

**Borders NHS Board**

## **NEW ARRANGEMENTS FOR HEALTHCARE GOVERNANCE**

### **Aim**

The purpose of this paper is to outline improved healthcare governance arrangements for NHS Borders. A proposal to improve the healthcare governance arrangements has been considered by NHS Borders Strategy and Clinical Executive Operational Groups and discussed at the Audit Committee. The proposal was agreed and new arrangements have been implemented.

### **Background**

In 2012 an assessment of NHS Borders Healthcare Governance arrangements 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.

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. The Healthcare Governance Steering Group (HCGSG) was developed to give one central group, streamlining the governance arrangements. The HCGSG has been active for approx 2 years and has been effective in gaining better focus on governance arrangements and operational improvements.

At the 7 November 2014 HCGSG meeting there was discussion that a level of maturity in Healthcare Governance Reporting had been achieved in the last 2 years and that greater visibility and assurance of Clinical Board Healthcare Governance activities could be secured with direct reporting to the Clinical Executive Operational Group. In addition as detailed in NHS Borders Code of Corporate Governance regular updates to and scrutiny by the 4 sub committees of NHS Borders Board (Audit, Clinical, Staff, and Public Governance) should continue. It was agreed that a review of reporting lines to further streamline the governance reporting systems and gain efficiencies was necessary; this review was undertaken and a proposal was developed for improved arrangements which has subsequently been accepted and implemented.

### **Summary**

The role of the Healthcare Governance Steering Group was considered by members to have evolved as a consequence of strengthened arrangements within clinical board

governance groups. As a result it was proposed that the current Healthcare Governance Steering Group be disbanded.

Removal of the Healthcare Governance Steering Group would streamline the flow of governance information and scrutiny and assurance arrangements between clinical boards/support services and NHS Borders Board. In order to achieve this, the following actions were undertaken:

1. The operational accountability and responsibility structure has been amended to reflect the clinical board governance groups directly reporting to the Clinical Executive Operational Group (agreed structure see appendix 1)
2. Scrutiny and assurance will remain unchanged and will be provided by NHS Borders Board and its sub-committees with regular communication from the Clinical Board Governance Groups and topic specific sub-groups
3. Frequency and content of clinical board/support service governance meetings and onward reporting have been reviewed to ensure all aspects of healthcare governance are included
4. The agenda and remit of the Clinical Executive Operational Group has been reviewed and agreement has been reached that there is capacity to deal with the new arrangements
5. A final session of the Healthcare Governance Steering Group was held to ensure that the work plan items were all correctly re-directed to existing groups/committees. (see appendix 2)
6. A review will be undertaken of the Healthcare Governance Strategy to ensure alignment with the actions above

Operational lines of reporting have been strengthened between topic specific groups and Clinical Boards with the Clinical Executive Operational Group in relation to healthcare governance. Scrutiny and assurance arrangements to NHS Borders Board remain unchanged but will be strengthened by more robust governance reports from clinical boards.

### Recommendation

The Board is asked to **note** the new arrangements to the organisation's governance systems and the strengthening of operational management.

<b>Policy/Strategy Implications</b>	Healthcare Governance Strategy will required to be reviewed early to reflect new arrangements
<b>Consultation</b>	Proposed Healthcare Governance arrangements consultation included the Clinical Executive Operational Group, NHS Borders Strategy Group and Audit Committee.
<b>Consultation with Professional Committees</b>	-
<b>Risk Assessment</b>	New healthcare governance arrangements are an opportunity to improve scrutiny and attain accountability. Operational management has been strengthened and risk reduced.
<b>Compliance with Board Policy</b>	Compliant

<b>requirements on Equality and Diversity</b>	
<b>Resource/Staffing Implications</b>	Arrangements have released managerial time for operational duties.

