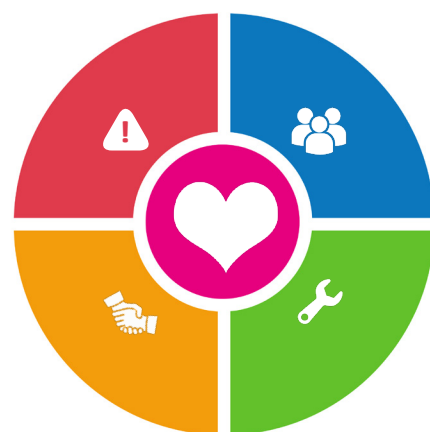




# Clinical Governance Strategy

2017-2022



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# What is Clinical Governance?

**Clinical Governance** has been defined as:

‘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 can flourish**’

*A First Class Service: Quality in the New NHS 1998*

Clinical governance is a combination of structures and processes, at and below board level, to lead on Trust-wide quality performance. We need to focus on experiences and learning, in order to improve clinical outcomes, improve the working environment, assess and, where possible, anticipate risk and also to eliminate or reduce risk or harm. This strategy must therefore address the following:

- The clinical governance arrangements and responsibilities.
- The need to continuously improve performance in clinical governance issues through communication, education and training.
- The creation of an environment which secures support and commitment towards patient safety and high quality patient care.

The aim of Clinical Governance is to provide the Board with assurance of effective and sustainable management of quality throughout the Trust. Quality drives the Trust’s Strategic Direction and as such this strategy takes as its foundation the five domains used by the Care Quality Commission.

## How Governance is applied in practice

To ensure our strategies link to our work streams and form the basis of practice throughout the organisation they are supported by policies, procedures, guidelines and the terms of reference within which the committees operate.

# Executive Summary

This Strategy describes a clinical governance framework that fosters and embeds a culture of excellence in clinical practice to enable the delivery of safe, high quality care to patients that is evidenced by good outcomes along with positive patient feedback. This document should be read in conjunction with a number of supporting specialist strategies and policies.

Trust Strategies integral to clinical governance include:

- Clinical Service Strategy
- Information Management & Technology Strategy
- Patient Experience & Engagement Strategy
- Research and Development Strategy
- Quality Improvement & Innovation Strategy
- People & Organisational Development Strategy
- Estates & Facilities Strategy
- Finance & Commercial Strategy

This Clinical Governance Strategy outlines the plan for the continued development of clinical governance structures and process at Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust (DBTH).

The strategy defines what “clinical governance” means for the Trust and establishes a vision of how we ensure this continues to be a priority, at all levels in the Trust. It also outlines how clinical governance is organised within the Trust as part of a whole-system approach to improving standards and protecting the public from unacceptable standards of care.

