Clinical Governance Standards: Scope

Introduction

Healthcare Improvement Scotland is developing new clinical governance standards for Scotland.

Healthcare Improvement Scotland is the national health and social care improvement organisation for Scotland and is part of NHS Scotland. It provides the expertise and resources to co-produce standards which are developed, informed and shaped by people who commission, deliver and use health and/or social care services. It uses well established and robust methodology to underpin standards development.

Standards are informed by:

- people with lived and living experience and their representatives/care partners
- formally collected person-reported outcomes
- current national policy and legislation
- evidence relating to effective clinical practice, feasibility and service provision.

Background

NHS Scotland has a statutory duty to ensure and improve the quality of care that it delivers. Clinical and care governance is the process by which accountability for the quality of health and social care is monitored and assured. Clinical governance is an integral and essential part of the NHS governance framework.

In May 2010, the Scottish Government published the Healthcare Quality Strategy for NHS Scotland. The strategy set out three quality ambitions related to safe, effective and person-centred care to support NHS Scotland to deliver the best quality healthcare to the people of Scotland. To underpin the implementation for this strategy, Healthcare Improvement Scotland published one overarching clinical governance standard: 'the healthcare organisation provides person-centred, safe and effective care for every patient, every time'.

The Public Bodies (Joint Working) (Scotland) Act 2014 requires NHS boards and local authorities to integrate adult health and social care services. In 2015, the Scottish Government published a revised framework for clinical and care governance. In 2018 the Scottish Government recognised the need to ensure that the governance arrangements in NHS Scotland were fit for purpose and keeping pace

with the changing policy and financial environment. The first edition of the Blueprint for Good Governance was published in January 2019.

Details of all current governance requirements for NHS boards, including clinical governance and risk management, is provided in the revised Blueprint for Good Governance (2022).

Purpose and use of the standards

Healthcare Improvement Scotland has responsibility for setting quality standards for clinical governance. The implementation of standards provides assurance that organisations are providing high quality and safe healthcare in line with best practice, national policy and legislation. Standards can support internal and external quality assurance.

NHS boards and individual providers are responsible for demonstrating that they are meeting the standards. The standards can be used to provide assurance to their local communities and governance bodies that the healthcare they are providing is safe, effective and person-centred.

HIS may use these standards in a range of assurance and inspection activities. They may be used to review the quality and registration, where appropriate, of health and social care services. The Healthcare Improvement Scotland Quality Management System (QMS) Framework supports health and social care organisations to apply a consistent and coordinated approach to the management of the quality of health and care services. By using standards as part of a quality management system, organisations can work in partnership to develop learning, plan improvement and understand their whole system. Central to this is the relationship between people, their care partners and organisations.

Scope of the clinical governance standards

Title

Clinical governance standards

Area covered by the standards

The standards will apply to all clinical services planned, commissioned or delivered within the health and social care system in Scotland.

Clinical is defined as any individual or population healthcare intervention or service requiring assessment, planning, provision, evaluation or oversight by a registered healthcare professional.

Providers responsible for meeting the standards

- healthcare services planned, delivered or commissioned by NHS Scotland
- healthcare services planned, delivered or commissioned by Health and Social Care Partnerships
- primary care providers
- special NHS boards including Healthcare Improvement Scotland
- independent healthcare providers including third sector providers
- independent social care providers who deliver or provide clinical services.

Setting

The standards will apply in all settings where people (adults and children) receive clinical care services in Scotland.

Domains in scope for standards development

Staffing and staff management

The values, behaviours, purpose, goals and priorities of an organisation, accountability of all staff, including senior managers and executive leaders and the transparency of processes, decisions and actions at every level.

Clinical audit and quality improvement

The functions, roles, responsibilities and structures in place to monitor, measure, evaluate, assess, learn from and improve quality and safety of clinical care.

Clinical effectiveness

The provision of evidence-based or informed clinical care that meets the needs of individuals, ensures validated research is translated into practice, and uses defined outcomes to measure benefits and costs.

Risk management and safety

The processes and policies in place to identify and respond to risks and concerns relating to the safety of care, including significant case reviews, adverse events, near misses, safety concerns, safeguarding, complaints and whistleblowing.

