|  |
| --- |
| Document Details |
| **Title** | **GCH00 – Clinical Governance Policy** |
| **Author** | CIC Board |
| **Quay Primary Healthcare CIC ref no:** | **GCH00** |
| **Version** | 1.4 |
| Approval process |
| Approved by | CIC Board |
| Date approved | 07 March 2017 |
| Lead Director | Medical Director |
| Category | **Clinical Governance**  |
| Sub Category | Management of Clinical Governance |
| Next Review Date | 16 Feb 2024 |
| Superseded document (If applicable) |  |
| **Distribution** |
| Who the policy will be distributed to | All Quay Primary Healthcare CIC Team |
| Method | Email/hard copy  |
| **Version Control** |
| **No:** | Date | Amendment |
| **1.1** | August 2018 | Policy review and update following handover of CCA practices |
| **1.2** | June 2020 | Policy review and revision – change of organisation name |
| **1.3** | Jan 2022 | Change of organisation name - Quay Primary Healthcare CIC |
| **1.4** | Feb 2023 | Updated info on NICE guidance updates |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| **SECTION** |  | **PAGE NUMBER** |
| **1** | **Introduction** | **2** |
| **2** | **Purpose** | **2** |
| **3** | **Scope** | **3** |
| **4** | **Patient and Public Involvement** | **3** |
| **5** | **Risk Management** | **3** |
| **6** | **Clinical Audit** | **4** |
| **7** | **Staffing and Staff Management**  | **4** |
| **8** | **Education and Training** | **4** |
| **9** | **Clinical Effectiveness** | **5** |
| **10** | **Information Management** | **5** |
| **11** | **Monitoring Compliance** | **5** |
| **12** | **Equality Impact Assessment** | **6** |
| **13** | **References** | **7** |

# **Introduction**

Quay Primary Healthcare CIC, referred to hereafter as ‘Quay Primary Healthcare CIC’, will always do its utmost to provide the highest quality treatment and care it can to its patients, ensuring at all times that it works with the most up to date clinical information and current best practice guidelines.

Quay Primary Healthcare CIC will ensure the dignity, privacy and independence of patients as well as ensuring that all patients and staff are treated equally irrespective of their race, gender, marital/civil partnership status, age, disability, religion or belief, national origin or sexual orientation.

# **2. Purpose**

This policy sets out Quay Primary Healthcare CIC’s approach to clinical governance and is designed to ensure the safety and well-being of all patients and improve the service that they receive from us.

Clinical governance is defined as:

A framework through which NHS organisations are accountable for continually improving the quality of their services and safeguarding high standards of care by creating an environment in which excellence in clinical care will flourish.

 There are three key attributes to clinical governance:

* Recognisably high standards of care
* Transparent responsibility and accountability for those standards
* An ethos of continuing improvement

Clinical Governance refers to the structures, processes and systems in place in an organisation to manage the quality of service provision. The Framework needs to be appropriate to each Quay Primary Healthcare CIC site and this policy sets out that approach.

There are seven key elements to clinical governance. These are outlined below, along with the mechanisms in use in the Quay Primary Healthcare CIC practices to deliver each of the elements, and the expectations that are placed on all staff.

# **3. Scope**

This policy applies to all employees of Quay Primary Healthcare CIC, and all premises where employees of the organisation work.

# **4. Patient and Public Involvement**

Quay Primary Healthcare CIC will encourage and actively seek patient participation, ensuring there is a system in place which enables patients to provide feedback and make suggestions and be actively involved in deciding how the health services they use should develop.

# This system will be supported and promoted through open dialogue, in person and / or in writing.

 **5. Risk Management**

Risks - to patient, clinicians, other staff and the organisation as a whole - are managed through a range of policies and protocols, through risk assessment and through regular Senior Management Team meetings at which Significant Events are discussed and reviewed.

The key policies relating to minimising risk for patients and staff are:

* Recruitment Policy and Procedure
* Dignity Respect and Fair Access Policy
* Confidentiality Policy
* Consent Policy
* Chaperone Policy
* Infection Control Policy
* Safeguarding Policies (adult and children)
* Working Alone Policy and Procedure
* Mobile Working Policy

**6. Clinical Audit**

Clinical audit is the review of clinical performance and the refinement of clinical practice as a result.

Quay Primary Healthcare CIC clinicians will undertake regular clinical audits, carefully and accurately recording the results and taking appropriate action so that we are able to effectively plan for the implementation of changes / improvements for the benefit of our Patients.

Our administrative procedures are also audited on a regular basis to ensure they are operating effectively.

