EXECUTIVE SUMMARY

1 Purpose and key issues

To present draft Clinical Governance Strategy 2010-13.

Key issues include:

- sets out how the Northern Devon Healthcare NHS Trust manages clinical governance;
- clarifies the Board’s overarching strategic goals for clinical governance and key themes for the next 3 years; and
- defines Executive and other responsibilities for leading and managing clinical governance and driving forward the agenda

2 Supporting information

The Clinical governance Strategy 2010-13 is attached.

3 Controls and assurances

The strategy is considered by the Clinical Governance Committee. Following discussion, amendments were made as appropriate. The strategy was then formally approved by the Committee.

A clear strategy for the delivery of the clinical governance agenda is required in order to ensure that the Board meets its duties in accordance with the Trust’s Scheme of Delegation, Standing Orders and Standing Financial Instructions.

The Trust's clinical governance management arrangements have been developed to meet the requirements of the NHS Litigation Authority's Risk Management Standards for Acute Trusts and of the Care Quality Commission Registration requirements.

4 Legal Implications

The legal implications have been considered and none have been identified.

5 Equality and Diversity Implications

The Trust aims to design and implement services, policies and measures that meet the diverse needs of our service, population and workforce, ensuring that none are placed at a
disadvantage over others. An Equality Impact Assessment has been completed and no adverse or positive impacts have been identified from this strategy.

6 Patient, Public and Staff Involvement

The Trust's business planning process incorporates patient and public involvement. Robust and effective financial control and risk management systems ensure that the Trust's services can be developed and delivered to meet the needs of patients in the medium term.

7 Cost implications

There are no cost implications.

8 Potential risk to the organisation

If the Strategy is not approved by Trust Board, the Trust will be at medium risk of not achieving national requirements or acting in accordance with the organisation’s Standing Orders, Standing Financial Instructions and Scheme of Delegation. Risk score 9 (Consequence = 3 x Likelihood = 3).

9 Committee prompts

- Has the Trust Board had an opportunity to raise questions or concerns?
- Is the Board confident that there are effective systems for the delivery of the clinical governance agenda and for keeping the Board informed?

10 Recommendations

The Trust Board is asked to NOTE the Clinical Governance Strategy 2010-13.

11 References

Not applicable

12 Strategic Objectives

The Trust’s Strategic Objectives are reviewed annually and approved by the Board.

| X | Effective care | Exceptional workforce |
|   | Financial health | Integrated care |
|   | Modern environments | X Sustainable services |

13 Principal Risks

The Principal Risks have been identified through the Trust's risk management processes. They are updated as and when required.

| Financial planning & management | Clinical records management |
| X Strategic & business planning | Leadership & management |
| Workforce numbers | Unsafe behaviour |
| Workforce skills | External demands |
| X Procedural management | Partnership arrangements |
| Equipment & facilities arrangements | |
# Document Control Report

<table>
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<tr>
<th><strong>Title</strong></th>
<th>Clinical Governance Strategy, 2010-13</th>
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<tr>
<td><strong>Authors</strong></td>
<td>Mandy Kilby, Clinical Governance Manager</td>
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<td>Presented to Trust Board to note.</td>
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May 2013

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Clinical Governance Strategy

**Path**  
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Filename  
NDHT Clin Gov Strategy DRAFT 2010-13 v1.1
1.0 Introduction and background

Clinical governance is a framework through which NHS organisations are accountable for clinical performance, underpinning quality and continuous improvement. It exists to safeguard high standards of care, and provide an environment in which excellence can flourish.

Clinical governance is the key mechanism to support delivery of the vision outlined in *High Quality Care for All* which defined quality in the NHS in terms of patient safety, clinical effectiveness and the experience of patients. The framework for delivery of this vision and the first year of the NHS Five Year Plan is set out in *The Operating Framework for the NHS in England, 2010-11.*

Clinical governance is a complex activity with many elements, strategies and initiatives to support patient safety and quality improvement, as shown in Figure 1 below.

Clinical governance underpins quality and continuous improvement, and is an integral part of the Trust’s vision, systems and processes to deliver services. It should therefore also influence and support system design and re-design.

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1 Lord Darzi’s *NHS Next Stage Review*, Department of Health, June 2008
3 Department of Health, December 2009
This strategy builds on the strong culture of quality improvement that exists at the Northern Devon Healthcare NHS Trust and is closely aligned to the set of principles that form the vision of the Board.

