

Governance Framework

North of Scotland Trauma Network

DOCUMENT CONTROL SHEET

Key Information

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Revision History

Version	Date	Summary of Changes
V0.1	15.02.2022	Revision drafted by Anne-Marie Pitt
V0.2	25.02.2022	Updates by Lorraine Scott
V0.3	17.05.2022	Appendix 2 updated
V1	09/06/2022	Agreed by Network Board

Approvals

Version	Date	Group
V0.3	09/06/2022	NoS Trauma Network Board

Governance Framework for the North of Scotland (NoS) Trauma Network

1. Governance Accountability

Governance responsibility for the NoS Trauma Network sits with the NoS Major Trauma Network Board who report to the NoS Chief Executive's Group/NoS Clinical Cabinet (TBC) and the Scottish Trauma Network (STN) Steering Group. The high level governance structure is shown in Appendix 1.

Governance is broken down into the following components:

- a. Clinical
- b. Operational including financial governance and performance

a. Clinical Governance

Local Service/Board Clinical Governance Arrangements

All provider organisations (and services) individually report to their own organisations using their own clinical governance arrangements to cover local clinical practices (see Appendix 2). In addition, the Major Trauma Centre will produce an annual clinical governance report to be shared with the Network and issues that have cross Health Boundary/Organisation, or Network impacts, will be considered by the NoS Trauma Network Clinical Governance Group.

The Scottish Trauma Audit Group (STAG) recommends ongoing systematic review of care and the implementation of changes in practice where indicated. It is recommended, as a minimum, all patients are reviewed who:

- die following injury;
- are categorised as a major trauma patient and are not treated in a Major Trauma Centre;
- are categorised as a major trauma patient and do not meet one or more KPIs
- or when the patient's condition deteriorates and a higher level of care is required.

NoS Trauma Network Clinical Governance Arrangements

The focus of clinical governance at a Network level is providing a vehicle for ensuring a systematic approach to maintaining and improving the quality of patient care across the Network, in line with the agreed vision and standards. The NoS Trauma Network has a single mechanism in place to address any clinical governance issues that impact on the Network and the collaborative delivery of patient care, via the NoS Trauma Network Clinical Governance Group.

The Network NoS Clinical Lead has responsibility for overseeing clinical governance at Network level and provides assurance on a quarterly basis to the supporting NoS Trauma Network Board.

The Network's clinical governance focus is:

- Demonstrating improvements towards the nationally agreed STN Key Performance Indicators (KPIs) via STAG data. Where Scottish National Audit Programme (SNAP) governance procedures have been instigated (see below), or KPI/mortality performance is not improving, local improvement plans will be put in place and reported to the Network Clinical Governance Group (Appendix 3).
- Demonstrating delivery and maintenance against the agreed STN minimum requirements for the various components of the Network.
- Reviewing trauma cases and deaths to highlight areas for improvement and inform delivery of education.
- Participating in the sharing and learning from others via the STN Clinical Forum.

STN Clinical Governance Arrangements

The STN has no direct responsibility for clinical governance. This responsibility remains at Network and Health Board level. Health Boards retain statutory responsibility and accountability for the delivery of services. However, the STN Steering Group has a responsibility to report any potential areas of risk to patient safety, which it may identify to the Health Board(s) in which the risk is identified. A confidential record of risks and actions taken will be maintained. Responsibility for acting on the risk remains with the Health Boards. This is in line with CEL (2012) 29 Managed Clinical Networks: Supporting and Delivering the Healthcare Quality Strategy. The STN, however, have a role in disseminating learning and good practice across the country and do this by holding annual Clinical Governance Days.