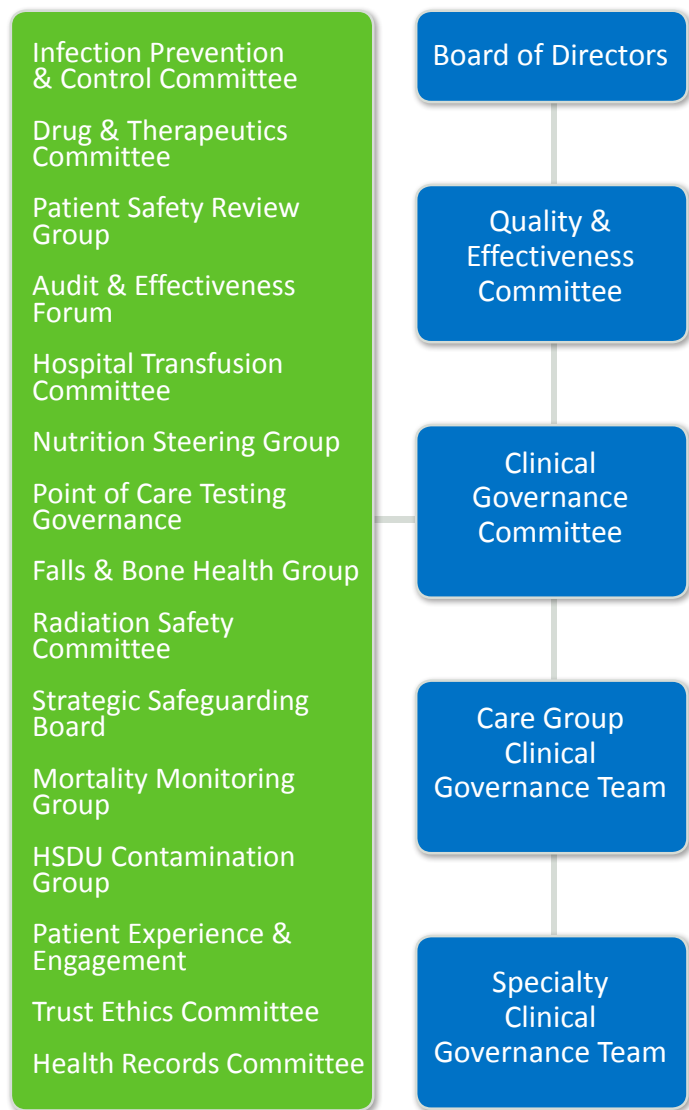






# Where are we now?

## Clinical Governance Committee Accountability Structure



## Corporate Responsibility and Accountability for Clinical Governance

### The Trust Board ('the Board')

The Board has overall responsibility for the activity, integrity and strategy of the Trust and has a statutory duty to ensure high standards of clinical governance.

The Chief Executive has overall accountability for Clinical Governance, delegating the executive responsibility to the Medical Director who is responsible for reporting to the Trust Board on the clinical governance agenda and ensuring that any supporting strategy documents are implemented and evaluated effectively. Other aspects of governance such as Financial, Information and Research form part of the relevant Executive Directors portfolios.

### Quality & Effectiveness Committee (QEC)

The Quality and Effectiveness Committee consists of six members, appointed by the Board of Directors. Two public or patient governors, nominated by the Board of Governors, are invited to attend the committee, as observers.

QEC provides the Board of Directors ('the Board') with independent and objective review of clinical governance and clinical risk management with respect to:

- Strategic direction for clinical governance and clinical risk management for the Trust.
- Prioritisation of clinical risk issues on a Trust-wide basis.
- Clinical controls assurance systems, including information to governors.
- Compliance with law, guidance and codes of conduct.

### Clinical Governance Committee (CGC)

CGC is chaired by the Medical Director and the Director of Nursing, Midwifery & Quality acts as Vice Chair. The purpose of CGC is to operationalise the Clinical Governance Strategy and provide the Quality & Effectiveness Committee ('sub-committee of the Board') with assurance of a continuous and measurable improvement in quality and patient safety through the effectiveness of its clinical governance processes to:

- Promote safety and excellence in patient care.
- Identify, prioritise and ensure management of risk arising from clinical care.
- Ensure the effective and efficient use of resources through evidence-based clinical practice; and
- Protect the health and safety of trust employees.

### Care Group Responsibility and Accountability

- Care Group Management Team
- The Care Group Management teams are accountable for the delivery of the Clinical Governance agenda within their Care Groups. Care Group Management teams have the responsibility to ensure that the governance values are embedded within their Care Groups.

### Care Group Governance Team

- The Trust has standardised terms of reference for Care Group and Specialty Clinical Governance Groups. Each Care Group, and the specialities within, is required to have monthly meetings to discuss and oversee all governance issues within the Care Group or Specialty. To ensure accountability, the Care Groups are required to report on progress against objectives to the Clinical Governance Committee on a six monthly basis. They are also required to submit minutes of their meetings to a shared drive which is accessible by members of the Clinical Governance Committee.

- Care Groups are required to ensure there is sufficient clinical representation within the Clinical Governance Groups and attendance is monitored monthly. Poor attendance is managed by Care Group Directors and escalated to the Medical Director and Deputy Medical Director for Clinical Standards. A quarterly attendance monitoring report is submitted to the Quality & Effectiveness Committee by the Clinical Governance Committee.

