act 2014 and the Health and Social Care Integration Scheme To imrove robust governance activity and ensure safe, efficient person centred care.
Community Benefits :	Assurance of safe services and improved quality of care delivery through a culture of continuous learning.

5. CONSULTATION

5.1 The developments have been discussed at the North Partnership Senior Team Meeting and CCGG. There has also been discussion with service managers and Risk Management.

6. CONCLUSION

6.1 The IJB is asked to consider and support the proposed improvement developments in relation to Clinical and Care Governance Group reporting and activity.

For more information please contact David Thomson, Associate Director of Nursing and Lead Nurse for the NASHCP on 01294 317806 or david.thomson3@aappct.scot.nhs.uk

Appendix 1

Ayrshire and Arran
Integrated Health and Social Care Partnerships
Clinical and Care Governance Framework

Version: 8.0
Lead Reviewer: Strategic Planning and Operational Group
Review Date: April 2018

1.0 Introduction

1.1 The main purpose of the integration of health, social work and social care services in Ayrshire and Arran is to improve the wellbeing of people who use such services.The Integration Schemes drawn up for each of Ayrshire and Arran's three Health and Social Care Partnerships (HSCP) are intended to achieve improved outcomes for the people of Ayrshire and Arran, in line with the National Health and Wellbeing Outcomes.

1.2 The Public Bodies (Joint Working) (Scotland) Act 2014 also contains a number of integration principles, which sets the context for the planning and delivery of integrated services within each HSCP. To achieve the spirit and requirements of the Act, professionals and the wider workforce, will need to work in a way that removes artificial barriers, challenges professional boundaries, to support the outcomes that inidividuals seek from the care and support they receive. It is important to note that the Act does not change the current or future regulatory framework within which each health and social care professionals practice, or the established professional accountabilities that are currently in place within the NHS and local authority.

1.3 Within this governance framework, accountability is understood as a complex phenomenon (given the number of bodies responsible for governance) with three core elements:

- Inidividual professional accountability for the quality of practice (work), in line with the requirements of the relevant professional regulatory bodies.
- The accountability of inidividual professionals to the requirements of the organisation in which they work.
- The accountability of senior officers for the organisations performance, and more widely for the quality of the provision of services to the people it serves.

1.4 The establishment and continuous review of robust arrangements for Clinical and Care Governance of Partnership Services are essential to the delivery of statutory, policy and professional requirements; and also the achievement of Partnership quality ambitions. This framework aims to provide guidance for each Partnership to discharge responsibility for Clinical and Care Governance consistently, while allowing scope for tailored application within each Partnership. The core elements of this framework are as follows:

- Definition of Clinical and Care Governance
- The process of Clinical and Care Governance
- Accountabilities/ Structure for Clinical and Care Governance
- Arrangements for the delivery of specific elements of Clinical and Care Governance

2.0 Definition of Clinical and Care Governance

Clinical and Care governance is the system by which Health Boards and Local Authorities are accountable for ensuring the safety and quality of health and social care services, and for creating appropriate conditions within which the highest standards of service can be promoted and sustained. The following definition of health and care governance underpins the framework outlined in this paper.

Annex C of the Public Bodies (Joint Working) (Scotland) Act 2014 Clinical and Care Governance Framework sets out in some detail the working definition to be applied

to Integrated Health and Social Care Services in Scotland. This working definition is as follows:-

(a) 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.

(b) 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, and their carer's.

(c) 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. Effective health and care governance will provide assurance to patients, service users, carers, clinical and care staff, managers, Directors alike that:

- Quality of care, effectiveness and efficiency drive 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, service users and carers;
- Unacceptable clinical and care practice will be detected and addressed.

(d) Effective health 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 HSCP's, NHS Boards and Local Authorities.

(e) A key purpose of health 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.

(f) Many clinical and care governance issues will relate to the organisation and management of services rather than to individual clinical professional decisions. All aspects of the work of HSCP's, 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 is principally concerned with those activities which directly affect the care, treatment and support people receive whether delivered by individuals or teams.

2.1 Professional Governance

Professional Governance is the accountability framework that empowers health and social care professionals at the frontline to collaborate effectively in the delivery of integrated services. The elements of professional governance include such core elements as professional regulation, standards of practice, evidence based practice and continuous quality improvement.

Professional governance is achieved through the agreed accountable professional officers, namely the Nurse Director and the Medical Director. Leadership, assurance and accountability of health and social work professionals within each partnership is discharged via the senior clinicians (including the Clinical Director, Lead Nurse, Lead AHP) who directly report to the Chief Officer (Partnership Director) and professionally report to the Nurse or Medical Director. The Chief Social Work Officer holds professional and operational accountability for the delivery of safe and effective social work services and reports to the Chief Executive of the respective Local Authority.

