



# Section H

## Ayrshire and Arran Integrated Health and Care Governance Framework

This section explains how NHS Ayrshire & Arran and the three Ayrshire Integration Joint Boards discharge their Health and Care Governance accountability

The Integrated Health and Care Governance Framework will be reviewed bi-annually and agreed by Healthcare Governance Committee for inclusion with the Code of Corporate Governance.

Next review due: April 2025



## 1.0 Introduction

1.1 The purpose of the integration of health, social work and social care services in Ayrshire and Arran is to improve the health and wellbeing of our communities and people who use our services. The Integration Schemes for each of Ayrshire and Arran's three Integration Joint Boards\* (IJB) are intended to achieve improved outcomes for the people of Ayrshire and Arran, in line with the National Health and Wellbeing Outcomes (Appendix 1).

*\*Integration Joint Board is the common term used to describe the Integration Authority referred to in the legislation.*

1.2 The Public Bodies (Joint Working) (Scotland) Act 2014 contains integration principles (Appendix 2) which set the context for planning and delivery of integrated services within each IJB. The service delivery vehicle for each IJB is the Health and Social Care Partnership (HSCP).

To achieve the spirit and requirements of the Act, professionals and the wider workforce are required to work in a way that removes artificial barriers and constructively challenges professional boundaries in order to support the outcomes for individuals. It is important to note that the Act does not change the current or future regulatory framework within which health and social care professionals practice, or the established professional accountabilities that are in place within and across the NHS and local authorities.

1.3 Within this governance framework there are three core accountability elements:

- **Individual professional accountability** for the quality and standard of practice in line with requirements of the relevant professional regulatory bodies.
- **Individual staff accountability** to work according to the standards and requirements of the organisation by which they are employed.
- **Chief officer accountability** for the organisations' performance; and the quality and safety of services to the people and communities it serves.

The main difference between **responsibility** and **accountability** is that responsibility can be shared and delegated while **accountability** cannot. Being **accountable** not only means being **responsible** for something but also ultimately being answerable for your actions.

1.4 The establishment and continuous review of arrangements for Health and Care Governance are essential for the delivery of statutory, policy and professional requirements and the achievement of our quality ambitions. This framework aims to provide guidance for each IJB to discharge their Health and Care Governance accountability consistently.

## 2.0 Definition of Health and Care Governance

Annex C of the Public Bodies (Joint Working) (Scotland) Act 2014 *Clinical and Care Governance Framework* sets out a working definition to be applied to Integrated Health and Social Care Services in Scotland. The terms *Clinical/Health and Care Governance* are used interchangeably in that document.

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Health and Care Governance is the process by which accountability for the quality of health and social care is monitored and assured. It should create a culture where delivery of the highest quality of care and support is understood to be the responsibility of everyone working in the organisation - built upon partnership and collaboration within teams, and between health and social care professionals and managers.

Structures and processes need to be established to assure Integration Joint Boards, Health Boards and Local Authorities, whilst at the same time empowering clinical and care staff to contribute to the improvement of quality – making sure that there is a strong voice of the people and communities who use our services.

Health and Care Governance must have a high profile to ensure that quality of care and service is given the highest priority at every level within integrated services. Effective health and care governance will provide assurance to patients, service users, carers, clinical and care staff, managers and Directors that:

- Quality of care, effectiveness and efficiency together drive values based decision-making with regard to the planning, provision, organisation and management of services
- The planning and delivery of services takes full account of the perspective, views and opinions of patients, service users, carers and communities.
- Unacceptable clinical and care practice will be detected and addressed.

Effective health and care governance is the means by which these activities are brought together into a structured assurance framework and linked to the corporate agenda of IJBs, NHS Boards and Local Authorities.

A key purpose of health and care governance is to support staff to continuously improve the quality and safety of care. In addition it will also ensure that wherever possible poor performance is identified and addressed. All health and social care professionals will remain accountable for their individual clinical and care standards of practice and decisions.

Many health and care governance issues will relate to the organisation and management of services rather than to individual clinical or care professional decisions. All aspects of the work of IJBs/HSCPs, Health Boards and Local Authorities should be driven by, and designed to support efforts to deliver the best possible quality of health and social care. Health and care governance is principally concerned with those activities which directly affect the care, treatment and support people receive whether delivered by individuals or teams.