2.0 Aims and objectives

Clinical governance requires organisations to develop a culture where staff are supported to work safely and can utilise the best available evidence to guide and reflect on practice. It is reliant on strong leadership, effective partnership, continuous learning, and innovation to deliver safe and effective care. The continuous improvement cycle is integral to this:

All NHS organisations must have a top-level strategy for managing clinical governance. This strategy sets out how the Northern Devon Healthcare NHS Trust manages clinical governance. It clarifies the Board’s overarching strategic goals for clinical governance and key themes for the next 3 years, and defines Executive and other responsibilities for leading and managing clinical governance and driving forward the agenda.

This strategy builds on the work that has already been undertaken to develop systems for managing quality and safety.

3.0 Accountability and assurance

It is important that there is clarity about where responsibilities for clinical governance lie in terms of overseeing versus delivering, supporting and practising roles. This section details the systems for governance and assurance and identifies operational responsibilities.

3.1 Board level accountability

The overall responsibility for delivery of the clinical governance agenda rests with the Chief Executive. This responsibility is delegated to the Director of Nursing who has executive responsibility for ensuring that clinical governance is delivered throughout the organisation and remains a priority, becoming an integral part of Trust policies and procedures.

The Director of Nursing chairs the Clinical Governance Committee, which monitors this Strategy, through regular reports and an annual Clinical Governance Report to the Board.

The Board has appointed two lead Non-Executive Directors who take a special interest in clinical governance Board assurance.

The Board is responsible for ensuring that adequate resources are committed to deliver the strategic goals for clinical governance.
3.2 Management responsibilities

Individual directors have lead responsibility for specific elements relating to clinical governance and risk management, including the development of strategies, policies and plans for their delivery, as detailed in Figure 2.

Each lead Director is responsible for reporting to the Board on progress within their area of responsibility, principle risks to achieving their objectives, their impact on the Board’s objectives and plans for the year ahead. This is performance-managed through the Directors’ objectives by the Chief Executive.

Figure 2:

<table>
<thead>
<tr>
<th>Area of responsibility</th>
<th>Lead Executive Director</th>
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<tbody>
<tr>
<td>External Communication</td>
<td>Chief Executive</td>
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<tr>
<td>Internal Communication</td>
<td>Chief Executive</td>
</tr>
<tr>
<td>Clinical Audit &amp; Effectiveness</td>
<td>Director of Nursing</td>
</tr>
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<td>Clinical Governance &amp; Quality Assurance</td>
<td>Director of Nursing</td>
</tr>
<tr>
<td>Patient Experience / Customer Relations</td>
<td>Director of Nursing</td>
</tr>
<tr>
<td>Patient Focus &amp; Public Involvement</td>
<td>Director of Nursing</td>
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<td>Patient Safety Improvement</td>
<td>Director of Nursing</td>
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<tr>
<td>Research &amp; Development</td>
<td>Director of Nursing</td>
</tr>
<tr>
<td>Safeguarding Adults &amp; Children</td>
<td>Director of Nursing</td>
</tr>
<tr>
<td>Access, Referral, Treatment &amp; Discharge</td>
<td>Medical Director</td>
</tr>
<tr>
<td>Emergency &amp; Contingency Planning</td>
<td>Director of Operations</td>
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<tr>
<td>Continuous Professional Development</td>
<td>Director of Human Resources</td>
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<td>Fitness to Practice</td>
<td>Director of Human Resources</td>
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<tr>
<td>Information Governance</td>
<td>Director of Finance &amp; Performance</td>
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<tr>
<td>Performance Management</td>
<td>Director of Finance &amp; Performance</td>
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<tr>
<td>Risk Management</td>
<td>Director of Finance &amp; Performance</td>
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</tbody>
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3.3 Operational delivery

For clinical governance to be meaningful it must be closely linked to the development of multidisciplinary clinical teams and services. Clinical teams and services are responsible for the continuous improvement of the care they deliver, with support from the hospital’s clinical governance structures.

Internal links and partnership working to support clinical governance are extensive. A number of specialist groups and committees have been set up to share and develop good practice and deliver elements of clinical governance (See Appendix A.)
A number of these committees and specialist groups have a dual reporting line: an operational management route to the accountable Executive Director, and a governance route to the Clinical Governance Committee, Finance & Performance Committee or Audit and Assurance Committee in accordance with the Trust Scheme of Delegation.

