



Department: Clinical Governance	Title: Clinical and Care Governance Strategic Framework	
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# Clinical and Care Governance Strategic Framework 2017-2019

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**Thanks are extended to NHS Tayside who shared their template for local adaption.**

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## 1 Introduction

“Clinical governance is a system through which NHS Organisations are accountable for continuously improving the quality of their services and safeguarding high standards of care by creating an environment in which excellence in clinical care will flourish.” (Scully and Donaldson, 1998).

As an organisation we have a corporate responsibility to provide the board with assurance in relation to quality and risk and a statutory responsibility for continuously monitoring and improving the clinical quality of our care to patients, carers and the public and safeguarding high standards. This is a systematic approach to facilitate the co-ordination of multiple activities and to inform and progress improvement in NHS Western Isles Services.

The Healthcare Quality Strategy for Scotland defines quality as being about:

- Putting people at the heart of our NHS. It will mean that our NHS will listen to peoples’ views, gather information about the perceptions and personal experience of care and use that information to further improve care.
- Building on the values of the people working in and with NHS Scotland and their commitment to providing the best possible care and advice compassionately and reliably by making the right thing easier to do for every person, every time
- Making measurable improvement in the aspects of quality of care that patients, their families and carers and those providing healthcare services see as really important

This strategy details the responsibilities all staff have in contributing to the quality of care for people who use NHS Western Isles and Western Isles Health and Social Care Partnership services and the importance of culture as well as organisational arrangements in achieving safe, effective and person-centred care.

In 2000, the Scottish Executive described clinical governance responsibilities falling into 4 levels, and these are still relevant today:

**Overseeing role** - clinical governance committees


**Delivering role** - management structure, including clinicians involved in management

**Supporting role** – e.g. staff employed in activities underpinning clinical governance such as those involved in clinical effectiveness, audit, complaints handling and risk management

**Practising role** - clinical and support staff.

Each of these roles is important if quality of care is to be given the highest priority across NHS Western Isles and partner organisations. All staff have a role in quality and this strategy helps staff understand their role across the entire scope of clinical governance. Through this strategy we aim to make staff more aware of the role they have in contributing to, and improving quality of care.

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This strategy describes how NHS WI will progress clinical governance and quality improvement over the next two years and is set within the context of continuously striving to improve the safety and quality of our services. The Clinical and Care Governance Strategy has been reviewed at a time of ever changing national and local drivers. Therefore, new national and local strategic direction have been included in this revised strategy. Consideration has also been given to more established national and local strategic drivers which are still relevant. All of these strategic drivers are central to NHS Western Isles' way of working and supporting the delivery of patient care:

- Se Ur Beath Health in the Hebrides: our clinical strategy
- Our local delivery plan
- The Healthcare Quality Strategy for NHS Scotland (2010)
- NHS Scotland 2020 Workforce Vision (2013)
- A National Clinical Strategy for Scotland (2016)
- Realistic Medicine: (Scottish Government 2016)
- Involving People – Improving Peoples Experience of Care Framework 2017-2020
- Health and Social Care Standards: My Support, my life (Scottish Government 2017)
- Equalities Act
- The intentions of Healthcare Improvement Scotland (HIS) to review the quality of care within healthcare services ([Building a comprehensive approach to reviewing the quality of care: Supporting the delivery of sustainable high quality services, HIS, March 2016](#)) from 1<sup>st</sup> April 2018
- Pulling together, transforming urgent care for the people of Scotland (2016)

In April 2016 Integration Joint Boards were established as part of the new arrangements for the integration of Health and Social Care across Scotland, [National Health and Wellbeing Outcomes](#) have been prescribed by Scottish Ministers as detailed in the regulations under section 5 (1) of the [Public Bodies \(Joint Working \(Scotland\) Act 2014](#). Therefore, the establishment of Integration Joint Boards and the associated new arrangements for clinical governance across the Health and Social Care Partnerships has also been added to this strategy.


In April 2018 Duty of Candour legislation will be implemented; the Act makes it a Legal Duty on hospital, community and mental health organisations to inform and apologise to patients if there have been mistakes in their care that have led to significant harm. Therefore, the introduction of this legislation has also been included in this revised strategy.

## 2 Aim and Focus of the Clinical and Care Governance Strategic Framework

The clinical and care governance strategy will ensure a high quality, safe and effective person centred, sustainable healthcare service provided within the Western Isles.

The **Aim** of the strategy is to:

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- provide a shared vision within NHS Western Isles and to develop and deliver quality and person centred improvement priorities;
- identify how clinical governance is implemented within NHS Western Isles and Western Isles Health and Social Care Partnership ;
- enable clinical governance to be part of the core work at both strategic and clinical practice level;
- outline the organisational structures and lines of accountability;
- agree and monitor Clinical Governance work programmes;
- provide the Board and other agencies with assurance about the quality of care delivered; and
- contribute to the achievement of relevant corporate objectives, as outlined below;


#### Corporate Objectives:

- To provide person-centred care, focusing on the evidence based health needs of our population, identifying and taking every opportunity to improve our patients' health and outcomes
- To protect individuals from avoidable harm by continually learning and improving the reliability and safety in everything we do
- To pro-actively stimulate and intensify our search and application of effective innovation to improve how we care for patients today and into the future
- To promote and support people to live longer healthier lives
- To specifically target early years, health inequalities, vulnerable and hard to reach groups
- To continually improve and modernise our integrated healthcare services and assurance systems
- To value, support, develop and sustain a compassionate, confident, competent, flexible and responsive workforce
- To deliver our commitment to partnership working to deliver national standards, targets and guarantees
- To have sustained focus on prevention, anticipation and support self-management and care at home
- To ensure that all resources are deployed to the best effect, achieving desired outcomes and value for money

#### The focus of the strategy is to:

1. Promote and encourage appropriate involvement from people receiving care, and carers, in everything undertaken
2. Deliver high-quality, evidence-based care
3. Encourage and enable staff to work collaboratively in multi-disciplinary, multi agency and multi-professional teams and use reflective practice
4. Anticipate and prevent harm through reliable and robust systems for clinical risk, patient safety and investigation of adverse events

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5. Understand and minimise unnecessary variation by the intelligent use of data, measurement and improvement science
6. Demonstrate learning and sustainable change from adverse events and past harm.

Many members of NHS staff are already familiar with elements of clinical governance and this strategy:


1. Ensures that everyone knows the role they play in making clinical governance effective and ensuring NHS Western Isles provides quality services
2. Ensures that staff understand the scope of clinical governance and how all the elements interact
3. Provides a shared vision and describes a robust framework for clinical and care governance, including the organisational structure and lines of accountability which provides assurance about the quality of care provided by the Board.

