

**This paper relates
to Agenda Item 10**



Title/Subject: Clinical and Care Governance Framework
Meeting: Integration Joint Board
Date: 24 March 2016
Submitted By: Medical Director
Action: For Decision

1. INTRODUCTION

- 1.1. This paper presents the draft Clinical and Care Governance Framework for consideration and approval.
- 1.2. The draft Framework has been developed by the clinical and care leads from NHS Forth Valley and the Chief Social Work Officer as members of the Forth Valley work stream on behalf of the Falkirk Partnership.
- 1.3. The arrangements outlined in the draft Framework are designed to assure the Integration Joint Board, Falkirk Council and NHS Forth Valley that the quality and safety of services delivered by staff, and the outcomes achieved from delivery of those services, are the best possible and will make a difference to the lives of residents.

2. RECOMMENDATIONS

The Integration Joint Board is asked to:

- 2.1. note the work carried out by the work stream to develop the Clinical and Care Governance Framework
- 2.2. agree the draft Clinical and Care Governance Framework as described within appendix 1, including the establishment of Clinical and Care Governance Group
- 2.3. delegate authority to the Medical Director and Chief Social Work Officer, as part of the FV work stream, to establish the Clinical and Care Governance Group, including the development of terms of reference.

3. BACKGROUND

- 3.1. The national Clinical and Care Governance Framework guidance for integrated health and social care services was issued in 2015 and is fully reflected within this draft Framework for the partnership.
- 3.2. It should be noted that the national guidance and Framework will be used by Healthcare Improvement Scotland, The Care Inspectorate and Scottish Ministers when reviewing the effectiveness of arrangements in place to support the delivery of safe, effective and person centred services.
- 3.3. The effective implementation of clinical and care governance for integrated services requires the co-ordination across a range of services, including those in the Independent and Third sectors.

4. CLINICAL AND CARE GOVERNANCE FRAMEWORK

- 4.1. The draft Clinical and Care Governance Framework has drawn on the national guidance and has been developed to complement the existing Clinical and Care Governance approach and processes within Falkirk Council and NHS Forth Valley.
- 4.2. The draft Framework outlines the roles, responsibilities and actions that are required to ensure governance arrangements are in place to support integrated health and social care services.
- 4.3. The draft Framework does not change the professional accountabilities but is designed to complement the existing approach and processes.
- 4.4. The draft Framework is attached at Appendix 1. Section 3 of the draft Framework contains the working definition of Clinical and Care Governance, which is based on five key principles:
 - Clearly defined governance functions and roles are performed effectively
 - Values and openness of accountability are promoted and demonstrated through actions
 - Informed and transparent decisions are taken to ensure continuous quality improvement
 - Staff are supported and developed
 - All actions are focused on the provision of high quality, safe and effective person centred services.
- 4.5. The draft Framework proposes the establishment of an integrated Clinical and Care Governance Group to ensure effective clinical and care governance across the partnership for those functions in scope.
- 4.6. Further work will be required by the work stream to establish the membership and full terms of reference for this group to support the delivery of this

Framework and the required reporting cycles to the Integration Joint Board. In addition the establishment of the proposed group needs to link to a number of the key frameworks currently being established by the Integration Joint Board, most notably risk management and performance.

- 4.7. It is acknowledged that the proposed Framework will be further developed over time to reflect the experience of integrated working and governance required as local requirements for services are better understood and evolve as part of the strategic planning process.

5. CONCLUSIONS

- 5.1. As noted above this paper proposes the adoption of the draft Framework which is founded on the national guidance and the existing local approach and processes. The Framework proposes the establishment of a Clinical and Care Governance Group which will report to the Integration Joint Board and the Falkirk Adult Support and Protection Committee.
- 5.2. Subject to approval of the draft Framework further work is required through the work stream to establish the full terms of reference for the proposed Clinical and Care Governance Group.

Resource Implications

The establishment of the proposed group will involve services in providing a range of support and information. The draft Framework and the proposed group have been developed to complement as far as possible the existing processes. The development of the terms of reference, membership and the reporting cycles to the Board will further establish the actual resource requirements.