3.4 Support for clinical governance

A number of departments work collaboratively under the umbrella of clinical governance, to ensure the delivery of safe and effective care. The primary support services for clinical governance are the Clinical Governance Support team and the Corporate Affairs team. These will support the development and implementation of clinical governance systems and provide technical expertise on all aspects of clinical governance. It is the responsibility of the Clinical Governance Manager and Head of Corporate Affairs to coordinate the work of these services.

4.0 Strategy into action

4.1 Strategic aims

The aims of the Northern Devon Healthcare Trust Clinical Governance Strategy are to ensure mechanisms are in place to:

- Deliver safe and effective care based on available evidence and best practice;
- Achieve demonstrable improvements in patient outcomes;
- Increase the involvement of staff, patients, carers and the public in clinical governance and quality improvement activities; and
- Provide assurance to patients and the public, NHS South West, and our commissioners on our systems for safety and quality of care.

The key challenges for the coming years are to ensure that the systems in place are delivering demonstrable improvements in all aspects of patient care and safety, and to ensure that the Trust is meeting national standards and requirements under the terms of its registration with the Care Quality Commission. The schematic at Appendix D shows how the aims of this strategy fit into the national agenda.

Evaluating the effectiveness of clinical governance arrangements is a significant challenge. The key components shown in Appendix B are divided into five ‘enabler’ and four ‘result’ areas (based on the European Foundation for Quality Management Excellence Model).

The activities contained in the enabler criteria will be evaluated for effectiveness. The result areas reflect a mix of outputs and clinical outcomes which will also be assessed for impact and to ensure improvement over time.

4.2 Monitoring and review of the strategy

Work plans are in place for delivery of the key components of clinical governance and support the following strategies:

- Clinical Audit & Effectiveness Strategy
- Education & Training Strategy
- Information Governance Strategy
- Patient and Public Involvement Strategy
Clinical Governance and Quality Strategy 2010-13  Northern Devon Healthcare NHS Trust
Trust Board 1 June 2010

- Research & Development Strategy
- Risk Management Strategy
- Workforce Development Strategy

Assurance of progress against these strategies and associated work and action plans is received via a governance route by the Clinical Governance Committee, Finance & Performance Committee or Audit and Assurance Committee and reported to Trust Board in accordance with the Trust Scheme of Delegation. Trust Board also receives an Annual Clinical Governance Report.

This strategy will be reviewed by May 2013.

5.0 References and supporting policies/documentation

- High Quality Care for All: the NHS Next Stage Review (Department of Health, June 2008)
- The Operating Framework for the NHS in England 2010-11 (Department of Health, December 2009)
- NHS Constitution
- Health & Social Care Act 2008 (Regulated Activities) Regulations 2009
- Care Quality Commission (Registration) Regulations 2009
- National Patient Safety Campaign (National Patient Safety Agency (NPSA), Health Foundation, NHS Institute for Innovation and Improvement)
- NHS Litigation Authority Risk Management Standards for Acute Trusts (NHSLA January 2010)
- CNST Maternity Risk Management Standards (NHSLA, April 2009)
- NDHCT Scheme of Delegation
- NDHCT Business Plan 2010-12
- Clinical Audit & Effectiveness Strategy
- Education & Training Strategy
- Information Governance Strategy
- Patient and Public Involvement Strategy
- Research & Development Strategy
- Risk Management Strategy
- Workforce Development Strategy
Clinical Governance and Quality Strategy 2010-13  
Northern Devon Healthcare NHS Trust  
Trust Board 1 June 2010  

Appendix A:  
Organisational Chart for Clinical Governance

- Audit & Assurance Committee  
- Risk Management Committee  
- Trust Board  
- Clinical Governance Committee  
  - Clinical Audit & Effectiveness Group  
  - Drugs & Therapeutics Committee  
  - Maternity Services Patient Safety Forum  
  - Patient Safety and IPC Committee  
  - Research & Development Group  
  - Strategic Workforce Development Committee  
- Annual Assurance Profile Report  
- Finance & Performance Committee  
  - Central Alert System Group  
  - Children's Surgical Services Committee  
  - Hospital Transfusion Committee  
  - Joint Safeguarding Children's Board  
  - Learning from Patient Experience Group  
  - Medical Devices Committee  
  - Organ Donation Committee  
  - Patient Documentation Group  
  - Patient & Public Involvement Group  
  - Resuscitation Steering Group  
  - Safeguarding Adults Group
Appendix C: Evaluating the effectiveness of clinical governance arrangements