Education and training

The support, competencies, workforce mix, diversity of the workforce and supervision required for healthcare professionals and other staff members to oversee and deliver safe, effective and person-centred care.

Service user and patient involvement

The process by which people and communities are empowered and supported to make choices about their health and care, feedback on their experiences, and influence positive change to services.

Data and information

The legal, appropriate and safe sharing, collection, use and storage of information about individuals and services to improve care and protect confidentiality. It includes the use of digital technology to support and improve care.

Terminology

The standards will use terminology in line with the Healthcare Improvement Scotland Standards **normative definitions.**

Appendix A: Scoping consultation survey feedback and responses

This Appendix lists the feedback that was received on the scoping report during our scoping consultation period and the response to each comment made by the clinical governance Standards Steering Group. This feedback was made through an online survey composed of multiple questions, though only questions four through seven received feedback relevant for the purposes of this appendix. These questions were:

4. Do you agree with the scope of the proposed clinical governance standards?
5. Do you agree with the definition of 'clinical' used in the proposed clinical governance standards?
6. Do you agree with the definition of the domains used in the proposed clinical governance standards?
7. Please detail any gaps or omissions you feel may be in the proposed clinical governance standards.

Question number	Respondent number	Comment	Steering Group response
4	1	I agree that the standards should apply to all those providing care, and that is inclusive of commissioning, Primary Care and Social care providers	Thank you for your comment.
4	2	Yes, it is comprehensive and captures (in my perspective) the key areas that could use improvement and will hence improve patient care.	Thank you for your comment.
4	3	healthcare services planned, delivered or commissioned by Health and Social Care Partnerships HSCP's report to NHS GGC by means of an annual report for clinical and care governance and by exception to the PCCCGF and ultimately the Clinical Governance Committee. Health and Social Care therefore need to take into account the standards for Local Authorities, the Care Inspectorate, SSSC as well as those asked for by the NHS . The scope for this will need to be clearer on what HSCP's are being asked to report on.	The scope of the standards outlines that the standards will apply to Health and Social Care Partnerships. The standards document will outline the recommendations for all organisations within the remit of the standards.
4	4	In principle, yes. The scope of the review is aimed to include both clinical and social care. This	Thank you for your comment.

		is a very wide remit. And therefore an opportunity to bring all clinical and allied professionals, as well as receptionists and administrative staff, into a new 'ownership' of what is understood as whole patient care. In essence, this is essentially 'perioperative care' for a person undergoing an operation and transitioning from primary to secondary care. I would hope that this important concept is recognised in both the structured review as well as defining and embedding outcomes.	
4	5	Good breadth of cover in the proposed scope	Thank you for your comment.
4	6	They appear to cover a wide range of appropriate standards	Thank you for your comment.
4	7	The scope could be stronger by being clearer about professions in scope. Healthcare is broad and wide and each professional group will have particular sets of standards they have will follow, as well as sets of more joint and specific standards. It would be important to be clear in the scope in relation to this.	The clinical governance standards will sit alongside rather than duplicate existing professional standards. The standards aim to outline current best practice at an organisational level.
4	7	The scope describes 'clinical' healthcare and service delivery even within social care. It may be useful to provide examples e.g. would these standards apply to GPs visiting older people in a care home?	The standards aim to outline the governance structures that any individual who provides clinical care, as defined in the report, will work in. While this may look different in different settings, the standards will outline best practice at an organisational level.
4	7	NHS Boards have Governance Structures, as do Local Authorities, and HSCPS also have governance structures, these can be inter related and complex, so it would be helpful if 'scope' could consider and give direction on expectations on how these standards will navigate these complex governance systems and processes.	The purpose of the scope is to outline which population and setting the standards will cover. The implementation of the standards in each organisation or partnership will be for local determination.
4	8	Yes I agree with the scope of the clinical governance standards, in my opinion they encompass all that we should be considering	Thank you for your comment.
4	9	The domains seem to be based on the 7 pillars which is a well known and well used framework, so this is useful.	Thank you for your comment.
4	10	The Scope is reasonably comprehensive; however, for completeness, clarity, and alignment with best practice frameworks I have made some suggested changes to the wording for the definition of “clinical” and for four of the domains.	Thank you for your comment.