Impact on Integration Joint Board Outcomes and Priorities

Clinical and Care Governance should have a high profile at all levels to ensure that people receive quality of care. The principles for Clinical and Care Governance are aligned to the strategic priorities as expressed within the draft Strategic Plan.

Legal & Risk Implications

A key purpose of clinical and care governance is to support staff and services to continuously improve the quality and safety of care and to identify and address poor performance within a structured framework. As noted above in section 3 the national guidance and Framework will be used by Healthcare Improvement Scotland, The Care Inspectorate and Scottish Ministers when reviewing the effectiveness of arrangements in place to support the delivery of safe, effective and person centred services.

Consultation

The draft Framework has been developed by the Clinical and Care Governance work stream on behalf of the partnership.

Equality and Human Rights Impact Assessment

The local draft Framework fully reflects the national guidance.

Exempt reports

Not exempt.

Approved for Submission by: Tracey Gillies, Medical Director

Author: Tracey Gillies, Medical Director

Date: 14 March 2016

List of Background Papers:



HEALTH AND SOCIAL CARE INTEGRATION:

FORTH VALLEY CLINICAL AND CARE GOVERNANCE FRAMEWORK

The Scottish Government, National Health and Wellbeing Outcomes: A framework for improving the planning and delivery of integrated health and social care services:

“Health and social care services should focus on the needs of the individual to promote their health and wellbeing, and in particular, to enable people to live healthier lives in their community. Key to this is that people’s experience of health and social care services and their impact is positive; that they are able to shape the care and support that they receive; and that people using services, whether health or social care, can expect a quality service regardless of where they live.”

Public Bodies (Joint Working) (Scotland) Act 2014

Document Control

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1. Introduction

The main purpose of the integration of health, social work and social care services in Scotland is to improve the wellbeing of people who use such services, in particular those whose needs are complex and who require services and support from both health and social care.

Integration Schemes, drawn up for both of Forth Valley's Integration Joint Boards (IJB) are intended therefore to arrange services that can deliver better outcomes for the people of Forth Valley. Services will be set up to deliver the national health and wellbeing outcomes that are prescribed by Scottish Ministers in Regulations under Section 5(1) of the Public Bodies (Joint Working) (Scotland) Act 2014¹.

The national health and wellbeing outcomes apply across all integrated health and social care services, and ensure that Health Boards, Local Authorities and IJBs are clear about responsibility and accountability for the delivery of shared priorities. Scottish Ministers will also bring together performance management arrangements for health and social care. National health and wellbeing outcomes, together with the integration planning and delivery principles, are grounded in a human rights based and social justice approach.

2. Purpose of the framework

Improved outcomes and effective services for service users and their unpaid carers require alignment of culture, values and language. This framework is intended to empower clinical and care staff to contribute to the improvement of quality of care i.e. to make it safer, more effective and person centred – by making sure that there is a strong voice of the people and communities who use services in the process of designing those services.

The context in which the clinical and care governance framework, for both IJBs, will be implemented is one of a developing legislative framework with a wide range of policy drivers. Partner organisations across Falkirk, Clackmannanshire and Stirling will work to deliver services that are responsive, integrated and coordinated to meet the needs of individuals and communities in line with the strategic intentions expressed in law and policy.

The clinical and care governance arrangements described in this framework are designed to assure Forth Valley's two IJBs, NHS Forth Valley and the area's three Local Authorities, that the quality and safety of services delivered by its staff, and the outcomes achieved from delivery of those services, are the best possible and make a positive difference to the lives of the people of Forth Valley.

It is acknowledged that this framework will be updated to reflect experience of joint working and as local requirements for services are better understood and evolve.

In addition the framework will evolve as service delivery models change and the workforce become more integrated and changes to regulation occur.

¹ Power to prescribe national outcomes [Public Bodies \(Joint Working\) \(Scotland\) Act 2014](#)

3. Definition of Clinical and Care Governance

The Scottish Government's National Framework, to guide Health and Social Care Partnerships on the setting up of their clinical and care governance arrangements has served as a useful foundation document for the Forth Valley Framework.

