

Clinical and care governance across integrated services: what needs to be in place at a strategic level?

This document is primarily designed for nurses who are professional members of integration joint boards (IJBs), to highlight things to look for and questions to raise to ensure there are robust clinical and care governance arrangements in place across health and social care integration.

However it may be useful for nurses in other roles to help think about what needs to be in place to embed clinical and care governance across integrated services.

Theme	Am I satisfied that...	What should I be looking for?	What is actually required by legislation or guidance?
1) Clarity of purpose, roles and responsibilities	...care and clinical governance is a high priority	<ul style="list-style-type: none"> the IJB and all levels of the health and social care partnership are signed up to a definition of care and clinical governance, which is reflected in its strategic vision and aims, and focuses on: <ul style="list-style-type: none"> having a robust system for ensuring the quality of health and social care delivered embedding care and clinical governance at all levels from front-line staff to the IJB driving a culture of continuous improvement ensuring the quality of care drives decision-making about the planning and delivery of services 	<p>Regulations require the integration scheme to include information on the clinical and care governance arrangements for integrated services</p> <p>The Scottish Government's Clinical and Care Governance Framework for health and social care integration states as a key principle that: <i>"All actions are focused on the provision of high quality, safe, effective and person-centred services"</i></p>
	...there are clear organisational structures for clinical and care governance and everyone understands their role	<ul style="list-style-type: none"> the relative roles and responsibilities around clinical and care governance have been defined for the members of the IJB, including the Chief Officer and professional members, the health board and local authority 	<p>The Scottish Government's Clinical and Care Governance Framework gives guidance on different roles and responsibilities</p> <p>Regulations require the integration scheme to include details of how</p>

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		<ul style="list-style-type: none"> • there's a schematic showing the explicit links and relative roles and responsibilities between the IJB and: <ul style="list-style-type: none"> - existing clinical governance (or equivalent) committees - clinical governance arrangements for specific areas of practice, such as mental health - audit committees - area clinical forums - adult support and protection committees - child protection committees (if children's services are delegated) - local authority governance committees • there is a consistent approach to care and clinical governance across integrated and non-integrated services, not separate systems 	<p>clinical and care governance arrangement for non-integrated services will interact with clinical and care governance arrangements for integrated services</p>
	<p>...the professional nurse member is supported to perform their role</p>	<ul style="list-style-type: none"> • the appointed professional nurse member on the IJB has the appropriate experience, skills and competencies to fulfil the role, and has experience of working at a strategic level • the health board has given the professional nurse member the time, resource and support to fulfil their responsibilities to the IJB for the full term of their appointment • the health board has given the professional nurse member specific training to contribute effectively to the IJB, for example around strategic planning • the professional nurse member is given an induction to help them carry out their role effectively • there is a named, appointed deputy who can demonstrate a similar level of skill and experience as the substantive appointment. Deputies only attend 	<p>The Scottish Government's guidance on <u>Roles, Responsibilities and Membership of the Integration Joint Board</u> includes all these things to look for, except the final point about training/induction of other members of the IJB to make best use of the professional members</p>

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		<p>where absolutely necessary to ensure continuity of advice</p> <ul style="list-style-type: none"> induction or training of the voting members of the IJB includes how they should use the professional members to best effect and ensure decision-making is underpinned by professional advice 	
	<p>...there is a comprehensive role descriptor for the professional nurse member</p>	<ul style="list-style-type: none"> the professional nurse member role descriptor includes advising the IJB on workforce and workload planning and skill mix; education, training and professional development; quality of care, clinical and professional practice and supervision; professional regulatory requirements; performance management; and professional leadership the role descriptor makes it clear how advice from the professional nurse member will inform decisions about the planning, delivery, resource allocation and effectiveness of integrated services 	<p>Regulations require the integration scheme to include details of the arrangements for professional health care advice to the IJB, strategic planning group and localities</p>
<p>2) Professional leadership and accountability</p>	<p>...there are robust professional leadership and accountability structures in place for nursing</p>	<ul style="list-style-type: none"> there are clear lines of professional accountability from front-line staff working in integrated services to the professional leads who are accountable for professional standards of care the professional nurse member on the IJB is accountable to the Nurse Director of the health board for professional governance (either directly or to a deputy who reports to the Nurse Director) the professional nurse member on the IJB knows when and how to escalate issues to the Chief Officer and the Nurse Director of the health board there are systems and processes in place to support revalidation 	<p>Regulations require the integration scheme to include information on the role of senior professional staff in the health board and how they relate to clinical and care governance arrangements and the professional members on the IJB</p>

