

# **THE MORAY COMMUNITY HEALTH AND SOCIAL CARE PARTNERSHIP**

## **Adult Care Services - Governance Policy**

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## Contents

<b>1.0</b>	<b>Aims, Objectives and Scope of the Policy</b> .....	<b>4</b>
<b>2.0</b>	<b>Responsibilities</b> .....	<b>4</b>
<b>3.0</b>	<b>Policy</b> .....	<b>5</b>
<b>4.0</b>	<b>The Care Governance System</b> .....	<b>11</b>
<b>5.0</b>	<b>Reporting Timetable</b> .....	<b>15</b>
<b>6.0</b>	<b>Performance Monitoring</b> .....	<b>16</b>
<b>7.0</b>	<b>References and Associated Documents</b> .....	<b>17</b>
<b>8.0</b>	<b>Equal Opportunities</b> .....	<b>18</b>
<b>9.0</b>	<b>Data Protection</b> .....	<b>18</b>
<b>10.0</b>	<b>Freedom of Information</b> .....	<b>19</b>

**11.0 Human Rights Act.....19**

**12.0 Related Legislation .....19**

**13.0 Policy Review .....20**

**Appendix One – A whole systems approach to social care governance**Error! Bookmark not defined.

**Appendix Two - Example of A Model of social care governance**Error! Bookmark not defined.

**Appendix Three – PSIF & SWIA PIM: High Level Comparison**Error! Bookmark not defined.

**Appendix Four – PSIF & SWIA PIM: Comparison .....**Error! Bookmark not defined.

## **1.0 Aims, Objectives and Scope of the Policy**

This policy is designed to improve and assure the quality of social care in Moray Community Health and Social Care Partnership (MCHSCP).

It is applicable across the range of all adult care services delivered within the MCHSCP.

In undertaking this policy current strategic policies were reviewed driving the quality movement and development of performance management within Moray Health and Social Care Partnership. The group also considered the high level outcomes, standards and measures set by the National Minimum Information Standards for Assessments and Care Planning and the Community Care Outcomes Framework for adults.

The challenge for the MCHSCP is to ensure that there is a method of assessing how services are delivered and an opportunity to review achievements focused on outcomes for service users, staff and the community.

The context of these developments is important as this work is taking place at a time of significant organisational change and also within the context of an evolving outcomes based approach to the measurement of service delivery.

Adopting this approach consistently across Moray will ensure an opportunity for each Team to promote best practice, review service delivery and offer opportunities for continuous improvement.

## **2.0 Responsibilities**

All Managers and staff working in adult care services in Moray Health and Social Care Partnership have a responsibility for Care Governance.

Please see **Appendix One**.

### **3.0 Policy**

#### **Introduction**

### **3.1 Definition of Care Governance**

#### **What is social care governance?**

Social Care Governance has been defined in Northern Ireland as 'a framework within which Health and Personal Social Services organisations are accountable for continuously improving the quality of their services and taking corporate responsibility for performance and providing the highest possible standard of clinical and social care' (Best Practice, Best Care 2002).

The framework provides a means to learn from and improve services. It supports organisations and individual workers to be accountable for the quality of services, and to take responsibility for maintaining and improving service provision and practice.

Within the framework 14 core elements have been identified that together provide a coordinated approach to delivering effective and safe quality services.

Everyone in the organisation has a part to play in promoting good practice and achieving effective outcomes for service users and carers.

**Please see Appendix Three.**

#### **What is Quality?**

Definitions of quality in health and social care vary but have core common themes, such as those described by Mark Friedman 'Trying Hard is not good enough, First edition 2005 as:

How much did we do (the number of customers and activities).

How well did we do it (% measures, such as customer satisfaction, workload ratio, staff turnover rates, staff morale, % of staff fully trained, worker safety, unit cost etc).

Is anyone better off (skills and knowledge, attitude and opinion, behaviours, circumstances, etc).

This definition highlights all the concepts of quality. Existing quality measurements focus on activity rather than service outcomes such as the results achieved by the organisation.

