QUALITY ASSURANCE IN NHS FORTH VALLEY

Clinical Governance and Risk Management

2012/2015
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Section 1: Strategic Context

NHS Forth Valley’s strategic direction is clearly set out in the Integrated Healthcare Strategy Fit for the Future, 2011 – 2014. The organisation has seen significant change over the past two years with a new and exciting chapter ahead: driving quality improvement throughout the organisation; streamlining patient pathways and achieving greater consistency of care in the design and delivery of healthcare services to make them fit for the future. Healthcare provision today is both dynamic and challenging as hospital and primary care services continue to work together to create an integrated, more streamlined healthcare system, in line with Better Health, Better Care. In addition, the future integration of adult health and social care will introduce new ways of working to deliver nationally agreed outcomes, particularly for older people.

In line with the rapidly changing organisational environment a review of governance and management structures was undertaken during 2012. It is, therefore, opportune to review how the organisation supports, and can demonstrate, that it delivers safe, effective and person-centred care to the population it serves. This document, Quality Assurance in Forth Valley combines, for the first time, Clinical Governance and Risk Management strategies in pursuit of this objective.

It is essential that NHS Forth Valley has a robust and transparent system of clinical governance and risk management in place to assure the NHS Board and its public and external reviewers. Clinical governance and risk management are inextricably linked. Clinical Governance is a framework through which NHS organisations are accountable for continually improving the quality of their services to deliver high standards of care, by creating an environment in which excellence in clinical care flourishes. Clinical governance combines risk management, clinical effectiveness and person centered approaches to develop, implement, monitor and review systems that drive improved outcomes and a better quality experience for patients. Risk Management is an integral part of good management practice. The management of risk and learning from adverse events is a major priority for NHS Forth Valley. As healthcare is becoming increasingly complex it is important that sufficient time and resource is applied to this area. To deliver and manage safe and effective care to the people who use our services whilst ensuring the health, safety and welfare of our staff, patients and visitors is a top priority for the organisation.

The NHS Scotland Quality Strategy sets out the aim of making Scotland a world leader in healthcare quality. The Quality Strategy has become the overarching context for the prioritisation of policy development and improvement in terms of the quality of healthcare.

NHS Forth Valley’s overall vision is to improve health and the quality of healthcare for the people of Forth Valley. The Quality Ambitions described in the NHS Scotland Quality Strategy are reflected in the key priorities outlined in the NHS Forth Valley Integrated Healthcare Strategy Fit for the Future, 2011 – 2014 to:

- Prevent ill health
- Improve the experience of patients and involve them in their care
- Increase the quality, safety and consistency of care
- Work in partnership
- Increase the effectiveness and efficiency of the services we provide
- Deliver care as close to home as possible
1.2 Supporting Strategies and Work Programmes

There are a number of strategies and work programmes that support the delivery of the Quality Assurance Strategy in NHS Forth Valley.

EPQ Priorities Programme
NHS Forth Valley is focussing on priorities around efficiency, productivity and quality. It is important that the links between these three strands are clearly articulated with the EPQ Priorities Programme now embedded within the overall Strategic Plan. The priorities identified within the EPQ Programme are those major issues that require organisational and Board focus over the next 2 years including the delivery of savings to ensure ongoing financial sustainability. They are designed to deliver the vision and objectives within the Integrated Healthcare Strategy thus ensuring that the values of the organisation are realised. The EPQ Programme brings together significant improvement schemes, delivering on efficiency and taking out costs, into a single approach that ensures Forth Valley continues on its journey of quality improvement. The EPQ Programme promotes an integrated approach which focuses on the major systems-wide schemes which require particular corporate leadership and oversight.

Quality Improvement Framework
The NHS Forth Valley Quality Improvement Framework “Getting it right for people, first time, every time” sets out ambitious aims for delivering high quality patient care and services. This approach builds on a solid foundation of providing high quality care and services over many years. The framework is also one key priority of the EPQ programme.

