

# CLINICAL GOVERNANCE

## 1. INTRODUCTION

Clinical governance is defined as a system through which health service organisations are responsible and accountable for:

- Continuously improving the quality of their services
- Safeguarding high standards of care
- Ensuring the best clinical outcomes for patient care
- Creating an environment in which excellence in clinical care will flourish (NICE 2005)

This requires:

- Commitment at all levels from ward to board.
- Creating a culture that is conducive to providing high quality and safe care for patients. This should be characterised by shared passion for quality, openness, respect, support and fairness.
- Procedures and practices to be put in place to ensure that all health care workers are informed of how well patient care is being provided by the organisation, understand their contribution and they can identify and act upon opportunities for improving the quality of care and safety.
- Effective teamwork, managing health and health care risks and ensuring clinical efficiency and effectiveness.

### Key Components of Clinical Governance:

Clinical effectiveness	How do we know we are doing the right things? What evidence do we have for what we do?
Risk Management	How can we minimise the chances of things going wrong? How do we learn from incidents and near-misses?
Patient Focus & External Stakeholder Involvement	What is the patient experience of this service? Is the service safe and effective?

These components underpin the PiC clinical governance framework see *Appendix A*.

This policy should be read in conjunction with:

- A First Class Service – [Quality in the new NHS \(1998\)](#)
- [Valuing people now: a new three-year strategy for people with learning disabilities](#)
- [High quality care for all \(2008\)](#)
- [No health without mental health: a cross-government mental health outcomes strategy for people of all ages \(2011\)](#)
- Department of Health – Closing the Gap: Priorities for essential change in mental health (2014)

- PiC Operational Policy – *Clinical Audit*
- PiC Operational Policy – *Assessment & Management of Clinical Risk*
- PiC Operational Policy – *The Care Programme Approach*
- PiC Operational Policy – *Managing Incidents & Untoward Occurrences*
- PiC Operational Policy – *Partnership with Patients / Residents*
- PiC Operational Policy – *Complaints Policy & Procedure*
- PiC Operational Policy – *Conducting, Hosting or Collaborating in Research*
- Local Safeguarding policies

This policy should be implemented within the context of the PiC Values:

- Valuing people – respecting our staff, patients, their families and communities
- Caring safely – for ourselves, our patients, our customers and communities
- Working together with everyone
- Uncompromising integrity, respect and honesty
- Taking quality to the highest level

## 2. RESPONSIBILITIES

**PiC Executive Medical Director** – has overall responsibility for Clinical Governance, reporting regularly to the PiC Board.

**PiC Clinical Governance Group (CGG)** – oversees clinical governance activity within PiC (Terms of Reference can be found at *Appendix B*).

**PiC Regional Clinical Governance Group** – oversees clinical governance activity within each region.

**PiC Clinical Governance Manager** – supports the Group Medical Director and Clinical Governance Group with developments and implementation.

**PiC Registered Managers** – are accountable for assuring the quality of their service/s. Working closely with the lead clinician they will:

- Foster a culture where clinical governance principles, processes and systems are embedded at all levels of the hospital / unit.
- Ensure systems and processes are in place to ensure the delivery of safe, high quality care.
- Implement national quality imperatives e.g. National Institute for Health and Clinical Excellence (NICE); Quality Network for Forensic Mental Health Services
- Participate in national confidential inquiries.
- Involve clinicians in regular clinical audit and review of clinical services.
- Assess performance and identifying training needs for all staff.
- Develop an open culture where incidents are reported and lessons are learned.
- Ensure effective risk management processes.
- Use the clinical and outcomes dashboard to focus on key quality and outcome measures.
- Maintain a focus on continuous, demonstrable improvement in the quality of patient and carer experience.
- Link and coordinate PiC and local governance priorities through the annual plan.

### **3. IMPLEMENTATION & REPORTING**

The Clinical Governance Group champions the PiC Values.

The group is supported by multi professional specialist networks such as:

- Specialist Recovery Network
- Acquired Brain Injury network
- Learning Disability Network
- Specialist Services Network

In addition, focused time-lined project groups are set up to undertake specific tasks. The agenda for clinical governance meetings is standardised across services

Strategic developments are agreed by the CGG and these inform the PiC clinical governance annual plan. The Registered Manager working closely with the lead clinician identifies the desired outcome; how this is to be achieved and the people responsible. Progress against each plan is reviewed every quarter by the CGG. This plan is the platform for the annual report for the service.

The Governance & Best Practice page on the PiC Intranet provides a useful resource for all staff.

Progress against quality clinical quality improvement objectives are reported annually through the Quality Account.

### **4. LEARNING THE LESSONS**

#### **Incident Management**

Incident reporting procedures ensure that untoward events are identified, openly investigated, that lessons are learned and promptly applied. Incident reports are reviewed every quarter by the Health and Safety and Clinical Governance Committee's where action plans are developed and shared.