4	11	The GMC recently updated our Handbook on effective clinical governance to support revalidation (https://www.gmc-uk.org/registration-and-licensing/employers-and-other-organisations/effective-clinical-governance-to-support-revalidation) to capture the issues that we and the stakeholders we collaborated with (including HIS) thought were important to reflect. We are grateful for HIS' input as part of this process. We are pleased to see inclusion of independent healthcare providers within the scope of providers responsible for meeting the standards. We acknowledge the challenges that can exist in communication and ownership of managing concerns that can exist where healthcare professionals provide services at NHS and independent providers. This is an area we tried to strengthen in our guidance, so we support the clarification of the role of independent providers in clinical governance.	Thank you for your comment.
4	12	-appears to be appropriately and to cover the multiple areas of responsiblity that are involved in the overarching clinical governance principles	Thank you for your comment.
4	14	Although we agree with the scope of the standards. We do wonder about the mechanism to seek assurance for some of them eg third sector. It could create a whole industry of inspection and enforcement/ complex governance structures in the NHS boards.	The purpose of the scope is to outline which population and setting the standards will cover. The implementation of the standards in each organisation or partnership will be for local determination.
4	15	I do but wonder how this will be inclusive of social care staff 'who deliver or provide clinical services'. Needs clarity	The standards aim to outline the governance structures that any individual who provides clinical care, as defined in the report, will work in. While this may look different in different settings, the standards will outline best practice at an organisational level.
5	1	I think the definition captures the wide variety of relevant clinical encounters that people engage with on a daily basis.	Thank you for your comment.
5	2	Clinical does not translate for health and social care for HSCP's - healthcare intervention or service by a registered healthcare professional needs to be clearer	The purpose of the scope is to outline which population and setting the standards will cover. The implementation of the standards

			in each organisation or partnership will be for local determination.
5	3	Is there a gap in some service provision by non-registered staff that has ultimate oversight by a registered clinician? Could it be strengthened to articulate this?	Wording amended to include 'oversight' by registered healthcare professionals.
5	4	The definition is broad and meets the normative definition. It however focuses on the premise that clinical is wholly related to interventions that could be understood as 'treatment' and some adjustment to incorporate 'prevention' would be helpful.	The definition of 'clinical' as outlined in the scoping report includes prevention and public health activity.
5	5	Yes I agree. A difficult definition to achieve consensus on but appears appropriate.	Thank you for your comment.
5	6	I just wonder about the unqualified staffing cohort that deliver a wide range of our services and why they are not included.	Wording amended to include 'oversight' by registered healthcare professionals.
5	7	Services are often interdependent and delivery is often integrated. For professionals the clinical aspects of care may be excellent but affected by a non-clinical issue, e.g. waiting lists, which would be important to discuss as a governance issue. How would the definition capture to ensure appropriate oversight is not restricted by a medical model or too clinical a perspective?	The purpose of the scope is to outline which population and setting the standards will cover. The implementation of the standards in each organisation or partnership will be for local determination.
5	8	The word clinical can be contested in relation to Public Health as traditionally it related to patients, but for Public Health it needs to include populations and healthcare interventions that can be proactive or preventative. I think this definition does this.	Thank you for your comment.
5	9	Clinical is defined as the practical application of healthcare or therapeutic interventions or services requiring direct patient care for assessment, planning, provision, evaluation or oversight by a registered healthcare professional and may be delivered collaboratively across social care, community services, or public health.	Thank you for your comment.
5	10	Feels reasonable but not even sure why we feel need to define.	Thank you for your comment.
5	11	In essence, the GMC views clinical governance as a fundamental framework for ensuring safe, effective, and high-quality patient care within medical organisations. It's about more than just procedures; it's about fostering a culture where quality and safety are at the heart of everything the organisation does. The HIS definition of 'clinical' used in the context of the	Wording amended to include 'oversight' by registered healthcare professionals.