Workforce Modernisation Strategy
The Workforce Modernisation Strategy set out the vision for the workforce. The strategy has been driven with Board support and its aims have been to deliver a modern workforce; a modern healthy culture; to become a model employer and a model partner. This is critical in ensuring a trained and effective workforce to provide the highest quality care in a safe and supportive environment. The Staff Governance Standard, revised in 2012 requires Boards to demonstrate that staff are well informed; appropriately trained and developed; treated fairly and consistently with dignity and respect in an environment where diversity is valued; and provided with a continuously improving safe working environment, promoting the health wellbeing of staff, patients and the wider community. In conjunction with this the NHS Forth Valley Learning and Education Strategy supports the development of staff with additional policies and procedures considering fitness to practice, recruitment and retention. In tandem with this, the approach to Equality and Diversity in Forth Valley ensures equity across all strands of the Equality Duty.

Section 2: Scope, Aims and Principles of ‘Quality Assurance in NHS Forth Valley – Clinical Governance and Risk Management’

2.1 Scope
This Strategy describes how NHS Forth Valley will utilise effective systems of clinical governance and risk management to assure the public of the quality and safety of patient care provided in the Board area. These systems are underpinned by a robust and accountable framework with appropriate monitoring and reporting. The Strategy also highlights the broader elements of risk encompassing health and safety and the NHS Board responsibilities for Civil Contingencies.

Clinical Governance encompasses the actions taken by all staff in NHS Forth Valley, whether employed or a self-employed contractor. General medical and dental practices, community pharmacies and optometrists have their own internal clinical governance arrangements but the Board has a role in ensuring that the systems they have in place are robust.

NHS Forth Valley is an organisation firmly focused on future opportunities through partnership working. This is expressed in the Integrated Healthcare Strategy and made explicit in the corporate objectives. The increasingly important agenda of partnership working with Local Authorities, independent contractors and the third sector requires the organisation to also have an outward focus. Account requires to be taken of shared governance and the joint risks to service delivery in this future context.
This Strategy has been developed in line with relevant national guidance:

- ‘Designed to Care’ introduced the concept of ‘Clinical Governance’ 1997 White paper
- HDL (2002) 11 - Corporate Governance: Statement of Internal Control which includes a requirement to annually report on the control environment including the management of risk
- HDL (2003) 29 which sets out the decision to integrate the healthcare risk management standards developed by the Clinical Negligence and Other Risk Indemnity Scheme (CNORIS) and the NHS Quality Improvement Scotland (NHS QIS) generic clinical governance standards
- Corporate Manslaughter and Corporate Homicide Act (2007)
- Scottish Patient Safety Programme (2008 onwards)
- Equality Act 2010
- Staff Governance Standard (2012)

**Scope**
The diagram below details the scope of this Strategy under the 6 dimensions of quality (Institute of Medicine 1999)
2.2 Aims and Supporting Principles

**Aims**
- To ensure evidenced based care is used to continually improve quality
- Improve patient and staff experience
- Reduce avoidable mortality
- Reduce avoidable harm and in the event of an adverse event minimise the impact on patients, carers, families, staff and the organisation
- Review and learn from adverse events and complaints
- Contribute to safely reducing costs whilst also increasing staff time to care and deliver the quality ambitions for their service
- Proactively identify and reduce risk by creating a culture founded on assessment and prevention rather than reaction and remedy.

**Supporting Principles**
- Being a person centred organisation ensuring the health and wellbeing of patients, staff, and stakeholders, and the delivery of safe care in partnership.
- Taking an inclusive and integrated approach - embedding the use of recognised improvement and patient safety methodologies and risk management techniques in day-to-day activities
- Having a culture of openness and involvement with the full engagement of all key stakeholders in learning from risks and adverse events.
- Ensuring that approaches to improvement, measurement and performance are integrated and aligned.

Communicating the strategy is an essential component of ensuring that its aims and principles are known and understood by all staff across the organisation. A key objective will be to ensure that a wide range of mechanisms are utilised to engage with staff in the ongoing programme of quality improvement and the delivery of safe, effective and patient focused services.

**Section 3 Assurance and Accountability Framework**
The schemata in Appendix 1 describes the Assurance, Accountability and Reporting framework.

**3.1 Executive Leadership**
The Chief Executive is ultimately accountable to the NHS Board for effective corporate governance (clinical, staff and financial) and the management of risk relating to NHS Forth Valley. The Scheme of Delegation included as part of the Standing Orders sets out how responsibilities are delegated to others - to ensure that organisational arrangements are in place, to promote awareness and to provide guidance as and when required.

The effective management of risks is a core aspect of governance and management arrangements. Strong leadership is given from the NHS Board, the Senior Management Team, and across all clinical and management teams underpinned and supported by a range of risk management advisors.

