

Clinical Governance Protocols & Risk Policy

Index

Version Control	1
Clinical Excellence	2
Definition.....	2
Seven Pillars of Clinical Governance	2
Risk Mitigation	2
Knowledge and Application of Local Rules of Work.	3
Knowledge and Application of National Best Practice Guides.....	3
Audit Plan.....	3
Audit of Infection Control	3
Audit of Patient and Staff Safety.	3
Patient Satisfaction.	4
Peer Review of Examinations.....	4
Regular Risk Management Assessment.....	4
Research and Development	4
Information & IT Management	4
Clinical Governance Framework for Ultrasound provision.	5
Resources.....	6
POLICY STANDARDS	6
Monitoring processes.....	6
Equality Impact Assessment.....	6
Approval & Review	7
Training Requirements	7
Distribution and Awareness Plan.....	7
Policy Review:.....	7

Version Control

v1	Aug 18	Policy Created
v2	Feb 19	Minimal word adjustment without change of meaning

Clinical Excellence

Southern Ultrasound Ltd strives to utilise the best imaging equipment, to maximise the quality of results obtained.

Southern Ultrasound Ltd constantly looks to recruit, retain and educate the most experienced staff and actively support their constant and continued Professional development.

Southern Ultrasound Ltd operates a strict peer review system on examinations performed, plus individual staff appraisals.

Definition

Clinical Governance is about minimising risks to patients by:

- Identifying what can and does go wrong during care
- Understanding the factors that influence this
- Learning lessons from any adverse events
- Ensuring action is taken to prevent recurrence
- Putting systems in place to reduce risks

Seven Pillars of Clinical Governance

We recognise that clinical Governance is a multi-faceted subject requiring a multi-faceted approach. As per established norms, Southern Ultrasound's Clinical Governance covers the following 7 'pillars':

- Clinical effectiveness and research
- Audit
- Risk management
- Education and training
- Patient and public involvement
- Using information and information technology
- Staff and staff management

In many cases, our procedures overlap two or more of these Pillars.

Risk Mitigation

It is vital that staff caring for patients have the knowledge and skills they need to do a good job. It is for that reason that they are given opportunities to update their skills to keep up with the latest developments as well as learn new skills.

Ultrasound is a dynamic technique, with real-time results but in which errors and omissions may not be identified for many years. It is therefore important to **Southern Ultrasound** that we only employ the very best practitioners, make use of state-of-the-art equipment and ensure that all staff maintain constant and continued Professional Development.

We are committed to quality of our results and have developed a clinical governance framework which includes:

- Knowledge and application of local rules of work.
- Knowledge and application of National Best Practice guides.
- Regular audit of infection control
- Regular audit of patient and staff safety.
- Regular Risk Management assessment.
- Peer review of examinations.

Southern Ultrasound values the opinion of our Stakeholders:

- We ensure awareness of our complaints Procedure, with every complaint being investigated at Director level.
- We encourage all patients to complete a patient feedback survey. Similar feedback is encouraged from referring Clinicians and Staff.
- Conclusions drawn from complaints, incidents & feedback are disseminated to all staff.

Knowledge and Application of Local Rules of Work.

Southern Ultrasound shall ensure that copies of local rules, Department protocols and client policies will be given to all staff & contractors on their first day, during the local Induction.

The staff member / contractor is responsible for reading these documents and will sign a declaration of having done so. **Southern Ultrasound** shall ensure that all staff/ contractor's meet this requirement and that copies of the protocols, policies and procedures will remain available to them whilst working on the contract.

The staff/contractor's continued knowledge of any aspect of these guidance's may be assessed during the regular appraisals and reviews

Knowledge and Application of National Best Practice Guides.

Southern Ultrasound will make relevant Best Practice Guides available to its staff and contractors.

Where the procedures and policies of the Client services appear to contradict the Best Practice guides, **Southern Ultrasound** shall discuss possible introduction of such with the client during the review meetings.

Southern Ultrasound shall endeavour to deliver all services within the boundaries of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, and the Care Quality Commission (Registration) Regulations 2009 or and any subsequent editions or replacement publications.

Audit Plan.

Southern Ultrasound publishes an annual Audit Plan, which should be read in conjunction with this document. It further details the company's approach to the individual audits detailed below

Audit of Infection Control

Southern Ultrasound recognises that the Clients' own Infection Control Team will set out to maintain an effective programme for the prevention of hospital-acquired infection and the containment of infections brought into the hospitals by patients, staff or visitors.

Southern Ultrasound shall ensure that our contractors are aware of the Client's Infection Control policies, abide by them at all times, and are sufficiently educated to understand the factors affecting the transmission of infection and the precautions available to reduce such spread.

Southern Ultrasound will engage with the clients' Infection Control Team to whatever level is required, and provide them with the information necessary to perform all their infection control functions, including but not limited to those associated with the activities of Southern Ultrasound and its contractors.