		proposed clinical governance standards aligns with our approach. That being said, we would suggest HIS considers whether the proposed definition is sufficiently broad to encompass both registered and unregistered colleagues, as we would expect all colleagues (registered or unregistered) to be involved in the delivery of clinical services to abide by clinical governance standards.	
5	12	-the word 'planning' may be misinterpreted as not relevant to unscheduled care services of 'unplanned' intervention	The standards document will contain the detail on this domain including the standard statement, rationale, criteria and examples of evidence of achievement.
5	14	However, not all services delivered by the providers in the list will be clinical so may have to clarify what they need to report on – eg independent social care providers who deliver/ provide clinical services – they may also provide other services not requiring that clinical oversight. We are not sure that the revised guidance is very clear about when a service is considered to be clinical rather than a social care service. I think the continued conflation of health services and care services does not seem to have been resolved here and the challenge where we have integrated health and care provision remains.	The purpose of the scope is to outline which population and setting the standards will cover. The implementation of the standards in each organisation or partnership will be for local determination.
6	1	I'm not sure how these fit within a QMSF and for me cause more confusion. I think each of the domains should be considered within Planning, Control & Improvement with overarching domains around culture, leadership & learning.	The standards document will contain the detail on this domain, including the standard statement, rationale, criteria and examples of evidence of achievement.
6	1	Clinical audit is a tool, amongst many others to help us understand how our system is performing rather than being stand alone. Quality Improvement is the superlative.	The standards document will contain the detail on this domain, including the standard statement, rationale, criteria and examples of evidence of achievement.
6	2	Under the clinical effectiveness domain "and uses defined outcomes to measure benefits and costs" trying to cost a screening service that has been in place for 20+ years can be very challenging. This will be a hard domain to meet for some areas.	The purpose of the scope is to outline which population and setting the standards will cover. The implementation of the standards in each organisation or partnership will be for local determination.

		Clinical effectiveness for some screening services will be more around false positive rates and referral rates.	
6	3	They seem ok	Thank you for your comment.
6	4	With caveat around staffing Domain - ensuring we don't 'leak' into staff governance space.	The standards document will contain the detail on this domain, including the standard statement, rationale, criteria and examples of evidence of achievement.
6	5	Yes. One suggestion would be to expand the domain for data and information to include a specific mention of AI, which will increase in its reach in the lifetime of the proposed standards	The standards document will contain the detail on this domain, including the standard statement, rationale, criteria and examples of evidence of achievement.
6	6	Yes	Thank you for your comment.
6	7	The domains seem appropriate, though it may be useful to consider the following also as a domain >staffing levels as well as staffing and management- this can impact on clinical delivery and quality of care and relevant within the Health and Care Staffing legislation.	The standards document will contain the detail on this domain, including the standard statement, rationale, criteria and examples of evidence of achievement.
6	7	>Finance available - again this can directly affect standards of clinical care	The standards document will contain the detail on this domain, including the standard statement, rationale, criteria and examples of evidence of achievement.
6	7	>Integrated care provision- most clinical care is dependant on social care and can affect the impact and outcome for service users.	The standards document will contain the detail on this domain, including the standard statement, rationale, criteria and examples of evidence of achievement.
6	8	Yes the definitions outline what I would expect to be captured beneath each of the domains	Thank you for your comment.
6	9	I agree but often the clinical audit and quality improvement is titled clinical safety and this is a bit more distinctive than clinical effectiveness and also includes audit and quality improvement.	The standards document will contain the detail on this domain, including the standard statement, rationale, criteria and examples of evidence of achievement.
6	10	Staffing and staff management - Culture that supports values, teamwork, psychological safety, behaviours, purpose, goals and priorities of an	The standards document will contain the detail on this domain, including the standard

