CLINICAL GOVERNANCE STRATEGY

“Clinical Governance is the corporate responsibility for the quality of care”

Date: March 2009 - 2012

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1. INTRODUCTION

“By virtually any measure, the NHS in Scotland is improving. Waiting times are shorter and mortality from the major killer diseases is reducing. Therefore, this is exactly the right time to seek to accelerate the pace of that improvement. The Scottish people need and deserve care that is safer, more reliable, more anticipatory and more integrated, as well as being quicker still. The key to improving quality will be to meet all of those public requirements.” (Better Health, Better Care Action Plan, Scottish Government, Dec. 2007)

1.1 Background

Clinical governance provides a systematic approach to continuous quality improvement and the monitoring of that improvement. The term ‘Clinical Governance’ was first introduced to NHS Scotland in the 1997 White Paper ‘Designed to Care’. It was not a new concept, rather a new way of looking at existing activities to improve the quality and safety of clinical care.

Clinical Governance places a statutory duty of quality on each NHS organisation to ‘put and keep in place arrangements for the purpose of monitoring and improving the quality of healthcare’ (MEL (1998)75).

Clinical Governance provides a framework for bringing together all local activity for improving and assessing clinical quality into a single coherent programme which encourages everyone in the organisation to be a part of and work towards improving the quality and safety of patient care. It sits at the centre of the quality and improvement agenda and its successful development and delivery is key to providing safe and effective care and improving the patient experience.

This Strategy takes as its starting point two key documents:

a) The Good Governance Standard for Public Services (2004) outlines good governance as:

- focusing on the organisation’s purpose and on outcomes for patients and service users;
- performing effectively in clearly defined functions and roles;
- promoting values for the whole organisation and demonstrating the values of good governance through its practices;
- taking informed, transparent decisions and managing risk;
- developing the capacity and capability of the governing body to be effective;
- engaging stakeholders and making accountability real.
b) The NHS QIS Clinical Governance and Risk Management (CGRM) Standards set out the Standards for Clinical Governance and Risk Management within the NHS in Scotland. Key to successful achievement of these standards is the embedding of processes for continuous quality improvement (CQI) throughout the organisation. In an initial review against these standards NHS Fife received an overall score of 6 out of 12. As part of the current Government HEAT targets we were challenged to improve our performance against these standards to a score of 9 by the follow up review in February 2010. The outcome of the CGRM review was the achievement of a score 9 as detailed in the June 2010 local report.

Other external drivers which have influenced the development of this strategy and objectives include:

- The Scottish Government Better Health Better Care Action Plan
- The Scottish Government Patient Experience Programme, Better Together
- The Scottish Patient Safety Programme

NHS Fife also draws on the work of international leaders who pursue and define excellence and quality in Healthcare. These include:

- The Institute of Medicine’s (IOM) definition of quality and its six specific goals to ensure continuous quality improvement - that care should be safe, effective, efficient, timely, equitable and patient centred
- The Institute for Healthcare Improvement’s (IHI) model for improvement (Appendix 1)

This Strategy builds on the original NHS Fife Clinical Governance Strategy developed in 2005 and the achievements of the last 3 years. It has been reviewed through consultation with key stakeholders and is designed to provide a framework for development over the next three years. It is intended to be a living document and will continue to evolve as NHS Fife develops and in response to new initiatives and lessons learnt from its implementation. In 2010, the Scottish Government issued the NHS Quality Strategy. Further details and associated outcome measures are expected in 2011.

1.2 Purpose of the Document

The purpose of this document is to:

- Outline the vision and set the direction for NHS Fife’s activities in the arena of Clinical Governance
- Identify and allocate key responsibilities in relation to Clinical Governance within NHS Fife.
- Clarify the roles, remits and relationships of all Clinical Governance Groups and Committees within NHS Fife.
- Clarify the relationships between Clinical Governance and other key work streams within NHS Fife
• Communicate our intentions to staff, users, carers and other partner organisations.
• Ensure that clear and systematic mechanisms are in place to assure the Board and the people of Fife of the standard of clinical services provided by NHS Fife.

During 2011, we undertake a process of consideration and consultation throughout Fife to establish the future direction of this strategy, and other associated strategies, in light of the emerging national Quality Strategy and outcomes and the Scottish Government Governance review. We expect to issue a revised strategy during 2011 that reflects these changes and describes Fife’s approach to meeting these challenges. This document and work plan provide the strategy and actions for the meantime.

1.3 Vision

Providing safe and effective care is a central concern for all those working in or with NHS Fife. The organisation is committed to continuously reviewing and improving the safety and quality of care for all patients and their carers through:

• Effective leadership at all levels
• Maintenance of a culture which promotes safety and improvement
• Effective communication with all stakeholders
• Management of information and the use of this information to support improvement
• Staff development
• Alignment and integration of strategies and work streams

Through robust structures and processes we will monitor and evaluate our work to ensure that it leads to improvements. The views of Patients, Carers and the Public will guide our priorities and will be a key measure by which we judge our performance.

The NHS Fife model of Clinical Governance outlines a number of elements which, taken together, enable a quality service to be provided. These are Clinical Effectiveness, Risk Management, Staff and Organisational Development and E-Health/Information Governance (Appendix 2). This strategy will make reference to each of these elements. Until this year there has been a separate Clinical Effectiveness Strategy. As part of the vision to integrate and align work streams and avoid duplication, Clinical Effectiveness has now been incorporated into this single Clinical Governance Strategy. However, detailed strategies continue to exist for: Risk Management, Research and Development, E-Health, Information Governance and Learning and Development.

