

## QC22 - Clinical Governance Policy and Procedure

Category: Quality Assurance Sub-category: Care Management Quality Assurance

### Policy Review Sheet

Review Date: 12/12/17 Policy Last Amended: 12/12/17

Next planned review in 12 months, or sooner as required.

Note: The full policy change history is available in your online management system.

Business Impact:	Low	Medium	High	Critical
		X		
Changes are important, but urgent implementation is not required, incorporate into your existing workflow.				

 Reason for this review:	Scheduled review
 Were changes made?	Yes
 Summary:	Policy reviewed with minor changes and references checked.
 Relevant Legislation:	<ul style="list-style-type: none"> <li>• The Care Act 2014</li> <li>• Data Protection Act 1998</li> <li>• The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</li> <li>• Health and Safety at Work etc. Act 1974</li> <li>• The Human Medicines Regulations 2012</li> </ul>
 Underpinning Knowledge - What have we used to ensure that the policy is current:	<ul style="list-style-type: none"> <li>• Royal Pharmaceutical Society, (2016), <i>Clinical Governance - Quick reference guide</i>. [Online] Available from: <a href="https://www.rpharms.com/resources/quick-reference-guides/clinical-governance">https://www.rpharms.com/resources/quick-reference-guides/clinical-governance</a> [Accessed: 07/12/2017]</li> <li>• Birmingham Hospitals, (2016), <i>The main components of clinical governance</i>. [Online] Available from: <a href="http://www.uhb.nhs.uk/clinical-governance-components.htm">http://www.uhb.nhs.uk/clinical-governance-components.htm</a> [Accessed: 07/12/2017]</li> <li>• Royal College of Nursing, (2016), <i>Clinical governance</i>. [Online] Available from: <a href="https://www.rcn.org.uk/clinical-topics/clinical-governance">https://www.rcn.org.uk/clinical-topics/clinical-governance</a> [Accessed: 07/12/2017]</li> <li>• Scally, G and Donaldson, L, (1998), <i>Clinical governance and the drive for quality improvement in the new NHS in England</i>. [Online] Available from: <a href="https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1113460/">https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1113460/</a> [Accessed: 07/12/2017]</li> </ul>
 Suggested action:	<ul style="list-style-type: none"> <li>• Notify all staff of changes to policy</li> <li>• Share 'Key Facts' with professionals involved in the service</li> <li>• Discuss in supervision sessions</li> <li>• Encourage sharing the policy through the use of the QCS App</li> </ul>

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### ? 1. Purpose

1.1 To establish a framework within which Eleven Sisters Community Support Services Ltd can demonstrate accountability for continuously improving the quality of services, taking corporate responsibility for performance and providing the highest possible standard of clinical and social care.

1.2 To ensure that clinical governance is recognised within the service and that ways of evidencing issues are monitored, highlighted, reported on and that actions are robust.

1.3 To support Eleven Sisters Community Support Services Ltd in meeting the following Key Lines of Enquiry:

Key Question	Key Line of Enquiry (KLOE)
SAFE	S2: How are risks to people assessed and their safety monitored and managed so they are supported to stay safe and their freedom is respected?
EFFECTIVE	E1: Are people's needs and choices assessed and care, treatment and support delivered in line with current legislation, standards and evidence-based guidance to achieve effective outcomes?
EFFECTIVE	E2: How does the service make sure that staff have the skills, knowledge and experience to deliver effective care and support?
RESPONSIVE	R2: How are people's concerns and complaints listened and responded to and used to improve the quality of care?
WELL-LED	W2: Does the governance framework ensure that responsibilities are clear and that quality performance, risks and regulatory requirements are understood and managed?

1.4 To meet the legal requirements of the regulated activities that Eleven Sisters Community Support Services Ltd is registered to provide:

- The Care Act 2014
- Data Protection Act 1998
- The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
- Health and Safety at Work etc. Act 1974
- The Human Medicines Regulations 2012

### 2. Scope

2.1 The following roles may be affected by this policy:

- All staff

2.2 The following people may be affected by this policy:

- Service Users

2.3 The following stakeholders may be affected by this policy:

- Commissioners
- External health professionals
- Local Authority
- NHS

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### 3. Objectives

- 3.1 To ensure evidenced-based care is used to continually improve quality.
- 3.2 To review and learn from adverse events and complaints.
- 3.3 To ensure that ways of auditing, identifying and managing clinical governance issues are effective, robust and clear.
- 3.4 To improve Service User and staff experience through a culture of openness and transparency.
- 3.5 To reduce avoidable harm and, in the event of an adverse event, minimise the impact on Service Users, carers, families, staff and Eleven Sisters Community Support Services Ltd.

