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Date 19 October 2010
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Dear Derek

Future Approach to Governance in NHSScotland

Further to Kevin Woods' letter of 20 August 2010, I am pleased to be able to report on the outcomes of consultation and discussions on the 'Future Approach to Governance' Discussion Paper. The Board have been considering this in parallel with the findings of the Mid Staffordshire Independent Inquiry and local actions in support of the development and implementation of the Healthcare Quality Strategy. I will write to you under separate cover with details of our work to consider the Inquiry's recommendations.

The Board received a report in May 2009 following a local review of governance and improvement activity. As you are aware, we subsequently appointed two new Assistant Directors to support the Executive Medical and Nurse Director portfolios across healthcare quality and clinical improvement activity. We established the Continuous Clinical Improvement Board (CCIB) to provide clinical and corporate leadership for the delivery of our priorities for clinical improvement. This has resulted in enhanced arrangements for the effective and efficient measurement of the quality of care, providing the Board Clinical Governance Committee with direct assurance that the quality of clinical care and treatment is improving. Our Clinical Governance and Practice Development Units and staff roles have been refocused in support of the delivery of the Healthcare Quality Strategy ambitions.

We have structures and processes in place to support the delivery of integrated care pathways, and have recently been developing processes to support the review of care and treatments that are both clinically and cost effective. Patients and members of the public have been effectively involved across a range of strategic developments and Patient Focus and Public Involvement (PFPI) work. Key decision-making groups such as the Clinical Resource Group and Medicines Resource Group have public representation on them. We are committed to ensuring that we further support person and family centred approaches by embedding this further into operational decision making, governance and improvement processes. We are now engaging more directly with patients and family members as part of our adverse event review process. Further work to engage the public in discussions on clinical and cost effectiveness reviews will also be supported as part of our discussions with the Scottish Health Council.

The Board are satisfied that current governance structures work well. The recent work to consider Hospital Standardised Mortality Ratio (HSMR) data demonstrated the effective way in which CCIB, the Clinical Governance Committee and the Board were focused on open discussion of the contributors and in ensuring clear accountability for decision-making and support for improvements in process and outcome measures relating to HSMR. The Board has made arrangements to ensure that Directors, Non-Executive Directors, Associate and Assistant Directors and Clinical Directors are supported and developed in relation to their governance roles and responsibilities. There have been several positive developments in displaying performance and improvement data publically. Senior staff are focused on promoting behaviours that demonstrate accountability for actions and Directors' have been encouraged by the way in which staff ownership and accountability has been recognised by the Healthcare Environment Inspectorate. We have been reviewing our approach to reviewing adverse events and have agreed to build on progress here by supporting work informed by work on cultural contributors to safety and quality (including 'just culture').

Healthcare Quality and Clinical Improvement is now a standing item at the fortnightly Directors' Team meetings. Senior staff have been implementing learning from training provided by the Institute for Healthcare Improvement, including the requirement that all action planning in support of service improvements and adverse events include measures of effectiveness as well as measures of implementation. The Healthcare Quality, Governance and Standards team are supporting this as part of revised complaints, Scottish Public Service Ombudsman and adverse event review procedures. This demonstrates our commitment to ensuring a governance system that is focused on effective outcomes.

Senior staff have been in regular discussions with key staff within the Healthcare Policy and Strategy Directorate on the approach we have been taking to implementation of the Healthcare Quality Strategy and our revised arrangements in support of governance and clinical improvement. The Board support the provision of guidance on future approaches to governance, are encouraged to note the changes that are already being made in Ayrshire and Arran to support what are outlined as 'Future Arrangements' in the paper. We look forward to receiving this guidance when finalised. As requested a copy of an orgnaogram for our current governance structure is attached as Appendix 1.