- The **Medical Director** is the executive lead for Clinical Governance and, along with the Nurse Director considers clinical processes, systems, policies and procedures, patient safety and associated risks.
- The **Director of Human Resources** is the executive lead for Staff Governance considers systems for staff employment, training, wellbeing and associated risks.
- The **Director of Strategic Projects and Facilities** is the executive lead for Health and Safety.
- The **Director of Public Health** is the executive lead for Civil Contingencies, population health and emergency planning, HAI and associated risks.
- The **Finance Director** is the executive lead for ensuring effective internal control and review of risks with financial consequences and for those risks relating to systems of internal control ensuring appropriate completion of the Directors Report at the year end.
• **General Managers** are responsible for ensuring that robust processes are in place within their Units to oversee and provide assurance about the quality and safety of patient care and staff wellbeing. This includes continually improving quality and proactively managing risk; responding to and learning from e.g. adverse events and complaints.

• **Multi-professional clinical teams** are responsible for working effectively to provide safe and effective care, promoting a culture of openness and team working.

• **Individual healthcare practitioners** will continue to participate in ongoing continuous professional development, developing and maintaining skills and competencies and meeting professional requirements for practice.

The **Head of Clinical Governance** supports and facilitates the delivery of safe and effective care across the system in a culture of openness ensuring continuous improvement and learning. The **Director of Pharmacy** undertakes a strategic leadership role in supporting a consistent and integrated approach to risk management. This ensures an oversight of strategy and policy implementation, effective links between risk types, a focus on risk registers and the Corporate Risk Register and that the statutory annual report is submitted to the Board, reporting directly to the Chief Executive.

### 3.2 Committees and Groups

NHS Forth Valley has a number of governance committees reporting to the NHS Board. The controls assurance framework exists for the Board and all its committees based on the overall terms of reference and scheme of delegation approved by the Board. There are also a number of supporting groups. The Schemata in Appendix 1 details the linkages. In terms of the ‘Quality Assurance Strategy – Clinical Governance and Risk Management’ Committees and groups include:

• The NHS Forth Valley **Clinical Governance Committee** is responsible for providing assurance to the NHS Board, patients and the public that the framework, systems and processes to deliver Clinical Governance and Risk Management are robust and working effectively to deliver the highest standards of healthcare. The Committee will review relevant risks and adverse events.

• The NHS Forth Valley **Staff Governance Committee** is responsible for providing assurance to the Board that staff are appropriately trained to deliver high quality patient care and that an appropriate approach is in place to deal with staff risk management across the system including health and safety. The Committee will review relevant risks and adverse events.

• The **Performance and Resources Committee** scrutinises financial and operational performance and will also maintain an overview of the Corporate Risk Register considering what requires to be reported to the NHS Board. The Executive leads and Committee Chairs form the membership of the Committee so are well placed to review the overall position.

• The **Audit Committee** has overall responsibility to evaluate the system of internal control and corporate governance, including the risk management strategy and procedures.

• The **Clinical Governance Working Group** is responsible for overseeing and providing assurance to the NHS Forth Valley Clinical Governance Committee that effective systems are in place across NHS Forth Valley to deliver safe and effective care, supporting and advising operational Units. (See further detail below)

• The **Area Partnership Forum** has the role of overseeing implementation of the Staff Governance Standard and specifically Health and Safety. Activities and issues are reported to the Staff Governance Committee

• Each Unit will have a **Service Improvement/ Clinical Governance & Risk Management Group** to support delivery of continually improving quality patient care, staff wellbeing, and risk management responding to and learning from adverse events and complaints. Units will be held to account three times a year on a full range of performance issues including those relevant to this Strategy.

• The **Strategic Management Team** (SMT) will retain an overview of activity reviewing risk and adverse events on a routine basis.

• The **Risk Network Group**, is a key group which supports the operational implementation of effective risk management across the whole organisation, supporting the Units and Departments to make risk management principles part of day to day activity and to share learning.
In terms of issues and potential risks associated with contracted services, the **Family Health Services (FHS) Performance Review/Reference Group** has an overview of the various Contractor Performance Review Groups. This Group receives minutes and reports from the individual Contractor Performance Review groups with the overall purpose of:

- Approving administrative, contractual and financial arrangements for the provision of Family Health Services
- Determining actions to be taken on matters alleging breach of primary care practitioners’ terms of service assuring the NHS Board of safe regulatory systems.

