



IMPROVING QUALITY

Clinical Governance Strategy & Framework

NHS GREATER GLASGOW & CLYDE	Approval: Quality & Performance Committee
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Contents

<u>1. Introduction</u>	<u>page 3</u>
<u>2. Strategy Context</u>	<u>page 3</u>
<u>3. Strategy Aim</u>	<u>page 4</u>
<u>4 Strategy Approach</u>	<u>page 4</u>
<u>5. The NHS GG&C Clinical Governance Framework</u>	<u>page 6</u>
<u>6. The Scheme of Accountability</u>	<u>page 6</u>
<u>7. Governance through Evaluation</u>	<u>page 9</u>

1. Introduction

- 1.1. Improving the safety and quality of care is core to the way we work in NHS Greater Glasgow & Clyde (NHS GG&C).
- 1.2. Our commitment to improving quality is a core value, but there is also a statutory Duty of Quality. The Health Act 1999 requires that NHS GG&C

“put and keep in place arrangements for the purpose of monitoring and improving the quality of health care which it provides to individuals”.

- 1.3. The Duty of Quality applies to all services we provide in connection with the prevention, diagnosis or treatment of illness. It includes services that we jointly provide with other organisations. Essentially NHS GG&C must satisfy this duty of quality through internal arrangements and also through sufficient collaboration with partner organisations.
- 1.4. The framework of arrangements we put in place to meet this Duty of Quality, and all its associated activities, is known as **CLINICAL GOVERNANCE**. Although the Duty of Quality is a prominent driver we must take account of many other legislative and national policy requirements which have a major impact on the quality of care experienced by patients. For instance, it is well recognised that we cannot provide a high quality health service if it is not adequately sensitive to the issues of inequalities.
- 1.5. The purpose of this document is to set out the key strategy requirements, the organisational arrangements and general policy requirements for NHS GG&C.
- 1.6. Please note the strategy part of this document is written at a level of principles and intentions. The important issues of implementation and practice will be supplemented by the publication of other policy and guidance, providing greater detail on specific quality improvement approaches and methods (see Staffnet site for more details directly accessible at <http://www.staffnet.ggc.scot.nhs.uk/Corporate%20Services/Clinical%20Governance/Pages/homepage.aspx>).

Section One: The strategy - improving clinical quality

2. Strategy Context

- 2.1. The most important aspect of Clinical Governance is how we collectively and continuously improve the QUALITY of clinical care we provide.
- 2.2. In 2010 NHS Scotland published the national Healthcare Quality Strategy which raised a challenge for every NHS board. It states “the ultimate aim of our Quality Strategy is to deliver the highest quality healthcare services to people in Scotland”. This challenge was developed further in the expectation that “we want confidence for patients that

their NHS is amongst the best in the world – safe, effective and responsive to their needs, every time and all of the time”.

- 2.3. The increasing evidence from many other industry sectors as well as healthcare is that quality must be core to the successful business strategy. We also observe from studies of high performing healthcare organisations across the world that improving value and efficiency is inextricably linked to improving quality and reducing waste. Our intention is to provide for patients care they highly value by ensuring reliability and consistency, building confidence and reputation and being responsive to the needs of the people being served.
- 2.4. The Scottish Government Health Directorate, in particular the Quality Alliance Board, are providing support for the implementation and delivery of the Quality Strategy. In addition Healthcare Improvement Scotland provide a national leadership role for guidance, improvement support and scrutiny. The national roles will be oriented around this key expectation of safe effective person centred care for every patient every time. All NHS GGC developments should acknowledge the ongoing output of these two key reference points in framing local approaches to healthcare improvement.

3. Strategy Aim

- 3.1. Our aim in improving quality (i.e. clinical governance), aligned to the NHS Scotland Quality Strategy, is:

To provide safe effective person centred care for every person, all of the time.

4. Strategy Approach

- 4.1. To meet our aim we recognise the need to create the conditions for high performance. This does not come with a recipe. The prevailing consensus from research is that there is no single way for a healthcare organisation to achieve this aim. So each organisation must find an organisational approach for itself.
- 4.2. In acknowledging the complexity of the endeavour it immediately places limitations on the ability to describe strategy implementation within this document. So rather than try to prescribe tasks and direction we choose to describe principles and intentions. This relates to the more defined set of requirements of governance and assurance set out in the later sections of this document.
- 4.3. So here we describe a small number of core principles that are deemed important in orienting leadership and informing improvement.