### Governance Roles within Care Groups

- Each Care Group is required to appoint a Care Group Clinical Governance Lead who is responsible for the co-ordination of the governance agenda within the Care Group. The Care Group Clinical Governance Lead is responsible for chairing the Care Group Governance meeting and is a member of the Clinical Governance Committee.
- The Care Group Director is responsible for ensuring there is a Clinical Governance Lead for each of the specialties within the Care Group and who in turn will be responsible for the co-ordination of the governance agenda within the Specialty. The Specialty Clinical Governance Lead is responsible for chairing the Specialty Governance meeting and is a member of the Care Group Governance Group.

## SWOT analysis

### Strengths

- ✓ Care Group Clinical Governance Leads in post
- ✓ Established Care Group Clinical Governance Teams
- ✓ Monthly Care Group Clinical Governance Meetings
- ✓ Established escalation processes from Care Groups to CGC
- ✓ Specialty Clinical Governance Leads in post
- ✓ Established Specialty Clinical Governance Teams

### Opportunities

- ✓ Robust clinical governance arrangements throughout the Care Group from senior management to ground floor
- ✓ Active management to reduce or eliminate risks
- ✓ Learning from incidents, complaints and claims to avoid occurrence

### Clinical Governance Assurance and Escalation framework

- It is important that the Board is able to monitor the implementation of strategic objectives set out in its business plan. Assurance is provided through the committee structure.
- The Clinical Governance structure described in this framework aligns quality, risk and performance and how each are monitored.
- Within the clinical governance structure there are committees, sub committees and groups; each have delegated responsibility to deliver the Trust's strategic goals and objectives via compliance with performance and quality indicators and monitoring of associated risks.
- There is inter-dependency between the committees, through sharing of minutes, standing agenda items for escalation and action logs.

### Weaknesses

- ✗ Frequency of smaller Specialty Clinical Governance meetings
- ✗ Dedicated administrative support for Care Group and Specialty Clinical Governance Teams
- ✗ Review of Risk Registers
- ✗ Review of incidents
- ✗ Tracking of themes
- ✗ Closure of Serious Incident action plans
- ✗ Escalation process from Specialty to Care Group
- ✗ Under-reporting of incidents

### Threats

- ✗ Increase in incidents, complaints and claims
- ✗ Poor patient experience
- ✗ Poor staff morale
- ✗ Patient harm

# Where do we want to be?

## What do we want to achieve?

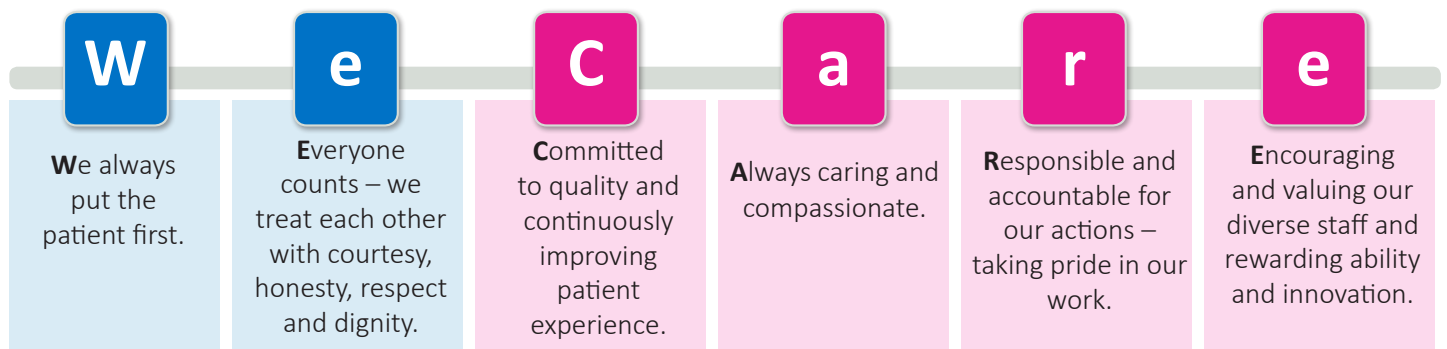
We want to ensure that patients can rely on consistently high quality care and experience when they use our services. By developing transparent and rigorous review and assurance processes, staff will be provided with the data and feedback they require to engage with continuous improvement.