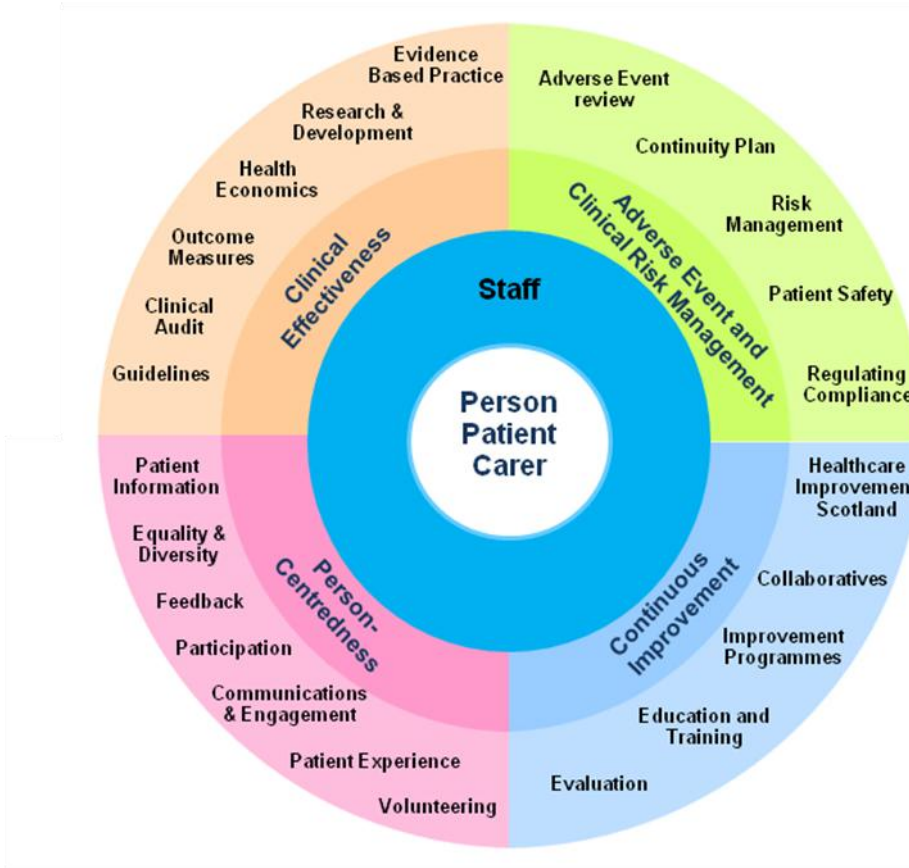
### 3 Clinical Care and Governance Strategy

#### 3.1 Scope of Clinical Governance

Clinical and care governance broadly encompasses inter-related themes identified from both national and local quality strategies, policies, programmes and guidelines and is a system to facilitate the co-ordination of multiple activities and key elements to inform and progress improvement in Western Isles' Health and Social Care services, ensuring they are safe, effective and person-centred, and based on best available evidence and practice.

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As illustrated above, NHS Western Isles has a clearly defined scope for clinical governance which covers:


- Adverse Event and Clinical Risk Management
- Clinical Effectiveness
- Person-Centredness
- Continuous Improvement
- Staff focus

### 3.2 Delivery of Clinical Governance in NHS Western Isles

The delivery of effective clinical governance relies on blend of these key elements being brought together through analysis, scrutiny, reporting and escalation processes and by adopting a risk management approach that ensures person-centred, safe and effective clinical care.

The process by which health and social care is monitored and assured creates a culture where delivery of the highest quality of care and support is understood to be the responsibility of

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everyone working in the organisations – built upon partnership and collaboration within teams and between health and social care professionals and managers.

All staff have a responsibility and are accountable for clinical and care governance. This strategy supports staff to understand the part which they play in ensuring its success and how the care and support they deliver across the Western Isles contributes to safe, and effective and person-centred care.

All staff must feel that they have permission in their own team or area to make decisions on:

- what is most important for the person or people they care for or support
- what they can do to change and improve care, prevention and treatment
- what they have to do to make those changes, including any escalation processes
- what to monitor and how to report how changes and improvements are progressing
- the provision of high-quality, evidence-based and risk-managed care and support

### 3.3 Roles and Responsibilities in the delivery of the clinical and care governance strategy

Different members of staff have differing responsibilities and accountabilities for clinical governance depending on the role they have i.e. clinical or support services members of staff, management, committee member or Board member. Clinical Governance NHS MEL (2000) 29 describes the four levels of clinical governance responsibilities:

**Overseeing Role** – Clinical Governance Committees

**Delivering role** – Management structure, including clinicians involved in management

**Supporting role** – e.g. staff employed in activities underpinning clinical governance such as those involved in clinical effectiveness, audit, complaints handling and risk management

**Practising role** – clinical and support staff


Everyone must understand that they have a valuable contribution to make to ensure that people in the Western Isles are receiving the highest standards of health and social care.

#### Overseeing roles

NHS Western Isles and Comhairle nan Eilean Siar as parent bodies, retain responsibility for all clinical and care governance relating to the direct delivery of care and treatment and the associated systems, procedure, guidelines and protocols.

Parent bodies have to assure themselves that appropriate, effective and sustainable systems are in place, monitored and working effectively.

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**Chief Executive of the NHS Board** – is the accountable officer who has overall responsibility for the delivery of clinical and care governance for health and social care across the Western Isles.

**Medical Director and Nurse Director** – have delegated responsibility for clinical and care governance, working collaboratively with management and Social Care colleagues.

**Integration Joint Board (IJB)** – has the lead responsibility for the strategic planning of health and social care for delegated services. The IJB must satisfy itself that the parent body organisations have effective governance systems in place.

### Delivering roles

**All Managers and Clinical Leads have a delivering role**, they provide leadership for clinical governance and are responsible for ensuring appropriate and effective clinical governance arrangements are in place within their teams. Managers and Clinical Leads should take action, both proactively and reactively, in relation to workforce development, risk management and dealing with feedback.

**Chairs of the Clinical and Care Governance Committee** – will agree the clinical and care governance work schedule for all care provided and commissioned by NHS Western Isles and Comhairle nan Eilean Siar’s (CnES) adult social work and social care services and monitor activity, give assurance on clinical and care governance and identify priorities for action.


**Chairs of Clinical and Care Governance Committees/Forums, Groups and Sub Groups** – provide leadership and support for clinical governance and quality across their local specialty area.

**Professional Leads** - are responsible for providing professional advice and leadership to healthcare professionals, promoting high standards of care and development of clinical practice. All clinical and professional leads including: medical, nursing, pharmacy, allied health professionals etc work together to ensure robust multi-professional clinical governance structures.

### Practising roles

Clinical and support staff take responsibility for promoting the health, safety and security of people receiving care and carers, the public, colleagues and themselves and are encouraged to suggest and implement improvements in their teams. Everyone works within their scope of practice and accountability, and to standards associated with their role. Staff

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ensure a high quality service is provided to people receiving care by the continual development of practice according to research evidence and national standards.

## **Supporting Roles**

A whole system of effective clinical governance needs expert support to enable everyone to understand how they fit into the governance system and also how they can be supported to deliver the right information in the right way to the right people or group. Healthcare in NHS Western Isles is provided by expert teams with specialist skills and knowledge to ensure all staff can deliver person-centred, safe and effective clinical care.


**Professional and Clinical Leadership** – key leaders provide direction and assurance to the Board and are responsible for delivering quality care in accordance with evidence-based care and regulatory guidance. The leadership is accountable for bringing about improvements to clinical care and ensuring these improvements are driven by professional reflection. Clinical leaders have a professional duty to raise any issue of concern.

**The Nursing and Medical Directorate** – provides leadership to the nursing and medical workforce to develop, implement and support continuous quality improvement in the delivery of safe, effective and person-centred care and services. The directorate sets and assures high standards of professional and clinical practice through supportive systems and processes of clinical governance including: role development; education and continuing professional development; workforce planning; and participating in research, audit and evaluation.

**The Clinical Governance and Professional Practice Team** – brings a relevance to the structures, communication, systems and assurance which make up clinical governance. The team provides leadership and practical support across all specialties, teams and departments. It provides training, education, tools, techniques, advice and support to enable all staff to deliver safe, effective and person centred care. The team work plan supports a number of key drivers including policy and strategy review, quality improvement, involving patients, carers and public in improving the quality of care, influencing priorities and planning services, risk and adverse event management.

