<table>
<thead>
<tr>
<th>Policy Name</th>
<th>ICS CLINICAL GOVERNANCE POLICY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Purpose Of Document</td>
<td>The purpose of this policy is to provide a framework within which all ICS workers provide a high quality service</td>
</tr>
<tr>
<td>Target Audience</td>
<td>All ICS workers</td>
</tr>
<tr>
<td>Version</td>
<td>V1.2</td>
</tr>
<tr>
<td>Author</td>
<td>Karen Matthews-Shard</td>
</tr>
<tr>
<td>Date of Approval</td>
<td>December 2012</td>
</tr>
<tr>
<td>Published Date</td>
<td>07/12/2012</td>
</tr>
<tr>
<td>Lead Director</td>
<td>Karen Matthews-Shard</td>
</tr>
<tr>
<td>Review Frequency</td>
<td>Annual</td>
</tr>
<tr>
<td>Last Reviewed</td>
<td>December 2016</td>
</tr>
<tr>
<td>Next Review Date</td>
<td>December 2017</td>
</tr>
</tbody>
</table>
| Risk And Resource Implications | Resource: Training  
Risk: A limited system of clinical governance has the potential for a lack of information to support evaluation of the quality of care provided across the organisation |
| Associated Strategies and SOPs | • Risk Management strategy  
• Clinical Governance Strategy  
• PULSE Reporting and managing complaints SOP  
• TNS/SNG Reporting and managing complaints SOP  
• PULSE Incident Handling SOP  
• TNS/SNG Reporting incidents SOP |
<p>| Equality Impact Assessment (EIA) Form | EIA completed by the author of this Policy and attached as Appendix A |</p>
<table>
<thead>
<tr>
<th>Version</th>
<th>Date</th>
<th>Changes made/comments</th>
<th>By whom</th>
</tr>
</thead>
<tbody>
<tr>
<td>Draft v 1</td>
<td>27/07/11</td>
<td>First draft</td>
<td>K. Matthews- Shard</td>
</tr>
<tr>
<td>Final draft</td>
<td>17/10/11</td>
<td>New front page inserted. Added document history sheet. References to Northern Ireland and Scotland included. Format checked</td>
<td>K. Matthews- Shard</td>
</tr>
<tr>
<td>Final +1</td>
<td>01/11/11</td>
<td>Equality Impact Assessment (EIA) form EIA completed by the author of this Policy and attached as Appendix A</td>
<td>Karen Matthews-Shard</td>
</tr>
<tr>
<td>V1.2</td>
<td>Dec 2012</td>
<td>Annual review</td>
<td>KNF/KMS</td>
</tr>
<tr>
<td>V1.2</td>
<td>Jan 2014</td>
<td>Annual review and proof read</td>
<td>KNF/KMS</td>
</tr>
<tr>
<td>V1.2</td>
<td>Dec 2014</td>
<td>Annual review</td>
<td>KNF/VM</td>
</tr>
<tr>
<td>V1.2</td>
<td>Dec 2015</td>
<td>Annual Review</td>
<td>SJ/KNF</td>
</tr>
<tr>
<td>V1.2</td>
<td>Dec 2016</td>
<td>Annual Review</td>
<td>KNF/VM</td>
</tr>
</tbody>
</table>
# Table of Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Contents</th>
<th>Page No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Policy standards</td>
<td>8</td>
</tr>
<tr>
<td>2.</td>
<td>Definitions</td>
<td>8</td>
</tr>
<tr>
<td>3.</td>
<td>Roles and responsibilities</td>
<td>9</td>
</tr>
<tr>
<td>4.</td>
<td>Supporting national policies, guidance and legislation</td>
<td>12</td>
</tr>
<tr>
<td>5.</td>
<td>Clinical Governance framework</td>
<td>13</td>
</tr>
<tr>
<td></td>
<td>Equality and diversity</td>
<td>13</td>
</tr>
<tr>
<td></td>
<td>Clinical Governance actions</td>
<td>14</td>
</tr>
<tr>
<td></td>
<td>Aspects of Clinical Governance</td>
<td>15</td>
</tr>
<tr>
<td></td>
<td>Planning and review</td>
<td>16</td>
</tr>
<tr>
<td></td>
<td>External quality assurance programs</td>
<td>16</td>
</tr>
<tr>
<td></td>
<td>Reports to the Board</td>
<td>16</td>
</tr>
<tr>
<td>6.</td>
<td>Implementation Plan</td>
<td>16</td>
</tr>
<tr>
<td></td>
<td>Consultation</td>
<td>16</td>
</tr>
<tr>
<td></td>
<td>Ratification</td>
<td>17</td>
</tr>
<tr>
<td></td>
<td>Dissemination</td>
<td>17</td>
</tr>
<tr>
<td></td>
<td>Audit/monitoring</td>
<td>17</td>
</tr>
<tr>
<td>7.</td>
<td>Training</td>
<td>17</td>
</tr>
<tr>
<td>8.</td>
<td>Associated Policies</td>
<td>18</td>
</tr>
<tr>
<td>9.</td>
<td>References</td>
<td>18</td>
</tr>
<tr>
<td></td>
<td>Appendix</td>
<td></td>
</tr>
<tr>
<td>Appendix</td>
<td>Equality and Diversity form</td>
<td>20</td>
</tr>
</tbody>
</table>
About Independent Clinical Services (ICS) Group

