



**NORTH EAST AMBULANCE SERVICE NHS TRUST**  
**Clinical Governance, Quality & Patient Safety Strategy 2010-2015**

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**'Right care, right place, right time'**  
**Making a difference in our communities**  
**by providing innovative and effective**  
**care, and high quality services**

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# FOREWORD

## Our Vision, Mission and Values

The North East Ambulance Service NHS Trust has a strong track record for delivering high quality, good value patient care and we intend to build on our success and harness and progress every opportunity to continue to improve patient outcomes and experiences. Consistent with 'Taking Healthcare to the Patient', (Department of Health report, June 2005), the Trust has been implementing plans to:

- improve the speed and quality of ambulance responses to 999 calls (Accident and Emergency);
- provide a vital and effective system of call handling and telephone based clinical advice (our Contact Centres); and
- provide an increasing range of mobile healthcare for patients who need urgent care and/or transport (Treatment on Scene and Patient Transport Services).

In developing our future plans with our communities and staff we have agreed upon a new focus for our vision:

***'to make a difference in our communities by providing innovative and effective care, and high quality services'.***

Our vision is now set and to realise our ideals we will strive:

- To lead in the provision of Emergency care
- To be a key partner in urgent care reform
- To Transform Patient transport Services
- To be a first rate employer
- To have sound financial health
- To be a well governed and accountable service

We have also recently, through engagement with staff and other key stakeholders agreed a new mission statement which is focused on delivering the **right care**, in the **right place**, at the **right time**. We plan to uphold our mission principles and deliver our vision in the context of our newly agreed Trust values (as follows):

- Committed, professional and accountable
- Working together
- Delivering consistently
- Shaping the future
- Showing we care

This document describes the strategic framework for the continuing development of Clinical Governance, Quality and Patient Safety in The North East Ambulance Service (NEAS) NHS Trust. It builds on the progress made in recent years and demonstrates a continued commitment to clinical governance and the desire to continue to provide high quality, safe, effective and accountable care across the North East of England.

## 1. BACKGROUND

- 1.1. During 2008 work was undertaken on the development of a national strategy which could be translated at a local level. This work culminated in the publication of the Next Stage Review, 'High Quality Care for All'. The report sets out a vision of an NHS 'that gives patients more information and choice, works in partnership and has quality at its heart'. The NHS vision for quality as:

***'High quality care should be as safe and effective as possible, with patients treated with compassion, dignity and respect. As well as clinical quality and safety, quality means care that is personal to each individual' (DoH, 2008).***

- 1.2. Published on 30th June 2008, this Department of Health document sets out a vision for improving quality in NHS healthcare, and details how that vision will be achieved. The report includes the proposal for a quality framework, which is designed to build on previous quality work and enables teams to establish *quality improvements* as the overarching principle in all healthcare organisations. The quality framework aims to ensure that all NHS healthcare services are of a high quality, and that there are no unacceptable local or regional variations. The quality framework will do this by bringing clarity to the definition and measurement of quality in NHS healthcare, by ensuring that:

- priorities are identified correctly;
- appropriate standards are set;
- the correct tools for measuring quality are available;
- information on quality performance is published;
- improvements in quality are recognised and rewarded.

High Quality Care for All also introduces **Quality Accounts** as the mechanism for ensuring that information about quality is publicly available.

- 1.3. There are three key dimensions identified to demonstrate quality identified, **Patient Safety, Patient Experience** and the **Clinical Effectiveness** of care. This strategy will focus on these dimensions within this overall definition of quality. Each year these will be reviewed to ensure alignment with Quality, Innovation, Productivity and Prevention (QIPP). This will ensure all opportunities are being maximised to achieve the strategic objectives of the local health economy.

NEAS will support innovation in our clinical practice and develop pathways that improve effectiveness and enhance the patient experience as well as providing value for money.

We will engage patients and the public and ensure we learn from their experience to provide shared leadership for the changes that are needed.

We will help move care out of hospitals and into the community, with the aim of increasing quality and productivity.

We will look at our daily clinical procedures and identify where making changes will lead to better care for patients as well as eliminating waste and inefficiencies. Putting these considerations at the forefront of our daily practice will allow us to secure a

sustainable future for NEAS founded on the principles of best value and quality of care for all.

Delivering this agenda is in line with the Trust's strategic objectives and the direction of the North East NHS as a whole.

**1.4. Patient Safety** - The first dimension of quality must be that we do no harm to patients. This means ensuring the environment is safe and clean, reducing avoidable harm such as excessive drug errors or rates of healthcare associated infections. This is underpinned by the National Patient Safety Agency (NPSA) Seven steps to Patient Safety (2004):

- To build a safety culture
- To lead and support staff
- To integrate risk management activity
- To promote reporting
- To involve and communicate with patients and the public
- To learn and share safety lessons
- To implement solutions to prevent harm

**1.5. Patient Experience** - Quality of care includes quality of *caring*. This means how personal care feels, the compassion, dignity and respect with which patients are treated. It can only be improved by analysing and understanding patient satisfaction with their own experiences measured by patient experience measures (PREMS).

**1.6. Clinical Effectiveness of Care** - This means understanding success rates from different treatments for different conditions. Assessing this will include clinical measures such as mortality or survival rates, complication rates and measures of clinical improvement. This will be supported by providing staff with the opportunity to put forward ways to deliver better and safer services for patients and their families as well as identifying best practice that can be shared and spread across the organisation. Just as important is the effectiveness of care from the patient's own perspective which will be measured through patient reported outcomes measures (PROMs).