Where required, **Southern Ultrasound** shall audit infection control measures in place with in its area of operation and, in consultation with the Client, shall take appropriate measures to overcome any potential risk or hazard.

Audit of Patient and Staff Safety.

Southern Ultrasound shall perform an initial Health & Safety review during the first day of services, and then repeated on a six-monthly basis, or as and when the location of delivered services is changed.

Any issues, whether relating to staff or patient safety concerns, shall be discussed with the client and a means of resolution identified and implemented.

These audits shall form an integral part of our Risk Management Assessment

Patient Satisfaction.

If Southern Ultrasound is to offer the highest quality care, it is important that we work in partnership with patients and carers. This includes gaining a better understanding of the priorities and concerns of those who use our services by involving them in our work, including our policy and planning.

One way we gain the views of patients and carers is through our patient and carer feedback forms. We also monitor the views of patients through the complaints system

As part of our 360° appraisal of service delivery, **Southern Ultrasound** encourages every patient to complete an anonymous Patient Satisfaction survey after their examination.

To further assist patients in completing and returning the survey, **Southern Ultrasound** shall ensure that these documents can be returned to us without cost to the patient.

These surveys shall be used to analyse patient satisfaction levels and identify where improvements can be made. Results shall be discussed with the Client at the review meetings.

Peer Review of Examinations.

Since Ultrasound examination is a dynamic procedure, **Southern Ultrasound** recognises that assessments made from static images have limited reliability in confirming the accuracy of a diagnosis and therefore cannot be used as a sole control method.

Southern Ultrasound therefore undertakes to perform formal assessment of all staff/contractors, on a regular basis, to ensure their continued performance in line with contract conditions and best practice.

These appraisals shall be made available to the clients at the regular review meetings.

Regular Risk Management Assessment.

Where risks are identified and resolution methods implemented, **Southern Ultrasound** shall perform regular assessments to ensure the continued mitigation of these risk factors and identify any new risk factors as they develop.

All risk assessments and the resultant recommendations shall be recorded in writing and discussed with the client

Risk Management includes those associated with Movement & Handling, for which a specific policy applies.

Research and Development

A good professional practice has always sought to change in the light of evidence from research. The time lag for introducing such change can be very long and reduction of the time lag and associated morbidity requires emphasis not only on carrying out research but also on using and implementing such research.

Southern Ultrasound supports staff in adopting techniques such as critical appraisal of the literature, project management and the development of guidelines, protocols and implementation strategies to help promote the implementation of research in to practice.

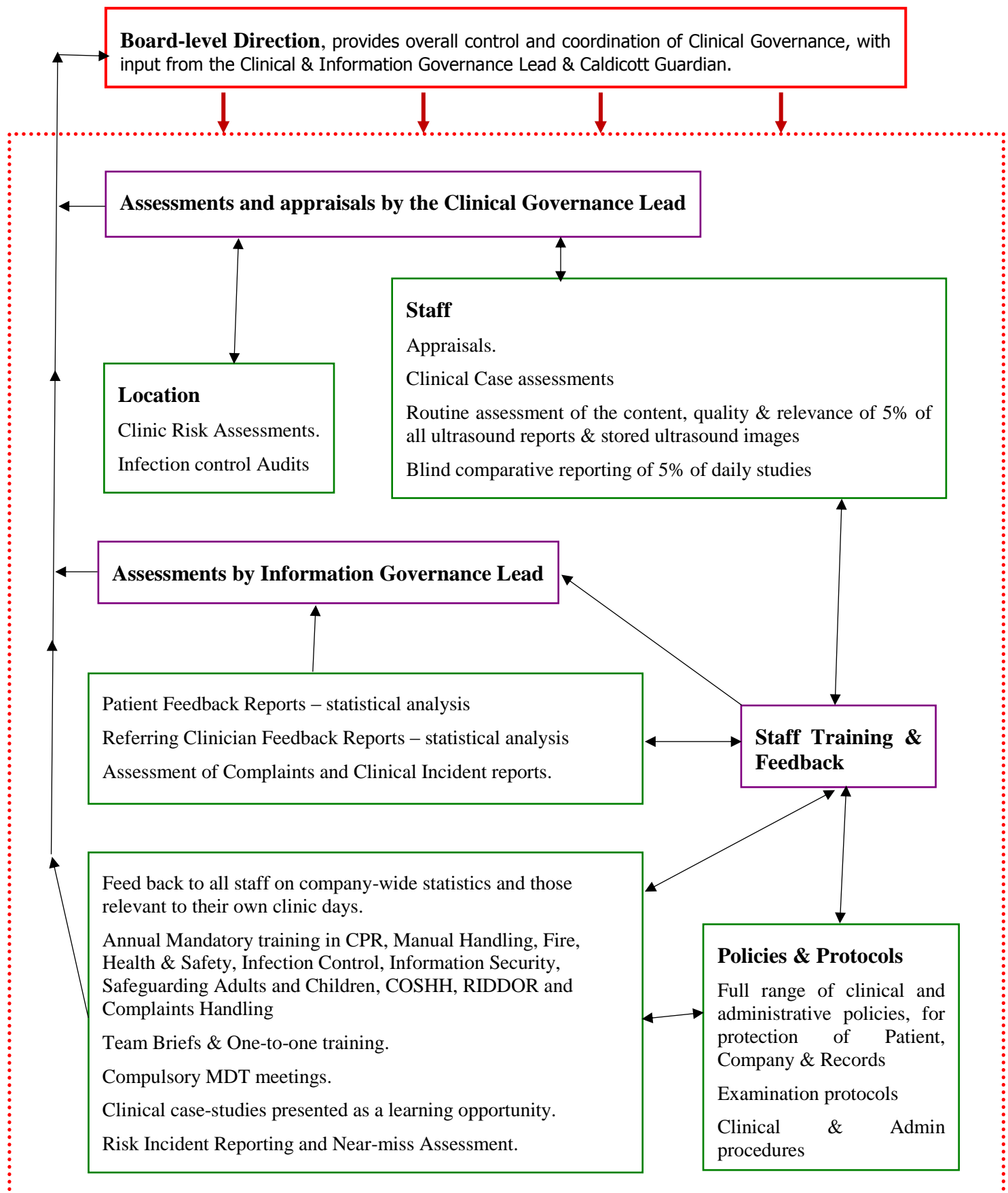
Where the company is invited to take part in multi-centre research, it shall endeavour to do as long as it is approved by the local client and measures are in place for the safety of staff and patients.