There are also a number of other work streams which are closely aligned to Clinical Governance and this strategy will make clear the linkages between these. These include Staff Governance, Patient Focus Public Involvement (PFPI), Equality and Diversity, Emergency and Continuity Planning, Leading
Better Care (review of the Senior Charge Nurse role) and Clinical Quality Indicators, Performance Management and Re-design.

2. ROLES AND RESPONSIBILITIES AND CLINICAL GOVERNANCE COMMITTEE STRUCTURES

NHS Fife has well developed Clinical Governance Structures which have been designed to support Clinical Governance activities and the implementation of the Clinical Governance Strategy. This strategy is supportive of, and continues to seek to integrate, the organisational structure of NHS Fife (Appendix 3). The Clinical Governance structure also takes account of individual executives’ responsibilities in these areas. Clinical Governance arrangements are embedded into all services and responsibility is devolved to Community Health Partnerships, the Operational Division and Corporate Directorates within a supportive common framework.

2.1 Individual roles and responsibilities:

Leadership at all levels is key to the delivery of this Strategy. The NHS Fife Executive Leads have delegated responsibility for their respective functions from the Chief Executive (Appendix 4). However, the day to day responsibility for the delivery of high quality clinical services is devolved to the Community Health Partnerships/Operational Division/Corporate Directorates.

**NHS Fife Chief Executive:** The Chief Executive has a formal contractual responsibility for the organisation as a whole. In particular the Chief Executive has a responsibility for the quality of clinical services provided within NHS Fife.

**NHS Fife Executive Lead for Clinical Governance:** The NHS Fife Executive Lead for Clinical Governance is the identified executive responsible for leading the development and implementation of the Clinical Governance systems, including Clinical Effectiveness, within the organisation.

**The Director of Public Health:** The Director of Public Health as Caldicott Guardian is responsible for ensuring that NHS Fife complies with the guidance in the Caldicott Report and for the development of Clinical Governance within Public Health. The Director of Public Health is also the Executive Lead for Emergency Planning.

There are a number of other executive leads with roles directly related to this strategy including:

- **NHS Fife Executive Lead for E-Health**
- **NHS Fife Executive Lead for Risk Management**
- **NHS Fife Executive Lead for Research and Development:**
- **NHS Fife Executive Lead for Information Governance**
- **NHS Fife Executive Lead for Patient Safety:**
- **NHS Fife Executive Lead for Organisational Development**
- **NHS Fife Executive Lead for Staff Governance**
- **NHS Fife Executive Lead for Equalities**
- **NHS Fife Executive Lead for Patient Focus Public Involvement**
Independent Contractors: NHS Fife aims to ensure that the principles of Clinical Governance are embedded within the work of all our independent contractors. We will work with independent contractor professions to clarify their relationship with the NHS Fife Clinical Governance Committee and how the implementation of the strategy will apply to their services. The arrangements for each separate profession need to be formalised. In the meantime the existing arrangements in place within NHS Fife will remain extant.

Links with General Practitioners are currently by way of the GP sub-committee, the Primary Care Department and the Medical Director, Primary Care to the Board Medical Director. An exercise to identify the numerous Clinical Governance aspects of the new GMS contract has been carried out. This is monitored by the General Medical Services Steering Group. Consideration will be given to an appropriate mechanism for formal reporting of these issues to the NHS Fife Clinical Governance Committee. Work is also under way nationally in the Scottish Government Primary Care Department, involving key stakeholders, to look at Clinical and Staff Governance in General Practice. A final version of this work was delivered by the Scottish Government in October 2010. An update report on NHS Fife’s response to this will be delivered in-year.

All Staff: It is the responsibility of all staff to consider the components of Clinical Governance and take steps to achieve the goals of this strategy. All strands of Clinical Governance including Risk Management, Clinical Effectiveness and Quality Improvement are included in the NHS Fife staff induction programme, in house core training and core training for the Foundation Year Doctors.

2.2 Clinical Governance Structures:

There is a range of related Clinical Governance Committees and groups within NHS Fife. These are detailed below and the relationships mapped in (Appendix 3)

NHS Fife Clinical Governance Committee

The role and remit of the NHS Fife Clinical Governance Committee is detailed within the NHS Fife Code of Corporate Governance (as amended August 2010) and appended (Appendix 5). This committee is a key standing committee of the Board whose responsibilities are to oversee the delivery of the Clinical Governance agenda within NHS Fife and to assure the Board and the public of Fife about the quality of clinical services provided. In the interests of openness and transparency, this committee is chaired by a Non-Executive Director of the Board and the minutes are public documents.
The Clinical Governance Committee receives regular reports from the Community Health Partnership General Managers, the Chief Executive of the Operational Division, the Director of Public Health and where appropriate Executive Leads (covering the work of the Corporate Directorates and Fife wide roles related to Clinical Governance) to provide assurance that adequate local arrangements are in place to continually improve the quality of healthcare. The schedule of reporting is laid out in the NHS Fife Clinical Governance Work Plan and reviewed at every meeting. This includes regular reports from Infection Control, Information Governance and Radiation Protection. The approach to evaluation of the effectiveness of the clinical governance arrangements has been considered during the last 12 months and this has resulted in better linkage with the strategic objectives and overt mapping of the routes to Board assurance across the system. The Clinical Governance Reporting Map allows tracking of reports across NHS Fife.

The Clinical Governance Committee, as a Standing Committee of NHS Fife Board, ensures that areas of clinical risk are addressed as appropriate and reviews achievement of clinical risk management objectives related to Clinical Governance. Assurance on matters of clinical risk is considered at all Clinical Governance Groups and Committees as a matter of course and thereon reported to the relevant management group or committee for action.

**Strategic Management Team (SMT) (Risk)**

The SMT (Risk) is a management group, chaired by the Chief Executive of NHS Fife. It has delegated responsibility for Risk Management to ensure that risk across the organisation is managed in accordance with the NHS Fife Code of Corporate Governance and to provide assurance to the Board that adequate and effective local arrangements are in place to continually improve the management of risk.