3.0 The Process of Health and Care Governance

3.1 The Chief Officers (Partnership Director's) in each of Ayrshire and Arran's three HSCPs, the Chief Executive Officer (CEO) for NHS Ayrshire and Arran and the CEOs for each of the three Local Authorities will have in place, management structures that ensure accountability and responsibility for Clinical and Care governance in each HSCP. Annex C of the Health and Social Care Integration Public Bodies (Joint Working) (Scotland) Act 2014 Clinical and Care Governance Framework sets out a series of five process steps to support health and care governance as follows:-

(a) Information on the safety and quality of care is received (this includes external scrutiny reports and action plans)
(b) Information is scrutinised to identify areas for action.
(c) Actions arising from scrutiny and review of information are documented.
(d) The impact of actions is monitored, measured and reported.
(e) Information on impact is reported against agreed priorities.

The process outlined above will directly inform the strategic outcomes for each partnership as part of an integrated performance framework (as part of the wider governance arrangements established by each Partnership Director and their IJB to fulfil those responsibilities and scrutinise there discharge).

4.0 Accountabilities for Health and Care Governance

4.1 Chief Executives (NHS and three Local authorities)

The Chief Executive Officers of NHS Ayrshire and Arran and the three local authorities hold ultimate accountability for the delivery of Health and Care Governance.

4.2 Chief Officers (Partnership Directors)

Each Partnership Director is the accountable officer for Health and Social care Integration to the Integrated Joint board. Responsibility for Health and Care Governance has been delegated to each Partnership Director by the NHS Chief Executive and the respective Local Authority Chief Executive. Each Partnership

Director will be required to establish appropriate arrangements to fulfill those responsibilities and scrutinise there discharge.

4.3 Chief Social Work Officer (CSWO)

The CSWO holds professional and operational accountability for the delivery of safe and effective social work services within each Partnership. The CSWO provides professional advice to the Local Authority, Chief Officer and the IJB.

4.4 Senior Clinicians/Professional Advisors to IJB

The Senior Partnership Clinicians (including including the Clinical Director, Lead Nurse, Lead AHP/ AHP Associate director) have a responsibility to provide professional advice to the Chief Officer and the IJB. They are also accountable for the development of clinical and care governance frameworks, systems and processes within each partnership.

Specifically:

- The Nurse Director is accountable for professional standards of care for Nurses, Midwives and Allied Health Professionals.The professional nurse member on the IJB is accountable to the Nurse Director of the health board for professional governance. The professional nurse advisor to the IJB knows when and how to escalate issues to the Chief Officer and the Nurse Director of the health board.
- The Medical Director is accountable for professional standards of care for Medical Professionals. The professional medical advisor to the IJB is accountable to the Medical Director of the health board for professional governance. The the professional nurse member on the IJB knows when and how to escalate issues to the Chief Officer and the Nurse Director of the health board.

4.5 The schematic outline of Health and Care Governance Arrangements for each Partnership is outlined at Appendix 1.

5.0 Arrangements for the delivery of specific elements of Health and Care Governance

5.1 The Integration Scheme between each Ayrshire Local Authority and the NHS Board outlines the requirement to establish a **Clinical and Care Governance Group** which should be chaired by a voting member of the Integration Joint Board or the Chief Officer. Membership of the Health and Care Governance Group at a minimum will include:

- the Senior Management Team of the Partnership;
- the Clinical Director;
- the Lead Nurse;
- the Lead from the Allied Health Professions;
- Chief Social Work Officer;
- Director of Public Health or representative;
- Service user and carer representatives; and
- Third Sector and Independent Sector representatives.

Each Health and Care Governance Group may wish to invite appropriately qualified individuals from other sectors to join its membership as it determines.

5.2 The remit of the Clinical and Care Governance Group will include the following:

- To provide assurance to the IJB (and Chief Officer if not the Chair) on the quality of services delivered by the partnership.
- To support the governance of public protection within the Partnership, including child, adult protection and MAPPA.
- To oversee the processes within the Partnership to ensure that appropriate action is taken in response to adverse events, scrutiny reports/action plans, safety action notices, feedback, complaints and litigation, and that examples of good practice and lessons learned are disseminated within and across the Partnership(s) and beyond as appropriate.
- To monitor the Partnerships Risk Register from a health and care governance perspective and escalate to the IJB any unresolved risks that require executive action or that pose significant threat to patient care, service provision or the reputation of the Partnership.
- To ensure that mechanisms are in place for services to routinely listen, learn and develop from service user experience.
- To ensure that quality and self-evaluation mechanisms are in place to inform a culture of continuous improvement.
- To provide an annual report on Clinical and Care governance to the IJB and NHS Ayrshire and Arran Healthcare Governance Committee and the Cabinet of the local authority.