### 4. Policy

4.1 Eleven Sisters Community Support Services Ltd understands the importance of conducting its business within a culture of openness, continuous learning and the management of safe practice whilst always involving its Service Users as partners in its care. When providing any care or clinical service it will:

- Ensure there are robust systems and processes that monitor and continuously improve the standard of care provided for Service Users
- Promote quality and actively support all staff to carry out their roles and responsibilities to the best of their abilities
- Promote a culture of openness, honesty and accountability, fulfilling its duty of candour responsibilities
- Create and deliver services that protect and uphold a Service User's right to privacy, dignity, choice and respect
- Undertake a dynamic approach to risk assessment to identify hazards and safely manage any service risks
- Challenge poor care practices
- Actively engage with Service Users, carers and other key stakeholders

4.2 Eleven Sisters Community Support Services Ltd understands that clinical governance is the recognition and maintenance of good practice, learning from mistakes and improving quality of services provided to people that use services. Eleven Sisters Community Support Services Ltd recognises that Clinical Governance is relevant within the business and will ensure continuous improvement.

4.3 Clinical governance is also a framework through which 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 care will flourish.

4.4 There is no single task which is clinical governance, but there are a series of processes which build up the picture that is clinical governance. These processes can be used by managers and staff to help improve and deliver high quality services.

4.5 The processes to embed clinical governance are defined under the following areas:

- Accountability
- Audit
- Clinical (or care) effectiveness
- Continuing professional development
- Involvement of people using services
- Remediating underperformance
- Risk management
- Staff management

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### 5. Procedure

**5.1** All areas of the business are covered by clinical governance and a holistic and overarching approach will be used by the service to ensure that issues are identified, managed and addressed in order to continually improve practice and the service delivered to Service Users.

**5.2** When any new process or way of working is established, then an analysis and understanding of the impact of the change will be made. Any additional auditing, monitoring and review of the procedure will be established to ensure that there is robust and rigorous oversight. In addition, an analysis of the QCS Online Management System will be made to appreciate and embed any additional auditing tools and best practice guidance that may be available to support implementation.

**5.3** In order to ensure that clinical governance covers all relevant aspects of the organisation, procedures have been identified, using the QCS management system.

**5.4** The relevant procedural statement is high level and identifies the areas that need to be covered and how they relate to clinical governance.

#### 5.5 Accountability

- Within the service there is a clear, structured approach to clinical governance with all staff having a line manager
- Accountability of staff is defined within the organisation, with the registered manager being responsible for the overall management of the service
- Clear lines are established and where a member of staff is responsible for an individual procedure or process then this will be known by the staff member, and any intervention, monitoring or action will be recorded and defined
- Where there is an accountability for the informing of external stakeholders or the involvement of other organisations, then this will be arranged or completed by appropriate individuals. This would normally be the registered manager
- Any clinical staff will ensure that they work within their own professional codes at all times

#### 5.6 Audit

- Auditing is central to providing the evidence that process and clinical governance are being followed
- Auditing is undertaken as a regular activity to ensure that standard procedures are followed with actions identified to meet any deviation or shortfall from expected standards
- Relevant audits in the areas of health and safety, medication management, infection control, care planning, safeguarding, environmental risks and other areas of the organisation are conducted and processes identified in the QCS Management System are followed
- Where possible, best practice such as NICE guidelines and The Royal Marsden Manual of Clinical Nursing procedures will be utilised to benchmark standards and performance

#### 5.7 Clinical Effectiveness

Effectiveness is about making sure the right people get the right care at the right place in an effective way. This can be achieved by ensuring:

- The monitoring of clinical practice is undertaken to ensure adherence to procedures and to identify when any changes or further developments to practice are required
- Areas such as nutrition, tissue viability, medication, falls, wound care are included in this process
- That effectiveness is monitored and additional resources and support identified where appropriate e.g. district nurses, GP or other community health support
- That when a clinical issue is beyond the knowledge, skills and experience of the staff involved, then additional support is identified to ensure that the issues are shared and the outcomes for the Service User improved

#### 5.8 Continuing Professional Development

- Staff skills need to be regularly reviewed and where additional training is required, this will be identified and provided
- Opportunities will be provided to widen skills, understanding and knowledge
- This will increase the ability of the staff and ultimately the organisation to provide effective, timely

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and responsive support

- Clinical Staff will ensure they adhere to any revalidation requirements
- Where incidents arise, root cause analysis will assess whether training needs to be reviewed

### 5.9 Involvement of Service Users

- In order to ensure that clinical governance is effective and holistic, Service Users should be involved in determining the quality, timeliness and level of support provided, and inform the results of any clinical governance
- The organisation will listen to Service Users and adapt practice as a result
- Systems such as surveys will be used to gain their views
- Any changes made will be fed back to the Service User and recognition given to their views
- This process is central to the concept of 'person-centred care' and continuous improvement

