



**REPORT TO: PERFORMANCE & AUDIT COMMITTEE – 13 FEBRUARY 2018**

**REPORT ON: DUNDEE INTEGRATION JOINT BOARD CLINICAL, CARE AND PROFESSIONAL GOVERNANCE INTERNAL AUDIT REVIEW**

**REPORT BY: CHIEF FINANCE OFFICER**

**REPORT NO: PAC9-2018**

**1.0 PURPOSE OF REPORT**

The purpose of this report is to note the findings of the Clinical, Care and Professional Governance Internal Audit Review and note the management response and associated action plan.

**2.0 RECOMMENDATIONS**

It is recommended that the Performance & Audit Committee (PAC):

- 2.1 Notes the findings of the Clinical, Care and Professional Governance Internal Audit Review, attached as Appendix 1 to this report.
- 2.2 Notes the management response to the review and associated action plan and instructs the Chief Officer to progress the action plan accordingly.

**3.0 FINANCIAL IMPLICATIONS**

None.

**4.0 MAIN TEXT**

- 4.1 Dundee Integration Joint Board's (IJB) High Level Risk Register reflects a strategic risk for Clinical, Care and Professional Governance and the PAC agreed as part of the 2016/17 Internal Audit Plan presented to its meeting of the 17 January 2017 (Internal Audit Plan 2016/17 - PAC2-2017) that given the potential level of risk involved this would be an area for Internal Audit review. This review is now complete and the full report is set out in Appendix 1 to this report.
- 4.2 The responsibilities and lines of accountability in relation to Clinical, Care and Professional Governance are set out in the Dundee IJB Integration Scheme and expanded within 'Getting it Right for Everyone (GIRFE)' which was approved by the Dundee Health & Social Care Integration Shadow Board on 24 March 2015. These arrangements are set out in more detail on pages 2 & 3 of Appendix 1.
- 4.3 The objective of the audit was to evaluate whether appropriate systems in relation to Clinical, Care and Professional Governance were in place and operating effectively to mitigate the risks to the IJB in its obligations to deliver good quality and safe health and social care services.

4.4 The risk areas considered as being within the scope of the audit were:

- Responsibilities and lines of accountability between the parties and the IJB may not be clear, particularly in relation to hosted services;
- There may not be a clear, fully resourced plan to implement the Clinical, Care & Professional Governance Framework;
- Care Governance processes and procedures may not be sufficient to deliver the required levels of assurance;
- Clinical, Care & Professional Governance processes may not be adequately aligned to performance and risk management.

4.5 The outcome of this review is that the audit opinion reflects a view that there is an adequate and effective system of risk management, control and governance to address risks to the achievement of objectives, although minor weaknesses are present (Category B – Broadly Satisfactory).

4.6 The audit recommendations and management response with associated actions and timescales are set out as an action plan within this report. It is recommended that the Chief Officer makes arrangements to progress these actions accordingly and reflected in future Internal Audit progress reports to be provided to the PAC.

## **5.0 POLICY IMPLICATIONS**

This report has been screened for any policy implications in respect of Equality Impact Assessment. There are no major issues.

## **6.0 RISK ASSESSMENT**

This report has not been subject to a risk assessment as it a status update and does not require any policy or financial decisions at this time.

## **7.0 CONSULTATIONS**

The Chief Officer, Chief Internal Auditor and the Clerk were consulted in the preparation of this report.