5.3 Health and Care Governance Group Agenda

In order to ensure a consistent approach to the discharge of the remit of each Partnership Health and Care Governance Group the following elements of Health and care governance will be standing agenda items:

- Quality standards (including scrutiny reports)
- Health and Care Governance Risks (including adverse events)
- Service user experience (including feedback and complaints)
- Learning and Improvement
- Infection control and prevention

5.4 Professional Governance

Further assurance for Clinical and Care Governance will be provided via:

- The responsibility of the Chief Social Work Officer to report directly to the Council, and the responsibility of the Health Leads to report directly to the Medical Director and Nurse Director who in return report to the NHS Board on professional matters;
- The Healthcare Governance Committee, who provide assurance to the NHS Board that systems and procedures are in place to monitor healthcare governance in line with the Board's statutory duty for quality of care. There should be agreement between the Clinical and Care Governance Group and Healthcare Governance Committee on how often assurance reports will be provided to to the Healthcare Governance Committee throughout the year. It is recommended that this should be at least twice per year. It is also proposed that a representing Chief Officer attends the Healthcare Governance Committee to ensure all aspects of healthcare governance are joined up.

5.5 Adverse Events

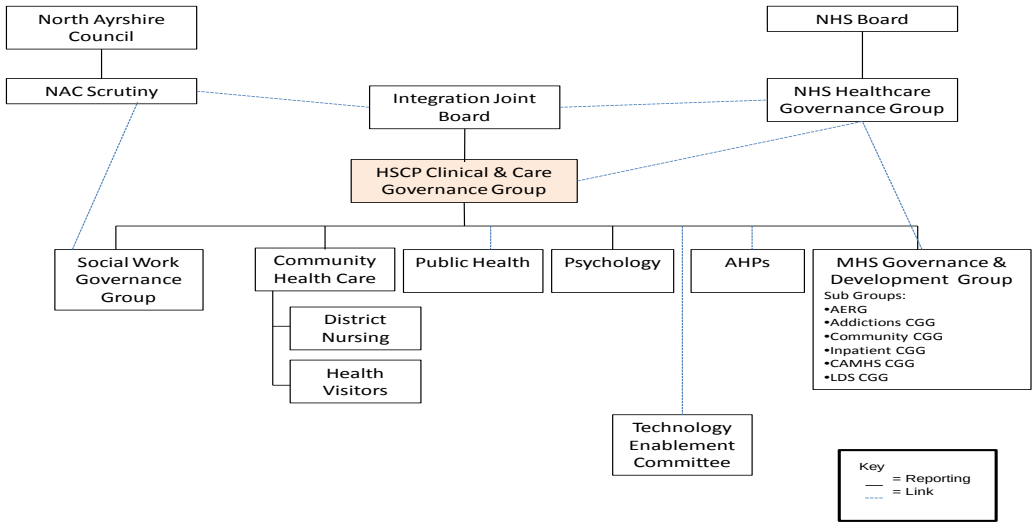
Each Partnership will establish an Adverse Events Review Group (AERG), (taking into consideration existing arrangements e.g. Mental Health Adverse Events Review Group) to provide a co-ordinated and integrated approach to managing adverse events occurring within Partnership Services. As a sub-group of the Health and Care Governance Group, the AERG will provide evidence and assurance that adverse events are being addressed appropriately (the AERG will take into consideration all statutory public protection requirements). The AERG will also identify and share learning arising from the review of adverse events (including a mechanism for sharing learning across the Ayrshire and Arran health and social care system).

6.0 Review

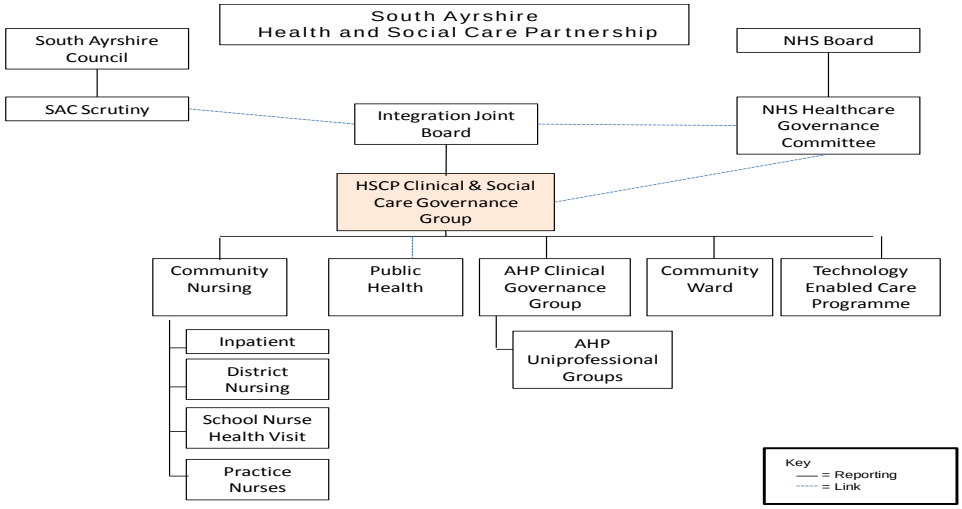
This framework for Clinical and Care governance will be reviewed and updated on at least an annual basis.

