CLINICAL GOVERNANCE STRATEGY

Clinical Governance & Risk Management Department

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Method

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Clinical Governance Strategy

1. Introduction

1.1 The concept of clinical governance was introduced in NHS Scotland in Designed to Care (SEHD 1997)\(^1\), the White Paper on Improving Scotland’s Health, with policy detailed in MEL(1998)\(^2\) and updated in MEL(2000)\(^3\). Clinical Governance was described as “corporate accountability for clinical performance” and the aim is to ensure that quality of care is given the same prominence as other key drivers such as finance and staffing.

2. Definition of Clinical Governance

2.1 In its practical application, Clinical Governance touches all aspects of service design and delivery. It is an integral aspect of how we make decisions and deliver services on an individual, team or organisational level.

2.2 More recently it has been described as the system for making sure that healthcare is safe and effective, that care is patient-centred and that the public are involved.\(^5\)

3. Aims and Objectives

3.1 The aim of this strategy is to provide a shared vision within NHS Highland to help integrate clinical governance principles into both the development of the organisation and the delivery of the services it provides. It will help clinical governance to become part of core work at both strategic and clinical practice level.

3.2 Key objectives of the strategy are:
- To provide an overview of the principles and elements of Clinical Governance
- To identify how Clinical Governance is implemented within NHS Highland
- To identify the current support for implementing Clinical Governance
- To outline the organisational structures and lines of accountability
- To detail the infrastructure required for delivery

4. Clinical Governance Principles

4.1 Building upon NHS Highland Ethical Decision Making Framework, Clinical Governance Principles have been developed to provide a framework in which Clinical Governance can be incorporated into every day practice.
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4.2 Following the six principles, detailed below, makes clinical governance an integral part of how we make decisions and deliver services on an individual, team and organisational level.

4.3 The 6 Clinical Governance Principles are as follows:

Principle 1 - Patient Focus

The starting point for a patient focused Health Service in Highland is for every aspect of the planning and delivery of services to be designed, within resources, from the perspective of the patient.
- Patients should be treated with consideration and respect.
- Patients should be involved in and informed about all decisions on their "pathway of care".
- Patients should know that privacy, dignity and confidentiality will be respected.

Principle 2 - Clinical Effectiveness and Research

Healthcare professionals are encouraged to ensure that their practice is based on the best evidence available. In NHS Highland we will support healthcare professionals in the achievement of this aim by ensuring that clinical evidence is integral to all clinical care and by the development of a research culture. Good practice will be disseminated and under performance will be addressed.
- Patients should receive treatment, care and support for health improvement based on the best evidence available.

Principle 3 - Safety

In NHS Highland we will continually and systematically review and improve our health care processes and working practices to prevent or reduce the risk of harm.
- Patients should be cared for in a safe environment that minimises risk.

Principle 4 - Learning Organisation

In NHS Highland we will ensure that we have appropriately qualified staff (trained for the job and working to national standards and competencies) and ensure continuing professional development of all our healthcare professionals. Our staff will have equality of access to training and development opportunities.
- Patients should have services provided by staff who are trained for the job and take part in ongoing training.

Principle 5 - Partnership

In NHS Highland we will promote the importance of co-operative and collaborative partnerships with all agencies to bring about improvements in health
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in the general population and to ensure that patients receive comprehensive care.
➢ Patients should be cared for by staff who work in partnership with all other agencies to bring about improvements in health

Principle 6 – Reducing Inequalities

In NHS Highland we will aim to have a community that is well informed, motivated and interested in its own health.
➢ NHS Highland will work to ensure equity of access to services and reducing inequalities in health.

5. Applying the Clinical Governance Principles

5.1 NHS Mel (2000) 29, circular refers to addressing Clinical Governance at four levels, these being an overseeing role, a delivering role, a supporting role and a practising role.

➢ Overseeing role - Clinical Governance Committee
➢ Delivering Role – Direct Health Services Management Team and Clinical Governance & Risk Management Groups
➢ Supporting Role – Clinical Governance Support Team
➢ Practicing role – all clinical and support staff

The activities required of each role are summarised in Appendix 1.

