



<b>POLICY/PROCEDURE INFORMATION</b> (Policy no CS005)	
<b>Subject</b>	<b>Clinical Governance Policy</b>  <i>(This policy is subject to periodic review and will be amended according to service development needs)</i>
<b>Applicable to</b>	All clinical staff and volunteers who work for Nottinghamshire Hospice
<b>Target Audience</b>	Service users of Nottinghamshire Hospice
<b>Date issued</b>	Sept 2019
<b>Next review date</b>	Sept 2022
<b>Lead responsible for Policy</b>	Director of Care Services
<b>Policy reviewed by</b>	Director of Care Services
<b>Notified to (when)</b>	Senior Management Team – Sept 2019
<b>Authorised by (when)</b>	Senior Management Team – Sept 2019
<b>CQC Standard if applicable</b>	All fundamental standards
<b>Links to other Policies</b>	Safeguarding of Vulnerable Children & Adults Policy Mental Capacity Act Policy Medication Management Policy Infection Control Policy Reporting of Accidents, Incidents Policy Confidentiality Policy Capability Policy and procedure Consent Policy Disciplinary Policy and Procedure Patient Diversity & Equalities Policy Health and Safety policy Transport Policy Mini Bus Policy
<b>Summary</b>	This policy aims to provide a clear understanding of Nottinghamshire Hospices Clinical Governance framework
<b>This policy replaces</b>	Clinical Governance PTC0013

<b>VERSION CONTROL</b>		
<b>Status</b>	<b>Date</b>	<b>Reviewed date</b>
Original policy written by Dr Betsie van Niekerk, Hospice Physician	June 2015	June 2017
Policy reviewed by Director of Care Services, Jo Polkey	Sept 2018	
Updated control sheet and published on Policy Doc App	Sept 2018	
Policy reviewed by Senor Management Team (revision to section 6 – Duty of Candour)	Sept 2019	Sept 2022
Updated control sheet and published on Policy Doc App	Sept 2019	
Logo updated and published on website	Dec 2020	

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## 1. Introduction

Clinical Governance is a term that encompasses all activities that monitor or improve the quality of the clinical service we provide, including the satisfaction of users of our services. It is based on the idea that, whilst no individual or organisation is perfect, both organisation and individual should have a healthy appetite for self-improvement if the culture is conducive to this.

The following activities are key to Clinical Governance:

1. Education and Training
2. Clinical Audit
3. Clinical Effectiveness
4. Research and Development
5. Openness
6. Risk Management
7. Information Management
8. Human Resources

Like any good health care provider, Nottinghamshire Hospice is committed to the practice of Clinical Governance. Indeed, it is so integral to the approach to care employed at Nottinghamshire Hospice that it is difficult to extract from many of the routine activities that take place within the organisation.

Palliative Care is a discipline with very strong ethical and philosophical components to it. It is also an area of health care in which a lot of planning stems from the application of pertinent “first principles” and preparation for or avoidance of likely complications.

It values multidisciplinary working, thereby emphasising the importance of teamwork. Being highly holistic, it has equal concern for the physical, social, psychological and spiritual dimensions of each person being cared for, and the single most important principle that underpins all our work is that of “patient-centered care”.

Bearing these attributes of the discipline in mind, it is not surprising that much of the personal and organisational development that takes place is of a reflective nature, addressing attitudes and principles as often as it defines rules or standards.

Clinical Governance is more than just ensuring that all staff adhere to existing Policies and Procedures. It is sometimes the case that policies and procedures need to be adapted or refined in response to the realities of clinical practice or the release of new legislation and regulations.

Clinical Governance is everybody’s business. However, the Director of Care Services has a particular responsibility for maintaining a culture where such activities can thrive and for ensuring that such activities are actually undertaken. They also have ultimate responsibility for the quality and accuracy of all clinical policies and procedures.