**The Public Health Intelligence Team** – supports the Board in quality measurement, performance monitoring and reporting through the provision of high-quality, timely and accessible information and data to clinicians and managers. The Public Health Intelligence Team works closely with other support services, such as Clinical Governance, Risk Management and Quality Improvement to enable clinical teams to triangulate data across a number of key measures and offers support and guidance in clinical research activity.

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**The Learning Strategy Network Group** – supports the development of staff by ensuring a robust organisational learning plan is produced which will incorporate key educational opportunities to support staff in the delivery of clinical governance.

#### 4 The Assurance Framework for Clinical Governance

“Clinical governance is about...accountability, structures and processes. However, it will only achieve the desired outcomes of improved quality of care and public reassurance about standards of care, if it is underpinned by a wide range of activities most of which require to be owned and led by clinicians individually and collectively. Clinical governance is not the sum of all these activities; rather it is the means by which these activities are brought together into a structured framework and linked to the corporate agenda of NHS Board” **(Clinical Governance NHS MEL (1998) 75).**

Healthcare Improvement Scotland (HIS) has published its intention regards reviewing the quality of care within healthcare services: Building a comprehensive approach to reviewing the quality of care: Supporting the delivery of sustainable high quality services HIS March 2016. A key feature of the new HIS approach is that it will deliver a more robust and consistent methodology for independent scrutiny of healthcare services across Scotland with a strong emphasis on quality improvement; leadership will be an additional important domain, alongside providing safe, effective and person-centred care.

From 1<sup>st</sup> April 2018 ‘Health and Social Care Standards: My Support, my life’ (Scottish Government 2017) will be used to review quality of care within health services. The Standards are underpinned by five principles; dignity and respect, compassion, be included, responsive care and support and wellbeing and are based on five headline outcomes:


- I experience high quality care and support that is right for me
- I am fully involved in all decisions about my care and support
- I have confidence in the people who support and care for me
- I have confidence in the organisation providing my care and support
- I experience a high quality environment if the organisation provides the premises

The current whole system governance arrangements for clinical and care governance in health and social care in Western Isles are illustrated in Appendix 8.5. These arrangements will adapt given the maturing landscape and anticipated changes and developments.

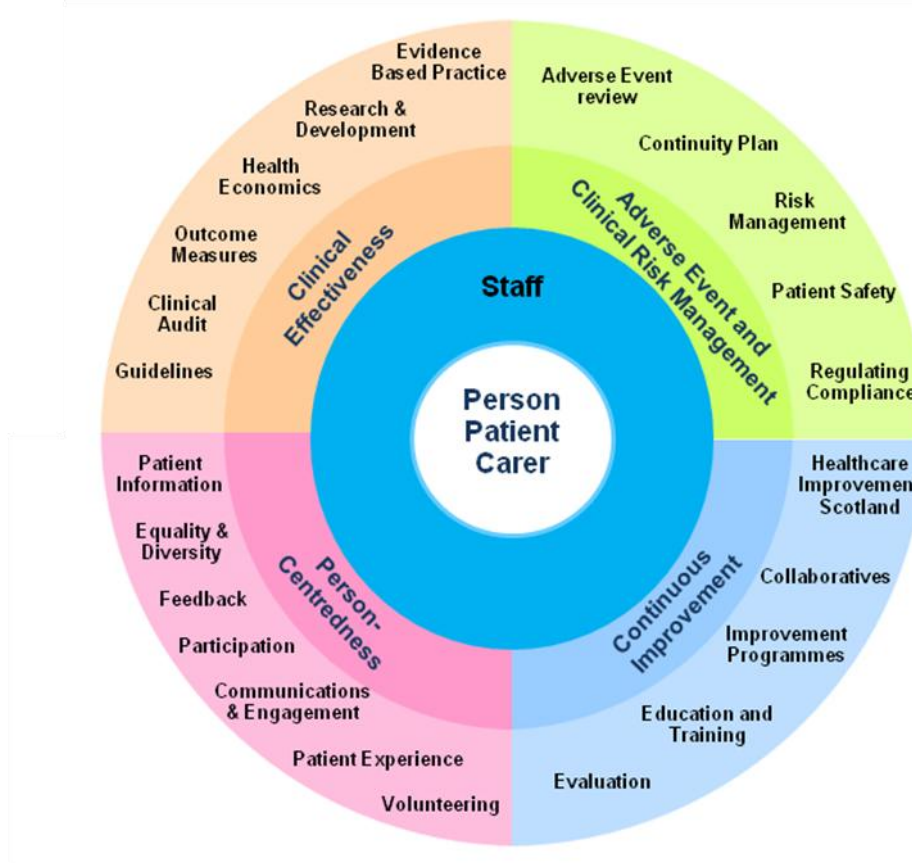
Clinical Governance Committees, Groups and Forums reflect on local data and practice and report outcomes and assurances to the Clinical and Care Governance Committee, jointly chaired by the Medical Director and Chief Social Worker.

The Clinical and Care Governance Committee reports to the Healthcare Governance and Audit Committee (HCGAC) of Western Isles NHS Board, which is the Board’s designated clinical governance committee. The HCGAC is required annually to formally report to Western Isles NHS Board on the activities delegated to it by the Board.

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## 5 Systems of Clinical and Care Governance




The following sections of this strategy describe the systems, escalation processes and triggers used in NHS Western Isles to coordinate the elements of clinical governance shown above. The coordination and assurance of these activities will in turn inform improvement and quality of care at all levels throughout the organisation.

This system is also designed to give, through triangulation\* of data, assurances on the quality of care from the ‘Person receiving a service to the Board’

\*Triangulation – a technique that facilitates validation of data through cross verification from two or more sources

### 5.1 Adverse Event and Clinical Risk Management

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NHS Western Isles recognises that risk is inevitable in the complex healthcare environment; however we are committed to effectively assessing, identifying, managing, reducing and remaining risks to ensure we prevent avoidable harm and make best uses of resources. NHS Western Isles Risk Management Strategy aims to create a culture that focuses on proactive risk management and prevention rather than reaction and remedy. To support this, an open and honest system for identifying risks and adverse events is in place, ensuring that risks can be acted upon in a positive and constructive way.


As a component of the overall Healthcare Governance agenda NHS Western Isles aim to fully embed risk management within all corporate and clinical/non clinical processes so that risk is considered as an integral part of patient care, strategic planning and decision making. Performance Management arrangements are in place at all organisational levels and the effectiveness of risk management will be regularly monitored as part of that process. This is a dynamic process to ensure that arrangements are in place and that corrective action is taken where necessary. It also enables those providing services to escalate difficult and or complex issues of concern to a more senior level with the expectation that action will be taken as necessary. The Western Isles NHS Board, through the Healthcare Governance and Audit Committee will seek assurance on behalf of the public, patients and staff that risk is being managed effectively.

Underpinning the Risk Management Strategy there is a Risk Management Strategy Implementation Plan along with the Risk Register Policy, Procedures for Alerts and the Risk Management Escalation Process.

The Adverse Events Management and Learning Policy covers all accidents, adverse events and system failures which either caused, or could have caused, harm or death to people or groups of people or damage or loss to property. This includes clinical events involving people receiving services, families, staff and carers (including health and safety, accidents or adverse events) and non-clinical events (including information governance, adverse publicity and finance)

The **aim** is to **minimise** the risk of adverse events occurring and **maximise** opportunities to learn and keep people safe and support staff. The purpose of this is to encourage staff to

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recognise a **fair and just** reporting culture as the bedrock for sustained changes in practice to improve care and services where respect and fairness comes first for everyone.