3.1. Annex C of the Public Bodies (Joint Working) (Scotland) Act 2014 Clinical and Care Governance Framework sets out in some detail the working definition to be applied to Integrated Health and Social Care Services in Scotland. This working definition is as follows:

a) Clinical and care governance is the process by which accountability for the quality of health and social care is monitored and assured. It should create a culture where delivery of the highest quality of care and support is understood to be the responsibility of everyone working in the organisation – built upon partnership and collaboration within teams and between health and social care professionals and managers.

b) It is the way by which structures and processes assure Integration Joint Boards, Health Boards and Local Authorities that this is happening – whilst at the same time empowering clinical and care staff to contribute to the improvement of quality – making sure that there is a strong voice of the people and communities who use services, their unpaid carers and their families.

c) Clinical and Care Governance should have a high profile, to ensure that quality of care is given the highest priority at every level within integrated services. Effective clinical and care governance will provide assurance to patients, service users, unpaid carers, clinical and care staff, managers, and members of the Integration Joint Boards.

- Quality of care, safety of service users, effectiveness and efficiency drive decision making about the planning, provision, organisation and management of services;
- The planning and delivery of services take full account of the perspective of patients, service users, unpaid carers, and their families;
- Unacceptable clinical and care practice will be detected and addressed.

d) Effective Clinical and Care Governance is not the sum of all these activities; rather it is the means by which these activities are brought together into this structured framework and linked to the corporate agenda of Integration Authorities, NHS Boards and Local Authorities.

e) An important element of clinical and care governance is to support staff in continuously improving the quality and safety of care. However, it will also ensure that wherever possible poor performance is identified and addressed. All health and social care professionals through their codes of practice and their regulatory bodies will remain accountable for their individual clinical and care decisions.

f) Clinical and care governance issues may relate to the organisation and management of services rather than to individual decisions. All aspects of the work

of Integration Authorities, Health Boards and Local Authorities should be driven by and designed to support efforts to deliver the best possible quality of health and social care. Clinical and care governance is principally concerned with those activities which directly affect the care, treatment, protection and support people receive whether delivered by individuals or teams.

4. Role of a Clinical and Care Governance Oversight Group in monitoring and assuring the quality of care and services

The work of the IJBs will be outlined in documents known variously as a Strategic Plan for the Falkirk IJB and a Strategic Commissioning Plan for the Stirling and Clackmannanshire IJB. This will link closely with the Strategic Outcome Local Delivery Plan (SOLD) developed by the Community Planning Partnership. Successful strategic planning will result in partnership working to deliver and plan services that focus on people and their outcomes. Each IJB will have a plan that sets out its arrangements for integrated health and social care and how those arrangements will lead to the improvement of the outcomes for the communities it serves.

The quality of care provided within Forth Valley and each partnership will be overseen by a Clinical and Care Governance Group (CCGG) reporting to each IJB. This will provide assurance to NHS Forth Valley, Falkirk, Clackmannanshire and Stirling Local Authorities, that clinical and care governance as part of the planning and delivery of services is being delivered effectively.

The members of each Clinical Care Governance Group will include:-

- Medical Director
- Nurse Director
- Chief Social Work Officers

Attendees will be:-

- Chief Officer
- Head of Adult Care

The role of each CCGG will be to ensure that there is effective clinical and care governance within the Partnership that provides assurance to patients, service users, unpaid carers and their families, clinical and care staff, managers, and members of the IJB.

Each will ensure that:

- The quality of care and safety of service users is paramount and that effectiveness and efficiency drives decision-making about the planning, provision, organisation and management of services;
- The planning and delivery of services take full account of the perspective of patients and service users;
- Unacceptable clinical and care practice will be detected and addressed

The CCGG will be responsible for ensuring that the five key principles of clinical and care governance is delivered by each IJB:

1. The partnership has clearly defined governance functions and roles are performed effectively;
2. Values of openness and accountability are promoted and demonstrated through actions;
3. Informed and transparent decisions are taken to ensure continuous quality improvement;
4. Staff are supported and developed;
5. All actions are focused on the provision of high quality, safe, effective and person-centred services underpinned by a human rights based ethos.