The FHS Performance Review/Reference Group reports to the Audit Committee providing NHS Board assurance regarding contracted services. Clinical issues are also taken to the Clinical Governance Committee for noting but the formal reporting route is to the Audit Committee. Issues of concern or risk are reported to the Board and entered onto the Corporate Risk Register as required.

The **Clinical Governance Working Group** has a key role in terms of delivery and assurance. Key aspects include:

- Oversight of the CG/RM annual work plan and quality improvement priorities
- Ongoing review of assessment of quality of care through balanced scorecards at operational unit and service level
- Ensuring that risk registers are effective at service operational unit, and that there is robust reporting, monitoring and learning from adverse events
- Ensuring that best practice is implemented through the use of guidelines, protocols, audit and quality improvement methods. This requires to link to healthcare planning and the work of MCNs to ensure effective service design
- Research is actively encouraged and that there are robust systems in place to ensure research governance
- Active learning from complaints, medico-legal processes and patient and public feedback
- Staff training and appraisal is in place to ensure fitness to practice, and that systems are effective in detecting and addressing underperformance
- Maintaining patient confidentiality through robust information governance processes

### 3.3 Providing ongoing Assurance

- The **Audit Committee** seeks to assure the NHS Board that appropriate systems are in place for controls assurance and the management of risk. The existence, integration and evaluation of the elements identified provide a basis for the committee to endorse an annual statement on the effectiveness of internal control and corporate governance as part of the statutory accounts cycle. The Audit Committee ensures that there is a mechanism is in place to review the organisation’s risk management, clinical and staff governance arrangements in depth on a periodic basis.
- The **NHS Board** receives an annual report on clinical governance, staff governance and risk management activity undertaken by the various committees of the Board.
- The Internal Audit Plan is risk based and provides a process for review of overall risk management arrangements, and the provision of advice and training as necessary.
- External audit will undertake a review of overall governance arrangements as part of the annual audit cycle. This will be supplemented by an annual report on the management of risks for consideration by the NHS Board as part of the annual accounts cycle.
- The operation of this process will allow the Audit Committee to present an annual assurance statement to the NHS Board to support the Directors Statement on Internal Control.
Section 4 Delivery of the Strategy

4.1 Quality Improvement in practice - Continuous Quality Improvement Priorities 2011-2013
NHS Forth Valley has adopted the six dimensions of quality described by the Institute of Medicine (1999) - person centred; safe; effective, efficient; equitable and timely - to describe the range of activities that underpin the delivery of safe and effective, high quality healthcare and this is reflected in the Board’s approach to measurement through the Balanced Scorecard and the priorities within the Efficiency, Productivity and Quality Programme.

NHS Forth Valley’s Quality Improvement Framework “Getting it Right for People, First Time, And Every Time” has been designed to set out our ambitious aims to deliver high quality patient care and services. The framework focuses on the key improvement priorities that underpin the Board’s Efficiency, Productivity and Quality (EPQ) Programme. Key work streams for the period 2012-2014 have been identified. In addition to key areas of work the framework also sets out the ways that we will measure the outcomes of care and use information to drive improvement, action and continuous learning. It also describes how we will build the skills and capacity to deliver the programme including establishing a local quality hub to support the delivery of the programme.

Key priorities are to:

- **Improve safety and reduce avoidable harm.** Specific areas of work include embedding a culture where safety is at the core of all what we do, reporting and learning from adverse events, continually reducing the risk of healthcare acquired infection and the reliable recognition and response to sick patients.

- **Deliver person centred services and improve the patient and family experience of care.** A range of patient feedback mechanisms are used to support understanding of the patient’s experience. Local and National surveys of patient experience, patient stories and observations of care, as well as complaints are used for learning and improving care. Key priorities include the provision of a safe, clean and comfortable environment; treating people as individuals, with respect and dignity and involving people in decisions about their care. From November 2012 Forth Valley will commence the implementation of the three work streams of the National Person Centred Health and Care programme—care experience, staff experience and co-production – with staff experience linking to the Staff Governance committee and the staff survey.

- **Deliver effective care.** Key areas of work include actions to reduce mortality using the Hospital Standardised Mortality Ratio as the outcome measure; the use of the tools such as the Global Trigger Tool and morbidity and mortality review to identify adverse events and the development of reliable care and care pathways across primary, secondary and tertiary care.

