TAYSIDE NHS BOARD

ANNUAL REPORT OF THE CLINICAL AND CARE GOVERNANCE COMMITTEE 2017-18

1. **PURPOSE**

   In order to assist the Board in conducting a regular review of the effectiveness of the systems of internal control, the Code of Corporate Governance requires that the Clinical and Care Governance Committee submits an annual report to the Audit Committee. This report is submitted in fulfilment of this requirement.

2. **CLINICAL AND CARE GOVERNANCE COMMITTEE**

   2.1 **Composition**

   During the financial year ended 31 March 2018 membership of the Clinical and Care Governance Committee comprised:

Chairperson	Mrs Alison Rogers
Vice Chair	Mrs Linda Dunion (to October 2017)

   Members

Mrs Gillian Costello	Nurse Director, NHS Tayside
Dr Andrew Cowie	Non-Executive Member, Tayside NHS Board
Mrs Judith Golden	Non-Executive Member, Tayside NHS Board
Mr Stephen Hay	Non-Executive Member, Tayside NHS Board
Ms Lesley McLay	Chief Executive, NHS Tayside
Dr Robert Peat	Non-Executive Member, Tayside NHS Board
Cllr Crawford Reid	Non-Executive Member, Tayside NHS Board (from October 2017)
Prof Andrew Russell	Medical Director, NHS Tayside
Prof Margaret Smith	Non-Executive Member, Tayside NHS Board

   In attendance

Dr Alan Cook	Medical Director, Operational Unit (to December 2017)
Ms Margaret Dunning	Board Secretary, NHS Tayside
Prof Clare McKenzie	Postgraduate Dean, East Deanery, NHS Education for Scotland (NES) (to June 2017)
Ms Arlene Napier	Associate Director, Clinical Governance and Risk, NHS Tayside (to September 2017)

   Ex officio attendance

Prof John Connell	Chairman, Tayside NHS Board

2.2   Meetings

The Committee has met on six occasions during the period from 1 April 2017 to 31 March 2018 on the undernoted dates:

11 May 2017

12 June 2017

17 August 2017

5 October 2017

14 December 2017

8 February 2018

The attendance schedule is attached as Appendix 1.

2.3   Business

Details of the business items considered are attached at Appendix 2.
Minutes of the meetings of the Committee have been timeously submitted to the Tayside NHS Board for its information.

3.   OUTCOMES

Business was conducted in both open session and reserved session.

Year	Total reports	Open	Reserved	% Reserved
2017-18	**93**	**74**	**19**	**20**
2016-17	102	72	30	29
2015-16	79	44	35	44
2014-15	101	64	37	37

4. BEST VALUE

The Board is required to provide overt assurance on Best Value. An updated Best Value Framework was approved by the Board on the 26 October 2017. The Committee has considered the elements relevant to it and this evidence is provided at Appendix 3.

5. RISK REPORTING

The following risks aligned to the Clinical Governance Committee were considered at each meeting:

15	Delivering Care for Older People
16	Clinical Governance
22	Health Protection of Children and Young People
121	Person Centredness
144	Maternity Services (to December 2017)
302	PRI/ Patient Flow
395	Mental Health Services: Sustainability of Safe and Effective Services
414	Managed/ 2c Practices

6. CONCLUSION

As Chair of the Clinical and Care Governance Committee during financial year 2017/18, I am satisfied that the integrated approach, the frequency of meetings, the breadth of the business undertaken, and the range of attendees at meetings of the Committee has allowed us to fulfil our remit as detailed in the Code of Corporate Governance. As a result of the work undertaken during the year I can confirm that adequate and effective Clinical Governance arrangements were in place throughout NHS Tayside during the year.

I would again pay tribute to the dedication and commitment of fellow members of the Committee and to all attendees. I would thank all those members of staff who have prepared reports and attended meetings of the Committee, and to express my thanks to the Committee Support Officer for their support of the Committee.

(signed)…………………………………..

Mrs Alison Rogers
CHAIRPERSON 2017-18
On behalf of Clinical and Care Governance Committee