Information & IT Management

Information management in health: Patient & electronic records (demographic, Socioeconomic, Clinical information) and the proper collection, management & use of information within healthcare systems will determine our effectiveness in detecting problems, defining priorities, identifying innovative solutions and allocating resources to improve health outcomes.

Southern Ultrasound supports staff in the adoption of advanced technology, provided it has been proven to offer sufficient security, durability and sensitivity for dealing with personal and sensitive information.

Clinical Governance Framework for Ultrasound provision.



Resources

- National Institute for Clinical Excellence www.nice.org.uk
- The Wisdom Centre. www.wisdomnet.co.uk
- National Clinical Assessment Service <http://www.ncas.nhs.uk>

POLICY STANDARDS

Monitoring processes

The Board of Directors monitor Clinical Governance issues, via reports from the Clinical Governance Leads, presented at least annually to the Board Meeting.

Monitoring of this policy, together with its implementation, shall be performed by the CG Lead.

Equality Impact Assessment

An Equality Impact Assessment has been performed on this policy and procedure. The EIA demonstrates the policy is robust; there is no potential for discrimination or adverse impact. All opportunities to promote equality have been taken.

		Yes/No	Comments
1.	Does the policy/guidance affect one group less or more favourably than another on the basis of:		
	▪ Race	No	
	▪ Ethnic origins (inc. gypsies and travellers)	No	
	▪ Nationality	No	
	▪ Gender	No	
	▪ Culture	No	
	▪ Religion or belief	No	
	▪ Sexual orientation including lesbian, gay and bisexual people	No	
	▪ Age	No	
	▪ Disability - learning disabilities, physical disability, sensory impairment and mental health problems	No	
2.	Is there any evidence that some groups are affected differently?	No	
3.	If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?	NA	
4.	Is the impact of the policy/guidance likely to be negative?	NA	
5.	If so can the impact be avoided?	NA	
6.	What alternatives are there to achieving the policy/guidance without the impact?	NA	
7.	Can we reduce the impact by taking different action?	NA	

Approval & Review

This policy has been approved by the undersigned and will be reviewed annually and any time there is a change in the Law, Guidance or Best Practice Recommendations.

A report is made to the Director(s) periodically, with reviews and recommendations.

The CG Lead and IG Lead will delegate duties to the Service Leads, where appropriate, but retain ultimate responsibility for audits, assessments and other delegated work.

Training Requirements

Our Clinical Governance Lead has received training suitable for role.

Clinical Governance forms part of induction and annual training for all clinical staff

Distribution and Awareness Plan

All staff are made aware of the policy as part of their induction training. If there are any significant changes to the policies that affect the way in which staff initiate or respond, these are communicated to them via team briefs and staff meetings.

A copy of the policy is available to all staff via the Policy sub-folder of the Company's on-line Governance Framework folder, and can be accessed 24/7 from any location with Web Access. A hard copy version is retained at all sites of operation.

Policy Review:

This policy is reviewed annually by either a Company Director or a Governance Lead

Policy Created: 17/08/2018

Date of Last Review: V2 20/02/2019

Kevin Rendell



Director