These themes are underpinned by the Trust's vision and values.

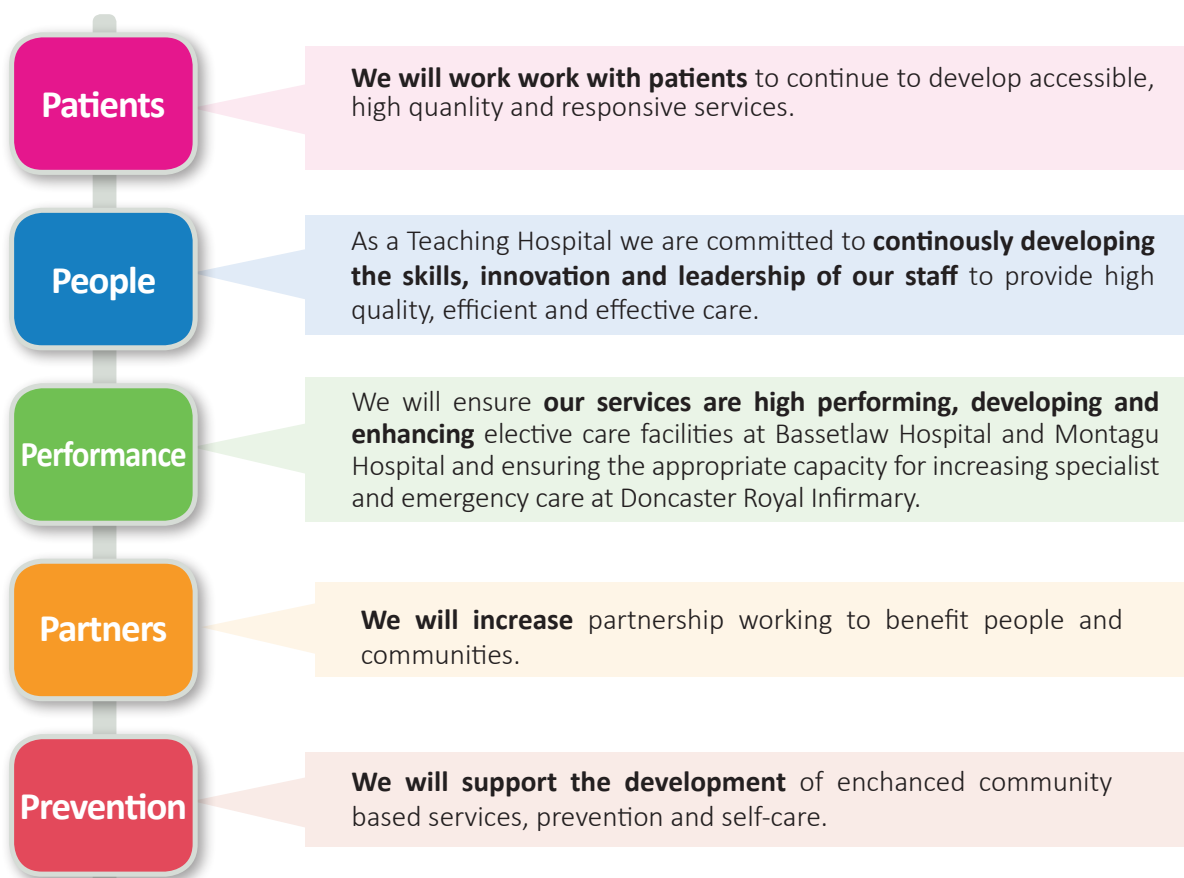
**OUR VISION:** As a sustainable Acute Teaching Hospitals Trust we will transform services so **DBTH can maintain and improve high quality integrated care** as a crucial, leading partner in health and social care across South Yorkshire and Bassetlaw

## Our Values

Our values underpin the Department of Health's definition of clinical governance and will enable us to realise our vision:



## Our Strategic Objectives



# Objectives & Goals

## Clinical Governance Objectives - 1

The principal aim is to maintain a robust framework for Clinical Governance with realistic goals that take into account the organisational context and strive for continual improvement.

