

POLICY and PROCEDURE

Clinical Governance

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INTRODUCTION:

Clinical governance describes the structures, processes and culture needed to ensure that healthcare organisations, and all individuals within them, can assure the quality of the care they provide and are continuously seeking to improve all aspects of quality.

The operation of the clinical governance framework requires:

- Organisational and clinical leadership
- Performance review including quality issues
- Clinical audit
- Clinical risk management
- Research and dissemination of information about effectiveness of clinical practice
- Education, training and continuing professional development
- Managing and learning from complaints
- Seeking and responding to user and patient views
- Use of clinical information about patient experience

The definition of Clinical Governance for Richard House is the same as that used within the NHS.

The definition of clinical governance in the Department of Health publication “A First Class Service” is: “Clinical governance can be defined as a framework through which NHS organisations are accountable for continuously improving the quality of their services and safeguarding high standards of care by creating an environment in which excellence in clinical care will flourish.” See *Appendix 1*.

Richard House has adopted this definition. Our work is supported by:

- Ensuring that risk management systems and processes are incorporated into everyday practice.
- Building and promoting an open and fair safety culture
- Encouraging staff, service users and stakeholders to actively participate in improving the quality of service delivery.
- Learning from mistakes, share knowledge, implement solutions and monitor success.
- Promoting methods of assessing clinical effectiveness and quality of service delivery.
- Continuously looking at innovative and effective ways of delivering the national governance agenda.
- Appropriate management and feedback mechanisms must exist to ensure all systems are in place and functioning effectively.

The key benefits of effective clinical governance are:

- Individual and team reflection on their practice and implementation of lessons learnt
- An open and participative climate in which education, research and the sharing of good practice are valued
- A commitment to quality that is shared by professionals and managers and supported by clearly identified resources, both human and financial
- Routine engagement with the public and users through an organisation-wide strategy, and user representation
- Working as a multi- disciplinary team
- Regular Board level discussion on quality issues
- Strong leadership from the top
- Good use of information for planning and monitoring clinical governance

SCOPE:

This policy applies to all care services delivered by Richard House both within the Hospice, and the Child's own home, including home care, day care, and the residential care.

The policy details of a framework of governance for the care services at Richard House to ensure safety in clinical practice, best practice, quality assurance and a fit with the core purpose of Richard House.

POLICY STATEMENT:

Richard House is committed to offering a safe, high quality and equitable care service for children and young people who are facing a life limiting/life threatening / complex healthcare condition, and their families.

The core purpose of Richard House is to accompany families with children and young people with life limiting / life threatening conditions during the child or young person's journey through life to death, creating positive experiences along the way which become good memories for the future.

It is recognised as a framework through which organisations are accountable for continuously improving the quality of their services and safeguarding high standards of care by creating an environment in which excellence in clinical care will flourish.

Clinical Governance is an umbrella term for everything that helps to maintain and improve high standards of patient care. It covers a range of quality improvement activities including user and needs based research, clinical audit and practice development. It provides a framework to draw these activities together in a coordinated way.

It is important that high quality and consistent standards of clinical practice and effectiveness are maintained throughout Richard House, taking into account the delivery of physical, spiritual and psychosocial care. The strategic drivers to ensure good governance should follow the same principles as those undertaken by the NHS and other stakeholders such as specific interest in the quality of patient care and treatment given to our service users and their families: safe and effective care; the health and well-being and care experience; assurance and accountability.

PROCEDURE:

The approach adopted for Clinical Governance within Richard House will reflect the Care Quality Commission's new registration process and clinical governance activities will be reported against that guidance.

Care Quality Commission

The CQC will now check that providers' compliance covers the two groups of regulations; Health and Social Care Act 2008 (regulated activities) Regulations 2014 (part 3) and Care Quality Commission (Registration) Regulations 2009 (part 4). These regulations introduce the New Fundamental Standards, which describe requirements that reflect the recommendations made by Sir Robert Francis following his enquiry into care at Mid Staffordshire NHS Foundation Trust. Through this process we will continue to ensure that a level of performance is maintained to ensure the safe and effective provision of services for service users, staff and the public.

Safety

Child and family safety is enhanced by the use of health care processes, working practices and systemic activities that prevent or reduce the risk of harm to children, young people and families.

Clinical and cost effectiveness

Children and families achieve health care benefits that meet their individual needs through health care decisions and services based on what assessed research evidence has shown provides effective clinical outcomes

Governance

Managerial and clinical leadership and accountability, as well as the organisation's culture, systems and working practices ensure that probity, quality assurance, quality improvement and patient safety are central components of all the activities of the health care organisation.