4.4. The core principles are

- Healthcare quality emerges in care settings within the meeting of patients, families and care teams.
- Healthcare quality is enhanced by continuously adding value (& reducing waste), with value identified through the needs of patients and families.
- In improving healthcare quality we explicitly acknowledge it is multi-dimensional.
- Data on healthcare quality are visible and intelligently used.
- People and cultures are respected as we work together to learn and develop.

4.5. The reflections on the principles and our experiences of clinical governance from engaging with staff evoked a number of key improvement themes to inform how we may practically develop progress. These themes will be reviewed and integrated into the annual clinical governance development plan. To realise our aspirational aim as fully as possible we sense that we must;

- Place the principle and practice of being person centred more clearly at the heart of our improvement approaches.
- Understand that person centeredness is more than engaging patients in their care but also about engaging patients and staff more substantially in the design, evaluation and improvement of care.
- Recognise that engaging clinical staff and patients is crucial to sustained success and that for most people this framework and strategy is about IMPROVING THE QUALITY OF CLINICAL CARE.
- Greater emphasis must be placed on the role of clinical teams, how they are engaged in and plan for improving the quality of the care they provide.
- Ensure greater transparency of data, enabling access and support to clinical teams so information is practically applied in support of quality improvement.
- Better recognise and build on existing strengths such as professionalism but crucially create more transparent diagnosis and design of responses to perceived limitations.
- More effectively demonstrate through our priorities and ways of working that quality is core to our organisational purpose and strategy.
- The framework and strategy must be augmented with more detailed specific guidance that can be easily accessed (e.g. via Staffnet or through local experts)
- Clinical governance arrangements must integrate with other structures to create shared ownership of decision making, particularly between general managers and

Section Two: The framework – NHS GG&C arrangements for assuring quality and improvement

5. The NHS GG&C Clinical Governance Framework

5.1. Overall the Clinical Governance Framework should ensure that there is an organisational focus on improving clinical quality and includes:

- the scheme of accountability and delegation across all areas within NHS GG&C for the quality of clinical services and practice;
- the structure and constitution of key groups through which objectives and priorities are set, monitored and reported on;
- the resources, methods and activities that seek to improve the quality of clinical services and practice;
- the rules and procedures for making decisions (e.g. in policies and procedures);
- the collaboration across distinct but complementary functions and responsibilities; and
- the underpinning organisational values, behaviour and practices.

6. The Scheme of Accountability

6.1. The **Chief Executive has overall responsibility** for the delivery of clinical governance and **will discharge this responsibility through general management**. There is a core structure of accountability for the quality of care that sits in the primary line of general management for services but supported by extended structures.

6.2. The NHS GG&C Board, and in particular the delegated role and responsibilities of the Quality and Performance Committee, is responsible for maintaining an overview of the Framework and provision of assurance to the public that it is effective. The Quality and Performance Committee is a Non-Executive body that will seek assurance an appropriate system for development, implementation, monitoring and review is in place, which ensures that clinical governance arrangements are working effectively in safeguarding patients and improving the quality of clinical care.

6.3. The responsibility for the local development and assurance of effective arrangements is routinely delegated to lead staff, who will work in support of general management. The Board Medical Director is the executive lead for clinical governance, working with the Board Nurse Director (executive lead for national Healthcare Quality Strategy), and has overall executive responsibility for the clinical governance framework within NHS GG&C.

6.4. This triad of Chief Executive, Non-Executive and lead Executive responsibilities will make sure that corporately NHS GG&C is:

- a. ensuring the clinical governance framework produces demonstrable benefits to patients and links to the three overarching goals of NHS GG&C- to improve health, to improve health services and to tackle health inequalities.
- b. demonstrating the implementation of the national legislative and mandatory quality improvement requirements e.g. key statutory requirements, NHS circulars, NHS HIS standards or safety alerts.
- c. ensuring we are identifying and sharing knowledge on the key organisational priorities
- d. ensuring that all services have in place prioritised quality improvement programmes through which they are applying clinical risk management, process reliability, audit, evaluation, or other quality improvement methods, which will improve and sustain the delivery of safe, effective person centred care
- e. ensuring that all quality improvement programmes engage with patient families and staff to ensure all approaches are person centred
- f. ensuring that all services respond fully to concerns of sub-optimal care including appropriate communication on investigation and improvement processes to general management and corporate assurance arrangements
- g. ensuring that NHS GG&C works collaboratively, internally and with partners, to identify priorities for and approaches to quality improvement
- h. ensuring adequate support to the Acute Services Division and Partnerships to improve the consistency and quality of health care through effective clinical governance
- i. engaging with NHS HIS, or other inspectorate agencies, and collaborating on all aspects of clinical standards or service reviews
- j. ensuring there is a scheme of reporting that supports transparency and public accountability including information formally required by the Scottish Government Health Directorate or Healthcare Improvement Scotland on clinical governance activities.

6.5. Accountability for the delivery of clinical governance within the Acute Services Division rests with the Chief Operating Officer, and within Community Healthcare Partnerships with the Directors, who will discharge this responsibility through the local management structure. The responsibility for the development and assurance of effective arrangements is routinely delegated to and supported by lead staff. The following outline of responsibilities acknowledges the special circumstances reflected in joint settings and appreciates that adaptation is required to embrace the concepts of shared care governance that exists with Local Authorities. Within NHS GG&C the Acute Services Division and Partnerships have responsibility to:

- a. maintain local leadership arrangements that ensure the requirements of clinical governance are embedded in services and are in line with related Board policies
- b. make sure all services comply with the statutory requirements and duties with reference to appropriate national standards for clinical governance and patient safety (including those commissioned from contractors or jointly provided with other organisations)

- c. make clear the joint accountability for improving quality in services which are provided on a multi-agency, multi-sector basis and involve partners in service provision within clinical governance activities
- d. make clear the accountability for key clinical risks associated with their services
- e. demonstrate ways of working that systematically improve the safety, effectiveness and person-centeredness of clinical care, practice and services including clear safety priorities and knowledge of the effectiveness of the improvement strategies
- f. ensure that any emerging concerns over the quality and safety of care or services are recognised rapidly and escalated to ensure corporate awareness - thereafter each concern is fully reviewed and appropriate improvement plans are established, monitored and communicated
- g. ensure that all improvement projects are managed against the following principles (whilst recognising needs for proportionate application)
 - The aim and drivers of all clinical improvement projects must be described along with an evaluation plan.
 - The theories describing the causes and effects that influence the quality of the care process should be made explicit.
 - Specify the requirements of the clinical process to be improved ensuring a balanced set of quality domains is described (i.e. safe, effective, person-centred, efficient, timely, equitable)
 - Make explicit the predictions that are to be tested and measured in the improvement project.
 - Define a measurement plan that will be economical, meaningful and using methods consistent with predictions of stable and capable future performance.
 - Ensure a project completion report is published that demonstrates the outcomes of improvements and illustrates how this was achieved for others to learn.
- h. ensuring all clinicians and clinical teams are regularly involved in planned activities to improve the quality of clinical care
- i. apply key clinical quality and clinical outcome measures in local monitoring arrangements
- j. ensuring that all quality improvement activity is patient and carer focussed taking special account of inequalities sensitive practice
- k. develop an open and just culture within the organisation where incidents are reported and lessons are learned
- l. maintain processes of professional support and learning which sustains staff knowledge and competence and detects then responds to concerns of capability or performance
- m. ensure that all clinical practice and services are sensitive to diversity or inequalities within and across communities
- n. ensure adequate reporting arrangements to the Director and the Health Board on clinical governance activities that involves the maintenance of a quality improvement plan, which is reviewed and updated regularly then formally evaluated through the published annual report.