**The Clinical Governance Steering Group**

The Clinical Governance Steering Group (CGSG) is chaired by the NHS Fife Executive Lead for Clinical Governance and has representation from Community Health Partnerships, Operational Division, Public Health and NHS Fife’s Clinical Governance Support Team. It reports to the NHS Fife Clinical Governance Committee and has responsibility for co-ordinating and facilitating the implementation of the Clinical Governance Strategy. This group agrees the priorities and sets the strategic objectives and key performance indicators for Clinical Governance within NHS Fife. These objectives and key performance indicators are reviewed and approved on an annual basis by the NHS Fife Clinical Governance Committee. It provides regular reports on progress of the implementation of the strategy to the Clinical Governance Committee. Its remit is detailed at ([Appendix 6](#)).
The work of this group is supported by the Clinical Governance Support Team which is led by the Quality & Clinical Governance Lead and is accountable to the NHS Fife Executive Leads for Clinical Governance and Risk Management (Appendix 7). The team is specifically responsible for providing advice and support to all levels of the organisation in the implementation of Clinical Governance according to the priorities set by the group.

**NHS Fife Clinical Governance Sub Groups and Committees**

The operational units within NHS Fife have a key responsibility for ensuring that Clinical Governance systems become embedded in clinical practice. The strategic objectives and key performance indicators are interpreted and integrated at a local level in order to develop local Clinical Governance development plans. The Community Health Partnerships/Operational Division/Corporate Directorates have well developed systems to address Clinical Governance issues within their area of responsibility and produce reports for each meeting of the NHS Fife Clinical Governance Committee through their General Manager/Chief Executive/Director.

**Operational Division Clinical Governance Committee:** The Operational Division Clinical Governance Committee, a sub committee of the Operational Division Committee oversees the delivery of the Clinical Governance agenda within the Division and assures the Operational Division Committee and the NHS Fife Clinical Governance Committee about the quality of services provided.

**Community Health Partnerships Clinical Governance Groups:** Each Community Health Partnership Committee oversees the delivery of the Clinical Governance agenda within their Community Health Partnership and assures the CHP Committee and the NHS Fife Clinical Governance Committee about the quality of clinical services provided. Each Community Health Partnership has established a Clinical Governance Group and mechanisms for supporting and monitoring Clinical Governance activities including: annual reporting from hosted services, monitoring of risks and incidents and monitoring the prioritised audit programmes.

**Public Health:** Internal departmental Public Health governance is overseen by the Public Health Risk Management Group. During 2010 the Public Health Clinical Governance Committee has been reconvened. The Director of Public Health is a member of the NHS Fife Clinical Governance Committee and will escalate any issues as appropriate and provide the CGC with an annual report. Key pan-Fife public health issues are reported directly into the NHS Fife Clinical Governance Committee. These include for example: Cervical Screening Annual Report; Breast Screening Annual Report; Antenatal/Neonatal Annual Report; any public health incidents.
Core Risk Management Group

This group is chaired by the Executive Lead for Risk Management. Its purpose is to coordinate and facilitate the implementation of the Risk Management Strategy and oversee the risk management agenda for NHS Fife. It reports on progress of the Strategy implementation to the Strategic Management Team (Risk) SMT (Risk). The Group’s work is supported by the Risk Management Team which is accountable to the NHS Fife Executive Lead for Risk Management. The Team is specifically responsible for implementing the Risk Management Strategy and providing support and advice to all levels of the organisation in managing risk, according to the priorities set by the group.

Risk Reference Group

This group is chaired by the Risk Manager, NHS Fife. It seeks to raise the profile of patient safety and risk management by providing a forum for discussion and learning for improvement through sharing of incidents, near misses, complaints, claims, risks, health & safety, patient safety and other risk related information including Ombudsman’s Reports. Group membership comprises a range of clinical and non-clinical professionals from each of the component parts of NHS Fife. This wide representation ensures that the Group reflects the views and considers the needs of the entire organisation.

NHS Fife Resilience Forum:  This group is chaired by the Operational Division Chief Executive, who is also the Executive Lead for Business Continuity whilst the DPH is the Executive Lead for Emergency Planning. The Resilience Forum is an integral part of NHS Fife’s Emergency Planning and Business Continuity Management framework and provides support to the NHS Fife Chief Executive and the Strategic Management Team in the exercise of their duties in all areas of Resilience Planning within NHS Fife. Its purpose is to provide an NHS Fife senior management forum which oversees the development, implementation and review of all aspects of NHS Fife’s local resilience processes, i.e. emergency planning and business continuity management. The Forum reports to the SMT

E-Health Board: This group is chaired by the Executive Lead for E-Health and reports to the NHS Fife Clinical Governance Committee. A separate Annual Report and Strategy with detailed objectives for E-health are available.

Information Governance Group: This group is chaired by the Executive Lead for Information Governance and reports to the NHS Fife Clinical Governance Committee. It is responsible for overseeing the Information Governance agenda.

Research and Development Strategy Group: This group is chaired by the Executive Lead for Research and Development and oversees this agenda within NHS Fife. It reports to the NHS Fife Clinical Governance Committee. A separate Annual Report and Strategy with detailed objectives for Research and Development is available.
Equality and Diversity Steering Group: This group is chaired by the NHS Fife Executive Lead for Equality and Diversity and reports to the Patient Focus Public Involvement Standing Committee of the Board. This standing sub-committee holds the governance accountability for patient and public involvement as well as equality and diversity.

