

**ASSURANCE IN NHS FORTH VALLEY**

**Clinical Governance and Risk Management Strategy**

2016-2021

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## Section 1: Purpose and scope

1. This document describes the system of clinical governance and risk management that NHS Forth Valley has in place to assure its Board and the public of the quality and safety of patient care provided in the Board area. These systems involve robust scrutiny of reports to evidence the level of quality and safety of patient care. It also describes key priorities to further improve the systems to assure the NHS Board and the public of the delivery of safe, person centred and effective care across NHS Forth Valley.
2. Clinical governance and risk management encompasses the assessment and actions taken by all staff working for NHS Forth Valley. Three main categories of risk are defined:
  - **Clinical:** Aspects that directly affect the health of the local population and the delivery of quality clinical services in an appropriate environment e.g. patient safety, infection control, outbreak management
  - **Staffing:** Aspects that directly affect the ability of staff to do the best job possible e.g. environmental, training
  - **Financial & Organisational:** Aspects that may result in spend over budget and risks financial sustainability and/or impacts on the routine business e.g. emergency planning.
3. The scope of this Strategy also includes the range of services provided on behalf of Forth Valley through other partners; for example hospices, primary care teams, private providers and the third sector as well as the areas and responsibilities for the broader elements of risk that encompass health and safety, Civil Contingencies and public protection.

## Section 2: Context

4. Overcoming challenges of transformational change, including shifting the balance of care from the acute setting into the community and creating an integrated approach to the provision of health and social care services are the focus of the following key current drivers for change that NHS Forth Valley has taken account of in establishing its system of clinical governance and risk management assurance:
  - a. National Clinical Strategy for Scotland (2016)
  - b. Chief Medical Officer's Annual report 2014-15 : Realistic Medicine
  - c. Pulling Together: Transforming Urgent Care for the People of Scotland (2016)
  - d. Creating a Healthier Scotland – What Matters to You (2016)
  - e. Beating Cancer: Ambition and Action (2016)
  - f. Health and Social Care Integration (Section 5(1) of the Public Bodies (Joint Working) (Scotland) Act 2014)
  - g. 'Designed to Care' introduced the concept of 'Clinical Governance' 1997 White paper
  - h. HDL (2002) 11 - Corporate Governance: Statement of Internal Control which includes a requirement to annually report on the control environment including the management of risk
  - i. Health and Safety at Work Act (1974), Management of Health and Safety Regulations (1999) and HSG65 – HSE guidance on how to comply
  - j. HDL (2003) 29 which sets out the decision to integrate the healthcare risk management standards developed by the Clinical Negligence and Other Risk Indemnity Scheme (CNORIS) and the NHS Quality Improvement Scotland (NHS QIS) generic clinical governance standards

- k. Corporate Manslaughter and Corporate Homicide Act (2007)
  - l. Scottish Patient Safety Programme (2008 onwards)
  - m. Better Together, Scotland's Patient Experience Programme (2008)
  - n. Equality Act 2010
  - o. Scottish Government. The Healthcare Quality Strategy for NHS Scotland (2010)
  - p. Staff Governance Standard (2012)
  - q. Healthcare Improvement Scotland: Building a comprehensive approach to reviewing the quality of care: Supporting the delivery of sustainable high quality services (March 2006)
5. NHS Forth Valley's strategic direction is set out in its [Healthcare Strategy 'Shaping the Future' 2016-2021](#) to be taken forward as described in ['Better every day' - Shaping the Future Quality Improvement Strategy 2016-2019](#). An Annual Corporate Plan identifies annual priorities from these strategies that are translated to corporate, directorate, department, team and individual objectives to ensure everyone within the organisation is working to common goals. This Clinical Governance and Risk Management Strategy is about overall governance and assurance in respect of the quality and safety of patient care.
6. The strategies and planning documents referenced above, describe the significant change the organisation has led and managed over recent years to keep pace with the challenges of a dynamic healthcare system. NHS Forth Valley's planning and implementation arrangements reflect requirements for considerable organisation change. Working in partnership with the Forth Valley Local Authorities of Clackmannanshire, Falkirk and Stirling, NHS Forth Valley continues to influence and improve the wellbeing of people who use health and care services; in particular those whose needs are complex and who require services and support from health and social care at the same time.
7. The Forth Valley [Clinical and Care Governance Framework](#) (CCGF) is an overarching framework in place across two Integrated Joint Boards (IJBs). The framework describes the process that provides assurance to the IJBs that high-quality care in respect of the functions described in the IJBs integration Schemes is consistently delivered. Reporting on those functions will be as it is set out in the [IJBs Performance Management Framework](#).
8. The NHS Forth Valley [Performance Management Framework](#) is an important delivery mechanism for ensuring quality improvement and safe and effective care. It describes governance and accountability and the review of priorities that is part of ongoing management and decision making which is aligned to local, regional and national planning priorities determined through the annual planning process cycle.