Where an IJB/HSCP has Lead responsibility for a service delivered across Ayrshire and Arran, then the Lead Partnership will have accountability for health and care governance arrangements for that service which includes formal linkages with the health and care governance structures in the other IJBs/HSCPs.

## 2.1 Professional Governance

Professionally registered practitioners working in health and social care across Scotland perform their roles in a diverse range of settings. A large proportion work in hospitals, with a significant number working in community settings in or close to people's own homes. The organisational context in which professionally registered practitioners fulfil their roles is complex. Lines of accountability can be convoluted and often span organisational boundaries. Fostering effective team working is equally as important as developing the roles of any one professional group.

Professional accountability requires to ensure these components are in place for developing good governance: culture, systems, practices, performance, vision and leadership.

- **Nursing, Midwifery and Allied Health Professionals (AHPs)** are professionally accountable to the Executive Nurse Director. The Executive Nurse Director has overall responsibility for NMAHP practice and standards, supported by Associate Nurse Directors, Head of Midwifery and Associate Director of AHPs
- **Social work** is the responsibility of the Chief Social Work Officer. Each local authority is required by law to appoint a Chief Social Work Officer (CSWO), who must hold a social work qualification. The CSWO has overall responsibility for social work practice and standards – whether provided directly by the local authority or in partnership with other agencies.
- **Medical, Dental and Pharmacy staff:** The Executive Medical Director has overall responsibility for the standard of care provided by these staff and is supported by Associate Medical Directors and a Director of Pharmacy.

Clarity for professional accountability and leadership is most needed in times of significant organisational and structural change and in the commissioning of services; when patients, families and service users may be at risk if responsibility and accountability for decision making, tasks and care are unclear.

Individually nurses and midwives are professionally accountable to the Nursing and Midwifery Council (NMC); social workers and care staff are professionally accountable to the Scottish Social Services Council (SSSC); AHPs are accountable to the Health and Care Professions Council (HCPC); medical staff accountable to the General Medical Council (GMC), dentists to the General Dental Council (GDC), pharmacists to the General Pharmaceutical Council (GPC). All these professionals also have a contractual accountability to their employer and are accountable in law for their actions. This is the position irrespective of the setting and context within which professionally registered practitioners perform their roles

### **3.0 The Process of Health and Care Governance**

**3.1** The IJB Chief Officers, the NHS Board Chief Executive (CEO) and the CEO for each Local Authority will establish management and professional leadership structures to ensure accountability and responsibility for Health and Care governance in each IJB/HSCP.

The five Key Principles of Clinical and Care Governance are described as:

1. Clearly defined governance functions and roles are performed effectively.
2. Values of openness and accountability are promoted and demonstrated through actions.
3. Informed and transparent decisions are taken to ensure continuous quality improvement.
4. Staff are supported and developed.
5. All actions are focused on the provision of high quality, safe, effective and person-centred services.

### **4.0 Accountabilities for Health and Care Governance**

#### **4.1 Chief Executives (NHS and three Local authorities)**

The Chief Executive Officers of NHS Ayrshire & Arran and the three Local Authorities hold ultimate accountability for the delivery of Health and Care Governance.

#### **4.2 Integration Joint Board Chief Officers**

Each Chief Officer is accountable for the delivery of Health and Social Care services to the Integration Joint board. Responsibility for Health and Care Governance is delegated to each IJB/HSCP Chief Officer by the NHS Chief Executive and the respective Local Authority Chief Executive. Each Chief Officer is required to establish appropriate arrangements to fulfil those responsibilities.

#### **4.3 Chief Social Work Officer (CSWO)**

The CSWO holds professional and operational accountability for the delivery of safe and effective social work services within each IJB/HSCP. The CSWO provides professional advice to the Local Authority, Chief Officer and the IJB.

#### **4.4 Professional Advisors to the IJB**

The Professional Advisors to the IJB (Associate Nurse Director / Clinical Director / Associate Medical Director / Lead AHP) have a responsibility to provide professional advice to the Chief Officer and the IJB. They are also responsible, on behalf of the IJB Chief Officer, for the development of health and care governance systems and processes within each IJB.