The following objectives have been identified:

### **Strategy – clear direction and realistic goals**

- Ensure the Clinical Governance and risk management framework continues to be fit for purpose at all levels
- Be compliant with the terms of Care Quality Commission registration, regulations, standards and inspection and with the Governance requirements of NHS Improvement
- Maintain and improve the Trust's assessments in relation to other external accreditations, internal audit, inspections and peer reviews
- Ensure care is effective and that audit processes develop
- Develop in partnership with others a governance framework to underpin the objectives for the Working Together Partnership (2013)

### **Capabilities and Culture – Leadership & Quality Focus**

- Ensure that explicit and robust accountability arrangements are in place and effective at all levels of the Trust
- Increase the number of patient representative and special interest groups we engage with
- Work with our Care Groups on maintaining the improvements in clinical governance work streams. Further develop and embed local ward and department process and meetings so that clinical governance is 'everyone's business'

### **Processes and Structures – accountability, escalation and resolution**

- Work with key stakeholders such as commissioners, staff, regulatory bodies, patients and the public to ensure engagement with, and accountability to, those who use our services
- Embed and develop defined, well understood processes for reviewing assurances and escalating and resolving quality and performance issues
- Regularly review the effectiveness of our committee structures and policy management system to ensure they are fit for purpose

## Clinical Governance Objectives - 2

### **Measurement - monitoring improvements and intelligent information**

- Monitor improvements through the further development of standards-based and outcome based indicators across the Trust, e.g. the use of clinical metrics outcome measures to inform our performance reports
- Ensure collation of intelligent information and data which is robust, well analysed and used effectively in the production of regular reports and identification of 'hot spots' to support decision-making and effective operation of the Trust at all levels
- Use of our clinical audit programme and quality improvement programme as drivers for improvement across all services.
- Develop Quality Reviews (based on the Keogh and new CQC inspection regime methodology)
- Promote and enhance our involvement in external audit/peer review/ benchmarking initiatives

### **Risk Management Objectives**

A key component of Clinical Governance is robust risk management. To this end, the Trust has a clear process by which, risks are identified, quantified and managed.

The Trust is committed to providing high standards of patient-centred care in all settings. All services are required to focus on patient safety, experience, outcomes and quality of care whilst acting with responsibility within the financial and performance framework of the Trust.

There is a coordinated approach within the organisation to the management of risk outlined in our Risk Management Policy and associated policies and procedures and the aim is to achieve the following objectives:

- Adopt a seamless approach to the management of risk and integrate risk into the overall Clinical Governance arrangements.
- Support the achievement of the Trust's visions and values, as set out in the Annual Plan.
- Comply with national standards and guidance.
- Have clearly defined roles and responsibilities for the management of risk.
- Maintain a safe environment for patients, employees and visitors and improve quality of care and the patient experience.



- Ensure that risks are continuously identified, assessed, reported and minimised.
- Support the Trust's Board Assurance Framework through ongoing review of local and corporate risk registers.
- To use risk assessments and intelligent risk information, gathered from a variety of sources, to inform the overall business planning/investment process in the Trust, as well as other components of governance i.e. clinical effectiveness, audit and education and training.
- Ensure the provision of a robust system for reporting and analysing of incidents, complaints and claims resulting in timely learning for all staff.
- Foster an open, honest and transparent culture that allows organisation wide learning.
- Establish clear and effective communication that enables information sharing.
- Ensure that any concerns over sub-optimal decision-making or practice are identified quickly and dealt with in a proactive and supportive way.
- Provide intelligent information and feedback at various levels of the organisation in order to assist decision making.