ICS consists of a number of trading companies, each providing services within core niche areas of the health and social care industries. Therefore, as this document is a Group Policy, the Policy herein applies to all trading companies detailed below:

**Pulse Staffing Limited (Pulse)**
Pulse recruits health and social care professionals for temporary and permanent jobs in the UK and abroad. Pulse is the UK’s leading independent provider of staff bank management services and provides specialist care packages to individuals in their own home or community setting.

As an approved supplier to the NHS, Pulse holds contracts with NHS trusts, private organisations and local authorities nationwide. Pulse also works with hospitals globally, specifically within in Australia, New Zealand, North America, the Middle East and across Europe.

Pulse places candidates - medical, scientific and nursing staff, allied healthcare professionals, social workers, support workers and carers - in posts appropriate for their training and experience.

Pulse Staffing consists of a number of Pulse brands delivering staffing solutions and health and social care services globally, with a UK branch network and overseas offices, key brands include;

- **Pulse Community Healthcare** – Management of packages of care to support/ enable individuals to live independently
- **Pulse Nursing & Care, Pulse Critical Care, PULSE Specialist Nursing, Pulse Theatres, Pulse@Home** - provision of all categories and grade of nursing & midwifery staff
- **Pulse Doctors** – Provision of all specialty and grade of doctor including Psychiatry, Acute and GP
- **Pulse Allied Health & Health Science Services** – Provision of all categories and grade of AHP & HSS staff (including Physiotherapy, Radiography, Speech and Language Therapy and Pharmacy)
- **Pulse Staffing Partners**, incorporating end-to-end management of complete staff banks
- **Pulse Social Care** – Provision of all categories of unqualified social care staff
- **Pulse Social Work** – provision of all specialty of qualified social work staff

**Frontline Staffing (FL)**
FL is a dedicated division of PULSE, committed to managing short-notice and hard-to-fill vacancies on both a temporary and permanent basis across the spectrum of health and social care categories of staff.
Thornbury Nursing Services (TNS)
Established in 1983, TNS is one of the UK’s leading independent nursing agencies. Providing skilled nurses on a temporary or permanent basis to NHS Trusts and private sector clients throughout England and Wales.

The TNS mission is simple: “To provide the best professional solution to meet the requirements of each of our clients whilst recognising and rewarding the exceptional skills and efforts of our nurses.”

TNS delivers an exceptional service to both patients and clients by ensuring every nurse represented meets the most rigorous professional standards.

TNS’ team of specially trained recruiters (themselves qualified nurses) personally interview and select nurses across the country using a strict method of competence-based assessment, ensuring that every nurse meets the highest expectations – in terms of professional accreditation, competency, attitude and personality.