### **Section 3: Aims, Values and Principles**

9. The following aims will be taken into account through the analysis of reported risk. Lessons from quality improvement and performance information is used for decision making purposes:
- delivering evidenced based care
  - reducing avoidable mortality
  - reducing avoidable harm and, on an occasion of an adverse event, minimise the impact on patients, carers, families, staff and the organisation
  - reviewing and learning from adverse events, complaints and litigation
  - contributing to safely reducing costs whilst also increasing staff time to care and deliver the quality ambitions for their service

- identifying and reducing risk by creating a culture founded on assessment and prevention rather than reaction and remedy
10. In 2013, staff from across NHS Forth Valley, were involved in creating and defining new organisational values and translating them into behaviours that would contribute to our success as well as identifying behaviours that staff did not want to see. The six values identified values incorporate those of NHS Scotland:
- Being **Person Centred**: We will acknowledge and accept that every person is different and we will adapt our approach to meet the needs of others.
  - Being **Respectful**: We will treat each other, our partners and people who access our services, fairly, as individuals and as equals, with humanity, dignity and respect.
  - Being **Supportive**: We will be supportive, valuing each other's role and contribution and demonstrating care and compassion in all our actions and communications.
  - Being **Ambitious**: We will deliver high quality, safe, consistent and effective healthcare.
  - Having **Integrity**: We will be open and honest in all our actions and communication.
  - Being a **Committed Team Member**: We will include managers and the wider multidisciplinary team in our communication and decision making.
11. The following principles underpin the National Clinical Strategy for Scotland:
- Quality must be the primary concern – all developments should seek to ensure that there is enhancement of patient safety, clinical effectiveness and a person centred approach to care
  - Developments should be guided by evidence when available: evaluation of any changes should be considered before making changes
  - We will continue to provide caring health and social care services that will recognise the central importance of the role of people using services, their carers and their communities in providing support
12. These local and national aims, values and principles are therefore at the heart of our clinical governance and risk management assurance system.

## Section 4: System of assurance

13. Effective assurance is a core aspect of governance and risk management arrangements. This Strategy is therefore a fundamental pillar of continual quality improvement and ensuring the provision of high quality services as set out in NHS Forth Valley's strategic plans.
14. The process for implementing risk management in NHS Forth Valley is based on the model illustrated in Figure One. The delivery of an effective risk management system is through a consistent approach to risk identification, assessment, mitigation and reassessment of risks. Supporting integration, coordination and organisational learning from risks is also a key part of the process. In NHS Forth Valley this process is underpinned by a consistent approach to the use of Risk Registers across Directorates to identify record, quantify and reduce both clinical and non-clinical risks. This includes the appropriate escalation and de-escalation of risks and systems to share learning to support an integrated approach so that lessons learned in one area are quickly shared with another. This is a key role of the Risk Network.

The risk management policies e.g. Adverse Event Policy and Risk Register Guidance underpin the Assurance in NHS Forth Valley -Clinical Governance and Risk Management

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Strategy. These are signed off in accordance with the NHS Forth Valley Policy on Developing Guidelines ensuring that they have been through appropriate consultation with stakeholders. The Health and Safety Department maintains a register of Policies, Procedures and Guidelines covering risk management issues.

