



# **SOUTH CENTRAL AMBULANCE SERVICE NHS TRUST**

## **Clinical and Quality Governance Strategy 2010-12**

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NHS TRUST**

**Clinical and Quality Governance Strategy**

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# SOUTH CENTRAL AMBULANCE SERVICE NHS TRUST

## 1.0 INTRODUCTION

South Central Ambulance Service NHS Trust provides emergency and urgent care along with other non-emergency business such as patient transport services, out of hours call handling and medical equipment services. The Trust provides these services across Hampshire, Berkshire, Oxfordshire and Buckinghamshire, with a resident population of 4 million people in a geographical area of 4,600 square miles.

The purpose of this strategy is to establish and to provide assurance that robust systems are being embedded into the organisation to address national and local clinical and quality governance requirements. These need to continue to be progressed and are key to the transition of the Trust being a clinically led organisation over the next 2 years, and in the shorter term, over the period leading to application for Foundation Trust.

However, this is a long-term strategy and is dynamic and it will need to be reviewed bi-annually and adapted to meet future local needs of the Trust (given the changing Healthcare landscape as outlined within *Liberating the NHS Equity and Excellence, DH 2010*); this will in turn have an effect on the future local needs of trusts.

The Trust has adopted a holistic approach to clinical and quality governance whereby there is no segregation between clinical, non-clinical, financial or other risk which feed into the arrangements for clinical and quality governance.

The strategy will be communicated to staff in accordance with Corporate Policy & Procedure (CPP no.1) '*Trust policies and procedures – Implementation and Review*'.

The Trust will work in partnership with stakeholders and commissioners to ensure that a 'High Quality Care' service will be delivered (encompassing Care Quality Commission, Clinical and Quality standards).

This strategy has evolved following the scrutiny of performance at such trusts as Mid Staffordshire NHS Foundation Trust. Following on from the Francis report, the National Quality Board also published '*Review of Early Warning Systems*' in the NHS Acute and Community services, February 2010. SCAS undertook in-depth analyses of its Clinical Quality Governance arrangements<sup>1</sup> and risks are highlighted and dealt with through collaboration and joint working.

## 2.0 DEFINITIONS

Board Assurance Framework	The assurance framework is the internal check for a Board that the organisation is keeping a focus on the organisational strategic objectives it has agreed and that it is minimising the risks associated with the delivery of the objectives.
Quality Risk Profile	The Quality Risk Profile is a tool that gathers all the information which the Care Quality Commission (CQC) know about a provider in one place. It enables the CQC to assess where the risks lie and prompt front line regulatory activity, such as inspection. They will support teams to make robust judgments about the quality of services provided and will be used by CQC in conjunction with their guidance about compliance documents
Clinical Quality Governance	Quality Governance (from a clinical perspective) is the combination of structures and processes at and below Board level to lead on trust-wide quality performance. This includes: (a) ensuring required standards are achieved

<sup>1</sup> Board report Recommendations and actions following review of the Francis SCAS Clinical and Quality Governance strategy 2010-2012 September 2010

	<p>(b) investigating and taking action on sub-standard performance</p> <p>(c) planning and driving continuous improvement</p> <p>(d) identifying, sharing and ensuring delivery of best practice</p> <p>(e) identifying and managing risks to quality of care.</p>
Quality Improvement Plan	Following review of the organisation's Quality Accounts and QIPP (Quality, Innovation, Productivity, Prevention) agenda, an outturn Quality Improvement Plan is developed outlining areas for improvement with accountable persons identified and timelines for completion of specifics.
Quality Accounts	<p>These are the mandated Department of Health annual requirements whereby trusts are required to produce annual accounts. These demonstrate:</p> <p>(a) Specific improvements in the delivery of quality care.</p> <p>(b) These improvements are communicated to members of the public for scrutiny.</p> <p>(c) In addition whereby Boards are accountable for the provision of 'a High Quality Care ' as laid out in the identified priorities within the accounts.</p>
Risk Register	The register is the recording tool for all identified risks and will be held centrally, maintained by the Corporate Secretary and the Director of Patient care. The register will also record risk identified through the Assurance Framework, to include the Board Assurance Framework
Organisational Risk	Any potential threat or occurrence that could prevent the Trust from delivering its aims, achieving its clinical objectives or developing projects to improve its services within the economic, human, environmental and technological boundaries.
Clinical/Quality Risk	Any potential threat or occurrence related to the diagnosis, treatment and / or outcome of patient care where the likelihood is that the identified hazard causes harm or distress to the patient.

