Clinical Governance Framework

4 August 2021

Document Profile

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Version control / changes made

Date	Version	Summary of changes made	Author
June 2021	1	New framework	C. White

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1.   INTRODUCTION

1.1   Rationale

Family Nursing & Home Care (FNHC) is committed to providing safe, high quality care and services which are supported by systems and processes which promote continuous improvement, learning and assurance.

Table1. FNHC Strategic Priorities 2019-2023

SAFE Putting people at the heart of all we do	To consistently provide all patients with safe, high quality care that is patient centred and needs led. To protect patients from abuse and avoidable harm. To ensure all children in Jersey grow up safely
CARING Being the provider of choice	To provide all of our patients, children and young people with the best possible experience and customer care. Actively listen and value everyone for the contribution they make. Involve people by working with them to redesign and develop services.
WELL-LED Be the employer of choice	To strengthen clinical leadership and management within the organisation. To be recognised and have the reputation as being a great place to work. Embedding a culture of learning and development.
RESPONSIVE Be the partner of choice	To provide responsive and timely care. To engage in joint working opportunities, inclusive of the third sector. To form meaningful partnerships with others. To respond to the needs of the people in Jersey.
EFFECTIVE To improve outcomes for Jersey's population	To ensure all practice is evidence based and effective. To provide training that reflects best practice. To deliver effective care that improves outcomes and promotes health and wellbeing.

Clinical Governance is the system through which organisations 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. (Scally and Donaldson, 1998).

The Jersey Care Commission Home Care Standards (2019) require that:

> *"9.1 There will be a coherent and integrated organisational and governance framework in respect of home care services.*

This will be appropriate to the needs, size and complexity of the service.

There will be clear lines of professional and corporate accountability which assure the effective delivery of the service."

This framework outlines what systems and processes FNHC has in place to demonstrate accountability for continuous improvement and high standards of care.

1.2   Scope

This framework applies to all FNHC employees and Committee members and relates to clinical governance.

1.3   Role and Responsibilities

Main Committee
The main committee hold overall accountability for activities carried out at FNHC and for ensuring that FNHC has systems in place and resources available in order to carry out continuous monitoring, learning and quality improvement to support high standards of safe effective care.

Governance Sub-Committee
The Governance Sub-Committee are responsible for reviewing quarterly, quality and performance reports and reporting the outcomes to the main committee, identifying any areas where further review is required.

Director of Governance, Care and Regulation
The Director of Governance, Care and Regulation is responsible for producing quarterly, quality and performance reports for the Governance Sub-Committee and actioning further review where required.

Governance Team
The Governance Team will carry out, develop and support the delivery of systems and processes outlined within the framework.

All employees/volunteers
Employees/volunteers are expected to participate in governance activities, systems and processes as per individual policy and procedural requirements.

2.   Framework

Figure 1 (overleaf) highlights each element of clinical governance at FNHC, organisational expectations for each element are outlined below.

Figure1.

2.1 Education, Training, Continuous Professional Development (CPD)

- New staff will complete a structured induction programme which will assess their competence to work without direct supervision
- Staff will complete and remain up to date with statutory and mandatory training requirements
- Staff will be appropriately qualified and supported to maintain and develop their competence through CPD

Related FNHC documents:

Induction Policy
Mandatory Training Policy
Non-Mandatory Education, Training and Development Policy

2.2 Clinical Effectiveness

- Policies and procedures will be up to date and based upon the best available evidence and research
- Clinical audit will be carried out to measure quality, compliance and establish areas for improvement/learning
- Where learning is identified, evidence and research will be appraised and implemented to support improvement.
- There will be systems and processes across the organisation for Quality Assurance

Related FNHC documents:

Publications Policy
Annual Audit Programme
Standard Operating Procedures
Audit Standard Operating Procedures
<mark>Quality Assurance Framework</mark>

2.3   Safety

- Staff will receiving training to recognise and respond appropriately to signs of abuse/neglect
- Safeguarding policies and procedures will be up to date, based upon best practice and in line with requirements of the Jersey Safeguarding Partnership Board
- Staff will understand fire and other emergency procedures
- Accidents, incidents and near misses will be reported and investigated so that learning can be identified to help prevent recurrence.
- Health and Safety policies will be up to date and based upon legislative requirements, codes of practice and evidence
- Risk assessments will be undertaken appropriately to support the avoidance of harm.
- There will be a system for cascading alerts and patient safety notices

Related FNHC documents:

Safeguarding Policy for Adults and Children
Domestic Abuse Practice Guidance
Multi-Agency Pre-Birth Protocol for Unborn Babies
Safeguarding Partnership Board Professional Differences/Escalation Policy
Safeguarding Restorative Supervision Policy
Health and Safety Policy
Incident Reporting Procedures
Learning Events Investigation Procedures
Safety Alerts Procedure

2.4   Risk Management

- Risk management policies will be up to date and based upon best practice and evidence.
- Risks to service provision will be identified and escalated appropriately as detailed within Risk Management Procedures
- Each service will monitor and regularly update its risk register
- Appropriate control measures will be taken to help mitigate risk where possible

Related FNHC documents:

<mark>Risk Management Procedures</mark>
Escalation Policy
<mark>Business Continuity Plan</mark>

2.5   Information Management

- Information about services will be available in various formats
- There will be policies and procedures for the safe and effective management of records
- Staff will comply with Data Protection and confidentiality requirements, understanding requirements in respect of safeguarding and public interest.
- There will be effective data sharing agreements in place to support appropriate information sharing.