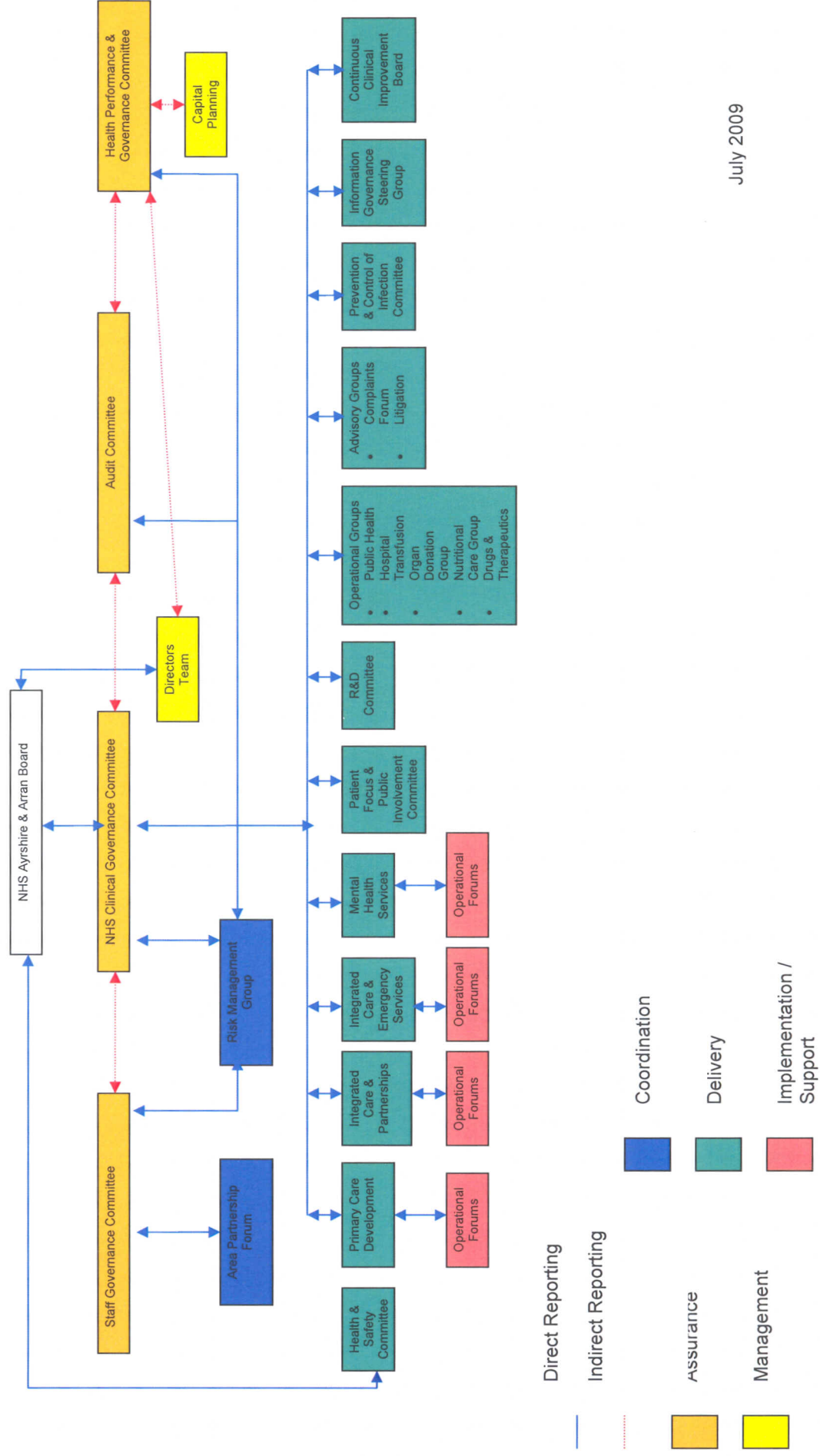
Yours sincerely



Dr Wai-yin Hatton
Chief Executive

NHS Ayrshire & Arran Governance Reporting Structure

Appendix 1



July 2009