Record of Attendance   NHS Tayside

CLINICAL AND CARE GOVERNANCE COMMITTEE FOR YEAR 1 APRIL 2017 TO 31 MARCH 2018
ATTENDANCE RECORD

			11 May 2017	12 June 2017	17 August 2017	5 October 2017	14 Dec 2017	8 February 2018
Members								
Prof John Connell	Chairman	Tayside NHS Board	present	apologies	present	apologies	present	present
Mrs Gillian Costello	Nurse Director	NHS Tayside	apologies	present	present	present	present	present
Dr Andrew Cowie	Non-Executive Member	Tayside NHS Board	present	apologies	apologies	present	present	present
Mrs Linda Dunion	Non-Executive Member	Tayside NHS Board	present	present	present	present	-	-
Mrs Judith Golden	Non-Executive Member	Tayside NHS Board	present	apologies	present	present	present	apologies
Mr Stephen Hay	Non-Executive Member	Tayside NHS Board	present	present	apologies	present	apologies	present
Ms Lesley McLay	Chief Executive	NHS Tayside	present	present	apologies	apologies	present	apologies
Dr Robert Peat	Non-Executive Member	Tayside NHS Board	apologies	apologies	present	present	present	present
Cllr Crawford Reid	Non-Executive Member	Tayside NHS Board	-	-	-	apologies	apologies	apologies
Mrs Alison Rogers	Non-Executive Member	Tayside NHS Board	present	present	present	present	present	present
Prof Andrew Russell	Medical Director	NHS Tayside	present	present	present	present	present	present
Prof Margaret Smith	Non-Executive Member	Tayside NHS Board	present	present	apologies	apologies	present	present
In Attendance								
Dr Alan Cook	Medical Director, Operational Unit	NHS Tayside	present	apologies	present	present	apologies	-
Ms Margaret Dunning	Board Secretary	NHS Tayside	present	present	apologies	apologies	present	apologies
Prof Clare McKenzie	Postgraduate Dean	NHS Education for Scotland	present	-	-	-	-	-
Ms Arlene Napier	Associate Director, Clinical Governance and Risk	NHS Tayside	present	present	present	-	T Passway	T Passway

CLINICAL AND CARE GOVERNANCE COMMITTEE

SCHEDULE OF BUSINESS CONSIDERED DURING YEAR 1 APRIL 2017 TO 31 MARCH 2018

11 May 2017	
Open Business	
Draft Clinical and Care Governance Committee Annual Report 2016-17	CCGC/2017/38
Draft Clinical and Care Governance Committee Workplan 2017-18 Open and Reserved Business	CCGC/2017/40
Delivering Care for Older People	verbal report
Clinical Governance	verbal report
Children, Young People and Families	verbal report
Person Centredness	verbal report
Maternity Services	verbal report
PRI/ Patient Flow	verbal report
Mental Health Services: Sustainability of Safe and Effective Services	verbal report
Managed/ 2C Practices	verbal report
Clinical Governance and Risk Management Update	CCGC/2017/39
Scottish Public Services Ombudsman (SPSO) Reports	CCGC/2017/36
Radiation Safety Annual Report	CCGC/2017/37
Spiritual Healthcare Committee Annual Report 2015-16	CCGC/2017/42
Hospital Standardised Mortality Ratio (HSMR)	CCGC/2017/41

Reserved Business

Chair's Assurance Report for the Clinical Quality Forum (CQF)	CCGC/2017/43
Action Note Clinical Quality Forum 16 January 2017	
Action Note Clinical Quality Forum 6 February 2017	
Perth Royal Infirmary Briefing	CCGC/2017/44
Perth Royal Infirmary Patient Flow (302) and Capacity and Flow (313)	CCGC/2017/45
Update – Environment Programme for Mental Health Sites	CCGC/2017/46

12 June 2017

Single item agenda Reserved Business

Mental Health Service Redesign Transformation (MHSRT) Programme Option Review

CCGC/2017/47

17 August 2017

Open Business

Clinical Governance Strategy 2017- 2019	CCGC/2017/55
Draft Clinical and Care Governance Committee Terms of Reference 2017-18	CCGC/2017/70
Delivering Care for Older People	CCGC/2017/47
Clinical Governance	CCGC/2017/66
Children, Young People and Families	CCGC/2017/48
Person Centredness	CCGC/2017/68
Maternity Services	CCGC/2017/71
Capacity and Flow	CCGC/2017/49
Mental Health Services: Sustainability of Safe and Effective Services	CCGC/2017/69
Clinical Governance and Risk Update	CCGC/2017/62
Scottish Public Services Ombudsman (SPSO) Reports	CCGC/2017/57
NHS Tayside's Annual Feedback Report 2016 – 17	CCGC/2017/58
Scottish Patient Safety Progress Acute Adult and Primary Care Update	CCGC/201756
Quality Assurance and Improvement (QAI) Arrangements for Child Protection in Tayside	CCGC/2017/52
The Future of the Family Nurse Partnership (FNP) in Tayside	CCGC/2017/53
Safer Management of Controlled Drugs (CDs) – 2016/17	CCGC/2017/51
Donation Committee Annual Report 2016 17	CCGC/2017/50
Department of Spiritual Wellbeing, Quality Care and Professional Governance Strategy 2017-2022	CCGC/2017/54
Clinical Quality Forum Annual Report 2016-17	CCGC/2017/63
Clinical Quality Forum Workplan 2017-18	CCGC/2017/64
Clinical Quality Forum Terms of Reference 2017-18	CCGC/2017/67
Responsibility for Prescribing between Secondary and Primary Care Policy	CCGC/2017/60