### 3.0 STRATEGIC AIMS

The aims of this strategy are to:

- integrate clinical, quality governance and risk management into the Trust's culture and everyday management practice;
- clearly define the Trust's approach and commitment to clinical quality governance;
- raise staff awareness, knowledge and skills;
- document responsibilities and a structure for delivering the clinical quality agenda;
- ensure a coordinated, standard methodology is adopted by every directorate / department in relation to the provision of clinical quality governance;
- ensure that the Chair and the Trust's Chief Executive and Trust Board are provided with evidence that the clinical quality agenda is being appropriately identified, assessed, addressed and monitored;
- adopt an integrated approach to clinical quality across the Trust inclusive of the Directorate of Finance demonstrating clinical risk assessment of cost improvement plans, with their attendant impact on the delivery of safe patient care;
- manage clinical quality via the Quality and Safety Committee and Audit Committee, both of which are sub-committees of the Trust Board;
- manage clinical quality risks as part of normal line management responsibilities and provide funding to address 'risk' issues as part of the normal business planning process.

### 4.0 OBJECTIVES

- To ensure the Trust fulfils its legal and governance responsibilities to make sure that the best possible pre-hospital care is afforded to its patients and stakeholders.

- To preserve and enhance the Trust's reputation as a clinically led, patient focused' organisation<sup>2</sup>.
- To maintain Care Quality Commission registration.
- To protect the interests of staff, stakeholders, patients and the public (i.e. all those affected by Trust business).
- To embed the concepts and ideas of a clinical, quality focused organisation into the day-to-day working practices of the Trust.
- To adhere and maintain the standards outlined by the Care Quality Commission and linking with the Annual Quality Report, inclusive of the Quality Accounts.
- To identify and review strategic clinical quality risks facing the organisation.
- To maintain the safeguarding processes within the organisation (child protection and vulnerable adults).
- To ensure compliance with the Hygiene code requirements.
- To ensure that the fundamentals for medicines management are adhered to with specific emphasis on the accountable officers' duties in relation to controlled drugs.
- To identify patient safety metrics and to monitor and benchmark ourselves against other ambulance trusts.
- To improve the patient experience and communication through a number of integrated processes.
- To continue to improve our quality and performance in relation to clinical effectiveness and outcomes.

**A SWOT (strengths, weaknesses, opportunities and threats) analysis has been undertaken to determine the implementation of the Clinical and Quality Governance Strategy. The findings are listed below.**

#### **S.W.O.T. Analyses**

<b>Strengths</b>	<b>Weaknesses</b>
<ol style="list-style-type: none"> <li>1. Good links forged between clinical and operational staff, putting clinical and quality service to the fore.</li> <li>2. Clear governance structures and defines areas of responsibility and accountability across the Trust, e.g. Quality and Safety Committee, Audit Committee.</li> <li>3. The system meets the requirements for Foundation Trust status.</li> </ol>	<ol style="list-style-type: none"> <li>1. Unknown gaps which will become obvious during the embedding process.</li> </ol>
<b>Opportunities</b>	<b>Threats</b>
<ol style="list-style-type: none"> <li>1. Developing a clear understanding of the concepts of both clinical and quality governance and its impact on the care delivered to the patient in the pre-hospital setting.</li> <li>2. Increased culture of participation in both the clinical and also the quality agenda, i.e. participation in clinical audit and also research and development.</li> <li>3. Culture change reducing the perceived view of 'something done TO rather than BY'.</li> <li>4. Allows the opportunity for all grades of staff to become involved in the clinical and quality governance agenda.</li> <li>5. Developmental opportunities for all</li> </ol>	<ol style="list-style-type: none"> <li>1. An operational pressure such as Call Connect targets reduces the engagement of staff with any other areas of quality other than time targets.</li> <li>2. Limited availability of resources.</li> <li>3. The financial climate within the NHS and the necessity for CIPs could have the potential to compromise quality and clinical care.</li> </ol>

<sup>2</sup> South Central Ambulance Service Trust Strategy for High Quality care 2010  
SCAS Clinical and Quality Governance strategy 2010-2012 September 2010

<p>grades of staff to become 'champions' of clinical and quality governance.</p> <p>6. Foundation Trust status a lever for change within the organisation.</p>	
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## 5.0 ORGANISATIONAL STRUCTURES & ACCOUNTABILITY

The **Trust Board** has overall responsibility for the scrutiny of the clinical governance agenda and outcomes, and for meeting all statutory requirements and adhering to guidelines issued by the Department of Health in respect of governance.

