

Sussex Trauma Network

# Clinical Governance Framework



October 2023

# STN Clinical Governance Framework

## Control Page

Name:	STN – Clinical Governance Framework
Version:	v1.0 ACTIVE
Version Date:	12/10/2023
Category and number:	Trauma Policy No. 4
Approved by:	Sussex Trauma Network
Date approved:	12/10/2023
Name of author:	Geoffrey Bryant, Director of Education, Sussex Trauma Network, ED Consultant, UHSx
Name of responsible committee/individual:	Sussex Trauma Network – Dr Peter Westhead, Clinical Director for the Sussex Trauma Network
Date issued:	October 2023
Target review date:	24 months
Target audience:	All specialities dealing with Major Trauma (UHS and Network TUs)
Accessibility	<a href="http://www.uhsussex.nhs.uk/sussex-trauma-network/documents/">www.uhsussex.nhs.uk/sussex-trauma-network/documents/</a>

## Contents

1	Executive Summary.....	4
2	Introduction .....	4
3	Purpose of the Guideline .....	4
3.1	Aims & Objectives .....	4
3.2	Principles.....	4
4	Scope .....	6
5	Relevant Documents and Guidance .....	6
5.1	For Trauma Networks .....	6
6	Clinical Governance Structures .....	6
6.1	Local Major Trauma Incident Reporting Mechanisms.....	7
6.2	Local Major Trauma Clinical Governance Leads .....	7
6.3	Local Major Trauma Clinical Governance Committees.....	7
6.4	Network Clinical Governance Reporting Mechanism .....	8
6.5	Network Clinical Governance Log .....	8
6.6	Network Clinical Governance Lead .....	9
6.7	Network Clinical Governance Committee .....	9
6.8	Network Risk Register .....	10
7	Standard Operating Procedure (SOP) .....	10
7.1	Identifying and Notifying about Clinical Incidents.....	10
7.2	Local Investigation .....	10
7.3	Local Discussion .....	10
7.4	Network Investigation.....	10
7.5	Network Discussion.....	10
7.6	Resolution .....	10
8	Training Implications.....	11
9	Documentation .....	11
10	Monitoring Arrangements .....	11
11	Equality Impact Assessment Screening .....	11
12	References .....	11
13	Appendices .....	11
13.1	Appendix 1 – Abbreviations .....	11
13.2	Appendix 2 – List of Major Trauma Clinical Governance Leads .....	12
13.3	Appendix 3 – Network Clinical Governance Algorithm .....	12
13.4	Appendix 4 – Sussex Trauma Network - Incident Report Form .....	13

## 1 Executive Summary

- The Sussex Trauma Network has a mechanism for maintaining clinical governance of seriously injured patients across the network.
- This strategy requires collaboration between the individual local healthcare providers as a network.
- Elements of the governance structure and processes are described.

## 2 Introduction

Major trauma can affect multiple organs and systems of an injured individual and require management by multiple specialities, disciplines, and healthcare providers, often in different sites. Co-ordination of the optimal care of the seriously injured patient is complex and susceptible to a variety of forms of breakdown of care.

A network approach to providing optimal care for the seriously injured patient is the *raison d'être* of a major trauma network. A network approach to the clinical governance of that care is fundamental. This document describes that network approach to clinical governance for the Sussex Trauma Network.

## 3 Purpose of the Guideline

### 3.1 Aims & Objectives

The aims and objectives of this document are:

- To define a system-wide structure and approach for clinical governance of the management of patients with major trauma in the Sussex Trauma Network
- To define how potential or actual adverse clinical incidents can be identified, investigated, resolved and lessons learned,
- To list appropriate accepted routes of communication of adverse clinical incidents
- To highlight continuing areas of contention
- To help meet TQUINs requirements for major trauma networks.

### 3.2 Principles

- The Sussex Trauma Network (STN) is a collaborative network comprising multiple organisations and healthcare providers.
- Whilst the STN (as a non-statutory organisation) does not have any formal responsibility for patient care, the Network does have a responsibility for the system, in terms of assurance and enabling standards to make sure that the Network functions safely.