### 5.10 Remediating Underperformance

- Any shortfalls in care provision will be identified through the clinical governance process
- The reasons for the shortfall will be analysed and if the issue was the result of poor performance by staff it will be addressed either through supervision, additional training, disciplinary procedures or ultimately dismissal
- If there are implications for staff teams it will be addressed at an organisational level through training, supervisions or team meetings
- Risk assessments, Care Plans, and ways of working may be revisited and updated to reassess the issues and develop more robust processes
- External resources may be identified to assist with the delivery of training or to provide guidance on improving practice
- Eleven Sisters Community Support Services Ltd will ensure its staff are aware of key policies and procedures such as Whistleblowing, Safeguarding, Accident and Incident Reporting and that they adhere to these policies included in the QCS Management System

### 5.11 Risk Management

Risk management is considered in terms of clinical and non-clinical risk. This pillar of clinical governance involves giving consideration on a clinical level to the benefits a potential treatment/procedure/intervention might have for a Service User measured against its actual and/or potential harmful effects. This is of benefit to the Service User and the practitioner. Non-clinical risk can cover many areas relating to hazards in the environment and the potential harm that might come to staff or Service Users. Within Eleven Sisters Community Support Services Ltd the following will be considered:

- Risks will be identified using the risk assessment and management processes
- Reviews of complaints, accidents and incidents will form part of risk management
- This process will inform clinical governance and is a central process to reduce the chances of errors, mistakes and avoidable risks
- Lessons will be learned from mistakes and will inform future risk assessments

### 5.12 Staff Management

- Staff will be supervised and this will be recorded and evidenced
- The supervisions will contain relevant discussions about specific issues of concern and will inform the clinical governance process and identify best practice and areas that need to be redressed
- Staff will be encouraged to share views and opinions and be involved in care planning and the development of ways of working
- Staff with accountability for particular areas of work will be informed of these responsibilities and provided with tools and guidance to ensure they deliver the identified oversight responsibility and inform clinical governance
- Role-specific codes of conduct will be used as a means of monitoring performance and staff standards

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### 6. Definitions

#### 6.1 Clinical Governance

- A framework through which 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

#### 6.2 Root Cause Analysis

- A method of problem-solving used for identifying the root causes of faults or problems. It is a useful tool following safeguarding incidents, complaints, accidents, near misses or any other incidents that cause concern

#### 6.3 Revalidation

- Revalidation is the process that all nurses and midwives in the UK need to follow to maintain their registration with the NMC (Nursing and Midwifery Council). It evidences that nurses and midwives are practising safely and effectively. Doctors are also required to revalidate through the GMC (General Medical Council)

### Key Facts - Professionals

Professionals providing this service should be aware of the following:

- Staff need to understand their responsibilities in all of the areas in which they work
- Clinical governance is a process where care practices are identified, reported and monitored and actions are taken to improve practice
- Clinical governance is important as a process for improvement and shows openness and transparency in activities undertaken
- Accountability and responsibility are defined through clinical governance
- All staff have responsibility for following processes and procedures and using appropriate recording methods, which is all part of clinical governance

### Key Facts - People Affected by The Service

People affected by this service should be aware of the following:

- Service Users should be involved and their opinions sought regarding the care and support provided

### Further Reading

As well as the information in the 'Underpinning Knowledge' section of the review sheet we recommend that you add to your understanding in this policy area by considering the following materials:

- **Guide 34: Practice development: collaborative working in social care (SCIE, 2010)** SCIE has identified collaborative methodology as one of many ways of implementing change based on evidence from research and practice. The method presented here has been adapted for social care from the NHS model and represents a simple approach to change management. - <http://www.scie.org.uk/publications/guides/guide34/>
- **Root Cause Analysis** - <http://www.nrls.npsa.nhs.uk/resources/collections/root-cause-analysis/>

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### Outstanding Practice

To be 'outstanding' in this policy area you could provide evidence that:

- Accountability and responsibility for clinical governance is widely known and people are actively seeking responsibility
- Service improvements can be directly attributed to clinical governance processes
- The service has evidence of being exceptionally open and transparent in the area of clinical governance
- External organisations are involved in clinical governance structures at the service
- Where mistakes or errors are identified through clinical governance processes, they are addressed in a timely manner and they do not reoccur
- The service uses best practice resources to inform developments, and evidences that clinical governance drives improvement
- Eleven Sisters Community Support Services Ltd consistently uses root cause analysis following any incidents including safeguarding incidents to understand lessons learnt and prevent issues arising again
- The wide understanding of the policy is enabled by proactive use of the QCS App