The Adverse Event Review process must be “transparent and should ensure engagement and involvement with all people involved in the adverse event during the review process: people receiving the service, families and carers and staff

**The primary purpose of the adverse event management framework is to improve systems, practice and care and NOT to apportion blame.**

Datix is the Risk Management Information System that is used by NHS Western Isles for web based reporting of Adverse Events, web based Risk Registers and web based Complaints.

**Duty of Candour** - Creates a legal requirement to inform people receiving care and their families when they have been harmed, either physically or psychologically as a result of care received and will include a requirement to:

- Meet with the person and/or their representative to explain that something has gone wrong and to apologise as soon as reasonably practicable inclusive of a written summary
- Carry out an adverse event review
- Provide support for persons affected by the incident (including staff)
- Provide training, supervision and support for staff who will be affected by Duty of Candour


It is not intended for circumstances where a person’s condition deteriorates due to the natural progression of their illness.

Regulations relating to The Duty of Candour Procedure are prepared by the Scottish Government and processes relating to the Duty of Candour will be included in the Adverse Event Management Policy and a recording mechanism included within the Datix Adverse Event Module.

## RESPONSIBILITIES OF ALL STAFF (PRACTISING ROLES)

### Risk Escalation Process

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All staff at ward, team and department level are responsible for identifying and managing risks in their own area. Senior Charge Nurses, Heads of Departments and Team Leaders are responsible and accountable for maintain their risk registers at local level.

If risks cannot be managed at local level they are then escalated and discussed at the Operational Management Team monthly meeting.

There is written criteria for escalation to be discussed and agreed before a decision is made as to which risk register the risk will be placed on.

The risk will either be de escalated back to the risk to the area where it was identified, placed on the Operational Management Group Risk Register or escalated to the Single Operating Division Risk Register.

If the risk is escalated to the Single Operating Division Management Team the written criteria for escalation will be discussed and the team will agree if the risk is to be de escalated back to the Operational Management Group, placed on the Single Operating Division Risk Register or escalated to the Corporate Management Team.

If the risk is escalated to the Corporate Management Team the written criteria for escalation will be discussed and the team will agree if the risk is to be escalated back to the Single Operating Division Risk Register or placed on the Corporate Risk Register.

### ROLES OF STAFF WHO ARE RESPONSIBLE FOR DELIVERING CLINICAL GOVERNANCE (DELIVERING ROLES)

The local risks and adverse events are monitored, reviewed and scrutinised for common themes and the occurrence of multiple similar events, with improvement plans developed in response.

The Operational Management Group Risk Register, The Single Operating Division Risk Register and the Corporate Risk Register are reviewed, updated and discussed at the relevant management team meetings monthly.


Performance review of the risk management process has been designed to support the devolved accountability that managers and staff have for ensuring the quality of care through the establishment of a structured meeting to discuss performance across agreed key risk registers and adverse event reports.

### RESPONSIBILITIES OF OVERSEEING ROLES

The Corporate Management Team agrees and prioritises the Corporate Risks. These are discussed, reviewed and monitored on a monthly basis. Each Corporate Risk has an identified Executive Lead who is responsible for the risk and for updating their section of the Corporate Risk Register. The Nurse and Medical Directors are the Executive Leads for all clinical risks.

The Healthcare Governance and Audit Committee is responsible for assuring the Board that there are adequate systems and processes in place for risk management. The Corporate Risk Register with

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Executive Summary and the Adverse Events Report is presented and discussed at all the Healthcare Governance and Audit Committee meetings.

The Western Isles NHS Board is currently developing a Board Assurance Framework using the Datix Risk Management Information System which identifies the risks that could impact on the delivery of the Organisation’s objectives. The risk current and target risk rating, risk controls that are in place and the current risk appetite are included in the monthly progress report for the current risk.

## 5.2 Clinical Effectiveness



*Clinical effectiveness is ensuring that the most appropriate treatments, interventions, support and services will be provided at the right time to everyone who will benefit, and wasteful or harmful variation will be eradicated.” (Healthcare Quality Strategy 2010)*


### RESPONSIBILITIES OF ALL STAFF (PRACTISING ROLES)

All clinical and support staff work to ensure that the standards of care in their local areas are appropriate and deliver the right treatments and interventions to the right person at the right time. Local teams are responsible for identifying evidence-based practice from appropriate standards and guidelines and prioritising what matters most to support them to deliver excellent treatment and care which is focused on the needs of the person receiving care. Multi-disciplinary teams take ownership of what happens in their area by:

- Setting and prioritising appropriate local standards
- Agreeing measures with the clinical team based on what matters most to their ward or department in alignment with nationally agreed measures e.g. Excellence in Care measures
- Gathering data on the agreed measures
- Continually measuring the data, e.g. falls with harm rate
- Sharing good practice and lessons learned throughout the organisation

This local ownership of standards results in better communications as teams can reassure people receiving services and their families with meaningful information and reported outcomes and teams can

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also benchmark against other areas. Clinical audit is an integral part of routine care and treatment in clinical teams and staff should be supported to take part in relevant audit activity.

## ROLES OF STAFF WHO ARE RESPONSIBLE FOR DELIVERING CLINICAL GOVERNANCE (DELIVERING ROLES)

Key representatives from local teams come together to form Clinical Governance and Risk Management Committees, Groups or Forums. Each group comes together to create the right conditions and environment to support staff so they can highlight risks, adverse events and other operational issues, share data, promote learning, celebrate success and spread good practice. Self-assessment documents are available to identify priorities as well as local data from risks, adverse events, feedback etc.

Each group:

- Oversees and endorses the locally-owned standards
- Agrees local Key Quality Indicator Measures and improvements
- Monitors locally-gathered data
- Monitors adverse events, risks, feedback, complaints, etc
- Shares learning across the organisation
- Identifies emergent themes

## RESPONSIBILITIES OF SUPPORTING ROLES


Staff working in activities underpinning clinical governance such as the Clinical Governance and Professional Practice Team and The Public Health Intelligence Team can provide resources to support clinical teams with improvements. The Public Health Intelligence Team with colleagues in Clinical Governance and Professional Practice, are developing a measurement and monitoring Dashboard (Care Assurance Information Resource- CAIR) in conjunction with the Excellence in Care Team. The CAIR system will provide information and assurance on an agreed set of nursing and midwifery measures. Operational performance, productivity and efficiency data is also available from the Public Health Intelligence Team to support clinicians and managers to identify variation, monitor performance, support improvement and provide assurance about the services they provide. All appropriate Clinical Governance related guidance will be distributed by the Clinical Governance Team to assist clinical staff in ensuring they have access to the most up to date standards and guidelines to deliver evidence based care.