Infection Control Committee: This group is chaired by the NHS Fife Executive Lead for Infection Control and reports to the NHS Fife Clinical Governance Committee. This committee is responsible for overseeing the Infection Control agenda and quarterly and annual reports are produced.

Patient Safety Implementation Group: This group is chaired by the Executive Lead for Patient Safety and reports to the NHS Fife Clinical Governance Committee. It guides the work of the Patient Safety Programme and receives the IHI monthly reports and progress updates from workstream leaders.

The Clinical Governance Network Group: Reporting directly to the CGSG this networking group provides a forum for learning, sharing expertise and best practice and effective communication in relation to the component parts of Clinical Governance. Members support the various groups listed above and ensure clarity around the direction of Clinical Governance as determined by the CGSG and set out in this strategy.

2.3 Links to Other Governance Areas

There are a number of other of related governance areas with their own structures within NHS Fife including the Staff Governance Committee, the PFPI Committee and the Redesign Committee. Integrating all these areas is a current challenge and priority for the organisation. The NHS Fife Balanced Score card is a key tool in the drive towards further integration. The CGRM Standards have been mapped against all the relevant targets in the balanced scorecard as a way of facilitating integration between these different work streams and Clinical Governance.

Systems are in place to ensure that relevant issues from these areas are communicated to and appropriately managed through clinical governance arrangements. However, there is scope to improve these links and this is reflected as a Clinical Governance objective.

3. SETTING THE CLINICAL GOVERNANCE AGENDA

NHS Fife balances the drive from external quality standard setting and monitoring bodies within NHS Scotland such as NHS Quality Improvement Scotland and Audit Scotland, and locally determined priorities and pressures to devise a Clinical Governance agenda appropriate to NHS Fife. The NHS Fife Clinical Governance Committee, in conjunction with the Clinical Governance Steering Group, Executive Leads identified in this document and through consultation with a wide range of stakeholders has developed the Clinical Governance objectives. Progress against these targets is monitored by the
NHS Clinical Governance Steering Group and NHS Fife Clinical Governance Committee and reported in the Clinical Governance Annual Report.

3.1 Objectives

Over the three years 2009-2012 NHS Fife intends to improve in the following specific ways:

1. Continue to monitor the Clinical Governance & Risk Management action plan to ensure key priority areas for improvement are progressed.
2. Implement the Scottish Patient Safety Programme across NHS Fife
3. Build on current systems to improve implementation and monitoring of SIGN Guidelines and other national guidance and standards across NHS Fife
4. Review the prioritised programmes of Clinical Effectiveness and Quality Improvement activity
5. Continue to develop and embed a culture which promotes improvement and patient safety and provide staff with the tools and training to facilitate this
6. Develop further its systems and processes for the management of information and use of this information to support quality improvement
7. Continue to explore and develop creative ways of involving patients meaningfully in Clinical Governance and Quality Improvement based on the National Standards for Community Engagement
8. Develop further the alignment of core work streams in particular PFPI, Staff Governance, Performance Management and Service Redesign

In addition NHS Fife will deliver on the objectives outlined in the Risk Management; Research and Development; E-health, Information Governance, Infection Control, Emergency and Business Continuity Planning and Learning and Development Strategies and Action Plans. The Clinical Governance Objectives will also inform Service Development Plans.

An update against these objectives for the year 2010/11 is provided at (Appendix 8) and a fuller update will be available in the Clinical Governance Annual Report 2011/12.

3.2 Monitoring and Evaluation

The above Clinical Governance objectives and the mechanisms by which they will be monitored and evaluated are summarised in (Appendix 8).

A key element of monitoring and review of performance within NHS Fife is the NHS Fife Balanced Score card. This includes key Clinical Governance targets. In addition all targets have been cross referenced to the appropriate CGRM Standard. Progress towards relevant targets is reviewed at each meeting of the Clinical Governance Committee.

Individual score card workplans for the Operational Division and CHPs are also in the process of development. These too will include Clinical Governance targets. Relevant targets will be reviewed and monitored regularly by the Operational Division Clinical Governance Committee and CHP Clinical Governance Groups.
A third tool for monitoring and evaluating progress against the Clinical Governance objectives is the CGRM Standards action plan. This was developed in 2007 following a Quality Improvement Scotland (QIS) external peer review and has recently been updated to provide a more effective mechanism for reviewing progress. This action plan is reviewed quarterly by the Clinical Governance Steering Group. A new action plan was developed in March 2010 as a result of the 2010 QIS follow-up review and subsequent local report, published June 2010.

A variety of other internal and external mechanisms will be used to provide evidence of progress towards key objectives and to monitor and review Clinical Governance arrangements. These include:

- The use of internal and external audit reports;
- The use of external assessment reports from bodies such as NHS QIS, Audit Scotland, Professional Bodies;
- Monitoring reports from Community Health Partnerships/Operational Division/Public Health
- Monitoring reports of implementation of independent contractor contracts
- Annual review by the Clinical Governance Committee of the Clinical Governance Strategy, the Risk Management Strategy and other key related strategies
- Clinical Governance and Risk Management Annual Reports

The additional objectives outlined in the associated strategies and plans, listed above in 3.1, will be monitored as set out in those documents, by their dedicated sub-groups (as described in 2.2) and ultimately through Annual Reports to the NHS Fife Clinical Governance Committee.

3.3 Communication with key stakeholders

There are well established communication routes for Clinical Governance across NHS Fife. The Clinical Governance Steering Group and Clinical Governance Committee are key fora for communication between different parts of the organisation.

Information is cascaded upwards and downwards by the Clinical Governance Leads for the Operational Division and the CHPs using existing communication networks. Within each operational unit, communication systems already exist. Community Health Partnerships, the Operational Division and Public Health use current systems such as local newsletters, briefing sheets or websites to incorporate information about local, NHS Fife and national level Clinical Governance initiatives.

