The Scottish Government
Riaghaltas na h-Alba

Clinical and Care Governance Framework

Public Bodies (Joint Working) (Scotland) Act 2014

Health and Social Care Integration

Background

Clinical and Care Governance Working Group

1. At the request of the Integration Governance and Accountability Group, a short-life working group was established in May 2013 to look at Clinical and Care Governance. The group was co-chaired by Dr Frances Elliot, Deputy Chief Medical Officer and Alan Baird, Chief Social Work Adviser. Membership of the group was made up of senior health and social care professional leads, and included representatives from scrutiny bodies and the third and independent sectors. The group's remit was to support the development of guidance that may be required for Health Boards and Local Authorities to assure clinical and care governance across the new integrated arrangements.

2. The group felt that it was essential to develop a framework for oversight of clinical and care governance for those integrated services which will be the responsibility of Integration Authorities. The framework has been developed on the understanding that Integration Authorities will build on the existing professional and service governance arrangements already in place within Health Boards and Local Authorities. This document sets out this framework, based on the Governance for Healthcare Quality in Scotland – An Agreement (2013) and also a comparable document which was produced by Social Work Scotland. The working group agreed that due to the commonality across the NHS and social work landscape one single framework should be created.

3. The Framework provides Integration Authorities with an overview of the key elements and principles that should be reflected in the clinical and care governance processes implemented by Integration Authorities. It can be used to determine how best to integrate the governance mechanisms in place for services within partnerships, highlighting areas where revised and new processes will be needed to deliver requirements across all of the dimensions outlined. Integration Authorities will develop local mechanisms to deliver clinical and care governance which will inform national learning and further refinements of the framework and supporting resources.

Public Bodies (Joint Working) (Scotland) Act 2014

1. The Public Bodies (Joint Working) (Scotland) Act 2014 requires that Health Boards and Local Authorities integrate adult health and social care services. The minimum scope of this integration covers adult social care, adult community health and a proportion of acute hosptial provision that broadly relates to the emergency pathway of care, though this can be extended locally, primarily to include children's health and social care services.

2. What the Act does is draw together the planning and delivery of services to better support the delivery of improved outcomes for the individuals who receive care and support across health and social care.

3. The Act contains a number of integration principles (Annex A) that must be taken into account when services are planned and delivered,and Scottish Ministers will put in regulation nine national health and wellbeing outcomes (Annex B) that Integration Authorities are required to improve and deliver.

4. To achieve these requirements, professionals and the wider workforce, will need to work in an integrated way to ensure that the different skills, experience, knowledge and perspectives they bring are best used and aligned to support the outcomes that individuals seek from the care and support they receive. This will require an explicit clinical and care governance framework within which professionals and the wider workforce will operate and a clear understanding of the contributions and responsibilities of each person.

5. It is important to note that the Act does not change the current or future regulatory framework within which health and social care professionals practice, or the established professional accountabilities that are currently in place within the NHS and local government. These arrangements may need adaptation to the circumstances of each Integration Authority to reflect the services and local circumstances of each partnership, but the core principles of clinical and care governance must be consistently applied across those services which are integrated and those which are not.

Clinical and Care Governance Framework for Integrated Health and Social Care Services in Scotland

Introduction

1. This framework outlines the proposed roles and focus regarding clinical and care governance for the range of professionals and staff involved with the planning and delivery of integrated health and social care services in Scotland.

2. The framework identifies the roles, accountabilities, responsibilities and actions that will be required to ensure governance arrangements in support of the Act's principles (Annex A) and the required focus on improved health and wellbeing outcomes (Annex B). Neither the Act, nor this guidance, change the regulatory arrangements for health and social care professionals or their current professional accountabilities but describe a shared framework within which professionals and the workforce discharge their accountabilities and responsibilities. Key existing guidance is set out in Annex D.

3. Effective implementation of clinical and care governance for integrated health and social care services in Scotland will require co-ordination across a range of services, including the third sector. This rightly places people and communities at the centre of all activity in relation to the governance of clinical and care services.