6.6. A key agency for supporting the Acute Services Division and Partnerships is the Clinical Governance Support Unit (CGSU). CGSU organises support staff providing

- 6.7. Improving and sustaining high levels in the quality of care experienced by patients is intrinsic to the NHS culture and an explicit objective of a range of complementary services or functions throughout NHS GG&C. To be successful in achieving the objectives of this strategy it is important to recognise the necessary links, liaison & shared aims between CGSU and other support functions such as Knowledge Services, Organisational Development, Corporate Inequalities Team, Health and Safety, Planning, Performance, Learning and Education, Practice Development, Medical Education. For example the role of Organisational Development in supporting change, cultural shift, redesign of service, team development & capability can be as fundamental to improving quality as clinical effectiveness or risk management.
- 6.8. Coordination of the Framework will be facilitated through the Clinical Governance Implementation Group (CGIG). The CGIG is chaired by the Board Medical Director and is responsible, on behalf of the Chief Executive, for developing policy and establishing decisions on strategic priorities deemed essential to improving the quality of care. The CGIG will be directly supported by key groups and relate to others, which will shape and develop clinical governance within NHS GG&C.
- 6.9. Complying with the Healthcare Improvement Scotland National Standard for Clinical Governance is a key corporate objective. This will require integrated working that is consistent with principle of collaboration to be achieved through the Framework. In NHS GG&C the Head of Clinical Governance is responsible for maintaining an overview of assessed performance. This responsibility acknowledges that distinct themes of the standard relate to a range of distinct NHS GG&C policy leadership arrangements.

7. Governance through evaluation

- 7.1. In practice the governance aspect of Clinical Governance can be seen as the internal system of evaluation that can analyse and enable improvement in clinical care, but whose activities also link to external communication and reporting for public assurance as to how each NHS body is realising its clinical quality aims.
- 7.2. A constant challenge for services is the judgment as to whether all the reports, actions and plans reflect detectable and sustained improvement or merely describe change and good intentions. Evaluation is the formal and structured collection, analysis and interpretation of data about any aspect of clinical practice, service (or improvement programme). The purpose of evaluation is to inform consideration as to whether care

- 7.3. Self assessment and evaluation of improvements are regarded as being built into everyday management activities but broader systems and change processes should be supported by formal evaluation plans. The plans should seek to reflect consideration of the effectiveness of arrangements or systems as well as the realisation of their aims and objectives. Each improvement plan should apply the good practice principles set out above in paragraph 6.5.g.
- 7.4. Accountability for the quality of care lies in the primary line of general management for clinical services. Therefore monitoring/evaluation of the operating standards and improvement plans for the clinical governance framework rests in the primary line of general management and the associated planning/performance review processes. This is supplemented by the Clinical Governance Implementation Group and various Clinical Governance Forums, linked to the oversight role of Quality and Performance Committee.
- 7.5. To confirm the development of clinical governance that supports learning within NHS GG&C and provides assurance on the standards of clinical quality, the key committee/groups (i.e. Quality and Performance Committee and Clinical Governance Implementation Group) will inquire through reports from clinical services and their supports. This routine of inquiry must be consistent with and supplementary to the requirements of performance management, including those for jointly established Partnerships.
- 7.6. Monitoring reports from Acute Services Division, Healthcare Partnerships or other corporate services e.g. Public Health, to review progress against their local quality improvement plans and key performance indicators will be coordinated through the CGIG.
- 7.7. The Acute Services Division and the Partnerships will ensure reports reflecting progress and clinical governance activity are easily accessed and an annual summary is published. These will support the development of assurance declarations underpinning the Statement on Internal Control and will be integrated into a summary NHS GG&C Annual Report for Clinical Governance.
- 7.8. NHS Greater Glasgow and Clyde will also use a variety of internal and external mechanisms to monitor and evaluate the effectiveness of the Clinical Governance Framework. These will include:
- The use of internal evaluation reports from specialist staff;
 - The use of external assessment reports from bodies such as NHS HIS, Audit Scotland, Mental Welfare Commission;

- The use of benchmarking or reports providing comparison with others Boards and Services
- The use of independent internal audit reports;
- Contract monitoring reports on the service quality of independent contractors;
- The use of self assessments or independent assessments against standards e.g. Faculty of Public Health Guidance, NHS HIS publications & reviews, the GMC trainee and trainer surveys.
- Compliance levels with the NHS HIS Clinical Governance Standard;
- Local Delivery Plan reviews.

7.9. The effectiveness of the overall framework and its constituent elements will be evaluated on annual basis, and published through the Board Annual report and Clinical Governance Improvement Plan. This will draw on the evidence available from the various mechanisms described in the preceding paragraph.