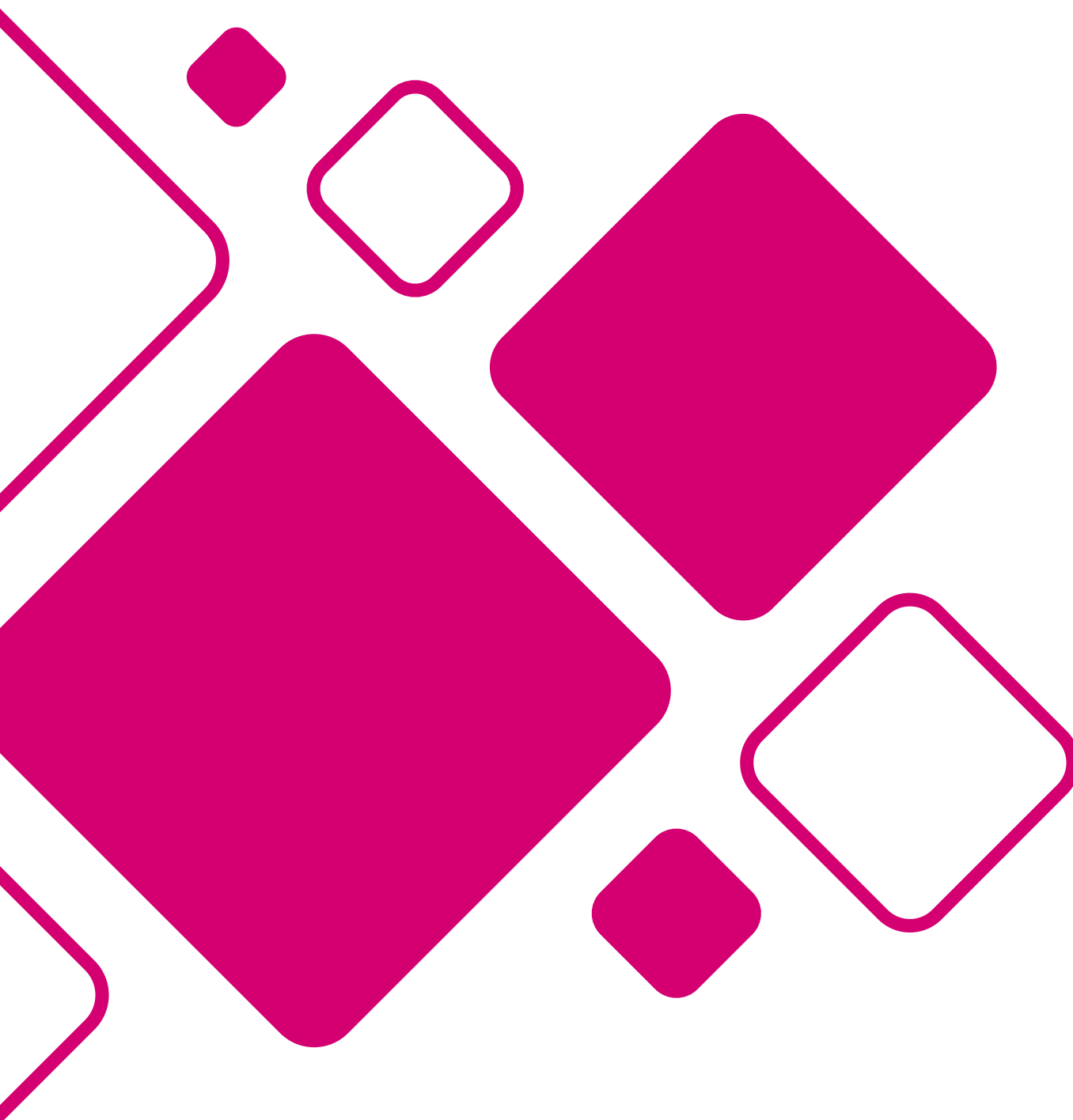


NursingDirect

POLICY NUMBER: **83**

POLICY TITLE: **CLINICAL GOVERNANCE**

WHO MUST ABIDE BY THIS POLICY? **EVERYONE**



CLINICAL GOVERNANCE

THE PURPOSE OF THIS POLICY

Clinical governance describes a systematic approach to maintaining and improving the quality of patient care.

WHAT IS CLINICAL GOVERNANCE AT NURSING DIRECT?

Clinical governance describes a systematic approach to maintaining and improving the quality of patient care.

It embodies high standards of care, transparent responsibility and accountability for those standards, within a constant dynamic of improvement.

