NHS Governance – Clinical Governance
NHS National Services Scotland

NHS National Services Scotland provides clinical services, inter alia, through Clinical Trials support, health protection functions, managed networks and commissioning of specialised clinical services, and via its Scottish National Blood Transfusion Service.

It is important to note that, for some of the services delivered nationally, such as the commissioned services, NSS retain clinical governance responsibility for supporting the delivery of these services, however overall responsibility for clinical governance for these functions remains with the NHS Board within which the service/patient contact is delivered.

For each of these services/functions, the questions asked by the Committee are considered.

- Are services safe, effective, and evidence-based?

  The Clinical Governance Committee considers reports in respect of services provided by NSS and is assured through these reports that the services provided are safe, effective and evidence-based. Additionally, NSS is subject to scrutiny by regulators such as MHRA. It is imperative that services must meet regulators’ requirements in order that NSS can continue to deliver such services.

  An example of this is as follows: NSS hosts IRIC (incident reporting and investigation centre) which provides a central resource for the notification and management of any concern in relation to medical technology. This work is recognised by MRHA, Healthcare improvement Scotland and Scottish Government. IRIC ensures that any concern in relation to medical technology is investigated and corrective action taken – usually with input and support from the device supplier.

- Are patient and service users’ perspectives taken into account in the planning and delivery of services?

  It is important that patient and service users are consulted in relation to the service they access. An example of this in practice is through NSS’s National Services Division which will carry out exhaustive consultation when proposing any changes to specialised clinical services, as was the case in the recent
changes proposed to cleft palate services in moving to a single site surgical provision. Many of NSS’s services are designed with patient and service user involvement as NSS supports the National Patient, Public and Professional Reference Group (“NPPPRG”).

The Scottish National Blood Transfusion Service is proactive in seeking views of patients and service users via a variety of communication channels. In particular, they are active in their use of social media (via Facebook and Twitter). All feedback received is reviewed and responded too. Analysis of this feedback is then used to support and improve service delivery.

- Do services treat people with dignity and respect?

At NSS, we adhere to our values which highlight treating people with dignity and respect. Staff who are patient and service user facing are often provided with additional training and support in this regard, for example, the customer care standards in relation to the donor experience when giving blood.

- Are staff and the public confident about the safety and quality of NHS services?

As noted above, through regulators’ frequent audits and inspections, staff and the public can take comfort in the safety and quality of NSS’s services. Further, the number and type of complaints received do not show that confidence in our services is low.

NSS exceeded the iMatter participation index last year, in the first year of iMatter being rolled out to all staff. iMatter is a staff survey tool which details how staff feel about their workplace. All staff are invited to create action plans after the results are known in order to address areas where confidence may be lower. The Board is kept appraised of iMatter scores and impact.

- Do quality of care, effectiveness and efficiency drive decision making in the NHS?

Quality of care would always be the primary consideration in relation to clinical governance, however there is a balance to be struck in ensuring both effectiveness and efficiency as well. For example, as noted above, in relation to National Services Division, where there is often exhaustive public consultation in relation to changes to specialised services, those responses would require to be balanced against evidence-based research into practice provided elsewhere (both positive and negative examples) as well as using data analytics to predict the future requirements for the service.

- Are the correct systems in place to detect unacceptable quality of care and act appropriately when things go wrong?

In NSS, we have a Clinical Governance Committee which is a subcommittee of the Board as well as Clinical Governance Groups in our main strategic
business units to oversee governance issues proactively. We use the relevant national or internal guidance to deal with any untoward incidents and adhere to Healthcare Improvement Scotland’s significant adverse event management guidance. We have an appropriate and approved policy in place which is kept under review.

It is recognised that unacceptable quality of care may not always result in an adverse event and we have mechanisms for recognising issues before they result in an event. In doing this, we actively review and manage risk through the corporate risk register which allows a “clinical flag” to be applied to those risks.

We also have a whistle blowing policy and promote this to all staff. We are actively reviewing how the Duty of Candour will impact on provision of NSS’s services and considering how best to implement this within the organisation. Further, we meet and adhere to all professional regulatory bodies’ advice and guidance for registered staff.