		organisation, safe staffing levels and workforce planning to improve the ways of working between and within teams. Defined lines of responsibility with accountability and transparency of leadership at all levels for the quality of clinical care at executive and board level.	statement, rationale, criteria and examples of evidence of achievement.
6	10	Clinical audit and quality improvement - The functions, roles, responsibilities and structures in place to monitor, evaluate, assess and take appropriate action to improve quality and safety of clinical care including peer review, benchmarking and quality improvement methods.	The standards document will contain the detail on this domain, including the standard statement, rationale, criteria and examples of evidence of achievement.
6	10	Clinical effectiveness The provision of evidence-based-practice for clinical care that meets the needs of individuals, ensures research is translated into practice, and uses defined outcomes to measure benefits and costs, specifically in maintaining and improving the health of service users.	The standards document will contain the detail on this domain, including the standard statement, rationale, criteria and examples of evidence of achievement.
6	10	Education and training The support, competencies, workforce mix, diversification of the workforce, supervision, and time required for healthcare professionals and other staff members to deliver safe, effective and person-centred care aligned professional standards and regulatory requirements.	The standards document will contain the detail on this domain, including the standard statement, rationale, criteria and examples of evidence of achievement.
6	11	These need lot of work Clinical audit and quality improvement: this is very narrow. Should be around IOM domains of quality Safe: Avoiding harm to patients from the care that is intended to help them. Effective: Providing services based on scientific knowledge to all who could benefit and refraining from providing services to those not likely to benefit (avoiding underuse and misuse, respectively). Patient-centered: Providing care that is respectful of and responsive to individual patient preferences, needs, and values and ensuring that patient values guide all clinical decisions. Timely: Reducing waits and sometimes harmful delays for both those who receive and those who give care. Efficient: Avoiding waste, including waste of equipment, supplies, ideas, and energy.	The standards document will contain the detail on this domain, including the standard statement, rationale, criteria and examples of evidence of achievement.

		Equitable: Providing care that does not vary in quality because of personal characteristics such as geographic location and socioeconomic status.	
6	11	Staffing and staff management: Appreciate staffing is a component but staff management is operational. Safe staffing may be a better component and how this would impact on safe effective deliver of care	The standards document will contain the detail on this domain, including the standard statement, rationale, criteria and examples of evidence of achievement.
6	11	Training doesn't align particularly with clinical governance standards but appreciate the connection. If it remains would this not be an enabler as opposed to what's in scope. Terminology is dated (clinical audit is an assurance mechanism as opposed to QI)	The standards document will contain the detail on this domain, including the standard statement, rationale, criteria and examples of evidence of achievement.
6	12	We broadly agree with this, but have some additional thoughts related to the domains, specifically: • Staffing and staff management – We wonder if it would be useful to indicate, at a high level, staffing ratio/ safe working standards.	The standards document will contain the detail on this domain, including the standard statement, rationale, criteria and examples of evidence of achievement.
6	12	• Clinical audit and quality improvement – We consider a brief reference to the Scottish government's Quality Strategy for Health and Social Care could be used here to be more explicit to strategically align the work.	The standards document will contain the detail on this domain, including the standard statement, rationale, criteria and examples of evidence of achievement.
6	12	• Clinical effectiveness – It could be helpful to include reference to NICE compliance, HIS quality framework compliance.	The standards document will contain the detail on this domain, including the standard statement, rationale, criteria and examples of evidence of achievement.
6	12	• Risk management – We suggest this could make reference to speaking up and its importance in patient safety, linking to staffing and staff management, clinical effectiveness and education & training.	The standards document will contain the detail on this domain, including the standard statement, rationale, criteria and examples of evidence of achievement.
6	12	• Education and training – We consider it could be useful to explicitly identify the link between education & training, and staffing and staff management.	The standards document will contain the detail on this domain, including the standard statement, rationale, criteria and examples of evidence of achievement.