The underpinning elements of clinical governance are clinical effectiveness, clinical audit, openness, risk management, education and training and research & development

CLINICAL GOVERNANCE BOARD

The Clinical Governance Board determines the vision and the strategic direction for Nursing Direct healthcare-related contracts. This board sets the budget and acts as a prompt for the clinical governance to the Strategic Clinical Quality Committee to consider specific issues that are arising for Nursing Direct business. It provides the link between the clinically focused activity of the Strategic Clinical Quality Committee and the senior executive team of Nursing Direct. The board meets twice yearly and has the authority to approve the annual plan for clinical governance. It is accountable to Nursing Direct.

CLINICAL GOVERNANCE BOARD MEMBERSHIP

MEMBER	POSITION
Robert Stiff (Chair)	MD
Leanne Harris	Lead Clinical Nurse
Paul Rudd	Head of Risk and Compliance, The Galago Group
Lynn James	Registered Manager and Director
Marc Stiff	Director – HR
Keith Boyce	Finance Director
Ivan Ratnayake	Medical Director

Membership of the Strategic Clinical Quality Committee consists of a mix of internal clinical and external experts. The Strategic Clinical Quality Committee meets quarterly and is accountable to the Clinical Governance Board.

FUNCTIONS OF THE STRATEGIC CLINICAL QUALITY COMMITTEE

- To develop a clinical governance infrastructure and to ensure that there is a process for leadership, accountability and working arrangements for clinical governance within Nursing Direct.
- To align all clinical governance activities within Nursing Direct Integrated Governance Arrangements (see Policy Statement).
- To provide strategic leadership for quality improvement of healthcare services in line with the evidence-based NHS England Outcomes Framework.
- To identify and build on good practice, sharing experience, expertise and successes in relation to clinical governance activities and to produce a coordinated approach through:

CLINICAL AUDIT

- Significant event reporting and learning the lessons
- Investigation (including root cause analysis) and thematic learning from complaints and incidents with dissemination of lessons learnt throughout clinical services
- Continuing professional development, appraisal and professional revalidation
- Clinical effectiveness, including the dissemination of evidence-based care pathways, NICE Guidance (including medicines management), integrated care and good clinical practice
- Dealing with management of performance and professional issues
- User/carer involvement and feedback
- Health and safety management
- Information security and confidentiality
- To ensure risk based auditing is performed, as well as reviewing the outcomes of other internal and external audit and inspection mechanisms, providing assurance over compliance with key elements of this policy.

POLICY STATEMENT

The scope of this policy encompasses all the healthcare activities performed by Nursing Direct including the secure healthcare, forensic medical, healthcare facilities management, occupational health & well-being services, mental health and other primary healthcare functions undertaken by the company.

Clinical governance within Nursing Direct shall be conducted with a culture of openness, lifelong learning and the management of safe practice whilst always involving our service users as partners in their care.

In the delivery of clinical services, Nursing Direct will:

- Provide sound management that monitors and continuously improves the standard of care provided for service users.
- Promote quality and actively support all employees to carry out their duties.
- Ensure openness, honesty and accountability.
- Protects and respects service user safety and upholds their dignity.
- Undertake systematic risk assessments to identify hazards and safely manage all clinical risks and to act in the best interests of service users in an emergency setting.
- Challenge discrimination and promote human rights.

All staff employed by Nursing Direct, or specialist subcontractors engaged in the delivery of medical services on behalf of the company, are provided where necessary with the appropriate equipment, drugs, dressings, instruments, and training to carry out their duties. Suitable systems of work are provided for all staff together with appropriate instruction, information and supervision as is necessary to attain the highest standards of healthcare.

Management systems are maintained which allow Nursing Direct to monitor and continuously improve the clinical performance attained.

To achieve the highest standards of healthcare we foster good communication and widely consult on clinical matters with people working at all levels within the organisation.

Our policy is to fully comply with the core standards and is based on best practice as promoted by UK governing bodies for healthcare delivery and the Department of Health.

All clinical services abide by Regulatory Body requirements of the Care Quality Committee (CQC), and Her Majesty's Inspectorate of Constabulary as well as contributing to all formal consultations and enquiries.

All staff employed by Nursing Direct, or specialist subcontractors engaged in the delivery of medical services on behalf of the company, are provided where necessary with the appropriate equipment, drugs, dressings, instruments, and training to carry out their duties. Suitable systems of work are provided for all staff together with appropriate instruction, information and supervision as is necessary to attain the highest standards of healthcare.

Management systems are maintained which allow The Galago Group to monitor and continuously improve the clinical performance attained by the company whether provided by company employees or specialist subcontract providers. To achieve the highest standards of healthcare we foster good communication and widely consult on clinical matters with people working at all levels within the organisation.

Our policy is to fully comply with the core standards and is based on best practice as promoted by UK governing bodies for healthcare delivery and the Department of Health.

Nursing Direct has a duty to maintain a good standard of practice and care and to show respect for human life. All service users are entitled to a good standard of practice and care from our clinicians, who are appropriately trained to deliver the services. All care delivered by us should be timely and effective and based on informed consent, acknowledging wherever possible the service users right to choose.

