

RCN integration briefing 2:

Clinical and care governance in an integrated world

May 2015

1. What is this briefing for?

This briefing is designed to support nurses to understand the key elements of clinical and care governance under health and social care integration. It has been written as part of an RCN nurse leadership programme on health and social care integration, funded by the Scottish Government.

Integration has radically changed the landscape of how health and social care services are planned and delivered. This throws up challenges for ensuring robust clinical and care governance arrangements and clear lines of accountability from front-line staff to professional leads. Understanding the new context clinical and care governance operates in is vital to ensuring the quality and safety of care delivered across services.

This briefing summarises information and requirements around clinical and care governance contained in:

- the Public Bodies (Joint Working) (Integration Scheme) (Scotland) Regulations 2014¹
- the Scottish Government's Model Integration Scheme²
- the Scottish Government's Clinical and Care Governance Framework³
- additional information the Scottish Government has indicated they will look for when reviewing and approving integration schemes

Annex A contains suggested detailed criteria, jointly developed by the RCN and SEND, on what should be included in integration schemes on clinical and care governance.

Annex B contains links to existing guidance and information on clinical and care governance.

2. What is clinical and care governance?

The Scottish Government's Clinical and Care Governance Framework 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

¹ <http://www.legislation.gov.uk/sdsi/2014/9780111024539>

² <http://www.gov.scot/Topics/Health/Policy/Adult-Health-SocialCare-Integration/Implementation/IntegrationScheme/ModIntScheme>

³ http://www.gov.scot/Topics/Health/Policy/Adult-Health-SocialCare-Integration/Implementation/working_Groups/CCGG/ClinCareGovFwork

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 - making sure that there is a strong voice of the people and communities who use services.”³

Effective clinical and care governance will provide assurance to patients, service users, clinical and care staff, managers and directors 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

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.

Five key principles of clinical and care governance³:

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

Five process steps to support clinical and care governance³:

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

3. What must be included in integration schemes on clinical and care governance?

3.1. What the regulations require

The Public Bodies (Joint Working) (Integration Scheme) (Scotland) Regulations 2014 state that the following must be included in integrations scheme relating to clinical and care governance:

- The arrangements for clinical and care governance to apply to services provided in pursuance of integration functions
- How these clinical and care governance arrangements are to provide oversight of, and advice to, the person to whom functions are delegated
- How these arrangements are to provide oversight of, and advice to, the strategic planning group in relation to clinical and care governance

- How these arrangements are to provide oversight of, and advice in relation to, the clinical and care governance of the delivery of health and social care services in the localities identified in the strategic plan
- How the clinical and care governance arrangements which apply in relation to the functions of the local authority and Health Board will interact with the clinical and care governance arrangements to apply to services provided in pursuance of integration functions
- The role of senior professional staff of the Health Board and the local authority in the clinical and care governance arrangements to apply to services provided in pursuance of integration functions
- How the clinical and care governance arrangements set out in the integration scheme relate to arrangements in place for the Integration Joint Board to receive professional advice

3.2 What does this mean in practice?

The following section of the briefing collates and summarises the level of detail that the Scottish Government has indicated it is looking for within the clinical and care governance arrangements in integration schemes.

General arrangements

Under the Act, the Integration Joint Board (IJB) is responsible for the planning of integrated services (through the strategic plan) and directs the Health Board and Local Authority to deliver these services in accordance with the strategic plan. Scottish Ministers have stated that they expect that local operational arrangements within integration schemes to also make the IJB operationally responsible for delivery, to ensure that planning and delivery are fully integrated².

The integration scheme needs to set out the general arrangements for clinical and care governance that apply to integrated services.

The Scottish Government has indicated that this section of the integration scheme should cover at least the following:

- The Health Board, Local Authority and IJB are accountable for ensuring appropriate clinical and care governance arrangements for their duties under the Act
- The Health Board and the Local Authority are responsible for assuring the quality and safety of services commissioned from the independent and third sectors
- There is an agreed approach to measuring and reporting the quality of service delivery to the IJB. This will address care risks, promote improvement and ensure professional and clinical standards, legislation and guidance will be met
- The Health Board and Local Authority will ensure staff have the training and education required to meet professional regulatory requirements and deliver professional standards of care, and that appropriate staff supervision and support policies are in place
- Arrangements support learning and continued improvement of services and outcomes

Professional advice and the interaction between the IJB, strategic planning group and localities

The integration scheme needs to set out the arrangements for providing health care and social work advice to the IJB, the strategic planning group and localities. For example, this may be done through the establishment of an advisory committee comprised of health and

social care professionals or through the health and social care professionals who are non-voting members of the IJB.