The aims of the Scottish Patient Safety Programme are integral to the Quality Improvement Framework and the implementation of the programme in NHS Forth Valley will continue to support the delivery of reductions in avoidable mortality and harm. This includes the ongoing implementation of the original work streams, the introduction of new areas of the programme including maternal health, mental health and primary care as well as the new National Harm Free Care programme, which will shortly be launched.

4.2 Risk Management in practice

**Categories of Risk**

In establishing arrangements for managing risk it is important to define risk categories and to underline that the approach to effective management of risk in NHS Forth Valley covers all aspects of risk with no differentiation between clinical and non clinical risk.

Three main risk categories have been reviewed and identified:

- **Clinical** - Aspects that directly affect the health of the local population and the delivery of quality clinical services in an appropriate environment e.g. patient safety, infection control, outbreak

- **Staffing** - Aspects that directly affect the ability of staff to do the best job possible e.g. environmental, training
• **Financial & Organisational**- Aspects that may result in spend over budget and risks financial sustainability and/or impacts on the routine business e.g. emergency planning.

The process for implementing risk management in NHS Forth Valley is based on the model illustrated in Appendix 2. The delivery of an effective risk management system is through a consistent approach to risk identification, assessment, mitigation and reassessment of risks. Supporting integration, coordination and organisational learning from risks is also a key part of the process. In NHS Forth Valley this process is underpinned by a consistent approach to the use of Risk Registers across Units to identify record, quantify and reduce both clinical and non-clinical risks. This includes the appropriate escalation and de-escalation of risks and systems to share learning to support an integrated approach so that lessons learned in one area are quickly shared with another. This is a key role of the Risk Network.

The risk management policies e.g. Incident Management Policy and Risk Register Guidance underpin the Quality Assurance in NHS Forth Valley -Clinical Governance and Risk Management Strategy. These are signed off in accordance with the NHS Forth Valley Policy on Developing Guidelines ensuring that they have been through appropriate consultation with stakeholders. The Risk Management Department maintains a register of Policies, Procedures and Guidelines covering risk management issues.

**Risk management priorities for 2012-3**

- **Risk Appetite**-The resources available for managing risk are finite and therefore the aim of a risk management system is to achieve an optimal response to risk, prioritised in accordance with the risk assessment. Risk is unavoidable and every organisation needs to take action to manage risk in a way that it can justify to a tolerable level. The amount of risk that is judged to be tolerable and justifiably is defined as the *risk appetite*. Risk appetite is therefore the amount of risk that NHS Forth Valley is prepared to accept, tolerate or be exposed to at any point in time. The risk appetite will be defined and considered by the relevant Committees during 2012/3.

- **Significant Adverse Events**-Building on existing local systems for incident management and the learning from the Healthcare Improvement Scotland report on the Management of Significant Adverse Events in NHS Ayrshire & Arran a Significant Adverse Event Policy will be developed in 2012. This will ensure a consistent and robust approach to significant adverse events across Units including processes for reporting, investigation, action planning and escalation. This will also include engaging and supporting patients, families/carers and staff affected by adverse events.

- **Unit Service Improvement and Risk Management Groups**-Reflecting the recent review of governance and management structures operational units will establish Service Improvement and Risk Management Groups. This will support an effective management and governance framework for reporting and managing risks at individual, Unit and organisational level. These Service Improvement and Risk Management Groups will for example review risk registers, support incident trend identification and monitor progress with Significant Adverse Event action plans. Wider organisational learning will be identified and shared with the Risk Network to support an integrated approach. Relevant risks and adverse events will be escalated ultimately to the appropriate NHS Board Governance Committee for review.

**4.3 HAI and Infection Control**

HAI is a key priority within the scope of clinical governance and risk management. The HAI agenda is overseen by the Area Prevention & Control of Infection Committee (APCIC). Membership of this committee consists of relevant stakeholders and is chaired by the Director of Public Health who is also HAI Executive Lead. The Infection Control & Public Health Manager, (who is responsible for the implementation and management of the HAI agenda) updates the committee regarding the progress of the HAI three year work programme and discusses any relevant issues concerning infection control across NHSFV. The committee also approves proposals of new local initiatives and all policies and procedures relevant to the HAI agenda.