### **Operational Objectives at Care Group level**

Embedding governance values within Care Groups means:

#### **Awareness**

- All staff should know that robust risk management and quality improvement are key priorities for the Trust and understand how they can contribute to this agenda.

- All staff should be aware of what CQC compliance is and the purpose of the CQC standards.
- All staff should be aware of the key Trust policies and processes and should comply with them.

#### **Compliance**

- Each Care Group should use the CQC standards and Key Quality Indicators, developed by the Clinical Governance Committee, to plan a programme of clinical governance work to ensure compliance and year on year improvements in the quality of patient care are achieved (and build this into their business plan).

#### **Assurance**

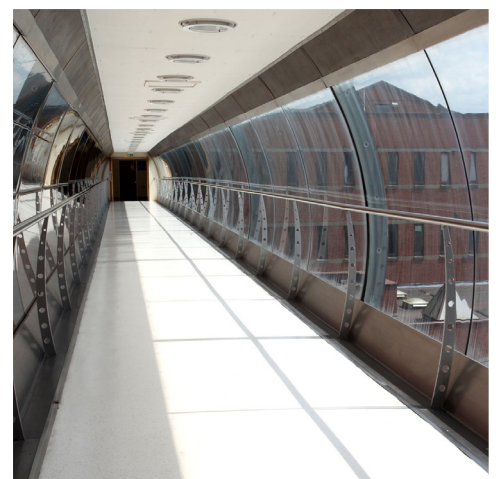
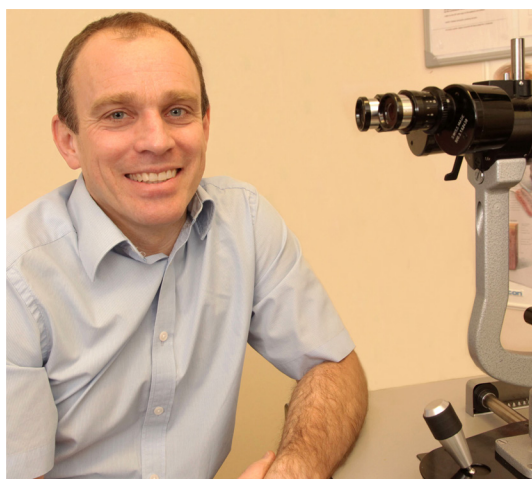
- Each Care Group management team should be 'assured' (i.e. by evidence collation, walkabouts, surveys, audits) of, and able to demonstrate, compliance with the standards and other relevant accreditation requirements.

#### **Sharing and learning**

- Care Groups should share areas of good practice and learning across the Trust, both when things go well and when things could be improved.

#### **Leadership and drive for results**

- Each Care Group needs to support the Trust goal of being a centre of excellence and choice by continually striving to improve and by ensuring the Trust can set itself apart by its high quality of care.



# How do we achieve our Objectives?

## Ensuring we are **SAFE**

- Learning from incidents
- Learning from claims & Inquests
- Reducing and learning from mortality and morbidity
- Medicines management
- Safeguarding
- Reducing Healthcare acquired infections
- Demonstrating safe staffing levels
- Implementing handover practices (including patient transfer)
- Implementing patient identification practice standards

## Ensuring we are **EFFECTIVE**

- Full Trust-wide compliance with policies/guidelines
- Achieving Best Practice (NICE, Clinical Outcome Reviews)
- Monthly monitoring of HED metrics (outcomes)
- Real time CQC Insight tool
- NHSI Single Oversight Framework

## Ensuring we are **CARING**

- Learning from and resolving complaints and concerns
- Friends and family test scores and sample rates
- Application of the Duty of Candour
- Achieving protected meal times and nutritional support

## Ensuring we are **RESPONSIVE**

- Responding to complaints/concerns in thorough and timely manner.
- Responding in a supportive and timely manner to matters escalated through the governance process.
- Wide-spread dissemination of learning from incidents, complaints & claims.
- Wide-spread dissemination of learning from external reviews.

## Ensuring we are **WELL-LED**

- Training and development.
- Risk identification and escalation.
- Risk register management.