6	13	I agree but often the clinical audit and quality improvement is titled clinical safety and this is a bit more distinctive than clinical effectiveness and also includes audit and quality improvement.	The standards document will contain the detail on this domain, including the standard statement, rationale, criteria and examples of evidence of achievement.
6	14	The Audit and QI standard might better be described as a quality management system but perhaps that didn't feel readable to the public	The standards document will contain the detail on this domain, including the standard statement, rationale, criteria and examples of evidence of achievement.
7	1	Learning systems	The standards document will contain the detail on learning systems within the appropriate domains.
7	2	Maybe not really a gap, but rather a note to ensure that a lifespan approach is taken. In particular, being mindful not to overlook the unique situation of paediatric care where we need to ensure a good balance between caregiver/parental consent and engagement but also providing children with the opportunity to directly express their needs and wishes (in a manner that fits with their developmental level). This is of particular importance during adolescence and transition periods (when transitioning from paediatric to adult care) where children start taking more responsibility but still heavily rely on caregivers for healthcare related encounters and needs. To my surprise, in the original development work of this standard, I felt I was one of the few members of the working group that actively advocated for this unique paediatric care situation, and I would want to highlight the key need for this be an important part of the next steps!	The standards document will contain the detail on a whole-systems approach within the appropriate domains.
7	3	No gaps or omissions but I will share this with our healthboard clinical governance director and primary care deputy medical director to ensure both HSCPs and Healthboard side are aware.	Thank you for your comment.
7	4	none	Thank you for your comment.
7	5	Leadership - would be great to have high standards of leadership set and a commitment to deliver on this.	Thank you for your comment.
7	6	Feel covered the above and would ask that NHS boards clearly define the boundaries and where and how HSCP's are to fit in for this	The purpose of the scope is to outline which population and setting the standards will

			cover. The implementation of the standards in each organisation or partnership will be for local determination.
7	7	is there a gap in linkage to ambitions to deliver on Value based Health and Care? Maybe requires further articulation?	The standards document will contain the detail on value-based health and care within the appropriate domains.
7	8	Not a gap as such, however there is little detail as to how these domains will cross pollinate to achieve a better overall result. Whilst I am sure that this is tacit within the scope of the review, the current domains could be read as potential 'silo' working. Some wording to explain the holistic approach would be beneficial.	The standards document will contain the detail on a whole-systems approach within the appropriate domains.
7	9	I fee they are appropriate	Thank you for your comment.
7	10	I only have concerns that there is a lot of subjective language used and specifically around clinical effectiveness, the standard lays out a massive expectation around evaluating individuals care and outcome measurement which feels an impossible task within current systems and capacity. Still something to aspire to.	The standards document will contain the detail on this domain, including the standard statement, rationale, criteria and examples of evidence of achievement.
7	11	>Consideration of how these standards will be measured.	The purpose of the scope is to outline which population and setting the standards will cover. The implementation of the standards in each organisation or partnership will be for local determination.
7	11	>There are a range of variables that affect clinical effectiveness so be good to better understand how these can be taken into account.	The standards document will contain the detail on this domain, including the standard statement, rationale, criteria and examples of evidence of achievement.
7	11	>Within HSCPs Clinical Governance is inter dependant on Care Governance so focus only on clinical governance seems restricting.	The clinical governance standards will sit alongside rather than duplicate existing guidance for clinical and care governance. The standards aim to outline current best practice at an organisational level.
7	11	>Professional Groups work to a set of principles and standards, should this be considered?	The clinical governance standards will sit alongside rather than duplicate existing

			professional standards. The standards aim to outline current best practice at an organisational level.
7	12	Open-Ended Question I think that there will be aspects of legislation that cross over or sometimes compliment the domains such as the Health and Care Staffing Act with regards to many of the domains, for example staff training and staff management.	The standards document will contain the detail on a cross-cutting legislation and policy within the appropriate domains.
7	12	It will be good to perhaps consider how financial governance sits with clinical governance too.	The Steering Group agreed that financial governance is outwith the definition of clinical governance.
7	12	It is written that clinical governance is an integral and essential part of the NHS governance framework, but I think in this respect clinical governance needs to be viewed as a part of a whole effective governance system, much of which overlaps and ideally works to enhance or provide assurance to other aspects, staff governance standards, HCSA and the 7 pillars of clinical governance all emphasis the importance of staff being well trained.	Staff education and training is included in the scope as outlined. The standards document will contain the detail on this domain, including the standard statement, rationale, criteria and examples of evidence of achievement.
7	12	Perhaps it would be useful to be clear about this in the introduction	Thank you for your comment.
7	13	no singificant gaps noted	Thank you for your comment.
7	14	I have no idea what this actually means.....The standards will use terminology in line with the Healthcare Improvement Scotland Standards normative definitions Needs to align with QMS, think about other approaches Excellence in Care , National Quality Strategy, Blueprint for Good Governance	The standards document will contain the detail on a cross-cutting guidance and policy within the appropriate domains.
7	14	Areas that need to be considered within national standards for clin gov are Scheme of accountability, Structure and constitution of key groups, Resources, Effectiveness of relationships, Controls assurance environment methods and activities, Underpinning of organisational values, behaviour and practices.	The standards document will contain the detail on these areas within standard statements, rationales, criteria and examples of evidence of achievement.
7	15	The revised scoping document currently contains high-level content. If HIS wishes to include detail and expand the scope they may wish to consider taking into account the following points:	'Learn from' has been added to the definition of clinical audit and quality improvement.