NHS Fife has made significant progress towards achieving a fully operational NHS Fife website and intranet. Some information is already available, for example Risk Management pages. The Clinical Effectiveness section has all information regarding the Quality Improvement Models training programme, project registration forms, case note forms, information leaflets, SIGN guidelines
and staff contact details, and further Clinical Governance information will be placed on the intranet as it develops and also in public folders within existing email systems. Updates to the Clinical Governance information are co-ordinated by the Clinical Governance Support Team.

Involving patients and the public in Clinical Governance issues to enhance the patient experience is a key focus of activity and this strategy should be read in conjunction with the emerging patient experience strategy for NHS Fife and the PFPI action plan. Patients and the public are currently involved to a limited extent in Clinical Governance activities in Fife for example, through the non-executive directors on the CGC and the involvement of patients in some clinical effectiveness projects. There have also been recent moves to more fully involve patients in the dissemination of learning from adverse events. However, continuing to explore ways to more fully involve patients in these activities remains a key objective. One particular focus for this activity will be the patient safety programme. Feedback from patients in the form of comments and complaints is received regularly through quarterly reports to the CGC from the Patient Relations Department and influences the setting of priorities for CG activity at all levels.

This strategy should also be read in conjunction with the Equality and Diversity schemes and action plans. The obligations we have to address equality and human rights means that we will work to promote equality and eliminate discrimination for individuals and communities. This is achieved through our schemes, action plans and our emerging equality and human rights strategic framework.

3.4 Learning and Development

NHS Fife is committed to staff development to ensure we continue to provide high quality healthcare to our service users. Learning and development is a key enabler supporting the clinical governance agenda.

NHS Fife Board has endorsed an NHS Fife Workforce Modernisation and Development Plan with a significant component relating to learning and organisational development priorities and activities. NHS Fife’s learning and development strategy is aligned to the “appropriately trained” staff governance standard. This is overseen and reviewed by the NHS Fife Staff Governance Committee.

In addition the Director of Organisational Development provides a report annually to the Clinical Governance Committee.

Personal development planning and review (PDPR) arrangements are key processes supporting effective Clinical Governance.

The Knowledge and Skills Framework (KSF), and parallel systems for those staff not covered by Agenda for Change, provides a consistent and comprehensive framework to facilitate the personal development and review of staff. The KSF PDP process will support the identification of clinical governance related learning needs and will facilitate the alignment of our
investment in staff development to organisational need and service developments.

The integrated NHS Fife Learning and Development (L&D) technology based infrastructure developed to promote, manage, and monitor learning and development activity will support the staff development strand of the Clinical Governance Framework through a systematic approach to the management of learning and development and an enhanced capability for recording and reporting on Learning & Development activity.

Effective Clinical Governance and related activities depends on all staff having a clear understanding of the contribution they can make. As an integral part of the NHS Fife Workforce Modernisation and Development Plan appropriate and targeted Clinical Governance training will be provided to ensure that staff are sufficiently aware and competent to participate in Clinical Governance activities.

The Clinical Governance team will provide learning opportunities including: the provision of information to new staff as part of the organisation’s general induction arrangements; Quality Improvement training provided in conjunction with the University of Dundee; Risk Management training programmes; and input into a number of educational programmes including: Operational Division Nursing/Nursing Auxiliary Induction Programme, In House Core (formerly Statutory) Training, Foundation Year One, Core Education Programme for Medical Trainees, Leadership and Management Module, University of Dundee

Managers are responsible for ensuring that their staff, through their Personal Development Plans, are able to participate in appropriate Clinical Governance related learning activities.
Appendix 1

Institute for Healthcare Improvement – Model for Improvement

The Model for Improvement

What are we trying to Accomplish?

How will we know that a change is an improvement?

What change can we make that will result in improvement?

Act

Plan

Study

Do

www.ihi.org
Appendix 2

NHS Fife Clinical Governance Model
Appendix 3

NHS Fife Clinical Governance Organisational and Reporting Structure
Appendix 4

NHS Fife Executive Lead Responsibilities
(NB: This is taken from the Code of Corporate Governance and reflects the current position to the best of our ability. It will be updated following approval at the Audit Committee)

NHS FIFE – EXECUTIVE LEADS

(a) Roles included in Job Description

1. Chris Bowring  eHealth Delivery
   Financial Governance
2. Norma Wilson  Corporate Services
   Freedom of Information (FOI)
3. Anne Buchanan  Patient Focus Public Involvement (PFPI)
   Risk Management
4. David Christie  Organisational Development
5. Dr Stella Clark  eHealth Strategy
   Research and Development
6. Dr Edward Coyle  Caldicott Guardian
   Health Improvement and Health Protection
7. George Cunningham  Mental Health Services (including Child and Adolescent Mental Health Service)
8. Rona King  Staff Governance
9. Jim Leiper  Decontamination
   Estates, Capital Planning and Accommodation (#)
10. Susan Manion  Interpretation and Translation Services
    Learning Disabilities Services
11. Dr Brian Montgomery  Clinical Advisory Panel
    Pharmacy and Controlled Drugs
    Redesign
12. Dennis O’Keeffe  Major Capital Projects (#)
13. Andrea Wilson  Capacity Planning (#)
(b) **Fife Wide Co-ordination and Facilitation Role**

1. Dr Gordon Birnie  
   Clinical Governance  
   Control of Infection  
   (#)

2. George Brechin  
   Performance Measurement  
   Regional Planning

3. Norma Wilson  
   Non-Clinical Policies

4. Annie Buchanan  
   Child Health Services  
   Complaints  
   Food, Fluid and Nutrition  
   Palliative Care  
   Patient Experience  
   Spiritual Care  
   Quality Strategy