The **Chief Executive** has overall accountability for corporate governance (inclusive of clinical and quality governance) and will discharge his responsibilities through the Quality and Safety Committee. The Chief Executive will delegate specific areas of clinical quality governance to the Medical Director and/or the Executive Nurse to discharge on his/her behalf.

The **Director of Patient Care** has delegated responsibility for managing the strategic development and implementation of organisational risk management, clinical effectiveness and clinical and quality governance, demonstrating a real commitment to the quality agenda and its assurance process.

The Director of Patient Care responsibilities include:

- Coordinating and ensuring the implementation and continued development of clinical quality governance arrangements throughout the Trust.
- Communicating the Trust's commitment to the management of risks associated with the delivery of the clinical quality agenda throughout the organisation.
- Identifying and interpreting new legislation and Government guidance in relation to clinical quality governance assurance.
- Advising the Chief Executive, Directors and Board on matters of quality and clinical governance.
- Acting as the designated Executive lead for Patient Safety and Quality.
- Acting as the designated Executive lead for PALS & Patient.
- Acting as the designated Executive lead for safeguarding children and adults.
- Acting as the designated Executive lead for control of infection.
- Acting as the designated Executive lead for Medicines management and accountable officer.

The **Medical Director** has delegated responsibility for the management of clinical standards. They are also responsible for the national clinical performance indicators, pre-hospital clinical care, research and audit. They are also the Executive lead for the Air Ambulance. These components form part of the clinical quality agenda and falls under the remit of the clinical quality governance assurance process.

### Non Executive designated 'Champions'

The Trust has appointed Non Executive leads to act as Board level 'Champions' for:

- Quality and Patient Safety.

The **Director of Finance** has delegated responsibility for managing the development and implementation of financial risk management to include the cost improvement plans, whereby clinical areas are risk assessed and mitigation applied to ensure compliance with the clinical quality assurance process.

- To ensure that their department as a whole is effective and efficient in the management of actual and potential risks.

- To ensure that Trust decisions in relation to risk management are carried out and all relevant policies and procedures are implemented and monitored.

The **Corporate Secretary** will work closely with the Chairman, Chief Executive and the Director of patient care to coordinate the Trust Board and other relevant committees' agendas and to ensure that the Trust meets all legal, corporate and mandatory obligations.

## **All Employees**

All Trust employees will:

- participate, whenever required, in the delivery of the quality agenda thus ensuring that the clinical quality assurance process is delivered from 'Board to floor';
- comply with all Trust Policies and Procedures;
- work professionally in accordance with the Trust and where appropriate, professional Code(s) of Conduct;
- provide safe clinical practice in diagnosis and treatment in accordance with protocols;
- report concerns regarding malpractice or mistreatment of patients by colleagues.

## **6.0 COMMITTEE STRUCTURE**

The Trust's clinical quality governance performance will be reported to the Board through the Quality and Safety Committee minutes and specialist papers as and when required.

### **Quality and Safety Committee**

This Committee monitors and reviews on behalf of the Board, the Trust's clinical and quality governance arrangements, which include coordinating and prioritising clinical and non-clinical risk management issues. It specifically monitors performance with regards to risk assessments and the Trust Risk Register, complaints, legal claims, health and safety, adverse incidents, risk reports, quality, PALS, PPI and clinical performance and improvement. The Committee will also review and implement recommendations from external reports from the Care Quality Commission, NHSLA Risk Management Standards for Ambulance Trusts, Monitor and the Audit commission.

### **Audit Committee**

This Committee is primarily concerned with financial risks, but also has the remit to audit aspects of the Trust's corporate and clinical governance controls which includes risk management performance against the Trust's Board Assurance Framework and risk action plans.

### **Executive Team**

The Executive Team will receive and review updates from all directorates appertaining to clinical quality governance. These meetings occur fortnightly.

### **Serious Incident Review Group**

The Serious Incident Review Group reports to the Quality and Safety Committee and reviews all serious incidents which are reported to the Strategic Health Authority, commissioners and the Department of Health. The Serious Incident Review Group meets on a monthly basis and identifies trends and management actions in order to improve patient care and improve quality outcomes.