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	<p>...the professional nurse member is confident they can access advice from across nursing</p>	<ul style="list-style-type: none"> • there are mechanisms and local professional advisory arrangements in place for the professional nurse member on the IJB to receive advice, reports and concerns from: <ul style="list-style-type: none"> - professional leads for different areas of practice - service managers - nurse leads on the strategic planning group - nurse leads on locality planning groups - nurse director of the health board • there are mechanisms in place for the professional nurse member on the IJB to provide feedback to the above groups • IJB agendas are sent out in sufficient time to allow the professional nurse member to gather advice and discuss issues with relevant professional leads, service leads and other staff 	<p>Regulations require the integration scheme to include details of how clinical and care governance arrangements provide oversight of and professional advice to strategic planning and locality group</p>
<p>3) Transparent and informed decision-making</p>	<p>...decision-making about the planning and delivery of integrated services is underpinned by professional nursing advice</p>	<ul style="list-style-type: none"> • there is an agreed process for the IJB to receive, record and have due regard to advice or concerns from the professional nurse member • the professional nurse member to the IJB or the professional leads of the Health Board can provide professional advice to, or raise issues directly with, the IJB in writing, and the IJB will respond in writing to these issues • there is evidence that shows that professional nursing advice is being sought and acted upon by the voting members of the IJB, for example: <ul style="list-style-type: none"> - items for discussion on IJB meeting agendas - professional nurse member is asked to submit papers to IJB meetings - professional nurse member is given an opportunity to present or speak at IJB meetings 	<p>Regulations require the integration scheme to include details of the arrangements for how the IJB, strategic planning group and localities will receive professional advice</p>

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		<ul style="list-style-type: none"> - discussions are recorded in the minutes of meetings - advice is sought from the professional nurse member in-between meetings • there is an agreed process for, and evidence of, professional nursing advice informing decisions made by the strategic planning group and locality planning groups • there is an agreed process for, and evidence of, discussion and decision-making of issues at a local level before an issue is fed up to the IJB • there is a process and escalation policy for resolving disputes between the professional nurse member and other members of the IJB 	
	<p>...decision-making about the planning and delivery of integrated services is underpinned by accurate and timely data on the quality of care and patient outcomes, and focuses on improving the quality of services</p>	<ul style="list-style-type: none"> • there is a robust performance management framework and reporting processes in place to provide assurance of the quality and safety of integrated services, that has been approved by professional nursing leads accountable for the quality and safety of care delivered • information is analysed, challenged and learned from as part of the care and clinical governance arrangements • the performance management framework is focused on patient outcomes, includes key indicators of the National Health and Wellbeing Outcomes and reflects the Integration Planning and Delivery Principles • data is accurate and timely and covers key aspects of the quality and safety of patient care, patient experience, staff experience and workforce pressures 	<p>The integration planning and delivery principles in the Public Bodies (Joint Working) (Scotland) Act 2014 requires services to be provided in a way that “<i>protects and improves the safety of service-users</i>” and “<i>improves the quality of the service</i>”. Scottish Government Guidance on the Principles sets out what can be expected under each of these</p> <p>Regulations requires the IJB to report annually on its performance against the National Health and Wellbeing Outcomes and integration delivery principles</p>