5.2 The organisational structure in place to address clinical governance within NHS Highland is shown in Appendix 2.

5.3 Overseeing Role

5.3.1 Clinical Governance Committee

NHS Highland has established a framework of governance committees to support the NHS Board in its strategic role. Integral to this is the Clinical Governance Committee. The role of the committee, although covering a complex range of health activities, is simply, “to provide the NHS Board with the assurances that systems, structures and processes are in place to secure high quality services within resources available to the people of the Highlands”.

Members of the Clinical Governance Committee have a duty to ensure, through participating the planning, strategy and operational groups that the Principles are being applied and to interrogate the Clinical Governance Systems in order to give the Board assurance that those systems are working. They are thus acting as GUARDIANS of the clinical governance principles.
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The remit and membership of the Clinical Governance Committee are detailed in Appendix 3.

5.3.2 CHP and SSU Governance Committees

Each CHP and SSU has a Governance Committee which is chaired by a non-executive director and which is directly accountable to the NHS Board. The remit of these committees is to: co-ordinate, for the operational unit, the planning, development and provision of services which it is the function of NHS Highland to provide with a view to improving these services; to provide safe and effective care as close to home as possible and to ensure frontline staff have the opportunity and resources to achieve that objective; to be closely involved in community planning with emphasis on Health Improvement; and to play a key role in the modernisation of healthcare services along with a vital participation in partnerships, integration and re-design.

5.4 Delivering Role

5.4.1 Direct Health Services (DHS) Management Team

The DHS Management Team is responsible for the operational management of health services within NHS Highland. It comprises four Community Health Partnerships (CHPs), Specialist Services Unit, Pharmacy and Facilities Management. It is responsible for ensuring that systems are in place to support the implementation of clinical governance and risk and that these are regularly monitored.

5.4.2 Clinical Governance and Risk Management Groups

Each Community Health Partnership (CHP), Specialist Services Unit and Corporate Services has a Clinical Governance and Risk Management Group which reports to each of their Management Teams. The development and implementation of clinical governance and risk management within the Operational Unit and to provide re-assurance to the Management Team that systems, processes and procedures are in place to deliver clinical governance and risk management throughout the CHP/SSU/Corporate Services and across NHS Highland.

The remit and membership of each group has been developed by the individual operational units in order to meet their particular needs in relation to clinical governance and risk management. However all are based on a template which is attached as Appendix 4.
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5.5 Supporting Role

5.5.1 Clinical Governance Support Team

The Clinical Governance Department is part of the Medical Director’s department and provides appropriate, professional and competent clinical effectiveness, research and development, risk management, legal claims, complaints and patient focus, advice, guidance and support to the NHS Board, its managers and its staff (Appendix 5).

The Clinical Governance Support Team assists CHPs, Specialist Services Unit, Facilities Management and Corporate Services to plan and deliver their clinical governance agenda.

Each Clinical Governance & Risk Management Group (see para 5.4.2) is supported by the Clinical Governance Support Team, with an individual being identified as the key link. This involves working directly with the CHP/SSU Clinical Lead, attending and contributing to the Clinical Governance and Risk Management Group meetings, liaising and working across the teams within the Clinical Governance Support Team to ensure appropriate support and advice is given.

The Core elements of the Clinical Governance Support Team are detailed below.

Clinical Effectiveness

The Clinical Effectiveness Team provides specialist support, advice and guidance to NHS Highland staff in clinical effectiveness matters. They do this by:

- Designing clinical effectiveness programmes in response to national priorities, corporate objectives, national quality standards (i.e. NHS Quality Improvement Scotland (QIS)) and external review visits.
- Assisting departments to develop annual work plans for clinical effectiveness and to monitor their progress.
- Developing comprehensive audit protocols for use throughout NHS Highland and ensure that these are regularly monitored to assess their ability to meet the needs of the organisation.
- Delivering training programmes to NHS Highland staff to educate them in the theory of clinical effectiveness and service evaluation and the practical aspects through formal and informal training opportunities.
- Coordinating and supporting the development, implementation and monitoring of clinical guidelines.
- Supporting service evaluations

Research and Development

The Research Office administers the Research Governance Framework for Health and Community Care and the EU Clinical Trials Directive in NHS Highland, thus ensuring that all projects classified as “research” conform to this framework.