**1.7.** In parallel, NHS North East developed their strategy to support High Quality Care for All and published Our Vision, Our Future in July 2008.

**1.8.** Quality is a fundamental goal in health care provision. It protects patients, individual clinicians, and the organisation. The principles of clinical governance apply to all who provide or manage patient care services in the NHS and are a core concern of the Trust Board.

**1.9.** The NHS Constitution was published in 2008, capturing the purpose, principles and values of the NHS and bringing together a number of rights, pledges and responsibilities for staff and patients. There are two 'rights' that specifically relate to quality of care:

- "You have the right to be treated with a professional standard of care, by experienced staff, in a properly approved or registered organisation that meets required levels of safety and quality"
- "You have the right to expect NHS organisations to monitor, and make efforts to improve the quality of healthcare they commission or provide".

**1.10.** Moving on the Department of Health published “*NHS 2010-2015: from good to great, preventative, people centred and productive*”, December 2009. This articulates that “Standing still is not an option” and that despite improvements there is still much more to do in order to ensure equity in the delivery of high quality safe care over the next decade.

**1.11.** In response to all of the above strategic documents, the North East Ambulance Service NHS Trust has formally reviewed its directorate and committee structures to ensure an efficient and clinically effective organisational framework.

**1.12.** The Clinical Governance, Quality and Safety Strategy will support the commitment set out in the NHS Constitution through a period of financial challenge. Quality is our organising principle, as set out in ‘**High Quality Care for All**’. In addition, The North East Ambulance Service is a learning organisation and this strategy contains the overriding principles of the findings of the recent further enquiry into the Mid Staffordshire report which details:

***“If there is one lesson to be learnt I suggest it is that people must always come before numbers”***

Sir Robert Francis QC, 2010

## **2. QUALITY ACCOUNTS**

In an effort to increase accountability to the public for quality and engage Trust Boards in leading the quality agenda, the Department of Health has introduced legislation to require all organisations providing care to NHS patients to produce Quality Accounts for the year 2009 -10 onwards. The Trust is now actively engaged in the process of designing and developing the NEAS Ambulance-specific Quality Account in preparation for the statutory Quality Accounts requirements.

This strategy follows closely the requirements for the Quality Accounts and as such will reflect the ongoing and projected developments throughout the Trust in ensuring optimum patient care in the following key areas:

- Patient Safety
- Clinical Effectiveness
- Patient Experience
- Innovation

## **3. NEAS CLINICAL CARE, QUALITY & PATIENT SAFETY PRIORITIES**

The Clinical Care & Patient Safety and Medical Directorates, have key annual objectives in order to deliver the organisation’s core strategic objectives within the context of the clinical governance and patient safety function, (Appendix 1).

### **3.1. Patient Safety**

- 0.1.1. Provide effective Clinical Leadership to ensure clinical input into all strategies and managerial decision making processes.

- 0.1.2. Ensure all systems and processes are efficient and support effective Clinical Governance leading to year on year improvements in safe, high quality care.
- 0.1.3. Ensure Clinical Risk Management arrangements are complied with and support guidance from the National Patient Safety Agency, the local risk management strategy and incident reporting functions in line with the NEAS Risk Management function.
- 0.1.4. Ensure systems and processes support the safety and protection of vulnerable adults and children
- 0.1.5. Monitor and act upon implementation and audit of Infection Prevention and Control; strategies, policies and action plans.
- 0.1.6. Ensure robust clinical governance arrangements for the ongoing development and implementation of the Single Point of Access to 3 Digit Number initiatives across the North East.

## **0.2. Clinical Effectiveness**

- 0.2.1. Ensure effectiveness of Clinical Quality & Audit programmes by contributing to the national Ambulance Service Clinical Performance Indicator Audit work, focusing on:
  - Cardiac Arrest
  - Hypoglycaemia
  - Asthma
  - Stroke
  - Heart Attack
- 0.2.2. Perform any additional relevant internal audit procedures to support new developments.
- 0.2.3. Develop and promote a culture of Research and Development throughout the Trust ensuring that outcomes from research are built into service delivery plans.
- 0.2.4. Work with Connecting for Health and NHS Pathways to implement an effective electronic aid for clinical staff (an enhanced Electronic Patient Record Form solution).
- 0.2.5. Implement all new developments as recommended by the Joint Royal Colleges Ambulance Liaison Committee (JRCALC) and National Institute of Clinical Effectiveness (NICE) – as sanctioned by the Trust Clinical Advisory Group.
- 0.2.6. Work with the local health economy through the SHA Clinical Innovation Teams to introduce new ways of working to maximize effectiveness and efficiency across the patient pathway.

- 0.2.7. Ensure effective medicines management arrangements exist at all levels within the organisation and report to County Durham Local Intelligence Network (LIN) as the agreed NEAS governance arrangement for Controlled Drugs reporting across NHS NE.
- 0.2.8. Develop the role of clinical staff in collaboration with the Workforce and Development Directorate; ensuring that education commissioning and the continuous professional development plan is fit for purpose now and in the future.
- 0.2.9. Adopt new clinical practices by creating an environment that is conducive to learning, creating and maximising staff potential and for clinical excellence to thrive.
- 0.2.10. Ensure that NEAS meets its responsibilities in relation to the protection of confidential patient identifiable information – Caldicott.