This guidance covers all areas to be considered when assessing the quality of service provided, but good quality service will only be achieved by effective engagement with service users.

Best Practice, Best Care, DHSSPS 2002, defines quality for the service user quite simply as “the provision of a high standard of care and treatment, provided by the right person at the right time, in the right place”.

### **What is Performance Management?**

- Moullin (2003) highlights the aims of performance measurement.
- To review historic performance answering questions about how well did we do and what we need to improve.
- To encourage improvement in performance.

### **Why is social care governance so important?**

Service users, carers and the public deserve good quality and safe services and the special agencies have a statutory duty to provide these.

### **Integrating Quality and Performance Management**

In order to measure performance and deliver quality services the MCHSCP need objective ways to assess how well they are doing and monitor changes over time.

Policies and processes must be integrated within organisations in order to ensure that information in relation to performance and the quality of service provided is readily available. The approach taken in the presentation of this document is similar to the developing governance approach which seeks to “continuously improve the quality of the service and safeguard high standards of care by creating an environment in which excellence in care will flourish” (NHS 1999A).

### **Policy context**

Best Practice, Best Care 2002 sets out the framework for setting standards to improve services and practices, to strengthen accountability and ensure transparency and to improve monitoring and regulation of organisations.

### **Legislation**

Care governance brings together quality assurance and continuous improvement in practice and managerial terms.

The establishment of care governance in Community Care will provide a framework in which the quality of services and outcomes for service users can be assured, and in which continuous improvement can be identified.

The care governance framework compliments the Council wide system of quality governance, the Public Sector Improvement Framework (PSIF) and will also be evaluated for success via the Social Work Inspection Agency (SWIA) self-evaluation process and commits to PSIF.

Care governance fits into the quality assurance and continuous improvement agenda that should enable Community Care to deliver the key outcomes for Community Care which are:-

‘build capacity to deliver personalised services delivering a confident, competent and valued workgroup.’ The quality of assessment, care planning and review is a theme within the Community Care Outcomes Framework. The framework makes

specific reference to service user and carers' assessments being completed to the National Minimum Information Standard and for all care plans to be formally reviewed within at least 12 months.

Regulation of Care (Scotland) Act 2001 defines the arrangements for improving the quality of provision measured through clinical and social care governance. The Care Commission inspects statutory bodies on their clinical and social care governance arrangements. It includes a statutory duty of quality for monitoring and improving services. This means each organisation has a legal responsibility for satisfying itself that the quality of care it provides meets a required standard.

### **Departmental guidance**

'The Practice Standards and Quality Assurance Framework Procedure' outlines how the arrangements for clinical and social care governance should be taken forward, and identifies the key steps towards implementation.

Care Governance is a continuous process rather than a single event and is defined as:

A framework through which organisations are accountable for continuously improving the quality of their services and safeguarding high standards of care by creating an environment in which excellence in care will flourish.

It covers the organisation's systems and processes for monitoring services and provides a route for accounting for the quality of services to the governing body and applies to all commissioned services, both in health, the independent sector and the third sector (voluntary).

## **3.2 The Core Values of Care Governance**

The MCHSCP believes that care governance should be understood and applied by all members of staff involved in the delivery of care and support, and that the core values should underpin all decisions made in the service.

The core values of care governance are:

- Continuous improvement of services, care and support
- The service user experience is the central focus in decision making, meeting their needs and aspirations and keeping them informed.
- Commitment to quality, which makes certain that all staff are up to date in their practice, are expertly supervised and develop an environment where learning and tackling discrimination is built into everyday practice.
- Commitment to equality and diversity.
- Openness to share and report mistakes, errors and adverse effects of intervention as well as a commitment to learn from them.

These core values ensure that:

- Service users are given high quality care and support and that the MCHSCP respects the independence, choice, dignity and privacy of service users and employees
- The working environment is safe and secure, and employees are valued
- The organisation supports employees and encourages input even when difficult or controversial issues are raised.
- Employees will be supported to develop skills to deliver best care practice.

