NHS Governance – Clinical Governance

NHS Ayrshire and Arran

Thank you for the opportunity to provide our views on this important element of our quality, safety and governance picture across our Health and Social Care System. These views focus on the mechanisms by which the NHS Boards gets assurance with regard to Clinical Governance and the questions asked.

In addition to the requirements of Clinical Governance we have developed a local Clinical and Care Governance Framework which was implemented in order to ensure clarity and continuity with the onset of Health and Social Care Integration.

- **Are services safe, effective, and evidence-based?**
  - Clinical Governance is the means by which the NHS Board gets assurance that services are safe, effective, evidence based and person centred.
  - There is a structure of governance committees in place to question, challenge and seek assurance on behalf of the Board. These include:
    - Healthcare Governance Committee
    - Risk Management Committee
    - Information Governance Committee
    - Health, Safety and Well Being Committee
    - Staff Governance Committee
    - Audit Committee
    - Performance Governance Committee
  - The Chairs and Lead Directors for these committees are brought together in an Integrated Governance Committee which is Chaired by the NHS Board Chair

- **Are patient and service users’ perspectives taken into account in the planning and delivery of services?**
  - This is ‘business as usual’ when planning any service development or change and is based on the Informing, Involving, Consulting and Engaging Guidance produced at least 10 years ago by Scottish Government colleagues.
  - HSCPs are required by the legislation to have in place Public Participation Networks for locality planning purposes
  - Ayrshire and Arran has long standing and well established public and patient involvement mechanisms and close working relationships with Scottish Health Council to ensure that we follow good practice

- **Do services treat people with dignity and respect?**
  - Our organisational values are Safe Caring and Respectful and the ambition of our staff is to treat patients, service users, carers, families and each other according to these values.
  - At every NHS Board meeting the Quality theme is first on the agenda with both a patient story told by video and a formal paper with regard to patient experience and our journey of improvement.
- This can result in bespoke actions being taken to the Healthcare Governance Committee for deeper discussion and specific assurances on behalf of the Board.
- We have an organisational driver diagram for quality improvement that focuses on improving the patient experience at its heart that is connected to our organisational objective for quality.

- Are staff and the public confident about the safety and quality of NHS services?
  - Successful assurance through clinical governance requires the establishment of mechanisms by which staff and communities can engage meaningfully with the NHS Board and our HSCPs in order to feel informed, involved and consulted about the quality and safety of services they receive.
  - We actively seek views from our staff and communities about our services so that we can respond to any concerns and worries.
  - Staff feel confident when they are involved and asked for their views and ideas and; through both Clinical and Staff Governance, the NHS Board gets assurance with regard to the mechanisms for these processes, outcomes and actions.
  - Our communities are regularly engaged by HSCP colleagues through their locality planning and participatory engagement routes. Any confidence issues about services expressed are addressed at the time.
  - External scrutiny and assurance from bodies such as the Mental Welfare Commission also enable assurance with regard to safety and quality of service.

- Do quality of care, effectiveness and efficiency drive decision making in the NHS?
  - Our business model is based on balancing the four pillars of Service, People, Quality and Finance the organisation’s purpose, values and objectives at the heart of our decision making.
Are the correct systems in place to detect unacceptable quality of care and act appropriately when things go wrong?

- The Governance Committee structure described above enables assurance to be sought with regard to these issues.
- Systems and processes routinely in place to identify and enable action with regard to quality and safety of care are (this list is not exhaustive):
  - Adverse Event Policy and production of Learning Notes
  - Clinical audits, for example; case note audits using SPSP trigger tool for HSMR themes and learning
  - Performance monitoring of service delivery
  - Dashboards available across a range of services and directorates to enable access to data in a timely manner for appropriate action to be taken
  - PIN policies for staff and professional conduct and capability
  - Patient Complaints and concerns
  - Staff concerns
  - Workforce absence data analysis
  - Whistleblowing policy
  - Clinical supervision mechanisms
  - Professional Revalidation processes