



Scottish Borders  
**Health and Social Care**  
PARTNERSHIP

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# **Scottish Borders Health & Social Care Integration Joint Board**

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## **CLINICAL AND CARE GOVERNANCE ASSURANCE FRAMEWORK**

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## 1. Objectives

1.1 The primary objectives of this assurance framework are to:

- Identify how clinical & care governance assurance will be reported to the Integration Joint Board (IJB).
- Ensure that the Clinical & Care Governance Assurance Framework facilitates the identification of the key issues affecting the delivery of the Health and Social Care Strategic Plan and supporting Commissioning & Implementation Plan.
- Establish standards and principles for the efficient and effective management of clinical & care governance, including regular monitoring, reporting and review.

## 2. Reporting Structure

2.1 The IJB is responsible for the strategic planning of the functions delegated to it and the risks arising from that undertaking.

2.2 The partner organisations Scottish Borders Council and NHS Borders will report any relevant clinical & care governance issues via the existing reporting structures.

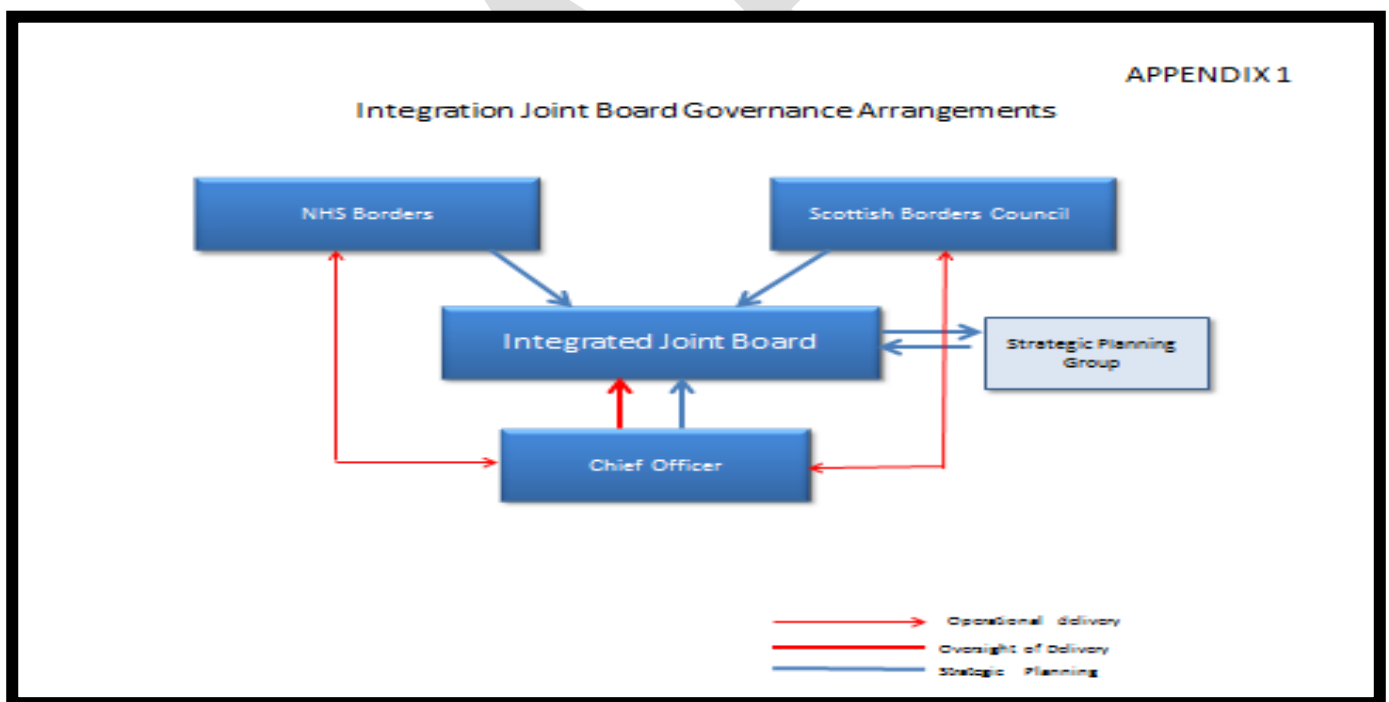


Diagram 1: Integration Joint Board Governance Arrangements Source: Scheme of Integration