### **3.3 Establishing a Care Governance Framework**

Care governance is a key driver to realise the vision set out in the Joint Futures/ Changing Lives. This recognises that the MCHSCP is both a provider of services and has an enabling role across the whole social care economy.

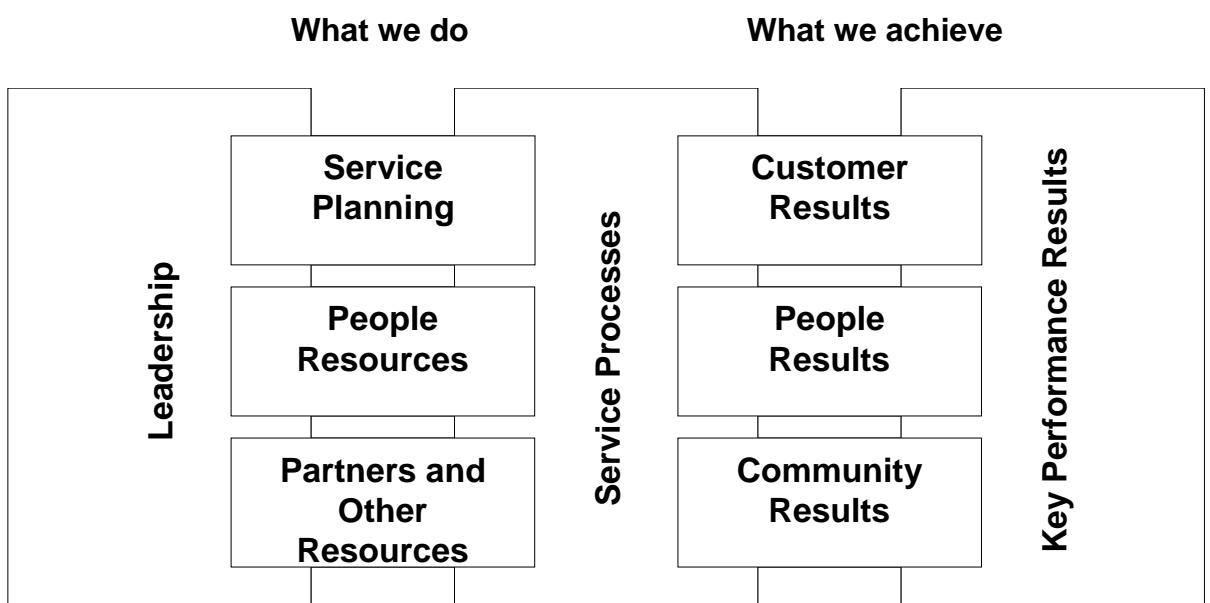
MCHSCP is refining its understanding and application of care governance and the challenges it faces for development and change. In particular, the need to use care governance as a unifying principle to assure the safety and quality of service provision and as a framework for commissioning and purchasing related services from other providers.

The Adult Social Care Partnership will:

- Establish a baseline for each of the care governance components listed below
- Plan realistic goals which focus on developing systems and processes to support care governance
- Implement a coherent programme for continuous quality improvement

### 3.4 Components of Care Governance

Core elements of social care governance, under the PSIF themes identified are:



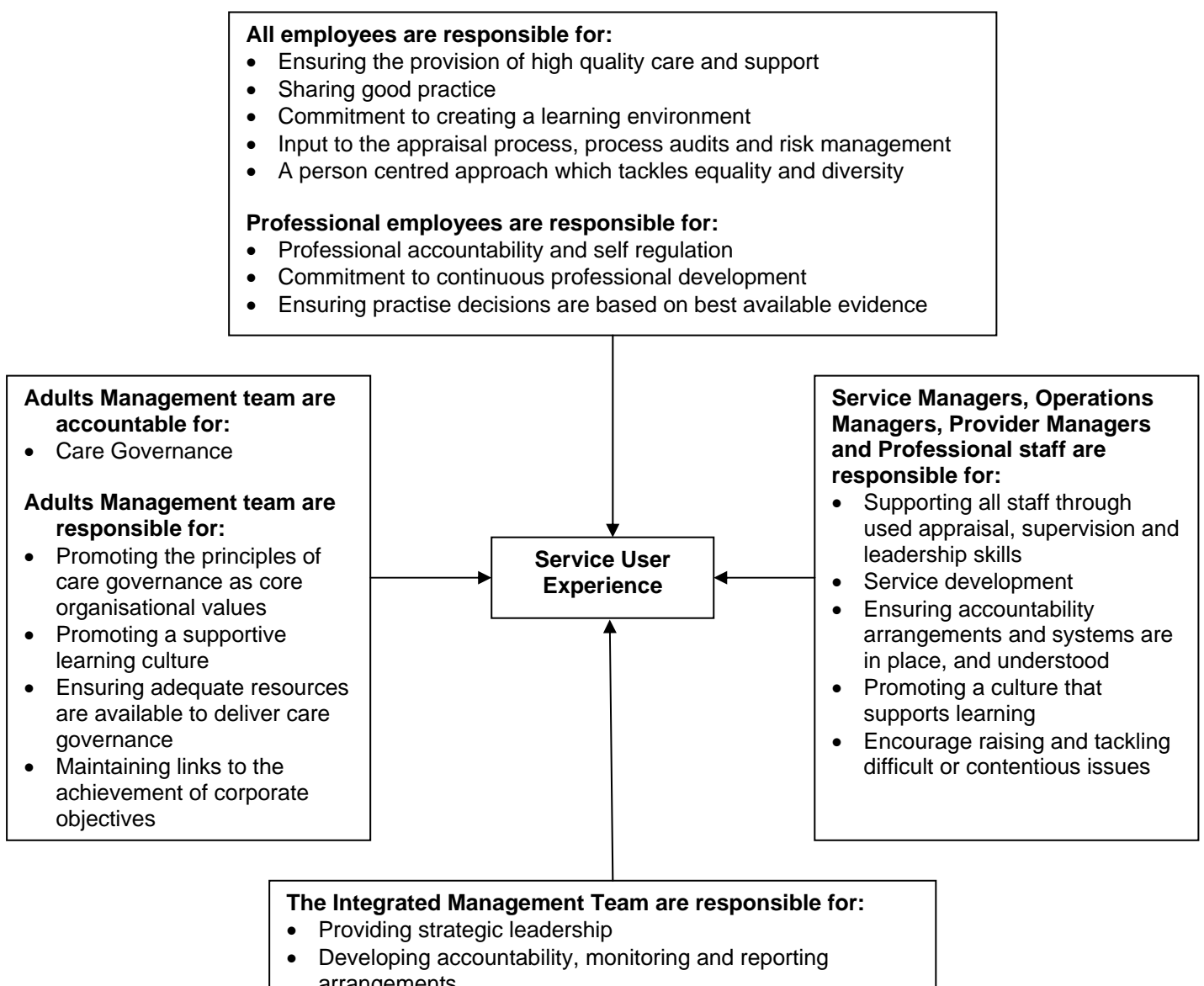
In meeting the above quality standards the achievement of promoting good health and social well-being will be achieved for all.

## 4.0 The Care Governance System

### 4.1 Care Governance Responsibilities

Care governance is everyone's responsibility.

The core values of care governance should be understood and applied by all members of staff involved with and working in Adult Social Care. They should be the guiding principles in all decisions relating to service provision.



In order to fulfil the responsibilities of Care Governance the Community Care Management Team will:

- Audit the quality of professional Social Work in Community Care Services.
- Maintain an overview of referrals to the SSSC in terms of registration or conduct matters.
- Receive copies of all inspection and audit reports (SWIA, Care Commission, HMIE, and Mental Welfare Commission) and identify any trends or patterns arising from these.
- Identify trends or patterns arising in respect of professional practice and agree actions to improve performance.
- Receive Action Plans developed by managers in response to outcomes of inspection and audit processes, including Care Commission and PSIF.
- Monitor progress against targets and timeframes set in all Action Plans, including those required by external agencies.
- Maintain an overview of Inspection Reports on other Local Authorities performance and ensure dissemination of issues and learning across the service.
- Produce an annual report on the activities of the Social Care Professional Governance Board and submit reports to the Health and Social Care Services Committee.
- Set an annual audit work programme and determine need for any other audit activity, e.g. responsive audits.