## RESPONSIBILITIES OF OVERSEEING ROLES

The Medical Director is Chair and the Nurse Director Vice-Chair and Executive Leads for the Clinical and Care Governance Committee (CCGC), which manages the clinical governance and quality assurance activities throughout NHS Western Isles. The committee also has a Co-Chair representing the Comhairle, Chief Social Worker. The purpose of this committee is:

To manage the clinical governance and quality assurance activities, through the prioritisation and agreement of a work programme in order to provide assurance to the Board - through the Healthcare Governance and Audit Committee (HCGAC) - that the appropriate systems and processes for clinical governance and quality activities are in place. The work programme sets out the

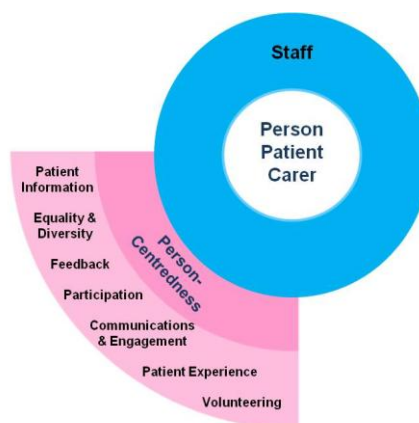
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frequency of reporting from the Directorates’ clinical governance sub-groups and stipulates a universal approach to reporting to the CCGC. The Board receives assurance from the CCGC that the appropriate systems and processes for clinical governance and quality activities are in place and there is a system to escalate or cascade issues as appropriate.

The Nurse Director is Chair of the Learning Review Group which is a sub-group of the Clinical and Care Governance Committee, the aim of the group is to identify patient and staff emerging trends and apply thematic learning disseminating appropriately to all relevant staff groups to mitigate risk and reduce negative outcomes.

### 5.3 Person-Centredness



In 2010 the Scottish Government published a Health Care Quality Strategy which put people at the heart of the NHS and identified this as a specific ambition:

*“It will mean that our NHS will listen to people’s views, gather information about their perceptions and personal experience of care and use that information to further improve care.”*


The Patients Rights (Scotland) Act 2011 gives all patients the right that the healthcare they receive will:

- Consider their needs
- Consider what would most benefit their health and wellbeing
- Encourage them to take part in decisions about their health and wellbeing and provide them with the information and support to do so

It also gives patients the right to give feedback, comments, raise concerns or complaints about the care they have received.

To be person-centred requires the formation of therapeutic relationships between professionals, patients and their significant others, and that these relationships are built on mutual trust, understanding and sharing collective knowledge (McCormack and McCance 2006).

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Person-centredness consists of many facets and at the centre is the person receiving care and the Carer. NHS Western Isles approach to Person Centred Health and Care is outlined within our Person Centred Health and Care Framework 2017-2020.


**Carers** - A carer is a person of any age who looks after family, partners or friends in need of help, because they are ill, frail, have a disability or mental health issues and need support to live independently. Carers play a vital and central role in the provision of care, making an enormous contribution to supporting people in the community. The [Carers \(Scotland\) Act 2016](#) will take effect from April 1, 2018. The Act includes: the identification of carers' needs for support through adult carer support plans and young carer statements; the provision of support to carers; the enabling of carer involvement in certain services; the preparation of local carer strategies; the establishment of information and advice services for carers; and for connected purposes. Implementation of the Act is a key strategic aspect of this Clinical Governance Strategy.

**Patient Information** - All patient information leaflets are developed, monitored and reviewed in line with NHS Western Isles Patient and Health Information Policy, which ensures that the information that is provided to patients is accurate and up to date. For patients who cannot read and write in English information is made available upon request in alternative formats, for example, English, Gaelic, Easy Read, Audio, Braille, British Sign Language DVD, email, etc. The future strategy is to produce more accessible information for people in line with the [national health literacy agenda](#) and also utilising emerging technology such as FLO, Attend Anywhere and the Vimeo platform to support self-management and to ensure all risks and benefits of procedures are well understood. Over 196 leaflets are already available to clinicians on NHS Western Isles Patient Information Leaflet database and over half of these have been adapted and made available on NHS Western Isles website for the public to access.

**Equality and Diversity** – The public sector equality duty (or general duty) requires NHS Western Isles to have due regard to the need to eliminate discrimination, advance equality of opportunity and foster good relations between different people when carrying out our activities. The broad purpose of the equality duty is to integrate consideration of equality and good relations into the day-to-day business of NHS Western Isles. If you do not consider how a function can affect different groups in different ways, it is unlikely to have the intended effect. This can contribute to greater inequality and poor outcomes. The general equality duty therefore requires NHS Western Isles to consider how it could positively contribute to the advancement of equality and good relations. It requires equality considerations to be reflected into the design of internal and external policies and the delivery of services, including internal policies, and for these issues to be kept under review.

Compliance with the general equality duty is a legal obligation, but it also makes good business sense. An organisation that is able to provide services to meet the diverse needs of its users should find that it carries out its core business more efficiently and effectively. A

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workforce that has a supportive working environment is more productive. It should also result in better informed decision-making and policy development. Overall, it can lead to services that are more appropriate to the user, and services that are more effective and cost-effective, this can lead to increased satisfaction with local health services.

The public sector equality duty covers the following protected characteristics: age, disability, gender, gender reassignment, pregnancy and maternity, race, religion or belief and sexual orientation.

There is a duty on each public authority including NHS Western Isles to develop their own three year BSL (British Sign Language) Action Plans to be published by October 2018 and then reviewed every 3 years thereafter. The Public Authority Plans will be in line with the aims and goals of the National Action Plan, published October 2017, but tailored to the services our organisation provides. There are ten ambitions in the Scottish Government's National Action Plan; Ambition 5 is the Scottish Government's long-term ambition for Health, Mental Health and Social Care.


**Feedback** –Western Isles NHS Board understands that feedback about the experiences of people using services is an important gauge of the service we provide. Feedback can be used as a measure of the quality of our service and allows patients to be more involved in their own care and contribute to improving care. The Patient Rights (Scotland) Act 2011 introduced a right to give feedback, comments, concerns and complaints about NHS healthcare and services. In NHS Western Isles feedback encompasses comments, concerns, complaints and compliments. Western Isles NHS Board has local processes and procedures in place for encouraging feedback. The strategic intent is to introduce a suite of evidence informed methods and processes for collecting feedback from a wide a range of people as possible and to use this feedback to improve care and promote learning and improvement.

Over the next two years the focus will be on:

- Building capacity through volunteers to collect feedback from people using Real time feedback – in hospital/ directly post consultation in outpatient services using a range of methods including interviews/surveys/emotional touch points or facilitated conversations (with people with dementia or language difficulties)
- Building capacity in the system for using all forms of feedback including Care Opinion and website feedback to celebrate excellent care experience and to improve experience where indicated
- Building patient feedback into current care assurance frameworks
- Increasing awareness among all people using our services on how they can provide feedback
- Evaluating the impact that feedback of experience has on service quality and in particular future experiences of people using services
- Building a culture where feedback is sought as close to care as possible and used to inform and improve care close to the point of care.

From 1<sup>st</sup> April 2017, Western Isles NHS Board has also been working to the new NHS Scotland Complaints Handling Procedure which affords practitioners the opportunity to:

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- Seek early resolution for issues that are straightforward, easily resolved and require little or no investigation.
- Undertake a formal investigation within 20 days into issues that have not been resolved or are complex, serious or “high risk”.

Western Isles NHS Board reports annually to the Scottish Government on its activities in relation to Feedback and Complaints and aims to continually improve on systems and processes of engagement and feedback. Western Isles NHS Board will provide ongoing support to understand and make use of routinely collected feedback

**Participation** - Involving people in the planning and delivery of services is well established across NHS Western Isles, this is outlined within our Involving People – Improving Peoples Experience of Care Framework 2017-2020. There is a robust mechanism in place through our engagement and planning structures to ensure that patients and lay representatives have a voice. Participation remains a key priority in ensuring that the experience and views of the people who use our services, their carers and those who live in our communities are fundamental in helping us to shape our person centred care. The Participation Standard for the NHS in Scotland explains the policy background and clear aims for reviewing and continuously improving arrangements for participation.