4. Healthcare Improvement Scotland, The Care Inspectorate and Scottish Ministers will use this framework when reviewing the effectiveness of clinical and care governance arrangements in place to support the delivery of safe, effective and person-centred health and social care services within integrated services.

5. Annex C provides details in support of the implementation of clinical and care governance for integrated health and social care services.

People and communities

The people who use services or support and communities (both of need and locality) are at the heart of this framework. They:

- Are recognised as having experience and expertise and are both encouraged and enabled to contribute to the design, monitoring and improvement of the safety and quality of care.

- Will be an essential and integral part of the service's quality monitoring and improvement systems, with a central role in designing and shaping of services – contributing to assurance of the quality of integrated health and social care services and identifying areas where improvements are required.

- Will have a single point of access to provide feedback or make a complaint about integrated health and social care services.

NHS Chairs and Council Leaders, NHS Non-Executive Directors and Elected members will:

- 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, continuous learning and improvement.

- Establish that integrated clinical and care governance policies are developed and regularly monitor their effective implementation.

- Require that the rights, experience, expertise, interests and concerns of service users, 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.

- 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. It is expected that this will include articulation of the mechanisms for taking account of professional advice, including validation of the quality of training and the training environment for all health and social care professionals' training (in order to be compliant with all professionals regulatory requirements).

Chief Executives/Chief Officers/Directors of Health and Social Care and Senior Managers of Health & Social Care Services will:

- 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 organisational and operational priorities; objectives and personal learning and development plans, ensuring that staff have access to the 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 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 co-ordinated 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.

All those providing care and services will:

- 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.

- 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 and 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 endangers the safety of patients or service users in line with local whistle-blowing 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.

The Scottish Government will:

- Work with all stakeholders to develop strategic and policy direction for the delivery of high quality care.

- Will make sure that clinical and care governance arrangements are appropriately reflected in integration schemes.

ANNEX A: Public Bodies (Joint Working) (Scotland) Act 2014

Integration Planning and Delivery Principles

(1) The integration planning principles are:

(a) that the main purpose of services which are provided in pursuance of integration functions is to improve the wellbeing of service-users

(b) that, in so far as consistent with the main purpose, those services should be provided in a way which, so far as possible:

(i) is integrated from the point of view of service-users

(ii) takes account of the particular needs of different service-users

(iii) takes account of the particular needs of service-users in different parts of the area in which the service is being provided

(iv) takes account of the particular characteristics and circumstances of different service-users

(v) respects the rights of service-users

(vi) takes account of the dignity of service-users,

(vii) takes account of the participation by service-users in the community in which service-users live

(viii) protects and improves the safety of service-users,

(ix) improves the quality of the service,

(x) is planned and led locally in a way which is engaged with the community (including in particular service-users, those who look after service-users and those who are involved in the provision of health or social care)

(xi) best anticipates needs and prevents them arising

(xii) makes the best use of the available facilities, people and other resources.

ANNEX B: Public Bodies (Joint Working) (Scotland) Act 2014

National Health and Wellbeing Outcomes

1. People are able to look after and improve their own health and wellbeing and live in good health for longer.

2. People, including those with disabilities or long term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.

3. People who use health and social care services have positive experiences of those services, and have their dignity respected.

4. Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.

5. Health and social care services contribute to reducing health inequalities.

6. People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and wellbeing.

7. People using health and social care services are safe from harm.

8. People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.

9. Resources are used effectively and efficiently in the provision of health and social care services.

ANNEX C: Clinical and Care Governance of Integrated Health and Social Care Services

What is Clinical and Care Governance?

1. 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.

2. 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.

3. 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, clinical and care staff and managers, Directors alike that:

    - Quality of care, 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.

4. 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.

5. A key purpose 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 will remain accountable for their individual clinical and care decisions.

6. Many clinical and care governance issues will relate to the organisation and management of services rather than to individual clinical 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, however, is principally concerned with those activities which directly affect the care, treatment and support people receive.