- The Associate Nurse Director/Lead Nurse on the IJB is accountable to the Executive Nurse Director of the NHS Board for professional governance.

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- The Lead AHP is accountable to the Executive Nurse Director of the NHS Board for professional governance, through the Director of Allied Health Professions.
- The Clinical Director / Associate Medical Director to the IJB is accountable to the Medical Director of the NHS Board for professional governance.

**4.5** The schematic outline of Health and Care Governance arrangements for each IJB is outlined at Appendix 4.

**5.0 Arrangements for the delivery of specific elements of Health and Care Governance**

5.1 The Integration Scheme for each Integration Joint Board outlines the requirement to establish a **Health and Care Governance Group** which should be chaired by the Chief Officer or a delegated senior leader. Membership of the Health and Care Governance Group at a minimum will include:

- Senior Management Team of the HSCP
- Clinical Director
- Associate Nurse Director
- Lead Allied Health Professional
- Chief Social Work Officer
- Director of Public Health or representative
- Service user and carer representatives
- Third Sector and Independent Sector representatives

Each Health and Care Governance Group may wish to invite appropriately qualified individuals from other sectors to join its membership as it determines.

5.2 The remit of the Health and Care Governance Group will include the following as core:

- Provide assurance to the IJB (and Chief Officer if not the Chair) on the quality of services delivered by the HSCP.
- Support the governance of public protection within the HSCP including child protection, adult support and protection, MAPPA, GBV, MARAC as set out in the NHS Ayrshire & Arran Public Protection Accountability and Governance Framework
- Support the governance of Care Home Support arrangements as set out in the NHS Ayrshire & Arran Care Home Professional Oversight Governance Framework
- Oversee the processes within the HSCP to ensure that appropriate action is taken in response to adverse events, scrutiny reports/action plans, safety action notices, patient/service user feedback, complaints and litigation; and that examples of good practice and lessons learned are disseminated within and across the HSCP, Pan-Ayrshire and beyond as appropriate.

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- Monitor the HSCP Risk Register from a health and care governance perspective and escalate to the IJB any unresolved risks that require executive action or that pose significant risk to patient care, service provision or the reputation of the IJB.
- Ensure that mechanisms are in place for services to routinely listen, learn and develop from patient, service user and carer experience.
- Ensure that quality and self-evaluation mechanisms are in place to inform a culture of continuous improvement.
- Provide an annual report on Health and Care Governance to the IJB, NHS Ayrshire & Arran Healthcare Governance Committee and the Cabinet of the local authority.

In order to ensure a consistent approach to the remit of each IJB Health and Care Governance Group the following elements will be standing agenda items:

- Quality standards (including scrutiny reports)
- Health and Care Governance Risks
- Adverse events – including SAERs, completion of action plans and learning summaries
- Service user experience (including feedback and complaints)
- Learning and Improvement
- Infection control and prevention

### 5.3 Adverse Event Reviews

Each IJB/HSCP will establish an Adverse Event Review Group (AERG) to provide a co-ordinated and integrated approach to managing adverse events occurring within each IJB/HSCP. Each AERG terms of reference will be consistent with those laid out in the NHS Ayrshire & Arran Adverse Event Policy.

Each HSCP which hosts a service on behalf of Ayrshire and Arran will ensure adverse event review arrangements are in place for this hosted service and effective connections are made with AERGs in other HSCPs for actions and learning.

As a sub-group of the Health and Care Governance Group, the AERG will provide evidence and assurance that adverse events are being addressed appropriately and in a timely manner. The AERG will identify and share learning arising from the review of adverse events (including a mechanism for sharing learning across the Ayrshire and Arran health and social care system).

Regular reports will be provided to the Health and Care Governance Group with regard to the number of adverse events reported, number of adverse event reviews undertaken (LMTR and SAER) and key learning from these reviews. This report will also include escalation of delays in completion of action plans.

### 5.4 Review

This framework for Health and Care governance will be reviewed and updated on a bi-annual basis.