## Accountability and scheme of delegation

15. Members of NHS Forth Valley Board and individuals in its Corporate Management Team are responsible for providing direction and effective management and are held to account through a system of management and clinical management teams reporting arrangements. Board members, executive leads, senior managers and clinical teams will be supported by a range of health and safety advisors, clinical governance and service improvement leads.
16. High quality communication is an essential component of ensuring that the values, principles and purpose of this Assurance Strategy are known and understood by all staff across the organisation. A key objective for the Corporate Management Team (CMT) therefore will be to ensure that a wide range of mechanisms are utilised to engage with staff in the ongoing programme of quality improvement and the delivery of safe, effective and person centred services. Each member of the CMT must ensure that everyone understands his/her individual responsibility for contributing to implementing this Assurance Strategy and in turn the requirements for and frequency of reporting. Senior Managers must ensure that everyone understands when to report, what a report needs to contain, which team, group or committee a report needs to be submitted and considered by.
17. The **Chief Executive** is ultimately accountable to the NHS Board for effective corporate governance (clinical, staff and financial) and the management of risk relating to NHS Forth Valley. The NHS Forth Valley Board Scheme of Delegation (included within Board Standing Orders) sets out how responsibilities are delegated through others to promote awareness, provide guidance as and when required and ensure that organisational arrangements are in place in accordance with this Assurance Strategy as follows:
  - The **Medical Director** is the executive lead for Clinical Governance and Research and Development. Along with the **Nurse Director** considers clinical processes, systems, policies and procedures, patient safety and associated risks.
  - The **Director of Human Resources** is the executive lead for Staff Governance considers systems for staff employment, training, wellbeing and associated risks.
  - The **Director of Strategic Projects and Facilities** is the executive lead for Health and Safety.
  - The **Director of Public Health** is the executive lead for Civil Contingencies, population health and emergency planning, Hospital Acquired Infection and associated risks.
  - The **Finance Director** is the executive lead for ensuring effective internal control and review of risks with financial consequences and for those risks relating to systems of internal control ensuring appropriate completion of the Directors Report at the year end.
  - **General Managers** are responsible for ensuring that robust processes are in place within their Directorates to oversee and provide assurance about the quality and safety of patient care and staff wellbeing. This includes continually assessing, monitoring and managing risk and improving quality of care and services and responding to and learning from near miss, adverse and significant adverse events and complaints. The consistent approach to risk management is illustrated in the model at **Figure One**.

- **Associate Medical Directors and Clinical leads** are responsible for leading the delivery of safe and effective care, working closely with the General Managers to support delivery of robust assurance processes.
- **Multi-professional clinical teams** are responsible for working effectively to provide safe and effective care, promoting a culture of openness and team working.
- **Individual healthcare practitioners** will continue to participate in ongoing continuous professional development, developing and maintaining skills and competencies and meeting professional requirements for practice.
- The **Head of Clinical Governance** supports and facilitates the delivery of safe and effective care across the system in a culture of openness ensuring continuous improvement and learning.
- Corporate oversight of **risk management** is provided by a **named senior individual**, reporting directly to the Chief Executive. In a strategic leadership role, the **named senior individual** supports a consistent and integrated approach to the implementation of risk management strategy and policy and ensures the submission to the Board of the statutory annual report. The named senior individual works through a **Risk Network** Group that supports general managers in the process of effective risk management.

## Structures, balanced reporting and flow of information

**Figure Two (a)** shows the structure in place through which assurance takes place at the governance, corporate and operational management levels.

### Governance level:

Set standards, requires information, monitors performance and accounts for the organisation's use of resources in meeting its priorities and objectives to provide the highest quality of healthcare.