Scottish Nursing Guild (SNG)
Established in 1995, SNG, as part of Independent Clinical Services Ltd, is one of Scotland’s leading independent nursing agencies, providing skilled nurses on a temporary basis to major NHS Trusts and private sector clients throughout Scotland and Northern Ireland.

SNG’s ability to respond promptly to staffing needs makes the service an invaluable resource in maintaining effective nursing coverage, with unparalleled commitment to providing nurses who meet the highest professional standards.

SNG provides appropriately skilled health care assistants, operating department practitioners and qualified nursing staff to cover staffing shortages – both short-term and ongoing. SNG provides temporary nursing staff to both NHS Trusts and private sector clients throughout Scotland. SNG’s procedures and standards fully conform to or exceed the regulatory requirements in each territory.

Thornbury Community Services (TCS)
Thornbury Community Services (TCS) is part of Thornbury Nursing Services, which was first established in 1983. Thornbury Nursing Services is a large independent nursing agency providing commissioned and staffing solutions, covering the whole of England and Wales. TCS supply Registered Nurses (RNs) and Health Care Support Workers (HCSWs) to Clinical Commissioning Groups (CCGs), case managers and private individuals providing care for clinically complex patients in their own homes.
**Hobson Prior**
Hobson Prior International is an award winning provider of staffing services for the medical device, drug discovery and clinical development community in Europe. Since 2002, we have been working exclusively within the life sciences industry, supporting organisations seeking to engage with exceptional professionals within the functional disciplines of clinical operations, medical affairs, pharmacovigilance, quality assurance and regulatory affairs. All our consultants specialise in a specific life sciences discipline and combine in-depth industry knowledge with an ethical and proactive sourcing approach to deliver the right solution for each client.

**Asclepius**
Asclepius is the only healthcare recruitment consultancy in the UK to give you access to six distinct, expert companies to best serve every medical specialty, along with managed services, under one roof. We’re committed to helping improve patient care within the NHS by offering truly extraordinary temporary and permanent recruitment services to our clients and candidates.

**Maxxima**
Maxxima is an established recruitment agency operating under two successful brand names; Labmed Recruitment and Swim Recruitment. Maxxima operates predominantly within the Healthcare and Social Services sectors.

As well as offering traditional recruitment solutions to their clients, Maxxima runs a number of successful Master Vendor contracts, providing the NHS with a robust Vendor Managed Solution able to provide large scale cost savings whilst still retaining the expert knowledge and attention to detail associated with more specialist agencies in the market.
ICS Health & Wellbeing (ICS H&W)

Pulse H&W is one of a few organisations in the UK offering a fully integrated health and wellbeing service that can be tailored to suit the needs of individuals and local communities.

We have extensive experience of providing large-scale health improvement services for public and private sector organisations. By creating an approach that incorporates innovative technology, strong operational management and effective engagement, we use our expertise and wide range of skills, to provide a high quality and efficient solution for commissioners and long-term health benefits for individuals.

Commissioners can choose to work with us across all, or a selection of our four core elements:

1. Health and wellbeing hub and interventions
2. Community outreach
3. Training
4. Social marketing campaigns
1. **Policy standards**

1.1 This policy supports clinical governance, which is a framework for continuous quality improvement.

1.2 ICS will develop a culture, systems and ways of working, which ensure that, at every level, the quality of care for all clients is at the heart of the way services are provided.

1.3 ICS is as an organisation that strives to achieve excellence through the provision of high quality care.

1.4 Clinical Governance is an umbrella term for the following key components:
   - Clinical effectiveness
   - Compliance
   - Clinical audit
   - Consultation
   - Research and development
   - Evidence based healthcare
   - Education and training
   - Incidents, complaints and claims
   - User involvement
   - Clinical risk management
   - Performance appraisal and continuous professional development
   - Clinical information
   - Training of internal workers and associates

1.5 Clinical Governance is the primary means through which ICS discharges its statutory duty of quality care.

2. **Definitions**

2.1 Definitions relevant to this policy are set out in table 1.

**Table 1:** Definitions

<table>
<thead>
<tr>
<th>Topic</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>A First Class Service. Department of Health 1998</td>
<td>Described clinical governance as: ‘a framework through which NHS 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’. A ‘framework through which health organisations are accountable for continuously improving the quality of their services and safeguarding high</td>
</tr>
</tbody>
</table>
standards of care by creating an environment in which excellence in clinical care will flourish’. Sir Liam Donaldson, NHS Chief Medical Officer.