The Scottish Government has indicated that this section of the integration scheme should cover at least the following:

- Details of how the major clinical and care committees interact with the IJB and/or the clinical representatives on the IJB, preferably given as a schematic
- The remit and scope of membership of any new professional committees established for the purpose of clinical and care governance within integration. It also needs to set out how they interrelate with existing clinical and care committee structures
- How these structures interrelate with the strategic planning group
- How professional groups relating to localities will feed into and be part of the wider clinical and care governance arrangements

The relationship between integrated and non-integrated services

There must be a coherent system of clinical and care governance that covers the whole of health and social care, not separate systems for integrated and non-integrated services.

The integration scheme needs to set out how the arrangements for clinical and care governance for integrated services interrelate with the arrangements for providing professional clinical governance and advice within the Health Board (including the respective responsibilities of the Health Board's medical director and nurse director) and the care governance arrangements that remain with the Local Authority.

The Scottish Government has indicated that this section of the integration scheme should cover at least the following:

- Details of how clinical and care governance arrangements for integrated services align with systems, reporting structures and committees within Health Board and Local Authorities for non-integrated services

Senior lead professionals and IJB professional representatives

Senior lead professionals within the Health Board and Local Authority have defined roles for the oversight of clinical and care governance and professional accountabilities. The integration scheme needs to provide information about the role of senior professional staff in the NHS and Local Authority in relation to the clinical and care governance arrangements for integrated services, and how this relates to the arrangements for involving professional advisers to the IJB.

The Scottish Government has indicated that this section of the integration scheme should cover at least the following:

- Details of the relationships between the professional leads for the IJB and the Health Board and Local Authority
- That professional leads of the Health Board can provide professional advice or raise issues in writing to the IJB, or through representatives that sit on the IJB. The IJB will respond in writing to these issues

4. Roles and responsibilities

The Scottish Government's Clinical and Care Governance Framework³, sets out the broad roles and responsibilities for those involved in the planning, delivery and oversight of health and social care services.

The framework states that integration will not change any regulatory arrangements for health and social care professionals or their current professional accountabilities. However the arrangements may need to be adapted to the circumstances of each integration authority to reflect the services and local circumstances of each partnership. It is clear that people using services and the community should be at the heart of all activity in relation to clinical and care governance and that the core principles of clinical and care governance must be consistently applied across both integrated and non-integrated services.

4.1. Responsibilities of NHS chairs and council leaders, NHS non-executive directors and elected members

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 improvement; and is transparent and open to innovation, continuous learning and improvement
- Establish integrated clinical and care governance policies and regularly monitor their effective implementation
- Require that the rights, experience and concerns of service users, carers and communities are central to the planning, governance and decision-making that informs quality care
- Ensure transparency and candour are demonstrated in policy, procedure and practice
- Seek assurance that effective arrangements are in place to enable health and social care professionals be accountable for standards of care, including services provided by the third and independent sector
- Require effective engagement with all communities and partners to ensure that local needs and expectations of services are met and health and wellbeing outcomes are improved
- Ensure clear, robust, accurate and timely information on the quality of service performance is effectively scrutinised and informs improvement priorities. This should include how partnership with the third and independent sector supports continuous improvement in the quality of service planning and delivery
- Seek assurance that systems demonstrate clear learning and improvement in care processes and outcomes
- Seek assurance that staff are supported when they raise concerns in line with local policies on 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. This should include mechanisms for taking account of professional advice and validating the quality and environment of all health and social care professionals' training to comply with professional regulatory requirements

4.2. Responsibilities of Chief Executives/Chief Officers/Directors of Health and Social Care and Senior managers of health and social care

Chief Executives, Chief Officers, Directors of Health and Social Care and Senior managers of health and social care will:

- Embed a positive, sharing and open organisational culture where partnership working, openness and communication is valued, staff are supported and innovation promoted
- Provide a clear link between organisational and operational priorities, with objectives and personal learning and development plans, ensuring that staff can access the necessary support and education
- Implement quality monitoring and governance arrangements, including compliance with professional codes, legislation, standards and guidance, and ensure that these are open to regular scrutiny. This includes how the needs of the most vulnerable people in communities will be met
- Implement systems and processes to ensure the workforce has 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 that 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 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, that supports an effective organisational learning culture

4.3. Responsibilities of those providing care and services

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 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

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Annex A: Clinical and care governance: RCN and SEND suggested criteria for reviewing the arrangements for clinical and care governance within integration schemes⁴

General point: Clinical and care governance arrangements for integrated services must fully align with the existing arrangements for clinical and care governance already in place within Health Boards and local authorities. There needs to be a consistent approach to ensuring the quality and safety of care across all services, whether they are integrated or not. The integration scheme needs to set out how this will be done and how following key elements of clinical and care governance will be implemented:

- Quality and effectiveness of care
- Professional standards and regulation
- Safety and risk assessment
- Leadership and culture
- Learning, audit and continuous improvement

Column A Prescribed matters (as listed in the regulations)	Column B Prescribed information (as listed in the regulations)	Suggested criteria that integration schemes should be reviewed against
Clinical and care governance of services provided in pursuance of integrated functions	The arrangements for clinical and care governance to apply to services provided in pursuance of integration functions.	<p>The arrangements for clinical and care governance within the integration scheme should include:</p> <ul style="list-style-type: none"> - A definition of clinical and care governance agreed by the constituent authorities, that aligns with the nationally agreed definition set out in the Clinical and Care Governance Framework - The roles, responsibilities and accountabilities of the members of the integration joint board, professional advisers, members of health board and local authority with respect to clinical and care governance across the planning and delivery of integrated services. - Clarity that the integration authority is a board of governance, and is accountable for the strategic planning of integrated services, and that

⁴ Royal College of Nursing Scotland and Scottish Executive Nurse Directors (SEND) v1.0 22 October 2014

		<p>the Health Board and Local Authority are accountable for the operational delivery of integrated services. It should articulate where responsibilities and accountabilities lie for quality and safety of services commissioned from the independent or voluntary sector</p> <ul style="list-style-type: none"> - A robust performance management framework to measure the quality of service delivery, address care risks, promote continuous improvement and ensure that all professional and clinical standards, legislation and guidance are met within integrated services - A robust framework for professional leadership and accountability for each professional group. This should set out clear lines of professional accountability from front-line staff working in integrated services to the professional leads in Health Boards/Local Authorities who are accountable for professional standards of care - Details of systems and processes in place to support revalidation and confirm fitness to practice for the regulated professions - Agreed process for staff to engage in and provide feedback on the planning, delivery, monitoring and improvement of integrated services, including raising any concerns. This needs to be compliant with PIN and staff governance standards - Details of how accurate and timely information on the quality and performance of integrated services will be provided, monitored and used to give assurance of the quality of care and support continuous improvement of services. This should focus on both internal assurance frameworks for the quality of care and external scrutiny and inspection - Details of how clinical and care governance arrangements will support learning and continued improvement of health and social care services and outcomes.
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	<p>How these clinical and care governance arrangements are to provide oversight of, and advice to, the person to whom functions are delegated.</p>	<ul style="list-style-type: none"> - A formal scheme of delegation between the integration authority, Health Board and Local Authority that sets out the agreed responsibilities and accountabilities for quality and safety of service planning and delivery of integrated functions between the constituent bodies - Details of the reporting processes, systems and structures in place to provide assurance of the quality and safety of integrated services to the integration authority - Confirmation that the reporting processes, systems and structures in place to support clinical and care governance have been approved by the professional leads who are accountable for the quality and safety of care delivered - Details of the process for assuring quality of services commissioned from third or independent sector providers. This should include the mechanism for ensuring that professional advice informs decisions on the specification, quality and standards of services being commissioned; the arrangements for specifying quality standards within the contracts with third party providers; and arrangements and accountability for ensuring quality and standards are met within commissioned services