18. The Board receives and scrutinises minutes from each of its governance sub-committees as presented by respective non-executive board members. The Board is further assured by receipt of annual reports from these governance sub-committees on the activities undertaken during the year with particular emphasis on learning from complaints and near miss, adverse and significant adverse events.
19. The NHS Forth Valley Clinical Governance Committee (CGC) is responsible for providing assurance to the NHS Board, patients and the public that the framework, systems and processes to deliver Clinical Governance and Risk Management are robust and working effectively to deliver the highest standards of healthcare. This includes ensuring that the Board's duty of candour responsibilities, under the Patient Rights (Scotland) Act 2011, is fulfilled through the effective review and learning from complaints and events.
20. The Performance and Resources Committee scrutinises financial and overall performance and also maintains an overview of the Corporate Risk Register considering what requires to be reported to the NHS Board.
21. The NHS Forth Valley Staff Governance Committee is responsible for providing assurance to the Board about the appropriate training of staff to deliver high quality patient care and that an appropriate approach is in place to deal with staff risk management across the system

including health and safety. The Committee will review relevant risks and adverse events as they relate to staff training and awareness.

22. The Audit Committee has overall responsibility to evaluate the system of internal control and corporate governance, including the risk management strategy and information governance procedures. It will present an annual assurance statement to the Board endorsing the effectiveness of the organisation based on its periodic review of the risk management, clinical and staff governance arrangements.

23. The Integrated Joint Boards receive a regular summary report that highlights areas as they relate to the integrated functions.

24. External audit undertake and present a review of overall governance arrangements as part of the NHS Board’s annual audit cycle.

**Corporate Management Level:**

Provide leadership and direction that includes strategic planning, managing and prioritising the use of the Board’s resources to achieve its overall priorities and objectives.

25. The **Corporate Management Team (CMT)** acts as a management board to ensure there is a corporate approach to the:

- a. Development, implementation and review of robust systems and processes that allow the examination of performance and risk so that resources are deployed in an efficient and effective manner; and
- b. Focus on continuous improvement and quality in NHS Forth Valley.

26. The **Clinical Governance Working Group (CGWG)** is accountable to the **CGC** for the delivery of a robust system of clinical governance and risk management. There are a number of groups and committees that feed into CGWG and these are illustrated in **Figure Two (b)**.

27. The CGWG’s approach is to discuss and understand past activities, introduce learning into present services and monitor progress with ongoing work plans for improvements and risk mitigation. The effectiveness of governance processes covering a full range of service and support areas are considered by CGWG. These include prisons, controlled drugs, prevention and control of infection, business continuity, integrated functions, community services and research governance.

28. The CGWG’s agenda therefore provides a structure for presentation and discussion of progress reports and reviews on implementation, assurance, safe care and effective and person-centred care:

<b>Agenda item focus</b>	<b>Present issues</b>	<b>Past performance</b>	<b>Taking forward improvements</b>
<b>Implementation</b>	Near miss and Adverse events reports	Review Hospital Standardised Mortality Ratio (HSMR)	Improvement Plans Progress reports from all directorates ‘ward round safety checklist’
<b>Assurance</b>	Balanced scorecard and quality report including integration issues	Quarterly and Annual reports	Staff training and Medical education Improvement Plans

<b>Safe-Care</b>	Feedback and status on adverse and significant adverse events Corporate Clinical Risks	Governance reports for clinical and condition specific issues and support services	Standards of care
<b>Effective and Person Centred care</b>	Service specific care review reports	Quality Improvement, complaints and significant adverse events reports	Quality Improvement Plans Research, development and confidentiality
Receipt of minutes from all committees and groups as set out in Figure Two(b)			

29. **Family Health Services (FHS)** refer to the Health Board's independent professional contractor partners that provide general medical, pharmacy, dental and ophthalmic services. Systems to assure the quality of the services provided by independent contractors are in transition as the arrangements for integration of health and social care mature. Currently, provision of these FHS is overseen through performance groups reporting through the NHS Forth Valley Community Services Directorate into the Clinical Governance Working Group and up to the Clinical Governance Committee and IJB as required.