- Individual components of the Network are expected to have their own clinical governance structures covering major trauma including clinical incident reporting mechanisms, clinical governance leads, clinical governance logs and local clinical governance meetings at which any clinical concerns and adverse clinical incidents are discussed that either:
  - identified locally OR
  - have been passed for local discussion from the Network.
- Members of each individual component of the Network are expected to participate in effective clinical governance by:
  - Identifying and highlighting any potential or actual adverse clinical incidents
  - Engaging in local and network clinical governance discussions where appropriate
  - Suggesting possible local or network changes to minimise clinical risk,
  - Implementing any agreed local or network changes.
- The Network will have a mechanism for reporting potential or actual adverse clinical incidents concerning patients with major trauma to the Network. While many of these issues relate to organization, process and pathway, many will highlight potential issues with the quality of care delivered to patients.
- The Network has a responsibility to ensure:
  - That any clinical issues are appropriately investigated.
  - That appropriate remedial actions are instituted.
  - That the learning from investigation of these incidents is shared across the network to all the constituent organisations.
- Clinical issues suitable for reporting to the Network will be real cases where the clinical incident arises out of:
  - care by more than one healthcare provider in the Network
  - or care by just one provider where a lesson-learned is suitable for sharing with the whole Network.
- Clinical issues suitable for reporting to the Network may include, but are not limited to cases where:
  - existing Network protocols were not followed,
  - Network protocols do not exist or were not satisfactory for the case,
  - the interface between providers was unclear or problematic.
- The Network will have full documentation of clinical concerns and risks identified, decisions agreed, and changes made.

## 4 Scope

The guideline covers clinical governance of all major trauma patients within the Sussex Trauma Network. It replaces and supersedes any previous Clinical Governance Framework and process covering Sussex Trauma Network and is applicable to adults and children.

## 5 Relevant Documents and Guidance

This Framework aspires to compliance with the relevant 2016 Major Trauma Service Quality Indicators (TQUINs) issued by the NHS England Quality Surveillance Team - [tquins resources measures major trauma measures final 230416 7 .pdf \(wymtn.com\)](https://www.wymtn.com/tquins-resources-measures-major-trauma-measures-final-230416-7.pdf).

The relevant extracts from the indicators are:

### 5.1 For Trauma Networks

- **T16-1C-102**

The major trauma network should have a clinical governance structure which includes:

- the name of the network director
- the name of clinical governance lead, if this is not the network director
- details of the governance structure:
  - which should demonstrate links to the governance structure of the host trust
- there should be regular clinical governance meetings that have an agenda and recorded minutes

The suggested evidence for compliance with this TQUIN is an Operational policy specifying name of the clinical governance lead and structure.

## 6 Clinical Governance Structures

The following structures or roles are required:

- [Local Major Trauma Incident Reporting Mechanisms](#)
- [Local Major Trauma Clinical Governance Leads](#)
- [Local Major Trauma Clinical Governance Committees](#)
- [Network Clinical Governance Reporting Mechanism](#)
- [Network Clinical Governance Log](#)
- [Network Clinical Governance Lead](#)
- [Network Clinical Governance Committee](#)
- [Network Risk Register](#)

## 6.1 Local Major Trauma Incident Reporting Mechanisms

All healthcare organisations participating in the care of patients with major trauma should have their own clinical incident reporting mechanisms, through which all potential or real adverse clinical incidents **must** be reported.

Prehospital providers, TUs and the MTC must also have:

- A mechanism by which adverse clinical incidents affecting patients with major trauma are identified and notified to the [Local Major Trauma Clinical Governance Lead](#)

TUs and the MTC must also have the following:

- TARN data collection
- A mechanism for identifying adverse performance in TARN reports
- A mechanism for identifying unexpected outcomes according to TARN methodology (death in a patient with probability of survival (Ps) > 0.5 OR survival of a patient with Ps < 0.5).

## 6.2 Local Major Trauma Clinical Governance Leads

Prehospital providers, TUs and the MTC must also have a Major Trauma Clinical Governance Lead. This person should be a member of the Network committee dealing with clinical governance (see [below](#)). By default, this would be the Network Trauma Lead or representative on the Network Clinical Advisory Group (CAG) unless a separate person is identified for this role.

The person performing this role is responsible for ensuring the following are done:

- Receiving and reviewing all major trauma incidents identified through the [Local Major Trauma Clinical Governance Reporting Mechanism](#) or from another provider via the [Network Clinical Governance Lead](#)
- Seeking clarification from the reporter if needed,
- Arranging any appropriate local investigation,
- If the incident involves another provider
  - Inform the [Local Major Trauma Clinical Governance Lead](#) of the other provider
  - If not already done, report the incident to the Network via the [Network Clinical Governance Reporting Mechanism](#)
- Bringing all incidents as well as TARN data and unexpected outcomes to the [Local Major Trauma Clinical Governance Committee](#)
- Participating in the [Network Clinical Governance Committee](#).