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		<ul style="list-style-type: none"> • data from a professional nursing assurance system is incorporated into the reporting and decision-making processes of the IJB • there is a reporting process for professional nursing issues to be fed up to the professional nurse member on the IJB • data is analysed, presented and discussed at IJB meetings and underpins decision-making about the planning, delivery and continuous improvement of services • issues relating to the quality and performance of integrated services are identified and discussed early on and there are clear escalation processes • collection and reporting of data is streamlined • reports and information from Healthcare Improvement Scotland, Care Inspectorate and any other scrutiny or improvement body are discussed by the IJB and it is clear who has responsibility for taking forward actions between the IJB, the health board and the local authority • there is evidence of the above points, for example: <ul style="list-style-type: none"> - agenda items at IJB meetings include quality and safety of patient care, patient and staff experience and workforce pressures - written papers and data reports on the quality of services are submitted in advance to IJB meetings - there are presentations and discussions of analysed data and quality of services at IJB meetings - discussions, identified issues and resulting actions are recorded in the minutes of meetings 	<p>The Scottish Government's Core Suite of Integration Indicators, Information Framework and National Health and Wellbeing Outcomes framework gives further guidance on performance reporting</p> <p>The Scottish Government's Clinical and Care Governance Framework states as a key principle: "<i>Informed and transparent decisions are taken to ensure continuous quality improvement</i>" and outlines the importance of receiving and scrutinising information on the safety and quality of care and identifying areas for action</p>

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		<ul style="list-style-type: none"> - actions are communicated, monitored and reported against by the IJB 	
4) Risk management	<p>...risks relating to the safety and quality of care are identified and acted upon</p>	<ul style="list-style-type: none"> • there is an effective risk management system in place, which identifies clinical risks, is focused on the safety and quality of care and promotes continuous improvement • the links between service level risk registers and an overarching integrated risk register are clear • risk registers are regularly reviewed and are a standing item on IJB agendas • the links between existing health and safety committees and the IJB are made clear • risks relating to third sector and independent sector providers are incorporated into the risk management system • there is a clear escalation process in place for identified risks that cannot be mitigated or that will impact the health board or local authority • there is a co-ordinated approach (including where this involves multiple agencies) to handling feedback, complaints, datix reports, adverse events and clinical incident reviews that aligns with existing arrangements in health boards and local authorities • actions arising from issues are fed back to staff who raised them • systems for child protection (if children's services are delegated) and adult support and protection are aligned with and comply with existing health board and local authority systems 	<p>Regulations require the integration scheme to include information on the risk management strategy, timescales and reporting of risks</p>

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5) Supported and engaged nursing workforce	<p>...the nursing workforce has the knowledge, skills and support needed to provide high quality care</p>	<ul style="list-style-type: none"> • there are systems and management arrangements in place to ensure that staff in integrated services: <ul style="list-style-type: none"> - have access to support, education, training and professional development, and clinical supervision - are supported to meet requirements around revalidation - know where they can access professional nursing and clinical advice - are confident in raising issues and escalating concerns - have opportunities to discuss issues, such as reflective practice forums • there are robust clinical governance arrangements in place for particularly complex areas of practice, such as: <ul style="list-style-type: none"> - advanced nursing practice roles - independent prescribers - out of hours services - prison healthcare - nursing roles in particularly remote and rural areas 	<p>The Scottish Government's Clinical and Care Governance Framework states as a key principle: <i>"Staff are supported and developed"</i></p>
	<p>...nurses are fully engaged in the planning and delivery of integrated services</p>	<ul style="list-style-type: none"> • there is an agreed process for seeking views from staff on the planning and delivery of services, which is compliant with PIN and staff governance standards • staff are able to provide feedback through clear professional and management structures • there is an agreed process for concerns from staff to be escalated and acted upon • actions from issues raised are fed back to staff • the professional nurse member and other senior professional leads are visible to staff 	<p>The National Health and Wellbeing Outcomes include as an outcome: <i>"People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide."</i></p>