The basis for the work of each CCGG is set out as five process steps in the National Framework:

1. Information on the safety and quality of care is received
2. Information is scrutinised to identify areas for action
3. Actions arising from scrutiny and review of information are documented
4. The impact of actions is monitored, measured and reported
5. Information on impact is reported against agreed principles.

This will include review and scrutiny as appropriate of key information including that relating to :

- The National Health and Wellbeing outcomes
- National Care standards
- Practice and standards around public protection, specifically, adult support and protection, child protection, the management of offenders, domestic violence and substance misuse
- The quality of decisions made by Mental Health Officers in support of service users and in the provision of care, while recognising the statutory framework around this role.
- The quality and safety of integrated health and social care services, including health and safety issues
- Service user and carer engagement
- Thematic analysis of adverse event data including complaints
- Significant adverse events including significant case reviews
- Impact assessment and learning from external publications(including policies, guidelines, inquiries , monitoring and standards)
- Professional regulation and fitness to practice
- Responses to external scrutiny and internal investigation

The CCGG will establish an information sharing and strategic relationship with the two groups established to provide oversight of all aspects of public protection, namely the Public Protection Forum in the Stirling and Clackmannanshire area and the Chief Officers' Public Protection Group in Falkirk.

5. Roles and Responsibilities

The National Framework identifies clear roles for members of the IJB and how they fulfil these.

Chairs, Council Leaders, NHS Non-Executive Directors & Elected Members

- Create an organisational culture that promotes human rights and social justice, values partnership working through example; affirms the contribution of staff through the application of best practice including learning and development; is transparent and open to innovation, continues learning and improvement.
- Establish that integrated clinical and care governance policies are developed and regularly monitor their effective implementation.
- Seek reassurance that practice and standards related to public protection are robust
- Require that rights, experience, expertise, interests and concerns of service users, unpaid carers and communities inform and are central to the planning, governance and decision-making that informs quality of care.
- Ensure that transparency and candour are demonstrated in policy, procedure and practice.
- Seek assurance that effective arrangements are in place to enable relevant Health and Social Care professionals to be accountable for standards of care including services provided by the third and independent sector.
- Require that there is effective engagement with all communities and partners to ensure that local needs and expectations for health and care services and improved health and wellbeing outcomes are being met.
- Ensure that clear robust, accurate and timely information on the quality of service performance is effectively scrutinised and that this informs improvement priorities. This should include consideration of how partnership with the third and independent sector supports continuous improvement in the quality of health and social care service planning and delivery.
- Seek assurance on effective systems that demonstrate clear learning and improvements in care processes and outcomes.
- Seek assurance that staff are supported when they raise concerns in relation to practice that endangers the safety of service users and other wrong doing in line with local policies for whistleblowing and regulatory requirements.

Chief Executives, Chief Officers, Directors or Equivalent

- Embed a positive, sharing and open organisational culture that creates an environment where partnership working, openness and communication is valued, staff supported and innovation promoted.
- Provide a clear link between the organisational and operational priorities of NHS Forth Valley, Falkirk, Clackmannanshire and Stirling Local Authorities served by the two IJBs; objectives and personal learning and development plans, ensuring that staff have access to necessary support and education.
- Implement quality monitoring and governance arrangements that include compliance with professional codes, legislation, standards, guidance and that these are regularly open to scrutiny. This must include details of how the needs of the most vulnerable (i.e. children and adults at risk) people in communities are being met.
- Implement systems and processes to ensure a workforce with the appropriate knowledge and skills to meet the needs of the local population.
- Implement effective internal systems that provide and publish clear, robust, accurate and timely information on the quality of service performance.
- Develop systems to support the structured, systematic monitoring, assessment and management of risk.
- Implement a coordinated risk management, complaints, feedback and adverse events/incident system, ensuring that this focuses on learning, assurance and improvement.

