

WEST DUNBARTONSHIRE COUNCIL

Report by the Director of Community Health & Care Partnership

Community Health & Care Partnership Committee: June 2012

Subject: West Dunbartonshire CHCP Clinical Governance Annual Report 2011

1. Purpose

- 1.1 The purpose of this report is to present the West Dunbartonshire CHCP Clinical Governance Annual Report 2011.

2. Background

- 2.1 Clinical governance is how health services are held accountable for the safety, quality and effectiveness of clinical care delivered to patients. Clinical governance is a statutory requirement of NHS Boards and is achieved by coordinating three interlinking strands of work:
- Robust national and local systems and structures that help identify, implement and report on quality improvement.
 - Quality improvement work involving health care staff, patients and the public.
 - Establishing a supportive, inclusive learning culture for improvement.
- 2.2 The CHCP Director has overall accountability for clinical governance within the CHCP and for those clinical services that the CHCP directly manages or directly contracts for. This is primarily discharged through the Clinical Director (who is a practicing GP) and the CHCP's Heads of Service. The Clinical Governance Group is a sub-group of the SMT, composed of the Clinical Director (as Chair) and Heads of Service plus the CHCP Lead Pharmacist and now the MSK Physiotherapy Service Manager. The Group is supported by the Clinical Risk Co-ordinator and Clinical Effectiveness Co-ordinator from the Board's Clinical Governance Support Unit.
- 2.3 As part of the Board's overall system of clinical governance, each Clinical Director is required to produce an annual clinical governance for their respective CH(C)P as attached here.
- ### **3. Main Issues**
- 3.1 The CHCP's annual Clinical Governance Workplan explicitly reflects the three 'quality ambitions' as outlined in the NHS Quality Improvement Scotland paper on developing a 'quality strategy programme in primary care', i.e.:
- Person centred
 - Safe
 - Effective

3.2 This annual report then provides an overview of the progress and achievements made in relation to that agreed workplan for the year 2011 (as per the Board's requirements). These have been taken forward as an integral element of the CHCP's previous Strategic Plan 2011/12 (as has been separately reported to the CHCP Committee).

4. People Implications

4.1 None.

5. Financial Implications

5.1 None.

6. Risk Analysis

6.1 Providing both assurance on and demonstrating a commitment to continuous quality improvement in relation to the safety, quality and effectiveness of clinical is a key responsibility for all clinical staff (both organisationally, and where relevant, as part of their professional status); the CHCP Director, Clinical Director and Senior Management Team; and also the CHCP Committee. Failure to do so would represent a serious risk at both individual and corporate levels.

7. Equalities, Health & Human Rights Impact Assessment (EIA)

7.1 No significant issues were identified in a screening for potential negative equality impact here.

8. Conclusions and Recommendations

8.1 The CHCP is committed to scrutinising services to provide public assurance about the quality and safety of that care (as per NHS Scotland *Assuring Person-Centred, Safe and Effective Care: Clinical Governance and Risk Management 2011*). Our aim is to involve frontline clinicians and senior management in the work, ensuring unstifled, widespread generation of ideas, alongside recognition that our work legitimately has National and Health Board direction.

8.2 This is the first Clinical Governance Annual Report for West Dunbartonshire prepared under the auspices of the CHCP's now established integrated management arrangements for health and social care. The aim of the CG Workplan described here naturally has a clinical health care focus – but it does recognise those aspects of social care that overlap with our ability to produce improved quality of care for the population of West Dunbartonshire; and the discussions within the CG Group through this past year have increasingly recognised the importance of the CHCP expressing a singular and over-arching ethos of care governance across all staff and services.

- 8.3 Against the backdrop of embedding local integrated managerial arrangements and accompanying operational service development, the local CHCP's approach to clinical governance demonstrates an impressive enthusiasm of all staff striving to deliver better quality clinical and social care. The cohesive manner in which all services come together to do this for patients is both reassuring and refreshing in these challenging times.
- 8.4 The CHCP Committee is asked to approve the content of the attached Annual Report for its interest and agree to its submission into the NHS Board's Clinical Governance processes.

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Date: 18th May 2012.

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- Appendices:** West Dunbartonshire CHCP Clinical Governance Annual
Report 2011
- Background Papers:** WD CHCP Strategic Plan 2011/12
NHS Scotland Assuring Person-Centred, Safe and
Effective Care: Clinical Governance and Risk
Management 2011
Scottish Government NHS Scotland Quality Strategy
2010
- Wards Affected:** All