



## **CLINICAL AND CARE GOVERNANCE ARRANGEMENTS**

### **Aim**

Provide an overview of Clinical and Care Governance discussions in the context of health and social care integration for NHS Borders and Scottish Borders Council.

### **Background**

#### **National Context**

In any revised integrated arrangements there is a requirement for robust and effective governance, accountability and liability arrangements in order to ensure the delivery of safe, effective, person centred and quality services.

Work is underway at a national level via the clinical and care governance national project board to publish guidelines on this important area for integration. Scottish Borders have representation on this board and are fully engaged in this significant piece of work.

One definition of clinical and care governance for integrated services has been developed by this national board:

***“A delivery mechanism to provide assurance to citizens that their experience of care is as good as it can be for them, through a process of shared decision making delivered and supported by high quality organisations and staff who are committed to taking responsibility for quality and holding people to account”***

Five key elements to clinical and care governance within the health and social care partnership have been identified and are listed below:

- Quality and effectiveness of care;
- Professional standards and regulation ;
- Safety and risk assessment;
- Leadership and culture;
- Learning, audit and continuous improvement.

### **Current Arrangements**

There are currently newly designed arrangements in place in NHS Borders for healthcare governance which includes healthcare governance arrangements within Clinical Boards to a single Healthcare Governance Steering Group. This group reports to the Clinical Executive and Board Executive Team providing assurance to the Borders NHS Board and its Committees of Governance. Existing arrangements have been designed with a view to

improving and strengthening arrangements for governance related to quality, safety and risk, clinical engagement and accountability.

These arrangements are in line with the expectations set out in relevant legislation i.e. National Health Service (Scotland) Act 1978 – section 12H. Specific professional accountability for clinical practice is also vested in key roles within the organisation including the Director of Nursing and Medical Director roles.

In Scottish Borders Council specific oversight of the quality of care services rests with the Chief Social Work officer whose role is to ensure the safety of vulnerable people as set out in legislation and guidance. In addition to this a local code of Corporate Governance is approved by the Council and an assurance statement produced to ensure compliance.

## **Summary**

### **Scoping of Clinical and Care Governance Requirements for Integration**

In preparation for integration scoping work has began between NHS Borders and Scottish Borders Council to map exiting clinical and care governance arrangements to inform proposals for an integrated structure. It is recognised that each working group as part of the integration programme infrastructure will need to ensure that effective clinical and care governance is considered and embedded into the design of the integrated arrangements.

Therefore it has been proposed that a small oversight group for clinical and care governance be formed for a short period. The group's role would be to scope requirements and advise working groups within the integration programme infrastructure in relation to clinical and care governance issues which need to be built into the design of the integrated model. The core group will:

- Advise and develop an overarching clinical and care governance system for integration based on the outcome of the scoping work underway;
- Advise on required policies, procedures and processes in the integrated arrangements pertaining to clinical and care governance;
- Advise integration working groups on issues which require consideration to ensure the delivery of quality and safety for patients, service users and carers in the integrated service;
- Advise the Integration Shadow Board on the robustness of the clinical and care governance proposals;

The involvement in particular of the Medical Director, Director of Nursing and Midwifery and Chief Social Work Officer will be central to this work given the existing roles and responsibilities required of them in relation to Clinical and Care Governance. To make best use of time and resources the group will only meet for a short period either virtually or in person as required to deliver this role.

Work has already began in relation to delivering clinical and care governance actions identified with the joint action plan formed in response to the analysis of the Mid Staffordshire Inquiry Francis Report. It has been agreed that responsibility for progressing identified actions following the of the Mid Staffordshire Report will sit within the integration programme given that many of the actions are related to standards and quality of care, information sharing, leadership and culture.

## Recommendation

The Integration Shadow Board is asked to note the current position and work underway and approve the role of the short life clinical and care governance oversight group.

<b>Policy/Strategy Implications</b>	The content of the ongoing work outlined will be sponsored by the proposed Clinical and Care Governance Group to be formed under the Shadow Board. Within NHS Borders the Healthcare Governance Steering Group and Clinical Strategy Group will be kept fully engaged as will the Adult Services Manager Group and Social Work Senior Management Team within SBC
<b>Consultation</b>	As above
<b>Risk Assessment</b>	In compliance
<b>Compliance with requirements on Equality and Diversity</b>	In compliance
<b>Resource/Staffing Implications</b>	Services and activities provided within agreed resource and staffing parameters

## Approved by

<b>Name</b>	<b>Designation</b>	<b>Name</b>	<b>Designation</b>
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