At all times, good communication between service users and Nursing Direct Healthcare Professionals or other involved professionals is the fundamental basis of our relationship. We frequently monitor service user care with feedback in place including service user satisfaction surveys

CONFIDENTIALITY

Service users in our care have a right to expect that information related to their care will be respected and stored in a confidential manner.

We have a duty to protect personal data in accordance with the Data Protection Act and also securely dispose of information when required to do so. The transfer of information is also carried out according to best practice requirements. Service users also have a right to know what range of information is being stored about them and where appropriate, informed consent will be sought to share information with other parties in line with the Caldicott principles.

Nursing Direct monitors and continuously improves clinical performance through its management systems established for the business.

This applies to services directly delivered by Nursing Direct employees or indirectly through subcontracted providers. Risk management, including a strong focus on health and safety, is essential to assuring care and respect for those people whose welfare and safety is entrusted to us.

To achieve the highest standards of healthcare we foster good communications and widely consult on clinical matters with people working at all levels within the organisation, as well as our specialist subcontracted service providers. The principle of clinical audit will be applied to our processes, along with mechanisms for handling and addressing incidents and complaints.

Clinical service provision is continuously influenced and evolved using evidence based practice arising from expert bodies in the healthcare sectors in which we operate. This includes for example, the work of NICE and best practice in infection control.

Our policy is based on best practice as promoted by UK governing bodies for healthcare delivery and the Department of Health.

The Clinical Governance Policy is underpinned by a determination to achieve an open and transparent working environment at all levels of the system. This is essential if we are to succeed in protecting service users from harm and ensure their safety, respect and dignity.

Nursing Direct staff are protected under the Public Interest Disclosure Act 1998 (whistle-blowing) which provides protection to employees raising concerns, where they do so in accordance with the provisions of the Act.

Whistle-blowing policy and procedures are explained to staff at their induction and information is constantly available on the intranet and advertised in company publications.

The following key components contribute to our organisational culture and provide an opportunity to test out and check whether our actions support or detract from our organisational values:

- Recruitment and selection processes.
- Induction.
- Appraisal.
- Supervision and management.
- Reward and recognition

SAFEGUARDING

Nursing Direct is committed to the protection of children and young people and vulnerable adults.

It is therefore reasonable to expect that there will be circumstances when concerns will be raised about welfare matters relating to people in our care or custody or where behaviour towards them is challenged. In all cases where matters of this type are raised, we will investigate; in some cases we also as a business have a responsibility to take further steps and involve other people or bodies.

The process is detailed in our Safeguarding Policy's.

We have, and expect our employees to adopt, a culture of openness and accountability; staff can be assured that they can raise genuine concerns without fear of reprisals, even if they turn out to be mistaken in terms of matters they raise.

Further, staff can be assured that whilst Nursing Direct will take reasonable steps to prevent such situations occurring, if welfare situations do arise or may have arisen, we will challenge and address them, take appropriate actions, and take away any learning points.

In order for concerns to be properly managed, we have put in place various arrangements; however, if staff are concerned in any way about who to contact they should contact Lynn James 0330 555 5000

There are a number of policies which outline Nursing Direct approach to ensuring service user safety these include:

- **Whistle-blowing Policy** – This is where staff tell us, directly or indirectly, about concerns they have about something that has happened in the business or they think might be happening. It may involve staff themselves, their colleagues, or others, but if staff believe that it is wrong and they want to let us know about it.
- **Safeguarding Policy** – If staff have some specific concerns about the treatment of someone in our care (or about their behaviour); Nursing Direct Public services has in place local arrangements for reporting concerns, and unless there is exceptional reason why these should not be followed, Staff should ensure that they follow the agreed local procedure for the reporting of concerns of this type.
- **Public Interest Disclosure Act 1998** – Is sometimes referred to as “whistle-blowing law” and covers disclosures of certain types and to certain people and generally affects someone other than the person themselves. If they fall within this law, then there are also certain legal protections which apply to them.

MODEL OF INTEGRATED GOVERNANCE

Nursing Direct Clinical Governance activities are not carried out in isolation but form an integral component of an overarching Integrated Governance Model. Figure 3 demonstrates Nursing Direct approach to Integrated Governance.

Nursing Direct has adopted the Department of Health's 2006 principles of integrated governance. Integrating governance in one body will prevent silo operation of governance domains thus preventing recurrence of issues in some healthcare organisations where for example the pursuit of financial targets was to the detriment of clinical quality (Francis Report 2013).

Since 2008, we have operated a formalised clinical governance regime which unifies clinical governance activities across all our healthcare contracts. This process is now being supplemented by an approach that integrates governance across the six domains of governance:

- Clinical (including staff governance)
- Financial
- Information
- Corporate
- Research
- Staff

The infrastructure with accountability to the regional board enables robust discussion of the interactions between the governance domains. It will enhance our ability to identify potential service efficiencies with potential for cost savings or at least cost neutral benefits, and will enhance our knowledge and understanding of the activity being undertaken within each clinical sector and contract.