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legislation, and that all research staff (active and potential) have access to the information, resources and advice, both concerning the above legislation, and the development of their own research projects. They do this by:

• Supporting the development and implementation of an R&D strategy and supporting policies, for commercial and non commercial research, for NHS Highland. This involves developing an appropriate infrastructure to support the strategy, by seeking input and advice from management, researchers and external organisations as appropriate.
• Implementing and updating all required systems for NHS Highland wide compliance with the Research Governance Framework. This includes developing a clear pathway for approval of R&D projects across Highland, to communicate this process to all researchers wishing to carry out research and to facilitate regular monitoring and auditing of research projects sponsored by NHS Highland.
• Being responsible for the day-to-day management of research activity within NHS Highland, which includes establishing and maintaining a research database to register all research activity including commercial and non-commercial research.
• Developing appropriate methods of costing proposed commercial and non-commercial research studies, with the aim to ensure that all research hosted by NHS Highland is subject to full cost recovery.
• Identifying research training and educational needs of NHS Highland staff and to develop appropriate programmes to met these needs.

Clinical Risk Management

The Clinical Risk Manager provides specialist support, advice and guidance to NHS Highland staff in patient safety and patient focus matters. They do this by:

• Implementing an on-going programme of clinical hazard identification, risk assessment and analysis throughout the organisation, comprising an agreed action plan for managing identified risks so that the highest priorities are addressed first.
• Implementing in conjunction with non-clinical interests a comprehensive system for all incident reporting and recording so that all relevant information is captured.
• Establishing systems which ensure that adequate investigations are undertaken into all reported clinical incidents and feedback is given to staff so that action can be taken on lessons learned from individual incidents and from aggregate trends.
• Overseeing the management, investigation and monitoring of clinical and non-clinical litigation claims, Fatal Accident Inquiries and small claims within NHS Highland.
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Patient Focus

The Patient Focus Team provides specialist support, advice and guidance to NHS Highland staff in patient focus and patient feedback (including complaints) matters. They do this by:

- Supporting the management of complaints throughout NHS Highland in line with the Complaints Management Policy
- Overseeing the development of patient feedback methodologies as part of larger projects or stand alone projects, either in the form of patient feedback questionnaires, interviews or discussion groups, whichever is deemed most appropriate to the project aims and objectives.
- Using patient feedback methods to actively promote equality and diversity by listening to the experiences and views of different groups and assisting project leads to act upon them.
- Leading the development and implementation of systems to manage the development, production and pre-assessment of new and revised patient information leaflets, which ensure that patients are provided with a range of information about their condition, treatment, outcomes, risks side effects and rights on an ongoing basis.

5.6 Practicing Role

5.6.1 Managers

All managers are responsible for effective clinical governance and risk management measures within their own area. NHS Highland has established a number of systems for the management of risk and the implementation of quality systems and all line managers must be committed to implementing these. They must own the processes and take action, both proactively and retrospectively, in relation to staff development, manpower planning, risk management and dealing with complaints. In addition they ensure a high quality service to patients by the continual development of practice according to research evidence and feedback against national standards.

Managers are responsible for ensuring that, at locality level, systems for management of risk and implementation of quality systems are in place and are being used to improve patient care.

5.6.2 Staff

All staff have a general responsibility to initiate action in suggesting and implementing improvements to services and in exercising professional responsibility for both themselves and their peers within an open, just and fair culture.

It is vital that all staff take responsibility for promoting the health, safety and security of patients and clients, the public, colleagues and themselves.
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Staff must therefore act in a way which is consistent with legislation, policies and procedures.

6. Monitoring and Review

6.1 NHS Highland will participate in the monitoring of clinical governance by NHS Quality Improvement Scotland and produce an action plan to implement any action required following a review.

6.2 Monitoring of these action plans is the responsibility of the Clinical Governance & Risk Management Groups and of the DHS Management Team.

