

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

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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?

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

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:

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Annex A:

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

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

- 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

		<ul style="list-style-type: none"> - A co-ordinated approach to handling feedback, complaints and adverse events, including where this involves multiple agencies, to support continuous improvement - Details of the systems and processes in place to fulfil professional regulatory and statutory requirements around duty of candour (<i>statutory requirements depending on outcome of Scottish Government proposals</i>) - Details of the systems and processes in place to ensure the workforce has appropriate knowledge and skills to provide care to professional standards, including how staff have access to support and education, which complies with any required professional educational standards
	<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