## **8.0 BACKGROUND PAPERS**

None

Dave Berry  
Chief Finance Officer

**Date:** 22 January 2018

NHS TAYSIDE  
INTERNAL AUDIT SERVICE



**CLINICAL, CARE AND PROFESSIONAL GOVERNANCE**  
REPORT NO. D07/17

Issued To: D Lynch, Chief Officer  
D Berry Chief Finance Officer

Dr D Shaw, Clinical Director  
D McCulloch, Head of Service, Health and Community Care  
M Kendall, Interim Head of Allied Health Professions  
K Russell, Associate Nurse Director - Mental Health and Learning  
Disabilities

P Redpath, Senior Manager- Internal Audit, Dundee City Council  
Audit Committee  
External Audit

Date: 12 January 2018

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## INTRODUCTION & SCOPE

1. The final sealed draft 'Getting it Right for Everyone – a Clinical, Care and Professional Governance Framework' was endorsed by the Dundee Health and Social Care Integration Shadow Board in March 2015.
2. 'Getting it Right for Everyone' (GIRFE) states in its introduction *'The framework has been developed to ensure that there are explicit and effective lines of accountability from care settings to each authority's IJB, the NHS Tayside Board and the three local authority's Chief Executives and elected members. The proposed framework recognises that such accountability is essential to assure high standards of care and professionalism in the services provided by each Integration Authority and the Board of NHS Tayside with the aim of achieving the best possible outcomes for service users in line with the National Outcomes Framework'*.
3. The Dundee IJB Risk Register presented to the January 2017 Performance & Audit Committee includes a strategic risk for Clinical, Care and Professional Governance: *'Clinical, Care & Professional Governance arrangements being established fail to discharge the duties required'* with control actions being *'Review of processes established'* and *'Double running'* of existing arrangements while revised structures are established – *development and testing of a range of governance scenarios to provide clarity over responsibilities.'*

## OBJECTIVES

4. Our audit work was designed to evaluate whether appropriate systems were in place and operating effectively to mitigate risks to the achievement of the objective identified below.
5. The service objective relevant to the review was: *'It is recognised that the establishment and continuous review of the arrangements for clinical, care and professional governance for all services which are 'in scope' are essential to the delivery in Tayside of each Integration Authority's obligations and quality ambitions. The arrangements described in the Tayside Clinical, Care and Professional Governance Framework are designed to assure Tayside's three IJBs, NHS Tayside and the area's three Local Authorities of the quality and safety of service delivered by its staff, and the difference services are making to the lives and outcomes of the people of Tayside who need them.'*

## RISKS

6. The following risks could prevent the achievement of the above objectives and were identified as within scope for this audit.
  - ◇ Responsibilities and lines of accountability between the parties and the IJB may not be clear, particularly in relation to hosted services;
  - ◇ There may not be a clear, fully resourced plan to implement the Clinical, Care & Professional Governance Framework;
  - ◇ Care Governance processes and procedures may not be sufficient to deliver the required levels of assurance;

- ◇ Clinical, Care & Professional Governance processes may not be adequately aligned to performance and risk management.

## AUDIT OPINION AND FINDINGS

7. The audit opinion is **Category B** – Broadly satisfactory – There is an adequate and effective system of risk management, control and governance to address risks to the achievement of objectives, although minor weaknesses are present. A description of all audit opinion categories is given in the final section of this report.
8. The following chart shows where the grade lies within the B band:

A	B	C	D	E	F
	X				

9. Our review found that in addition to the high level assurance updates to the IJB, the following groups play a role in clinical and care governance at Dundee IJB level:
  - ◇ The Performance and Audit Committee (PAC)
  - ◇ The Local Partnership Clinical Forum (R2 group). This group is described in GIRFE as responsible for the implementation of the Framework and who hold accountability to the membership of R1 for outcomes.
  - ◇ The Clinical Governance and Risk Management Forum (the Forum)
10. Overall, whilst we found that the level of assurance is sufficient, there is a lack of clarity around the roles of each of these groups and at these relatively early stages, there is still duplication of effort which may be unavoidable in the short term.
11. We have appended a series of Clinical and Care Governance principles which may be helpful in clarifying and formalising future arrangements (See Appendix A).