6.3 Regular progress reports will be presented to the appropriate committees.

6.4 An annual clinical governance report will be presented to the NHS Board.

6.5 The Clinical Governance Strategy will be reviewed on an annual basis by the Clinical Governance Committee.

References

1 Scottish Executive (1997) Designed to Care

2 Scottish Executive MEL (1998) 75 Clinical Governance

3 Scottish Executive MEL (2000) 29 Clinical Governance

4 NHS Quality Improvement Scotland (NHS QIS) Standards for Clinical Governance & Risk Management (October 2005)

**Clinical Governance Strategy**

Appendix 1

Levels of Clinical Governance

<table>
<thead>
<tr>
<th>Level</th>
<th>Function</th>
<th>Achieved by</th>
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| Locality Teams, Individuals                | Putting Clinical Governance Principles into practice | • Professional Codes of Practice  
• CPD  
• Audit  
• Evidence Based Practice  
• Personal Reflection |
| Clinical Governance Support Unit           | Supporting the Clinical Governance Principles | • Providing support and advice to all levels in organisation.  
• Core support in clinical effectiveness, patient safety, risk management, patient feedback and service reviews. |
| Direct Health Services Management Team     | Delivering Clinical Governance Principles | • Ensuring systems are in place to deliver to Clinical Governance Principles.  
• Strategy Development. |
| Clinical Governance Committee              | Overseeing the Clinical Governance Principles | • Guardians of the Clinical Governance Principles. By visiting different parts of the organisation to:  
  - Learn about good practice  
  - Listen to accounts of how principles are being applied  
  - Identify areas of concern |
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Organisational Structure in Support of Clinical Governance

NHS Highland Board
- Clinical Governance Committee
- Staff Governance Committee
- Audit Committee

Risk Management Steering Group
- Organisation
- Clinical
- Staff
- Financial

Direct Health Services Management Team

North Highland CHP Management Team
- Clinical Governance & Risk Management Group

Mid-Highland CHP Management Team
- Clinical Governance & Risk Management Group

South-east Highland CHP Management Team
- Clinical Governance & Risk Management Group

Argyll & Bute CHP Management Team
- Clinical Governance & Risk Management Group

Specialist Service Unit Management Team
- Clinical Governance & Risk Management Group

Corporate Services Group
- Corporate Services Healthcare Governance & Risk Management Group

The Audit Committee has a role in seeking assurance that an effective Risk Management system is in place.

The Clinical, Staff and Audit Committees roles are to review clinical, staff and financial outcome indicators respectively and seek assurance that this information is being used to effect service change.

Groups providing assurance to the Clinical Governance Committee on clinical governance issues

Groups providing assurance to the Staff Governance Committee on Health & Safety issues

Infection Control Committees (Area and DHS); Blood Transfusion Committee, Resuscitation Committee; Area Drug & Therapeutics Committee; Spiritual Care Committee, e-Health Steering Group; Health & Safety Committee; Radiation Protection; Occupational Health; Infection Control.
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Appendix 3

NHS HIGHLAND CLINICAL GOVERNANCE COMMITTEE

ROLE

The role of the NHS Highland Clinical Governance Committee is:-

1. To act as Guardian of the Clinical Governance Principles.
2. To carry out the statutory duty to give the Board assurance that Clinical Governance systems are in place.

REMIT

1. To receive accounts from Direct Health Services (DHS) and the Corporate Team on the application of the Principles and Healthcare Governance Standards to planning and operational activity.
2(i) To hear accounts across the geography of Good Practice and the application of the principles and standards on location.
2(ii) To interrogate the clinical governance systems and identify areas of concern.
3. To devise a framework for the above.
4. To audit investment in clinical governance.
5. To disseminate clinical governance information.
6. To submit an annual report to the Board.
7. To develop links with Joint Futures and Regional Healthcare Governance through Highland Joint Committees and the Regional Planning Group.
8. To commission an evaluation of the benefits and effectiveness of its work.

ROLE OF MEMBERS*

1. Sit on governance, planning and management committees or groups as GUARDIANS of the CLINICAL GOVERNANCE PRINCIPLES.
2. Encourage and support the application and development of clinical governance.
3. Be well informed on the healthcare governance environment and publications.
4. Network with other Governance Committees.
5. Members have a duty to ensure, through participating the planning, strategy and operational groups that the Principles are being applied and to interrogate the Clinical Governance Systems in order to give the Board assurance that those systems are working.
6. The Corporate Team and staff of NHS Highland have a duty to give an account of how the Principles are being applied and to give evidence that the Clinical Governance Systems are working.