Formal updates of the HAI agenda to the wider stakeholder is communicated in the form of quarterly and annual reports and the Healthcare Associated Infection Reporting template (HAIRT). These reports are presented to the Board Clinical Governance Committee (to which the APCIC reports) and the Clinical Governance Working Group; the HAIRT report is presented bimonthly to the Board. Monthly HAI reports
detailing ward infection rates, audit results and general updates of HAI initiatives are also circulated to all Senior Charge Nurses and management.

4.4 Complaints
As detailed in section 4.1 delivering person centred services and improving the patient and family experience of care is a key priority. A range of patient feedback mechanisms are used to support understanding of the patient’s experience with complaints a major component. Demonstrating an understanding of trends, acting on issues and capturing learning from complaints are key. Regular reports are presented at various levels through the organisation with ongoing review of format to ensure relevance to the Clinical Governance Committee and the Board. During 2012/13 the duties of the Patient Rights (Scotland) Act 2011 require to be taken forward

The key priorities are
- Supporting patients, carers and the public to give feedback, make comments, raise concerns and complain
- Supporting staff to value and respond positively to feedback, comments, concerns and complaints
- Implement systems to capture, record and report feedback, comments, concerns and complaints
- Learn and improve services as a result of feedback, comments, concerns and complaints

Achieving these priorities will require building on the progress already made in designing a person centred complaints process and achievements through the Patient Experience work. This will also require continued work in partnership with a range of internal and external stakeholders.

4.5 Health and Safety
Compliance with all current health and safety legislation is critical and to provide assurance that our systems are fit for purpose, a formal system for the management and monitoring of health and safety is in place. The health and safety system is made up of many aspects and are described below.

**Policy:** a range of health and safety policies, guidance notes and templates are in place, reflecting the importance NHS Forth Valley places on health and safety.

**Structure and accountability:** A formal hierarchy of health and safety responsibilities is laid out within the Forth Valley Health and Safety Policy and other topic specific policies. A committee structure is in place, overseen by the Health and Safety Committee, where health and safety issues are discussed and resolved. The NHS Forth Valley Staff Governance Committee is responsible for providing assurance to the Board in relation to health and safety within the organisation.

Formal health and safety training is provided as part of staff induction into the organisation and continues, through the delivery of topic specific training, such as risk assessment, manual handling or violence and aggression. Further levels of training are also provided e.g. management skills via the IOSH Managing Safely course or the Stress Awareness Course for Managers.

**Implementation systems:** a system for recording health and safety risk assessments which automatically links to the risk register process is in place. In addition, a system for ensuring competency of those carrying out risk assessment has recently been implemented.

**Measuring Performance:** Production of regular, localised reports to all levels of the organisation regarding health and safety incidents and actions supports review and learning. Formal quarterly and annual health and safety reports are produced and discussed at the appropriate committees. This is underpinned by the ongoing proactive monitoring of health and safety management system compliance and effectiveness.

**Reviewing Performance:** Internal Audit consider many aspects of the health and safety systems and provide formal reports for General Managers and appropriate Committees. External enforcing agencies such as Central Scotland Fire and Rescue Service, Health and Safety Executive etc. are regularly working with NHS Forth Valley to further improve Health and Safety systems.
Key priority for 12/13
Work is on-going to produce a new electronic version of the existing health and safety system. The electronic risk and safety management system or eRSM, will provide a one stop shop for all risk and safety information for frontline staff. This will allow all levels of staff to have access to appropriate health and safety information and also allow managers to review what is in place within each of their areas.

4.6 Research and Development
Research is central to patient care in that it provides knowledge about how services and care could be improved and also, in some cases, makes a direct contribution to healthcare.

Research has been defined as:
“The attempt to derive generalisable new knowledge by addressing clearly defined questions with systematic and rigorous methods” (Department of Health, 2005). Research is central to patient care in that it provides knowledge about how services and care could be improved and also, in some cases, makes a direct contribution to healthcare.

The Executive Lead for R&D is the Medical Director and the department is line-managed by the Head of Clinical Governance. The MD is supported in his role by the R&D Management Group, consisting of the MD, Head of Clinical Governance, R&D officers, Chair of the R&D committee and the Management Accountants responsible for R&D.