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### **3 Types of Topics to be Reported**

3.1 This assurance framework takes a positive and holistic approach to clinical & care governance assurance, including;

- Adverse events
- Patient feedback
- Clinical effectiveness
- Infection control
- Patient safety
- Medicines safety
- Adult Protection
- Child Protection
- Risk management (see Risk Management Strategy)
- Claims management
- Research governance
- National, internal and external audit or inspection reports (Care Inspectorate and Healthcare Improvement Scotland reports)

### **4 Clinical & Care Governance Assurance Framework and Process**

4.1 This document represents the Clinical & Care Governance Assurance Framework to be implemented across the services delivered under the direction of the IJB and will contribute to the IJB's wider corporate governance arrangements.

4.2 There are five process steps to support clinical & care governance assurance;

- Information on safety and quality of services is received
- Information is scrutinised to identify areas of action
- Actions arising from scrutiny and review of information are documented
- Impact of actions is monitored, measured and reported
- Information on impact is reported against key priorities

### **5 Roles and responsibilities**

5.1 All aspects of the work of the IJB should be driven by and designed to support efforts to deliver the best possible quality of health and social care. Clinical & care governance however, is principally concerned with those activities which directly affect the care, treatment and support that people receive.

5.2 Members of the IJB are responsible for:

- Collective ownership of clinical & care governance.
- Ensuring that delegated functions for clinical & care governance are being adequately and appropriately managed.
- Having oversight of clinical & care governance arrangements.
- Receiving and reviewing clinical & care governance issues that require to be brought to its attention.

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- 5.3 The Chief Officer has overall accountability for the IJB's Clinical & Care Governance Assurance Framework, ensuring that suitable and effective arrangements are in place relating to the services delivered under the direction of the IJB. The Chief Officer will be responsible for drawing to the attention of the IJB any new or escalating clinical & care governance risks and associated mitigations to ensure appropriate oversight and action.
- 5.4 The Chief Officer will keep the IJB and the Chief Executives of the partner organisations informed of any significant existing or emerging clinical & care governance risks that could seriously impact the IJB's ability to deliver the outcomes and objectives of the Strategic Plan or the reputation of the IJB or the partner organisations.
- 5.5 Assurance to the IJB and subsequently, Scottish Borders Council and Borders Health Board in respect of the key areas of governance will be achieved through explicit and effective lines of accountability. This accountability begins in the care setting within an agreed Clinical & Care Governance Assurance Framework established on the basis of existing key principles embedded in the governance and scrutiny arrangements for Borders Health Board and Scottish Borders Council.
- 5.6 The Clinical Directors at Borders Health Board level (Medical Director, Director of Nursing and Director of Public Health) share accountability for clinical governance of NHS services as a responsibility/function delegated from the Chief Executive of Borders Health Board.
- 5.7 These Directors continue to hold accountability for the actions of the Borders Health Board clinical staff who deliver care through health and social care integrated services. They attend the Borders Health Board Clinical Governance Committee which oversees the clinical governance arrangements of all services delivered by health care staff employed by Borders Health Board and which in turn will provide assurance to the IJB.
- 5.8 As part of the integration arrangements the Chief Social Work Officer will provide oversight and advice to the IJB on the quality of social work services delivered by social work staff through health and social care integrated services. The Chief Social Work Officer will continue to provide professional leadership for social work and be accountable for statutory decisions relating to social work. The Chief Social Work Officer is then held to account by Scottish Borders Council for such decisions and ensures that links are made across all social work services. The Chief Social Work Officer also advises Scottish Borders Council on the delivery of social work services through an annual report which will be made available to the IJB for assurance purposes. Scottish Borders Council will in turn provide assurance to the IJB via the Chief Social Work Officer.
- 5.9 The IJB and, where required, the Strategic Planning Group, will receive clinical & care governance reports from the parties on matters relating to the delegated functions.
- 5.10 As part of the regular monitoring process the IJB may, as required, also take advice from other appropriate professional forums and groups as outlined in Scottish Government guidance, including the Adult Protection Committee, Child Protection

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Committee (for universal children's health services), Area Clinical Forum and Area Drug and Therapeutics Committee.

