



CLINICAL AND CARE GOVERNANCE ASSURANCE ARRANGEMENTS

Aim

This report provides an update on Clinical and Care Governance Assurance Arrangements and an overview of the options developed by the short life working group relating to a Clinical and Care Governance system following integration.

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.

Requirements for Integration

The Integration Board will need to assure itself when making key decisions relating to Integration that Clinical & Care Governance implications have been fully considered when making key decisions regarding service redesign or budgetary decisions. The model regulations state that the following will need to be included in the Scheme of Integration.

Clinical and Care Governance of services provided in pursuance of integration functions.

The arrangements for clinical governance and care governance which will apply to services provided in pursuance of integrated functions

Details of how these arrangements will provide oversight of, and advice to, the integration authority in relation to clinical and care governance.

Details of how these arrangements will provide oversight of, and advice to, the strategic planning group in relation to clinical and care governance.

Details of how these arrangements will provide oversight of and advice in relation to the clinical and care governance of the delivery of health and social care services in the localities identified in the strategic plan.

Information on how the clinical and care governance arrangements which apply in relation to the functions of the local authority and Health Board will interact with the clinical and care governance arrangements to be established in respect of integration functions.

Information about the role of senior professional staff of the Health Board and the local authority in the clinical and care governance arrangements for integrated functions.

Information about how the clinical and care governance arrangements set out in the scheme relate to the arrangements for the involvement of professional advisors in the integration joint board.

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 delegated from the Board Chief Executive to key roles within the organisation including the Director of Nursing & Midwifery and Medical Director roles.

In Scottish Borders Council a local code of Corporate Governance which is approved by the Council sets out the proper arrangements to ensure its business is conducted in accordance with the law and proper standards, and that public money is safeguarded and properly accounted for, and used economically, efficiently and effectively. An annual governance statement is produced to report publicly on the extent to which the Council complies with its own code. This statement is presented to the Audit Committee in its role to oversee internal control and governance arrangements. These arrangements are consistent with the principles and requirements of the CIPFA/SOLACE framework 'Delivering Good Governance in Local Government'.

The Chief Social Work Officer also provides an annual report to the Council providing assurance that the Council is meeting its statutory requirements in relation to quality and standards of care and safety as set out in legislation and guidance and detailing key issues relating to Social Work including quality and risk.

The Shadow Integration Board were provided with an update on clinical and care governance at a previous meeting and further work was endorsed to scope out options for a clinical and care governance system. Scoping work has now taken place between NHS Borders and Scottish Borders Council to map existing clinical and care governance arrangements to inform proposals for an integrated structure.

A small oversight group has met to review the options for a clinical and care governance system. The group included the Medical Director, Director of Nursing and Midwifery, Chief Social Work Officer and Head of Clinical Governance and Quality given their existing roles and responsibilities required of them in relation to Clinical and Care Governance.

Roles

There are a number of advisory key roles relating to Clinical & Care Governance. These include the Director of Nursing & Midwifery, Medical Director and Chief Social Work Officer.

In Scottish Borders Council specific oversight of the quality of care services rests with the Chief Social Work Officer whose role is to assure the Council that it is meeting its statutory requirements in relation to quality and standards of care and safety as set out in legislation and guidance.

In NHS Borders the Director of Nursing & Midwifery and Medical Director are professionally accountable, as executives of the Board, for assuring reliable standards of care, professionalism, workforce issues such as: skill mix; workforce support and education; safety; and evidence based care. Central to this is risk management, the approach to adverse events, management of complaints and feedback, sharing the learning and closing the loop. The Director of Nursing & Midwifery and Medical Directors are professionally responsible for providing evidence based advice with clarity on the consequences of not listening/ acting on advice.

There is a national discussion about the appropriate attendance at the Integration Board to assure the Board regarding Clinical & Care Governance. The Chief Social Work Officer is highlighted as a key advisor to the Board and there is a recommendation that a professional clinical advisor is also in attendance. Whilst further work needs to be undertaken to clarify links and the role of the Chief Officer moving forward it is proposed that this level of input should be a minimum expectation of the integrated board from these senior advisory roles.

Summary

This paper updates the Shadow Board on progress with national and local arrangements for Clinical & Care Governance Assurance.

It is not proposed at this time to set up new arrangements during the Shadow year period as operational arrangements are yet to be finalised. Responsibility for Clinical & Care Governance will, therefore, remain with the existing agencies.

It is proposed that to provide appropriate assurance to the Board during this period the Chief Social Work Officer, Director of Nursing & Midwifery and the Medical Director attend the Board in an advisory capacity and ensure that comments are sought on key decisions relating to care quality.

In addition a small Clinical & Care Assurance Group including Chief Social Work Officer, Director of Nursing & Midwifery and Medical Director will work with the Chief Officer to map existing assurance systems and processes and consider further requirements for the partnership which will be reported to the Board in line with the requirements for the Integration Scheme.

Recommendations

The Shadow Board are asked to:

- (a) Note the ongoing work regarding Clinical & Care Governance.
- (b) Support attendance of Director of Nursing & Midwifery/Medical Director at the Shadow Board.
- (c) Receive a further paper in September on arrangements for Clinical & Care Governance Assurance in line with the model integration scheme. .

Policy/Strategy Implications	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
Consultation	As above
Risk Assessment	In compliance
Compliance with requirements on Equality and Diversity	In compliance
Resource/Staffing Implications	Services and activities provided within agreed resource and staffing parameters

Approved by

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