### **Responsibilities and lines of accountability between the parties and the IJB may not be clear, particularly in relation to hosted services**

12. Responsibilities and lines of accountability are set out in the Dundee IJB Integration Scheme and expanded within '*Getting It Right For Everyone*' (GIRFE), which was approved by the Dundee Health And Social Care Integration Shadow Board on 24 March 2015. Appendix B shows the structure as set out in GIRFE.
13. In relation to Clinical and Care Governance, the Integration Scheme includes the following:
  - ◇ The IJB will receive Clinical & Care Governance reports to be assured of the delivery of safe and effective services.
  - ◇ NHS Tayside Board is accountable for Clinical and Care Governance. Professional governance responsibilities are carried out by the professional leads through to the health professional regulatory bodies.
  - ◇ The Chief Social Work Officer in Dundee holds professional accountability for social work and social care services. The Chief Social Work Officer reports

directly to the Chief Executive and elected members of Dundee City Council in respect of professional social work matters. He/she is responsible for ensuring that social work and social care services are delivered in accordance with relevant legislation and that these services and staff delivering these services do so in accordance with the requirements of the Scottish Social Services Council.

- ◇ The six domains of quality will be underpinned by mechanisms to measure quality, clinical and service effectiveness and sustainability
  - ◇ The Integration Joint Board is responsible for embedding mechanisms for continuous improvement of all services through application of a Clinical and Care Governance and Professional Governance Framework.
  - ◇ Provision for the establishment of a Tayside Joint Forum (R1) and a Local Joint Forum (R2) to provide oversight, advice, guidance and assurance to the Chief Officer and the Integration Joint Board in respect of clinical care and professional governance for health and social care services.
  - ◇ Establishment of an operational and professional forum for Dundee consisting of a range of professionals and managers within three months of the establishment of the Integration Joint Board to provide oversight, advice, guidance and assurance to the Chief Officer and the Integration Joint Board on issues relevant to the population of Dundee.
14. GIRFE provides a definition of Clinical, Care and Professional Governance and stresses the importance of scrutiny and self-evaluation through the Performance Improvement Model. GIRFE also sets out Accountability for Clinical, Care and Professional Governance, stating that the Chief Executive officers of the three Councils and Tayside NHS Board hold ultimate accountability for the delivery of Clinical and Care Governance as well as setting out the role and authority of the IJB Chief Officer.
15. Within the Performance and Audit Committee (PAC) remit is the requirement to *'support the IJB in delivering and expecting co-operation in seeking assurance that hosted services run by partners are working effectively in order to allow Dundee IJB to sign off on its accountabilities for its resident population.'* However, the Committee has not received any direct and overt reports or assurance on the quality of hosted services.
16. In addition, the PAC remit also includes oversight of Information Governance arrangements, which are also included within the scope of Clinical and Care Governance. The PAC has also received copies of Care Commission reviews of Care Homes. Given the strong links to Clinical and Care Governance, both of these areas would appear to align more naturally with the role of the R2 group or the Forum.
17. The R2 group does not have a formal remit but was established in order to undertake the duties set out within GIRFE. However, GIRFE does not set out detailed terms of reference for R2 groups and there is a requirement to establish clear duties and reporting lines for the R2 group. In particular the relationship with the Clinical Governance and Risk Management Forum and the PAC need to be clarified.