#### **Serious Untoward Incidents**

Serious untoward incidents are reported within Commissioner and local safeguarding requirements. Actions arising from SUI's are recorded in a central database and this is routinely reviewed by hospital governance teams. Local action is taken where needed. An overview is maintained by the CGG.

#### **Clinical and Outcome Dashboards**

Clinical and Outcome dashboards report on numerous data covering Patient Safety; Clinical Effectiveness and Patient / Service user experience. The dashboard is reviewed regularly by the CGG where issues that need further clarification / investigation are identified.

**Sharing Best Practice**

'Sharing Best Practice' is a quarterly newsletter reporting on quality improvement initiatives from across the company. We hold a 2 day annual event when clinicians and patients come together to celebrate and share best practice.

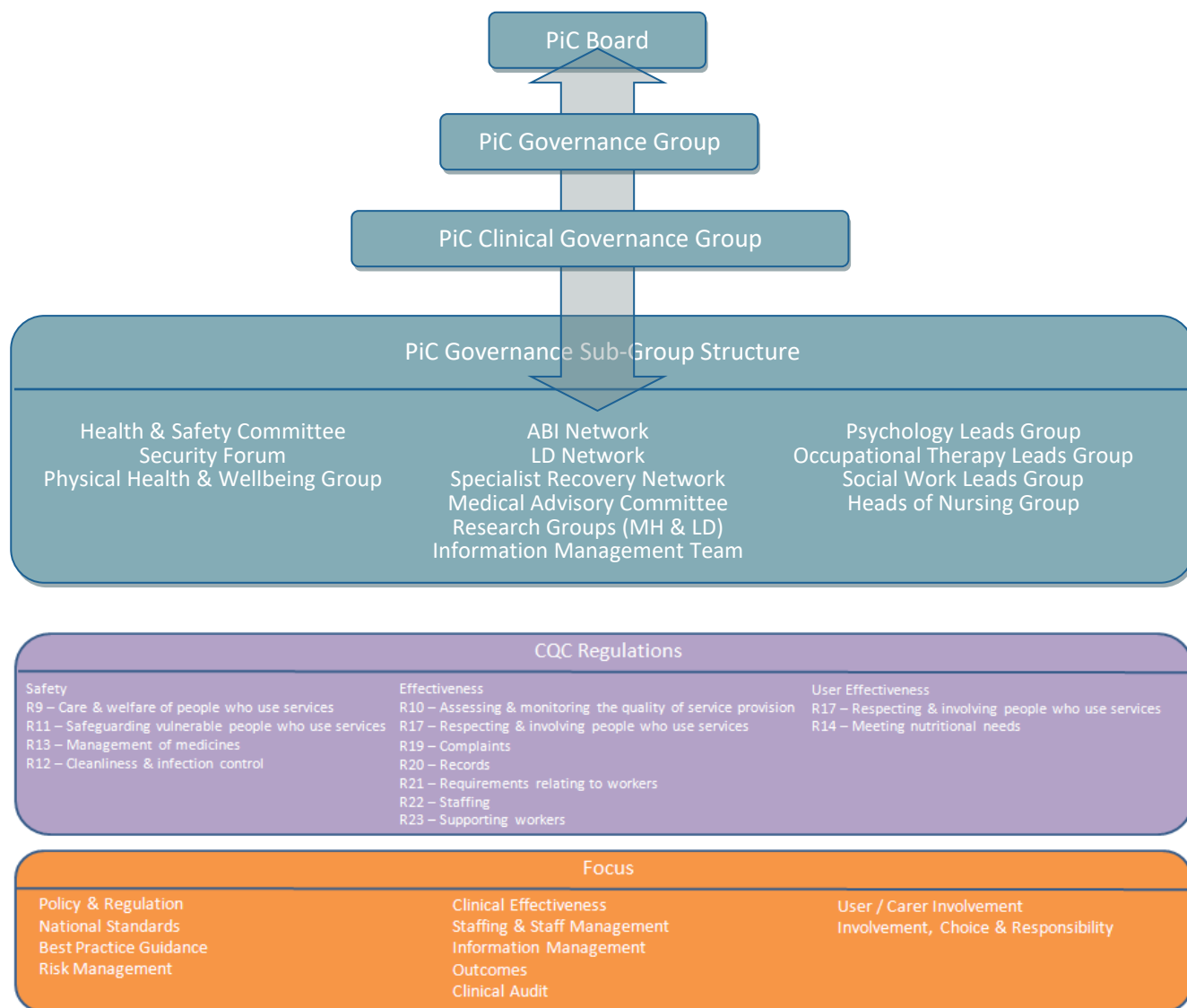
**Clinical Audit**

Clinical audit is an essential and powerful mechanism for measuring performance and improving quality. The clinical audit programme is included in the hospital's / unit's clinical governance annual plan.

**Quality Account**

The PiC Quality Account is published annually setting out the progress made and future objectives. This is available to all PiC Stakeholders and the general public.