STAG

Data to support the understanding of performance against the STN KPIs is provided by STAG. STAG is included within the SNAP and consequently hospitals and regional trauma networks are held accountable for their performance against the KPIs and case-mix adjusted mortality according to the SNAP Governance Policy. STAG report quarterly to the STN Core group on KPI performance.

b. Operational (Financial/Performance/Risks)

Local Service/Board

All provider organisations (and services) individually report on their own operational governance, financial expenditure relating to the STN (and other local) allocations and performance against the STN Key Performance Indicators to their organisations using their own reporting arrangements. SNAP governance arrangements are in place nationally, for audit and investigation with individual hospitals that report into STAG, on KPIs/mortality that are between 2-3 standard deviations away from the Scottish mean. In addition local services/Boards will report to the NoS Trauma Network Board on a quarterly basis on operational governance, expenditure, performance and key risks via the Network Executive Group.

NoS Trauma Network

The operational governance, financial expenditure relating to the STN allocations and performance relating to the NoS Trauma Network sits with the NoS Trauma Network Board which includes representatives across key parts of the system.

The Network Manager reports to the NoS Trauma Executive Group bi-monthly on risks, performance and finance. Quarterly reports go to the NoS Trauma Network Board on exceptions, finance and risks with an additional annual report to the NoS Trauma Network Board which will then go to NoS CEOs/NoS Clinical Cabinet. See Appendix 2 for the structure of governance accountability.

Where there is requested reallocation of funding the Network has a transparent process to agree the changes via the Network Executive Group and approved by the Network Board and endorsed by the NoS Directors of Finance.

Providing Assurance to the STN

The Network will focus on the following assurance methods:

- Providing quarterly reports to the STN Core Group on key areas of improvement/progress against improvement plan, any deviation/risks re minimum requirements and finance, key learning and other risks where appropriate
- Quarterly performance reports against the STN Key Performance Indicators are provided by STAG
- Annual report to STN on performance, key achievements, learning and finance.

2. NoS Trauma Network Governance Structure

The NoS Trauma Network governance structure focuses on four key components which are inter-related as summarised below:

NoS Trauma Network Board (currently meets quarterly)

- Provides strategic direction and overview.
- Approves and seeks assurance on the delivery of the NoS Network Improvement Plan.
- Chaired by Executive Lead (TBC) for Trauma in the NoS.
- Reports to participating NoS Health Boards/Organisations via its members.
- Oversees Network performance and risks e.g. minimum requirements, clinical/KPIs, agreed improvement plan, finance and risk register.
- Provide assurance to the NoS CEOs/NoS Clinical Cabinet (TBC)

NoS Trauma Executive Group (currently meets bi-monthly)

- Chaired by Executive Lead for Trauma in the NoS.
- Focuses on finance, exceptions to plan and risks from all network organisations
- Delegates actions to mitigate exceptions and risks
- Reports to NoS Trauma Network Board any persisting exceptions and risks.

NoS Trauma Clinical Governance Group (currently meets bi-monthly)

- Focuses on delivery on STN KPIs and agreed regional clinical indicators.
- Reviews trauma cases brought to its attention to highlight areas for improvement and inform delivery of education.
- Reviews complaints which cover more than one Board/Organisation delivering trauma care.
- Commissions reviews on clinical issues in one part of the Network which may directly or indirectly affect delivery of care in another part of the network. This may be a specific expert group or a Health Board/Organisation.
- Membership will include clinical leads/representative from each hospital area/SAS who will link back to local clinical governance groups.
- Reports to NoS Trauma Network Board
- Communicates to wider STN regarding any clinical issues pertaining to inter-regional or national pathways/services.
- Group will be chaired by the NoS Clinical Lead for Trauma Network