Reserved Business

Chair's Assurance Report for the Clinical Quality Forum (CQF) for the meetings held on 17 April 2017 and 15 May 2017	CCGC/2017/61
Murray Royal Hospital Adult Mental Health Inpatient Care: Exception Report on Environmental Actions from the Health and Safety Executive Investigation and Improvement Notice	CCGC/2017/59
Risk 414 Managed/ 2C Practices	CCGC/2017/65

5 October 2017

Open Business

Delivering Care for Older People	CCGC/2017/77
Clinical Governance	CCGC/2017/81
Children, Young People and Families	CCGC/2017/75
Person Centredness	CCGC/2017/78
Maternity Services	CCGC/2017/82
Capacity and Flow	CCGC/2017/73
Mental Health Services: Sustainability of Safe and Effective Services	CCGC/2017/83
Clinical Governance and Risk Management Update	CCGC/2017/76
Medical Education Report	CCGC/2017/70
Scottish Public Services Ombudsman (SPSO) Reports	CCGC/2017/72
Pressure Ulcer Prevention and Care for Adults in Hospital	CCGC/2017/85
Guidelines for the Management of Chest Drains for Adult Inpatients	CCGC/2017/71

Reserved Business	
Chair's Assurance Report for the Clinical Quality Forum (CQF) for the meeting held on 17 July 2017	CCGC/2017/74
Risk 414 Managed/ 2C Practices	CCGC/2017/80
Performance Review Framework – Directorate of Public Health	CCGC/2017/79
Murray Royal Hospital Adult Mental Health Inpatient Care: Exception Report on Environmental Actions from the Health and Safety Executive Investigation and Improvement Notice	CCGC/2017/84

14 December 2017

Open Business

Mental Health and Learning Disability Service Redesign Transformation (MHLDSRT) Programme – Consultation Feedback	CCGC/2017/100
Delivering Care for Older People	CCGC/2017/88
Clinical Governance	CCGC/2017/89
Children, Young People and Families	CCGC/2017/98
Person Centredness	CCGC/2017/101
Maternity Services	verbal report
Mental Health Services: Sustainability of Safe and Effective Services	CCGC/2017/103
Managed/ 2C Practices	CCGC/2017/90
Capacity and Flow	CCGC/2017/98
Clinical and Care Governance Strategy 2017 – 2019 Update on Progress	CCGC/2017/86
Clinical Governance and Risk Management Update	CCGC/2017/87
Maternity and Child Quality and Improvement Collaborative (MCQIC) • Maternity Services Update	CCGC/2017/91
Maternity and Child Quality and Improvement Collaborative (MCQIC) • Neonatal Patient Safety	CCGC/2017/92
Medicines Safety and Quality Group Update	CCGC/2017/93
Scottish Patient Safety Programme in Mental Health Update Report	CCGC/2017/94
Update on NHS Tayside Scheme for Medical Appraisal and Revalidation	CCGC/2017/105
Nurse Revalidation	CCGC/2017/106
Scottish Public Services Ombudsman (SPSO) Reports	CCGC/2017/95
NHS Tayside Protocol: Concern for Unborn Babies	CCGC/2017/97
Draft Clinical and Care Governance Committee meeting dates for 2018/19	CCGC/2017/96

Reserved Business

Chair's Assurance Report for the Clinical Quality Forum (CQF) for the meetings held on 11 September 2017 and 13 November 2017	CCGC/2017/104
Murray Royal Hospital Adult Mental Health Inpatient Care: Exception Report on Environmental Actions from the Health and Safety Executive Investigation and Improvement Notice	CCGC/2017/99
Draft NHS Tayside Mental Health Service Improvement Plan	CCGC/2017/102

8 February 2018

Open Business

Delivering Care for Older People	CCGC/2018/01
Clinical Governance	CCGC/2018/03
Children, Young People and Families	CCGC/2018/02
Person Centredness	CCGC/2018/16
Mental Health Services: Sustainability of Safe and Effective Services	CCGC/2018/11
Managed/ 2C Practices	CCGC/2018/19
Capacity and Flow	CCGC/2018/14
Research Governance Annual Report NHS Tayside	CCGC/2018/17
Medical Education Report	CCGC/2018/10
Clinical Governance and Risk Management Update	CCGC/2018/04
Annual Report for Volunteering in Tayside	CCGC/2018/05
Scottish Public Services Ombudsman (SPSO) Reports	CCGC/2018/06
Scottish Public Services Ombudsman (SPSO) Annual Report /Annual Letter to NHS Boards	CCGC/2018/07
Supporting and Protecting Adults at Risk of Harm: The Adult Support and Protection (Scotland) Act 2007 – Operational Guidelines for NHS Staff	CCGC/2018/09