18. In addition, there is a Clinical Governance and Risk Management Forum, a sub-committee of the NHS Tayside Clinical Quality Forum, whose draft remit states *'The purpose and scope of the forum is to provide assurance to the Dundee Health and Social Care Partnership Clinical, Care and Professional Governance Group by bringing together the consideration, assessment, and mitigation of safety, clinical governance and risk issues around all clinical and care areas of operation, including quality performance, risk and safety. It will establish, implement and monitor the arrangements of all Dundee Health and Social Care Partnership (HSCP) services in respect of clinical, care and professional governance, the management of risk and link with the Clinical, Care and Professional Governance Framework. The forum will have responsibility for managing clinical governance and risk management within Dundee HSCP. This will provide assurance to the Dundee HSCP Clinical, Care and Professional Governance Group, service users, staff and the wider public. The Forum will work with the Dundee Health and Safety committee to ensure all aspects of health and safety and risk are assured. The Forum will also work with the Mental Health and Learning Disabilities Clinical Care and Professional Governance Specialty Group to ensure a consistent approach to governance of mental health services across Tayside.'*
19. The draft remit appears reasonable but needs to be assessed in the context of an established remit for the R2 group and should be accompanied by a workplan to be approved by the R2 group. In addition, the Forum's work on risk needs to be considered in conjunction with the PAC's responsibilities in that regard. We would also highlight that the draft remit does not appear to include the receipt of Care Commission reports, thus prohibiting triangulation.
20. GIRFE required the establishment of an R1 group as follows: *'The Tayside Clinical and Care Governance and Professional Governance Forum is a professional reference group, bringing together senior professional leaders across Tayside. This group, chaired by one of its members, will oversee the delivery of integrated care and support along with change and innovation to ensure the delivery of safe and effective person-centred care within Tayside. This group will ensure that the responsibilities for Clinical and Care Governance and Professional Governance, which remain with NHS Tayside and the Council relate to the activity of the Board. The group will provide oversight and advice and guidance to the Strategic Planning Groups, to each Integration Authority's CO and to the IJBs in respect of clinical and care and professional governance for the delivery of health and social care services across the localities identified in their strategic plans.'*
21. The R1 as originally described within the GIRFE was not established. However, the September 2017 NHS Tayside Clinical Quality Forum received its updated terms of reference which now state includes that *'There will be three meetings per year [of the CQF] which will focus on Clinical and Care Governance assurances and learning from the three HSCPs'*. The paper also sets out future arrangements including a requirement to *'Seek assurance through performance reports from the three HSCPs that the Getting it Right for Everyone, Clinical and Care Framework is implemented across all HSCPs.'* Currently, minutes of all three Tayside IJB R2 groups are reported here.

22. It is not clear that this proposed arrangement for an R1 through the CQF entirely fulfils all of the requirements of GIRFE and the Integration Scheme and it is recommended that any new arrangements be considered and approved by the IJB or a nominated Committee/group.
23. Overall, we would recommend that the relationship between the PAC, the R2 and the Forum be clarified and delineated, clear reporting lines established and a particular focus given to the level and nature of data to be provided at each level and responsibility for risk, Information Governance and Care Commission reports clearly allocated. The role of the R2 Group will require particular attention as the Forum is undertaking much of the detailed activity and the PAC appears to have a key locus in terms of both risk and performance.

**There may not be a clear, fully resourced plan to implement the Clinical, Care & Professional Governance Framework;**

24. Whilst there is not currently a formal workplan for the R2 group or the Forum, there is evidence of structured activity and reporting which demonstrates a clear momentum and the reports to the IJB provide assurance that the Framework is being implemented.

**Clinical and Care Governance processes and procedures may not be sufficient to deliver the required levels of assurance;**

25. The February 2017 IJB meeting received information on progress in implementing GIRFE with further assurance on Clinical, Care and Professional Governance provided to the June 2017 IJB and the July 2017 PAC. The PAC has agreed that exception reports on this topic will be presented at each meeting with biannual assurance provided to the IJB.
26. As noted above, the R1 group, which was intended to be a key element of assurance and advice, has not met as intended. However, local arrangements will be sufficient to provide appropriate assurance, albeit, as noted above, we have highlighted areas for clarification and improvement.
27. We would highlight the work undertaken to map out the assurance routes for the key domains being undertaken by the Interim Head of Allied Health Professions. In the fullness of time, this work could be further augmented by a mapping to the functions set out in the Appendix to the Integration Scheme setting out all delegated functions, with priority given to the areas of highest importance/risk. Within this context, we would also highlight the need to apply a consistent assurance appetite to all aspects of IJB activity; whilst there are different assurance sources for different activities, there may be benefit in ensuring that the level of assurance received is consistent e.g. an understanding of falls might be equally appropriate in both hospital and community care settings and the level of assurance should be commensurate with the level of risk as highlighted in the governance principles appended to this report.