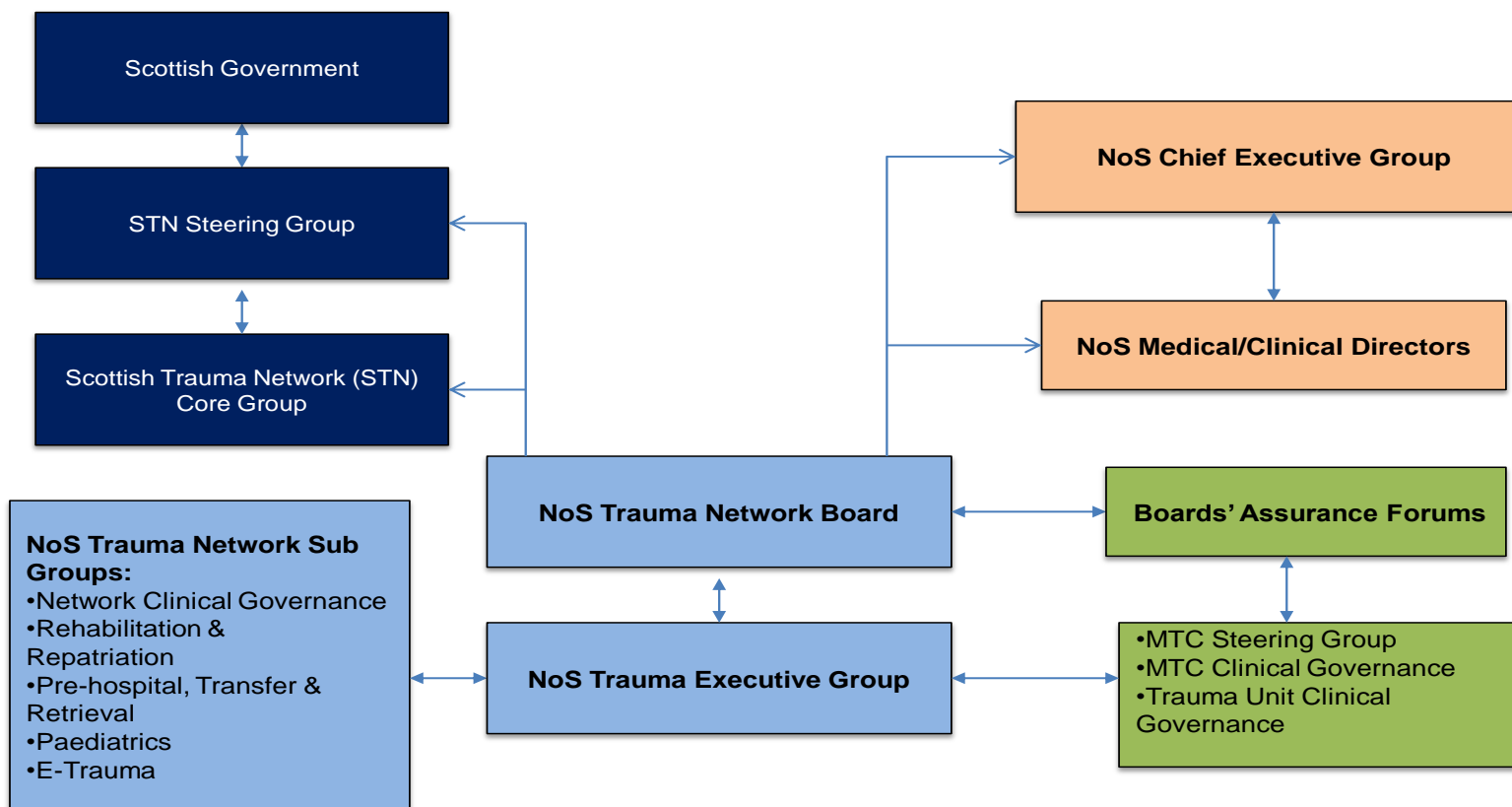
NoS Trauma Network Expert Groups (meet based on work programme)