Reserved Business

Chair's Assurance Report for the Clinical Quality Forum (CQF)	CCGC/2018/18
Clinical Quality Forum Action Note 22 January 2018 (unapproved)	
Claims Report	CCGC/2018/08
Murray Royal Hospital Adult Mental Health Inpatient Care: Exception Report on Environmental Actions from the Health and Safety Executive Investigation and Improvement Notice	CCGC/2018/15
NHS Tayside Mental Health Service Improvement Plan	CCGC/2018/12

Tayside NHS Board

Best Value Framework 2017/18

Vision and Leadership

A Best Value organisation will have in place a clear vision and strategic direction for what it will do to contribute to the delivery of improved outcomes for Scotland's people, making Scotland a better place to live and a more prosperous and successful country. The strategy will display a clear sense of purpose and place and be effectively communicated to all staff and stakeholders. The strategy will show a clear direction of travel and will be led by Senior Staff in an open and inclusive leadership approach, underpinned by clear plans and strategies (aligned to resources) which reflect a commitment to continuous improvement.

REQUIREMENT	PRIMARY RESPONSIBILITY	OUTCOME/EVIDENCE **Fully in place or Partially in place or Not demonstrated in year**	COMMENT For example: Future work planned / to be added to workplan for next year
NHS Tayside has defined quality standards for its outcomes.	**CLINICAL AND CARE GOVERNANCE COMMITTEE**	**11 May 2017** Clinical Governance and Risk Management Update **CCGC/2017/39**	
		17 August 2017 Clinical Governance and Risk Management Update **CCGC/2017/62**	
		5 October 2017 Clinical Governance and Risk Management Update **CCGC/2017/76**	
		14 December 2017 Clinical Governance and Risk Management Update **CCGC/2017/87**	
		8 February 2018 Clinical Governance and Risk Management Update **CCGC/2018/01**	
		8 February 2018 NHS Tayside Mental Health Service Improvement Plan **CCGC/2018/12**	

REQUIREMENT	PRIMARY RESPONSIBILITY	OUTCOME/EVIDENCE **Fully in place or Partially in place or Not demonstrated in year**	COMMENT For example: Future work planned / to be added to workplan for next year
The Board agrees a strategic plan which incorporates the organisations's vision and values and reflects stated priorities.	**BOARD and RELEVANT STANDING COMMIITTEES**	**12 June 2017** Mental Health Service Redesign Transformation (MHSRT) Programme Option Review **CCGC/2017/47** **17 August 2017**Clinical and Care Governance Strategy 2017 – 2019 **CCGC/2017/55** **17 August 2017** Department of Spiritual Wellbeing, Quality Care and Professional Governance Strategy 2017 – 2022 **CCGC/2017/54** **14 December 2017** Clinical and Care Governance Strategy 2017 – 2019 Update on Progress **CCGC/2017/86** **14 December 2017** Mental Health and Learning Disability Service Redesign Transformation (MHLDSRT) Programme – Consultation Feedback **CCGC/2017/100** **8 February 2018** Clinical and Care Governance Strategy 2017 – 2019 Update on Progress **verbal report**	

REQUIREMENT	PRIMARY RESPONSIBILITY	OUTCOME/EVIDENCE Fully in place or Partially in place or Not demonstrated in year	COMMENT For example: Future work planned / to be added to workplan for next year
The strategic plan and operational plans are based on relevant, reliable and sufficient evidence.	**BOARD and RELEVANT STANDING COMMITTEES** **BOARD**	**12 June 2017** Mental Health Service Redesign Transformation (MHSRT) Programme Option Review **CCGC/2017/47** **17 August 2017** Clinical Governance Strategy 2017 – 2019 **CCGC/2017/55** **17 August 2017** Department of Spiritual Wellbeing, Quality Care and Professional Governance Strategy 2017 – 2022 **CCGC/2017/54** **14 December 2017** Clinical Governance Strategy 2017 – 2019 Update on Progress **CCGC/2017/86** **14 December 2017** Mental Health and Learning Disability Service Redesign Transformation (MHLDSRT) Programme – Consultation Feedback **CCGC/2017/100** **8 February 2018** Clinical and Care Governance Strategy 2017 – 2019 Update on Progress **verbal report**	

GOVERNANCE AND ACCOUNTABILITY

The "Governance and Accountability" theme focuses on how a Best Value organisation achieves effective governance arrangements, which help support Executive and Non-Executive leadership decision-making, provide suitable assurances to stakeholders on how all available resources are being used in delivering outcomes and give accessible explanation of the activities of the organisation and the outcomes delivered.

