Southern Hampshire
PRIMARY CARE ALLIANCE

Clinical Governance Policy

1.2

Version:	1.2
Reviewed by:	Lee Busher
Latest review date:	July 2022
Original author:	Trudy Mansfield
This version approved:	June 2020
Next review due:	June 2024
Approved by	Kerry Cooper
Original publication date	August 2017
Applies to:	All Southern Hampshire Primary Care Alliance Staff

Version Control

Version	Date	Author	Change Summary
1.2	19/07/2022	L Busher	Formatting changes and review

Contents

1. CLINICAL GOVERNANCE POLICY – STRATEGIC FIT

This policy sets out SHPCA approach to clinical governance. The implementation of SHPCA of clinical governance is designed to improve the service to patients and ensure their safety and well-being. It applies to all members of the clinical team supported by administration staff, managers, reception staff and attached staff.

This policy aligns with the SHPCA approach to Quality, the key elements of which are shown

below:

- **Quality is 'everybody's business'** regardless of role or position.
- **Quality means we are safe** for patients, carers and staff.
- We are a **'learning organisation',** our services are **open and transparent**, and we are honest when things do not go as planned and putting things right for those affected.
- **We operate a 'Just Culture' We seek first to understand, not to blame. Individual incidents** can be **a symptom of** a **system issue** that has not been recognised, **a process that is lacking or can be improved.**

As a 'Learning Organisation' understanding care quality and improving at every opportunity is fundamental. Our approach to clinical governance enables this approach.

2. PATIENT INVOLVEMENT

We will seek patient participation and provide patients with the mechanism to provide feedback and make suggestions. These will include patient surveys, complaints forms and via local patient participation groups along with a clear complaints and comments policy for patients.

3. CLINICAL AUDIT (SEE CLINICAL GOVERNANCE: CLINICAL AUDIT PROCEDURE)

Clinical Audit is a critical part of our quality approach. We will undertake regular clinical audits, record the results, and plan continued improvements to patient benefit. Our Clinical Audit Protocol Document outlines this in more detail. Specific to individual services is the Clinical Audit Ambitions document. Both are embedded below:


Clinical%20Governance%20Ambitions%20-


ce%20-%20Clinical%20Governance%20-%20Clinical%2

We will also undertake audits of administrative procedures to ensure they are working effectively. We will make changes timely based on any of the above. We will involve the whole team in this work and ensure a clear way of reporting.

4. EVIDENCE-BASED MEDICAL TREATMENT

We will maintain an up-to-date knowledge of current developments, and research and assess these against established and proven methods of working. We will share expertise and opinion within SHPCA and between clinicians to promote learning and discussion.

5. STAFF AND STAFF MANAGEMENT

We will encourage team working across SHPCA, establish a "no-blame" learning culture (see Blame-Free Culture Policy), and provide an open and equal working relationship with colleagues. We will seek to work to an "Investor in People" standard and support training, development, devolution of control and empowerment.

6. INFORMATION AND ITS USE

We will make full use of information both electronic and paper-based in clinical and non-clinical decision making. We will share best practices with others both inside and outside SHPCA. We will seek to improve data quality and encourage patients to participate in their own clinical treatment, their records, and decisions which affect them.

7. RISK CONTROL

We will operate a name free system of Significant / Critical Event Toolkit to encourage review, feedback and learning from incidents in an open and no-blame culture. All significant events will be discussed and documented within the forum of a clinical review / policy meeting. All events needed to be recorded in writing for further monitoring.

8. CONTINUING PROFESSIONAL DEVELOPMENT (CPD)

We will ensure CPD via full participation in appraisal, revalidation, attendance at training events, and the organisation of regular in-house clinical seminars from specialist consultants. All development activity will be documented as part of individual learning portfolios. Non-clinical staff will be encouraged to attend events related to their own specialism or professional development needs, and it is not intended that this will be cash-limited.

9. PATIENT EXPERIENCE

We will discuss feedback received from patients, both negative and positive, and publicise both suggestions and the SHPCA response. Where individuals are identified they will receive a personal response. We will view SHPCA from the patient perspective (in particular from formal patient survey results) and actively seek to implement feasible and beneficial

ideas. We will use the services of PPGs and other fora and seek comments from them as routine.

10. STRATEGIC CAPACITY

We will operate a three-year strategic plan based on projected patient needs and gear activity towards creating resources to achieve both immediate and longer-term patient clinical needs.

11. IMPLEMENTATION

Dr Dean Hatfull is the Clinical Governance lead for SHPCA.

They jointly are responsible for:

- Promotion of quality care within SHPCA
- Providing clinical governance leadership and advice
- Keeping up to date with research and governance recommendations, and communicating these accordingly
- Acting as an expert resource and advisor in the examination and review of significant events
- Initiating and reviewing clinical audits
- Overseeing the management of the key policy provisions above

12. BOARD ASSURANCE & REPORTING

To evidence how we are meeting the 0.5% standard, as a rule of thumb, any clinician working in an SHPCA will have one set of notes audited monthly. To cross check this to assure we are meeting at least the minimum required percentage per clinician, a central summary log will be kept. This will show total numbers of notes/calls have been audited per month per clinician mapped against the total number of consultations carried out. The Head of Governance will hold this central log.

Consultation activity data will be drawn from EMIS reports on consultation activity by clinician (SHPCA data) and Adastra reports of number of consultations by clinician (SCAS data). For clinicians working across the two systems there will be a small number of overlapping consultations (ie double counting), however, given the volume of consultations this will not have any significant impact on the number of case audits needed.

To minimise the admin burden on services data on audits completed for each service will be accessed by the Governance team to identity numbers of cases audited per service per clinician and populate the central summary log.

Concerns/Exceptions – If audit reveals any concerns regarding an individual's practice this will be escalated to the Lead Clinical Director for that service by the auditor. The Lead Director will raise with the individual as part of their Lead role. See the Clinical Audit Procedure Document.

Reporting

- The overall SHPCA audit performance will be reported regularly to the Board quarterly as part of the Narrative Quality Report.
- The numbers of consultations where concerns are raised will be reported to the CAG.
- Any wider concerns/themes that emerge and actions taken/improvements will be reported to the CAG.

13. GOVERNANCE – AUDITING ASSURANCE FLOW