As an organisation, DBTHs will also engage the wider health community and work in partnership with patients, commissioners, other providers, and other stakeholders to achieve the aims of this strategy. The foundation of the strategy will be to ensure the lessons from the Francis (2013) and Keogh (2013) reports are embedded in the organisational culture.



# Accountability & Timescales

## Objectives

Key Quality Indicators have been developed for Care Groups using Healthcare Evaluation Data (HED), CQUINs and Department of Health targets in terms of Mortality, Patient Safety Events, Infection Rates, Re-admission rates, Complaints and Friends & Family data.

## Challenges

Constant pressures affecting Healthcare organisations namely; recruitment and retention of staff, ensuring compliance with policies and procedures, availability of resources.

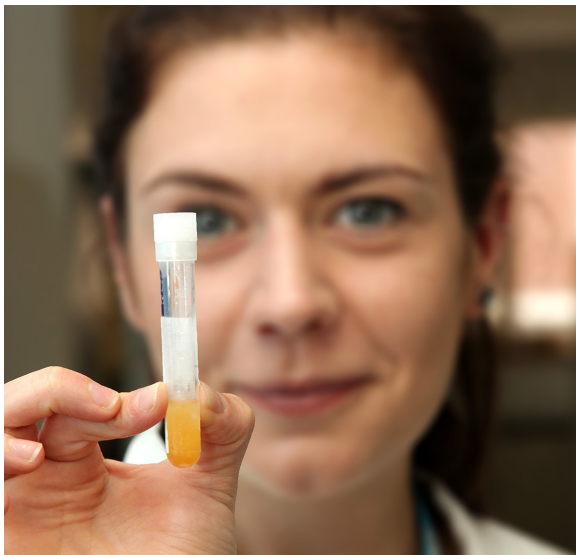
## Actions

The Key Quality Indicators are monitored against set targets on a monthly basis by the Clinical Governance Committee and each of the measures are further analysed to identify gaps in individual Care Groups.

Specialty-specific measures have also been identified and included within the dashboard and Clinical Governance Leads are held to account for Care Group performance.

## Outcomes

Improvement will be measured in achieving and maintaining the targets set year on year.



# Evaluation & Monitoring

Each year, Clinical Governance Committee will review its work-plan and in 2017/18, we will:

- Focus on maintaining and enhancing the safety and effectiveness of our services and our patients' experiences and ensure compliance with the new CQC regulations and NHS Improvements Governance and Well Led Framework requirements.
- Make further improvements in the systems we have introduced for our policies management and ensure procedural documents are user friendly and updated in a timely manner.
- Further develop standardised risk and quality reports for our Care Groups – so they know what they are doing well, what needs improvement and understand their accountability to continuously monitor and improve.
- Continue to adapt our systems and practices to meet the needs of regulatory and legislative changes and developments.
- Use both internal and external learning and benchmarking to ensure continuous quality improvement.
- Update the priorities and metrics in our Quality Metrics Dashboard year on year.
  - Build on our clinical governance framework and further develop our assurance and escalation processes.
  - Review the effectiveness of our clinical governance committee structure to ensure it remains efficient, effective and appropriate.
  - Produce an annual Clinical Governance Report which details achievement against these objectives.
  - Undertake a baseline analysis of clinical governance maturity at Care Group level and develop action plans based on the same.

## Communication & Engagement

This Strategy has been developed by the Clinical Governance Department with the support of the Trust's Clinical Governance Lead (Medical Director), the Deputy Medical Director for Clinical Standards and the Care Group Clinical Governance Lead for Children & Family Services.

The Strategy will be circulated to the Clinical Governance Committee at its meeting in September 2017, and circulated to all Specialty Clinical Governance Teams once approved.

## References

**A First Class Service: Quality in the New NHS** (1998) – Department of Health

**Review into the quality of care and treatment provided by 14 Hospital Trusts in England** (2013) – Sir Bruce Keogh, KBE

**Report of the Mid Staffordshire NHS Foundation Trust Inquiry** (2013) – Robert Francis QC