- Agree all performance information in relation to Social Care workforce in Community Care before submission and agree actions arising from these submissions.
- Establish then audit a system for meeting registration requirements or other legally defined roles (e.g. MHO, Council Care Officer).
- Decide the timetable for policy and procedure development or review.
- Review, as required, the remit of the group on a regular basis.
- Analyse incident reports and trends in relation to Community Care Services.
- Monitor trends and patterns in complaints for Community Care Services.

## **4.2 Accountability Framework**

To ensure care governance works effectively there are clear lines of accountability throughout the organisation.

The Head of Service will have executive responsibility to ensure that the Care Governance Policy is developed and implemented effectively.

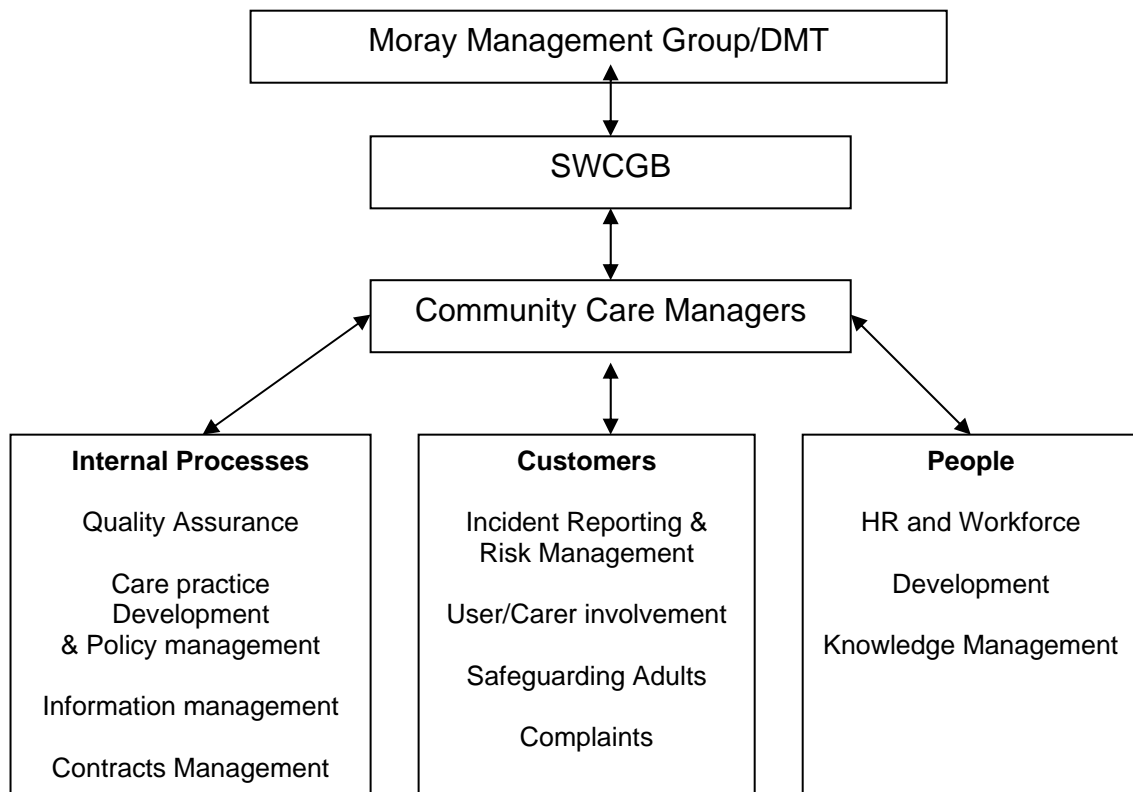
The Head of Service will be responsible for overseeing the integration of care governance into the Partnership and ensuring effective management and implementation of the care governance programme through the Community Care Management team.