The importance of the relationship between clinical and corporate governance for health related services cannot be overstated. For our service users and customers, governance must be robust and must be evident and seen to be functioning in day-to-day operations, enabling and supporting a high quality clinically effective and safe service.

Nursing Direct places great importance on effective management and quality assurance of our diverse clinical service provision. This is particularly true of our clinical service delivery across a range of contracts within Nursing Direct where we need to safeguard the well-being of service users and other service users in line with NICE quality standards. These standards underpin the Government's vision for an NHS focussed on delivering the best possible outcomes for service users, as detailed in the 2010 NHS White Paper Equity and Excellence - Liberating the NHS.

As a consequence of this, as well as our corporate responsibility in relation to the Corporate Manslaughter Bill (2007), Nursing Direct has implemented a group-wide clinical governance infrastructure that underpins safe and high quality delivery of clinical medical services.

DUTY OF CARE

Service users must be able to trust doctors and clinical staff with their lives and well-being.

Nursing Direct has a duty to maintain a good standard of practice and care and to show respect for human life. In this respect, Nursing Direct healthcare professionals must:

- Make the care of their service users their first concern.
- Treat every service user politely and considerately.
- Respect service users' dignity and privacy.
- Listen to service users and respect their views.
- Give service users information in a way they can understand.
- Respect the rights of service users to be fully involved in decisions about their care.
- Keep their professional knowledge and skills up to date.
- Recognise the limits of their professional competence.
- Be honest and trustworthy.
- Respect and protect confidential information.
- Make sure that their personal beliefs do not prejudice their service users' care.
- Act quickly to protect service users from risk if they have good reason to believe that any Nursing Direct staff or other colleagues may not be fit to practice.
- Avoid abusing their position as a healthcare professional.
- Work with colleagues in the ways that best serve service users' interests.
- Promote the collation of service user feedback through Patient Reported Outcome Measures (PROMS) and patient Reported Experience Measures (PREMS).
- Collating service user feedback to improve performance.
- All staff must comply with Nursing Direct Human Rights Policy and Nursing Direct Public Services

GOOD CLINICAL PRACTICE

All service users are entitled to good standards of practice and care from their healthcare professionals.

Nursing Direct supports the governments White Paper: 'Liberating the NHS' which describes the NHS moving away from focusing on process targets to measuring health outcomes. We are aligned to the NHS Outcomes Framework which will enable our services to measure their quality and encourage year-on-year improvements across the five domains namely to:

- Help people to live healthier lives, prevent people from dying prematurely;
- Enhance the quality of life for people with long term conditions;
- Help people to recover from ill health;
- Ensure people have a positive experience of care;
- Care for people in safe environments;

EVIDENCE-BASED OUTCOME MEASURES ACROSS THE DOMAINS ARE INCREASINGLY FORMING THE KEY PERFORMANCE MEASURES IN OUR NHS CONTRACTS

Clients should still be involved and encouraged to participate as fully as possible in any decision or treatment affecting them. They should only receive clinical treatment in their best interests. Consent should be obtained from an appropriate parent or guardian when decisions related to the care of children are involved.

Service users who are judged not to have the mental capacity to accurately consider the implications of their treatment, investigation or other anticipated clinical intervention should have adequate support from a carer or guardian in relation to consent. This is in accordance with the Mental Capacity Act 2005.

OBTAINING CONSENT

Nursing Direct healthcare professionals must respect the right of service users to be fully involved in decisions about their care. Wherever possible, Nursing Direct healthcare professionals must be satisfied, before they provide treatment or investigate a service user's condition, that the service user has understood what is proposed. They also understand why a treatment has been proposed, any significant risks or side effects associated with it, and they have given their consent.

Importantly, a service user should be supported to make their own decision about treatment wherever practical. If the service user is unable to make a decision about treatment because they are incapable

GOOD COMMUNICATION

Good communication between service users and healthcare professionals is essential to develop effective care and relationships of trust. Good communication involves:

- Listening to service users and respecting their views and beliefs.
- Giving service users the information they ask for or need about their condition, its treatment and prognosis, in a way they can understand, including, for any drug prescribed information about any serious side effects and, where appropriate, dosage.
- Sharing information with service users' partners, close relatives or carers, if they ask staff to do so, having first obtained the service user's consent. When service users cannot give consent, this information should be shared with those close to the service user who need to know, except where we have reason to believe that the service user would object if able to do so.