All research in the NHS must abide by the terms of the Research Governance Framework for Health and Community Care - 2nd Edition (SGHD 2006) and any other relevant legislation, regulation or guidance. It is the R&D Officers’ responsibility to ensure that all proposed research meets the appropriate governance requirements. They are supported in this by the MD, Head of Clinical Governance and Management Accountants and can seek advice elsewhere (eg, from the Central Legal Office) as required. The officers also provide support, training and advice to NHS FV staff and external researchers wishing to carry out studies locally.

4.7 Service continuity planning and major emergency procedures
In line with the Civil Contingencies Act 2004 (Scotland) Regulations 2005 NHS Forth Valley requires to ensure Healthcare Continuity Plans exist for all services which are reviewed at least annually by Heads of Service in consultation with specialist advisors. Significant work to support Healthcare (Business) Continuity is underway within the organisation to ensure compliance with the legislation.

The Director of Public Health is responsible for ensuring that NHS Forth Valley’s Major Emergency Procedures are regularly reviewed, tested and understood by all those that play a part within them, and that learning from events and practices take place. The Civil Contingencies Tactical Group supports delivery operationally and reports to the Clinical Governance Working Group.

4.8 Information Governance
Information Governance ensures the necessary safeguards for appropriate use of patient and personal information. Information is a vital asset both in terms of the clinical management of individual patients and efficient management of services and resources throughout NHS Forth Valley and beyond. It plays a key part in clinical governance; patient safety; service planning and performance management. It is therefore of paramount importance that information is efficiently managed and that appropriate policies, procedures, management accountability and structures provide a robust governance framework for information management.

Complimentary to this Strategy, is the Information Governance Strategy which sets out the approach taken by NHS Forth Valley to provide a robust Information Governance framework for the current and future management of information.

The Information Governance Strategy acts as an enabler to ensure that NHS Forth Valley, which has a statutory responsibility to patients, public and staff, has: effective processes, policies, and people in place to deliver its objectives in relation to the holding and use of confidential and personal information.
Information Governance reports through the assurance, accountability and reporting framework of this Strategy document.

**Section 5 Performance Monitoring and Reporting**

Monitoring the delivery of this Strategy is of critical importance to ensure the overall aims are realised. Appendix 1 details the Assurance, Accountability and Monitoring Framework with roles of the relevant Groups and Committees considered under Section 3. In line with NHS Forth Valley’s approach to performance management and the balanced approach to measurement, seen in Appendix 3, priorities will be monitored and relevant metrics developed across the scope of the Strategy against the dimensions of quality. This approach is already used at Board level in the Strategic Balanced Scorecard. Further work is being undertaken to develop operational balanced scorecards supporting the new operational Unit structures. The metrics within the underpinning Quality Improvement Framework will feed into this process. It is acknowledged that the scope detailed within this strategy is broad and covers many aspects of care delivery.

**Section 6 Summary**

The strategic context of this Strategy ‘Quality Assurance in NHS Forth Valley – Clinical Governance and Risk Management’ has been clearly set out. In line with the review of governance and management structures, as detailed, it has been opportune to review how the organisation supports, and can demonstrate, that it delivers safe, effective and person-centred care. The importance of a robust and transparent system of clinical governance and risk management has been underlined and for the first time these respective strategies have been combined in this document. The underpinning Quality Improvement Framework operationally supports delivery.

The Assurance, Accountability and Reporting Framework in Appendix 2 is key in setting out the structure of accountability and flow of reporting and information.

This Strategy will be monitored as described and revised as necessary on an annual basis.
IMPLEMENTING THE STRATEGY
The table below illustrates the generic risk management process.

GENERIC RISK MANAGEMENT PROCESS
NHS Forth Valley Performance Management Framework
Balanced Approach to Measurement

NHS Board Governance Committees SMT Unit/Level Frontline teams

Measurement for assurance
Measurement for improvement

Assurance
- Examples only
  - Aggregated data e.g. emergency LoS
  - HSMR
  - Reduce adverse events 15%
  - Reduce crude mortality by 15%
  - Board level SABs CDiff
  - Patient/staff experience

Performance
- Examples only
  - Speciality LoS
  - Re-admissions medical/surgical
  - Unit/Hospital SABS CDiff
  - Review of specific adverse events
  - Outlying areas

Improvement
- Examples only
  - Individual LOS
  - M & M outcomes
  - Care bundle compliance
  - Specialty readmission
  - Return to theatre rates
  - Ward level SABs CDiff
  - GP Practice level data

Balanced Scorecard against Dimensions of Quality