‘The responsibility of governing bodies to demonstrate sound strategic and policy leadership in clinical safety and quality, to ensure appropriate safety and quality systems are in place, and to ensure organisational accountability for safety and quality.’ Dr Heather Wellington. Features of a quality organisation.

<table>
<thead>
<tr>
<th>A quality organisation</th>
<th>Is efficient, legal, accountable, sustainable, participatory, reflexive, integrated, and its services and programs are effective, competent, safe, accessible, fair, responsive, inclusive and culturally sensitive, coordinated and has a culture of continuous quality improvement. Quality Improvement Council 2004.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality assurance definitions</td>
<td>Quality Assurance is the measurement of the actual level of the service provided, plus the efforts to modify, when necessary. The provision of these services, in the light of the results of the measurement. Williamson 1982. The purpose of Quality Assurance is to assure the consumer of nursing of a specified degree of excellence through continuous measurement and evaluation. Schmadl 1979.</td>
</tr>
<tr>
<td>Clinical audit</td>
<td>‘Is the systematic and critical analysis of the quality of clinical care, including the procedures for the diagnosis, treatment and care, the associated use of resources and the resulting outcome and quality of life for the patient’. NHS Executive 1996.</td>
</tr>
<tr>
<td>A standard</td>
<td>A standard is a professionally agree level of performance, appropriate to the population addressed, which reflects what is acceptable, achievable, observable and measurable.</td>
</tr>
</tbody>
</table>

3. **Roles and responsibilities**

3.1 The general overall organisational roles and responsibilities are set out in the policy document, ORG1 Policy for drafting, approval and review of policies and standing operating procedures (SOP).
3.2  The following table outlines the responsibilities of the key people involved in the effective reporting and management of violence and aggression.

Table 2: Roles and responsibilities with specific reference to this policy
<table>
<thead>
<tr>
<th>Role</th>
<th>Responsibilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>The ICS Board</td>
<td>Has overall responsibility for ensuring that ICS has robust clinical governance arrangements in place.</td>
</tr>
<tr>
<td>Chief Executive</td>
<td>Has overall accountability for all governance, both clinical and corporate arrangements within ICS.</td>
</tr>
<tr>
<td>The Operations Board</td>
<td>Is responsible for ensuring that business planning processes are constructed in such a way as to require that clinical governance is considered as part of normal business activities and for ensuring that effective clinical governance arrangements are in place throughout the group.</td>
</tr>
<tr>
<td>The Clinical Director</td>
<td>Is responsible for providing leadership and supporting clinicians, clinical teams and individuals with clinical governance. The Clinical Director is also responsible for the development of systems and processes to enable the dissemination and action of National Guidance (NICE, National Confidential Enquiries, National Service Frameworks) producing regular exception reports to relevant Committees.</td>
</tr>
</tbody>
</table>
| Line Manager/ appropriate other | • Demonstrates leadership, is well informed about clinical governance, and takes responsibility for the actions of their workers  
   • Brings this policy to the attention of all ICS workers, clients and their families  
   • Ensures all their workers access training, supervision and support relevant to their roles and responsibilities and clinical governance  
   • Ensures their workers are clear about their professional roles and responsibilities  
   • Ensures their workers make comprehensive and accurate records  
   • Facilitate and/or undertake regular audits of practice and any other clinical governance initiatives. |
| ICS Workers                 | Have responsibility to be involved in the development, implementation, review and reporting of the clinical governance system related to their work. |
| Client's and their families | Should be involved in the process as appropriate through the monitoring and evaluation of the quality of care and services provided by ICS.      |
### Supporting national policies, guidance and legislation