## **4.3 Membership and Role of the Social Work Care Governance Board (SWCGB)**

To integrate care governance into the MCHSCP, and to ensure a practical, hands-on approach to care governance, SWCGB will be established to develop the key care governance components and integrate them into the existing organisational structure.

The establishment of care governance with the MCHSCP requires a great deal of work, organisation and process alignment.

The following chart outlines the proposed working groups and the reporting and delegation pathway through the organisation. Targets and action plans to deliver against the priorities identified below will be developed.



#### 4.5 Priorities for Care Governance

- Develop an open non-blame culture which encourages staff input even when difficult or controversial issues are raised.

- Monitoring compliance with standards set by SWIA and within MCHSCP policies and procedures
- Build on The Moray Council Corporate and Departmental guidelines, policies and procedures to develop processes to support future care audit and effectiveness programmes and develop a systematic approach for reviewing relevant policies and procedures
- Promote a process that ensures we learn from complaints and as a result improve services, care practice and performance
- Develop education, training and reflective practice opportunities to ensure that services are developed using current best practice and establish a learning environment for employees
- Develop information systems, which deliver accessible, relevant and user-friendly data to inform and support care governance priorities
- Build on existing systems to develop a network for service user and carer involvement and empowerment in developing Adult Social Care services
- Implementation of incident reporting across all adult services. (including safeguarding issues)
- Approaching the Concept of Personalisation (meets SWIA and PSIF self evaluation tool (areas for evaluation 1 and 2 outcomes for people who use our services))
- Publishing and communicating information to service users/carers
- Monitor and report on waiting times in relation to the proposed national eligibility criteria for adult social care
- Monitor progress in relation to the quality assessment and care planning measures of the Community Care Outcomes Framework which are underpinned by the National Minimum Information Standards
- Commission themed practice audits

## **5.0 Reporting Timetable**

### **5.1 Frequency of meetings**

SWCGB meets on a six weekly basis and will establish the care governance system and membership. The meeting will be set to ensure a coordinated approach to care governance issues.

## **5.2 Reports templates**

The progress reports will include:

- The task/remit of the group
- How the tasks fit into the wider Performance Management reporting
- Action plans, identified leads and milestones
- Current progress
- Any implementation resource issues
- Other challenges to implementation
- Quality Assurance
- Inspection Reports
- Themed practice audits
- Complaints
- Policies and Procedures
- PSIF (Action Plan)

## **6.0 Performance Monitoring**

6.1 Team Managers, Service Managers and Area Operations Managers are responsible for ensuring that the information provided is accurate, promptly provided and that there are systems in place at a local level to ensure that all the information required is recorded. All performance information is collated by the Support Officer (Research and Information) in Community Services and held electronically where possible.

## 7.0 References and Associated Documents

- Performance Management Plan (2009/10)
- The Moray Council's Corporate Plan
- Best Practice, Best Care 2002
- Trying Hard is not good enough, First edition 2005, Mark Friedman
- Moullin 2003
- NHS 1999A
- SWIA and PSIF self evaluation tools
- Joint Futures/Changing Lives
- The Moray Council's Single Shared Assessment Form
- The Moray Council's Joint Service User and Carer Review Form
- Independent Review of Free Personal Care and Nursing Care In Scotland – A Report by Lord Sutherland (April 2008)
- Circular CCD8/2001: Guidance on Single Shared Assessment of Community Care Needs
- Circular CCD3/2008: National Minimum Information Standards for Assessment and Care Planning for Adults
- National Community Care Outcomes Framework
- Talking Point
- COSLA
- National Eligibility Criteria for Adult Social Care and Waiting Times for Personal & Nursing Care
- Moray Community Health and Social Care Partnership Plan 2004 – 2007  
Page 7, 2.2 states "The Scottish Executive has determined ...[that]...MCHSCP: promote partnership working"
- The Moray Council Corporate Development Plan revised 2008  
The Social Program, Priority 7 is "To meet the requirements of the external regulation and inspection agencies with regard to.....Community Care Services."  
Links to SOA 2009-2010
- The Moray Council Community Services Department, Service Development and Improvement Plan 2003 – 2006

Page 14 commits to an action to “progress the joint working arrangements across Health, Housing and Social Care.”