GOOD CLINICAL CARE

Providing a good standard of practice and clinical care must include:

- An adequate assessment of the service user's conditions, based on the history and symptoms and, if necessary, an appropriate examination and providing or arranging investigations or treatment where necessary.
- Taking suitable and prompt action when necessary.
- Referring the service user to another practitioner, when indicated and consultation with colleagues, recognising the limits of professional competence.
- Clear, appropriate, accurate, legible and contemporaneous service user records.
- Efficient use of the resources.
- If staffs ability to treat service users safely is seriously compromised by inadequate premises, equipment, or other resources, this should be addressed. Concerns should be recorded and any actions taken to rectify the situation.

ACCESS TO CLINICAL CARE

Investigations or treatment provided or arranged must be based on staff's clinical judgement of service users' needs and the likely effectiveness of the treatment.

- Staff must not allow views about service users' lifestyle, culture, faith, beliefs, race, nationality, gender, sexual orientation, transgender, disability, age, social or economic status, to prejudice the treatment provided or arranged.
- Treatment must not be refused or delayed because staff believe that service users' actions have contributed to their condition.

- If a healthcare professional feels that their beliefs might affect the advice or treatment provided, this must be explained to service users. Service users must be informed of their right to see another clinician. Arrangements should then be made to refer the service user to another clinician where appropriate.
- Priority must be given to the investigation and treatment of service users on the basis of clinical need.
- No healthcare professional may refuse to treat a service user because they may be putting themselves at risk. If service users pose a health or safety risk to any staff then reasonable steps should be taken to protect the staff member before investigating the service user's condition or providing treatment.
- In an emergency, wherever it may arise, healthcare professionals must offer anyone at risk the assistance that could reasonably be expected to be provided.

CONFIDENTIALITY

Service users have a right to expect that information about them will be held in confidence by Nursing Direct healthcare professionals. Confidentiality is central to trust between clinical staff and service users. Without assurances about confidentiality, service users may be reluctant to give clinicians the information they need in order to provide good care. If and when Nursing Direct healthcare professionals are asked to provide information about service users they must:

- Make a judgement on whether this is an appropriate request based on NHS Information Governance best practice (NHS Information Governance – Guidance on Legal and Professional Obligations. 2007).
- Keep data anonymous where unidentifiable data will serve the purpose.
- Be satisfied that service user's consent to disclosures necessary to provide their care are appropriate.
- Seek service users express consent to disclosure of information, where identifiable data is needed for any purpose other than the provision of care or for clinical audit.
- Keep disclosures to the minimum necessary.
- Keep up to date with and observe the requirements of statute and common law, including data protection legislation.

USE OF INFORMATION

Information that can identify an individual in our care must not be used or disclosed for purposes other than healthcare without the individual's explicit consent. However, information can be released if the law requires it or where there is a wider public interest. Under common law, information can be disclosed if it will help to prevent, detect, investigate or punish serious crime or if it will prevent abuse or serious harm to others.

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Keep disclosures to the minimum necessary.

Keep up to date with and observe the requirements of statute and common law, including data protection legislation.

Records Management

Nursing Direct recognises the importance of accurate and complete medical records and compliance with both the Data Protection Act 1998 and the Freedom of Information Act 2000, both of which set out specific requirements on the creation and management of records. Nursing Direct complies with these specific requirements through its commitment to best practice records management.

Sharing Information, Delegation and Referral

It is in service users' best interests for one clinician, usually their general practitioner, to be fully informed about a service users clinical care, particularly for maintaining continuity of care.

It is also necessary to ensure that safeguards are in place to ensure that service user-identifiable information is shared only for justified purposes and that only the minimum necessary information is shared.

This is achieved as follows;

- Storage and use of clinical information should reflect the six Caldicott principles:
- Principle 1 – Justify the purpose(s) for using confidential information.
- Principle 2 – Only use it when absolutely necessary.
- Principle 3 – Use the minimum that is required.
- Principle 4 – Access should be on a strict need-to-know basis.
- Principle 5 – Everyone must understand his or her responsibilities.
- Principle 6 – Understand and comply with the law.

In addition Nursing Direct is responsible under the Data Protection Act 1998 for the protection of personal information so the following legal principles should also be applied:

- Data shall be processed fairly and lawfully.
- That information is accurate, adequate, relevant and not excessive in relation to the purpose or purposes for which they are processed.
- Information must not be kept any longer than is necessary.
- Information is kept secure at all times.
- Information is not transferred to countries or territories outside the EEA or to countries or territories without adequate protection unless safe harbour or similar agreements are in place and in operation.

Nursing Direct healthcare professionals should ensure that service users are informed about how their information is shared within teams and between those who will be providing their care. If a service user objects to such disclosures, Nursing Direct healthcare professionals should explain the benefits of information being shared. They must not disclose information if a service user maintains such objections.

When delegating or referring a service user to the care of another colleague, Nursing Direct healthcare professionals should provide all relevant information about the service user's history and current condition with the service users consent.

