



# **Clinical, Care and Professional Governance Framework**

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## NHS SHETLAND DOCUMENT DEVELOPMENT COVERSHEET\*

<b>Name of document</b>	<b>Clinical Care &amp; Professional Governance Framework</b>		
<b>Registration Reference Number</b>	<b>CSFRA001</b>	<b>New</b> <input checked="" type="checkbox"/>	<b>Review</b> <input type="checkbox"/>
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Proposed groups to present document to:	
Joint Governance Group (JGG)	Area Clinical Forum (ACF)
Clinical Care and Professional Governance Committee (CCPGC)	

DATE	VERSION	GROUP	REASON	OUTCOME
03/05/2016	1.5	JGG	Review of draft framework and provide comments	Minor amendments agreed and document updated to reflect the amends before submission to CCPGC
17/05/2016	1.7	CCPGC	Review of draft framework and agreement with framework in principle whilst awaiting comments from ACF	No amendments suggested and agreed with framework in principle
29/06/2016	Verbal	JGG	Request for any further amendments before sign off by CCPGC	No amendments suggested
16/06/2016	-	ACF	Review and comments on draft framework	Comments suggested and document updated
23/08/2016	1.9	CCPGC	Approval of final document	Approved
30/08/2017	1.10	JGG	Approval of reviewed framework	Approved

Examples of <b>reasons</b> for presenting to the group	Examples of <b>outcomes</b> following meeting
<ul style="list-style-type: none"> <li>• Professional input required re: content (PI)</li> </ul>	<ul style="list-style-type: none"> <li>• Significant changes to content required – refer to Executive Lead for guidance (SC)</li> </ul>
<ul style="list-style-type: none"> <li>• Professional opinion on content (PO)</li> </ul>	<ul style="list-style-type: none"> <li>• To amend content &amp; re-submit to group (AC&amp;R)</li> </ul>
<ul style="list-style-type: none"> <li>• General comments/suggestions (C/S)</li> </ul>	<ul style="list-style-type: none"> <li>• For minor revisions (e.g. format/layout) – no need to re-submit to group (MR)</li> </ul>
<ul style="list-style-type: none"> <li>• For information only (FIO)</li> </ul>	<ul style="list-style-type: none"> <li>• Recommend proceeding to next stage (PRO)</li> </ul>
<ul style="list-style-type: none"> <li>• For proofing/formatting (PF)</li> </ul>	<ul style="list-style-type: none"> <li>• For upload to Intranet (INT)</li> </ul>

Please record details of any changes made to the document in the table below

\*To be attached to the document under development/review and presented to the relevant group

DATE	CHANGES MADE TO DOCUMENT
03/05/2016	Amendments to organisational chart to reflect changes to CGCG. Update to statutory functions section and inclusion of additional responsibilities to the Director of Pharmacy and Dental Director
16/06/2016	More emphasis on the role of workforce planning and risk assessments to support safe staffing levels, as part of the remit of the professional lead role and remit for all professionals
31/10/2016	Added safeguarding and public protection group to appendix 4 - organisational chart as agreed at JGG meeting on 18 <sup>th</sup> October 2016
21/07/2017	Minor amends including: <ul style="list-style-type: none"> <li>• Page 9, under JGG, second paragraph, first column in table - 'The Chair's report to the CCPGC will be via a committee briefing following discussion of the full reports at the JGG meetings' to 'The Chair's report to the CCPGC will be via a JGG agenda and key actions report following discussion of the full reports at the JGG meetings'</li> <li>• Page 10 – updating reference to clinical, care and professional governance 'strategy' with 'framework'</li> <li>• Amended the review date on the title page to August 2020 to reflect the proposed 3 year review</li> </ul>

## **Clinical, Care and Professional Governance Framework**

### **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 health and social care at the same time. The Integration Scheme for Shetland is intended to achieve improved outcomes for the people of Shetland, in line with the National Health and Wellbeing Outcomes (Appendix 1) that are prescribed by Scottish Ministers in Regulations under Section 5(1) of the Public Bodies (Joint Working)(Scotland) Act 2014.

The national health and wellbeing outcomes apply across all integrated health and social care services, ensuring that Health Boards, Local Authorities and Integration Authorities are clear about their shared priorities by bringing together responsibility and accountability for their delivery. The national health and wellbeing outcomes also provide the mechanism by which the Scottish Ministers will bring together the performance management mechanisms for health and social care. The national health and wellbeing outcomes, together with the integration planning and delivery principles, are grounded in a human rights based and social justice approach.

The Clinical, Care and Professional Governance Framework (Appendix 2) for Shetland has been developed to ensure that there are explicit and effective lines of accountability across health and social care as part of the integration scheme, all other NHS services and children's social work.

It sets out the assurance arrangements that will be put in place to ensure high standards of care and professionalism in the services provided in relation to:

- Delivery of person centred services (learning from feedback and complaints)
- Safety (services/pathways are evidence based and risks are well managed)
- Effective (meeting clinical/care/public health standards through evaluation)
- Professional development (ensuring staff have access to training to maintain and develop skills/competencies)
- Improvement (ensuring that we have the capacity, capability and leadership to develop and redesign services)

This Governance Framework outlines the proposed roles and focus regarding clinical, care and professional governance for the range of professionals and staff involved with the planning and delivery of integrated health and social care services in Shetland. <sup>1</sup>It will evolve in the light of experience with joint working and local requirements for service development. Oversight of the process will be the remit of the Joint Governance Group.

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<sup>1</sup> This framework also applies to services that are not part of the integration scheme or concerned with the delivery of integrated services e.g. contracts with other NHS providers.