**LEADERSHIP**
- Governance arrangements
  - Board ownership
  - Assurance framework
  - Clinical Governance Committee
  - Risk Management Committee
  - Audit & Assurance Committee
  - Executive Lead for Clinical Governance
  - Executive Leads for CQC Regulations
  - Clear governance pathways

**POLICY & STRATEGY**
- Government strategy/policy
- Clinical Governance Strategy, related strategies and associated work programmes
- Clinical policies, protocols and guidelines
- Equality & Diversity Framework
- Communications Strategy

**PARTNERSHIP & RESOURCES**
- Research links through Peninsula Comprehensive Local Research Network (PenCLRN)
- Benchmarking with other Trusts
- External communications strategy
- Internal governance support functions
- Links between clinical and other governance committees
- NHS South West Patient Safety & Quality Improvement Network
- Medical Advisory Committee
- Library Services
- Contract Quality Review Meetings with commissioners

**STAFF**
- Professional registration
- Pre-employment checks
- Trust training programme
- Clinical supervision
- Mandatory training
- Annual appraisals, PDP/KSF
- Continuing professional development
- Management of capability
- Workforce planning
- Health & Safety training

**ENABLERS**
- Incident reporting
- Investigating and learning from critical incidents and SUIs
- Clinical audit and effectiveness programme
- Internal Audit programme
- Essence of Care programme
- PROMS
- Patient Safety & Quality Improvement programme
- Patient Safety First Campaign
- Clinical Governance reporting mechanisms
- Compliance framework
- Divisional clinical governance days
- Business continuity planning
- Major incident planning
- National Patient Surveys
- Patient feedback systems
- Complaints and PALS
- Patient Experience report
- Policy management system
- Patient safety walkrounds
- Matrons walkrounds
- Patient safety and performance dashboards
- Electronic staff record
- Skills Passport (Nursing)
- Medical Education Centre
- Training tracker
- Divisional performance meetings
- PEAT inspections
- Clinical Services Executive Committee
- Drugs & Therapeutics Committee
- Patient Safety and Infection, Prevention & Control Committee
- Research & Development Committee
- Maternity Services Patient Safety Forum

**PROCESSES**
- Improved patient outcomes
- Patient involvement
- Satisfaction with care / treatment
- Learning from experience
- Lessons learned from critical incident and SUI investigations
- Clinical audit and effectiveness programme
- Re-admission rates
- Admission, transfer and discharge monitoring
- National Patient Surveys

**STAFF RESULTS**
- National Staff Survey
- Clinical supervision
- Annual appraisals, PDP/KSF
- Safer working conditions
- Celebration of achievement

**PATIENT RESULTS**
- Local delivery plan performance indicators
- Clinical outcomes results
- Clinical Audit results
- National benchmarking
- Dr Foster data variance analysis

**LOCAL COMMUNITY RESULTS**
- Patient and public involvement
- Public confidence in organization
- Local patient satisfaction surveys
- Public access to information
- Clinical Governance Annual Report
- Contribution to local and national health service
- Contribution to research base
- Annual Quality Report

**KEY PERFORMANCE RESULTS**
- Quantitative
- Qualitative

**Management arrangements**
- Clear operational management pathways
- Executive Directors Group
- Medical Director
- Director of Nursing
- Clinical Leads Group
- Clinical Services Executive Committee
- Senior Nurse Forum
- Divisional Management Teams
- Divisional clinical governance leads

**Individual responsibilities**
- All clinical leadership posts
- Leadership development programme

**Corporate documents**
- Local delivery plan
- Trust business plan
- Corporate risk register
- Terms of reference for all groups/committees
- Clinical Governance Strategy, related strategies and associated work programmes
Appendix D – Schematic

High Quality Care for All
Darzi Next Stage Review

NHS Operating Framework 2010-11: Enabling system to deliver the Review + ensure clinical & financial incentives aligned

Sets out a framework for systematically improving quality

Vital Signs
31 indicators - part of national indicator set, from which Local Area Agreements (LAA) targets drawn

Tier 1: National must do
Tier 2: National priorities, local delivery
Tier 3: Local action - priorities/targets agreed locally

National priorities
Reduced waiting times, HCAI & cleanliness, improving health & reducing health inequalities, improving patient experience, preparing to respond in an emergency