Page 40 commits to an action to “develop structures to support joint working”

### **Policies/Procedures**

- The Moray Council’s Allocations Procedure
- The Moray Council’s Carers Assessment Policy and Procedure
- Equality Impact Assessment Toolkit
- Supervision Policy
- Case Recording Policy
- The Moray Council’s Eligibility Criteria Policy and Procedure
- Practice Standard and Quality Assurance Framework Procedure

## **8.0 Equal Opportunities**

8.1 The MCHSCP will ensure that the policy does not discriminate on any grounds and in particular not on the grounds of: sexual or marital status; on racial grounds; or on grounds of disability, age, illness, sexual orientation, language or social origin, or other personal attributes, including beliefs, or opinions, such as religious beliefs or political opinion. All communication with service users will be in ‘plain language’. The MCHSCP will ensure the promotion of equal opportunities by publishing information and documentation in different formats/languages and for service users who have special needs such as people with sight, hearing or learning difficulties by using for example signers.

## **9.0 Data Protection**

9.1 The Data Protection Act 1998 governs the way information is obtained, recorded, stored, used and destroyed. The MCHSCP complies with all the requirements of the Act and ensures that personal data is processed fairly and lawfully, that it is used for the purpose it was intended and that only relevant information is used. The MCHSCP will ensure that information held is accurate, and where necessary kept up to date and that appropriate measures are taken that would prevent the unauthorised or unlawful use of any personal information.

## **10.0 Freedom of Information**

10.1 The purpose of the Freedom of Information (Scotland) Act 2002 is to “provide a right of access by the public to information held by public authorities”. In terms of section 1 of the Act, the general entitlement is that a “person who requests information from a Scottish public authority which holds it is entitled to be given it by the authority”. Information which a person is entitled to is the information held by the public authority at the time that the request is made. This is a complex area of the law that can overlap with the Data Protection Act and other legislation.

All Freedom of Information requests are to be sent to the Information Co-ordinator in Chief Executives Department.

## **11.0 Human Rights Act**

11.1 The Human Rights Act 1998 incorporates the European Convention on Human Rights into Scots law. It supports the requirement for local authorities not to discriminate on grounds such as sex, race, colour, language, religion, political or other opinion, national or social origin, association with a national minority, property, birth or other status.

The Human Rights Act can overlap with many areas of the Council’s policies, any doubts or queries regarding its effect or implications must be referred to the Legal and Committee Department.

## **12.0 Related Legislation**

The Moray Council will ensure that the Policy complies with current legislation and promotes good practice.

Relevant legislation includes:

- The Social Work (Scotland) Act 1968
- The NHS and Community Care Act 1990
- Community Care and Health (Scotland) Act 2002

- Chronically Sick and Disabled Persons Act 1970
- Disabled Persons (Service, Consultation and Representation) Act 1986
- Mental Health (Care and Treatment) (Scotland) Act 2003
- Health and Social Services and Social Security Adjudication's Act 1983
- Adults with Incapacity (Scotland) Act 2000
- The Regulation of Care (Scotland) Act 2001
- Social Work (Scotland) Act 1968
- Children (Scotland) Act 1995
- Data Protection Act 1998
- Freedom of Information (Scotland) Act 2002
- The Human Rights Act 1998 and Equality Legislation.
- Adult Support and Protection Act

### **13.0 Policy review**

13.1 This policy will be reviewed annually. Feedback can be sent to Support Officer (Projects) MCHSCP and will be included in the next review.