Clinical Governance is defined as:

*‘A framework through which NHS 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’. (DOH 1999)*

There are three key attributes to clinical governance:

- Recognisably high standards of care
- Transparent responsibility and accountability for those standards
- An ethos of continuous improvement

Clinical governance refers to the structures, processes and systems in place in an organisation to manage the quality of service provision. This framework needs to be appropriate to each organisation, and this policy sets out the Nottinghamshire Hospice approach.

There are eight key elements to clinical governance. These are outlined below, along with the mechanisms in use in Nottinghamshire Hospice to deliver each of the elements, and the expectations that are placed on staff at the Hospice.

## **2. Education and Training**

It is the professional duty of all clinical staff to keep their knowledge and skills up to date, and they must therefore engage in regular continuing professional development (CPD). For nurses it is managed through the Nursing & Midwifery Council Revalidation process and annual internal appraisals. For allied health professionals this is managed through the appropriate regulatory bodies. In addition, all employees are bound by Nottinghamshire Hospice's mandatory training schedule. All clinicians are expected to document their learning for their individual learning portfolios. The Hospice supports the ongoing development of clinical staff, both financially and by allowing time for training and attending study days.

Following any external CPD paid for by the hospice, clinical staff are expected to share their learning with colleagues, either formally in care team meetings, or through informal means. It is the responsibility of each member of the clinical team to ensure that any urgent updates are brought to the attention of all colleagues to whom the information is relevant as soon as possible after the learning event. Care team meetings allow clinical staff with specialist knowledge to pass on updates to the rest of the clinical team.

Nottinghamshire Hospice's approach to training for all staff is set out in the Human Resources Policy (including Recruitment and Selection, Training and Development) as well as the training matrix. It is recognised that non-clinical staff also need to update their skills regularly in order to support the delivery of high quality patient-centered care and therefore training for non-clinical staff and volunteers are incorporated in the policy and training matrix.

## **3. Clinical Audit**

Clinical audit is the review of clinical performance and the refinement of clinical practice as a result. Within Nottinghamshire Hospice, this may refer to:

- The application of the results of formal national or local (e.g., CCG) audits to our patient population and the identification of areas for improvement
- Audits carried out in the organisation by our clinicians or by external experts, e.g., community pharmacist which result in improvements in practice

- The use of case studies to highlight specific issues that are then generalised within our patient population

The Director of Care Services is required to submit an annual audit programme as part of the monitoring of Quality by the CCG's and a bi-annual report on the findings. Care team meetings provide a forum for the dissemination of the results of audits and the exchange of opinions about how the results can be used to improve clinical practice.

The Director of Care Services is designated to manage the agenda for meetings, to ensure that the audit topics selected meet the criteria and provide a balance over a year. It is their responsibility to arrange for a clinical evaluation to be presented on any topic that is causing particular concern.

The range of topics covered in audits should include,

- Medication Management
- Infection Control
- Clinical Documentation
- Nutrition
- Mental Capacity Act application

All audit outcomes presented at a care team meeting should be made available to staff. In addition, practice development, legislative changes and briefings on organisation policy will form part of the agenda

#### **4. Clinical Effectiveness**

Clinical effectiveness is about providing the best evidence-based care for the patient while making good use of available clinical resources. Clinical staff within the Hospice are expected to work guidance where these have been developed.

This will ensure that:

- Patient care is guided by the best available evidence of the effectiveness of particular treatment regimens or care management plans
- Care plans are developed, discussed and followed in partnership with health care professionals in the community

In addition, clinical staff is expected to read journals and/or websites regularly to maintain current awareness of best practice. This should include regular scanning of NICE and other national guidelines for changes in recommended practice. The monthly Journal Club attended by members of the care team is arranged to aid this learning.

#### **5. Research and Development**

Nottinghamshire Hospice is not actively involved in research projects, any approach to take part in research would be considered through the Director of Care and the Quality & Safety

Committee. In addition, clinical staff is expected to read journals and/or websites regularly to maintain current awareness of research findings and resulting changes in recommended best practice.