National performance framework

Local priorities
SHA Clinical Visions, standard contract, World Class Commissioning (Commissioning for Quality, PBC), Local Area Agreements (LAA)

Provider/Commissioner: Supported by vital signs. Setting & owning local priorities + development of local quality indicators

Delivering the quality framework

Bring clarity to quality
Changing the way standards are set
Enhanced role for NICE from 09/10 NHS Constitution

CQC
NICE / HQIP

Measure quality
National quality framework
Measuring for Quality Improvement

PCT / contract

Publish quality performance
Annual quality accounts
CQC registration regulations

PCT / contract
CQC

Recognise and reward quality
Vital Signs Framework
CQUIN payment framework
Linking payment to quality in contracts

PCT / contract
LAA
PROMS / Never Events

Raise standards
Peer review, CPD, revalidation
World Class Commissioning
SHA clinical visions
SHA Quality Observatory
National Quality Board

PCT / contract
CQC
QIPP

Safeguard quality
CQC assessment of performance
Nationally agreed indicators of quality

PCT / contract
CQC

Stay ahead
Health Innovation Council
Best Research for Best Health
Best Practice Tariffs Programme

CQC
NICE / HQIP
QIPP
Appendix E – Equality Impact Assessment

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1. **What are the aims of the document?**
   This strategy sets out how the Northern Devon Healthcare NHS Trust manages clinical governance. It clarifies the Board’s overarching strategic goals for clinical governance and key themes for the next 3 years, and defines Executive and other responsibilities for leading and managing clinical governance and driving forward the agenda.

2. **What are the objectives of the document?**
   The aims of the Northern Devon Healthcare Trust Clinical Governance Strategy are to ensure mechanisms are in place to:
   - Deliver safe and effective care based on available evidence and best practice;
   - Achieve demonstrable improvements in patient outcomes;
   - Increase the involvement of staff, patients, carers and the public in clinical governance and quality improvement activities; and
   - Provide assurance to patients and the public, NHS South West, and our commissioners on our systems for safety and quality of care.

3. **How will the document be implemented?**
   Work plans are in place for delivery of the key components of clinical governance and support the following strategies:
   - Clinical Audit & Effectiveness Strategy
   - Education & Training Strategy
   - Information Governance Strategy
   - Patient and Public Involvement Strategy
   - Research & Development Strategy
   - Risk Management Strategy
   - Workforce Development Strategy

4. **How will the effectiveness of the document be monitored?**
   Assurance of progress against these strategies and associated work and action plans is received via a governance route by the Clinical Governance Committee, Finance & Performance Committee or Audit and Assurance Committee and reported to Trust Board in accordance with the Trust Scheme of Delegation. Trust Board also receives an Annual Clinical Governance Report.

5. **Who is the target audience of the document?**
   - All Staff

6. **Is consultation required with stakeholders, e.g. Trust committees and equality groups?**
   Yes

7. **Which stakeholders have been consulted with?**
   - Clinical Governance Support team
8 Equality Impact Assessment

Please complete the following table using a cross, i.e. X. Please refer to the document “A Practical Guide to Equality Impact Assessment”, Appendix 3, on Tarkanet for areas of possible impact.

- Where you think that the policy could have a positive impact on any of the equality group(s) like promoting equality and equal opportunities or improving relations within equality groups, cross the ‘Positive impact’ box.
- Where you think that the policy could have a negative impact on any of the equality group(s) i.e. it could disadvantage them, cross the ‘Negative impact’ box.
- Where you think that the policy has no impact on any of the equality group(s) listed below i.e. it has no effect currently on equality groups, cross the ‘No impact’ box.

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<th>Negative Impact</th>
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<th>Comments</th>
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If you have identified a negative discriminatory impact of this procedural document, ensure you detail the action taken to avoid/reduce this impact in the Comments column. If you have identified a high negative impact, you will need to do a Full Equality Impact Assessment, please refer to the document “A Practical Guide to Equality Impact Assessments”, Appendix 3, on Tarkanet.

For advice in respect of answering the above questions, please contact the Equality and Diversity Lead.

9 If there is no evidence that the document promotes equality, equal opportunities or improved relations, could it be adapted so that it does? If so, how?

Completed by:
Name: Mandy Kilby
Designation: Clinical Governance Manager
Trust: Northern Devon Healthcare NHS Trust
Date: 25/05/10