**Borders NHS Board**

NHS Borders

**Borders**

**NHS BORDERS HEALTHCARE GOVERNANCE STRUCTURE AND REPORTING ARRANGEMENTS**

**Aim**

The purpose of this paper is to update Borders NHS Board on the progress made in redesigning NHS Borders local Healthcare Governance arrangements.

Revisions to the NHS Borders Healthcare Governance arrangements were agreed as a result of a local self assessment completed in September 2012. The assessment was carried out in response to key recommendations made by Healthcare Improvement Scotland (HIS) following the review of NHS Ayrshire and Arran's Management of Significant Adverse Events.

**Background**

HIS published a review of NHS Ayrshire and Arran's Management of Adverse Events on 12th June 2012. The report highlighted areas for national learning and made recommendations for NHS Scotland. These recommendations related to both the management of adverse events and NHS Board governance arrangements as outlined in Appendix 1.

NHS Boards were subsequently asked to complete a baseline self assessment which was submitted on 7th September 2012 in preparation for a local review visit from HIS on the 12th March 2013.

A key theme resulting from the NHS Borders self assessment highlighted that Clinical Governance and Risk Management review and assurance activities were overseen by multiple groups. These groups included Clinical Governance Groups in each Clinical Board and corporately by NHS Borders through several groups including a Clinical Governance Steering Group and Clinical Risk Management Group, reporting to Board Committees and NHS Borders Board. It was agreed that there was duplication between the groups of governance in relation to membership, key business items as well as a lack of clarity in management and reporting arrangements. There was also a separate governance structure for Risk Management.

**Summary**

It was proposed that the governance and operational framework be strengthened within NHS Borders by integrating the separate and multiple management groups and harnessing the current expertise and support in delivering improvement. This would offer opportunities for improved efficacy, efficiency and engagement and robust governance. The recommended arrangements and process would ensure stronger arrangements for

Healthcare Governance quality, safety and risk, clinical engagement and accountability from Clinical Boards through the Healthcare Governance Steering Group to the Clinical Executive and to the committees of the Board and NHS Borders Board as outlined in Appendix 2. A realignment of current arrangements would influence the development of strategy and strengthen guidelines and policies from the point of care, clinical practice and operational management to Board scrutiny and assurance.

This proposal mirrored similar arrangements already implemented in NHS Dumfries and Galloway, NHS Tayside, NHS Lanarkshire, NHS Lothian and NHS Fife.

The Board Executive Team endorsed the proposal to integrate the current multiple groups of reporting, governance, scrutiny and assurance to attain more proportionality to the scale of the NHS Borders system in September 2012. The actions for NHS Borders agreed by BET are also outlined alongside the HIS recommendations in Appendix 1.

The Healthcare Governance Steering Group had its first meeting on the 1$^{st}$ March 2013 to agree its terms of reference and membership and will meet on a six weekly basis in the first instance.

**Recommendation**

Reporting and assurance arrangements of groups and committees reporting to Borders NHS Board have been reduced and integrated. This includes healthcare governance arrangements within Clinical Boards to a single Healthcare Governance Steering Group reporting to the Clinical Executive and Board Executive Team and providing assurance to the Borders NHS Board and its Committees of Governance.

All other actions agreed as a result of the self assessment process for the HIS review visits on the management of adverse events have been built into a local improvement plan. The outcomes of the review visit which took place on the 12$^{th}$ March 2013 will be provided in draft to the NHS Board for comment in April and a final report will be published in May 2013. The recommendations from the report will be incorporated into the exiting local improvement plan and an update on progress will be brought to Borders NHS Board later this year.

The Board is asked to **note** the progress made towards a single healthcare governance arrangement for NHS Borders, within the context of the wider work underway to improve the management of adverse events.

| | |
|---|---|
| **Policy/Strategy Implications** | The content of the ongoing work outlined will be considered by the Healthcare Governance Group and implications for NHS Borders reported to the Clinical Executive Strategy Group prior to presentation to the NHS Board |
| **Consultation** | As above |
| **Consultation with Professional Committees** | As above |
| **Risk Assessment** | In compliance |

| | |
|---|---|
| **Compliance with Board Policy requirements on Equality and Diversity** | In compliance |
| **Resource/Staffing Implications** | Services and activities provided within agreed resource and staffing parameters |