Appendix 1: Clinical and Care Governance Arrangements for each Partnership

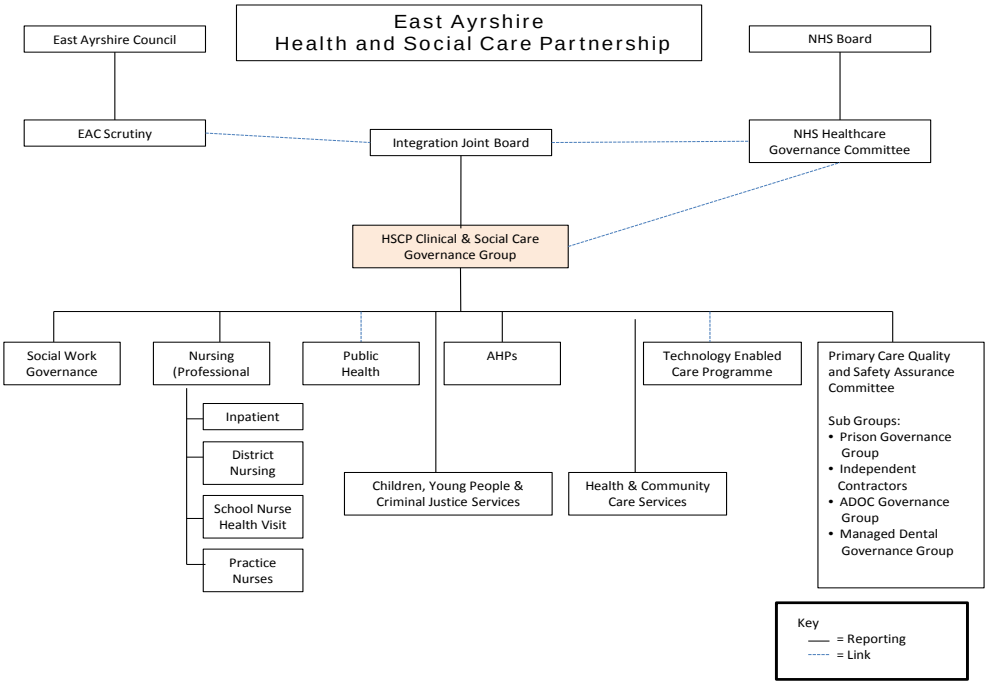
North Ayrshire Health and Social Care Partnership



South Ayrshire Health and Social Care Partnership



East Ayrshire Health and Social Care Partnership



Existing Guidance on Governance and Accountability

Clinical and Care Governance Framework (2015)
Scottish Government
http://www.gov.scot/Resource/0046/00465077.pdf

Clinical and care governance across integrated services: what needs to be in place at a strategic level? (2015)

Royal College of Nursing (Scotland)
https://www.rcn.org.uk/-/media/royal-college-of-nursing/documents/policies-and-briefings/scotland/policies/2015/scot-pol-clinical-governance-guide.pdf

Nursing and Midwifery Professional Assurance Framework for Scotland (2014).
Scottish Executive Nurse Directors & Chief Nursing Officer for Scotland.

Codes of Practice for Social Service Workers and Employers (2014)
Scottish Social Services Council
http://www.sssc.uk.com/about-the-sssc/multimedia-library/publications/60-protecting-the-public/61-codes-of-practice/1020-sssc-codes-of-practice-for-social-service-workers-and-employers

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Practice Governance Framework: Responsibility and Accountability in Social Work Practice (2011)
http://www.scotland.gov.uk/Resource/Doc/347682/0115812.pdf

The Role of the Chief Social Work Officer (2010)
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http://www.scotland.gov.uk/Publications/2010/01/27154047/0

The Role of Registered Social Worker in Statutory Interventions: Guidance for local authorities (2010)
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http://www.scotland.gov.uk/Resource/Doc/304823/0095648.pdf

Governance for Joint Services. Principles and Advice. (2007)
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http://www.sehd.scot.nhs.uk/mels/2000_29final.htm

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Scottish Executive
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