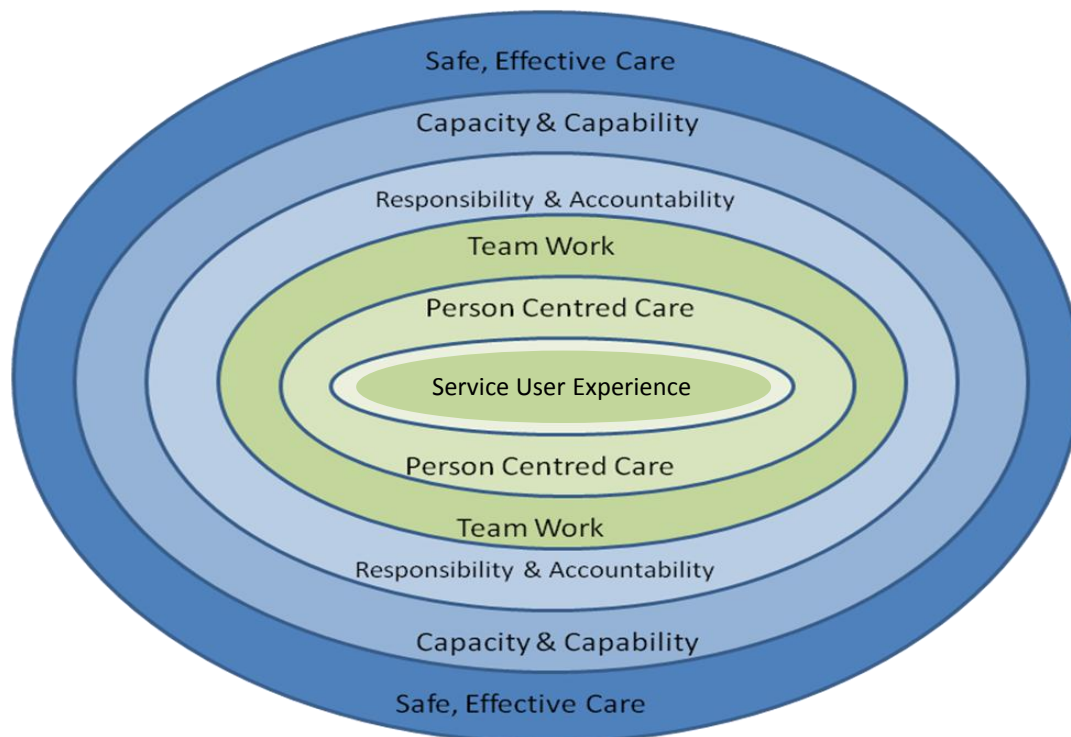
## 2 What is clinical and care governance?

A national framework for clinical and care governance was developed in 2014 and defines clinical and care governance as *'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. 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 and making sure that there is a strong voice of the people and communities who use services.

The national framework has identified five key principles of clinical and care governance (see below) and five process steps to support clinical and care governance (Appendix 3):

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.

Clinical and care governance is composed of the following elements:



Clinical, care and professional governance in Shetland is monitored through a joint quality assurance framework which has been developed by NHS Shetland Health Board (the Health Board), Shetland Islands Council (the Council) and the Integration Joint Board (IJB). This governance framework has been built on the existing governance arrangements of the key

parties to ensure that there is an appropriate governance framework for both organisations and services which are jointly commissioned by the IJB.

### **3 What is professional governance?**

Professional governance is an accountability framework that empowers health and social care professionals at the front line to collaborate effectively in the delivery of services. Central to the idea is the creation of an environment which enables practitioners to:

- 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, service users<sup>1</sup>, 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.

This over-arching Professional Governance Framework provides assurance to the Integration Joint Board, the Council and the Health Board, that effective processes for health and social care professional practice are in place and implemented to develop, support and monitor care standards within agreed accountability and governance frameworks.

The professional assurance arrangements include a focus on:

- Ensuring practitioners are equipped, supervised and supported to deliver safe and effective care according to regulatory requirements;
- Ensuring professional leads encourage dispersed leadership and promote a culture of interagency parity and respect;
- Ensuring that there are clear lines of accountability for standards at each level to the Health Board, Integration Joint Board, Council and Scottish Government (through the local chief officers).

There are identified Professional Lead Officers who are ultimately responsible for ensuring that lines of professional accountability are explicit, that staff are supported to practice safely and professionally and there are systems in place to provide professional assurance to the Health Board, Integration Joint Board, Council and Scottish Government. These officers are:

- Chief Social Work Officer
- Medical Director
- Director of Nursing, Midwifery and Allied Health Professionals (this is a professional title and the Director is commonly referred to as the Director of Nursing & Acute Services)
- Director of Public Health

- Director of Pharmacy
- Dental Director

They have statutory functions (set out by the Scottish Government Directorate for Health and Social Care) relating to professional accountability and providing assurance at Board level that professional standards are maintained. They have a specific remit for ensuring that professional assurance arrangements are in place, are effective and are appropriately monitored. Professional assurance frameworks for all health and social care professions are currently being developed / revised to reflect the lines of accountability within joint working arrangements across health and social care services.

The Professional Lead Officers can provide professional advice to, or raise issues directly with, the Integration Joint Board or through the representatives on the IJB. In addition, the Professional Lead Officers will be responsible for reporting directly to the Council (Chief Social Work Officer) or the Health Board (Medical, Nursing, Midwifery & AHPs, Dental, Pharmacy and Public Health Directors).

The Chief Officers and the Professional Leads will liaise regularly to ensure that their respective roles in relation to professional standards are met.

#### **4 Accountabilities for Clinical Care and Professional Governance**

The Health Board and Council (the Parties) have existing mechanisms to demonstrate accountability to the Scottish Government and the public. The Integration Joint Board will integrate new and existing methods of professional performance management and governance. These will include arrangements for the protection of people of all ages, as well as strategic planning and community planning across Shetland. Accountable Officers are:

##### **Chief Executives**

The Chief Executive Officers of the Council and the Health Board hold ultimate accountability for the delivery of clinical, care and professional governance.

##### **Chief Officer of the Integration Joint Board**

The Chief Officer manages the integrated services set out in Annexes 1 and 2 of the Integration Scheme and is accountable for this through the Parties' Chief Executives. The Chief Officer is accountable for the care standards and safe delivery of these services, for example, ensuring that they are person centred, effective and delivered to agreed clinical and care governance standards.