4.1 This policy is supported by the following legislation and national guidance as set out in Table 3.

**Table 3:** National policies, guidance and legislation supporting clinical governance.

<table>
<thead>
<tr>
<th>Act, policy, guidance</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Governance Quality in the New NHS DoH 1999</td>
<td>Setting up a system of Clinical Governance for England, Scotland, Northern Ireland and Wales</td>
</tr>
<tr>
<td>Designed to Care in Scotland Secretary of State for Scotland 1997</td>
<td>Modernising healthcare in Scotland</td>
</tr>
<tr>
<td>A First Class Service – Quality in the new NHS:1998</td>
<td>Clinical Governance</td>
</tr>
<tr>
<td>Fit for the Future</td>
<td>Modernising healthcare in Northern Ireland</td>
</tr>
<tr>
<td>DoH Scottish Office. Edinburgh 1998</td>
<td>Clinical governance</td>
</tr>
<tr>
<td>Social Care and Social Work Improvement Scotland (SCSWIS) September 2011 (Known as the Care Inspectorate)</td>
<td>The independent regulator of social care and social work services across Scotland. They regulate, inspect and support improvement of care, social work and child protection services for the benefit of the people who use them</td>
</tr>
<tr>
<td>Care Quality Commission: Essential standards of quality and safety. March 2010 – Updated April 2015</td>
<td>Regulator standards</td>
</tr>
<tr>
<td>Regulation and Quality Improvement Authority (RQIA). 2005,2009</td>
<td>‘The Regulation and Quality Improvement Authority (RQIA) is the independent body responsible for monitoring and inspecting the availability and quality of health and social care services in Northern Ireland, and encouraging improvements in the quality of those services’ The reviews undertaken by RQIA are based on the 2006 ‘Quality standards for health and social care’. In 2009 the duties of the Mental Health Commission were also transferred to RQIA</td>
</tr>
</tbody>
</table>
Health and Social Care Act 2008 – Updated 2012

The relevant part of this act to this policy is introduction of the Care Quality Commission which is an integrated regulator for health and adult social care bringing together existing health and social care regulators into one regulatory body, with new powers to ensure safe and high quality services.

5. Clinical Governance framework

5.1 Equality and diversity

Under the Race Relation (Amendment) Act 2000 ICS has a statutory duty to ‘set out arrangements to assess and consult on how their policies and functions impact on race equality’, in effect to undertake Equality Impact Assessments (EIA) on all policies and SOPs. The Equality Act October 2010 demands a similar process of Equality Impact Assessment in relation to disability. An EAI must be completed by the author of this policy using the checklist provided in Appendix A. See also the ICS Equality and Diversity policy.

5.2 Key elements of Clinical Governance: ICS is a complex organisation with workers with a range of health and community service backgrounds. To ensure a system of safety and quality across the service the key elements of clinical governance and the evidence to support that clinical governance, is in place are set out in Table 1.
Table 1: The Key elements of Clinical Governance and evidence it is in place.

<table>
<thead>
<tr>
<th>Elements of Clinical Governance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical care is evidence based, safe, effective, knowledgeable, competent, supervised and appraised.</td>
</tr>
<tr>
<td>Quality improvement processes such as audit are in place.</td>
</tr>
<tr>
<td>Effective leadership ensures resources are accessible and appropriate to support the care of clients i.e. numbers of workers and skills.</td>
</tr>
<tr>
<td>Effective system of risk management is in place.</td>
</tr>
<tr>
<td>The culture is a ‘no blame’, open culture. Adverse incidents, events and client’s complaints are openly investigated, and lessons learned and applied.</td>
</tr>
<tr>
<td>Good practice ideas and innovations are systemically disseminated to support decisions.</td>
</tr>
<tr>
<td>There is high quality data with which to monitor clinical care.</td>
</tr>
<tr>
<td>ICS workers are valued and their views and ideas listened to and acted upon.</td>
</tr>
<tr>
<td>Problems with poor performance are recognised and addressed.</td>
</tr>
</tbody>
</table>

**Evidence of clinical governance through:**
- Good leadership at all levels
- Good systems of education, training supervision and appraisal
- Mechanisms for quality improvement
- Evidence based practice
- Client focussed care
- Client involvement in service planning
- Collaborative care
- Good communication
- Effective team working
- Effective systems of risk management
- Evidence of learning from mistakes
- Effective management of high quality information
- Good communication
- Open learning culture
- Open ‘no blame’ culture.