## 6.3 Local Major Trauma Clinical Governance Committees

Prehospital providers, TUs and the MTC must also have a forum for reviewing and discussing major trauma clinical governance issues.

It may be that a hospital has more than one individual speciality-specific clinical governance committees covering trauma, which is satisfactory if a patient who the subject of a clinical concern is only cared for by one speciality. However, if more than one local speciality is

involved, there must be a committee or forum with responsibility for discussion between all involved specialities.

The relevant Local Major Trauma Clinical Governance Committee(s) must review and discuss:

- All cases and issues identified through the [Local Major Trauma Incident Reporting Mechanisms](#) including TARN data and unexpected outcomes,
- All local cases referred to the [Network Clinical Governance Reporting Mechanism](#), either directly or from another provider via the Network, preferably before the case is reviewed at the [Network Clinical Governance Committee](#).

#### 6.4 Network Clinical Governance Reporting Mechanism

Any potential or actual adverse clinical incidents related to the care of major trauma patients should in the first instance be reported to the [Local Major Trauma Clinical Governance Lead](#) at the organization/hospital to which the reporter belongs.

The Network must have a mechanism by which to the [Local Major Trauma Clinical Governance Lead](#) of an organisation involved in the care of a patient can report a potential suitable clinical governance incident to the Network.

This mechanism consists of an form completed and transferred in a secure, and encrypted if electronic, form – the [Network Incident Report Form](#). It will include patient details and identifiers to permit comparison of information from different healthcare providers. There will be two routes of reporting as follows:

- An electronic on-line Microsoft Teams form, accessible via the Network website, which will then be electronically and securely passed on to the Network e-mail address below. The link to the on-line form can be found at [www.uhsussex.nhs.uk/sussex-trauma-network/clinical-governance/](http://www.uhsussex.nhs.uk/sussex-trauma-network/clinical-governance/).
- An electronic Word form, that should be completed and e-mailed to [uhsussex.sussextrauma@nhs.net](mailto:uhsussex.sussextrauma@nhs.net). It will only be accepted if emailed from a nhs.net email account. See [Appendix 3](#) for the form.

#### 6.5 Network Clinical Governance Log

This will be a record of all cases referred via the [Network Clinical Governance Reporting mechanism](#), along with the outcome of discussions and decisions. Maintenance of this log will be the responsibility of the [Network Clinical Governance Lead](#) or their delegate.

This log will include the following items:

- All information on the [Network Incident Report Form](#)
- Local Major Trauma Clinical Governance Committee investigation and discussion summary
- Categorisation of the Incident
- Network Actions/Outcomes/Response
- Comments
- Risk Likelihood Score
- Risk Impact Score



- Risk Exposure Score
- Risk Mitigation Actions
- Active/Closed

## 6.6 Network Clinical Governance Lead

This is an individual responsible for co-ordinating all clinical governance activity in the Network. If there is no other individual identified for this role, then the Network Clinical Lead is responsible for taking this role.

The person performing this role is responsible for ensuring the following are done:

- Receiving and reviewing all issues identified through the [Network Clinical Governance Reporting mechanism](#),
- Seeking clarification from the reporter if needed,
- Identifying any particular investigation and discussion required at the local level,
- Notifying the relevant [Local Major Trauma Clinical Governance Leads](#), if not already aware, of all cases notified
- Requesting appropriate investigation from the relevant healthcare providers,
- Adding reported incidents to the [Network Clinical Governance Log](#),
- Collating any similar or repeated issues,
- Bringing all reported incidents to the [Network Clinical Governance Committee](#) for review and discussion after local investigations are complete
- Updating the [Network Clinical Governance Log](#) with the outcome of discussion and decisions,
- Ensuring any appropriate actions are carried out,
- Ensuring any ongoing risks are recorded in the [Network Risk Register](#).
- Maintaining a record of the [Local Major Trauma Clinical Governance Leads](#)

## 6.7 Network Clinical Governance Committee

This is a Network committee where all clinical governance concerns raised are discussed. If there is no separate committee with this function, then this committee will be the Network CAG. Members of this committee should include Network officers and [Local Major Trauma Clinical Governance Leads](#).