**Experience of care** is influenced by many factors including staff experience, culture and leadership which have all been presented earlier in this strategy. NHS Western Isles is committed to providing key personnel with the appropriate education and support to help them evaluate and improve patients’ experiences in a continuous cycle of improvement. We are committed to a programme of practice development that provides staff with formal education and ongoing support to transform services in person-centred ways that enhance the staff and patient experience and quality of care

It is recognised that many of those we serve have complex needs, and many of these needs are psychological and social. The National Clinical Strategy for Scotland emphasises ‘a healthcare system where we have integrated health and social care, a focus on prevention, anticipation and supported self-management’ (Scottish Government, 2016). NHS Western Isles will continue to skill their workforce in working with people to make care and treatment decisions and to improve self-management capabilities providing services that are person-centred.

**Volunteering-** volunteers already have a variety of roles in busy clinical environments; as well as bringing the breadth of their life and illness experience to bear on committee discussions as Lay Representatives. They provide a bridge of support and empathy, of which the expansion of the Spiritual Care Team's Community Chaplaincy Listening Service across GP practices is an example.

The input of our volunteers, in collaboration with the Third Sector, will be an increasingly pivotal part of the enablement of our patients to abide in their familiar home environments for as long as possible. NHS Western Isles envisage an expanding of Peer Support roles

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around this, particularly in relation to sufferers and carers of Parkinson's Disease and also for mental health recovery. Volunteers can become part of the social prescribing so crucial to mental health wellbeing. This is already being seen in dementia therapy, powerfully.

For all this to be mobilised, the NHS Western Isles infrastructure that supports volunteering will be refined, sustained and of a truly inclusive, mutual nature. Volunteering, and the positive contribution it makes, will be recognised as per the NHS Western Isles Volunteering Policy & dedicated Staff Intranet site, as an indispensable & altruistic facet of the care and treatment we provide.

#### RESPONSIBILITIES OF ALL STAFF (PRACTISING ROLES)

Person-centred care is everyone's business and every member of staff in every team must always put people receiving care, carers and their families at the heart of everything they do. We expect staff to act on local feedback to improve care experience and to consider the other facets of being person-centred every day.

#### ROLES OF STAFF WHO ARE RESPONSIBLE FOR DELIVERING CLINICAL GOVERNANCE (DELIVERING ROLES)

Clinical and Professional Leads in all services have a responsibility for ensuring a culture of person centredness in their team. Clinical and Professional Leads build skills and capability in each member of staff to have healthy relationships with colleagues, to seek feedback and challenge from peers and people receiving care and their families and use that information to continually examine their own practice and the collective practice of the team. Delivering roles also ensure that when redesigning services they pay attention to the Participation Standards and meaningfully engage the public in co-designing services with the support of the Patient Focus Public Involvement Development Officer.


#### RESPONSIBILITIES OF OVERSEEING ROLES

At Board level person-centred care is a key strategic priority which is supported by many teams in the organisation and through many functions. Teams who work with a Person-centred focus demonstrate better outcomes of care experience, staff experience and co-production.

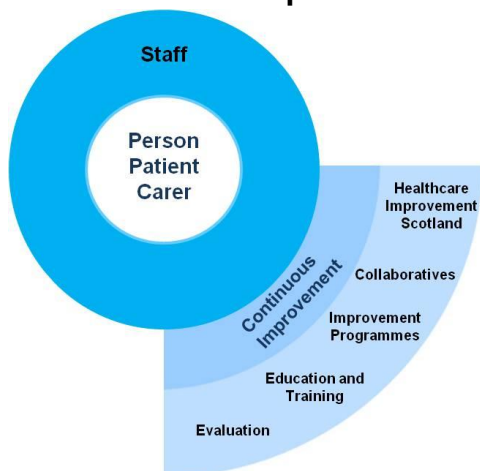
The Nurse Director is the Executive Lead for person-centred care and provides clinical leadership. Over the next year all elements of being person centred will be brought together to offer opportunities for learning and sharing. Themes and actions as a result of feedback are reported on, monitored and reviewed at the Learning Review Group (LRG). Patient Information is quality assured through the Patient Health Information Group which is a sub group of the Corporate Management Team. Volunteering and Diversity and Equality are reported to the Patient Focus Public Involvement Committee.

Carer support is reported through the Integrated Joint Boards Carers Information Strategy group with representation from Health as a key partner.

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## 5.4 Continuous Improvement




The NHS Scotland Quality Strategy has provided NHS Boards with an opportunity to make a shared commitment to continuously improve healthcare quality to ensure care is consistently person-centred, clinically effective and safe for all. The strategy also presents a challenge to NHS healthcare systems to consider how they will provide the training, support, information and resources required to deliver the vision described. More recently the Chief Medical Officer's Annual Report 2014-15, Realistic Medicine has emphasised the need to work toward answering the following questions:

- How can we further reduce the burden and harm that patients experience from over-investigation and overtreatment?
- How can we reduce unwarranted variation in clinical practice to achieve optimal outcomes for patients?
- How can we ensure value for public money and prevent waste?
- How can people (as patients) and professionals combine their expertise to share clinical decisions that focus on outcomes that matter to individuals?
- How can we work to improve further the patient-doctor relationship?
- How can we better identify and manage clinical risk?
- How can all doctors release their creativity and become innovators improving outcomes for people they provide care for?

Realistic Medicine puts the person receiving health and care at the centre of decision-making and creates a personalised approach to their care. It also recognises the importance of valuing and supporting all health and care professionals as vital to improving outcomes for the people in their care. Western Isles NHS Board supports teams to learn about what works and what doesn't and supports teams to make change. This allows the staff to develop skills, confidence and real focus on quality improvement in the context of a rapidly changing population demography and significant and increasing financial and workforce pressures and

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the challenging to realising realistic medicine. Through this strategy Western Isles NHS Board and its partner organisations will:

- **Continue to reliably deliver** consistently safe and high quality healthcare,
- **Reliably improve** the quality of healthcare around areas of concern,
- **Support, nurture and develop** the whole workforce to have a positive experience at work, and;
- Assure ourselves and others that those three things are happening to the standards we want and at an **affordable cost**

Western Isles NHS Board will work closely with Healthcare Improvement Scotland to agree the focus of quality improvement programmes which will support locally targeted areas for improvement. This improvement work will also be closely aligned to the Excellence in Care programme across all nursing and midwifery families. NHS Western Isles will support key staff to undertake the appropriate education in Improvement Science to increase and sustain the quality improvement capacity and capability within the organisation. NHS Western Isles staff will be supported by a Quality Hub which will draw upon a range of resources including an improvement faculty to deliver quality improvement education and training across a range of stakeholder groups.

#### RESPONSIBILITIES OF ALL STAFF (PRACTISING ROLES)

Local teams identify quality improvement work supported by measurement and evaluation. These QI endeavours are supported by Improvement specialists, Public Health Intelligence Team and Clinical Governance and Professional Practice Team by enabling teams to seek specialist support and managing their own improvement priorities through local team leadership structures.

This approach allows for the flexible use of a range of QI methods across a range of settings, as it is our experience that successful QI work can be achieved using a plurality of methods across a range of settings.