When Nursing Direct healthcare professionals provide treatment or advice for a service user, but are not the service user's general practitioner, the relevant staff member should inform the service users general practitioner, This includes detailing the results of the consultation, investigations, treatment provided and any other information necessary for the continuing care of the service user unless the service user objects.

If the service user has not been referred to Nursing Direct healthcare professionals by a general practitioner, the healthcare professional should inform the general practitioner before starting treatment, except in emergencies or when it is impracticable to do so, in line with good practice.

If Nursing Direct healthcare professionals do not tell the service user's general practitioner, before or after providing treatment, they will be responsible for providing or arranging all necessary after care until another healthcare professional agrees to take.

Nursing Direct has appointed named Caldicott Guardians to oversee the arrangements for the use and sharing of clinical information.

WHEN THINGS GO WRONG

If a service user under our care has suffered harm, through misadventure or for any other reason, staff should act immediately to put matters right, if that is possible.

- Staff must explain fully and promptly to the service user what has happened and the likely long and short-term effects.
- When appropriate they should offer an acknowledgement expressing our empathy with the service user or client.

- If the service user is an adult who lacks capacity, the explanation should be given to a person close to the service user, e.g. the service user's partner, close relative or a friend who has been involved in the care of the service user, unless Nursing Direct healthcare professionals have reason to believe the service user would have objected to the disclosure.
- In the case of children the situation should be explained honestly to those with parental responsibility and to the child.
- Reports should be completed to comply with our Clinical Incident and Positive Intervention process and CQC requirements if appropriate.

PROCESSES FOR QUALITY IMPROVEMENT

Nursing Direct businesses are required to maintain management systems appropriate to their activities which include policies, processes and procedures necessary to manage their business effectively and meet all relevant legislation and standards. These include reference to Nursing Direct corporate policies.

Management systems include mechanisms to record, address and report on improvements identified, and to share best practice.

RISK MANAGEMENT

Service users, staff, customers and the public must be assured that all risks connected with the delivery of healthcare services are identified, assessed and managed appropriately. Our strategy includes:

- Generation of a risk register and risk management matrix for each of the contracted services which is directly linked to clinical audit activity and service development.
- Operational protocols and guidelines implemented to minimise risks to service users.
- Development of a policy and procedure for managing complaints that must be included in the management system of each Galago Group business.
- Incident reporting systems, to include near misses and processes to ensure that trends are identified and acted upon, and the effectiveness of subsequent action is monitored (critical incident and significant event reporting policy). This includes incidents when things go well and lessons can be learnt.
- The promotion and support of Nursing Direct employee confidential reporting policy which encourages a culture of safety, openness and transparency.
- Managing poor performance and discipline issues amongst both employed and subcontracted healthcare professionals.
- The development, delivery and monitoring of a robust health and safety policy

Each Nursing Direct business is responsible for documenting, implementing and maintaining a Health & Safety policy that meets its needs and is within the broad framework of Nursing Direct Group Health & Safety policy.

Clinical Governance activity and related risks are very closely linked to Health & Safety, and it is critical that business Health & Safety policies recognise clinical risks and assess these where relevant.

All audits therefore consist of clinical governance assessments combined with a health and safety assessment.

CLINICAL AUDIT AND PROCESSES

Reviewing the results of audits of clinical activity provides Nursing Direct business, regional and group management, and the Clinical Governance Board, Strategic Clinical Quality Committee with assurance that policies and procedures are being followed and risks are being managed.

Auditing activity takes place within a business unit, normally where one of the management team has responsibility for monitoring and reporting on clinical activity.

INCIDENT REPORTING POLICY

Nursing Direct Incident Reporting Policy details requirements for handling and reporting incidents and the associated escalation procedures using the Clinical Incident and Positive Intervention CIPI system. Each business is responsible for defining its own internal processes to communicate incidents and address their implications.

These include specific measures required to manage and report on clinical incidents and significant events including, where appropriate to carry out a root cause analysis.

Each business unit is required to have identified an experienced and senior medical professional (i.e. a Doctor) who understands the business and is able to provide clinical advice in the investigation of and response to a clinical incident.

Following an incident or near miss (not limited to Serious Incidents), the responsible person reviews the relevant Risk Registers and ensures that the risk that led to the incident or near miss occurring has been appropriately recognised and mitigated against. The Strategic Clinical Quality Committee collates all significant incident reporting and through analysis the committee identifies and promotes "learning the lessons" with recommendations incorporated into practice.

SIGNIFICANT EVENT POLICY

Nursing Direct is committed to providing the best possible service to its service users, clients and staff. Nursing Direct recognises that, on occasions adverse incidents, significant events and "near misses" will occur and that it is important to identify causes and to ensure that lessons are learnt to prevent re-occurrence.