Working alongside the Chief Officer, the Parties will ensure that staff working in integrated services have the necessary skills and knowledge to deliver the appropriate standards of care. Managers will manage teams of Health Board staff, Council staff or both and will promote best practice and cohesive working, and provide guidance and development to their teams. This will include effective staff supervision and implementation of staff support policies.

The Chief Officer reports directly to both the Chief Executive of the Council and the Chief Executive of the Health Board and is a full member of the senior management teams of both the Council and the Health Board.

The management structure for operational delivery of the integrated services managed by the Chief Officer is through a single hierarchical management structure illustrated in the

detailed organisational structure diagram, which is included in the Supplementary Documentation to the Integration Scheme.

### **The Chief Social Work Officer (CSWO)**

The CSWO, through delegated authority holds professional and operational accountability for delivery of safe and innovative social work and social care services in Shetland. The CSWO will provide professional advice to the Council, and the Integration Joint Board, in respect of the delivery of social work and social care services by Council staff and commissioned care providers in the Integration Joint Board.

### **Director of Nursing, Midwifery & Allied Health Professionals (Director NMAHPs)**

The Director NMAHPs is professionally accountable for the quality of the nursing, midwifery and AHPs services provided by the Health Board (including those commissioned by the Integration Joint Board on behalf of the Health Board).

The Director NMAHPs will provide professional advice to the Health Board and the Integration Joint Board, to ensure that nursing, midwifery and AHP services are safe, effective and person centred. The Director NMAHPs has a specific remit for ensuring that there is patient engagement in the development of services, that clinical and care standards are met and ensuring validated workforce planning tools are used to underpin workforce and skill mix model development.

### **Medical Director**

The Medical Director is professionally accountable for the quality of the medical services provided by the Health Board (including those commissioned by the Integration Joint Board on behalf of the Health Board).

### **Director of Pharmacy**

The Director of Pharmacy is professionally accountable for the quality of the pharmaceutical services provided by the Health Board, with additional responsibilities in commissioning the services of community pharmacy on behalf of the IJB. The Director of Pharmacy is professionally and operationally accountable for ensuring the integrity of medicines procured and the governance in the use of such medicines in Shetland. The Director of Pharmacy is also specifically and legally accountable for the management and use of Controlled Drugs. The Director of Pharmacy will provide professional advice to the Health Board, and the Integration Joint Board on medicine use and pharmaceutical services.

### **Dental Director**

The Dental Director is professionally accountable for the quality of the dental services provided by the Health Board (including those commissioned by the Integration Joint Board on behalf of the Health Board).

### **Director of Public Health**

The Director of Public Health is professionally accountable for the quality of the health protection and public health services provided by the Health Board (including those commissioned by the Integration Joint Board on behalf of the Health Board).



The professional leads all have an explicit responsibility to ensure where validated workforce tools exist that they should be used in practice, and they ensure risk assessments are undertaken to support safe staffing levels.

## **5 Role of Joint Clinical, Care and Professional Governance Forums**

There are a number of joint forums for clinical, care and professional governance. The organisational chart attached (Appendix 4) shows the overall clinical, care and professional governance structure and the relationship between key elements of the structure.

The following highlights the main decision making forums, which includes the Clinical, Care and Professional Governance Committee (CCPGC) and the Joint Governance Group (JGG). There are links attached to the terms of reference for each with details of membership.

### **Clinical, Care and Professional Governance Committee (CCPGC)**

The CCPGC is a statutory committee required to be established by the Board of Directors of a health body to provide assurance to the Health Board that appropriate clinical governance mechanisms are in place and effective throughout the organisation.

The CCPGC seeks to ensure that the principles and standards of clinical and care governance are applied to the health improvement and health protection activities of the Health Board (including joint or integrated services); and that appropriate mechanisms are in place for the effective engagement of representatives of patients, clinical staff and other professionals in clinical, care and professional governance activities. The CCPGC also oversees the care governance arrangements for social care services provided or purchased by the Council including social care services under the direction of the IJB.

CCPGC will ensure that appropriate mechanisms are in place for the effective engagement of representatives of patients, clinical staff and other professionals in clinical, care and professional governance activities (<http://www.shb.scot.nhs.uk/board/documents/cgh-s4-jan16.pdf>).

### **Joint Governance Group (JGG)**

The JGG has been established to oversee and support the implementation of clinical, care and professional governance throughout Shetland NHS Board and jointly managed services with the Local Authority. The JGG works closely with the Risk Management Group on risk management issues.

The JGG co-ordinates clinical governance activity, although actions are expected to be carried out and reported back to the JGG from professional groups and team meetings. It contributes to the risk management requirements of the Health Board and Jointly Managed Services (the Health Board and the Council) by acting as the risk and incident management monitoring group. It conducts regular reviews of incident and risk data as it applies to clinical and care governance and clinical risk and oversight of relevant business (link to Terms of Reference to be confirmed).

## **6 Other Related Decision Making Forums**

### **Patient Focus Public Involvement Group (PFPI)**

The Health Board's main group for developing and co-ordinating the principles of PFPI across the organisation. PFPI is a fundamental pillar of clinical governance and the PFPI agenda is primarily concerned with 'patient experience' and ensuring that there are organisation wide systems in place for:

- Appropriate involvement of patients/service users in policy and strategy development
- Appropriate involvement of patients/service users in external scrutiny e.g. self assessment against national participation standards etc
- Appropriate involvement of patients/service users in service redesign
- Linking with public forums e.g. patient panels, focus groups and the Public Participation Forum (PPF) to develop two way dialogue concerning the delivery of services which support health and wellbeing
- Acting on feedback from patients/service users to inform areas for improvement or highlighting standards of care and practice
- The provision of appropriate patient/service user information

### **Departmental Governance Groups/ Operational Groups**

The Heads of Departments/Executive Managers along with their staff are responsible for the implementation and delivery of the clinical and care governance agenda within their own area. There are a range of professional governance groups and operational groups which have responsibility for monitoring progress against implementation of the clinical, care and professional governance agenda at service/operational level. A suggested list of agenda items has been included as an appendix to the framework (Appendix 5).