#### ROLES OF STAFF WHO ARE RESPONSIBLE FOR DELIVERING CLINICAL GOVERNANCE (DELIVERING ROLES)

Chairs of clinical governance forums, clinical leads and managers have a responsibility for developing programmes of QI adopting improvement science as an approach to improving clinical care. This ensures QI is at the heart of everything the Board does and strategies are collaborative with the people of Western Isles at the heart of our work.

#### RESPONSIBILITIES OF OVERSEEING ROLES

Continuous QI is supported at executive level by ensuring focus of improvement as the organisational agenda in respect of how resources are most effectively used, including staff potential.

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The Clinical and Care Governance Committee supports QI at all levels providing the platform for assurance and the identification and support to key areas of work requiring improvement specifically closing the loop for quality of care.

Western Isles NHS Board is committed to QI demonstrated by the commitment to NHS Western Isles Values and Corporate Objectives. NHS Western Isles Board is fully committed to developing an aptitude and attitude that QI culture is critical to our business of care. We are keen to develop thinking and ways of working that value experience and guide our decisions and approaches based on the courage, strength and passions of the workforce.

## 5.5 Staff Focus

*“Place the quality of patient care, especially patient safety above all other aims. Engage, empower and hear patients and carers at all times. Foster whole-heartedly the growth and development of all staff including ability and support to improve the processes in which they work. Embrace unequivocally and everywhere in the service of accountability, trust and the growth of knowledge” – Don Berwick 2013*


NHS Western Isles believes that its current journey reflects the call to action set out in Don Berwick’s Report 2013 “A promise to learn – a commitment to act: Improving the safety of patients in England”. Enhancing the experience and working lives of our staff across the Western Isles is a key to providing high quality compassionate care to our patients, clients and all those who interact with our services. As a Health Board we aim to provide a positive work environment that promotes a healthy, thriving and engaged workforce who have support to do their job to the best of their ability.

Since the launch of the Quality Strategy (2010) the Scottish Government announced its plan for the 2020 Workforce Vision for achieving sustainable quality in the delivery of health and social care across Scotland. Staff engagement underpins the 2020 vision as does our NHS Scotland Staff Governance Standards. Every NHS Board across Scotland is now tasked with turning the 2020 vision into reality as well as managing the complex culture change necessary to support, embed and sustain the vision.

## 6 Measuring and Monitoring Quality and Safety

NHS Western Isles must be able to assure people receiving care, families and carers and the general public, as well as the government and regulatory bodies, that high-quality care and a good experience for every person is provided, every time from professional staff that are engaged and supported by the organisation.

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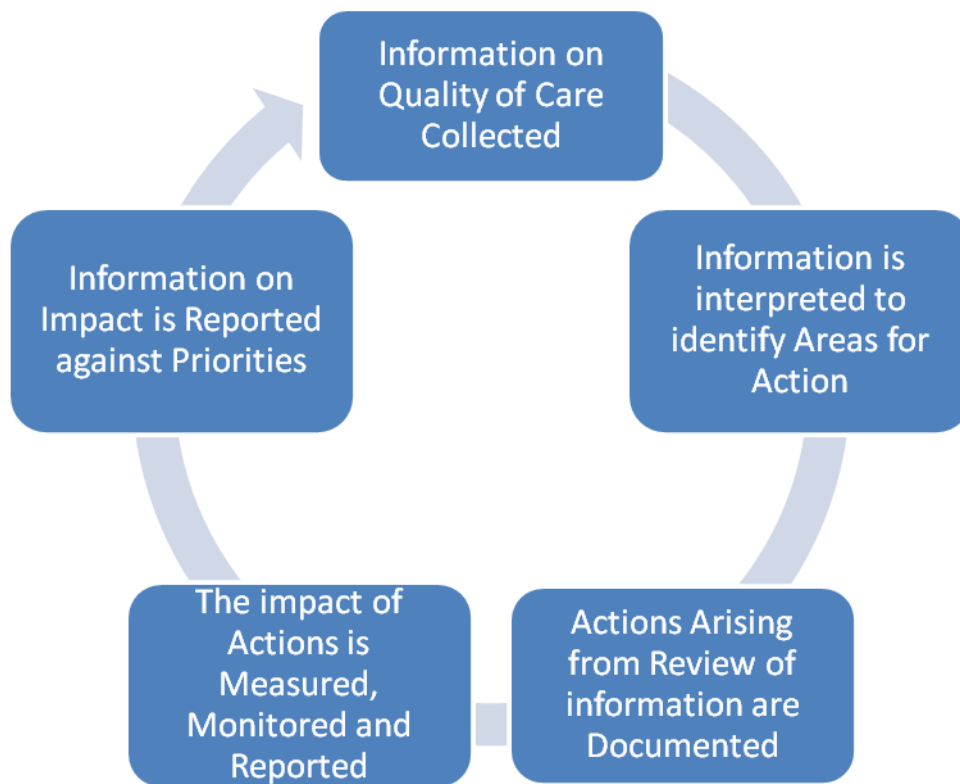
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Essential to being able to achieve this is an agreed clinical governance framework that clearly defines the measures across a number of domains that can be used to monitor and improve care, experience and outcomes.

NHS Western Isles will adopt a systematic approach to reporting data and information that provides the assurances that safe, effective and person-centred care is being delivered. There needs to be a focus on monitoring performance to identify areas where improvements can be made or good practice can be shared. The five step process outlined by The Scottish Government’s Clinical and Care Governance Framework (2014) shall be adopted to ensure delivery of this strategy.

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 are monitored
5. Information on impact is reported against agreed priorities


The Improvement Focused Governance Cycle



(Scottish Government 2014)

Furthermore NHS Western Isles have an ambition to adopt the concepts from the Monitoring and Measurement of Safety Framework, (Vincent et al 2013) which supports a shift away

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from focussing solely on past harm and a move towards real time measures influenced and identified by staff, carers and people receiving care. This creates a more anticipatory, proactive approach to managing risk. Key questions within this framework are:

- Has care been safe in the past?
- Are our clinical systems and processes reliable?
- Is care safe today?
- Will care be safe in the future?
- Are we responding and improving?

NHS Western Isles will use the concepts within the framework to strengthen the existing systems for monitoring and measuring the quality of care, experience and outcomes. The framework requires being agile to emerging developments including the anticipated Duty of Candour regulations.

#### RESPONSIBILITIES OF ALL STAFF (PRACTISING ROLES)

All clinical and support staff have a responsibility to collect information relevant to the quality of care in their area and interpret the significance of the data collected. They also have a responsibility to complete delegated actions and report on the impact of these actions. The Monitoring and Measurement of Safety Framework will support staff to use the range of information relevant to their area of work to identify variation, monitor performance and support improvement. This will enable local services to answer the key questions listed above through the analysis of their local data.

#### ROLES OF STAFF WHO ARE RESPONSIBLE FOR DELIVERING CLINICAL GOVERNANCE (DELIVERING ROLES)

Staff who are responsible for delivering clinical governance will ensure local teams are provided with the opportunity to develop, monitor and review information collected. Staff in this group will be responsible for ensuring the appropriate information is disseminated to the relevant clinical governance committees, sub groups and forums.


#### RESPONSIBILITIES OF SUPPORTING ROLES

The Clinical Governance and Professional Practice Team (CG&PPT) will offer support to clinical teams and leads at any stage of the Improvement Focussed Governance Cycle to enable delivery of a robust monitoring framework. The CG&PPT will also have an important role to play in monitoring actions arising from the interpretation of the information collected.