Children and family Focus

Healthcare is provided in partnership with service users, their carers and relatives, respecting their diverse needs, preferences and choices, and in partnership with other organisations (especially health and social care organizations) whose services impact on their well-being.

Accessible and responsive care

Children and their families receive services as promptly as possible have choice in access to services and treatment, and do not experience unnecessary delay at any stage of service delivery or the care pathway.

Care environment and amenities

Care is provided in environments that promote children, families and staffs wellbeing and respect for their needs and preferences in that they are designed for the effective and safe delivery of treatment, care or a specific function, provided as much privacy as possible, are well maintained and are cleaned to optimize health outcomes for service users.

Public Health

Programs and services are designed and delivered in collaboration with all relevant organization and communities to promote, protect and improve the health of the population served and reduce health inequalities between different population groups and areas.

RESPONSIBILITIES:

The Trustees, supported by the CEO and Operational Leads at Richard House are responsible for leading on clinical Governance and ensuring that service users have their care delivered safely and for ensuring that the care givers are fit for purpose.

The Director of Family and Care Services is responsible for ensuring that all care staff and volunteers are aware of and implement this policy.

All care staff and volunteers are responsible for adhering to this policy and raising any issues that may affect implementation to their line manager.



All directors, line managers and staff have responsibility for clinical governance as described in the “Three Levels of Responsibility” below:

Three Levels of Responsibility -

Organisational responsibilities Include:

- To provide effective, safe, high quality patient care.
- To ensure that sufficient resources are available for the delivery of care and to manage risk.
- To promote and facilitate the involvement of service users and the public in the delivery, development and evaluation of services.
- To promote a just culture that encourages learning across the organisation to ensure effective risk management and continuous quality improvement.
- To support staff to develop appropriate competencies through training and personal development strategies and providing a range of educational opportunities.
- To develop policies and guidelines to support staff in their work based on Hospice, local and national standards, strategies and legislation.

- To provide information management and information technology support for the delivery of services, monitoring and quality assurance processes.
- To work closely with partners: local authorities, voluntary and private sector agencies and primary care services.
- To monitor services against local and national framework standards via self-assessment, peer review and accreditation.

Roles and Responsibilities of Teams and Team Leaders:

- To provide person centred care for service users.
- To provide service users and the public with information about services and their healthcare.
- To encourage mechanisms for involving service users and the public in improving services.
- To implement local and national standards and guidelines within their areas.
- To manage risk proactively through risk assessment, incident reporting and appropriate action to prevent recurrence.
- To identify training needs for staff in relation to organisational and team objectives.
- To support a learning environment through mentorship, clinical supervision, reflective practice, peer review and formal training that includes statutory and mandatory training.
- To share good practice within the team and with other teams and organisations.
- To contribute to the development of local, regional and national standards and guidelines.

Responsibilities of Individual Staff:

- To be accountable for their working practice, adhering to professional standards, codes of conduct and relevant legislation.
- To expand their knowledge and competencies in order to keep up to date with developments related to patient care, by undertaking regular education/learning activities.
- To care for service users using evidence based practice.
- To involve service users, and where appropriate carers, as partners in their care.
- To provide service users and the public with information about services and their healthcare.

- To protect patient information in accordance with Caldicott principles and to adhere to confidentiality as per professional code and hospice policy.
- Proactively to identify and minimise/eradicate risks to service users, public and staff
- To comply with incident reporting process, using near misses and adverse events to inform risk management and prevent recurrence.
- To participate in projects that aim to improve the quality of care and the safety of staff, service users, and the public.
- Continually to evaluate and improve practice as part of a multidisciplinary team.
- To ensure that the frameworks for clinical governance, risk management, workforce development and clinical effectiveness are adhered to.

RELATED LEGISLATION and DOCUMENTS:

Clinical Governance Guidance (2011) Department of Health, Available from:

<http://www.dh.gov.uk/health/2011/09/clinical-governance/>

Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 17:

<https://www.cqc.org.uk/guidance-providers/regulations-enforcement/regulation-17-good-governance>

RELATED POLICIES:

Accident and Incident Policy

Complaints Policy

Care Services Audit

FEEDBACK:

Richard House Children's Hospice staff (excluding volunteers) may provide feedback about this document by emailing policyguardian@richardhouse.org.uk

APPROVAL AND REVIEW DETAILS

Approval and Review	Details
Approval Authority	Director of Care and Family Services; Chief Executive Officer
Advisory Committee to Approval Authority	Care Manager; Quality Monitoring Lead; Practice Development Nurse
Administrator	Quality Monitoring and Document/Policy Guardian
Next Review Date	26 April 2021

Amendment History	Details
Amendment Authority and Date	
Notes	

APPENDIX/APPENDICES