5. Dr Edward Coyle  
   Health and Homelessness  
   Information Governance  
   Older People’s Services  
   Regeneration/Sustainable Communities

6. George Cunningham  
   Drugs and Alcohol Services  
   Health and Social Care Partnership  
   Hepatitis ‘C’  
   HIV/Aids

7. Vicky Irons  
   Balance of Care  
   Fife Rural Partnership (joint)

8. Rona King  
   Community Justice  
   Community Safety

9. Susan Manion  
   Community Planning and Housing  
   Equalities  
   Fife Rural Partnership (joint)

10. Dr Brian Montgomery  
    Cancer Services  
    Strategic Planning  
    Quality Strategy  
    Scottish Patient Safety Programme

11. Dennis O’Keeffe  
    Travel and Transport

12. John Wilson  
    Business Continuity
(c) **Role Acting on behalf of NHS Fife Chief Executive**

1. Annie Buchanan  Child Protection
2. Dr Edward Coyle  Public Health Incident Management
3. George Cunningham  Vulnerable Adult Protection
4. Rona King  Health and Safety
5. Dr Brian Montgomery  Patient Safety
   Prescribing and Medicines Management

**NOTE:**  
# indicates postholder reports to Divisional Chief Executive for system wide managerial role.

π indicates postholder reports to NHS Fife Medical Director for system wide managerial role.

All others report to NHS Fife Chief Executive for system wide roles (either on line management or personal basis).
Appendix 5

NHS Fife Clinical Governance Committee Terms of Reference
(NB: This is taken from the Code of Corporate Governance and reflects the current position to the best of our ability. It will be updated following approval at the Audit Committee)

CLINICAL GOVERNANCE COMMITTEE

CONSTITUTION AND TERMS OF REFERENCE

1. PURPOSE

1.1 To provide the Board with the assurance that clinical governance mechanisms are in place and effective throughout the whole of Fife NHS Board’s responsibilities, including health improvement activities.

2. COMPOSITION

2.1 The membership of the Clinical Governance Committee will be:

- Three Non-Executive Members of the Board;
- A Staff Side representative of NHS Fife Area Partnership Forum; and
- One Patient Representative.

2.2 Officers of the Board will be expected to attend meetings of the Committee when issues within their responsibility are being considered by the Committee. In addition, the Committee Chairperson will agree with the Lead Officer to the Committee which Directors and other Senior Staff should attend meetings, routinely or otherwise.

2.3 The NHS Fife Executive Lead for Clinical Governance shall serve as Lead Officer to the Committee.

2.4 Committee Members who are not Board Members and who have been nominated on to the Committee shall be appointed for two years in the first instance, with the possibility of re-appointment. Any re-appointments will be agreed by the Board Chairperson in consultation with the Committee Chairperson.

3. MEETINGS

3.1 The Committee shall meet as necessary to fulfil its remit but not less than four times a year.

3.2 Fife NHS Board shall appoint a Chairperson who shall preside at meetings of the Committee. If the Chairperson is absent from any meeting of the Committee, the members at the meeting shall elect from amongst themselves a Chairperson for that meeting, who must be a Fife NHS Board Non-Executive Member.
3.3 The agenda and supporting papers will be sent out at least five working days before
the meeting.

4. **REMIT**

4.1 To monitor progress on the health status targets set by the Board.

4.2 To receive the minutes of meetings of the Divisional Clinical Governance Sub-
Committee and the CHP Clinical Governance Groups, and reports on identified
strategic issues from the Divisional Committee and the CHP Committees and
Executive Leads including eHealth, Information Governance, Infection Control and
Radiation Protection.

4.3 To monitor the implementation of the recommendations from NHS Quality
Improvement Scotland reviews and visits.

4.4 To provide assurance to Fife NHS Board about the quality of services within NHS
Fife.

4.5 To receive reports from the Clinical Governance Steering Group.

4.6 To receive appropriate reports on Fife-wide Public Health Governance issues.

4.7 To provide an Annual Statement of Assurance on Clinical Governance to Fife NHS
Board as in *(Appendix A)* to Section C. This Statement will be submitted to the
Board via the Audit Committee. The proposed Statement will be presented to the
first Committee meeting in the new financial year or agreed with the Chairperson of
the Committee by the end of May each year for presentation to the Audit Committee
in June.

4.8 To undertake an annual self assessment of the Committee’s work.

4.9 The Committee shall review regularly the sections of the NHS Fife Balanced
Scorecard relevant to the Committee’s responsibility.

4.10 The Committee shall draw up and approve, before the start of each financial year, an
Annual Work Plan for the Committee’s planned work during the forthcoming year.

4.11 The Committee shall provide assurance to the Board on achievement and
maintenance of Best Value standards, relevant to the Committee’s area of
governance as set out in Audit Scotland’s baseline report “Developing Best Value
Arrangements”.

5. **AUTHORITY**

5.1 The Committee is authorised by the Board to investigate any activity within its Terms
of Reference, and in so doing, is authorised to seek any information it requires from
any employee.
5.2 In order to fulfil its remit, the Clinical Governance Committee may obtain whatever professional advice it requires, and require Directors or other officers of the Board to attend meetings.

5.3 The Committee shall exercise the delegated powers identified in the Standing Orders and Standing Financial Instructions of the Board, as set out in the Purpose and Remit of the Committee.

6. REPORTING ARRANGEMENTS

6.1 The Clinical Governance Committee reports directly to Fife NHS Board. Minutes of the Committee are presented to the Board by the Committee Chair, who provides a report, on an exception basis, on any particular issues which the Committee wishes to draw to the Board’s attention.

