

Clinical Governance Policy

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Purpose

Clinical governance provides a framework for accountability and quality improvement. HealthHarmonie's Policy on clinical governance is in line with the overall organisation strategy of being a safe, effective, and learning organisation that provides the highest quality care to our patients. In addition, that provides support and guidance to our workforce so that they are able to provide the best care possible. Below are the key aims of this policy.

- To ensure that the organisation is providing the highest level of care
- Check consistency and standardisation of techniques by all approved and qualified practitioners
- Ensure that the most effective evidence and research-based practice is delivered to all patients using HealthHarmonie's services
- Ensure that HealthHarmonie's protocols, policies and procedures are adhered to
- Identify changes to practices that need to be implemented and monitored to ensure continuous improvement in the quality of care delivered to our patients
- To ensure that the organisation continues to learn and evolve the quality of care we provide in line with best practice guidelines

Scope

This policy covers all elements of clinical governance within the organisation.

Roles & Responsibilities

Managing Director

The Managing Director has overarching responsibility for the successful implementation of our Clinical Governance Policy and Strategy.

Chair of the Medical Advisory Committee

The medical director has the day to day responsibility for the successful implementation of all areas pertaining to clinical governance and the safety of the patients. These key areas are:

- Clinical Audit & Supervision
- Review of Clinical Incident and Complaints
- Clinical Risk Review and Overall Review of Corporate Risk
- Support for the Clinical Leads
- Oversight of training for the whole organisation

Area Leads

For each of the areas that HealthHarmonies covers there is a clinical lead. Please see the key leads that HealthHarmonie has:

- Radiology (Ultrasound) Lead
- Gynaecology Lead
- Ophthalmology Lead
- Dermatology Lead

Each area is led by a consultant in this area. This person has responsibility for clinical safety within their particular area. They are also responsible for escalating concerns and risks pertaining to the particular area to the Medical Director.

Sonographer Manager

Under the Radiology Lead, the organisation has a sonographer manager who oversees the day to day management of the sonographers within the organisation. This role is responsible for:

- Management of Sonographers
- Review of Equipment e.g. ensuring the best equipment is being used
- Reviewing policies

Head of Quality and Contracts

The clinical governance manager has the following responsibilities within the organisation.

- Ensuring compliance of both clinical and non-clinical staff
- Updating and gaining signoff for Clinical Policies and Procedures
- Management of the Complaint and Incident Process
- Review of the Clinical Risk Matrix for the Organisation

HealthHarmonie Principles of Clinical Governance

Education and training

It is the professional duty of all clinical and non-clinical staff to keep their knowledge and skills up to date, and they must, therefore, engage in regular continuing professional development (CPD). All clinical staff are expected to maintain their registration and CPD in line with their professional body (e.g. GMC, NMC etc.).

All clinicians are expected to document their learning for their individual learning portfolios. HealthHarmonie supports the ongoing development of clinical staff by providing support, guidance and regular CPD courses.

It is the responsibility of each staff member to ensure that any urgent updates are brought to the attention of all colleagues to whom the information is relevant as soon as possible after the learning event.

Clinical Audit

Clinical audit is the review of clinical performance and the refinement of clinical practice as a result. This may refer to:

- The application of the results of formal national or local (e.g. CCG) audits to our patient population and the identification of areas for improvement
- Audits are carried out internally or externally experts, e.g. CCG pharmacist, specialists, which result in improvements in the organisation
- The use of case studies to highlight specific issues that are then generalised within our patient population

Clinical effectiveness

Clinical effectiveness is about providing the best evidence-based care for the patient while making good use of available clinical resources. Clinicians in the organisation are expected to work within

formularies, protocols and pathways where these have been developed for specific conditions. This will ensure that:

- Patient care is guided by the best available evidence of the effectiveness of particular treatments or drugs
- Local agreements between the CCG and secondary/community care providers are followed in order to streamline the patient experience and the cost to the NHS

Openness & Transparency

HealthHarmonies ensure that its processes which are open to public scrutiny, while respecting individual patient and practitioner confidentiality, are an essential part of quality assurance. The organisation uses several mechanisms to enable patients and other interested parties to be involved in identifying needs and making improvements. These include:

- Organisational Website – promotes regular and ad hoc services, along with information about the staff, the complaints procedure and a comment facility
- Patient Reference Group – a group representative of the organisational demographic makeup, who are able to devise questions for an annual patient survey and who scrutinise the organisation's response to the views expressed by patients
- Complaints – all patient complaints are managed through the Clinical Governance Manager and are scanned regularly for learning points and for patterns. Complaints about clinical care are shared immediately with the clinician concerned and with the Senior Partner (or another partner if the complaint relates to the Senior Partner), and those that give rise to clinical learning points are shared more widely at a clinical meeting.
- Suggestions – a suggestion box with forms to complete is available at all times at each of our clinics and from our website.
- The Practice aims to co-operate at all times in a spirit of openness with other healthcare providers, NHS and local authority organisations, and any organisation with regulatory or watchdog powers such as the Care Quality Commission and HealthWatch.

Clinical Risk

HealthHarmonie takes a proactive approach to risk management. Our risk stratification strategy is drawn from education and training, clinical audit and clinical effectiveness. The organisation has a “no blame” approach and encourages all staff to discuss any incident that has or could have posed a risk or actual harm. The learning from incidents is shared across the whole Practice, and any actions are reviewed until fully implemented.

Information management

High quality clinical care depends on high quality information management. This starts with the generation of good patient records, and it is the responsibility of every clinician to ensure that the details of their consultations are recorded in a way that:

- Is easily understood by colleagues, and by the patient if requested
- Reflects exactly what takes place in the consultation, including any discussion relating to risk, e.g. consent, offer of a chaperone
- Provides clear information about the agreed care plan
- Uses Read codes and templates as agreed within the Practice, to enable effective searching of patient data
- Will stand the test of time

Key Compliance Policies

This policy is the overarching policy for a number of other policies within the organisation. Below are a list of these policies and how they impact on the overall clinical governance policy and strategy of the organisation.

Clinical and Operational Audit

Within the organisation we have a number of areas where we utilise audit to gauge the quality of the care we are providing. Our clinical audit policy encompasses the key element of our audit strategy. This policy looks at the key areas pertaining to audit.

- Role and Responsibilities
- Nature of the Audit (e.g. note keeping, image quality)
- The feedback mechanism
- Overall learning for the organisation

Risk Management

HealthHarmonie employs a risk management policy to oversee the key risks to the organisation including clinical risk. This policy identifies the steps the organisation needs to take to identify, manage and overall mitigate risks to patients, employees, stakeholders and the overall organisation.

Infection Control

HealthHarmonie aims to ensure that in each of the areas that it operates that infection control standards are maintained to the highest standard. Our policy on this area encompasses the key areas around infection control (e.g. preventative actions, audit, training etc.)

Complaints and Incidents

HealthHarmonie have two key policies pertaining to complaints and incidents. These are our Complaint Policy and our Serious Incident Policy. Both of these policies outline the steps the organisation needs to take to react to both complaints and incidents. For example ensuring that relevant parties are informed within the required timescales, a thorough investigation is carried out, the timeframes for the investigation, and ensuring learning/actions are taken in light of the investigation or complaint.

Medicines Management & Prescribing

As a healthcare organisation it is vitally important that we have strict protocols and procedures pertaining to medicines management and prescribing. Our policy covers the key areas for Medication Management.

- Storage and Destruction of Medication
- Dispensing Medication
- Storage, Usage of Prescription

Version Control

Version	Date	Author	Amendment(s)	Approved By
V1.0	08/04/2015	John Boulton	This is the first version of the document	Mary Corridan
V3.0	July 2015	John Boulton	This is a completely new version of this policy. Most of the key parts of the previous policy have been replaced.	Andrew Jackman
V3.1	July 2016	Samantha Paterson	No significant changes have been made to the policy	Andrew Jackman
V3.3	August 2019	Andrew Jackman	Made slight changes to Grammar	Andrew Jackman