## **Clinical Review Group**

The Clinical Review Group is a sub-group of the Quality and Safety Committee and will review the clinical activity provided by the Trust and ensure that all underlying processes fully support staff to provide high quality patient care. This includes clinical effectiveness which comprises safeguarding children and adults, clinical audit, clinical standards, research, medicines management and infection control. Divisional Clinical Advisory Groups also report to the Clinical Review Group. See Terms of Reference.

## **Specialist Infection Control Advice**

The Trust commissions, under a Service Level Agreement, external specialist advice. This will be provided by an expert in Infection Control matters and may be a nurse or doctor with specialist training in this field. The special advisors report to the Clinical Review Group as appropriate. The Board will ensure that adequate finance is made available to commission this service.

## **Professional Standards Review Group**

This group has representation from all of the clinical professionals employed by SCAS and includes representation from the Human Resources department. This group reviews the process whereby members of staff professional behaviours are discussed and appropriate actions taken. These can include referral to professional regulation bodies and/or referral to Occupational Health. An algorithm has been developed signposting managers, colleagues, Peers on the actual process to be followed. This group reports into the Quality and Patient Safety Group.

## **Health, Safety and Risk Committee**

This committee oversees the Health, Safety, and Risk issues appertaining to SCAS and is responsible for the overseeing of all aspects of the above (Please note that Corporate Risks are discussed at the Quality and Safety Committee which is a sub group of the Board and subsequently raised at the Board). This group reports into the Clinical Review Group where there is a standing item on its agenda.

## **7.0 RISK MANAGEMENT TOOLS AND THEIR CONTRIBUTION TO THE CLINICAL QUALITY ASSURANCE PROCESS**

The Trust will continue to utilise a range of risk management tools to identify and control risks; these include:

- quarterly review of adverse incident / accident reports looking for patterns of frequency or cause;
- quarterly review of claims and complaints performance;
- six-monthly 'Executive walkabouts' using a specifically designed questionnaire and risk assessment matrix<sup>3</sup>;
- annual fire safety inspections;
- annual review of performance against the NHSLA Risk Management Standards for Ambulance Trusts;
- annual self-assessment against Care Quality Commission Essential standards of quality and safety.

## **8.0 BOARD ASSURANCE FRAMEWORK AND ANNUAL STATEMENT OF CONTROL**

The Board Assurance Framework is a high-level management assessment process to ensure delivery of the key strategic objectives. The Assurance Framework will cover all of

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<sup>3</sup> SCAS Executive /Leadership walkabout proforma questionnaire and Risk matrix for Quality assurance  
SCAS Clinical and Quality Governance strategy 2010-2012 September 2010

the Trust's main activities identifying any risks that may prevent the achievement of the set objectives and targets. It will identify and examine the system of internal control (the actions) in place to manage these risks. It will also identify and examine the assurances in place to check the effectiveness of the system of internal control. These assurances may derive from internal or external sources such as monitoring against key performance targets or establishing effective reporting mechanisms within the Trust to the Trust Board. This will include the Trust Board reviewing its Quality Improvement Plan and its attendant actions and outcomes to ensure compliance with the clinical quality assurance process and strategy.

Updates on the Assurance Framework will be presented to the Audit Committee and/or Trust Board on a quarterly basis.

## **9.0 COMMUNICATING THE CLINICAL QUALITY AGENDA AND ENGAGING STAFF**

In order to achieve the assurance required to demonstrate the quality and safety agenda it is necessary to successfully engage with all members of staff. The Trust communicates with stakeholders and staff through the Trust's website, email, publications and line managers. Only then can it be said that the Trust has a positive clinical quality aware culture.

The Trust will be open about adverse incidents, sharing learning with staff, health partners and patients.

The Trust will ensure that the QIPP action plan and also CQUIN components of the contract are available for all staff and stakeholders to access. Likewise, the Quality Accounts and Annual Quality Report.<sup>4</sup>

The Trust committee and meeting structure provides forums for both staff and public consultation and debate. The following meetings have representatives from both the PPI Forum and Staff Side:

- Trust Board
- Quality and Safety Committee
- Clinical Review Group
- Strategic Health, Safety & Risk Group
- Information Governance Steering Group
- Patient Experience Review Group
- Serious Incident Review Group.

The minutes of all meetings are made available to staff both electronically and as a paper copy on staff notice-boards.