**Approved by**

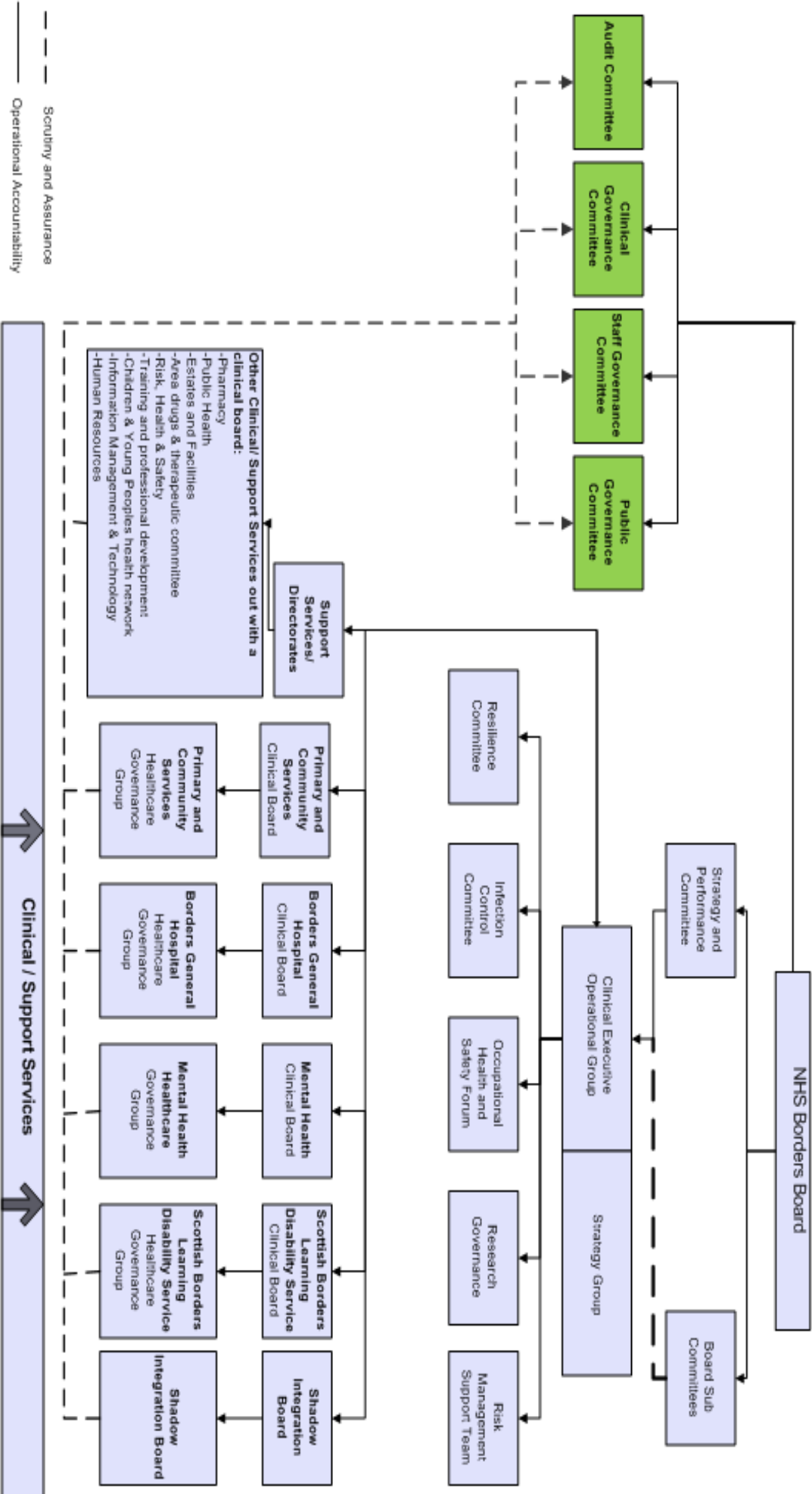
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Appendix 1

NHS Borders Structure  
 Depicting reporting lines for the purpose of board scrutiny and assurance and operational delivery.



## Appendix 2

Healthcare Governance Steering Group Work plan- re-direction of items to existing committees/groups:

- Risk management: CE Ops Group/Audit/CGC.
- Adverse Events: CE Ops Group/CGC.
- Thematic Reports: CE Ops Group/CGC.
- Occupational Health and Safety: Staff Governance Committee and CGC. Also on quarterly reviews for risk.
- Claims: Operational goes to CE Ops Group. Annual Report to CGC and to the Audit Committee (financial).
- Patient Safety: CE Ops Group and CGC.
- Infection Control: CE Ops Group and CGC. It was noted that Infection Control are now a member of CE Ops Group as they were not before.
- Resilience: CE Ops Group
- Occupational Health and Safety: CE Ops Group, CGC and Staff Governance Committee.
- Clinical Effectiveness, patient feedback and research governance all go to CGC, Public Governance (as required)
- Clinical Board Reports: delivery or resource to go to Clinical Executive Operational Group. Scrutiny reports to each Board Clinical Governance Committee.
- Internal & external Audit: CE Ops Group for clearing house then Audit Committee.
- Annual Best Statement: Will not be required.