**Clinical, Care & Professional Governance processes may not be adequately aligned to performance and risk management.**

28. As noted above, GIRFE sets out clear linkages between performance management and Clinical, Care and Professional Governance. Reports to the R2 Group as well as the Forum show that these are being translated into meaningful performance reports but we would highlight the need to align these to the role and remit of the PAC in order to maximise the potential for triangulation and clear assurance lines.
29. Whilst risks are considered by the Forum and the PAC, we would recommend overt consideration of risk in both performance reports and Clinical Care and Professional governance reports with specific reference to recorded operational and strategic risks. We would also recommend regular consideration of relevant operational risks by the Forum with clear routes for escalation.

**ACTION**

30. An action plan has been agreed with management to address the identified weaknesses. A follow-up of implementation of the agreed actions will be undertaken in accordance with the audit reporting protocol.

**ACKNOWLEDGEMENT**

31. We would like to thank all members of staff for the help and co-operation received during the course of the audit.

A Gaskin BSc. ACA  
Chief Internal Auditor

Ref.	Finding	Audit Recommendation	Priority	Management Response / Action	Action by/Date
1.	<p>Whilst the R2 group was established in order to undertake the duties set out within GIRFE, it does not have a formal remit.</p> <p>In addition, the reporting we reviewed across the PAC, R2 and the Forum shows that reports relevant to Clinical and Care Governance are reported to all three.</p> <p>There is currently a lack of clarity regarding the relationship between these groups.</p>	<p>A review should be undertaken to establish or update the remits of the PAC, R2 and Forum in relation to clinical and care governance. The remits should set out reporting lines and be translated into annual workplans for each group. This should ensure reports both for the purpose of assurance as well as for implementation or delivery go to the most appropriate group.</p> <p>A particular focus should be given to the level and nature of data to be provided at each level. This should include consideration of the fact that groups may need related information to provide context and allow triangulation.</p>	<b>2</b>	<p>Undertake review as outlined in the audit recommendations setting out the remits of the PAC, R2 and Forum, and the reporting lines between all three. This process should also be followed for the Mental Health Governance Group to ensure appropriate lines of communication into the DHSCP governance processes.</p> <p>Produce (review) Terms of Reference to define the governance arrangements including clear reporting between each group.</p>	<p>Interim Head of Allied Health Professions (Forum)</p> <p>Clinical Director (R2)</p> <p>Chief Finance Officer (PAC)</p> <p>Associate Nurse Director - Mental Health and Learning Disabilities</p> <p>31 March 2018</p> <p>Interim Head of Allied Health Professions / Head of Service, Health and Community Care</p> <p>31 March 2018</p>

Ref.	Finding	Audit Recommendation	Priority	Management Response / Action	Action by/Date
		In addition to the 6 domains of clinical and care governance across delegated services, this review of remits needs to give consideration to:		Clarify and agree datasets and information to be presented at each group and associated timescales to ensure coordination of governance process.	Interim Head of Allied Health Professions / Head of Service, Health and Community Care  30 June 2018
		<ul style="list-style-type: none"> <li>◇ Hosted services</li> <li>◇ Information Governance</li> <li>◇ Care Commission reports</li> <li>◇ Risk</li> </ul>		Annual workplans to be developed for each group.	Interim Head of Allied Health Professions (Forum)  Head of Service, Health and Community Care (R2)  Chief Finance Officer (PAC)  30 June 2018