**Approved by**

| Name | Designation | Name | Designation |
|---|---|---|---|
| Evelyn Fleck | Director of Nursing and Midwifery | | |

**Author(s)**

| Name | Designation | Name | Designation |
|---|---|---|---|
| Laura Jones | Head of Quality and Clinical Governance | | |

| | |
|---|---|
| **Healthcare Improvement Scotland**<br>**Recommendations for NHS Boards Relating to the Management of Adverse Events**<br>**(June 2012)** | |
| **Recommendation 18** | NHS boards should ensure that they are taking an active and planned approach to engaging with key stakeholders particularly the patients, family and carers affected by a significant adverse event. |
| **Recommendation 19** | NHS boards should ensure that their staff are trained and have suitable knowledge and understanding to be involved and contribute to the full management of significant adverse events including the implementation of actions relating to learning, change and improvement. |
| **Recommendation 20** | NHS boards should ensure that all members of staff have a clear understanding of their roles and responsibilities regarding significant adverse events and that clear lines of accountability are defined and reflective of the organisation's governance structure. |
| **Recommendation 21** | NHS boards should ensure that their document control and related information systems are suitably integrated and robust to provide a complete audit trail of significant adverse event management from the incident occurring to evidencing change and improvement. These systems should also allow NHS boards to undertake ongoing thematic learning from significant adverse events. |
| **Recommendation 22** | NHS boards should ensure that the decisions related to the management of significant adverse events are risk based, informed and transparent to allow an appropriate level of scrutiny and assurance. |
| **Recommendation 23** | NHS boards should ensure that the management of significant adverse events is completed in a timely manner and that the thematic learning is appropriately disseminated and acted upon throughout the organisation. |

| | | |
|---|---|---|
| **NHS Borders Self Assessment Recommendations**<br>**Management of Adverse Events**<br>**(Approved by Board Executive Team September 2012)** | | |
| 1 | A single integrated "Incident Reporting and Management" Policy is required with associated guidelines for staff. | **HIS Recommendation 20** |
| 2 | A clear definition is issued to clarify key staff/approvers responsibilities in using the Datix system and their responsibilities in relation to incident reporting, | **HIS Recommendation 20** |

| | management and learning for improvement. | |
|---|---|---|
| 3 | An integrated training programme roll out to all final approvers within Datix followed by a wider programme for all clinical staff using Datix. To consider the development of an eLearning mandatory approach. | **HIS Recommendation 19** |
| 4 | Implementation of Datix investigation and action planning capabilities with associated IM&T implications addressed. | **HIS Recommendation 21** |
| 5 | New local guidance to be developed on the involvement of patients, families, carers and staff affected by a significant adverse event. | **HIS Recommendation 18** |
| 6 | Strengthening and clarification of the role of key operational management groups related to the monitoring and management of incidents and risk ownership, e.g. at Clinical Board level and in other Clinical Services not based within Clinical Boards, e.g. Pharmacy, Public Health etc. | **HIS Recommendation 22 & 23** |
| 7 | Integration of the current multiple groups of reporting, governance, scrutiny and assurance to attain more proportionality to scale of NHS Borders system. | **HIS Recommendation 22** |
| 8 | Integrated approach to Management of Significant adverse events and management of risk from strategy to operational management which recognises the clinical and care contexts and ensures thematic learning is disseminated and acted on. | **HIS Recommendation 23** |

**NHS Borders Board**

Appendix 2

**Audit Committee**

**Clinical Governance Committee**

**Staff Governance Committee**

**Public Governance Committee**

Borders Executive Team/Clinical Executive Operational Group/Clinical Executive Strategy Group

**Healthcare Governance Steering Group**

**Resilience Committee**

**Infection Control Committee**

**OH&S Forum**

Other Clinical/Non Clinical Services out with a Clinical Board
- Pharmacy
- Public Health
- Health Protection
- Health Improvement
- Occupational Health
- Estates
- Area Drugs & Therapeutic   Committee
- Infection Control
- Health & Safety
- Training & Development
- Children & Young Peoples Health Network
- Drug & Alcohol

**Primary and Community Services**
Healthcare Governance Group

**Borders General Hospital**
Healthcare Governance Group

**Mental Health**
Integrated Governance Group

**Scottish Borders Learning Disability Service**
Integrated Governance Group

**Clinical Services**

6