## 6. Duty of Candour

A culture of Candour is a prerequisite to improving the safety of patients, staff and visitors as well as the quality assurance. This means that patients should be well informed about all elements of their care and treatment and that all staff have a responsibility to be open and honest, especially when errors occur. The Hospice has reviewed its practices and actively promotes openness about its practices and all staff especially managers make sure that if mistakes are made, the affected person:

- Will be given an opportunity to discuss what went wrong.
- Will receive feedback on findings from any investigation.
- Will receive an apology.
- Will be asked what they would like to be done to deal with any harmed caused.
- What will be done to prevent it happening again – organisational learning.

All incidents and accidents are recorded and reported to the Trustee led Quality and Safety Group. Nottinghamshire Hospice aims to co-operate at all times in a spirit of openness with other healthcare providers, NHS and local authority organisations, as well as organisations with regulatory powers such as the Care Quality Commission.

## 7. Risk Management

Risks - to patient, staff and the organisation as a whole are managed through a range of policies and procedures, through risk assessment and through regular Incident Review Meetings. Bi-monthly incident Reports are presented to the Quality & Safety Group and learning is identified within this report.

The key policies relating to minimising risk for patients are:

- Safeguarding of Vulnerable Children & Adults Policy
- Mental Capacity Act Policy
- Medication Management Policy
- Infection Control Policy
- Reporting of Accidents, Incidents Policy
- Confidentiality Policy
- Capability Policy and procedure
- Consent Policy
- Disciplinary Policy and Procedure
- Patient Diversity & Equalities Policy
- Health and Safety policy
- Transport Policy
- Mini Bus Policy

Risks are minimised through other aspects of clinical governance, especially through attention to education and training, clinical audit and clinical effectiveness.

The Hospice approach to learning from critical events, near misses and risk is set out in the Reporting of Accidents, Incidents Policy and Medication Management Policy where that is applicable.

The hospice takes a “no blame culture” approach and encourages all staff to discuss any incident that has or could have posed a risk or actual harm. The learning from incidents is shared across the clinical team, and any actions are reviewed until fully implemented. Clinical incidents are investigated through a formal investigation process lead by the Director of Care services and supported by Human Resources department and action taken as appropriate. Learning points will be shared with a staff member/s involved and disseminated to the clinical team as necessary and appropriate.

## **8. Information Management**

High quality clinical care depends on high quality information management. The Hospice is compliant with GDPR regulations. Generation of good patient records is the responsibility of every member of the clinical team to ensure that the details of their consultations/contacts with the patients are recorded in a way that:

- Is easily understood by colleagues, and by the patient if requested
- Reflects exactly what takes place in the consultation, including any discussion relating to risk, e.g., consent
- Provides clear information about the agreed care plan
- Will stand the test of time

The hospice will maintain patient confidentiality at all times when using data for clinical governance purposes. Patient records maybe electronic through the NHS Sytemone database or hospice databases as well as written records. Patient identity will be protected to provide evidence for internal audits and case studies, and to ensure clinical effectiveness.

Patient data is shared with other health care professional's maybe through electronic consent or with prior written consent from the patient. The Hospice will meet its statutory duty to provide anonymised patient data to Department of Health sources (if requested), and will also provide patient-identifiable data in accordance with the Health & Social Care Act 2012 for those patients who have not explicitly withheld their consent.

## **9. Human Resources**

Nottinghamshire Hospice is committed to delivering clinical care through a team of fully qualified and suitably experienced clinical staff, supported by an adequate administrative resource. In order to achieve this, the Hospice regularly reviews the skillset of its clinical team, offering development opportunities, and ensuring that the full range of care skills is available at an appropriate level.

When recruiting potential new clinical staff, the interview will include questions designed to demonstrate an awareness of clinical governance principles.

The Hospice operates within a full suite of human resources policies and procedures to ensure



that every member of the team, whether clinical or not, is working with the best interests of the patients in mind at all times.