		• Whether 'learn from' could be added to the domain of – Clinical audit and quality improvement: 'The functions, roles, responsibilities and structures in place to monitor, evaluate, assess and improve quality and safety of clinical care'. This would be to reflect how important it is that organisations take account of learnings and best practice, to help ensure effective and robust clinical governance processes to protect patient safety. This includes sharing outcomes and learning arising from clinical governance processes with healthcare professionals and patients.	The standards document will contain the detail on this domain, including the standard statement, rationale, criteria and examples of evidence of achievement.
7	15	• Whether one of the domains (e.g. 'risk management and safety' or 'data and information'), should cover early identification of concerns, information sharing. Information sharing is vital in ensuring good clinical governance, particularly where healthcare professionals are working in multiple organisations, or move from one organisation to another.	'identify and' has been added under risk management and safety. The standards document will contain the detail on this domain, including the standard statement, rationale, criteria and examples of evidence of achievement.
7	15	• We note the inclusion of 'values, behaviours, purpose, goals and priorities of an organisation', under the domain of 'Staffing and staff management', and agree these are really crucial areas to have standards around. We note that this domain focuses on 'the accountability and transparency of senior managers and executive leaders', and wondered whether this could be strengthened to acknowledge the importance of leaders taking active steps to create positive workplace cultures and environments that make everyone feel safe to speak up, and supported when they do	The Steering Group felt that this is already covered in the existing definition. The standards document will contain the detail on this domain, including the standard statement, rationale, criteria and examples of evidence of achievement.
7	15	• In terms of the 'Service user and patient involvement' domain: we think an important feature of maintaining this is "closing the loop", e.g. providing feedback on the outcomes when concerns have been raised. Learning from issues in England it may also be useful to incorporate the 'family voice' as part of this domain.	The Steering Group felt that this is already covered in the existing definition. The standards document will contain the detail on this domain, including the standard statement, rationale, criteria and examples of evidence of achievement.
7	15	• We also suggest that it might be helpful to reference ED&I, inclusivity and fairness considerations	The Steering Group felt that this is already covered in the existing definition of service user and patient involvement.

			The standards document will contain the detail on this domain, including the standard statement, rationale, criteria and examples of evidence of achievement.
7	15	• The scoping report also makes no reference to professional development. It could be inferred by some of the reference under education and clinical audit & QI, but we feel there is an opportunity to say it explicitly. In particular the use of data to support professional development would be an important bridge to improving patient care overall.	The standards document will contain the detail on this domain, including the standard statement, rationale, criteria and examples of evidence of achievement.
7	15	• Explicit reference to performance management and the importance of this in clinical governance would also be relevant to consider adding.	The standards document will contain the detail on this domain, including the standard statement, rationale, criteria and examples of evidence of achievement.
7	15	• We also consider that the education and workforce standards may benefit from emphasising more that medical education and supporting medical educators is essential and must be seen and supported as a service priority necessary to ensure patient safety. Where education is good and well supported, hospital outcomes improve. There are published, peer reviewed statistical research papers on this. We can share them if there is interest. We believe that organisations especially employers through their governance structures have a responsibility to make sure educators, medical students and doctors are supported in their learning, including protecting the time needed to develop and learn.	The standards document will contain the detail on this domain, including the standard statement, rationale, criteria and examples of evidence of achievement.
7	16	-Should there be something included about audit and QI linking with the evidence of effectiveness around improvements and tests of change?	The standards document will contain the detail on this domain, including the standard statement, rationale, criteria and examples of evidence of achievement.
7	18	None	Thank you for your comment.