6.2 In accordance with the Risk Management Strategy of the Board, the Committee is required to provide regular reports, on an annual basis, to the Strategic Management Team (Risk) through the Lead Officer for the Committee, on areas of significant risk. Details of all moderate and high level risks will be recorded on the appropriate risk register and have a supporting action plan which will ensure that the risk is managed to an acceptable level.

6.3 Any moderate or high level risks identified that are deemed impossible or impractical to manage at an operational level will be submitted immediately to the Strategic Management Team (Risk) to be considered for inclusion in the NHS Fife Corporate Risk Register.
Appendix 6

NHS Fife Clinical Governance Steering Group Constitution and Terms of Reference

1. PURPOSE

1.1 The purpose of the Clinical Governance Steering Group is to (a) co-ordinate and facilitate the implementation of the Clinical Governance Strategy within the component parts of NHS Fife (b) set the strategic objectives for clinical governance and key performance indicators and (c) monitor the implementation of the strategy.

2. COMPOSITION

2.1 Membership shall be as follows:-

- NHS Fife Executive Lead, Clinical Governance (Chair)
- Clinical Lead and 2 representatives from each CHP
- Operational Division Medical Director, Director of Nursing and 1 other representative
- Medical Director, Primary Care
- Public Health Clinical Governance Lead
- NHS Fife Clinical Governance Lead
- NHS Fife Risk Manager
- NHS Fife Clinical Effectiveness Co-ordinator
- Allied Health Professionals Lead
- Research and Development Manager
- Associate Nurse Director (Strategic Development)
- Director of Pharmacy

2.2 The Group will be supported by the Clinical Governance Administrator.

3. ROLE AND REMIT

3.1 The role and remit of the Clinical Governance Steering Group is as follows:-

- To oversee the implementation and monitoring of the principles of Clinical Governance as defined in MEL (1998)75.
- To agree the NHS Fife clinical governance strategic objectives and develop key performance indicators
- To work to break down boundaries between primary, secondary and tertiary health care and community services.
- To support, steer and monitor the implementation of the Clinical Governance and Risk Management Strategies with NHS Fife.
- To agree leads for NHS QIS visits and the implementation of action plans arising there from.
• To make recommendations about prioritisation of work and to take an overview and co-ordinating role in relation to Managed Clinical Network Governance issues.

• To maintain an awareness of developing Clinical Governance agendas, both internal and external to NHS Fife.

• to provide regular reports on progress of the implementation of the Clinical Governance Strategy to the NHS Fife Clinical Governance Committee.

4. MEETINGS AND REPORTING ARRANGEMENTS

4.1 Meetings will be held 2 monthly.

4.2 The Clinical Governance Steering Group will report to the NHS Fife Clinical Governance Committee.
Appendix 7

NHS Fife Clinical Governance Support Team

_____ Line Management

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NHS Fife Executive Leads for Clinical Governance, Risk Management, Patient Safety and Information Governance

Director of Clinical Delivery

NHS Fife Executive Lead for Research and Development (R&D)

Quality & Clinical Governance Lead

NHS QIS

R & D Manager

Risk Management

Patient Safety Programme

Business Continuity

Clinical Governance

Clinical Effectiveness
### Objective 1

**Objective**: Improve performance against all elements of the NHS QIS CGRM Standards. Develop a new CGRM Standards Action Plan in the light of the CGRM Review local report.

**Monitoring and Evaluation Mechanism**: Quarterly monitoring of CGRM Standards Action Plan by CGSG

**Exec. Leads**: GBi

**Operational Lead**: RG/AL

**Update March 2011**: Local Report received June 2010 demonstrated an improvement in all standards, with the exception of Communication and Fitness to Practice, and overall achievement of the HEAT target. Action plan brought to September CGSG and will be monitored on a 6 monthly basis by CGSG

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### Objective 2

**Objective**: Implement the Scottish Patient Safety Programme across NHS Fife, progressing along the performance assessment scale to the timeline expressed.

**Monitoring and Evaluation Mechanism**: Workstreams review progress at quarterly Executive Sponsor meetings reporting to quarterly Leadership meetings. Monthly SPSP reports are reviewed at the SMT and these in turn are submitted to the Board.

- Monthly SPSP reports and updates on progress from workstream leads are also received by the PSIG

**Exec. Leads**: BM

**Operational Lead**: CG

**Update March 2011**: Workstreams are now spreading processes throughout the organisation. Achieving sustained improvement in process and associated outcome measures in some areas. CHPs adopting some of the measures and reporting progress to the PSIG meeting. The improvement methodology is now being adopted in some areas out with the parameters of the programme. Additional SPSP strands include Paediatrics and Congestive Heart Failure. Measures for Mental Health being developed.

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### Objective 3

**Objective**: a) Review and develop an implementation plan for all SIGN Guidelines and other national guidance and standards across NHS Fife

**Monitoring and Evaluation Mechanism**: CGSG receives a bimonthly update report from Clinical Effectiveness Manager and biannual report on any outstanding actions

**Exec. Leads**: GBi

**Operational Lead**: EM

**Update March 2011**: Regular bimonthly reports have been received by the CGSG. The second biannual report on outstanding actions is due at the March CGSG.
3b) Review and develop an implementation plan for NPSA alerts guidance across NHS Fife.

CGSG receives a bimonthly update report from the Risk Manager on compliance with NPSA alerts guidance and an annual report on any outstanding actions.

GBi PC

Following discussion at the NHS Fife CGSG on 17 November 2010, it was recognised that compliance with NPSA guidance in NHS Fife was incomplete and should be improved.

To this end, a meeting took place on 2 February 2011 between Dr Gordon Birnie (GB), Pauline Cumming (PC), Evelyn McPhail (EM), Heather Shearer (HS) and Andrea Wilson (AW) to consider an improved approach to the handling of

The LOGIC model devised by the national SIGN Implementation group is being tested out on SIGN 118 Management of Stroke and should come to the March CGSG.