OVERVIEW

A Best Value organisation will be able to demonstrate structures, policies and leadership behaviours which support the application of good standards of governance and accountability in how the organisation is improving efficiency, focusing on priorities and achieving value for money in delivering its outcomes. These good standards will be reflected in clear roles, responsibilities and relationships within the organisation. Good governance arrangements will provide the supporting framework for the overall delivery of Best Value and will ensure open-ness and transparency. Public reporting should show the impact of the organisations activities, with clear links between the activities and what outcomes are being delivered to customers and stakeholders. Good governance provides an assurance that the organisation has a suitable focus on continuous improvement and quality. Outwith the organisation, good governance will show itself through an organisational commitment to public performance reporting about the quality of activities being delivered and commitments for future delivery.

REQUIREMENT	PRIMARY RESPONSIBILITY	OUTCOME/EVIDENCE **Fully in place or Partially in place or Not demonstrated in year**	COMMENT For example : Future work planned/To be added to Workplan for next year
Board and Committee decision-making processes are open and transparent.	**BOARD and RELEVANT STANDING COMMITTEES**	Meetings are held in open session. The Clinical and Care Governance Committee Agenda and Minutes are available on the NHS Tayside website and Staffnet.	
Board and Committee decision-making processes are based on evidence that can show clear links between activities and outcomes	**BOARD and RELEVANT STANDING COMMITTEES**	**11 May 2017** Perth Royal Infirmary Patient Flow (302) and Capacity and Flow (313) **CCGC/2017/45**	
		11 May 2017 Update – Environment Programme for Mental Health Sites **CCGC/2017/46**	
		12 June 2017 Mental Health Service Redesign Transformation (MHSRT) Programme Option Review **CCGC/2017/47**	
		17 August 2017 Murray Royal Hospital Adult Mental Health Inpatient Care: Exception Report on Environmental Actions from the Health and Safety Executive Investigation and Improvement Notice **CCGC/2017/59**	

REQUIREMENT	PRIMARY RESPONSIBILITY	OUTCOME/EVIDENCE **Fully in place or Partially in place or Not demonstrated in year**	COMMENT For example : Future work planned/To be added to Workplan for next year
		5 October 2017 Murray Royal Hospital Adult Mental Health Inpatient Care: Exception Report on Environmental Actions from the Health and Safety Executive Investigation and Improvement Notice **CCGC/2017/84**	
		14 December 2017 Murray Royal Hospital Adult Mental Health Inpatient Care: Exception Report on Environmental Actions from the Health and Safety Executive Investigation and Improvement Notice **CCGC/2017/99**	
		14 December 2017 Mental Health and Learning Disability Service Redesign Transformation (MHLDSRT) Programme – Consultation Feedback **CCGC/2017/100**	
		8 February 2018 Murray Royal Hospital Adult Mental Health Inpatient Care: Exception Report on Environmental Actions from the Health and Safety Executive Investigation and Improvement Notice **CCGC/2018/15**	
NHS Tayside has developed and implemented an effective and accessible complaints system in line with Scottish Public Services Ombudsman guidance.	**CLINICAL AND CARE GOVERNANCE COMMITTEE**	**11 May 2017** Scottish Public Services Ombudsman (SPSO) Reports **CCGC/2017/36**	
		17 August 2017 Scottish Public Services Ombudsman (SPSO) Reports **CCGC/2017/36**	
		17 August 2017 NHS Tayside's Annual Feedback Report 2016 – 17 **CCGC/2017/58**	
		5 October 2017 Scottish Public Services Ombudsman (SPSO) Reports **CCGC/2017/72**	

REQUIREMENT	PRIMARY RESPONSIBILITY	OUTCOME/EVIDENCE **Fully in place or Partially in place or Not demonstrated in year**	COMMENT For example : Future work planned/To be added to Workplan for next year
		14 December 2017 Scottish Public Services Ombudsman (SPSO) Reports **CCGC/2017/95**	
		8 February 2018 Scottish Public Services Ombudsman (SPSO) Reports **CCGC/2018/06**	
		8 February 2018 Scottish Public Services Ombudsman (SPSO) Annual Report /Annual Letter to NHS Boards **CCGC/2018/07**	
		8 February 2018 Claims Report **CCGC/2018/08**	
		8 February 2018 Annual Report for Volunteering in Tayside **CCGC/2018/05**	
		Complaints and feedback are discussed at the directorate performance review meetings and these are discussed at the CQF. The Chairs Assurance report and the Action note from the CQF provide the Committee with this information.	
NHS Tayside can demonstrate that it has clear mechanisms for receiving feedback from service users and responds positively to issues raised.	**CLINICAL AND CARE GOVERNANCE COMMITTEE**	**17 August 2017** NHS Tayside's Annual Feedback Report 2016 – 17 **CCGC/2017/58**	
		14 December 2017 Mental Health and Learning Disability Service Redesign Transformation (MHLDSRT) Programme – Consultation Feedback **CCGC/2017/100**	
		8 February 2018 Scottish Public Services Ombudsman (SPSO) Annual Report /Annual Letter to NHS Boards **CCGC/2018/07**	

REQUIREMENT	PRIMARY RESPONSIBILITY	OUTCOME/EVIDENCE **Fully in place or Partially in place or Not demonstrated in year**	COMMENT For example : Future work planned/To be added to Workplan for next year
		Complaints and feedback are discussed at the directorate performance review meetings and these are discussed at the CQF. The Chairs Assurance report and the Action note from the CQF provide the Committee with this information.	