## **7 Other Related Groups/Committees**

Clinical, care and professional governance includes other dimensions, which support safe and effective practice such as internal audit, structured approaches to service change and staff governance and well being. A joint staff forum (<http://intranet/staff/apf/index.html>) is in place. There is a scheme of delegation (<http://www.shb.scot.nhs.uk/board/documents/cgh-s4-jan16.pdf>) that sets out the roles and responsibilities of other relevant committees including audit, staff governance and service and redesign.

## **8 Arrangements for Quality Assurance and Measuring Performance**

The table below shows the reporting and decision making levels for each of the clinical, care and professional governance structures. The papers to be presented at CCPGC and JGG are listed in Appendix 6.

Forums for clinical, care and professional governance	Reporting level	Decision making
<b>Clinical, Care and Professional Governance Committee (CCPGC)</b>		
<p>The CCPG is recognised as a formal sub-committee of the Health Board.</p> <p>It fulfils the assurance role with regard to clinical governance arrangements of all health services delivered or purchased by the Health Board, including health services directed by the Integration Joint Board.</p> <p>The CCPGC oversees the care governance arrangements for social care services provided or purchased by the Council including social care services under the direction of the Integration Joint Board.</p> <p>The CCPGC ensures that mechanisms are in place for the effective engagement of representatives of patients, clinical staff and other professionals in clinical, care and professional governance activities.</p>	<p>Board</p> <p>Council</p>	<p>CCPGC is authorised by the Health Board to investigate any activity in the operations of the Health Board.</p> <p>To this end, CCPGC is authorised to seek and obtain any information it requires from any employee of the Health Board. All employees are directed to co-operate with any request made by CCPGC.</p> <p>CCPGC is authorised by the Council to investigate any activity in the operations of the Council with regard to social work and social care functions. This does not give authority to CCPGC to direct or manage any social work/care activity or any activity with regard to a complaint that is subject to the Council’s Social Work Complaints Procedure.</p> <p>With these exceptions, CCPGC is authorised to seek and obtain any information it requires from the Council in order to fulfil its remit. All employees of the Council are directed to co-operate with any reasonable request made by CCPGC.</p>

<b>Joint Governance Group (JGG)</b>		
<p>The Chair of the JGG reports to the CCPGC, as well as reporting directly on clinical and care governance matters to the Chief Executive and Chief Officer of IJB.</p> <p>The Chair's report to the CCPGC will be via a JGG agenda and key actions report following discussion of the full reports at the JGG meetings.</p> <p>Additional reporting arrangements are via the JGG members present at the CCPGC meetings and via the submission of a quarterly report on Clinical Governance activity. This report will be split into three parts: Clinical Effectiveness, Adverse Events and Patient Involvement.</p>	CCPGC	<p>Act as a professional filter group for all Clinical Governance activity, directing the activity to the appropriate business groups for action.</p> <p>Ensure the implementation and monitoring of SIGN Guidelines, NHS Healthcare Improvement Scotland Standards and Best Practice Statements locally as appropriate to services provided by the Board through allocating responsibilities to appropriate individuals or groups.</p> <p>Keeping abreast of national policy initiatives, ensuring implementation of those that require action locally.</p> <p>Maintain an overview of current local issues that may impact on effective Clinical Governance throughout the Health Board and the Council.</p>
<b>Patient Focus Public Involvement Group (PFPI)</b>		
PFPI	CCPGC	<p>The current scope of the PFPI framework includes all Health Board delivered services (clinical and support services). PFPI is a fundamental pillar of clinical governance and the CCPGC provides the quality assurance function for the Board in respect of PFPI performance and activities.</p>
<b>Departmental Governance Groups/ Operational Groups</b>		
Departmental Governance/Operational Groups	JGG	<p>There is a requirement of professional groups and team meetings to feed back into the JGG all clinical, care and professional governance actions and activities. This includes notification of activity, proposed action plans and timeframes and indication of any actions already completed.</p>

## 9 Internal monitoring and self evaluation

Internal monitoring and self evaluation is required to ensure that the governance arrangements are working. The CCPGC is responsible for:

- Reviewing the internal Clinical Care and Professional Governance Framework and Audit programmes of the Health Board, Council and Integration Joint Board;

- Making recommendations to the Audit Committees of the Health Board, Council and Integration Joint Board on the requirements for internal audit activity;
- Considering audit reports and reviewing actions taken on recommendations;
- Reviewing the effectiveness of audit and service improvement programmes of the Health Board, Council and Integration Joint Board.

The JGG is responsible for:

- Developing the Clinical, Care and Professional Governance Framework with an associated action plan, which will be reviewed annually, and which will be published on the Internet
- Ensuring due process is followed for all relevant policy documentation, ensuring that all relevant stakeholders have been consulted and that a programme of review is in place before advising the Clinical Care and Professional Governance Committee and the Health Board and the Council to approve the policy documents
- Contributing to the Health Board and the Council Risk Management Strategy and Policies by acting as the Risk and Adverse Event Management monitoring group through conducting regular reviews of incident and risk data as it applies to clinical governance and clinical risk and oversight of relevant business
- Providing advice and support to staff and promote best practice in relation to audit activity whilst monitoring, promoting and reporting on clinical audit, patient survey and service improvement work throughout the Health Board and the Council thus ensuring evaluation is taking place

Each group/committee will review of their Terms of Reference annually to identify if they are achieving their responsibilities in relation to clinical and care governance. This will be reported to the next level and any areas for improvement identified will then be monitored by an action plan.

The process steps of clinical and care governance will be audited to ensure implementation at each appropriate level i.e. departmental/group/committee level. Any gaps in implementation will be identified and an action plan to address the gaps will be developed. The action plan will be reported to the designated groups and Committee and they will monitor progress against the action plans.

The Terms of Reference reviews and audit will also demonstrate implementation of the 5 principles of clinical and care governance.