Ref.	Finding	Audit Recommendation	Priority	Management Response / Action	Action by/Date
2.	<p>The R1 as originally described within the GIRFE was not established. However, the September 2017 NHS Tayside Clinical Quality Forum received its updated terms of reference which now state includes that <i>'There will be three meetings per year [of the CQF] which will focus on Clinical and Care Governance assurances and learning from the three HSCPs'</i>. The paper also sets out future arrangements including a requirement to <i>'Seek assurance through performance reports from the three HSCPs that the Getting it Right for Everyone, Clinical and Care Framework is implemented across all HSCPs.'</i> Currently, minutes of all three Tayside IJB R2 groups are reported here.</p> <p>It is not clear that this proposed arrangement for an R1 through the CQF entirely fulfils all of the requirements of GIRFE and the Integration Scheme and it is recommended that any new arrangements be considered and approved by the IJB or a nominated Committee/group.</p>	<p>It is recommended that any new arrangements be considered and approved by the IJB or a nominated Committee/group.</p>	2	<p>The IJB will formally request that the Chair of the R1 Group advise the IJB of performance of R1 and any new arrangements to be implemented.</p> <p>Chief Officer of DIJB to clarify reporting arrangements between R1 and IJB.</p> <p>Regular representation at the R1 and CQF will be provided from the R2 Group.</p>	<p>Chief officer</p> <p>Chief Officer</p> <p>Interim Head of Allied Health Professions / Head of Service, Health and Community Care</p> <p>31 July 2018 (To allow time for R1 meetings to run)</p>

Ref.	Finding	Audit Recommendation	Priority	Management Response / Action	Action by/Date
3.	Work has been undertaken to map out the assurance routes for the key domains.	This work should be further augmented by a mapping to the functions set out in the Appendix to the Integration Scheme setting out all delegated functions, with priority given to the areas of highest importance/risk.	<b>2</b>	Integration scheme delegated functions will be mapped to ensure forum membership reflects the breadth of delegated functions.  Service reports and performance data will reflect the breadth of the delegated functions ensuring that reports to the IJB also reflect the breadth of the delegated functions.	Interim Head of Allied Health Professions / Head of Service, Health and Community Care  30 April 2018

Ref.	Finding	Audit Recommendation	Priority	Management Response / Action	Action by/Date
4.	Different sources of information and therefore assurances currently exist for various aspects of both clinical and care assurance across the key domains of all delegated services, often based on previous reporting processes. This does not necessarily provide a consistent approach and provide those charged with governance the information they need to discharge their duties.	<p>Work should be undertaken on establishing a consistent assurance appetite to ensure that the level of assurance received is consistent across all clinical and care governance domains across all services commensurate with the level of risk each represents. (E.g. an understanding of falls might be equally appropriate in both hospital and community care settings.)</p> <p>Agreed levels of reporting should be reviewed against the governance principles appended to this report.</p>	<b>2</b>	<p>Review work of R2 and Forum reporting arrangements and risk management against governance principles (Appendix A) and amend and adopt new approaches as required.</p> <p>Further work will be done with the reporting templates to refine areas of common risk across the HSCP to support identification and mitigation of identified risks.</p>	<p>Interim Head of Allied Health Professions / Head of Service, Health and Community Care</p> <p>30 June 2018</p>

## DEFINITION OF ASSURANCE CATEGORIES AND RECOMMENDATION PRIORITIES

### Categories of Assurance:

A	Good	There is an adequate and effective system of risk management, control and governance to address risks to the achievement of objectives.
B	Broadly Satisfactory	There is an adequate and effective system of risk management, control and governance to address risks to the achievement of objectives, although minor weaknesses are present.
C	Adequate	Business objectives are likely to be achieved. However, improvements are required to enhance the adequacy/ effectiveness of risk management, control and governance.
D	Inadequate	There is increased risk that objectives may not be achieved. Improvements are required to enhance the adequacy and/or effectiveness of risk management, control and governance.
E	Unsatisfactory	There is considerable risk that the system will fail to meet its objectives. Significant improvements are required to improve the adequacy and effectiveness of risk management, control and governance and to place reliance on the system for corporate governance assurance.
F	Unacceptable	The system has failed or there is a real and substantial risk that the system will fail to meet its objectives. Immediate action is required to improve the adequacy and effectiveness of risk management, control and governance.