### **0.3. Patient Experience**

- 0.3.1. Develop and participate in local and national Patient Satisfaction/Experience Surveys.
- 0.3.2. Maintain and build upon existing relationships with PALS and LINKS to ensure all aspects of patient experience are recorded and acted upon.
- 0.3.3. Maintain all aspects of the Trust Complaints processes ensuring any individual or organisational learning is acted upon based upon the principles of 'Being Open', NPSA (2009).

## **4. COMMISSIONING FOR QUALITY AND INNOVATION (CQUIN)**

The key aim of the Department of Health CQUIN framework is to support a shift towards the vision set out in High Quality Care for All of an NHS where quality is the organising principle. The framework helps make quality part of the commissioner-provider discussion throughout the NHS. The Trust has already made progress in developing our local CQUIN with Commissioners and has agreed the following Indicators:

- Accuracy of completion of Patient Report Forms;
- Impact of safeguarding policies and procedures;
- National Patient Safety Alert implementation;
- Clinical Performance for patients suffering from heart attacks, diabetic emergencies, stroke, cardiac arrest and asthma;
- Patient satisfaction;
- End of Life Care;
- Referral to alternative providers of healthcare.

## **5. ACCOUNTIBILITY FOR CLINICAL GOVERNANCE & PATIENT SAFETY**

The Trust Board is committed to and accountable for, the delivery of Clinical Governance, Quality & Patient Safety within the Trust. The Board carries overall corporate accountability for its strategies, policies and actions. The Chief Executive is responsible to the Secretary of State for the quality of care provided to patients within the NEAS Trust area. The Trust's

Quality Committee is responsible to the Board via the Director of Clinical Care and Patient Safety. This is illustrated in Appendix 2 and 3.

## **6. NEAS QUALITY COMMITTEE**

The Quality Committee will oversee the Trust's clinical governance, quality and patient safety agendas by ensuring that appropriate systems and processes are in place to provide evidence of continual improvement in the quality of services, and by safeguarding high standards of care through creating an environment in which excellence in clinical care will flourish. It is chaired by a Non-Executive Director and supported by the Director of Clinical Care and Patient Safety and the Medical Director. In addition to these objectives, new objectives/priorities will be developed in response to any new clinical evidence or internal findings with regard to Patient Safety, Clinical Effectiveness and Patient Experience directed from for example, the Integrated Performance Report, the Clinical Dashboards as well as Directorate and Organisational Risk Registers. This will be a results response approach, influenced by integrated and inter-dependant functions as illustrated by Figure 1.

Figure 1

# NEAS Quality Circle



KEY:  
 NETS: North East Transformation System  
 NHSLA: National Health Service Litigation Authority  
 NPSA: National Patient Safety Agency

## **7. TRUST STAFF**

All Trust staff have a role to play in the delivery of clinical governance, quality and patient safety by ensuring that, in their everyday practice they:

- Strive for continuous quality improvement to patient services and the provision of High Quality, Safe, Accountable care.
- Have a patient-centred approach that includes treating patients courteously, involving them in decisions about their care and keeping them informed, wherever possible supporting a positive patient experience.
- Have a commitment to quality, which ensures that health professionals are up to date in their practices and properly supervised where necessary.
- Prevent clinical errors wherever possible which is engendered by a fair blame culture and also have a commitment to learn from mistakes and share that learning with others.
- Report clinical and other incidents, including verbal complaints.
- Discuss and support improvements in patient care and standards of service. (e.g. taking part in clinical audit, making suggestions for improvement).

## **8. SAFER CARE NORTH EAST**

- 8.1.** NEAS is a key partner in all aspects of Safer Care North East (SCNE). The Safer Care North East strategy focuses on priorities across the region – via a collective effort involving Trusts and commissioners. There is good clinical engagement in safety workstreams and links with educationalists. SCNE includes a strand of work relating to greater understanding of mortality and morbidity information and has commissioned a reporting contract with CHKS since March 2009. This work has been supported by North East Observatory and NEAS are linked to this group.
- 8.2.** SCNE has nine clinical themes in which we address safety, cleanliness and Health Care Acquired Infection (HCAI) , falls, safeguarding (both adults and children) and mortality, work is ongoing with care transfers and discharge management. The clinical innovation themes of Our Vision Our Future are also working to address issues of quality and safety in the region.
- 8.3.** The Directorate of Clinical Care and Patient Safety is the organisational link to the Safer Care North East work streams and fully participates in this work.
- 8.4.** The Trust is also member of the Strategic Health Authority Clinical Governance Forum which meets six times a year. The aim of this forum is to support and facilitate collaborative working across NHS North East with a wide focus on clinical governance and safety issues. In addition, the Forum monitors and facilitates collaborative processes in response to local and national clinical governance agendas and proactively supports improvements in patient safety.

## **9. CARE QUALITY COMMISSION (CQC)**

The Care Quality Commission is responsible for monitoring compliance of NHS organisations against the 'Essential Standards of Quality and Safety'. Clinical Governance is a key part of this assessment and the organisation successfully registered with the CQC

without any conditions for 2010/2011. This framework will be utilised to inform the strategic direction of the Directorate of Clinical Care & Patient Safety & the Medical Directorate.

#### **10. NATIONAL HEALTH SERVICE LITIGATION AUTHORITY (NHSLA)**

The Trust's risk management programme is reviewed by a range of NHSLA standards and assessments. These standards and assessments are specific to Ambulance Trusts incorporating organisational, clinical, and health & safety risks: They are also developed to reflect issues which arise in the negligence claims reported to the NHSLA. Currently, the Trust is performing at Level 1, with plans to be assessed for Level 2 in the near future

#### **11. CONCLUSION**

This document forms the future strategic direction to facilitate delivery of our vision, mission and values in the context of clinical governance, quality and patient safety with the North East Ambulance Service NHS Trust.