The CHPs are committed to supporting the improvement of systems to deliver this objective. In May 2010 D&WF CHP established a General Practice and Primary Care Group to further enhance engagement with GP practices.

A business case was developed to enable GP involvement in the SIGN working groups. This was considered by SMT who responded that there was no funding available to support. Following further discussion at CGSG it was agreed that this now needs to be tied in with our Managed Clinical Networks.
NPSA alerts in NHS Fife.

Since it was recognised that SMT support would be vital to drive compliance on this matter, said individuals agreed to prepare a paper for SMT to update members on the current position of NHS Fife relative to NPSA alerts guidance, specifically Rapid Response Reports, Patient Safety Alerts and Safer Practice Notices and to propose changes to the way in which the advice is cascaded and managed in order to achieve a more reliable approach to implementation and monitoring of NPSA or similar guidance.

GB took this paper to SMT on 21 March 2011. SMT accepted the proposal and were supportive of proceeding to implement the recommendations therein. PC and HS to develop an implementation plan and will communicate details forthwith.

| 4. Produce an annual prioritised programme of Clinical Effectiveness and Quality Improvement based on local and national targets using the six dimensions of quality and linked to the Quality Strategy measures. |
| The programme will be reviewed and monitored by each of the Divisional/CHP Clinical Governance Groups/Committees. These will feed in to an overall NHS Fife Review overseen by the CGSG and will marry with the emergent Quality Strategy |
| GBi | EM |
| Evidence of monitoring of these programmes is available through the CG Map. Responsibility for these programmes ultimately rest with individual services and directorates and this is being formalised within the CHPs and the Operational Division. For example it has been agreed by DWF CHP Clinical Services |
5. Continue to develop and embed a culture which promotes improvement and patient safety and provide staff with the tools and training to facilitate this objective forms part of the detailed objectives for the Clinical Governance support team. It will be monitored by a variety of groups including CGSG/PSIG/Core Risk Management Group and in particular through the relevant Annual Reports. QI Models training continues facilitated by the Clinical Effectiveness team. The course is currently being reviewed by NHS Fife and NHS Tayside.

Rolling SPSP training programme delivered to student nurses and mentors. Confirmed slots at FY1/2 and medical students training. Ad hoc additional presentations. 8 members of staff participating in Quality Improvement Advisor Courses hosted by NHSQIS. 2 members of staff participating in the Fellowship Programme.

An in-house 2 day Quality Improvement event facilitated by NES will take place in
April. The aim of the course is to deliver the improvement methodology to staff with a managerial or educational remit within the organisation.

Improvement methods used opportunistically as well as part of SPSP. Training provided by the Risk Management Team continues to evolve and incorporate safety & improvement science.

6. Develop further systems and processes for the management of information and use of this information to support quality improvement

This objective will be monitored and evaluated by all the Clinical Governance Groups outlined in this document and recorded via the Clinical Governance Map

GBi/AB RG/AL

The CG map continues to be the key tool for the management and monitoring of information to support quality improvement within Fife. The CGSG now regularly looks at outstanding items marked amber or red on the map to ensure action taken if needed. CG Leads and the CG Network will explore ways of using the map to assess quality of reporting.

Links with the NHS Fife Information Services team continue to be developed. Their assistance proved invaluable in developing a Quality Improvement database during 2010 in partnership with SHOW. This will be available on the intranet from April 2011. Staff will be able to readily access the information, network, share best practice and establish learning opportunities between services and across NHS Fife.

A combined report was produced and
7. Continue to explore and develop creative ways of involving patients meaningfully in Clinical Governance and Quality Improvement based on the National Standards for Community Engagement.

This objective forms part of the ongoing agenda for all clinical governance activity. It will be monitored by the NHS Fife CGC via the minutes of the CHP/OD CGGs and those of the CGSG.

GBi/AB  RG/AL/EM/C/PC

The ODCGC agreed to invite a PPF member to join the group and 2 people have now been recruited. A public member has been recruited to the K&LCHP CGG. A public member also attends the Mental Health Service QIS meeting.

A log of “involvement” is maintained using the “involving people recording tool”

Some examples of current projects involving patients and the public include:
- MCN Diabetes Patient experience
- Integrated Admission & Discharge Team, QMH
- NHS Fife Diabetes Centre Patient Satisfaction Survey, VHK
- Mental Health Service ICP Process Mapping

The SPSP now has PPF representation at the PSIG and on the General Ward and
8. **Develop further the alignment of core work streams with Clinical Governance in particular PFPI, Staff Governance, Performance Management and Service Redesign**

| Quarterly monitoring of CGRM Standards Action Plan by CGSG | Regular Review of appropriate objectives in NHS Fife Balanced scorecard by CGC | GBi | RG/AL |

The newly published Scottish Government Quality Strategy is providing an opportunity for further reflection on this objective.

This will be addressed as part of the forthcoming review of the CG Strategy.

Perioperative Workstreams. Critical Care has worked extensively with patients and relatives to improve the quality of care. Includes the use of patient diaries.

NHS QIS / Scottish health Council Participation Standard review will take place in March 2011. This is an extensive assessment including Section 1: Patient Focus, Section 2: Involving People in service planning, improvement and change and Section 3: Corporate Governance of participation. The self assessment was submitted in March 2011.

Action plans are being pulled together following the publication of results from the “Better Together Survey of Inpatients and GPs”. This is formally monitored via the PFPI Committee but CG staff are assisting as appropriate. The results have been discussed at various fora in the CHPs and will be discussed at an individual practice level as part of the GP practice visits.