30. A **Quality Lead** from each GP practice together act as a professional grouping to review practice-level quality on a peer group basis to identify variation, learning and areas for improvement across the cluster for example referral behaviour and prescribing patterns. In time, GP clusters will be more directly involved in the range of health and social care services provided to patients registered within their locality and include services outwith the definition of general medical services i.e. those provided by secondary care.

31. The **Area Partnership Forum** oversees implementation of the Staff Governance Standards and raises staff related health and safety issues through to the Staff Governance Committee.

### Operational Management Level

This is the management and administration of day to day business to create the highest level of effectiveness and efficiency possible in the provision of healthcare services.

32. Each Directorate will have a **Service Improvement/Clinical Governance & Risk Management Group** to support delivery of continually improving quality patient care, staff wellbeing, and risk management responding to and learning from adverse events and complaints. Directorates will be held to account three times a year on a full range of performance issues including those relevant to this Strategy.

33. **Directorate Service Improvement and Risk Management Groups** will underpin the effective corporate assurance process at operational level through the assessment and management of all risks at individual, team and directorate level. These groups will maintain and review local risk registers, support incident trend identification and contribute to and monitor progress with Adverse and Significant Adverse Event reports and action plans. These groups will therefore also identify wider organisational learning to be shared with the **Risk Network** as part of a system wide approach to quality improvement and assurance.

### Key components and priorities for implementation

34. The governance and assurance system as described in this Clinical Governance and Risk Management Strategy, has a number of key support components in place to deliver the NHS ASSURANCE IN NHS FORTH VALLEY: Clinical Governance and Risk Management Strategy

Forth Valley's [Healthcare Strategy 'Shaping the Future' 2016-2021](#) and [Better every day' - Shaping the Future Quality Improvement Strategy 2016-2019](#) :

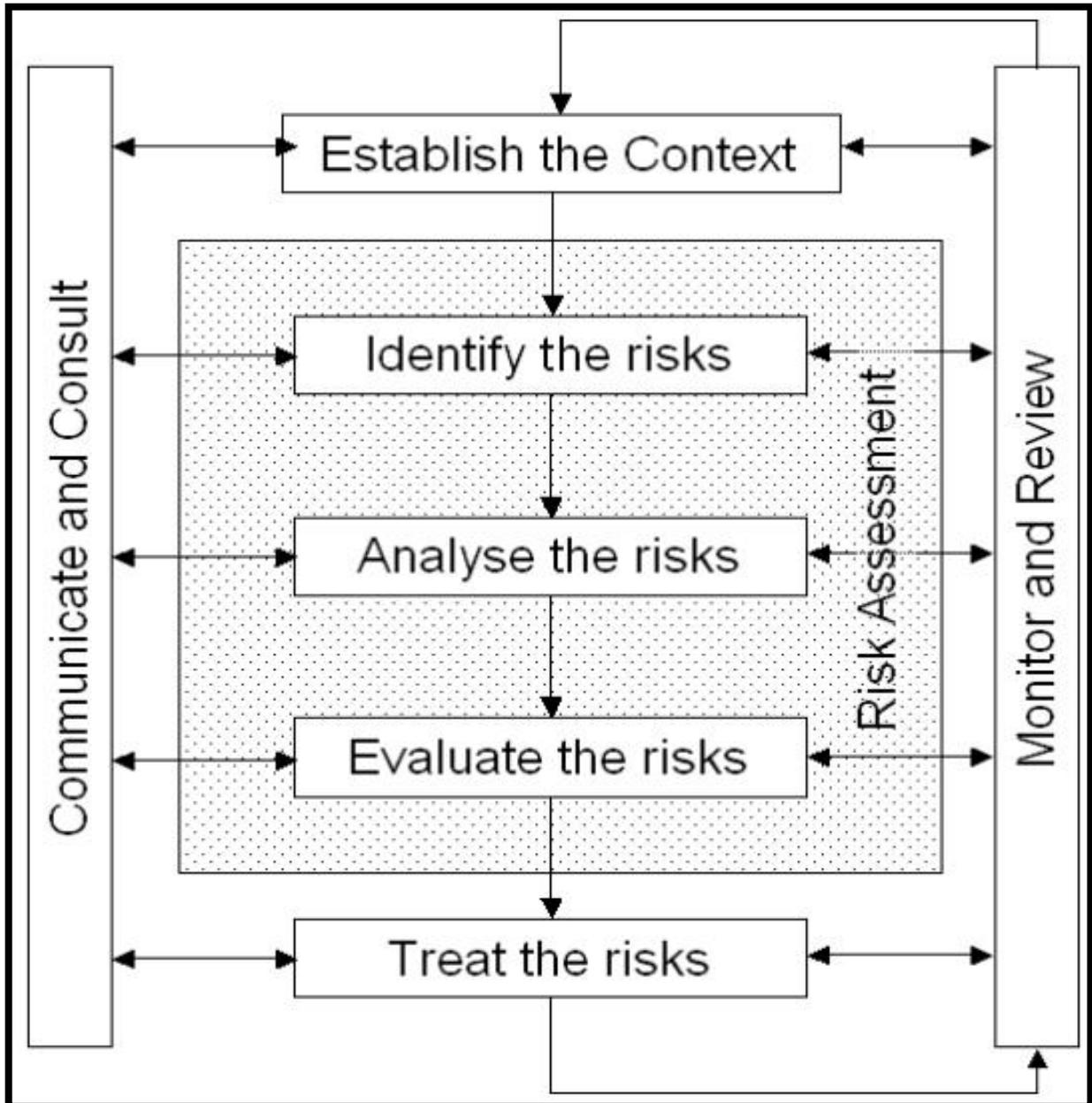
- a. The [FV Quality Improvement Hub](#)
- b. The [Performance Management Framework](#); **Figure Three** illustrates the FV balanced approach to measurement based on dimensions of quality that is utilised at the governance, corporate and operational management levels.
- c. [The Management of Adverse and Significant Adverse Events Policy](#)
- d. [Service continuity planning and major emergency procedures](#)
- e. The [Information Governance Strategy](#)
- f. ['Safeguard'](#) system – health and safety; risk registers; alerts; adverse and significant adverse event reporting and monitoring