Reportable Incidents

A reportable incident, significant event or near miss is classified as being outside the expected standard of service user care or an event that places people at unnecessary risk. It can also include an incident where things go well and lessons may be learnt. An adverse event may put Nursing Direct in an adverse legal or media position or risk loss or damage to Nursing Direct or its customers property or assets so it is therefore extremely important to record, identify and report these incidents as soon as possible.

The significant event policy gives detailed definitions covering hazards, accidents, harm, adverse incidents, serious untoward incidents, significant events and near miss incidents together with reporting mechanisms.

A serious incident has been defined by the National Service user Safety Agency as "any event or circumstance arising during NHS care that could have or did lead to unintended or unexpected harm, loss or damage". Harm is defined as "injury (physical or psychological), disease, suffering, disability, or death".

In most instances, harm can be considered to be unexpected if it is not related to the natural cause of the service user's illness or underlying condition. Those incidents that did not happen, but could have, are referred to as near misses. A serious untoward incident can affect any person, service user, carer, relative, visitor, or staff.

SIGNIFICANT EVENT REPORTING POLICY

A clear framework within which all staff clinically responsible for service users know both the extent and limits of their responsibility for the reporting of Clinical Incidents and Positive Interventions (CIPI). A clear process for escalation of the SI is in place to inform the Clinical Governance Board, and the senior executive team of Nursing Direct.

Nursing Direct significant event policy describes the procedure which is actioned in response to a SI escalation.

NURSING DIRECT COMPLAINTS PROCEDURE

If a customer or service user is unhappy with the treatment or service received from Nursing Direct, they are entitled to make a complaint initially using the locally agreed policy, have it considered, and receive a response from the relevant Nursing Direct business. A complaint can also be made directly to the NHS in accordance with the NHS Complaints procedure.

Who Can Complain?

A complaint can be made by a service user, person, or company affected or likely to be affected by the actions or decisions of a Nursing Direct business or healthcare professional who is an employee or a subcontractor to Nursing Direct. A complaint can also be made by someone acting on behalf of the service user or person, with their consent.

What is the Time Limit for Making a Complaint?

People should normally complain within 6 months of the event(s) concerned or within 6 months of becoming aware that they have something to complain about. Nursing Direct businesses have discretion to waive this time limit if there are good reasons why a complaint could not be made earlier

Staff Focus

Nursing Direct business has a comprehensive suite of people management and HR policies that are designed to ensure that we recruit, retain and develop high quality, competent and motivated staff.

Refer to specific Nursing Direct business HR policies.

Recruitment and Vetting

Nursing Direct manages the recruitment of healthcare professionals across a range of clinical services. An important aspect of our processes is the checking of staff qualifications and vetting of staff history, according to accepted clinical recruitment practice and Nursing Direct internal vetting functions. Customers can be assured that only staff qualified to undertake clinical services provide their subcontracted services or are employed on our contracts.

Safer Recruitment

Nursing Direct is committed to safeguard and promote the welfare of both children and adults at risk and expects all staff and volunteers to share this commitment.

Nursing Direct recruitment process is in line with these company values. It also complies with the Protection of Freedoms Act 2012 and Safeguarding Vulnerable Groups Act (SVGA) 2006. Our recruitment policy outlines a safer recruitment process from the point a position is advertised through to interview and appointment. It also includes action to be taken in the event of dismissal of staff on the grounds of safeguarding issues.

INDUCTION, EDUCATION, TRAINING AND DEVELOPMENT

Induction

Nursing Direct healthcare professionals are introduced into the company operations through a thorough induction procedure. The induction process includes an explanation of the wider business for all those who work with Nursing Direct and provides an opportunity to review training and development needs.

Education Training and Development

Statutory training requirements are met as a baseline for education training and development.

Nursing Direct assesses the learning needs of healthcare professionals via an appraisal process and over time makes available a range of appropriate internal and external courses and postgraduate training during their employment or contracted work period with Nursing Direct.

KEEPING UP TO DATE AND PERFORMANCE REVIEWS

Keeping up to Date

Nursing Direct healthcare professionals are encouraged to keep their knowledge and skills up to date throughout their working life. In particular, this involves regular commitment to educational activities, which maintains and further develops competence and performance.

Some aspects of clinical practice are governed by law or are regulated by other statutory bodies. Nursing Direct healthcare professionals must observe and keep up to date with the laws and statutory codes of practice, which affect their work.

Maintaining Performance

All Nursing Direct healthcare professionals must work with colleagues to monitor and maintain the quality of the care they provide and maintain a high awareness of service user safety. In particular, staff must:

- Take part in regular and systematic clinical audit, recording data honestly. Where necessary staff must respond to the results of audit to improve our practice, for example by undertaking further training
- Respond constructively to the outcome of reviews, assessments or appraisals of performance
- Take part in confidential enquiries and adverse event recognition and reporting to help reduce risk to service users
- Value and reward colleagues for excellent performance.