## APPENDIX A

**PiC CLINICAL GOVERNANCE FRAMEWORK**

## APPENDIX B

## PiC CLINICAL GOVERNANCE COMMITTEE TERMS OF REFERENCE

### 1. BACKGROUND

The PiC Clinical Governance Committee (the **Committee**) has resolved to adopt these terms of reference.

### 2. COMMITTEE RESPONSIBILITIES

The Committee responsibilities shall be:

- To oversee and advise the company to ensure the delivery of safe, high quality clinical services to patients.
- To determine and implement the Clinical Strategy of the company.
- To review the company's clinical performance.
- Scrutinise the adequacy, effectiveness and quality of the company's clinical services, governance, assurance and risk management processes and policies.
- Scrutinise the regular quality and safety reports from each Regional Clinical Governance Lead / Group, to identify themes and trends and ensure an appropriate clinical response.
- Review themes and trends in relation to claims and complaints relating to the delivery of care and services to patients.
- Review the company's compliance with its obligations under the Responsible Officer Regulations.
- Review the company's information governance policy and processes and any breaches of the same, delegating to the Information Governance Group as required.
- Review the themes and trends and management response to external regulatory visits and inspections.
- Review the company's health and safety performance.
- Provide leadership to Clinical Governance projects.
- To oversee and monitor local clinical governance and activities.
- To oversee and monitor the clinical professional groups and specialist networks.
- To provide monthly updates to the PiC Board and act on feedback and directions given by the PiC Board.

### 3. COMPOSITION

3.1. The Committee shall comprise of the following (the "members"):

- (a) Executive Medical Director (Quazi Haque)
- (b) Chief Executive Officer (Joy Chamberlain)
- (c) Director of Policy and Regulation (Steven Woolgar)
- (d) Corporate Clinical Governance Manager (Dean Moon)
- (e) Regional Clinical Governance Leads
- (f) Operational Directors and the Strategic Director for Specialised Services
- (g) Other individuals may be invited to attend all or part of the Committee's meetings as and when deemed appropriate and necessary by the Committee.

- 3.2 A Regional Clinical Governance Lead is a senior clinician nominated by each region to attend Committee meetings. This senior clinician is the conduit between the PiC Clinical Governance Committee and local Clinical Governance structures. The clinician is the individual responsible for ensuring that agreed corporate actions are implemented locally.

#### **4. QUORUM**

- 4.1. The quorum necessary for the transaction of business shall be one of (a) (b) and (c) plus at least one representative from each region.
- 4.2. A duly convened meeting of the Committee at which a quorum is present shall be competent to exercise all or any of the authorities, powers and discretions of the Committee.
- 4.3. All members are expected to attend meetings in all but exceptional circumstances. Apologies must be given to the Chair in advance of the meeting.

#### **5. ADMINISTRATION**

- 5.1. The Executive Medical Director shall act as Chair (and in his absence, the Director of Policy and Regulation). The PA to the Executive Medical Director shall act as the secretary of the Committee.
- 5.2. The Committee shall endeavour to meet 10 times a year at the times as may be agreed by the members and at such other times as determined by the Committee Chair.
- 5.3. The Committee will review quality monitoring information provided by each region and Central databases. Other reports may be required as determined by the Committee.
- 5.4. The secretary shall minute the proceedings and decisions of all meetings of the Committee, including recording the names of those present and in attendance.
- 5.5. Relevant papers (e.g. minutes) will be published on Synapse. Minutes will be specifically distributed to the following: this Committee, the members of the PiC Board, the PiC Corporate Management Committee and other clinical staff as determined by the Chair.

#### **6. REGIONAL CLINICAL GOVERNANCE**

- 6.1. Each Region (North and South) and Specialised Services shall have a Regional Clinical Governance Committee. The terms of reference, attendees, agenda and minutes are to be approved by the PiC Clinical Governance Committee.
- 6.2. Major learning points for the organisation are to be cascaded through the company by:
- (a) Regional Clinical Governance Committees
  - (b) Regional Clinical Leads
  - (c) Senior Management Teams
  - (d) Other communication channels as directed by the Committee

#### **7. REPORTING**

- 7.1. The Committee shall report to the PiC Board.
- 7.2. Once approved, minutes shall be included in the PiC Board papers.

## Corporate Clinical Governance Agenda

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### 1. Opening Matters

- A. Welcome & apologies
- B. Previous minutes
- C. Action Log and matters arising from minutes
- D. Hot topics from regional governance

### 2. Governance

- A. Policy
- B. Regulation & compliance

### 3. Quality Assurance & Safety

- A. Incidents - alerts, updates and lessons learned
- B. CAMHS safeguarding
- C. Quality Improvement Programme Update
- D. Monthly quality dashboard update
- E. Quarterly department reports
- F. Audit
- G. Patient experience

### 4. Operational Performance

- A. Issues from corporate operations meeting.
- B. External stakeholder / contracts update
- C. Quarterly updates from key departments

### 5. Strategy and Development

- A. Integration of new sites - updates
- B. Thematic reports