**Ann Fox**  
**Director of Clinical Care and Patient Safety**  
**18 May 2010**

## Appendix 1

North East Ambulance  
Service

*Mission Statement*

*'Right care, right place, right time'*

Goal: To lead in the provision of emergency care

Objective: To provide state of the art operational clinical decision support to front line crews

Initiatives	Director with overall responsibility	Accountable Manager	Measurement of success	Time scales	(3 phase report)
					Risk / In year progress / Outturn
<p>Development of face to face NHS Pathways module to be incorporated into the ECS:</p> <p>Project manage the pilot and implementation of the ECS</p>	Ann Fox	Paul Fell	Successful trial (30 units) then full roll out across North East	Trial in 2010 Full – Apr 2012	<p>R –Funding not secured if pilot fails to deliver Cat A due to potential extended turn-around time</p> <p>I –</p> <p>O –</p>
<p>Widen the scope of the Trust's See and Treat initiative:</p> <p>Support the training department to commission Foundation Degree level</p>	Ann Fox/Kyee Han	Kyee Han	<p>Gap analysis of previous and existing training.</p> <p>Development of minimum training requirements to inform clinical decision</p>	July 2010	<p>R – Competence does not match service needs/patient safety</p> <p>I –</p> <p>O –</p>

training and CPD re; See & treat and CAT C to support the above initiatives and meet current and future service needs.			making  See and Treat training recognised as 'Mandatory'.  .Increase in referrals to alternative providers of care		
Continue involvement in the region's integrated care pathway pilots	Ann Fox	Clinical Directorate  Team	Attendance at OVOF work streams to identify service opportunities	Onoing	R- Missed opportunities/inappropriate expectations  I -  O -
<b>Objective: To ensure safe, high quality and effective clinical performance</b>					
	Director with overall responsibility	Accountable Manager	Measurement of success	Time scales	<i>(3 phase report)</i>  Risk / In year progress / Outturn
Contribute to the national Ambulance Service clinical audit forum and improve upon previous NCKPI performance	Ann Fox	George Marley/Jay Duckett	Good /Excellent performance in:  a. STEMI  b. Cardiac Arrest  c. Asthma  d. Hypoglycaemia  e. Stroke	Report each Cycle	R – Reduced performance/ CQC registration  I –  O -
Instigate prospective audit for any new clinical developments/initiatives to ensure a results responsive approach to service improvement, with patient safety as the	Ann Fox/Kyee Han	All	Audit/research governance in place for any new developments.	TBC	R –Patient Safety  I –

highest priority  e.g Front Loaded Model			Minutes of relevant Project Boards  Presentation of audit/research results		O –
Work with the training department to agree a skills matrix of high risk infrequent clinical activities and develop a plan to demonstrate competence	Ann Fox	Head of Workforce	High risk activity skills matrix and competence assessment strategy agreed.  Reports to Education Steering group	October 2010	R –Patient safety  I –  O –
Following sanctioning by the CAG, work to implement all new 2008 JRCALC Guidelines:	Ann Fox/Kyee Han	Kyee Han	All JRCALC Guidance implemented (or CAG rationale for none implementation fully documented		R – Out of date practice/patient safety and clinical outcomes compromised  I –  O –
<b>Objective: Develop R&amp;D Capacity within the Trust</b>					
<b>Initiatives</b>	<b>Director with overall responsibility</b>	<b>Accountable Manager</b>	<b>Measurement of success</b>	<b>Time scales</b>	<i>(3 phase report)</i> <b>Risk / In year progress / Outturn</b>
Ensure all aspects of R&D Governance are continuously complied with	Ann Fox	George Marley/Sally McLure	Contemporary Policies and Procedures  Minutes of R&D Group	Quarterly	R – Poor governance/litigation/ CQC registration  I –  O –
Actively develop R&D projects including – DASH IV	Ann Fox	George Marley/Sally McClure	Increase in number of active R&D projects	December 2010	R –Reduced accrual/funding  I –

					O –
Contribute towards the national Ambulance Service R&D development forum	Ann Fox	George Marley/Sally McClure	Attendance at meetings	Ongoing	R –Missed opportunities I – O –
Identify and Recruit to at least one additional portfolio project 2010-2011	Ann Fox	George Marley/Sally McClure	Accrual evidences new project and associated accrual	March 2011	R –Reduction in accrual = reduction in funding I – O –
Seek to secure R&D budgetary control / funding from the CLRN increase by 5% 2011-2012	Ann Fox	George Marley/Sally McClure	Accrual realises 5% increase in funding 2011-2012	March 2011	R – Sustainability of R&D function I – O –
Ensure paramedic involvement phase of the DASH project is implemented safely and effectively	Ann Fox	George Marley/Sally McClure	Training delivered and accrual commences	May 2010	R –Uninformed staff/ reduced accrual I – O –

Goal: To be a key partner in urgent care reform

Objective: To support development of Clinical Practice to deliver the OVOF plans of avoiding admission and alternative pathways of care

Initiatives	Director with overall responsibility	Accountable Manager	Measurement of success	Time scales	(3 phase report)
					Risk / In year progress / Outturn
Support the training department to commission Foundation Degree level training and CPD to support the above initiatives and met current and future service	Ann Fox/Kyee Han	Kyee Han	Gap analysis of previous and existing training  Development of minimum training requirements to inform clinical decision	July 2010	R – Competence does not match service needs/patient safety  I –

needs.			making		O –
Provide governance framework to the 3DN initiative	Ann Fox	Paul Fell	Additional resource recruited to oversee audit and governance arrangements		R – Lack of governance/assurance I – O –