5.11 The appropriate appointed Clinical Directors at Borders Health Board level (Medical Director, Director of Nursing and Director of Public Health) will support the Chief Officer and the IJB in the manner they support Borders Health Board for the range of their responsibilities.

5.12 The Chief Social Work Officer will support the Chief Officer and the IJB in the same manner they support Scottish Borders Council. Appropriate arrangements are in place for the Chief Social Work Officer to discharge their responsibility to health and social care staff who have a professional or corporate accountability to the Chief Social Work Officer.

## **6 Implementing Clinical & Care Governance Arrangements**

6.1 Clinical & Care governance is key to the effective delivery of the objectives within the Strategic Plan. The following activities and outputs are in progress.

6.2 At the February 2016 meeting of the IJB the following action was identified:

**A clear statement describing the processes required to ensure clinical & care governance assurance arrangements in place for all services commissioned by the IJB.**

6.3 A Professional Assurance Framework encompassing NHS Borders clinical services is in development by the NHS Borders Director of Nursing, Midwifery & Acute Services.

6.4 Chair of the Clinical Governance Committee of NHS Borders Board will be extending an invitation to the Chief Social Work Officer (or nominated officer) to join the Clinical Governance Committee as an attendee.

6.5 Chair of the Area Clinical Forum (ACF) will be extending an invitation to the Chief Social Work Officer (or nominated officer) to join the ACF as an attendee.

6.6 Mental Health and Learning Disabilities integrated services report within existing arrangements of both organisations. The Primary Care & Community Clinical Governance Group will be reviewed for opportunities to enhance social care colleagues and performance reports.

6.7 The Chief Officer will be supported by a group of responsible officers in each Partnership organisation and their staff to provide reports and assurance: The Clinical and Care Assurance Group which previously worked to map out existing assurance systems and processes and further requirements for the Partnership in line with the requirements for the Integration Scheme will be reconstituted to provide support to the Chief Officer and Integrated joint Board.

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6.8 Membership of the Clinical and Care Governance Assurance Group, in addition to the Chief Officer, includes:

- Chief Social Work Officer
- Director of Nursing, Midwifery & Acute Services
- Medical Director

**7 Communication of IJB Key Messages Relating to Clear and Transparent Understanding of Clinical & Care Governance Requirements.**

7.1 An IJB Communications Plan will encompass key messages relating to clinical and care governance.

**8 Implementation of Clinical & Care Governance Reporting and Monitoring Arrangements.**

8.1 A report will be provided to the next meeting of the IJB.

**9 Identification of Key Reports and Implementation of Reporting Timetable.**

9.1 NHS Borders Board Clinical Governance Committee will provide assurance reports verbally in the first instance through the Chair of the Clinical Governance Committee who is also a member of the IJB.

9.2 The Chief Officer will provide assurance reports verbally in the first instance to IJB meetings on key performance indicators relating to Care Governance.

9.3 Reports will be built into the Business Cycle of the IJB by the Clinical & Care Governance Assurance Group and Board Secretary.

**10 Next Steps**

10.1 An evaluation of the efficiency and effectiveness of the IJB's clinical care governance assurance and reporting arrangements will be carried out as part of the annual assurance process on the IJB's corporate governance arrangements. The output will be considered by the IJB's Audit Committee within the annual governance reports.

10.2 Reports will be agreed by the Clinical & Care Governance Assurance Group and built into the Business Cycle of the IJB by the Clinical & Care Governance Assurance Group and Board Secretary.

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