## Appendix 1

### Public Bodies (Joint Working) (Scotland) Act 2014

#### Health and Wellbeing Outcomes

1. People are able to look after and improve their own health and wellbeing and live in good health for longer.
2. People, including those with disabilities or long term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.
3. People who use health and social care services have positive experiences of those services, and have their dignity respected.
4. Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.
5. Health and social care services contribute to reducing health inequalities.
6. People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and wellbeing.
7. People using health and social care services are safe from harm.
8. 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.
9. Resources are used effectively and efficiently in the provision of health and social care services.



## Appendix 2

### Public Bodies (Joint Working) (Scotland) Act 2014

#### Integration Planning and Delivery Principles

- (a) that the main purpose of services which are provided in pursuance of integration functions is to improve the wellbeing of service-users
- (b) that, in so far as consistent with the main purpose, those services should be provided in a way which, so far as possible:
  - i. is integrated from the point of view of service-users
  - ii. takes account of the particular needs of different service-users
  - iii. takes account of the particular needs of service-users in different parts of the area in which the service is being provided
  - iv. takes account of the particular characteristics and circumstances of different service-users
  - v. respects the rights of service-users
  - vi. takes account of the dignity of service-users,
  - vii. takes account of the participation by service-users in the community in which service-users live
  - viii. protects and improves the safety of service-users,
  - ix. improves the quality of the service,
  - x. is planned and led locally in a way which is engaged with the community (including in particular service-users, those who look after service-users and those who are involved in the provision of health or social care)
  - xi. best anticipates needs and prevents them arising
  - xii. makes the best use of the available facilities, people and other resources.

## Appendix 3

### Previous Guidance on Governance and Accountability

NHS public protection accountability and assurance framework (2022)

<https://www.gov.scot/publications/nhs-public-protection-accountability-assurance-framework/>

Coronavirus (COVID 19): enhanced professional clinical and care oversight of care homes (2020)

<https://webarchive.nrscotland.gov.uk/20220817140716/www.gov.scot/publications/coronavirus-covid-19-care-home-oversight>

Letter from Cabinet Secretary for Health and Sport regarding multi professional oversight in care homes – 17 May 2020

<https://webarchive.nrscotland.gov.uk/20220817140716/www.gov.scot/publications/coronavirus-covid-19-care-home-oversight>

Clinical and Care Governance Framework (2015) Scottish Government

<http://www.gov.scot/Resource/0046/00465077.pdf>

Clinical and care governance across integrated services: what needs to be in place at a strategic level? (2015) Royal College of Nursing (Scotland)

<https://www.rcn.org.uk/-/media/royal-college-of-nursing/documents/policies-and-briefings/scotland/policies/2015/scot-pol-clinical-governance-guide.pdf>

Nursing and Midwifery Professional Assurance Framework for Scotland (2014). Scottish Executive Nurse Directors & Chief Nursing Officer for Scotland.

Codes of Practice for Social Service Workers and Employers (2014)

Scottish Social Services Council

<http://www.sssc.uk.com/about-the-sssc/multimedia-library/publications/60-protecting-the-public/61-codes-of-practice/1020-sssc-codes-of-practice-for-social-service-workers-and-employers>

Governance for Healthcare Quality in Scotland – An Agreement. (2013) Scottish Government Health Directorates <http://www.tinyurl.com/qualitygovernance>

Governance for Quality Social Care in Scotland – An Agreement. (2013).

Social Work Scotland – available via the Social Work Scotland website

<http://www.socialworkscotland.org/>

Practice Governance Framework: Responsibility and Accountability in Social Work Practice (2011)

<http://www.scotland.gov.uk/Resource/Doc/347682/0115812.pdf>

The Role of the Chief Social Work Officer (2010)

Scottish Government <http://www.scotland.gov.uk/Publications/2010/01/27154047/0>

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The Role of Registered Social Worker in Statutory Interventions: Guidance for local authorities (2010)

Scottish Government <http://www.scotland.gov.uk/Resource/Doc/304823/0095648.pdf>

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

<http://www.chp.scot.nhs.uk/wp-content/uploads/Governance-for-joint-Services.pdf>

NHS HDL (2001) 74 Clinical Governance Arrangements. Scottish Executive

[http://www.sehd.scot.nhs.uk/mels/HDL2001\\_74.htm](http://www.sehd.scot.nhs.uk/mels/HDL2001_74.htm)

NHS MEL (2000) 29 Clinical Governance.