## 10 References

Health and Social Care Integration, Public Bodies (Joint Working) (Scotland) Act 2014 – Clinical and Care Governance Framework. The Scottish Government.

Governance for Quality in Healthcare in Scotland – An Agreement. NHS Scotland.

Integrated Health and Social Care Partnerships. Getting it Right for Everyone – A Clinical, Care and Professional Governance Framework. Tayside Clinical, Care and Professional Governance Framework for Health and Social Care Partnerships (Final 17.3.15)

<https://www.google.co.uk/url?url=https://www.rcn.org.uk/-/media/royal-college-of-nursing/documents/policies-and-briefings/scotland/policies/2015/scot-pol-clinical-governance-guide.pdf&rct=j&frm=1&q=&esrc=s&sa=U&ved=0ahUKEwjw0pzPk6fLAhUHXhoKHxuwCHkQFgglMAA&usq=AFQjCNGy15GiKB7eiiyLqe88CKBplqhG-w>

## Appendix 1 Health and Well-being Outcomes under Health and Social Care Integration

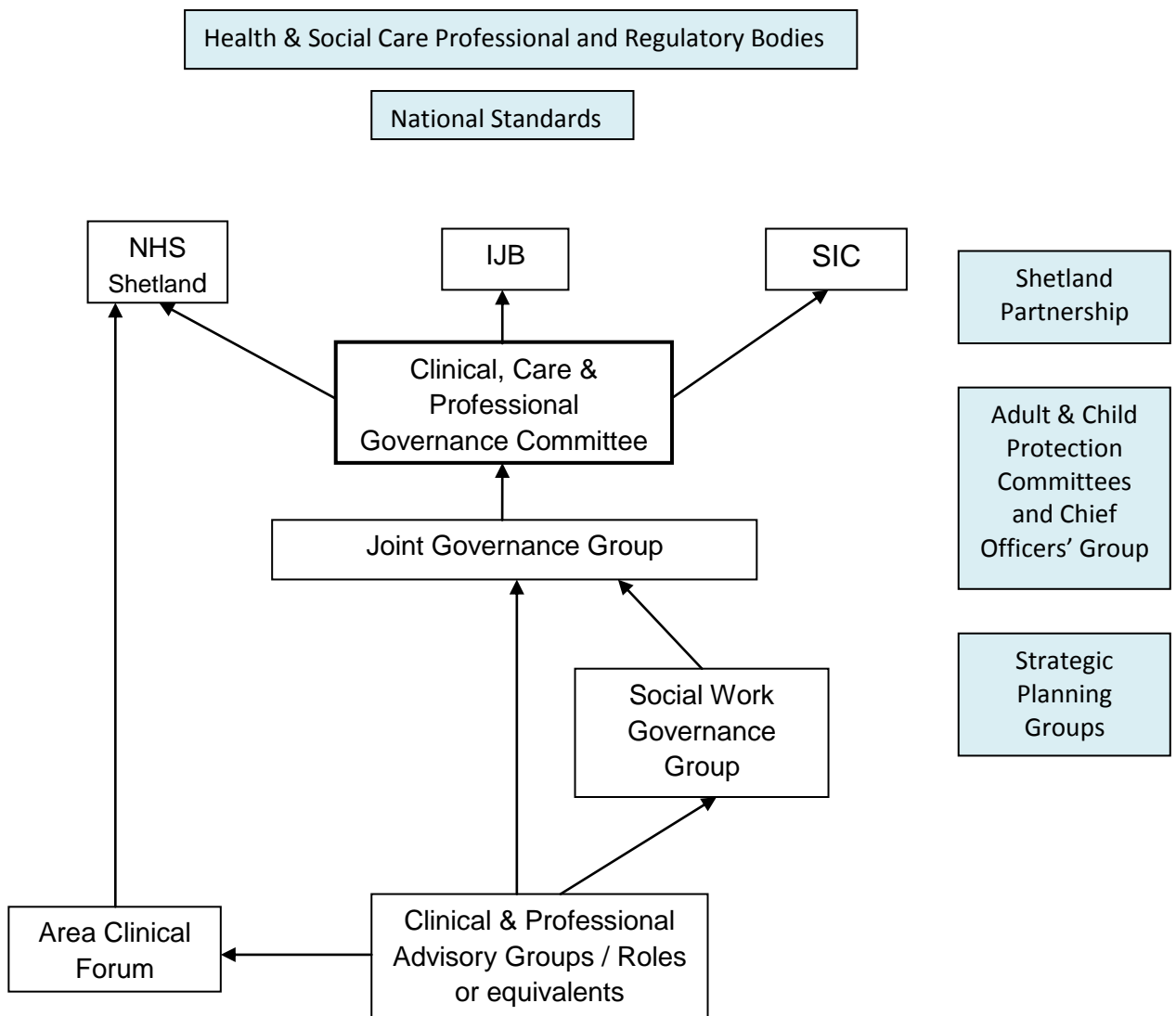
The National Health and Wellbeing Outcomes are high-level statements of what health and social care partners are attempting to achieve through integration and ultimately through the pursuit of quality improvement across health and social care.

By working with individuals and local communities, Integration Authorities will support people to achieve the following outcomes:

<b>Outcome 1</b>	People are able to look after and improve their own health and wellbeing and live in good health for longer.
<b>Outcome 2</b>	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.
<b>Outcome 3</b>	People who use health and social care services have positive experiences of those services, and have their dignity respected.
<b>Outcome 4</b>	Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.
<b>Outcome 5</b>	Health and social care services contribute to reducing health inequalities.
<b>Outcome 6</b>	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 well-being.
<b>Outcome 7</b>	People using health and social care services are safe from harm.
<b>Outcome 8</b>	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.
<b>Outcome 9</b>	Resources are used effectively and efficiently in the provision of health and social care services.