The priorities relating to Internal Audit recommendations are defined as follows:

**Priority 1 recommendations** relate to critical issues, which will feature in our evaluation of the Governance Statement. These are significant matters relating to factors critical to the success of the organisation. The weakness may also give rise to material loss or error or seriously impact on the reputation of the organisation and require urgent attention by a Director.

**Priority 2 recommendations** relate to important issues that require the attention of senior management and may also give rise to material financial loss or error.

***Priority 1 and 2 recommendations are highlighted to the Audit Committee and included in the main body of the report within the Audit Opinion and Findings***

**Priority 3 recommendations** are usually matters that can be corrected through line management action or improvements to the efficiency and effectiveness of controls.

**Priority 4 recommendations** are recommendations that improve the efficiency and effectiveness of controls operated mainly at supervisory level. The weaknesses highlighted do not affect the ability of the controls to meet their objectives in any significant way.

## Appendix A - Clinical and Care Governance Principles

*The Integration schemes state that 'NHS Tayside Board is accountable for Clinical and Care Governance in relation to services provided by NHS Tayside.'* This reinforces the view that the Health Board (and presumably, by extension the Council) are still ultimately responsible for these services and therefore require to receive the necessary assurances. This has profound implications, not only for Clinical Governance but also Risk Management.

The national guidance and therefore also the Integration Schemes provide guidance on both professional accountability and clinical governance. Whilst the two are closely linked, they are separate and the key issue for all bodies is assurance over the overall health and well-being of the population, of the safety and effectiveness of care provided and of the adequacy and effectiveness of the systems and governance structures which provide that assurance.

Professional accountability appears to be well-covered within the Integration Schemes although the provision of professional advice through the Tayside Clinical and Care Governance and Professional Governance group is not yet fully evident. Due to the complexity of the issues involved, further work will inevitably be required in relation to assurance.

The following principles will apply to assurance:

- i) Consistency of care and clinical governance as far as possible i.e. the level and quality of assurance should be determined consistently (see below) whether in delegated or non-delegated healthcare functions or within social care activities whether delivered in-house or purchased. This will be particularly important as the boundaries between health and social care blur; there is no reason why assurance around the safety and effectiveness of care should change as an individual transitions between one part of the system to another, or if service provision changes. For example the local authority equivalents to SAERs, aggregated incident reports, HAI reports etc. should be reported in parallel and in aggregate with the Health equivalents within IJB reporting proportionate to risks in each area (see below).
- ii) Proportionality; assurance should be inextricably and overtly linked with risk and the extent to which key controls manage that risk
- iii) There must be a distinction between professional lines of accountability and governance assurance
- iv) Independent oversight is a fundamental component of clinical governance assurance; this includes oversight from independent non-executives/councillors/voting members at an appropriate level based on robust, relevant and reliable data
- v) Clear linkages to performance data, including operational, financial and quality performance; the ideal is a holistic system which integrates performance, clinical and other data level so that performance is measured once, used often.
- vi) Where assurances are not deemed sufficient or they highlight significant unmitigated risks, there must be clarity around which body will take the



decision on the appropriate action to be taken and how they will provide assurance to other parties on the implementation and effectiveness of those actions.

- vii) All systems should distinguish between pro-active and reactive, internal and external assurance and develop effective triangulation to ensure that each assurance component contributes to an overall assessment of governance. For example, the key information to be taken from an external review is not about the specific circumstances found but whether they are consistent with assurances received from internal systems. Wherever practicable, the emphasis should be on internal systems which provide advance warning of any issues.
- viii) The provisions in the Integration Scheme for seeking professional advice should be reviewed to ensure that they are functioning as intended.

Appendix B –Clinical, Care and Professional Governance Assurance Structure