USE OF RESOURCES

The "Use of Resources" theme focuses on how a Best Value organisation ensures that it makes effective, risk-aware and evidence-based decisions on the use of all of its resources.

OVERVIEW

A Best Value organisation will show that it is conscious of being publicly funded in everything it does. The organisation will be able to show how its effective management of all resources (including staff, assets, information and communications technology (ICT), procurement and knowledge) is contributing to delivery of specific outcomes.

REQUIREMENT	PRIMARY RESPONSIBILITY	OUTCOME/EVIDENCE **Fully in place or Partially in place or Not demonstrated in year**	COMMENT For example: Future work planned/To be added to Workplan for next year
NHS Tayside understands and exploits the value of the data and information it holds.	**BOARD and RELEVANT STANDING COMMITTEES**	**11 May 2017** Clinical Governance and Risk Management Update **CCGC/2017/39**	
		17 August 2017 Clinical Governance and Risk Management Update **CCGC/2017/62**	
		17 August 2017 Scottish Patient Safety Progress Acute Adult and Primary Care Update **CCGC/2017/56**	
		17 August 2017 Quality Assurance and Improvement (QAI) Arrangements for Child Protection in Tayside **CCGC/2017/52**	
		5 October 2017 Clinical Governance and Risk Management Update **CCGC/2017/76**	
		5 October 2017 Performance Review Framework – Directorate of Public Health **CCGC/2017/79**	
		14 December 2017 Clinical Governance and Risk Management Update **CCGC/2017/87**	
		14 December 2017 Maternity and Child Quality and Improvement Collaborative (MCQIC) Maternity Services Update **CCGC/2017/91**	

REQUIREMENT	PRIMARY RESPONSIBILITY	OUTCOME/EVIDENCE Fully in place or Partially in place or Not demonstrated in year	COMMENT For example: Future work planned/To be added to Workplan for next year
		14 December 2017 Maternity and Child Quality and Improvement Collaborative (MCQIC) Neonatal Patient Safety **CCGC/2017/92**	
		14 December 2017 Medicines Safety and Quality Group Update **CCGC/2017/93**	
		14 December 2017 Scottish Patient Safety Programme in Mental Health Update Report **CCGC/2017/94**	
		8 February 2018 Clinical Governance and Risk Management Update **CCGC/2018/04**	
		8 February 2018 Annual Report for Volunteering in Tayside **CCGC/2018/05**	
		Directorate performance reports include performance data. The Chairs Assurance report and the Action note from the CQF provide the Committee with this information.	
NHS Tayside understands and measures the learning and professional development required to support statutory and professional responsibilities and achieve organisational objectives and quality standards.	**STAFF GOVERNANCE COMMITTEE/ CLINICAL AND CARE GOVERNANCE COMMITTEE**	**5 October 2017** Medical Education Report **CCGC/2017/70**	
		14 December 2017 Update on NHS Tayside Scheme for Medical Appraisal and Revalidation **CCGC/2017/105**	
		14 December 2017 Nurse Revalidation **CCGC/2017/106**	
		8 February 2018 Medical Education Report **CCGC/2018/10**	
		Learning and sharing of good practice is discussed at directorate performance review meetings. Assurance is provided via the CQF Chairs assurance report and the CQF action note.	

PERFORMANCE MANAGEMENT

The "Performance Management" theme focuses on how a Best Value organisation embeds a culture and supporting processes which ensures that it has a clear and accurate understanding of how all parts of the organisation are performing and that, based on this knowledge, it takes action that leads to demonstrable continuous improvement in performance and outcomes.

OVERVIEW

A Best Value organisation will ensure that robust arrangements are in place to monitor the achievement of outcomes (possibly delivered across multiple partnerships) as well as reporting on specific activities and projects. It will use intelligence to make open and transparent decisions within a culture which is action and improvement oriented and manages risk. The organisation will provide a clear line of sight from individual actions through to the National Outcomes and the National Performance Framework. The measures used to manage and report on performance will also enable the organisation to provide assurances on quality and link this to continuous improvement and the delivery of efficient and effective outcomes.