Five Process Steps to Support Clinical and Care Governance

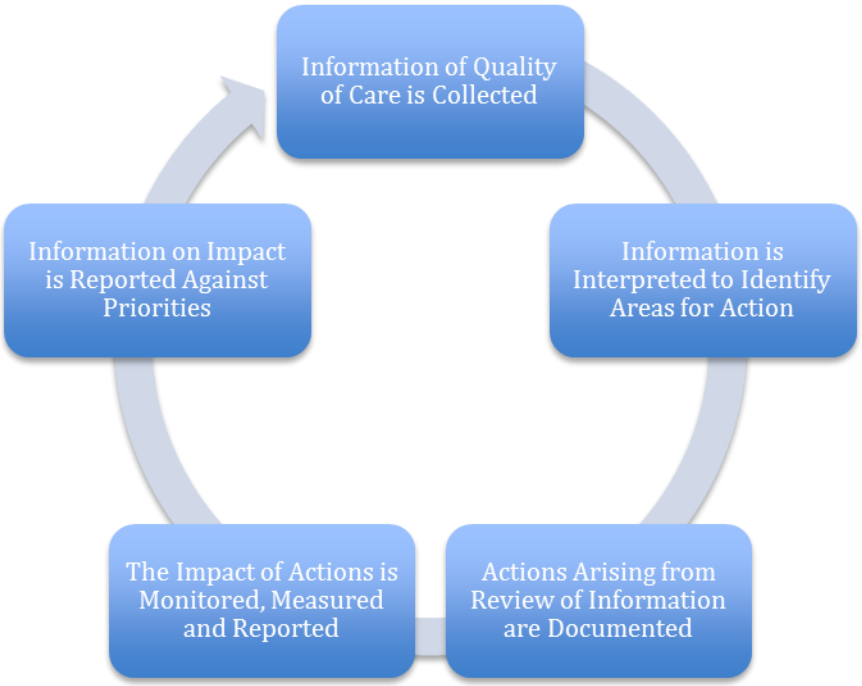
1. Information on the safety and quality of care is received

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 priorities



Five Key Principles of Clinical and Care Governance

1. 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.

ANNEX D: Existing Guidance on Governance and Accountability

Nursing and Midwifery Professional Assurance Framework for Scotland (2014).
Scottish Executive Nurse Directors & Chief Nursing Officer for Scotland.

Codes of Practice for Social Service Workers and Employers (2014)
Scottish Social Services Council
http://www.sssc.uk.com/about-the-sssc/multimedia-library/publications/60-protecting-the-public/61-codes-of-practice/1020-sssc-codes-of-practice-for-social-service-workers-and-employers

Governance for Healthcare Quality in Scotland – An Agreement. (2013)
Scottish Government Health Directorates
http://www.tinyurl.com/qualitygovernance

Governance for Quality Social Care in Scotland – An Agreement. (2013).
Social Work Scotland – available via the Social Work Scotland website
http://www.socialworkscotland.org/

Practice Governance Framework: Responsibility and Accountability in Social Work Practice (2011)
http://www.gov.scot/Resource/Doc/347682/0115812.pdf

The Role of the Chief Social Work Officer (2010)
Scottish Government
http://www.gov.scot/Publications/2010/01/27154047/0

The Role of Registered Social Worker in Statutory Interventions: Guidance for local authorities (2010)
Scottish Government
http://www.gov.scot/Resource/Doc/304823/0095648.pdf

Governance for Joint Services. Principles and Advice. (2007)
COSLA, Audit Scotland and Scottish Government.

NHS HDL (2001) 74 Clinical Governance Arrangements.
Scottish Executive
http://www.sehd.scot.nhs.uk/mels/HDL2001_74.htm

NHS MEL (2000) 29 Clinical Governance.
Scottish Executive
http://www.sehd.scot.nhs.uk/mels/2000_29final.htm

NHS MEL (1998)75 Clinical Governance
Scottish Executive
http://www.sehd.scot.nhs.uk/mels/1998_75.htm

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