## 10. Roles and responsibilities



### 10.1 Levels of Responsibility

#### Organisational Responsibilities:

- 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 patients 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 centered care for patients.
- To provide patients and the public with information about services and their healthcare.
- To encourage mechanisms for involving patients 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 patients using evidence based practice.
- To involve patients, and where appropriate carers, as partners in their care.
- To provide patients 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.
- To proactively identify and minimise/eradicate risks to patients, 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, patients, and the public.
- To continually 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.

## **11. Implementation**

The Clinical Governance lead for Nottinghamshire Hospice is the Director of Care Services. It is their responsibility to ensure that the principles in this Policy are implemented effectively. Specifically, they will:

- Provide clinical governance leadership and advice
- Promote high quality care within the Hospice
- Keep an overview of the level of current awareness maintained by each individual member of the care team
- Act as the expert in dealing with clinical complaints and significant events
- Initiate and review local audits as appropriate

# Nottinghamshire Hospice

## Quality & Safety Group Terms of Reference Final Version

### Version Control

Version and date	Change	Made by
v1.1 6 August 2017	Reviewed previous terms of reference for Quality & Safety Group Jan 2016 and draft Strategy & Corporate Governance TOR Aug 2017 First draft shared with Joanne Brunner and current QSG members for comment. Copied to Katie Watson, PA to CEO.	Doug Black
V1.2	Reviewed and amended in line with recommendations	RNM

<b>1. Introduction</b>	These terms of reference set out the membership, remit, responsibilities and reporting arrangements for the Quality and Safety committee [the committee] a sub-committee established by Nottinghamshire Hospice Board
<b>2. Purpose</b>	To lead and monitor the effectiveness of clinical governance within the Hospice, in line with the requirements of the organization, expectations of partner organisations and ensuring the Hospice is compliant with the Care Quality Commissions, Fundamental Regulations. This will support the provision and development of patient centred, evidence based healthcare taking into account national and local agendas.
<b>3. Vision</b>	To be a leader in palliative and end of life care; meeting the physical, psychological, emotional and spiritual needs of our patients, their families and carers and to be a leader in palliative care education and research within the wider care sector.
<b>4. Mission</b>	Nottinghamshire Hospice provides high quality palliative and end of life care services to all patients and families, providing palliative care education and research in collaboration with other care providers.
<b>5. Principles</b>	The decisions will be based on the following principles: <ul style="list-style-type: none"> <li>• <b>Optimise Health Outcomes:</b> To agree actions that aim to achieve the greatest possible improvement in health outcomes within the resources that are available;</li> <li>• <b>Clinical Effectiveness:</b> Ensure that the decisions are based on sound evidence of clinical effectiveness;</li> <li>• <b>Cost Effectiveness.</b> Consider cost-effectiveness analyses of interventions (where available) to assess which interventions yield the greatest benefits relative to the cost of providing;</li> <li>• <b>Equity.</b> Operate within the context of everyone within the population being of equal value;</li> <li>• <b>Access.</b> Ensure decisions reflect the need for care to be delivered as close to where patients live as possible;</li> <li>• <b>Patient Choice.</b> Respect the right of individuals to determine the course of their own lives, including the right to be fully involved in decisions concerning their care.</li> <li>• <b>Affordability:</b> evidence based to deliver clinical and cost effective delivery of care within the resources available</li> <li>• <b>Disinvestment.</b> constant review to ensure clinical and cost-effective services</li> <li>• <b>Quality:</b> high quality services as evidenced against national and international best practice:</li> <li>• <b>Sustainability:</b> Overseeing use of funds to ensure sustainability of the service offer</li> </ul>
<b>6. Membership</b>	<b>Standing members:</b>  Chair: Trustee Vice Chair: Trustee Trustees: at least one other Trustee Chief Executive Director of Care Services