35. The following organisation wide priorities will be monitored and reviewed to assure the NHS Board and the public of the ongoing delivery of safe, person centred and effective care:

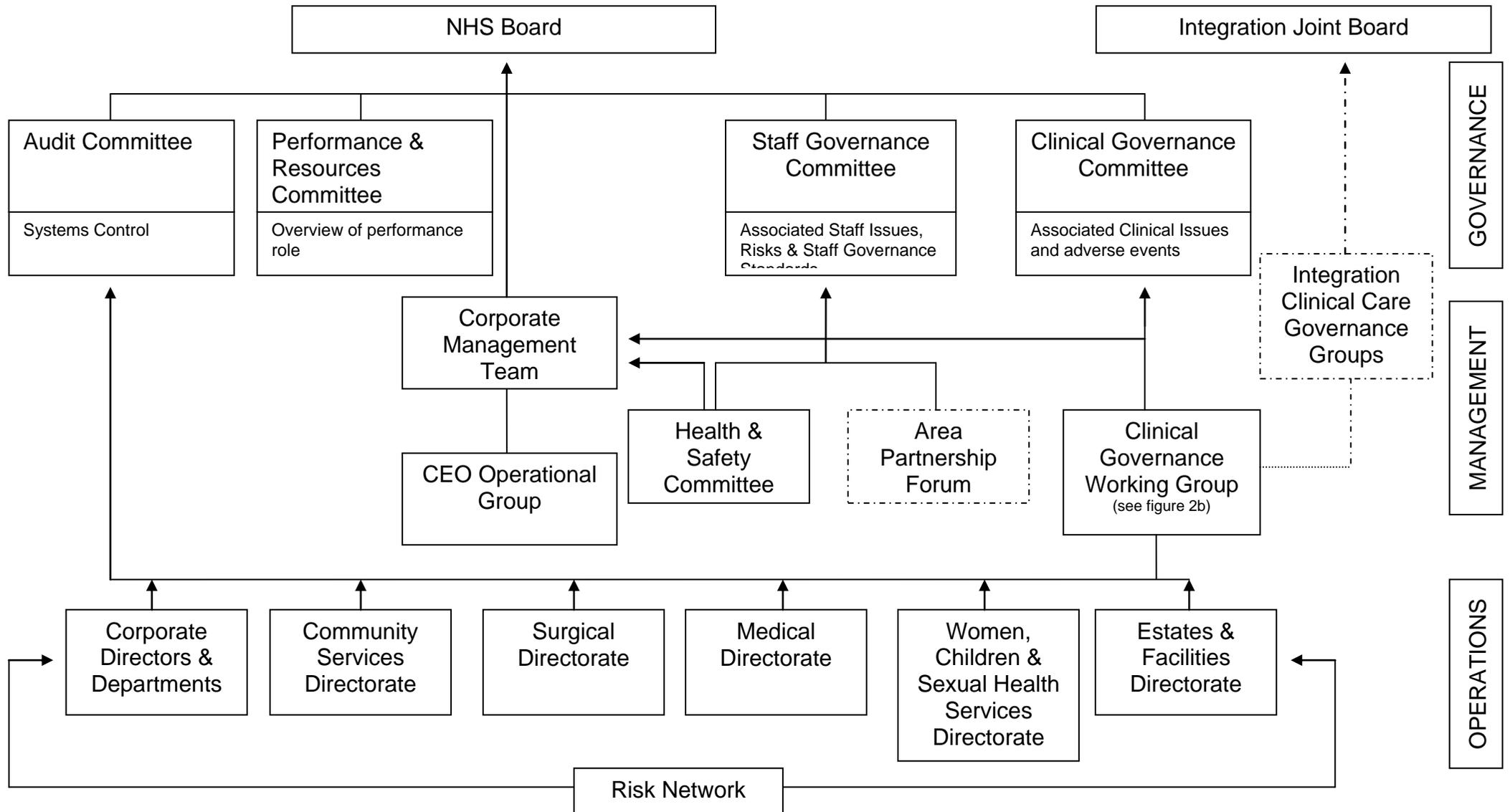
- a. As the NHS Forth Valley Healthcare Strategy is implemented; continue to develop the Clinical Governance Balanced Scorecard and Quality Report, effectively utilising key measures and testing new frameworks for measuring and monitoring safety to provide ongoing assurance on the quality of care provided in NHS Forth Valley.
- b. To continue to develop the approach to assurance in NHS Forth Valley in response to the requirements of the NHS Health Improvement Scotland Quality of Care Framework, including introducing a programme of self-assessment and action planning.
- c. To continue to improve NHS Forth Valley Adverse Event policy implementation and timescales associated with Significant Adverse Event Reviews, ensuring a system wide focus on timely organisational learning to continually improve the quality of care and reduce harm to patients.
- d. To continue to develop the Forth Valley [Clinical and Care Governance Framework](#) (CCGF) to ensure the clinical governance and risk management arrangements within NHS Forth Valley provides the IJBs with assurance that high-quality care, in respect of the functions described in the IJBs integration Schemes, is consistently delivered.
- e. To further embed the role of the Directorate Service Improvement/Clinical Governance and Risk Management Groups, in particular within the Community Services Directorate to develop the assurance arrangements relating to the new approach to quality in GP practices and assurance arrangements of the integrated functions of the IJB.
- f. To continue to develop NHS Forth Valley's risk maturity building on the robust risk management arrangements which underpin the efficient, effective and accountable governance of the organisation, and to continue to review risk appetite and management of risk as NHS Forth Valley moves forward with implementation of the new healthcare strategy.

36. This Clinical Governance and Risk Management Strategy has set out the overall governance and assurance system in place in respect of the priorities identified for the quality and safety of patient care.