	<p>How these arrangements are to provide oversight of, and advice to, the strategic planning group in relation to clinical and care governance.</p>	<ul style="list-style-type: none"> - Details of how clinical and care governance arrangements will be embedded in the activities of the strategic planning group. This includes the mechanisms for ensuring professional advice informs the decisions made by the strategic planning group
	<p>How these arrangements are to provide oversight of, and advice in relation to, the clinical and care governance of the delivery of health and social care services in the localities identified in the strategic plan.</p>	<ul style="list-style-type: none"> - Details of how clinical and care governance arrangements will be embedded in the delivery of health and social care services in the localities identified in the strategic plan. This includes the mechanisms for ensuring professional advice informs the decisions made by localities.
	<p>How the clinical and care governance arrangements which apply in relation to the functions of the local authority and Health Board will interact with the clinical and care governance arrangements to apply to services provided in pursuance of integration functions.</p>	<ul style="list-style-type: none"> - Clarity over how existing schemes of delegation within NHS Boards that delegate authority and responsibility from the Chief Executive to Executive Directors may extend to integrated services - Details of how clinical and care governance arrangements for integrated services align with existing systems, reporting structures and committees within Health Boards and Local Authorities. This includes: how systems for child protection and adult support and protection align and comply with existing Health Board and Local Authority systems; how processes to manage adverse events align with existing arrangements; details of links with existing committees, such as clinical governance committees (or equivalent) within Health Boards, Local Authority social work committees, audit committees, area clinical forums and child and adult protection committees; and clarity over roles and responsibilities
	<p>The role of senior professional staff of the Health Board and the local authority in the clinical and care governance arrangements to apply to services provided in pursuance of integration functions.</p>	<ul style="list-style-type: none"> - Agreed list of professional advisers to be appointed to integration authorities - The professional adviser for nursing (and midwifery and allied health professions, where relevant within existing Board structures) should be the Executive Nurse Director, or someone delegated by them who is directly accountable to them for professional governance and regulation

		<ul style="list-style-type: none"> - Agreed role descriptors for each professional adviser appointed to integration authorities. The scope of advice should include accountability for workforce and workload planning and skill mix; education, training and professional development; quality of care and clinical and professional practice and supervision; professional regulatory requirements; performance management; professional leadership; and how this advice informs decisions about strategic planning, delivery and resource allocation of services
	How the clinical and care governance arrangements set out in the integration scheme relate to arrangements in place for the integration joint board to receive professional advice.	<ul style="list-style-type: none"> - Details of the robust mechanism for the integration authority to seek, record and have due regard to advice from the professional advisors on the integration authority's decision-making on the planning of integrated services and the development of the strategic plan - Details of the structures and processes in place to ensure wider staff engagement in the planning, delivery, monitoring and improvement of integrated services - Details of arrangements for ensuring professional advice informs the operational delivery of integrated services - Details of the arrangements for ensuring professional advice informs the commissioning of services from third party providers - Details of agreed processes for resolving any dispute between the professional advisers and members of the integration authority
Risk Management	The risk management strategy which is to apply in relation to the carrying out of integration functions, including in particular – (a) how a risk management procedure is to be developed and (b) the resources to be made available by the local authority and Health Board to support risk management.	<ul style="list-style-type: none"> - Details of systems that support systematic, monitored and audited approach to assessing and managing risk, that is aligned to clinical and care governance arrangements across all health and social care services - Details of a co-ordinated approach to handling feedback, complaints and adverse events around integrated services that promotes learning and improvement of services

Annex B: Additional guidance on governance and accountability

Clinical and Care Governance Framework (2014) Scottish Government
http://www.gov.scot/Topics/Health/Policy/Adult-Health-SocialCare-Integration/Implementation/working_Groups/CCGG/ClinCareGovFwork

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

Clinical and Care Governance Mapping: Issues for nursing under the integration of health and social care (2014) Royal College of Nursing
http://www.rcn.org.uk/_data/assets/pdf_file/0006/600459/Mapping_of_clinical_and_care_governance_WIKI.pdf

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.scotland.gov.uk/Resource/Doc/347682/0115812.pdf>

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

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

Governance for Joint Services. Principles and Advice (2007) COSLA, Audit Scotland and Scottish Government. <http://www.chp.scot.nhs.uk/wp-content/uploads/Governance-for-joint-Services.pdf>

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