REQUIREMENT	PRIMARY RESPONSIBILITY	OUTCOME/EVIDENCE **Fully in place or Partially in place or Not demonstrated in year**	COMMENT For example: Future work planned/To be added to Workplan for next year
Performance is systematically measured across all key areas of activity.	**BOARD and RELEVANT STANDING COMMITTEES**	Action notes and the Chair's Assurance report from the CQF provide the Committee with assurance on the Performance Review Process. Strategic Clinical risks aligned to the CCGC are discussed at each meeting of the CCGC and the CQF.	
The Board and its Committees approve the format and content of the performance reports they receive which should include – Assess its performing against the following criteria: Performance reporting provides an understanding of whether the organisation is on track to achieve its short and long-term strategic, operational and quality objectives	**BOARD and RELEVANT STANDING COMMITTEES**	**May 2017** Perth Royal Infirmary Patient Flow (302) and Capacity and Flow (313) **CCGC/2017/45** **May 2017** Update – Environment Programme for Mental Health Sites **CCGC/2017/46** **June 2017** Mental Health Service Redesign Transformation (MHSRT) Programme Option Review **CCGC/2017/47**	
		17 August 2017 Capacity and Flow **CCGC/2017/49**	

REQUIREMENT	PRIMARY RESPONSIBILITY	OUTCOME/EVIDENCE Fully in place or Partially in place or Not demonstrated in year	COMMENT For example: Future work planned/To be added to Workplan for next year
		17 August 2017 Quality Assurance and Improvement (QAI) Arrangements for Child Protection in Tayside **CCGC/2017/52**	
		17 August 2017 The Future of the Family Nurse Partnership (FNP) in Tayside **CCGC/2017/53**	
		17 August 2017 Department of Spiritual Wellbeing, Quality Care and Professional Governance Strategy 2017-2022 **CCGC/2017/54**	
		17 August 2017 Murray Royal Hospital Adult Mental Health Inpatient Care: Exception Report on Environmental Actions from the Health and Safety Executive Investigation and Improvement Notice **CCGC/2017/59**	
		5 October 2017 Capacity and Flow **CCGC/2017/73**	
		5 October 2017 Murray Royal Hospital Adult Mental Health Inpatient Care: Exception Report on Environmental Actions from the Health and Safety Executive Investigation and Improvement Notice **CCGC/2017/84**	
		5 October 2017 Performance Review Framework – Directorate of Public Health **CCGC/2017/79**	
		14 December 2017 Capacity and Flow **CCGC/2017/98**	
		14 December 2017 Clinical and Care Governance Strategy 2017 – 2019 Update on Progress **CCGC/2017/86**	

REQUIREMENT	PRIMARY RESPONSIBILITY	OUTCOME/EVIDENCE **Fully in place or Partially in place or Not demonstrated in year**	COMMENT For example: Future work planned/To be added to Workplan for next year
		14 December 2017 Maternity and Child Quality and Improvement Collaborative (MCQIC) • Maternity Services Update **CCGC/2017/91**	
		14 December 2017 Maternity and Child Quality and Improvement Collaborative (MCQIC) • Neonatal Patient Safety **CCGC/2017/92**	
		14 December 2017 Medicines Safety and Quality Group Update **CCGC/2017/94**	
		14 December 2017 Murray Royal Hospital Adult Mental Health Inpatient Care: Exception Report on Environmental Actions from the Health and Safety Executive Investigation and Improvement Notice **CCGC/2017/99**	
		14 December 2017 Draft NHS Tayside Mental Health Service Improvement Plan **CCGC/2017/102**	
		8 February 2018 Capacity and Flow **CCGC/2018/14**	
		Action notes and the Chair's Assurance report from the CQF provide the Committee with assurance on the Performance Review Process.	
Clients, citizens and other stakeholders are involved in developing indicators and targets and monitoring and managing performance so that information provided is relevant to its audience	**BOARD via RELEVANT STANDING COMMITTEES**	**12 June 2017** Mental Health Service Redesign Transformation (MHSRT) Programme Option Review **CCGC/2017/47**	
		17 August 2017 NHS Tayside's Annual Feedback Report 2016 – 17 **CCGC/2017/58**	

REQUIREMENT	PRIMARY RESPONSIBILITY	OUTCOME/EVIDENCE **Fully in place or Partially in place or Not demonstrated in year**	COMMENT For example: Future work planned/To be added to Workplan for next year
		14 December 2017 Mental Health and Learning Disability Service Redesign Transformation (MHLDSRT) Programme – Consultation Feedback **CCGC/2017/100**	

CROSS-CUTTING THEME – EQUALITY

The "Equality" theme is one of the two cross-cutting themes and focuses on how a Best Value organisation has embedded an equalities focus which will secure continuous improvement in delivering equality.

OVERVIEW

Equality is integral to all our work as demonstrated by its positioning as a cross-cutting theme. Public Bodies have a range of legal duties and responsibilities with regard to equality. A Best Value organisation will demonstrate that consideration of equality issues is embedded in its vision and strategic direction and throughout all of its work.