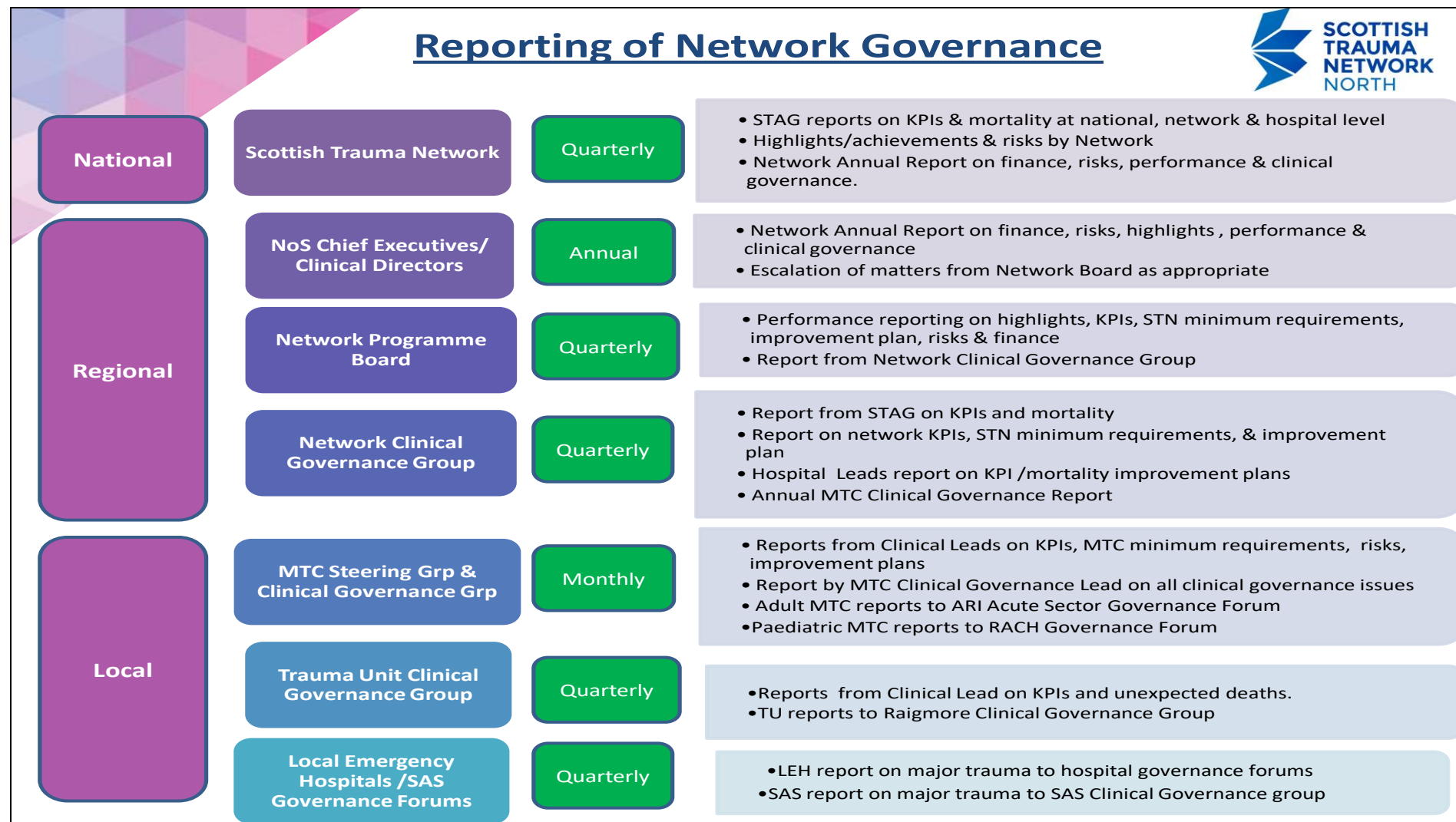
The Network has established a number of expert groups (Pre-hospital, Retrieval and Transfer; Major Trauma Centre; Trauma Unit; Rehabilitation and Repatriation; E-Trauma; Paediatrics). Roles and frequency of these Groups vary based on their individual work plans and maturity. These groups will inform and be informed by the output from the NoS Trauma Clinical Governance Group and the NoS Trauma Education Sessions.

Agreed:09/06/2022

To be Reviewed: Jan 2024

High Level Governance Structure for North of Scotland Trauma Network





KPI/mortality review procedure