Goal: To transform our patient transport services

Objective: Ensure all developments which have clinical/patient impact are planned, risk assessed and well governed

Initiatives	Director with overall responsibility	Accountable Manager	Measurement of success	Time scales	<i>(3 phase report)</i> Risk / In year progress / Outturn
Seek assurance that all staff are trained in infection prevention and control procedures	Ann Fox	Christine McManus/ Head of Workforce	Presentation of training reports to Infection prevention and Control group/Education working group	TBC	R – Staff not following recognised Infection Control procedures resulting in increased risk to patients – CQC compliance I – O –
Review any developments i.e. development of intermediate tier and ensure staff receive appropriate training to deliver service needs	Ann Fox	George Marley/Head of Workforce	Training discussed and agreed at Education Working Group/Clinical Advisory Group	TBC	R – Patient safety I – O –

Goal: To be a first rate employer

Objective: Take care of staff

	Director with overall	Accountable			<i>(3 phase report)</i>
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Initiatives	responsibility	Manager	Measurement of success	Time scales	Risk / In year progress / Outturn
Manage sickness levels within the Directorate within acceptable parameters	Ann Fox	George Marley	Sickness seen to be managed Sickness below 6%	During 2010	R – Performance and cost I – O –
Ensure all staff are appraised throughout the year	Ann Fox	Line managers	% of staff appraised	By end of March 2011	R – Unsupported / demotivated staff I – O –
<b>Objective: Statutory Regulations</b>					
Initiatives	Director with overall responsibility	Accountable Manager	Measurement of success	Time scales	<i>(3 phase report)</i> Risk / In year progress / Outturn
Ensure compliance with all aspects of Equality and Diversity regulations	Ann Fox	Ann Fox	Compliance	Continuous	R – Breach in statutory regulation I – O –
					R – I – O –
<b>Goal: To have a sound financial health</b>					
<b>Objective: Service efficiencies</b>					

Initiatives	Director with overall responsibility	Accountable Manager	Measurement of success	Time scales	(3 phase report) Risk / In year progress / Outturn
Ensure all directorate functions apply relevant aspects of VMPS/NETS Management principles.	Ann Fox	George Marley	<ul style="list-style-type: none"> <li>• Leaned-up systems</li> <li>• RPIWs</li> <li>• Service efficiencies</li> </ul>	During year	R – Inefficient use of resources / buy-in I – O –
Ensure support for key finance initiatives	Ann Fox	George Marley	<ul style="list-style-type: none"> <li>• Regular budget meetings</li> <li>• Cip / BIF / Capital Mon /SIG meetings</li> </ul>	During year	R – Overspend / inefficiency I – O –
<b>Objective: To work with our partner organisations to develop new services which are safe, effective and appropriately commissioned.</b>					
Initiatives	Director with overall responsibility	Accountable Manager	Measurement of success	Time scales	(3 phase report) Risk / In year progress / Outturn
Work with Marie Curie Cancer Care Delivering Choice Programme work to develop high quality improvement opportunities regarding patient transport	Ann Fox	George Marley	A service specification is developed and funding provided to pilot the service	July 2010	R –Loss of activity/potential income I – O –
Work with PCTs to develop specialist stroke services that accord with the policy directive – mending hearts and brains.	Ann Fox	Paul Fell	<p>Pathways agreed and all NEAS staff aware and operate accordingly and responsively.</p> <p>Any commissioning amendments required are agreed.</p>		R –Patient care compromised I – O –

Goal: To be well governed and accountable

Objective: To have a clear strategy and infrastructure in place to demonstrate effective clinical governance and patient safety

Initiatives	Director with overall responsibility	Accountable Manager	Measurement of success	Time scales	(3 phase report)
					Risk / In year progress / Outturn
Develop Clinical Governance and Patient Safety Strategy for 2010-2013	Ann Fox	George Marley	Strategy Approved	May 2010	R – Lack of strategic direction/patient safety I – O –
Develop Annual Directorate work plan following approval of Strategy	Ann Fox	George Marley	Work plan developed agreed and reviewed at each Quality Committee	May/July 2010	R – Lack of strategic direction/patient safety I – O –
Establish a Quality Committee and in association with the Strategy and Business Development Directorate introduce Quality Accounts	Ann Fox	George Marley	Committee Meeting arranged  Quality account developed and delivered	July 2010  January 2011	R – Lack of strategic direction/patient safety/gap in governance arrangements I – O –
Develop and implement Terms of Reference for NEAS Quality Committee in line with revised Governance Structure	Ann Fox	Ann Fox	Agreed ToR and Minutes of meetings	July 2010	R – Lack of strategic direction/patient safety/gap in governance arrangements I – O –
Review sub structure groups to ensure all necessary governance in place for Quality Committee to deliver agreed ToR	Ann Fox	Ann Fox/Group Chairs	Agreed sub group ToR  Minutes of meetings	July 2010	R –Lack of strategic direction/patient safety/gap in governance arrangement I –