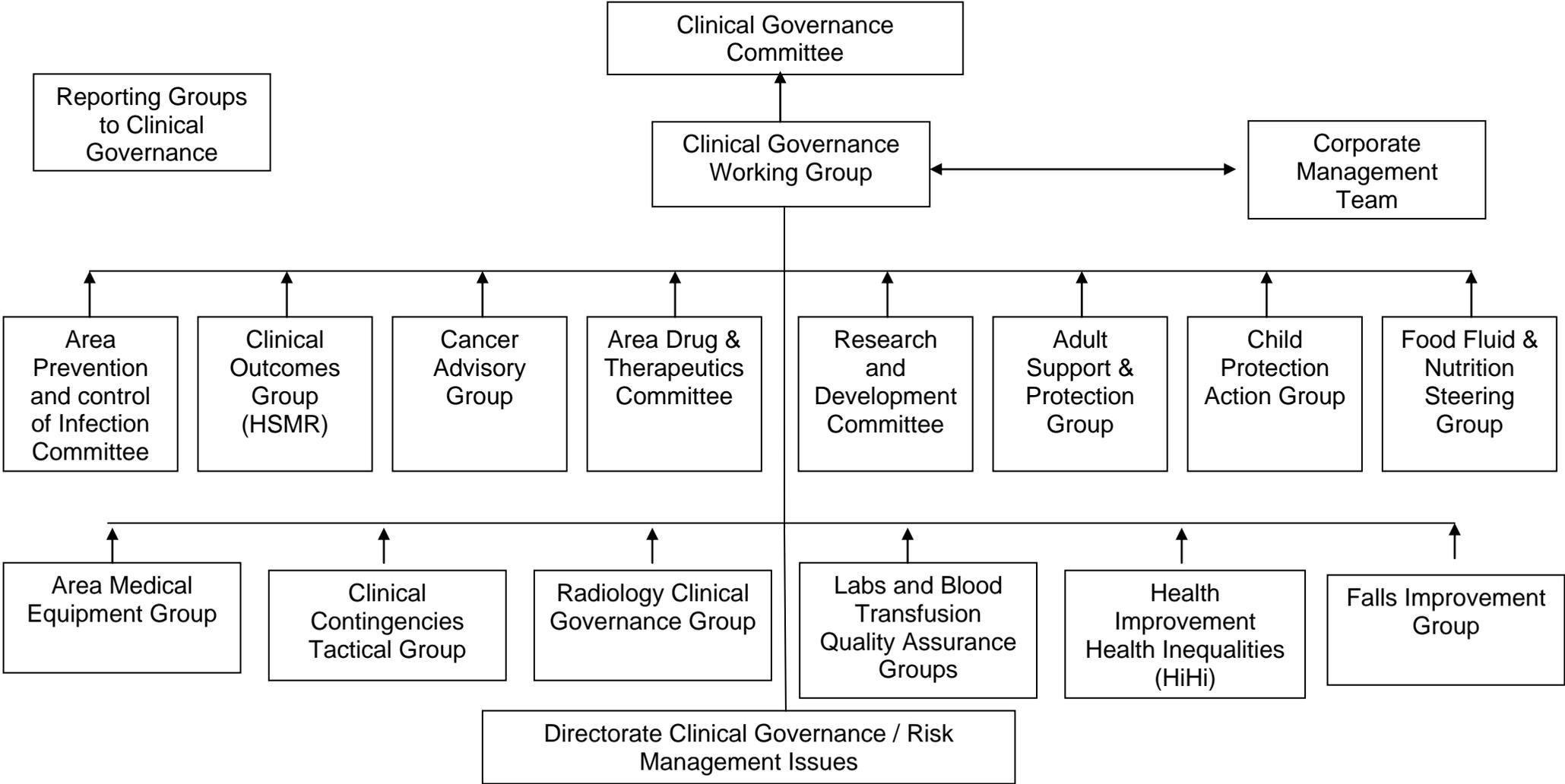
**Figure One**  
**Approach to risk management**



**Figure Two (a)**  
**Assurance, Accountability and Reporting Structure**



**Figure Two (b)**  
**Reporting Groups to the Clinical Governance Committee**



**Figure Three**  
**Balanced approach to measurement**