#### RESPONSIBILITIES OF OVERSEEING ROLES

NHS Western Isles Healthcare Governance and Audit Committee (HCGAC) is responsible for overseeing clinical governance and assuring the NHS Board that our 'system' of clinical

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governance and patient safety is appropriate and operating effectively and will review its functioning on an annual basis. The HCGAC will monitor the effectiveness of the systems of internal control by commissioning internal audits and reviews and the monitoring of response to any action plans arising from the reports. This includes reviews of clinical governance.

The Medical Director is Chair and the Nurse Director Vice-Chair and Executive Leads for the Clinical and Care Governance Committee, which manages the clinical governance and quality assurance activities throughout NHS Western Isles. The Clinical and Care Governance Committee will seek assurance that an appropriate framework is in place to measure and monitor safety and quality in NHS Western Isles.

## 6.1 External Reviews

NHS Western Isles will participate in reviews of clinical governance by NHS Healthcare Improvement Scotland and produce an action plan to implement any actions required following review.

Reviews which have clinical governance implications may also be undertaken by public bodies such as Audit Scotland, Health and Safety Executive, Her Majesty's Inspectorate of Education and the Scottish Government Care inspectorate.

## 6.2 Review of Strategy

This strategy will be reviewed every 2 years by the Clinical Governance and Professional Practice Team on behalf of the Healthcare Governance and Audit Committee, revising changes where amendments are made to National Guidelines, Strategies and Policies.

## 6.3 Implementation


The implementation of the Clinical and Care Governance Strategy will be supported by the Clinical Governance and Professional Practice Team. The implementation of this strategy will be monitored on an ongoing basis by the Clinical and Care Governance Committee which will provide performance / achievement information to the CMT and an annual report to the Healthcare Governance and Audit Committee

## 7 References

### National Strategic Document:

**The Scottish Government: Health and Social Care Integration Public Bodies (Joint Working) (Scotland) Act 2014** [Scottish Government Public Bodies Joint Working Act 2014.pdf](#)

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### **NHS Scotland: The Healthcare Quality Strategy for NHS Scotland (May 2010)**

Scottish Government Health Department draft policy paper “Future Approach to Governance, 2010”

NHS Scotland Framework for Developing Boards, Board Diagnostic Tool, 2010

### **NHS Scotland Efficiency and Productivity: Framework for SR10, 2011-2015**

#### **Equality Act, 2010**

### **NHS Quality Improvement Scotland (NHS QIS) National Standards October 2015: Clinical Governance & Risk Management.**

NHS Quality Improvement Scotland. “Clinical Governance & Patient Safety Support Unit Work Programme 2005-2007”. [www.nhshealthquality.org](http://www.nhshealthquality.org)

The National Patient Safety Agency. “Seven steps to patient safety: The full reference guide 2004”. [www.npsa.uk/sevensteps](http://www.npsa.uk/sevensteps)

### **Draft Healthcare Quality Standard July 2011 Assuring Person-Centred, Safe and Effective Care: Clinical Governance and Risk Management**

### **NHS Scotland Efficiency and Productivity Programme: Delivery Framework June 2009**

#### **NHS Western Isles Strategies and Policies**

#### **NHS Western Isles Clinical Governance Strategy 2007-2008**

NHS Western Isles Local Report July 2010 Clinical Governance & Risk Management: Achieving safe, effective, patient-focused care and services


NHS Western Isles Learning Strategy 2016 – 2020 [NHSWI Learning Strategy 2016- 2020 June 2016.doc](#)

NHS Western Isles Clinical Governance and Quality Framework V2 2014 [NHS WI Clinical Governance and Quality Framework V2 2014.pdf](#)

#### **NHS Highland Clinical Governance Strategy**

Scottish Executive Health Department (SEHD). 2001, Clinical Governance Arrangements. Amendment to MEL (1998)75 and MEL (2000)29. NHS HDL (2001)74, Edinburgh. [http://www.scot.nhs.uk/sehd/mels/HDL2001\\_74.htm](http://www.scot.nhs.uk/sehd/mels/HDL2001_74.htm)

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Scottish Executive Health Department (SEHD), NDL (2006) 12 Delivering For Health;  
Guidance On Implementation

## Scottish Audit of Surgical Mortality Summary Report 2007

### Significant reports to underpin clinical governance

## 8 Appendices/Related Documents


### 8.1 Appendix/ Related Document 1

### 8.2 Appendix/ Related Document 2

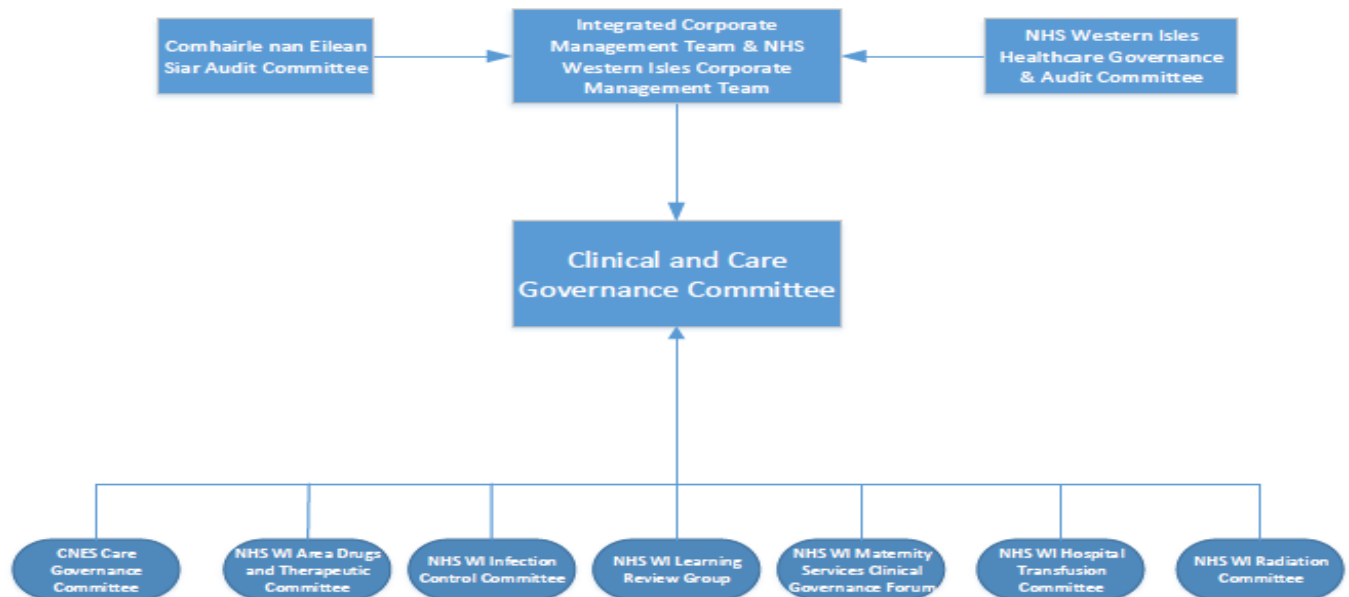
### 8.3 Glossary?

AHP	Allied Health Professional
CCGC	Clinical and Care Governance Committee
CG	Clinical Governance
CMT	Corporate Management Team
eKSF	Knowledge and Skills Framework
HIS	Healthcare Improvement Scotland
HSCP	Health and Social Care Partnership
IJB	Integration Joint Board
NES	National Education for Scotland
PDP	Personal Development Plan
SEHD	Scottish Executive Health Department


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#### 8.4 Structure of Clinical and Care Governance Committee



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