Theme	Am I satisfied that...	What should I be looking for?	What is actually required by legislation or guidance?
6) Third and independent sector providers*	...there are robust processes in place for assuring the quality and safety of services commissioned from third or independent sector providers	<ul style="list-style-type: none"> • professional nursing advice informs decisions about services being commissioned • assurance that there is a process in place for specifying quality standards within contracts and the commissioning process with third party providers and clear arrangements for monitoring that these have been met • there is a process for concerns about third and independent providers to be fed into the IJB, for example issues raised by the Care Inspectorate • assurance that there are governance processes in place within third and independent sector providers (though the nurse on the IJB would not have direct involvement with or lines of professional accountability for nurses in the third or independent sector) • there is a process for NHS staff working with third or independent sector providers to raise concerns and escalate issues • there are systems in place to allow nurses working in third and independent sector organisations to access appropriate specialist nursing advice and support • the responsibilities and lines of accountability for healthcare delivered as part of self-directed support packages is clear 	

* The role of the professional nurse member on the IJB in relation to third and independent sector providers is complex and is an area we are still grappling with. We are keen to hear your views of how you are approaching this issue in your IJBs and within your clinical and care governance structures. Please email Helen Malo at helen.malo@rcn.org.uk with any thoughts. This document will be iterative and we will release updated versions as our understanding of clinical governance across integrated services grows.

Further information and resources

[The Public Bodies \(Joint Working\) \(Scotland\) Act 2014](#)

[The Public Bodies \(Joint Working\) \(Integration Scheme\) \(Scotland\) Regulations 2014](#)

[The Public Bodies \(Joint Working\) \(National Health and Wellbeing Outcomes\) \(Scotland\) Regulations 2014](#)

[The Public Bodies \(Joint Working\) \(Content of Performance Reports\) \(Scotland\) Regulations 2014](#)

Scottish Government (2015) [Roles, Responsibilities and Membership of the Integration Joint Board](#)

Scottish Government (2015) [National Health and Wellbeing Outcomes: A framework for improving the planning and delivery of integrated health and social care services](#)

Scottish Government (2015) [National Health and Wellbeing Outcomes: Information Framework](#)

Scottish Government (2015) [Core Suite of Integration Indicators](#)

Scottish Government (2015) [Care and clinical governance framework](#)

Scottish Government (2015) [Guidance on the Principles for Planning and Delivering Integrated Health and Social Care](#)

Scottish Government (2014) [Model Integration Scheme](#)

Royal College of Nursing Scotland (2015) [RCN integration briefing 2: Clinical and care governance in an integrated world](#)

Healthcare Quality Improvement Partnership (2015) [Good Governance Handbook](#) ([summary version](#) and [companion tool](#))

Scottish Government (2015) [Excellence in Care – Scotland’s National Approach to Assuring Nursing and Midwifery Care Event Report](#)

Royal College of Nursing Scotland and Scottish Executive Nurse Directors (2014) [Clinical and care governance: suggested criteria for reviewing the arrangements for clinical and care governance within integration schemes](#)

Scottish Government (2013) [Governance for Healthcare Quality in Scotland – An Agreement](#)

Social Work Scotland (2013) [Governance for Quality Social Care in Scotland – An Agreement](#)

Scottish Government (2010) [The Healthcare Quality Strategy for NHSScotland](#)

COSLA, Audit Scotland and Scottish Government (2007) [Governance for Joint Services. Principles and Advice](#)

Scottish Executive (2001) [NHS HDL \(2001\) 74 Clinical Governance Arrangements](#)

Scottish Executive (2000) [NHS MEL \(2000\) 29 Clinical Governance](#)

Scottish Executive (1998) [NHS MEL \(1998\)75 Clinical Governance](#)