**7. Staffing and Staff Management**

Quay Primary Healthcare CIC is committed to delivering primary care services through a team of fully qualified and suitably experienced clinicians, supported by an adequate administrative resource. In order to achieve this, Quay Primary Healthcare CIC regularly reviews the skillset of its clinical team, offering development opportunities where appropriate, and ensuring that the full range of primary care skills is available at an appropriate level.

When recruiting potential new clinicians, the interview will always include questions designed to demonstrate an awareness of clinical governance principles.

Quay Primary Healthcare CIC operates within a full suite of human resources policies and protocols to ensure that every member of the team, whether clinical or not, is always working with the best interests of the patients in mind.

To encourage team working throughout Quay Primary Healthcare CIC, we will operate a “no-blame” learning culture which will provide all staff with an open and equal working relationship.

**8. Education and Training**

It is the professional duty of all clinical staff to keep their knowledge and skills up to date, and they must therefore engage in regular continuing professional development (CPD), all employees are bound by the Quay Primary Healthcare CIC Training Policy. All clinicians are expected to document their learning for their individual learning portfolios.

Quay Primary Healthcare CIC supports the ongoing development of its clinicians, both financially and by allowing time out of practice for CPD.

Following any external CPD paid for by the Quay Primary Healthcare CIC, clinicians are expected to share their learning with colleagues, either formally in clinical or team meetings, or through informal means. It is the responsibility of each clinician 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.

Quay Primary Healthcare CIC’s approach to training for all staff is set out in the Training Policy. It is recognised that non-clinical staff also need to update their skills regularly in order to support the delivery of high-quality medical services.

**9. Clinical Effectiveness**

Clinical effectiveness is about providing the best evidence-based care for the patient while making good use of available clinical resources. Clinicians across Quay Primary Healthcare CIC practices 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 ICB and secondary/community care providers are followed in order to streamline the patient experience and the cost to the NHS

In addition, clinicians are expected to read journals and/or websites regularly to maintain current awareness of best practice. This should include regular scanning of NICE and other national guidelines for changes in recommended practice. The Chief Operating Officer is signed up to be notified of regular NICE guidance updates for Primary Care, this will be forwarded to all clinicians if appropriate to their role.

**10. Information Management**

Quay Primary Healthcare CIC is committed to making maximum use of both electronic and paper-based information in clinical and non-clinical decision making and will share best practice with others both internally and externally.

We will aim to continuously improve data quality, encourage patients to participate in their own clinical treatment and be involved in making the decisions which affect them.

**11. Monitoring Compliance**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Criteria** | **Monitoring Mechanism** | **Responsible** | **Responsible Group** | **Frequency** |
| Training | Completion of annual training programme | Team Manager  | Quay Primary Healthcare CIC Board | Quarterly as part of H&S report |
| Clinical Audit | Completion of inspection check list | Team Manager | Quay Primary Healthcare CIC Board | Quarterly as part of H&S Report |
| Significant Events | SEA report  | Team Manager | Quay Primary Healthcare CIC Board | Quarterly as part of H&S Report |
| Complaints  | Complaints report  | Team Manager | Quay Primary Healthcare CIC Board | Quarterly as part of H&S Report |
| Risk assessment | Risk assessment audit | Team Manager | Quay Primary Healthcare CIC Board | Annually |

# **12. Equality Impact Assessment**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | YES/NO | COMMENTS |
| 1 | Does the policy/guidance affect one group less or more favourably than another on the basis of; | No |  |
|  | * Race/ethnic or national origin/colour/nationality
 | No |  |
|  | * Disability
 | No |  |
|  | * Gender
 | No |  |
|  | * Religion / belief culture
 | No |  |
|  | * Sexual orientation
 | No |  |
|  | * Age
 | No |  |
|  | * Marital status
 | No |  |
|  | * Pregnancy or maternity
 | No |  |
| 2 | Is there any evidence that some groups are affected differently? | No |  |
| 3 | If you have identified potential discrimination, are any exceptions valid, legal and/ or justifiable? | No |  |
| 4 | Is the impact of the policy/ guidance likely to be negative? | No |  |
| 5 | If so can the impact be avoided? | Yes |  |
| 6 | What alternatives are there to achieving the policy/ guidance without the impact? | N/A |  |
| 7 | Can we reduce the impact by taking different action? | N/A |  |

**13. References**

<http://www.nhsprofessionals.nhs.uk/elearning/Pages/clinical-governance.aspx>

<https://www.kingsfund.org.uk/sites/files/kf/field/field_pdf/Library-reading-list-clinical-governance-Aug2012.pdf>

<https://www.rcn.org.uk/clinical-topics/clinical-governance>