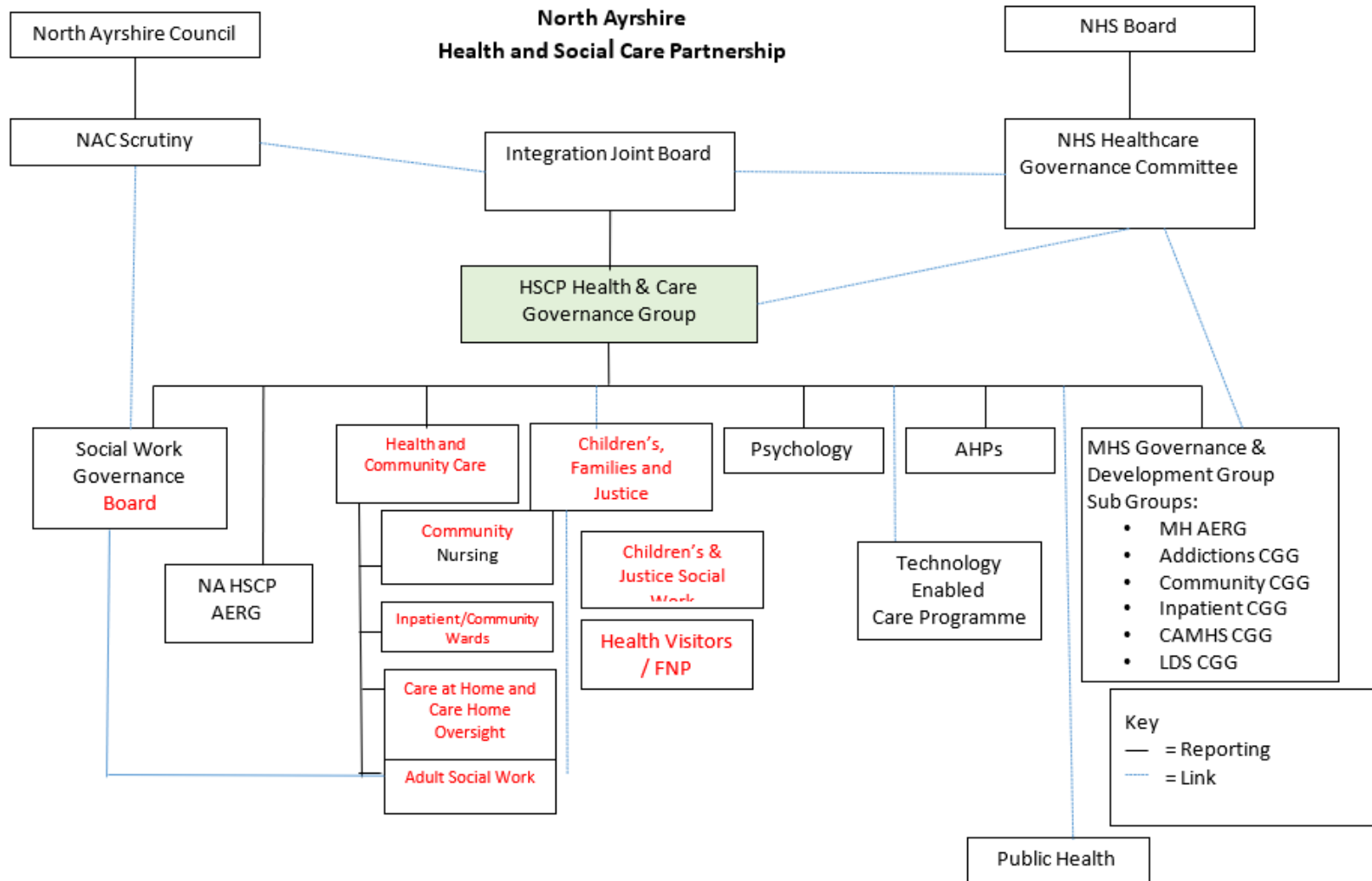
Scottish Executive [http://www.sehd.scot.nhs.uk/mels/2000\\_29final.htm](http://www.sehd.scot.nhs.uk/mels/2000_29final.htm)

