

Governance Policy and Procedures

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Introduction

Healthcare organisations are responsible and accountable to their communities for maintaining the safety and quality of the care they provide. They must be able to continuously demonstrate high standards of care and be transparent and accountable for those standards. Furthermore, they must show constant improvement, including the early identification of risks and/or concerns that can lead to individual, team and wider organisational learning.

Policy Statement

This policy is designed to clarify how Lumina Living Care will demonstrate effective governance through assurance, auditing, improvement, risk mitigation, record keeping and continual evaluation.

Scope

This policy and the procedures apply to all employees of Lumina Living Care.

The Registered Manager is responsible for ensuring that the principles of this policy are implemented and evaluated effectively.

Procedures

Clinical governance is regularly broken down into a framework that predominantly consists of the following key principles that all drive and contribute to overall patient care:

- Openness and transparency
- Clinical audit
- Research and development
- Evidence-based care and clinical effectiveness
- Staffing, education and training
- Risk management.

Openness and transparency

Lumina Living Care Limited will ensure an open and transparent environment, promoting quality assurance through processes that are open to public and professional scrutiny. This will be delivered as follows:

- the latest Care Quality Commission rating will be easily accessible
- all complaints will be reviewed and analysed for any trends and learning points. Any complaints relating to the care or advice provided by a particular individual will be immediately discussed with that individual, along with the Registered Manager. Any learning points arising from a complaint must then be widely distributed to all of the appropriate staff
- where an error occurs directly effecting a patient and/or their care, the patient must be informed immediately, an apology provided and support and advice given on how this will affect them and what will be done to remedy it. Where the error is as a result of the processes or systems in place, these must be analysed and rectified accordingly, with updates and learning points disseminated to all relevant staff
- public feedback on Lumina Living Care will be actively encouraged.

Lumina Living Care will ensure that all feedback from staff, patients and/or others is listened to, recorded and responded to as appropriate, with areas for improvement being identified and actioned as lessons learned. Lumina Living Care will also continually improve care quality through cooperation with other healthcare providers, NHS and local authority organisations and regulatory bodies, such as the Care Quality Commission.

Clinical audit

Lumina Living Care will facilitate regular group or individual clinical meetings to ensure that any results from formal national or local, internal or external audits that identify areas for improvement are disseminated to all relevant staff and applied to practice. Any associated policy will be promptly updated with the new guidance by the Policy Lead, and changes will be audited to ensure that new practices are being applied and are having the correct impact.

Patient outcomes will be routinely collected and monitored in order for internal comparisons on care to be made, to ensure that intended outcomes are being achieved and where possible for comparison with other healthcare organisations to determine that the required standards of care are being met.

Lumina Living Care will also monitor ongoing and new developments in healthcare, providing regular updates to staff in response to:

- newly published National Institute for Health and Care Excellence (NICE) guidance affecting practice
- newly available drugs or therapies
- newly published local pathways
- any significant amendments to policies affecting practice
- significant clinical events, near misses or substantiated complaints, detailing the learning points relevant to these.

All staff will be encouraged to remain up to date on any clinical updates, and the exchange of viewpoints, concerns and areas for improvement, not otherwise identified, will also be encouraged. The Registered Manager is responsible for ensuring that all of the required information is disseminated, including any clinical papers and/or guidance.

The Registered Manager will also be responsible for engaging in the National Quality Improvement and Clinical Audit Network, along with the associated training opportunities available.

Evidence-based care and clinical effectiveness

Service User care must always be guided by the best available evidence in line with a cost-benefit analysis. For this reason, staff at Lumina Living Care are expected to work within the formularies, protocols and pathways that have been developed. Furthermore, staff will comply with the most up to date guidance provided by NICE, unless significant evidence and justification can be provided to rationalise why an alternate decision has been made. Decisions of this alternate nature must be clearly recorded and peer reviewed.

Research

In addition to complying with current practice standards, staff are responsible for and expected to regularly review NICE and other national guidelines for change, along with keeping up to date on any relevant completed and ongoing research. Where new developments and updates are identified, staff are required to inform the Registered Manager for companywide distribution.

Where possible, staff are encouraged to participate in any research relevant to their practice that will further inform and improve on patient care or services.

Staffing, education and training

To deliver safe and effective patient care, Lumina Living Care will ensure that suitably trained staff are available in the correct place at the right time. This will involve regular reviews of the clinical and administrative team skillsets and opportunities for development will be offered where appropriate. Staff will be encouraged to work at the higher end of their skillset to ensure efficiency, in that they are not completing tasks that could be carried out by less qualified personnel. Staff interviewing for a position within Lumina Living Care must be able to demonstrate an understanding of clinical governance.