					O –
Develop station level KPIs re high risk areas:  Medicines Management (including Controlled Drugs)  Infection Prevention & Control  Data Completeness of PRF's	Ann Fox	George Marley	Station level audits undertaken monthly  Team Leader audits undertaken quarterly  Results reported to medicines management group  (See Infection Prevention and Control)  Presentation of 10% weekly audit of PRF's by Team Leaders via Qlikview	September 2010	R – Non compliance with legislation, litigation, risk to patient safety  I –  O –
Undertake NPSA Safety Culture Assessment for Ambulance Trusts across the organisation and develop remedial action plan to ensure patient Safety is the highest priority	Ann Fox	George Marley	Assessment completed      Action plan developed and progress performance managed by Quality Committee	September 2010     October 2010	R – Safety culture not embedded in organisation  I –  O –
<b>Objective: Develop the Trust's annual planning function</b>					
Initiatives	Director with overall responsibility	Accountable Manager	Measurement of success	Time scales	<i>(3 phase report)</i>  Risk / In year progress / Outturn

Contribute to the development of the Trust's Foundation Trust application	Ann Fox	George Marley	Successful contribution (though not necessarily successful application)	To be determined	R – Failed FT application / demotivation I – O –
<b>Objective : Ensure Safety and Effectiveness of all NEAS Clinical Services/Developments</b>					
Initiatives	Director with overall responsibility	Accountable Manager	Measurement of success	Time scales	<i>(3 phase report)</i> Risk / In year progress / Outturn
Ensure Ongoing Clinical Safety of NHS Pathways front-end , including single point of access (SPA)	Ann Fox	Paul Fell	All clinical safety enquiries are processed and show individual and organisational learning.  All Nurse Advice calls that return as an ambulance response are investigated and report delivered to Clinical Audit Group.  All clinical risk arising from SPA/3DN developments Investigated.		R – Patient Safety I – O –
Ensure CQI of NHS Pathways.	Ann Fox	Paul Fell	5 audits undertaken per call taker per month  Bi-Monthly report to Clinical Audit Group		R –Patient safety/operational performance compromised I – O –
Update CQI methodology for all call takers	Ann Fox	Paul Fell	Audit process updated and implemented.		R – Patient safety/operational performance

and nurse advisors ( A&E, SPA, 3DN)			Bi-Monthly agreed reports to Clinical Audit Group		compromised  I – O
Ensure Air Ambulance Clinical Governance arrangements are sufficiently robust.	Ann Fox	Paul fell	Governance agreement signed off and reported to CAG and Quality Committee		R – Patient safety/inappropriate pathway of care  I – O
<b>Objective : Ensure patient safety and compliance with Medicines Management Legislation</b>					
<b>Initiatives</b>	<b>Director with overall responsibility</b>	<b>Accountable Manager</b>	<b>Measurement of success</b>	<b>Time scales</b>	<b>(3 phase report) Risk / In year progress / Outturn</b>
Establish a Medicines Management group to set direction and agree governance arrangements for the Trust  Performance manage relevant policies ,	Ann Fox	Ann Fox  George Marley  Paul Fell/Julie Cark	Minutes of meetings  Presentation of exception reporting and remedial action undertaken.	April 2010  Annually/On going	R – Non compliance with legislation, litigation, risk to patient safety, CQC registration  I – O

Seek assurance from training that appropriate training is delivered		Head of Workforce	Training programme and numbers trained reported to the group	Bi Monthly	
Provide assurance to the Board.		Ann Fox	Reports to Quality Committee.	Bi Monthly	
Monitor and report to the County Durham and Darlington Controlled Drugs Local Intelligence Network all issues concerning the management of Controlled Drugs.	Ann Fox	Paul Fell	Evidence of reporting		R —Non compliance with legislation, litigation, risk to patient safety  I –  O
<b>Objective : Ensure the Trust complies with all aspects of Patient Safety Incidents and Complaints Management as a Learning Organisation</b>					
Initiatives	Director with overall responsibility	Accountable Manager	Measurement of success	Time scales	<i>(3 phase report)</i>  Risk / In year progress / Outturn
Maintain good complaints KPI performance.	Ann Fox	Gillian Summers	% compliance of negotiated agreed timescale	Ongoing	R – Performance/reputation affected/ombudsmen investigation CQC registration,  I –  O -
Ensure individual and organisational learning is maximised and implemented	Ann Fox	Gillian Summers/  ALL	Regular report to Quality Committee with evidence of learning and necessary actions completed	Ongoing	R –Repeated errors – patient harm  I –

					O -
Implement Being Open Policy and relevant training	Ann Fox	Alan Gallagher/ Gillian Summers	Policy agreed and training programme implemented		R –Non compliance with legislation I – O -
Implement all recommendations from RPIW re incidents/ complaints and PSP and test new process 30, 60, 90 days and amend thereafter	Ann Fox	George Marley	New process to be tested and all actions required implemented.  Establishment of Weekly Review Panel  Implementation of training for investigating Officers  Establishment of Learning Review group		R –Gaps in governance and assurance I – O -
Report all Serious Untoward Incidents of a clinical nature via local and national risk management systems			All incidents are reported		R – Non compliance with legislation I – O –
<b>Objective : Ensure the Safety of Vulnerable Patients</b>					
<b>Initiatives</b>	<b>Director with overall responsibility</b>	<b>Accountable Manager</b>	<b>Measurement of success</b>	<b>Time scales</b>	<i>(3 phase report)</i> <b>Risk / In year progress / Outturn</b>
Undertake a review of the Trust's Child Protection Policy and Procedures so that in	Ann Fox	George	Review of Trust Policy and procedures undertaken to ensure they relate to	May 2010	R – Non compliance with legislation, litigation, risk