Source: Understanding Clinical Governance and Quality Assurance. Diana Sale Palgrave 2005

5.3 **Clinical Governance actions:**
- The achievement of compliance with external accreditation bodies including the CQC, HIS and RQIA
- The development of CQC, Quality and Risk Profiles to enable registration and ongoing monitoring
- Information requirements will relate to the following essential standards of quality and safety:
  - Involvement and Information
  - Personalised care, treatment and support
  - Safeguarding and safety
  - Suitability of staffing
  - Quality and management.
- The delivery on Essence of Care benchmark standards including:
  - Principles of self-care
  - Personal and oral hygiene
  - Food and nutrition
- Continence and bladder and bowel care
- Pressure ulcers
- Record keeping
- Privacy and dignity

- Well developed effective processes designed to monitor the delivery of quality standards
- Clients, their carers and families to be regularly consulted. This enables the gathering of their experience/views and expectations about the services provided to them and the care they received
- The review, investigation and analysis of clinical and other safety related incidents and identified trends
- Clinical and corporate risk assessments
- The reporting of incidents.
- Legal and personal injury claims processes.
- Participation in the Clinical Audit programme and production of a Clinical Audit Annual Report.
- Effective Complaints and Claims System
- Well-developed Education/Training programmes.

5.4 **Aspects of Clinical Governance**

5.4.1 **Safety**: Clients must be safe both in the environment and with the treatment they receive. All potential safety risks must be identified, and then plans developed to eliminate or minimise the risks. This is achieved through:

- Accreditation audits i.e. CQC, HIS, RQIA
- Audits i.e. care plan, medicine storage
- Incident review
- Complaints review.

5.4.2 **Effectiveness**: Clients expect to benefit from any treatment they receive. To evaluate this using outcome measures. A range of measures appropriate for the service provided should be considered. Measures include:

- Client satisfaction surveys
- Client complaint processes.

5.4.3 ** Appropriateness**: ICS workers delivering clinical care should provide care based on evidence so that the right intervention occurs for the client at the right time. This should include the use of:

- Clinical pathways
- Standardised assessment tools
- Client care plans
- Client record audits.

5.4.4 **Acceptability**: Describes whether the service meets the needs and expectations of a range of clients. This will be achieved through:

- Strategic planning
- Complaints monitoring
- Client satisfaction surveys and focus groups
ICS worker training and professional development.

5.4.5 Access to services should be equitable across ICS, for different teams and groups which will include:
- Service information
- Demand management systems
- Fee policy
- Accessible buildings.

5.4.6 Efficiency: Efficient use of resources includes examining both cost of services and benefits to clients. The efficiency of the service achieved through:
- Service planning, reporting and evaluation frameworks
- Financial monitoring.

For all of the aspects of clinical governance listed above, ICS will identify relevant issues, and develop systems to support monitoring, identifying continuous improvement opportunities, and mechanisms for reporting on the specific area.

5.5 Planning and review
5.5.1 ICS undertakes a comprehensive planning and review process based on a three yearly cycle. The Strategic Plan is reviewed annually and local actions plans developed which are monitored quarterly.

5.5.2 Operational and clinical services: Every three years each of these services should undergo a full review. This review will focus on all the elements of clinical governance listed above and in Table 1. A summary of this review plus any resulting recommendations are forwarded via Governance Committee to the Board.

5.6 External quality assurance programs: Annually through CQC, HIS, RQIA

5.7 Reports to the Board: These include:
- Strategic Plan Review Annually
- Service Quality and Safety System reports
- Service Review Reports
- Audit of client complaints
- Quality Improvement Reports
- Adverse event reports
- Activity Reports

6. Implementation plan
6.1 Consultation, communication and dissemination as set out in the flowchart in Appendix B of the Policy for drafting policies and standing operating procedures (SOP). Also the flowchart for the revision or creation of policies, procedures, guidelines and protocols.
6.2 **Ratification** see flowchart in appendix B of the Policy for drafting policies, procedures, guidelines and protocols. Flowchart for the revision or creation of policies, procedures, guidelines and protocols.