The equality impact of policies and practices delivered through partnerships should always be considered. A focus on setting equality outcomes at the individual Public Body level will also encourage equality to be considered at the partnership level.

REQUIREMENT	PRIMARY RESPONSIBILITY	OUTCOME/EVIDENCE: **Fully in place or Partially in place or Not demonstrated in year**	COMMENT For example: Future work planned/ To be added to Workplan for next year
NHS Tayside meets the requirements of equality legislation.	**CLINICAL AND CARE GOVERNANCE/ STAFF GOVERNANCE**		The following items are scheduled for 2018-19: • Specific Duties Update • Interpretation and Translation Update • Equality and Diversity Workplan
The Board and senior managers understand the diversity of their customers and stakeholders.	**BOARD and RELEVANT STANDING COMMITTEES**	Policies for adoption include evidence of Equality Impact Assessments.	The following items are scheduled for 2018-19: • Specific Duties Update • Interpretation and Translation Update • Equality and Diversity Workplan
		12 June 2017 Mental Health Service Redesign Transformation (MHSRT) Programme Option Review **CCGC/2017/47**	
		17 August 2017 NHS Tayside's Annual Feedback Report 2016 – 17 **CCGC/2017/58**	
		17 August 2017 Department of Spiritual Wellbeing, Quality Care and Professional Governance Strategy 2017-2022 **CCGC/2017/54**	

REQUIREMENT	PRIMARY RESPONSIBILITY	OUTCOME/EVIDENCE: **Fully in place or Partially in place or Not demonstrated in year**	COMMENT For example: Future work planned/ To be added to Workplan for next year
		14 December 2017 Mental Health and Learning Disability Service Redesign Transformation (MHLDSRT) Programme – Consultation Feedback **CCGC/2017/100**	
		14 December 2017 Draft NHS Tayside Mental Health Service Improvement Plan **CCGC/2017/102**	
		8 February 2018 Supporting and Protecting Adults at Risk of Harm: The Adult Support and Protection (Scotland) Act 2007 – Operational Guidelines for NHS Staff **CCGC/2018/09**	
		8 February 2018 Draft NHS Tayside Mental Health Service Improvement Plan **CCGC/2017/12**	
NHS Tayside's Performance Management system regularly measures and reports its performance in contributing to the achievement of equality outcomes.	**CLINICAL AND CARE GOVERNANCE/** **STAFF GOVERNANCE**	Equality and Diversity Steering Group Minute 14 September 2016 6 December 2016 19 April 2017	The following items are scheduled for 2018-19: • Specific Duties Update • Interpretation and Translation Update • Equality and Diversity Workplan
NHS Tayside's policies, functions and service planning overtly consider the different current and future needs and access requirements of groups within the community.	**BOARD and RELEVANT STANDING COMMITTEES**	Policies for adoption include evidence of equality Impact Assessment e.g.	The following items are scheduled for 2018-19: • Specific Duties Update • Interpretation and Translation Update • Equality and Diversity Workplan
		5 October 2017 Pressure Ulcer Prevention and Care for Adults in Hospital **CCGC/2017/85**	
		14 December 2017 NHS Tayside Protocol: Concern for Unborn Babies **CCGC/2017/97**	

REQUIREMENT	PRIMARY RESPONSIBILITY	OUTCOME/EVIDENCE: Fully in place or Partially in place or Not demonstrated in year	COMMENT For example: Future work planned/ To be added to Workplan for next year
		11 May 2017 Update – Environmental Programme for Mental Health Sites **CCGC/201746**	
		12 June 2017 Mental Health Service Redesign Transformation (MHSRT) Programme Option Review **CCGC/2017/47**	
		14 December 2017 Mental Health and Learning Disability Service Redesign Transformation (MHLDSRT) Programme – Consultation Feedback **CCGC/2017/100**	
Wherever relevant, NHS Tayside collects information and data on the impact of policies, services and functions on different equality groups to help inform future decisions.	**BOARD and RELEVANT STANDING COMMITTEES**	Policies for adoption include evidence of equality Impact Assessment e.g. **5 October 2017** Pressure Ulcer Prevention and Care for Adults in Hospital **CCGC/2017/85**	
		12 June 2017 Mental Health Service Redesign Transformation (MHSRT) Programme Option Review **CCGC/2017/47**	
		5 October 2017 Pressure Ulcer Prevention and Care for Adults in Hospital **CCGC/2017/85**	
		14 December 2017 NHS Tayside Protocol: Concern for Unborn Babies **(CCGC/2017/97)**	
		14 December 2017 Mental Health and Learning Disability Service Redesign Transformation (MHLDSRT) Programme – Consultation Feedback **CCGC/2017/100**	