

Clinical Governance Framework	
Category	
Policy drafted by	Phalguni Trivedi
Policy Approved by Operational Lead and date	
Policy approved by Board Lead and date	
Date for review	01/08/2015
<p>1. Introduction</p> <p>The Health Act 1999, placed the corporate responsibility of ‘the duty of quality’ on organisations providing local healthcare, through systems and processes rather than on individuals. This duty of quality was articulated as clinical governance. Clinical governance is a framework through which NHS organisations are accountable for clinical performance, underpinning quality and continuous improvement. It exists to Safeguard high standards of care, and provide an environment in which excellence can flourish.</p> <p>The aim of GPCG Clinical Governance Framework (CGF) is to ensure the main components of Clinical Governance (risk management, clinical audit, education, training and professional development, evidenced based care and development, patient and carer experience and involvement, staffing and staff management) are addressed.</p> <p>It will also ensure that mechanisms are in place to:-</p> <ul style="list-style-type: none"> • Deliver safe and effective care based on National evidence and best practice • Achieve demonstrable improvements in patient outcomes and experience • Increase involvement of staff, patients, carers and the public in Clinical Governance (CG) and quality improvement activities • Provide assurance to patients and the public and our commissioners on our systems for safety and quality of care • Ensure that there is collective organisational focus on improving clinical quality • Ensure accountability and delegation across all service areas and organisations • Ensure Processes are in place through which objectives and priorities are set, monitored and reported on • Ensure Policies and Procedures are in place and all staff/organisations adhere and are complaint • Ensure collaboration across organisations, Service areas and responsibilities; • Ensure compliance to Care Quality Commissioning (CQC) Outcomes • Promote individual professionalism and multidisciplinary working • Underpinning organisational values, behaviour and practices <p>Our clinical governance (CG) structure will aim to promote quality improvement and leadership throughout services/organisations that are evidence-based and patient focused</p>	

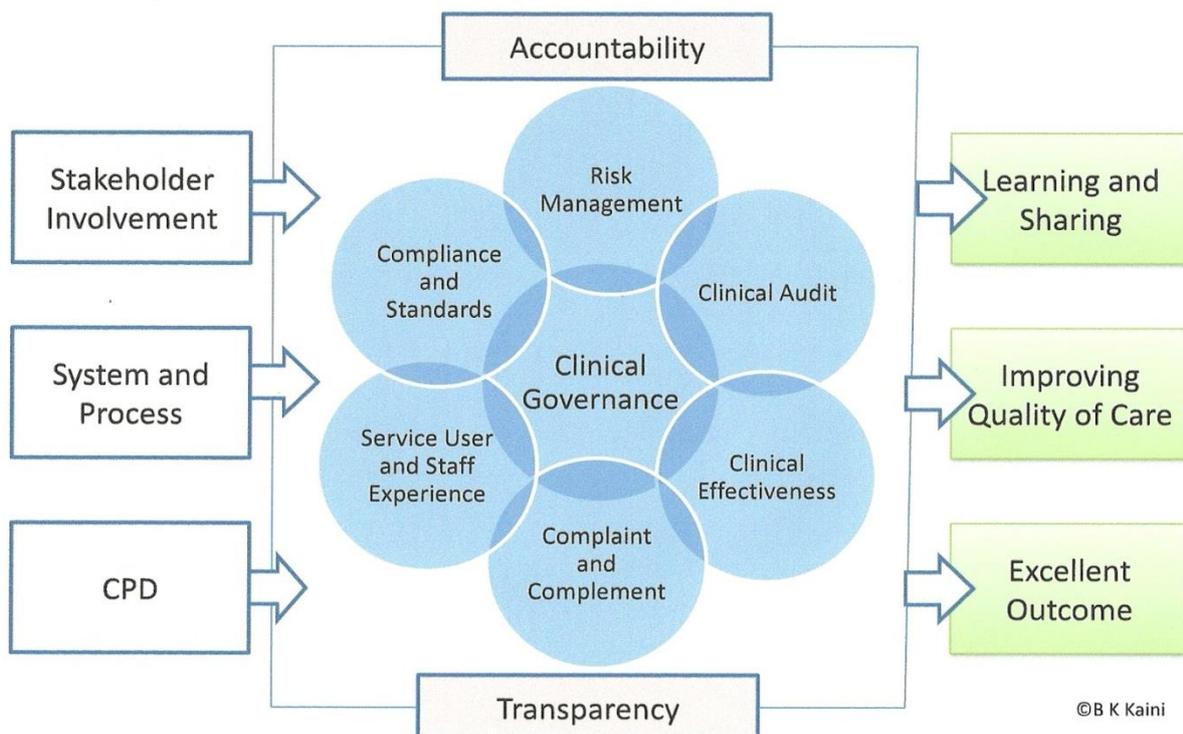
2. Aims and objectives

Clinical governance requires organisations to develop a culture where staff are supported to work safely and can utilise the best available evidence to guide and reflect on practice. It is reliant on strong leadership, effective partnership, continuous learning, and innovation to deliver safe and effective care. The continuous improvement cycle is integral to this

All NHS organisations must have a top-level strategy for managing clinical governance. This strategy sets out how GPCG manages clinical governance. It clarifies the Board’s overarching strategic goals for clinical governance and key themes for the next year, and defines Executive and other responsibilities for leading and managing clinical governance and driving forward the agenda.