Related FNHC documents:

Confidentiality Policy
Data Protection Policy
Subject Access Policy
Staff Work Diary Procedure
Retention/Destruction of Records Policy

2.6   Leadership and Staff

- Staff will be safely recruited
- There will be up to date human resources policies and procedure based upon best practice and evidence
- There will be sufficient, competent, appropriately trained staff to deliver services
- There will be a leadership development pathway which details competencies and skills expected of managers and leaders
- There will be a learning and just organisational culture

Related FNHC documents:

Safer Recruitment Policy
Employee Handbook
Learning Events Investigation Procedures
Skills and Competency Framework

2.7   Involvement and Experience

- Any person using or affected by services will be encouraged to provide feedback, comment, complain or compliment with ease to inform learning and improvement
- There will be up to date policies and procedures for complaints and feedback based upon best practice and evidence
- There will be a strategy to support involvement and coproduction using experience to guide quality and safety improvement

Related FNHC documents:

Policy for the Management of Complaints
Friends and Family Test
Programme Surveys
Staff Survey
<mark>Experience Strategy</mark>

3.   CONSULTATION PROCESS

Identify who has been involved and when including service users and partner agencies

Name	Title	Date
Judy Foglia	Director of Governance, Care and Regulation	04/06/21
Elspeth Snowie	Clinical Effectiveness Facilitator	22/06/21
Justine Le Bon-Bell	Education Lead & Practice Development Nurse	22/06/21
Mo De Gruchy	Quality Performance and Development Nurse	22/06/21
Tia Hall	Operational Lead (Adult services)	23/06/21
Clare Stewart	Operational Lead (RRRT)	23/06/21
Michelle Cumming	Operational Lead (Child and Family Services)	23/06/21
Teri O'Connor	Home Care Manager	23/06/21
Jenny Querns	Safeguarding Lead	23/06/21
Claire Whelan	Head of Information Governance and Systems	23/06/21
Elaine Walsh	Director of Finance	23/06/21

4.   IMPLEMENTATION PLAN

A summary of how the document will be implemented with time frame

Action	Responsible Person	Planned timeline
Email to all staff	Secretary/Administration Assistant (Quality and Governance Team)	Within 2 weeks following ratification
Policy to be placed on organisation's Procedural Document Library	Secretary/Administration Assistant (Quality and Governance Team)	Within 2 weeks following ratification
Forms/templates to be uploaded to Central Filing	Head of Information Governance and Systems	Within 1 month following ratification

5.   MONITORING COMPLIANCE

This framework will be updated regularly in line with requirements from the Jersey Care Commission and best practice and evidence.

6.   EQUALITY IMPACT STATEMENT

A statement to show that the document does not discriminate against disadvantaged or vulnerable people

Family Nursing & Home Care is committed to ensuring that, as far as is reasonably practicable, the way services are provided to the public and the way staff are treated reflects their individual needs and does not discriminate against individuals or groups on any grounds.

This policy document forms part of a commitment to create a positive culture of respect for all individuals including staff, patients, their families and carers as well as community partners. The intention is to identify, remove or minimise discriminatory practice in the areas of race, disability, gender, sexual orientation, age and 'religion, belief, faith and spirituality' as well as to promote positive practice and value the diversity of all individuals and communities.

The Family Nursing & Home Care values underpin everything done in the name of the organisation. They are manifest in the behaviours employees display.   The organisation is committed to promoting a culture founded on these values.

Always:
- ✓ Putting patients first
- ✓ Keeping people safe
- ✓ Have courage and commitment to do the right thing
- ✓ Be accountable, take responsibility and own your actions
- ✓ Listen actively
- ✓ Check for understanding when you communicate
- ✓ Be respectful and treat people with dignity
- ✓ Work as a team

This policy should be read and implemented with the Organisational Values in mind at all times.

7.   REFERENCES

Brown A, Understanding corporate governance of healthcare quality, BMC Health Services Research, 2019 19:725

Scally G, Donaldson LJ, Clinical Governance and the drive for quality improvement in the new NHS in England, BMJ, 1998;317:61-65

8.   APPENDIX 1 Equality Impact Screening Tool

Stage 1 - Screening			
Title of Procedural Document: Clinical Governance Framework			
Date of Assessment	19/07/21	Responsible Department	Governance
Name of person completing assessment	C. White	Job Title	Head of Quality, Governance and Care

Does the policy/function affect one group less or more favourably than another on the basis of :	Yes/No	Comments
• Age	No	
• Disability Learning disability; physical disability; sensory impairment and/or mental health problems e.g. dementia	No	
• Ethnic Origin (including hard to reach groups)	No	
• Gender reassignment	No	
• Pregnancy or Maternity	No	
• Race	No	
• Sex	No	
• Religion and Belief	No	
• Sexual Orientation	No	
If the answer to all of the above questions is NO, the EIA is complete. If YES, a full impact assessment is required: go on to stage 2, page 2		

Stage 2 – Full Impact Assessment			
What is the impact	**Level of Impact**	**Mitigating Actions** **(what needs to be done to minimise / remove the impact)**	**Responsible Officer**

Monitoring of Actions
The monitoring of actions to mitigate any impact will be undertaken at the appropriate level