## Appendix 2

### Clinical, Care and Professional Governance Framework

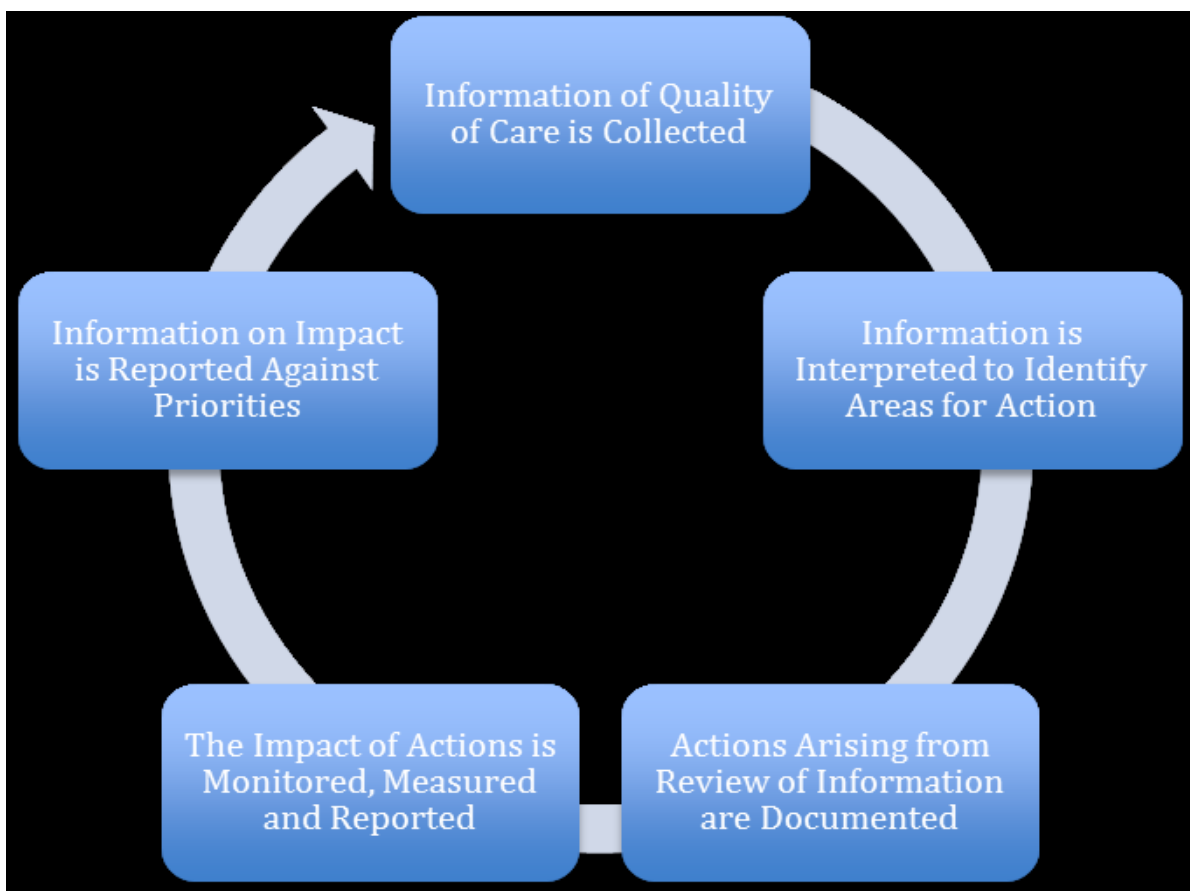


## Appendix 3

### Five Process Steps to Support Clinical and Care Governance

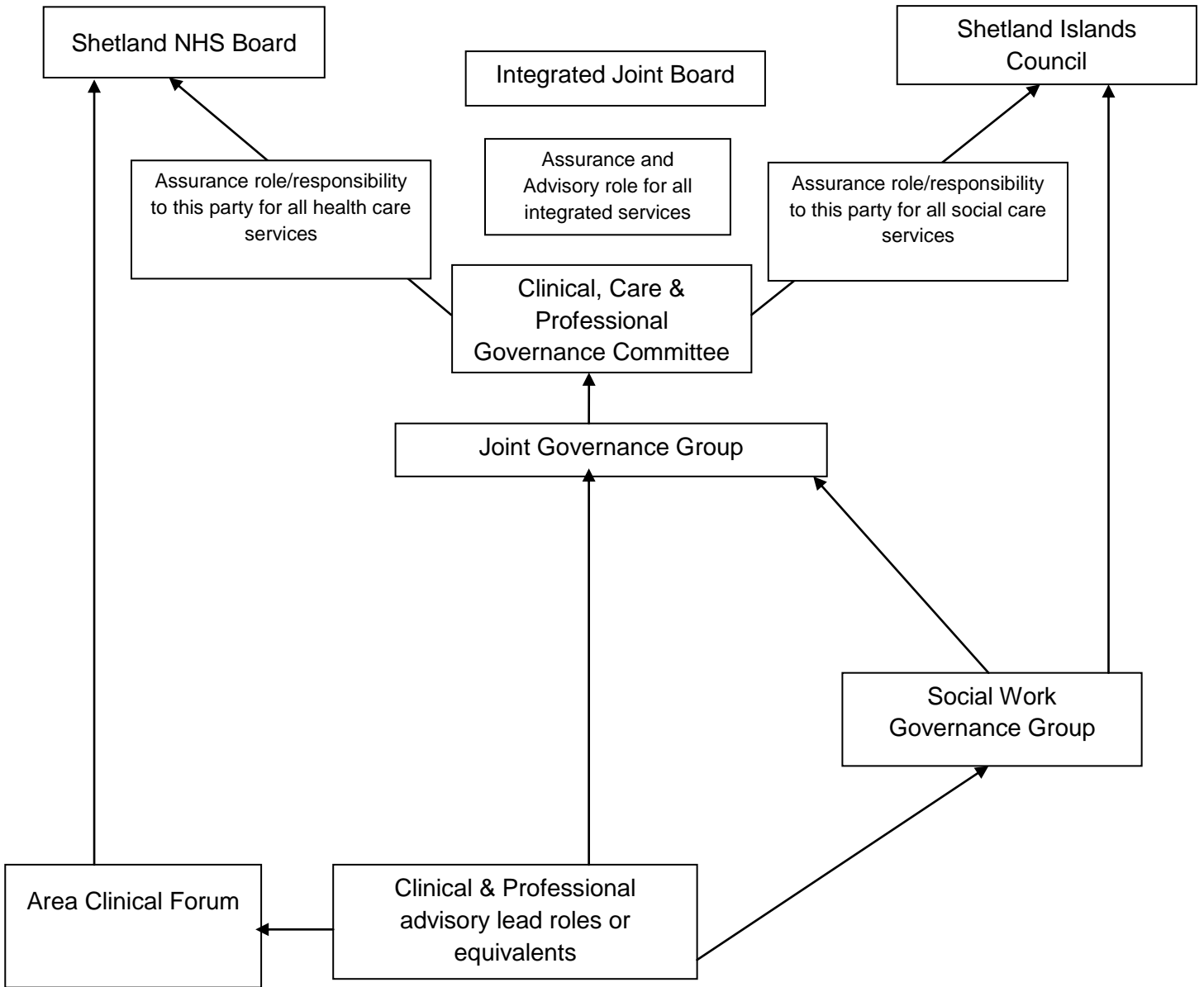
The five process steps to support clinical and care governance as outlined in the Health and Social Care Integration, Public Bodies (Joint Working) (Scotland) Act 2014 – Clinical and Care Governance Framework (The Scottish Government) document are:-