APPRAISAL AND REVALIDATION FOR MEDICAL STAFF

Revalidation is the process by which licensed doctors are required to demonstrate on a regular basis that they are up to date and fit to practise.

Revalidation aims to give extra confidence to service users that their doctor is being regularly checked by their employer and the GMC.

REVALIDATION FOR NURSING STAFF

Nursing Direct is working towards preparing its nursing staff for professional revalidation which is expected to be introduced from 2015. This support is provided at an operational level as well as advising nationally.

SUPPORT AND TEAM WORKING

Working in Teams

It is now commonplace for healthcare to be delivered by multidisciplinary teams. Working in a team does not change personal accountability for professional conduct and the care Nursing Direct provides. Teams must:

- Respect the skills and contributions of colleagues.
- Maintain professional relationships with service users.
- Communicate effectively with colleagues within and outside the team.
- Make sure that service users and colleagues understand the professional status, specialty and role and responsibilities within the team, in addition to understanding who is responsible for each aspect of service users' care.
- Participate in regular reviews and audit of the standards and performance of the team, taking steps to remedy any deficiencies.
- Deal openly and supportively with problems in the performance, conduct or health of team members.

TREATING COLLEAGUES FAIRLY

Nursing Direct healthcare professionals must always treat colleagues fairly. In accordance with the Equality Act 2010, they must not discriminate against colleagues, including those applying for posts, on grounds of their age, disability, faith or belief, transgender, married or in a civil partnership, pregnancy and maternity, race, nationality, ethnic or national origin, sex, sexual orientation. They must not allow their personal views to prejudice their professional relationship with colleagues.

ARRANGING COVER

Nursing Direct healthcare professionals must be satisfied that, when off duty, suitable arrangements are made for service users' clinical care. These arrangements should include effective hand-over procedures and clear communication between doctors.

If cover is arranged for service users care, Nursing Direct healthcare professionals must satisfy themselves that clinical staff that stand in for them have the qualifications, experience, knowledge and skills to perform the duties for which they will be responsible.

HUMAN RESOURCES POLICIES

Each Nursing Direct business implements a comprehensive range of HR policies and procedures including Equal Opportunities, Diversity and Human Rights in order to treat staff fairly and comply with prevailing employment law and best practice.

DISCIPLINARY PROCEDURES

The following principles on disciplinary action apply to Nursing Direct. The nature and sensitivity of the services provided by the business requires that all employees maintain a strict code of discipline. The aim of the principles together with the disciplinary procedures are to help and encourage employees to achieve and maintain standards of conduct, attendance and job performance and to ensure consistent and fair treatment for all.

- Disciplinary procedures and rules may vary to take account of local collective bargaining arrangements.
- No disciplinary action will be taken against an employee or subcontractors until the case has been fully investigated.
- At every stage in the procedure the employee or subcontractor will be advised of the nature of the complaint against him or her and will be given the opportunity to state their case before any decision is made.
- At all stages the employee or subcontractor will have the right to be accompanied by a work colleague or a recognised union representative during the disciplinary interview/investigation.
- No employee will be dismissed for the first breach of discipline except in cases of gross misconduct when the action will be dismissal without notice or payment in lieu of notice.
- An employee will have the right to appeal against any disciplinary action imposed.

THE EMPLOYEE CONFIDENTIAL REPORTING POLICY

Wrongdoing in the workplace damages the work environment and jeopardises the high ethical standards of Nursing Direct. To strengthen our culture of ethics, employees are encouraged to report incidences of wrongdoing. Nursing Direct employee confidential reporting policy describes these arrangements in full.

CLINICAL AUDIT

Clinical Audit is a process to improve care and outcomes through systematic review of care against explicit standards. Audit is at the core of clinical governance and contributes to monitoring and clinical effectiveness.

Nursing Direct is required to conduct audits for internal assurance purposes and to be able to demonstrate the quality of services provided.

Audit also plays a role in meeting regulatory and customer requirements.

Audits may require data by hospitals or reviews by internal and external team (provider visits, framework audit, CQC and contractor checks)

There are local and national dimensions to the

- **Regulatory** – Applicable to all services requiring Care Quality Commission registered services
- **Contractual** – May be specific to service delivery site and service line
- **Activities Specific** – Deemed important to safeguard clinical service quality and informed by the Clinical governance and quality committee
- The aim of the clinical audit plan is to energise a cycle of continuous clinical quality improvements through structured monitoring of hospital performance against defined clinical care standards

The Goals of the Clinical Audit Plan are

- To articulate how audit contributes to the quality improvement programme
- To demonstrate the link between clinical governance and audit so stake holders understand the role of clinical audit as part of the clinical governance
- To scope existing programmes of audit
- To ensure greater consistency of clinical audit across hospitals and facilitate the sharing of learning