NHS MEL (1998)75 Clinical Governance Scottish Executive

[http://www.sehd.scot.nhs.uk/mels/1998\\_75.htm](http://www.sehd.scot.nhs.uk/mels/1998_75.htm)

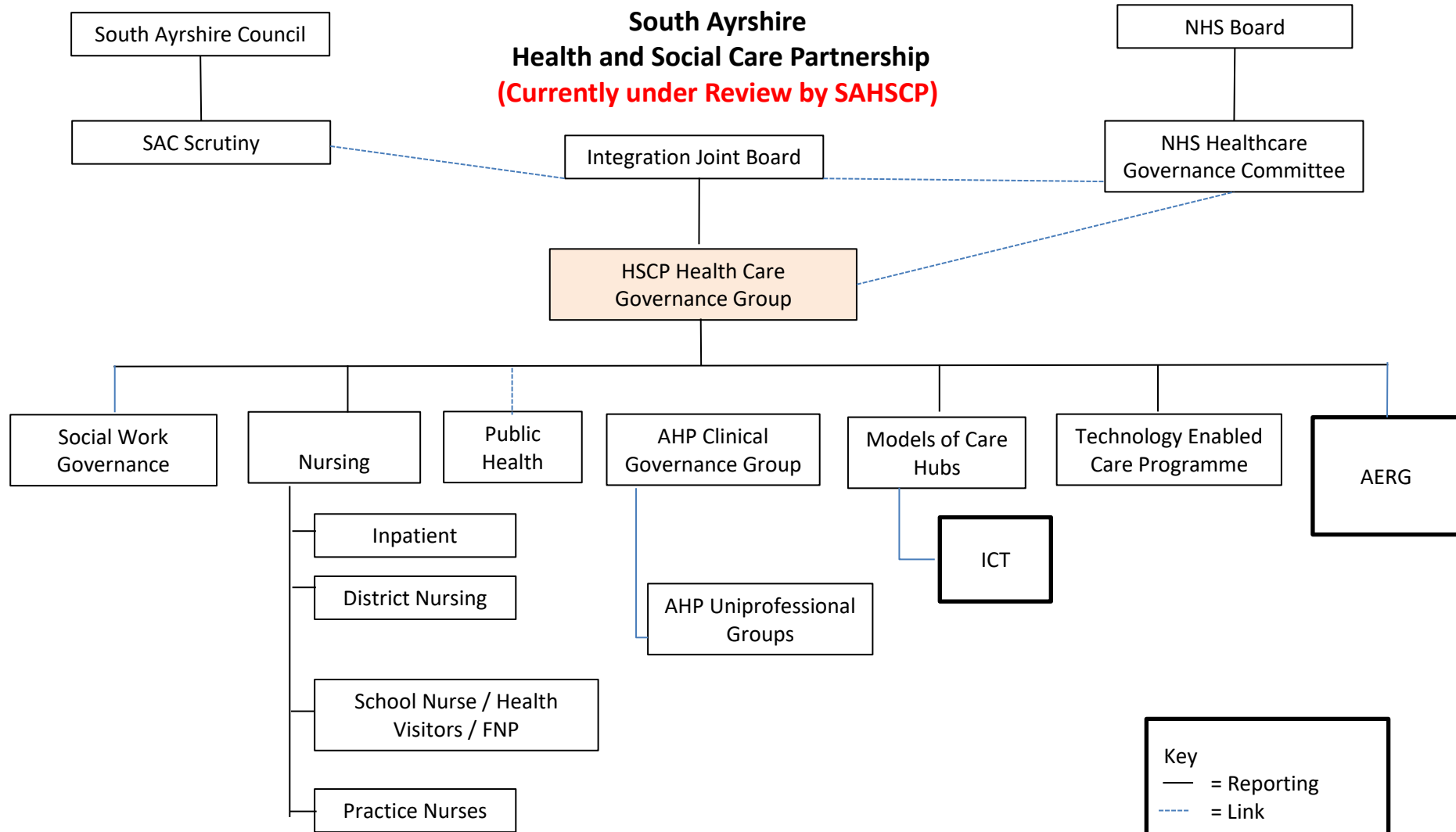
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**Appendix 4: Health and Care governance arrangements for each Health and Social Care Partnership**



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Currently Under Review



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