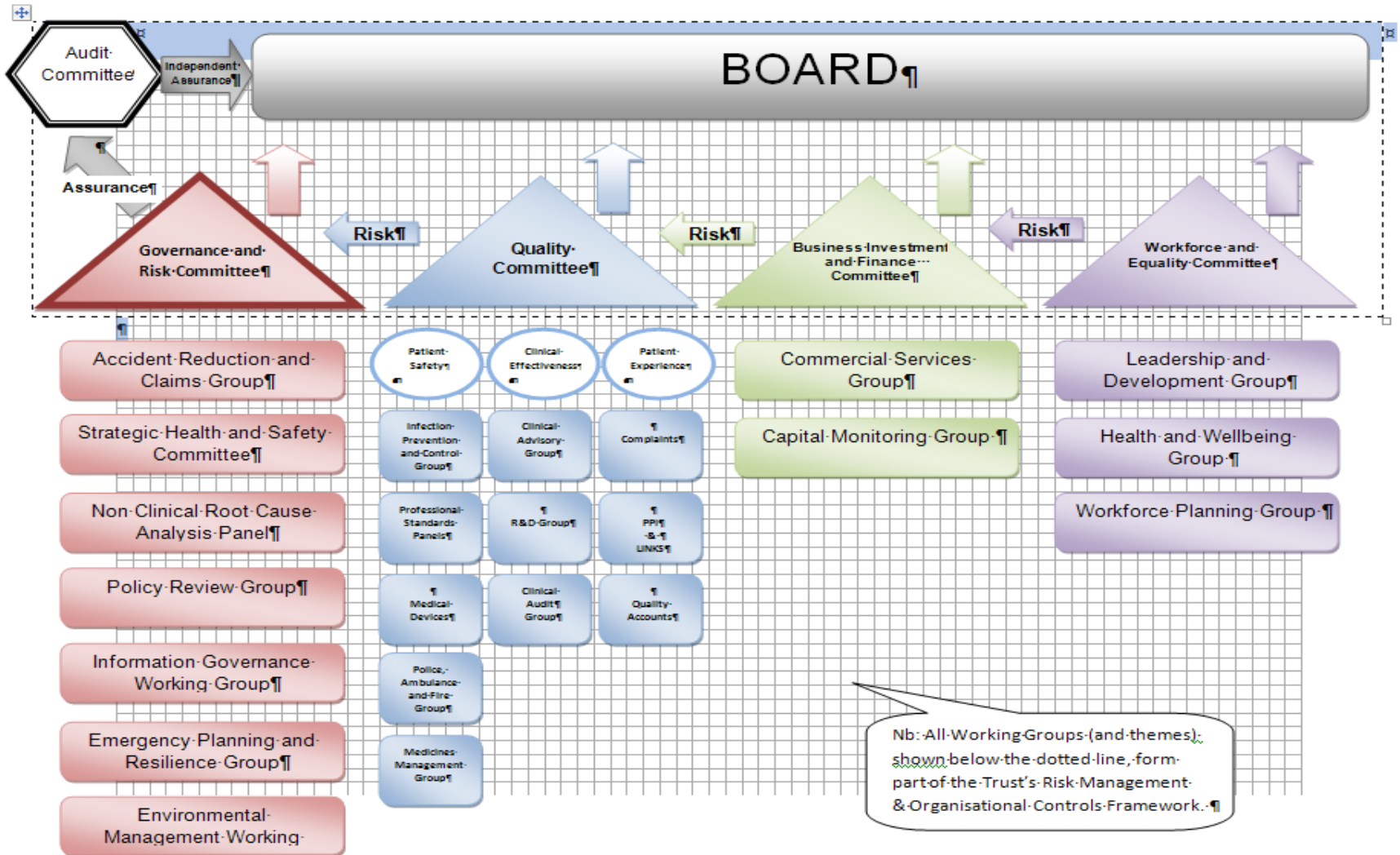


Review and update Infection Control; policies and procedures in response to national recommendations	Ann Fox	Christine McManus	Updated policies and procedures	March 2011/as necessary	R – Non compliance with legislation, litigation, risk to patient safety, CQC registration I – O –
Maintain compliance with the Care Quality Commission and the Health and Social Care Act 2009 for HCAI.	Ann Fox	Christine McManus	CQC compliance evidence is up to date and compliance maintained	Ongoing	R – Non compliance with legislation, litigation, risk to patient safety ,CQC registration, I – O
Assist in reducing the incidence of HCAI by the promotion of good infection control practices.	Ann Fox	Christine McManus	Attendance at RCA panels and the SHA Infection Control meetings	Ongoing	R – Non compliance with legislation, litigation, risk to patient safety ,CQC registration, I – O
Ensure sluice refurbishment programme is completed	Ann Fox	Christine McManus	Sluice Refurbishment programme is completed	December 2010	R – Non compliance with legislation, litigation, risk to patient safety ,CQC registration, I – O
Ensure trust wide station cleaning programme is implemented	Ann Fox	Christine McManus	Cleaning programme is in effect and provides audit data re; performance	July 2010	R – Non compliance with legislation, litigation, risk to patient safety ,CQC registration, I – O

