



Pioneer Healthcare Clinical Governance Policy

Version Control

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Amendments			
Document objectives: To provide clear leadership in clinical governance and to develop and maintain a clear framework for clinical governance within Pioneer Healthcare Limited.			
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Group/Persons Consulted:			
Training/Resource Implications: Awareness of policy only			
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The table below logs the history of the steps in development of the document.

Version	Date	Author	Comment
1.0	Aug 2011	P Godbole	
2.0	Dec 2013	P Godbole/ N Salkeld	
3.0	Dec 2014	N Salkeld	
4.0	Dec 2015	N Salkeld	Minor revision in point 9. Re location of policy.
4.1	Jan 2019	N Salkeld	No changes required
4.2	Jan 2022	P Godbole	
5.0	Mar 2026	N Salkeld	

1. Introduction

The introduction of Clinical Governance set out new demands for clear lines of responsibility and accountability for the quality of clinical care at both corporate and individual level.

Pioneer Healthcare needs to develop a culture, systems and ways of working which make sure that, at every level, the quality of patient care is at the heart of the way we provide services for patients. Clinical Governance is everything we do as individuals and as an organisation to strive to achieve excellence in the clinical services we provide

Clinical Governance is an umbrella term for the following activities: Consultation, Patient and Public Involvement, Risk Management, Clinical Audit, Research and Effectiveness including Evidence Based Guidelines, Staff and Staff Management, Education and Training, including Personal and Professional Development and the use of Clinical Information.

2. PURPOSE OF THE POLICY

- To provide clear leadership in clinical governance.
- To develop and maintain a clear framework for clinical governance within Pioneer Healthcare Limited.
- To provide vision and direction for PH's Standards for Better Health Action Plan, including both core and developmental standards and supporting local Leads in the delivery of this.
- To support the operational implementation of the Standards for Better Health Annual Health Check.

3. DEFINITIONS

Governance

The system/process by which the directors and officers of an organisation are required to carry out and discharge their legal, moral and regulatory accountabilities and responsibilities.

Clinical Governance

A framework through which hospitals 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.

Quality

Quality in healthcare is the effective and appropriate use of resources to maximise the likelihood of possible positive outcomes, whilst minimising the probability of undesired outcomes, with clinical quality outcomes being more focused on the patient care process. Clinical quality improvement involves the continuing analysis of service care delivery.

4. PURPOSE

1. Rationale

Having a robust Clinical Governance framework of committee structures, accountable officers and reporting processes will ensure that systems within PH create an environment in which excellence in clinical care will flourish.

2. Scope

This policy is applicable to all staff involved in the planning, development and provision of health services within PH.

3. Principles

- High standards of corporate and personal conduct, based on a recognition that patients come first are a fundamental requirement for all
- Success and excellence should be acknowledged but equally lessons learned must be shared and addressed for the benefit of all.
- Professional knowledge and skills are valued and developed to ensure enthusiasm and drive to improve care.
- Public, patients and their carers have a right to expect care that is safe and effective.
- The development of a culture of openness and accountability will minimise the risk of harm to patients.
- People who receive treatment and care should be actively involved in the decisions that affect their lives.

5. NATIONAL CLINICAL GOVERNANCE PRIORITIES

There are seven national clinical governance priorities (quality domains), each of which has core standards and development standards. All hospitals are expected to meet the core standards as follows:

- **Safety** - Domain outcome: 'Patient safety is enhanced by the use of health care processes, working practices and systemic activities that prevent or reduce the risk of harm to patients.'
- **Clinical Cost Effectiveness** - Domain outcome: 'Patients 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** - Domain outcome: '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.'
- **Patient Focus - Domain** outcome: 'Health care is provided in partnership with patients, their carers and relatives, respecting their diverse needs, preferences and choices, and in partnership with other organisations (especially social care organisations) whose services impact on patient well-being.'
- **Accessible and Responsive Care - Domain** outcome: 'Patients receive services as promptly as possible, have choice in access to services and treatments, and do not experience unnecessary delay at any stage of service delivery or of the care pathway.'
- **Care Environment and Amenities** - Domain outcome: 'Care is provided in environments that promote patient and staff well-being and respect for patients' needs and preferences in that they are designed for the effective and safe delivery of treatment, care or a specific function, provide as much privacy as possible, are well maintained and are cleaned to optimise health outcomes for patients.'
- **Public Health** - Domain outcome: 'Programmes and services are designed and delivered in collaboration with all relevant organisations and communities to promote, protect and improve the health of the population served and reduce health inequalities between different population groups and area.'

6. Delivering Improved Quality

The diagram below displays the national framework for the delivery of quality



7. ROLES AND RESPONSIBILITIES

1. **Internal** - The Director of Operations and Performance has overall responsibility for Clinical Governance with the Medical Director taking the organisation's lead on strategy formulation and implementation.

The Service Managers have the responsibility for the implementation of Clinical Governance in their own area.

It is essential that all staff understand their own responsibilities for Clinical Governance. Professional staff have clear responsibilities within their own professional standards to provide a quality service. All PH staff have a responsibility in ensuring a quality service in their own area of work.

2. **Managers**

All managers and heads of services in PH are responsible for the management and leadership of activities within their services. They each have a responsibility to promote the principles that patients come first and that the skill, competence and attitude of staff within their team are appropriate to meet service needs

3. **Individual Members of Staff**

Clinical Governance is shaped by what individuals collectively do to make sure that care is safe, informed by evidence and personalised. All staff have a responsibility to participate in the process which ensures care is of high quality and effective. These processes include:

- Induction/mandatory training
- Clinical audit, evaluation and benchmarking of services
- Risk management and incident reporting
- Continuous professional development
- Safeguarding children and vulnerable adults
- Patient and public involvement in planning development and review of services.

Staff are responsible for keeping themselves informed and upto date about changes to the procedural documents, particularly Policy changes. This information will be provided via e-mail, website, staff meetings.

Staff are obliged to adhere strictly to all Policies and a failure to do so may result in disciplinary action.

4. **Stakeholders/Partners** - Collaboration with key stakeholders is essential for the effective implementation of Clinical Governance.

PH will work to ensure that present relationships are nurtured and further relationships are developed to provide a more effective clinical governance approach across the communities it serves.

8. THE POLICY

This policy describes how PH will meet its statutory duty of care to ensure that patients, carers and relatives will receive the highest quality, and safest care possible. It covers PH's systems and processes for monitoring and improving services.

This Clinical Governance Policy cannot be seen in isolation as quality of care plays a key part in corporate governance, strategic risk, service planning, informatics, performance and business management. This policy is therefore closely linked to other policies to ensure integration with all aspects of care provision.

Clinical Governance should therefore be viewed in the overall context of governance within PH as a vital component of both planning and healthcare.

9. PLAN FOR AUDIT AND IMPLEMENTATION

The Clinical Governance Policy will be available to all staff through the company shared network drive.

10. ASSOCIATED POLICIES

- Information Governance Policy
- Risk Management Policy