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

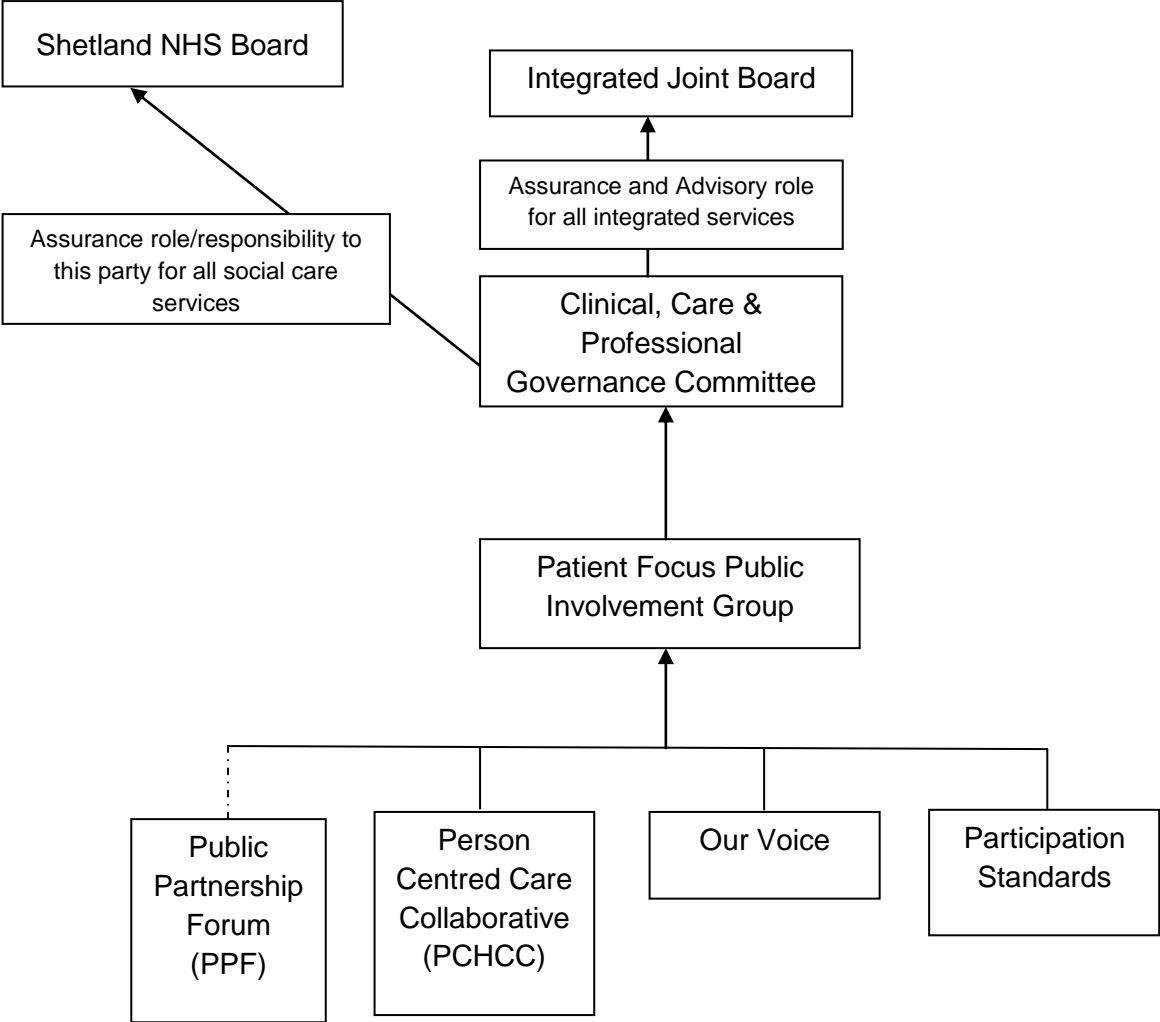




### Appendix 4 - Clinical, Care and Professional Governance Structures

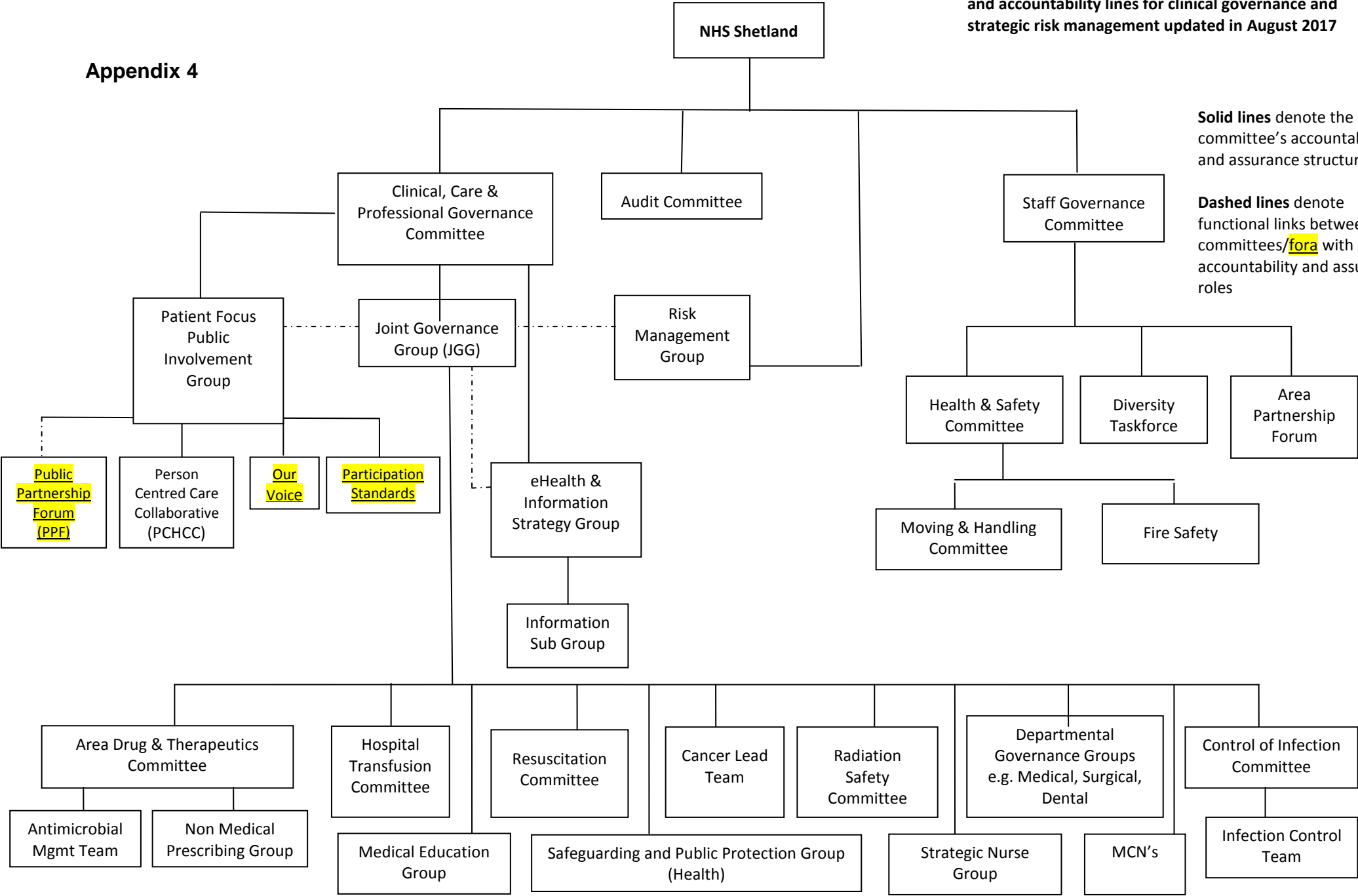


**Appendix 4 - Patient/Customer Participation Framework for NHS Shetland and the Integrated Joint Board**



**NHS Shetland organisational chart denoting the reporting and accountability lines for clinical governance and strategic risk management updated in August 2017**

**Appendix 4**



**Solid lines** denote the committee's accountability and assurance structure

**Dashed lines** denote functional links between committees/**fora** with shared accountability and assurance roles

## **Appendix 5**

### **Suggested List of Items to be Discussed at Departmental/Operational/Services Clinical Governance Meetings**

#### **Safety**

- Adverse events (review of any significant adverse events, review of themes from adverse events, actions) – every meeting
- Review of services/departmental risks – quarterly
- Lessons Learnt (SPSO summaries, adverse events, CG afternoons, patient safety conversation, complaints, feedback, audit) – every meeting
- Data sets (SPSO, etc) - quarterly

#### **Effectiveness**

- Clinical audit and service improvement (review results from audits, progress service improvements, actions) – quarterly or when results available
- Clinical effectiveness (implementation of clinical practice guidelines, standards) – quarterly