This strategy builds on the work that has already been undertaken to develop systems for managing quality and safety.

Clinical Governance Framework



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3. Accountability and assurance

Board level accountability

The overall responsibility for delivery of the clinical governance agenda rests with the Chief Executive. This responsibility is delegated to the Director of Nursing who has executive responsibility for ensuring that clinical governance is delivered throughout the organisation and remains a priority, becoming an integral part of policies and procedures and is in line with the national best practice.

The Director of Nursing chairs the Clinical Governance Committee, which monitors this Strategy, through regular reports and an annual Clinical Governance Report to the Board. The Board will appoint two lead Non-Executive Directors who take a special interest in clinical governance Board assurance. The Board is responsible for ensuring that adequate resources are committed to deliver the strategic goals for clinical governance.

Shared responsibilities

All CHS providers will have lead responsibility for specific elements relating to clinical governance and risk management, including the development of strategies, policies and plans for their delivery. Each lead will be responsible for reporting to the Programme Board on progress within their area of responsibility, principle risks to achieving their objectives, their impact on the Board's objectives and plans for the year ahead.

Operational delivery

For clinical governance to be meaningful it must be closely linked to the development of multidisciplinary clinical teams and services. Clinical teams and services are responsible for the continuous improvement of the care they deliver, with support from the clinical governance structures. We will be working closely and in partnership with all organisations to support clinical governance. Locality based operational board and committees will be setup to share and develop good practice and deliver elements of clinical governance including quality and safety across CHS provider organisations.

4. Strategy into action

4.1 Strategic aims

The aims of the GPCG Clinical Governance Strategy are to ensure mechanisms are in place to:

- Deliver safe and effective care based on available evidence and best practice;
- Achieve demonstrable improvements in patient outcomes;
- Increase the involvement of staff, patients, carers and the public in clinical governance and quality improvement activities; and

- Provide assurance to patients, the public and our commissioners on our systems for safety and quality of care.

THGPCG is committed to providing the highest standards of care to our patients and population; to achieve this we will put compassion at the centre of how our care is planned, led and delivered. Local clinical leadership development has been established and the further development of this model will drive the local ownership of care delivery.

The development of a system of quality and safety monitoring will be based upon a combination of desirable outcomes. Drivers for these outcomes come from a range of statutory requirements, identified localised health issues, and national programmes such as the Compassion in Practice. The identification of the key performance indicator metrics will be developed using local clinical leadership to work alongside a strategic lead and commissioning teams, review of the high-level risk register, clinical governance and quality reports which include Patient Safety, Patient Experience, Patient Outcomes and Clinical Effectiveness, and Regulatory Assurance will inform this process. Using the team approach will ensure that metrics are robust, measure what we want to measure are fit for purpose and include all relevant safety areas; infection control, health and safety, manual handling, Control of Substances Hazardous to Health, business continuity planning and all aspects of Adult and Child safeguarding and practices related to Mental capacity and Deprivation of Liberty, records management, medicines management, staffing levels..

Each service delivery team will have a performance monitoring dashboard which will be reviewed by the Service Managers. This review will result in a high report submitted to the Quality & Performance Committee, the report will highlight areas of significant improvement or areas of concern where standards have not been met or have deteriorated. This process enables GPCG to retain an overview of the performance of the multiple services within the organization. Following the identification of any area of concern the Quality and Performance Committee will liaise with the service delivery team and management to identify solutions to the issue which can be rapidly implemented. Where solutions are not identified and agreed, or where remedial actions are not carried out or fail to result in the intended improvements a report will be escalated to the GPCG Programme Board in the first instance and then to the GPCG Programme Board.

GPCG service work with and provide care for the population of Tower Hamlets, from young children to older adults and including those with significant and complex co-morbidities including those with dementia, mental health problems, and learning disabilities. These groups encompass those individuals who are most vulnerable and at risk of neglect and abuse. Safeguarding is embedded into the core practice of the GPCG teams who are committed to working together with other local services through a more joined up approach to safeguarding. Each service delivery team will have a Safeguarding Lead whose role will include acting as a champion for safeguarding within the service as well as providing mentoring and guidance for the team where safeguarding concerns are raised. All staff

working within GPCG will regularly participate in mandatory training and development around safeguarding, including activities such as review of significant events and good practice.

Local systems will ensure that clear lines of accountability, sources of expert advice and referral pathways into Local Authority Safeguarding teams are established and understood by all staff. This will be supported on a local level by the local champions.

Evaluating the effectiveness of clinical governance arrangements is a significant challenge. The key components shown in Appendix B are divided into five 'enabler' and four 'result' areas (based on the European Foundation for Quality Management Excellence Model). The activities contained in the enabler criteria will be evaluated for effectiveness. The result areas reflect a mix of outputs and clinical outcomes which will also be assessed for impact and to ensure improvement over time.