The Network Clinical Governance Committee must meet at least 4 times a year. The agenda should include:

- review of outstanding clinical incidents, discussing and agreeing any appropriate system changes
- signing off closed/completed incidents
- hearing any lessons learnt from [Local Major Trauma Clinical Governance Committees](#)
- review Network TARN data

## 6.8 Network Risk Register

This is a register of present active, unresolved, identified Network risks with appropriate risk scoring and mitigation measures in place. Maintenance of the register will be the responsibility of the Network Clinical Lead and Network Manager.

# 7 Standard Operating Procedure (SOP)

These are the steps in the process.

## 7.1 Identifying and Notifying about Clinical Incidents

Initial notification of a clinical issue or adverse clinical incident can be by any staff member of a healthcare provider involved in care of the patient, through the [Local Major Trauma Clinical Governance Reporting mechanism](#). This must be passed on to the [Local Major Trauma Clinical Governance Lead](#) who should review and plan the course of action.

If deemed suitable, the incident should also be reported via the Network to the [Network Clinical Governance Reporting Mechanism](#).

## 7.2 Local Investigation

If required, this should be done or co-ordinated by the [Local Major Trauma Clinical Governance Leads](#).

## 7.3 Local Discussion

Each case should be reviewed or discussed, after investigation, by the [Local Major Trauma Clinical Governance Committee](#). Any decisions concerning cases reported to the Network should be reported to the [Network Clinical Governance Lead](#), and by them to the [Network Clinical Governance Meeting](#).

## 7.4 Network Investigation

This is really just the collection of local investigations. If, after all relevant local investigations are complete, there is still insufficient information, the [Network Clinical Governance Lead](#) can request further information as required.

## 7.5 Network Discussion

After all investigation is complete, the case should be presented to the [Network Clinical Governance Committee](#) for discussion and decisions about whether any actions are required, whether existing protocols need modification, whether risks can be effectively managed or minimised and whether entry in the risk register is required.

## 7.6 Resolution

Once all steps above are complete and no further actions are required, the concern can be marked as resolved.

## 8 Training Implications

None identified.

## 9 Documentation

See [Appendix 3](#) for the suggested Network Incident Report Form.

## 10 Monitoring Arrangements

Monitoring is done through review of the [Network Clinical Governance Log](#) and the [Network Risk Register](#).

## 11 Equality Impact Assessment Screening

None in progress.

## 12 References

- Major Trauma Service Quality Indicators (TQUINs) issued by the NHS England Quality Surveillance Team - [tquins resources measures major trauma measures final 230416 7 .pdf \(wymtn.com\)](https://www.wymtn.com/tquins/resources/trauma-quality-indicators-final-230416-7.pdf)

## 13 Appendices

### 13.1 Appendix 1 – Abbreviations

CAG	Clinical Advisory Group
HSCN	Health and Social Care Network
MTC	Major Trauma Centre
SOP	Standard Operating Procedure
STN	Sussex Trauma Network
TQUINs	Trauma Quality Indicators
TU	Trauma Unit
TUs	Trauma Units

### 13.2 Appendix 2 – List of Major Trauma Clinical Governance Leads

**Network Clinical Governance Lead:** Pete Westhead

**Local Major Trauma Clinical Governance Leads:**

South East Coast Ambulance Service:

AAKSS:

Royal Sussex County Hospital: Steph Tilston

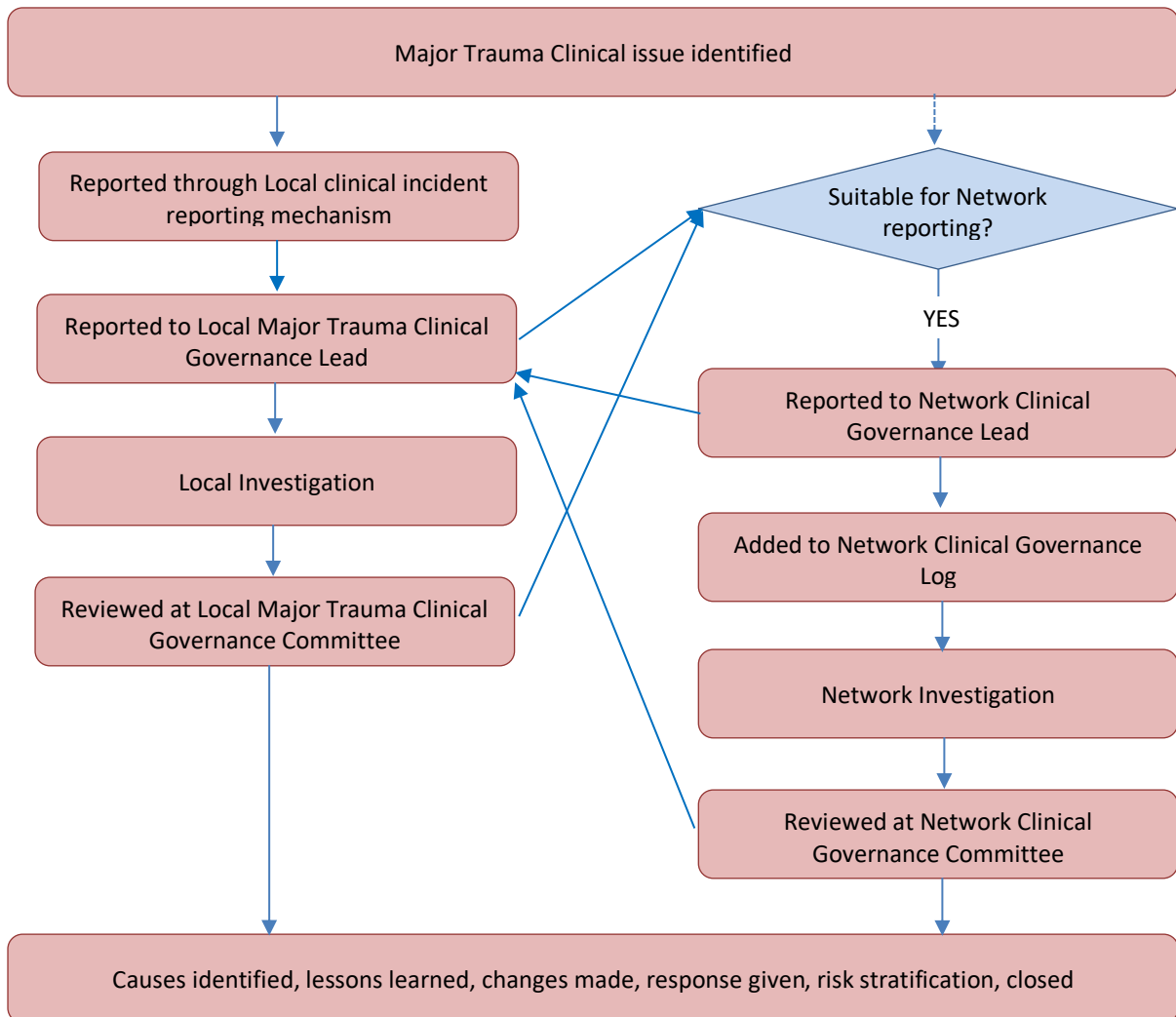
Conquest Hospital: Paul Cornelius

Worthing Hospital:

St Richard’s Hospital:

Others:

### 13.3 Appendix 3 – Network Clinical Governance Algorithm



### 13.4 Appendix 4 – Sussex Trauma Network - Incident Report Form

*This form should be used to report clinical incidents related to the Sussex Trauma Network. This includes all issues relating to triage, referral and transfer of adult & paediatric patients with traumatic injuries. All clinical incidents occurring within an NHS organisation must also be reported via that organisations incident reporting system. A link to the preferred on-line version of this form can be found at [www.uhsussex.nhs.uk/sussex-trauma-network/clinical-governance/](http://www.uhsussex.nhs.uk/sussex-trauma-network/clinical-governance/).*

Date of Incident	Click or tap to enter a date.	Date of Reporting	Click or tap to enter a date.
Patient's NHS number	Click or tap here to enter text.	SECAMB PRF number	Click or tap here to enter text.
Patient's Record Number	Click or tap here to enter text.	Patient's DOB	Click or tap to enter a date.
Forename of Patient	Click or tap here to enter text.	Surname of Patient	Click or tap here to enter text.
Your name	Click or tap here to enter text.	Your organisation	Click or tap here to enter text.
Your role	Click or tap here to enter text.	Your Department	Click or tap here to enter text.
Other Healthcare Providers involved	Click or tap here to enter text.		
Description of Incident	Click or tap here to enter text.		
Issues and Concerns Identified	Click or tap here to enter text.		

When complete, save this form and email it [uhsussex.sussextrauma@nhs.net](mailto:uhsussex.sussextrauma@nhs.net) from an NHS Net email account.