#### **Experience**

- Complaints/Patient Feedback/Experience (review findings from complaints or feedback, actions) - quarterly
- Staff experience (review results from imatter/equivalent, actions)

## Appendix 6 – Evidence to support assurance arrangements at CCPGC and JGG

Committee/Group	Core Assurance/Reports/Papers/Minutes
<b>Clinical Care and Professional Care Governance Committee (CCPGC)</b>	
	Internal Audit Reports Clinical Governance Quarterly Report – Clinical Effectiveness Adverse Event Quarterly Report Quality Scorecard, Quality Strategy Update External Scrutiny Reports (Care Inspectorate – Adult, Children’s Services, HIS, MWC) Other external reviews/feedback e.g. SPSP teams Distil Air Ambulance Liaison Group Annual Reports (ICT, Protection, PFPI, Blood Transfusion, DNACPR) Policies Patient Focus Public Involvement Group Minutes
<b>Joint Governance Group (JGG)</b>	
	Clinical Governance Quarterly Report – Clinical Effectiveness Adverse Event Quarterly Report Quality Scorecard, Quality Strategy Update Patient/Service User Feedback (Reports/Results) Policies Service Improvement Outlines, Progress Reports, Evaluations External Scrutiny Reports (Care Inspectorate – Adult, Children’s Services, HIS, MWC) Other external reviews/feedback e.g. SPSP teams Minutes: Air Ambulance Liaison Group Area Drugs & Therapeutics Committee Control of Infection Hospital Transfusion Committee Resuscitation Committee Cancer Leads Group MCN Action Trackers Summary Reports/Minutes/Work plans from Departmental Governance Groups