	<p>Clinical Nurse Specialist Executive Assistant</p> <p><b>Co-optees</b> The Chair/Vice-Chair may co-opt such other individuals as may be required from time to time to address specific agenda items</p>
<b>7. Chair and Vice Chair</b>	<p>The Chair and the Vice Chair will be Trustees</p> <p>In the event of the Chair being unable to attend all or part of the meeting the Vice Chair will deputise.</p>
<b>8. Quorum</b>	<p>No business shall be transacted at any meeting unless a quorum is present.</p> <p>A quorum will be the Chair or Vice Chair and one other Trustee, one of which to have a clinical background, and two from the CEO, Director of Care Services, Clinical Nurse Specialist</p>
<b>9. Frequency and conduct of business</b>	<p>The committee will meet every two months</p> <ul style="list-style-type: none"> <li>• Meetings (including extraordinary meetings) shall be convened at the discretion of the Chair/Vice-Chair.</li> <li>• Meetings will be organised and supported by the Chief Executive's office by the Executive Assistant</li> <li>• Except as otherwise prescribed in these terms of reference, the provisions of Nottinghamshire Hospice's Articles of Association applicable to Trustee meetings shall apply to meetings of this committee</li> <li>• Notice of meetings will be given to all members of the group not less than five working days before the meeting dates confirming venue, time and date together with an agenda of items to be discussed. Any supporting papers shall be sent to members as appropriate.</li> </ul>
<b>10. Authority</b>	<p>The committee has delegated authority from the Board.</p> <p>Responsibility for Clinical Governance is delegated from the Chief Executive to the Director of Care Services</p>
<b>11. Responsibilities</b>	<ul style="list-style-type: none"> <li>• To provide strategic direction and leadership for clinical governance</li> <li>• To develop, support and monitor the Clinical Governance Strategy within the framework of the overall Hospice Strategy as defined and agreed by the Board.</li> <li>• To ensure that national standards, guidance and best practice reflected within Hospice Care Services and are regularly reviewed</li> <li>• To engage with and support patient and carer involvement in the development and improvement of services.</li> <li>• To ensure that clinical services are operating within and meeting the registration requirements for the Care Quality Commission and that this can be evidenced during all inspections.</li> <li>• To agree priorities for clinical governance to be reflected within the operational activities for the relevant departments</li> <li>• To maintain and update a Risk Register for Care Services</li> <li>• To maintain and update a conflicts of interest register.</li> <li>• To report to and advise the Board of Trustees on key issues and progress</li> </ul>

<b>12. Decision making</b>	<ul style="list-style-type: none"> <li>• Decisions will be made by consensus</li> <li>• Members will be expected to contribute to meetings in order to ensure the best decisions can be made, and to allow the committee to fulfil its role and responsibilities</li> <li>• The committee is small, so voting would not be a constructive way of solving disagreements. Any unsolvable disagreements that might arise would be referred to the Board</li> </ul>
<b>13. Reporting</b>	<ul style="list-style-type: none"> <li>• The Quality and Safety Group will report to the Board of Trustees</li> </ul>
<b>14. Declaration of Interest</b>	<ul style="list-style-type: none"> <li>• The committee will maintain and keep up to date a conflicts of interest register</li> <li>• Members are required to declare any interests which relate to a particular issue under consideration as soon as they become aware of it and at the start of each meeting.</li> <li>• Any such declaration will be formally recorded in the minutes (along with details of the action taken to address the conflict) and declaration of interest forms completed for the Register of Interests.</li> <li>• The Chair's decision regarding a Member's participation, or that of any attendee, in any meeting will be final. The Chair's decision regarding a Member's participation in a meeting (or part of a meeting) will be final.</li> <li>• If the Chair has a conflict of interest the Vice Chair shall make a decision regarding their participation and that decision shall be final.</li> </ul>
<b>15. Conduct</b>	<p>Members and attendees will act in accordance with all applicable laws and guidance and relevant codes of conduct/good governance practice</p>
<b>16. Review of the Terms of Reference</b>	<p>The Terms of Reference will be reviewed annually by the Board</p> <p>Any changes to these Terms of Reference which are proposed must be approved by the Board before they are deemed to take effect.</p>