6.3 **Dissemination:** This Policy will be implemented as part of the review of Governance mechanisms and policies in ICS during 2011. The Clinical Director will ensure the dissemination of this policy across the organisation.

6.4 This policy will be implemented through:
- Communication of the policy to all relevant ICS workers
- Communication of the policy to ICS stakeholders
- Raising awareness and understanding of the policy and related processes throughout the organisation through committee meetings, ICS worker’s meetings, ICS pages, the website and general communication
- Through ICS induction programmes and related training.

6.5 **Audit and monitoring**
6.5.1 Policy audit and/monitoring: The Clinical Director will monitor compliance with this policy.

6.5.2 ICS will regularly audit its complaints data for compliance with this policy.

6.5.3 The audit will:
- Identify areas of operation that are covered by this policy
- Set and maintain standards by implementing new procedures, including obtaining feedback where the procedures do not match the desired levels of performance
- Highlight where non-conformance to clinical governance has occurred and suggest a tightening of controls and adjustment to related policies, procedures and standing orders
- Demonstrate evidence of structured learning across ICS
- Demonstrate improved quality of care
- Be reported to the Governance Committee.

ICS will regularly audit its clinical governance procedures/ standing orders in compliance with this policy.

6.6 This policy replaces all other ICS clinical governance policies.

7. **Training**

7.1 ICS will enable their workers to participate in clinical governance training. This will be backed up in local induction programmes. Induction programmes are mandatory upon commencement of employment with ICS. ICS workers are also expected to attend regular updates. The training will be proportionate and relevant to the roles and responsibilities of each ICS worker.
7.2 The delivery of training is the responsibility of the Line Managers/appropriate others. It is the responsibility of the central training team to organise and publicise educational sessions and keep records of attendance.

7.3 Competence and education to support service providers includes competencies of the organisation as a whole, as well as specific teams, and individuals who deliver services. Procedures in place to achieve this include:
- Recruitment of qualified, experienced workers
- Thorough checks prior to employing potential ICS workers
- Annual performance appraisals for all ICS workers
- Professional development
- ICS worker supervision.

8. Associated policies

- Policy for drafting policies and standing operation procedures (SOP)
- Records management policy
- Health and Safety policy
- Whistle-blowing policy
- Infection prevention and control policy
- Safeguarding Vulnerable Adults policy
- Safeguarding Children policy
- Resuscitation policy
- Reporting and managing Incidents policy.

9. References

- Involving patients and the public in healthcare, a discussion document. DoH. London HMSO
- Features of a quality organisation. Dr Heather Wellington. Quality Improvement Council 2004
- Executive Organisation with a Memory, Department of Health 2000 National Client Safety Agency (NPSA).
- Data Protection Act 1998 HMSO.
- Safety First: Department of Health 2006.
• An organisation with a memory – Report of an expert group on learning from adverse events in the NHS chaired by the Chief Medical Officer: Department of Health 2000.
• Designed to Care in Scotland: Secretary of State for Scotland 1997.
• Fit for the Future: Minister for Health and Social Services Belfast 1998.
• Care Quality Commission: Essential standards of quality and safety. March 2010- Updated April 2015
• Regulation and Quality Improvement Authority (RQIA). 2005,2009
• Care and Social Services In Wales: National Minimum Standards for Nurse Agencies, National Minimum Standards for Domiciliary care agencies.
• Health and Social Care Act 2008 – updated 2012
• Social Care and Social Work Improvement Scotland (SCSWIS). September 2011 (Known as the Care Inspectorate).
Appendix A:
Additional paper to be completed as part of the ratification process: Equality impact assessment (EIA) checklist for the Clinical Governance Policy. To be completed and attached to any procedural document when submitted to the appropriate committee for consideration and approval.

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

If you have identified a potential discriminatory impact of this procedural document or need advice please refer it to the Clinical Director, together with any suggestions as to the action required to avoid/reduce this impact.