- Lead improvement and learning in areas of challenge or risk that are identified through local governance mechanisms and external scrutiny.
- Develop mechanisms that encourage effective and open engagement with staff on the design, delivery, monitoring and improvement of the quality of care and services.
- Promote planned and strategic approaches to learning, improvement, innovation and development, supporting an effective organisational learning culture.
- Establish clear lines of communication and professional accountability from point of care to Executive Directors and Chief Professional Officers accountable for clinical and care governance:
 1. This will include a relationship of accountability between the Adult Support and Protection Committee, the Child Protection Committee, the Strategic Oversight Group, MAPPA, the Alcohol and Drugs Partnership and Violence Against Women (VAW). It is expected that the Public Protection Forum and the Chief Officers Public Protection Group would undertake this function.
 2. It is expected that this will include articulation of the mechanisms for taking account of the training environment for all health and social care professionals training (in order to be compliant with all professionals' regulatory requirements).
- Ensuring compliance with professional standards, codes of practice and performance requirements and alignment of activities with organisational objectives and service user outcomes.
- Promoting learning from good practice, adverse incidents, complaints and risks.
- Creating an environment that supports the contribution of staff, their safety and professional development as well as supporting and enabling innovation.

Professional Leadership

The Chief Social Work Officers, the NHS Medical Director and the NHS Nursing Director (together, "the CCG Leads") will take the lead role in relation to Clinical and Care Governance. The NHS Medical and Nursing Directors have arrangements in place for co-ordinating these functions across clinical groups, the Chief Social Work Officers will have arrangements in place for co-ordinating these functions across social care groups.

Although a number of leaders are identified below it is noted that leadership should take place at all levels. Each individual professional is expected to ensure that their professional practice and continuing educational development is evidence based with a focus on regulatory and continuous professional development requirements and standards.

Medical Director

The NHS Medical Director is the individual appointed by NHS Forth Valley to provide the professional leadership for medical services and appointed by the Scottish Ministers as an Executive Board Member of NHS Forth Valley.

Nurse Director

The NHS Nursing Director is the individual appointed by NHS Forth Valley to provide the professional leadership for nursing and midwifery services and appointed by the Scottish Ministers as an Executive Board Member of NHS Forth Valley.

Chief Social Work Officer

The role of the Chief Social Work Officer (CSWO) is to provide professional advice on the provision of social work services which assists authorities in understanding many of the complexities which are inherent across social work services. The principal functions relate

to governance, management of risk, protection and the deprivation of liberty. The CSWO is a 'proper officer' in relation to the social work function: an officer given particular responsibility on behalf of a local authority, where the law requires the function to be discharged by a specified post holder. The CSWO has responsibility to advise on the specification, quality and standards of services commissioned.

All those providing care & services

Each individual professional is expected to ensure that their professional practice and continuing educational development is evidence based with a focus on regulatory and continuous professional development requirements and standards.

- Practice in accordance with their professional standards, codes of conduct and organisational values.
- Be responsible for upholding professional and ethical standards in their practice and for continuous development and learning that should be applied to the benefit of the public.
- Understand their responsibilities relating to Public Protection.
- Have the necessary policies and procedures in place to report and manage incidents of suspected, witnessed or actual harm.
- Ensure the best possible care and treatment experience for service users and families.
- Provide accurate information on quality of care and highlight areas of concern and risk as required.
- Work in partnership with management, service users unpaid carers and other key stakeholders in the designing, monitoring and improvement of the quality of care and services.
- Speak up when they see practice that compromises the safety of patients or service users in line with local whistleblowing policy and regulatory requirements.
- Engage with colleagues, patients, service users, communities and partners to ensure that local needs and expectations for safe and high quality health and care services, improved wellbeing and wider outcomes are being met.

6. Reporting Arrangements

The Public Protection Forum, the Chief Officers Public Protection Group and other service based groups as they are established will send reports directly to the NHS Forth Valley Clinical and Care Governance Group and to relevant Local Authority Scrutiny Committees responsible for overseeing the quality of social work and social care services.

Formal reports will be made by each CCGG every six months.

7. Information, Governance and Sharing

Existing information management and data sharing protocols will continue to be applied. The standing principles that pertain to information governance will remain, these include the responsibility to keep information securely and to share only what is necessary to provide safe care.