* NB. It is the intention, through the Board, to develop an affiliation of members who can act as Guardians of the Clinical Governance Principles across the whole system.
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Appendix 4

Clinical Governance and Risk Management Groups
In the CHPs, SSU and Corporate Services

Template Role, Remit and Membership

Role:

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Remit:

To ensure local and Highland-wide delivery of the NHS Highland six Clinical Governance Principles, namely Patient Focus, Clinical Effectiveness and Research, Safety, Learning Organisation, Partnership and Reducing Inequalities and to take cognizance of National priorities, Corporate Objectives and local developments. The group will be supported by the Clinical Governance Support Team, with an individual being identified as the key link.

- To develop a local programme of clinical effectiveness activity including clinical audit, patient feedback and service evaluation based on national priorities, NHS Corporate Objectives and local priorities
- To review the outcome of clinical effectiveness activities and ensure recommendations are taken forward, resulting in improvements to services delivered and patient care. To share results and examples of good practice across Highland
- To ensure that all healthcare professional are offered the opportunity to be involved in clinical audit
- To oversee the local implement and monitor SIGN guidelines, Best Practice Statements etc as per the NHS Highland system (once in place)
- To raise awareness of research, encourage staff to attend training sessions and undertake research both locally and in Highland-wide and national research programmes
- To ensure all research undertaken within the CHP/SSU/Corporate Services is progressed through the Research Office to comply with research governance
- To ensure that risk management procedures are followed across the CHP/SSU
- To oversee the development of local risk registers and action plans. To identify risks requiring attention and report to the Management Team as necessary
- To review all incidents (clinical and non clinical) to identify trends, to take appropriate action and disseminate lessons learnt across the CHP/SSU/Corporate Services and across NHS Highland
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- To review all complaints to ensure proper management, identify trends and disseminate lessons learnt across the CHP/SSU/Corporate Services and across NHS Highland
- To ensure that health and safety policies and procedures are followed across the CHP/SSU/Corporate Services
- To identify training and development needs of staff within the CHP/SSU/Corporate Services in relation to clinical governance, risk management and health and safety via the PDP process and to identify opportunities to meet these needs
- To oversee the local implementation and monitoring of NHS Quality Improvement Scotland clinical standards and other external review body standards
- To work with partner agencies to prepare for joint inspections and to oversee local implementation of recommendations following review
- To develop effective links with the MCNs and to contribute as required to the development and monitoring of Quality Assurance frameworks
- To use local experience to inform the future development of the Clinical Governance Support Team and the Health and Safety Team
- To contribute to the annual NHS Highland Sharing Best Practice Conference

Membership

The membership of the Clinical Governance and Risk Management Group will be:

- General Manager (Chair)
- Clinical Lead (s)
- Assistant General Managers
- Nursing Representation
- AHP Representation
- Named Link from Clinical Governance Support Team
- Representative from the Health and Safety Team
- CHP/SSU Health and Safety Representative
- Non Executive

The membership should reflect a wide range of interests and experience in clinical governance and risk management. Membership can be supplemented by co-opted attendees to provide additional knowledge or expertise. The overall responsibility for clinical governance lies with the General Manager who should chair the group to provide overall direction.

Reporting Arrangements and Frequency of Meetings

The Clinical Governance and Risk Management Group will report to the CHP/SSU Management Team. The Corporate Services clinical governance and risk management group will report direct to DHS Management Team. Reporting arrangements will be kept under review. The group will meet at least bi-monthly and maintain minutes for presentation to the CHP/SSU Management Team. Annual Reports will be submitted to the Clinical Governance Committee.
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Appendix 5

Clinical Governance Support Team Structure

Medical Director

Head of Clinical Governance & Risk Management

Clinical Governance Development Manager

Clinical Effectiveness Team

Research Team

Clinical Risk Team

Patient Focus & Complaints Team

Argyll & Bute Clinical Governance Team