## **10.0 MONITORING AND ASSURANCE OF THE CLINICAL QUALITY AGENDA AND ACTION PLANS**

Key performance indicators will be monitored by the Quality and Safety Committee every three months; these will include:

- the number and percentage of staff completing mandatory and induction training in year;
- the number of adverse incidents, serious incidents, PALs, complaints and claims reported and the time taken to complete, along with the outcome and learning of these incidents and the pathway in which a claim arose from;

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<sup>4</sup> South Central Ambulance Service Trust Annual Quality report and quality accounts 2010 /11  
SCAS Clinical and Quality Governance strategy 2010-2012 September 2010

- the number of root cause analysis performed on adverse incidents, complaints, claims and serious Incidents and reported outcome and lessons learned to improve quality and demonstrate learning, with attendant clinical audit to demonstrate evidence and or improvements in care;
- the number of reported incidents to external agencies (NPSA, SHA and serious incidents);
- a review of compliance with regards to the 3 identified Priorities as laid out in the Annual Quality Accounts under the 3 headings of (a) Patient Safety, (b) Patient experience (c) Clinical Effectiveness;
- compliance with NHSLA Risk Management Standards for Ambulance Trusts;
- the monitoring of attendance of managers at committees and groups.
- Patient Satisfaction surveys are reviewed and discussed with attendant action plans

All of the Clinical Performance Indicators(CPI's) including Percutaneous Coronary Intervention (PCI) are monitored at the Quality and Safety Committee. Specific ones are also monitored at the following:

- The Quality and Safety Committee monitor all of the above and in particular the Trust Monitoring of Action Plans which includes high level investigations.
- The Clinical Review Group will monitor progress and outcomes of clinical investigations, patient involvement and subsequent action plans.
- A review on achievements against objectives set in Committee Terms of Reference will be escalated through the committee structure.
- An annual review of job descriptions and responsibilities

Serious untoward incident reviews with their attendant action plan with accountable persons are quality assured and managed investigation will be monitored by the Quality and Safety Committee and risks identified will be entered onto the Risk Register.

Any deficiencies noted and/or observed will be subject to the production of a remedial action plan with Director ownership; this in turn will be reviewed and monitored via the Quality and Safety committee with exception reports to the Board as and when required.

## **11.0 OTHER TRUST REFERENCE & RELATED DOCUMENTS**

### **Internal Documents**

- Essential Quality and Safety Standards self-assessment and associated action plan
- Adverse Reporting and Investigation Procedure
- Board Assurance Framework Document
- Health & Safety Policy and Procedures
- Control of Infection Policy and Procedures
- Infection Control Improvement Programme
- Central Alerting System Policy
- Training Prospectus
- Four C Policy and Procedure
- Claims Management Procedure
- Risk Register and Action Plan
- TOR Quality and Safety Committee
- TOR Audit Committee
- TOR Clinical Review Group
- TOR Strategic Health, Safety and Risk Group

- TOR Patient Experience Review Group
- Committee / Meeting Structure
- Organisational Structure
- Strategy for High Quality Care
- Quality Governance assurance framework ( SHA assurance for FT application) and the annual Quality Improvement Plan.