Clinical staff are professionally duty bound, as a part of their registration and revalidation, to maintain and improve their knowledge and ensure that their skills are up to date and in line with current best practice. Clinical staff are expected to document their training within their personal training records.

Lumina Living Care is bound by mandatory training requirements and also encourages and supports other practice developments, where possible. Any staff attending additional courses or learning are expected to share this learning, as soon as possible, with their colleagues. Senior team members have a responsibility to support staff through formal teaching sessions and ad hoc advice.

Information management

Lumina Living Care requires all staff to maintain clear and accurate record keeping at all times to support consistent and high-quality patient care. All patient records must be:

- complete, legible, indelible, accurate and up to date, with no undue delays in adding and filing information, as far as is reasonable
- reflect exactly what took place and include any discussions on risk
- clear on who provided consent
- provide clear information on the plan of care
- detail any differences in opinion between staff and the patient and how this was resolved
- kept secure at all times
- created, amended, stored and destroyed in line with current legislation and nationally recognised guidance.

Patient data will only be used for purposes that are consistent with the Data Protection Policy and when used for clinical governance purposes, confidentiality will be maintained at all times. Patient records will be used to provide evidence for internal audits, case studies and to ensure clinical effectiveness. Lumina Living Care will meet its statutory duty to provide anonymised data to Department of Health sources, but also patient-identifiable data in line with the Health and Social Care Act 2012, for those patients who have not explicitly withheld their consent.

Risk management

Lumina Living Care will ensure a safe working environment for both staff and patients, enforcing a no blame culture that encourages staff to report to their line manager, or another senior member of the team, when there are concerns for patient or staff safety as a result of current practice. It is the responsibility of this senior staff member to ensure that the concern is reviewed and responded to either by themselves or by referral to the Registered Manager. Additionally, all formal complaints will be reviewed to determine that they did not occur from a failure in policy or procedure and analysed to identify any potentially associated future risks that could be better managed or prevented.

While it is not possible to eradicate risk, Lumina Living Care encourages a proactive approach to risk management. All staff must consider whether the potential benefits of a treatment, action or behaviour outweigh the potential risks. This should be aided by strictly adhering to national and local guidance on treatment protocols, as well as in-house policies and procedures. Any treatment or care approach that does not adhere to standards of best practice

should be thoroughly discussed with peers, senior management and the patient, and its justification clearly documented with the associated evidence.

Contingency and disaster planning for worst case scenarios in association with a planned treatment must always be considered, and if input is required from other specialities and/or another treatment sector, this should be discussed before commencement.

Any identified risks as a result of patient or staff concerns/complaints, critical incident and significant event review analyses, audit or near misses will be evaluated by the Registered Manager and the Senior Management Team to identify areas for improvement and ensure that these are implemented in manner that preserves the safety of patients, staff and the organisation. Changes to policy and procedure resulting from reviews of risk will be disseminated to staff as soon as the change has been implemented.

Lumina Living Care will, in line with confidentiality and statutory consent requirements, share relevant information with other relevant individuals and/or bodies, including safeguarding boards, coroners and regulators. Where areas for improvement are identified and reported back these will be implemented without delay.

Monitoring

Clinical governance data will be reviewed by the Registered Manager and discussed at Senior Management Team meetings. Action plans arising from identified areas of improvement will be minited and actions assigned. Actions will be followed up at the next meeting to ensure they have been completed appropriately and in a timely manner.

Related Policies and Procedures

Incident Management Policy and Procedures

Complaints and Compliments Policy and Procedures

Health and Safety Policy and Procedures

Clinical Audit Policy and Procedures

Information Governance Policy and Procedures

Patient Confidentiality Policy and Procedures

Legislation and Guidance

Health and Social Care Act 2008 & 2012

CQC Regulation 17: Good governance (CQC 2019)

Fundamental standards of the Care Quality Commission (CQC, 2017a)

Data Protection Act 2018

Health and Safety at Work etc. Act 1974

Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013

Compliance

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| Safe | S6: Are lessons learned and improvements made when things go wrong? |
| Effective | E1: Are people's needs and choices assessed and care, treatment and support delivered in line with current legislation, standards and evidence-based guidance to achieve effective outcomes? E2: How does the service make sure that staff have the skills, knowledge and experience to ensure effective care and support? |
| Responsive | R2: How are people's concerns and complaints listened and responded to and used to improve the quality of care? |
| Well-led | W1: Is there a clear vision and credible strategy to deliver high quality care and support, and promote a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people? W2: Does the governance framework ensure that responsibilities are clear and that quality performance, risks and regulatory requirements are understood and managed? W4: How does the service continuously learn, improve, innovate and ensure sustainability? |