5. Monitoring and review of the strategy

Work plans are in place for delivery of the key components of clinical governance and support the following strategies:

- Clinical Audit & Effectiveness
- Education & Training
- Information Governance
- Patient and Public Involvement
- Research & Development
- Risk Management
- Workforce Development

Assurance of progress against these strategies and associated work and action plans is received via a governance route by the Clinical Governance Committee, Finance & Performance Committee or Audit and Assurance Committee and reported to GPCG Board.

6. References and supporting policies/documentation

High Quality Care for All: the NHS Next Stage Review (Department of Health, June 2008)

NHS 2010-2015: From good to great. Preventative, people-centred, productive, (Department of Health, December 2009)

The Operating Framework for the NHS in England 2010-11 (Department of Health, December 2009)



NHS Constitution

Health & Social Care Act 2008 (Regulated Activities) Regulations 2009

Care Quality Commission (Registration) Regulations 2009

National Patient Safety Campaign (National Patient Safety Agency (NPSA), Health Foundation, NHS Institute for Innovation and Improvement)

Health & Social Care Act 2008: Code of Practice for health and adult social care on the prevention and control of infections and related guidance (Department of Health, December 2009)

NHS Litigation Authority Risk Management Standards for Acute Trusts (NHSLA January 2010)

CNST Maternity Risk Management Standards (NHSLA, April 2009)



Appendix A

Tower Hamlets GP Care Group Clinical Governance Structure

THGP CARE GROUP Board

Clinical Governance Committee

Audit and Assurance Committee

Risk Management Committee

Quality and Performance Committee

NW Locality Operational Board

SW Locality Operational Board

NE Locality Operational Board

SE Locality Operational Board

NETWORKS



LEADERSHIP	EN A B L E R S	PROCESSES	PATIENT RESULTS	KEY PERFORMANCE RESULTS
<p>Governance arrangements</p> <ul style="list-style-type: none"> • Board ownership • Assurance framework • Clinical Governance Committee • Risk Management Committee • Audit & Assurance Committee • Executive Lead for Clinical Governance • Executive Leads for CQC Regulations • Clear governance pathways <p>Management arrangements</p> <ul style="list-style-type: none"> • Clear operational management pathways • Executive Directors Group 	<p>STAFF</p> <ul style="list-style-type: none"> • Professional registration • Pre-employment checks • Joint training programme • Clinical supervision • Mandatory training • Annual appraisals, PDP/KSF • Continuing professional development • Management of capability • Workforce planning • Health & Safety training <p>POLICY & STRATEGY</p> <ul style="list-style-type: none"> • Government strategy/policy • Clinical Governance Strategy, related strategies and associated work programmes • Clinical policies, protocols and guidelines • Equality & Diversity Framework • Communications Strategy 	<ul style="list-style-type: none"> • Incident reporting • Investigating and learning from critical incidents and SUIs • Clinical audit and effectiveness programme • Internal Audit programme • Patient Safety & Quality Improvement programme • Clinical Governance reporting mechanisms • Compliance framework • Business continuity planning • Major incident planning • Patient Surveys • Patient feedback systems • Complaints and PALS • Patient Experience report • Policy management system • Patient safety and performance dashboards • Electronic staff record • Training tracker • Divisional performance meetings 	<ul style="list-style-type: none"> • Improved patient outcomes • Patient involvement • Satisfaction with care / treatment • Learning from experience • Lessons learned from critical incident and SUI investigations • Clinical audit and effectiveness programme • Re-admission rates • Admission, transfer and discharge monitoring • National Patient Surveys <p>STAFF RESULTS</p> <ul style="list-style-type: none"> • National Staff Survey • Clinical supervision • Annual appraisals, PDP/KSF • Safer working conditions • Celebration of 	<p>Quantitative</p> <ul style="list-style-type: none"> • Performance Dashboard • Local delivery plan performance indicators • Clinical outcomes • Clinical Audit results • National benchmarking <p>Qualitative</p> <ul style="list-style-type: none"> • Clinical Governance Annual Report • Annual Quality Report • Patient Surveys



<ul style="list-style-type: none"> • Medical Director • Director of Nursing • Clinical Leads Group • Clinical Services Committee • Senior Nurse Forum • Divisional Management Teams • Divisional clinical governance leads <p>Individual responsibilities</p> <ul style="list-style-type: none"> • All clinical leadership posts • Leadership development programme <p>Corporate documents</p> <ul style="list-style-type: none"> • Local delivery plan • GPCG business plan • Corporate risk register • Terms of reference for all groups/committees • Clinical Governance 	<p>PARTNERSHIP & RESOURCES</p> <ul style="list-style-type: none"> • Benchmarking with other Providers • External communications strategy • Internal governance support functions • Links between clinical and other governance committees • Patient Safety & Quality Improvement Network • Medical Advisory Committee • Contract Quality Review Meetings with commissioners 		<p>achievement</p> <p>LOCAL COMMUNITY RESULTS</p> <ul style="list-style-type: none"> • Patient and public involvement • Public confidence in organization • Local patient satisfaction surveys • Public access to information • Clinical Governance Annual Report • Contribution to local and national health service • Annual Quality Report 	
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Strategy, related strategies and associated work programmes				
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