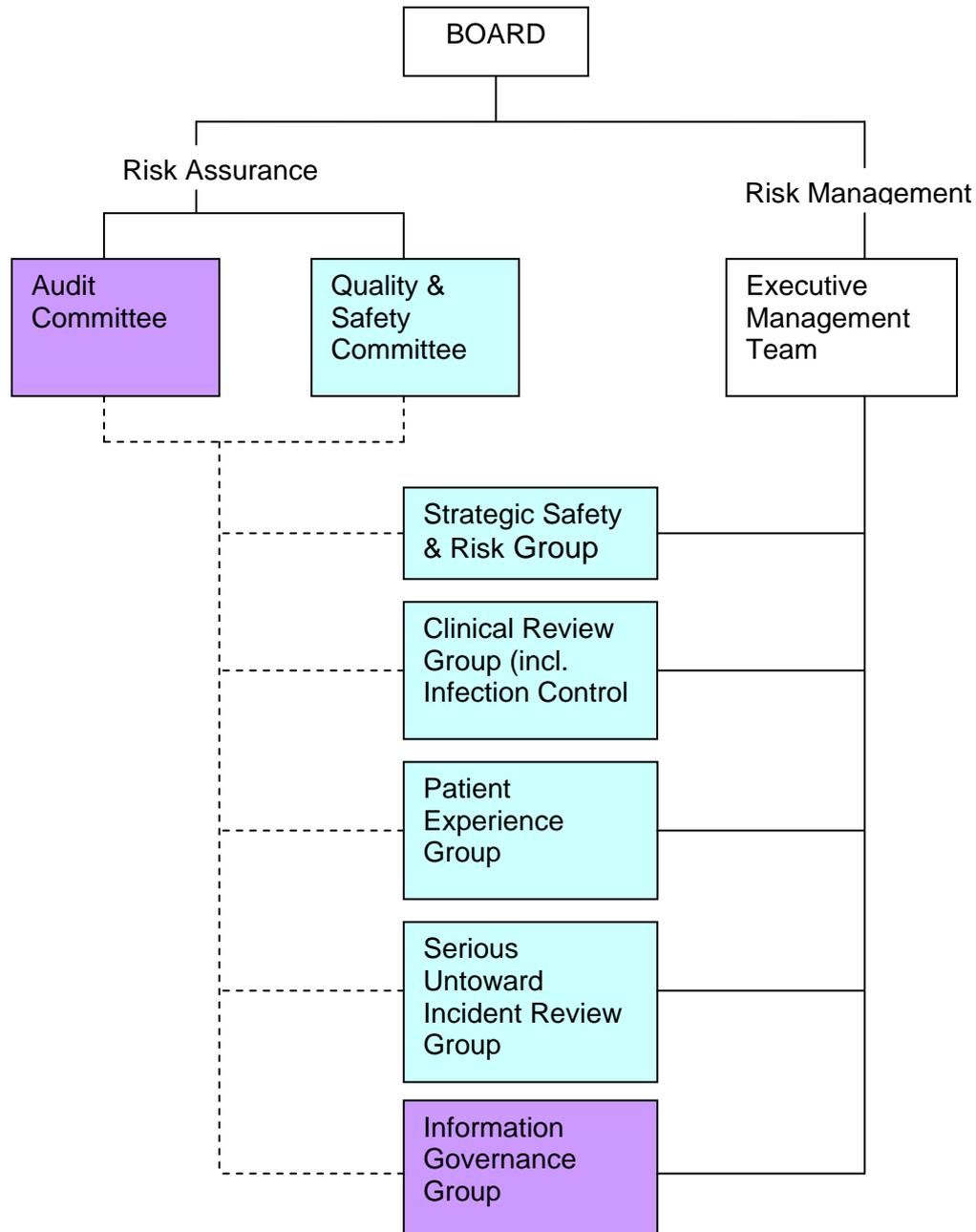
## External References

- *"A framework through which NHS organisations are accountable for continually improving the quality of their services and safeguarding high standards of care by creating an environment in which excellence in clinical care will flourish."* (Scally and Donaldson, 1998).
- [http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_112359](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_112359) Clinical governance Quality accounts, reporting processes Department of Health UK 2010.
- <http://www.dh.gov.uk/en/Healthcare/NationalQualityBoard/index.htm> **National Quality Board** NQB) is a multi-stakeholder board established to champion quality and ensure alignment in quality throughout the NHS 2009.
- <http://www.dh.gov.uk/en/Healthcare/Qualityandproductivity/index.htm> QIPP is working at a national, regional and local level to support clinical teams and NHS organisations to improve the quality of care they deliver while making efficiency savings that can be reinvested in the service to deliver year on year quality improvements.
- <http://www.dh.gov.uk/en/Healthcare/LiberatingtheNHS/index.htm> Equity and excellence Liberating the NHS July 2010.
- [http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_091443](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_091443) CQUIN The aim of the Commissioning Quality and Innovation (CQUIN) payment framework is to embed quality improvement and innovation in the process of commissioning and contracting. December 2008.

## SOUTH CENTRAL AMBULANCE SERVICE NHS TRUST

### APPENDIX A: CLINICAL AND QUALITY GOVERNANCE ACCOUNTABLE ORGANOGRAM

The Trust Board has overall accountability for the management and delivery of the Clinical and Quality Governance strategy. The following diagram illustrates this management structure.



Blue denotes the committees that report to the Quality and Safety committee whose Governance arrangements are the responsibility of the Directorate of Patient Care.

Purple denotes the committee that report to the Audit committee Governance arrangements are the responsibility of the Finance Directorate.