Ensure a trust wide audit programme is developed, delivered and reported in response to CQC recommendations	Ann Fox	Christine McManus	Audit programme is developed, agreed and reported to Infection Prevention and Control group to cover:  Clinical Practice  Vehicle Cleanliness  Station Cleanliness	May 2010	R – Non compliance with legislation, litigation, risk to patient safety ,CQC registration,  I –  O
<b>Objective : To maximise the use of the ISO 9001 Quality System</b>					
<b>Initiatives</b>	<b>Director with overall responsibility</b>	<b>Accountable Manager</b>	<b>Measurement of success</b>	<b>Time scales</b>	<b>(3 phase report) Risk / In year progress / Outturn</b>
To review and update all policies and procedures ensuring only contemporary and relevant documents are available	Ann Fox	Julie Clark	All policies and procedures on Docuviewer are in date and relevant.	June 2010	R –Non- conformance/loss of accreditation  I –  O
Undertake a review of the audit programme in line with Support Services review/VFM initiatives to  Avoid duplication of audits  Ensure patient related audits are reported to the Clinical Audit group for discussion/action	Ann Fox	Julie Clark	        Audit plan revised to prevent duplication	       May 2010	R –Unnecessary expenditure  I –  O

Determine future strategic plan re: accreditation provider			<p>Audit reports recorded in the minutes</p> <p>Option appraisal developed to inform future direction.</p>	<p>May 2010</p> <p>October 2010</p>	
Objective : To ensure patient confidentiality is observed at all times					
Initiatives	Director with overall responsibility	Accountable Manager	Measurement of success	Time scales	<p><i>(3 phase report)</i></p> <p>Risk / In year progress / Outturn</p>
Ensure compliance with Caldicott recommendations	Ann Fox	Ann Fox	Evidence from breach reports	Ongoing	<p>R –Litigation following breach</p> <p>I –</p> <p>O</p>

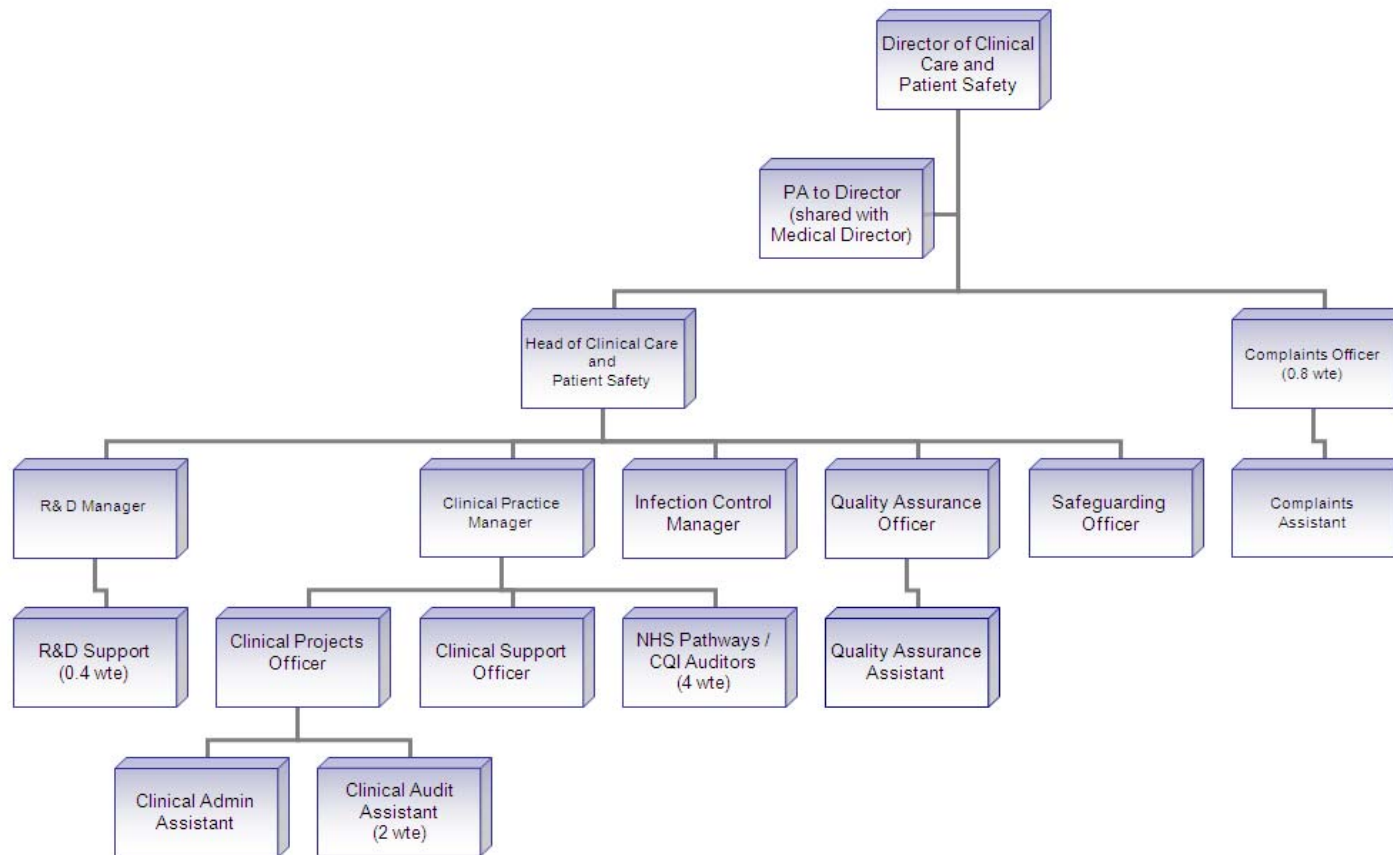
## Appendix 2



# Appendix 3

## ORGANISATION STRUCTURE

Directorate – Clinical Care and Patient Safety



1 April 2010