

CLINICAL GOVERNANCE POLICY

SCOPE

The scope of this policy encompasses all the healthcare activities performed at the London Eye Hospital (LEH).

Clinical governance within LEH 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, we 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 LEH, 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 LEH to monitor and continuously improve the clinical performance attained by the company. 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 as well as our service users.

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

Good Clinical Practice

LEH 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 user's right to choose. At all times, good communication between service users and LEH 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.

Information and Knowledge Management

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 1998 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.

Quality Improvement

LEH monitors and continuously improves clinical performance through its management systems established for each business. This applies to services directly delivered by LEH employees. 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. 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.

Duty of Candour/Open Working Culture

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. LEH staff are protected under the Public Interest Disclosure Act 1998 (whistleblowing) which provides protection to employees raising concerns, where they do so in accordance with the provisions of the Act. Whistleblowing policy and procedures are explained to staff at their induction and annual refresher training. 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.

Whistleblowing

LEH 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 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. 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 LEH

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 their line manager or the Registered Manager. There are a number of policies which outline our approach to ensuring service user safety these include:

- Whistleblowing 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. The Whistleblowing Policy details the process to follow.
- Safeguarding Policy – If staff have some specific concerns about the treatment of someone in our care (or about their behaviour); LEH 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 “whistleblowing 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.

STAFF FOCUS

LEH has comprehensive people management and HR policies that are designed to ensure that we recruit, retain and develop high quality competent and motivated staff. This includes access to occupational health.

Service User Experience

Duty of Care Service users must be able to trust doctors and clinical staff with their lives and wellbeing. LEH has a duty to maintain a good standard of practice and care and to show respect for human life. In this respect, LEH 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 LEH 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.
- Collating service user feedback to improve performance.
- All staff must comply with the LEH Equality and Privacy and Dignity Policies. These policies highlight our commitment to identify and challenge discrimination and promote equality and reduce inequalities in health outcomes.

Good Clinical Practice

All service users are entitled to good standards of practice and care from their healthcare professionals. LEH ensures we are able to monitor outcomes and measure the quality of the services we provide across the following areas:

- Enhance the quality of life for people with long term conditions;
- Ensure people have a positive experience of care;
- Care for people in safe environments

Obtaining Consent

Healthcare professionals must respect the right of service users to be fully involved in decisions about their care. Wherever possible, LEH 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 of doing so, they 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.

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 staff's 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.

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.

Confidentiality

Service users have a right to expect that information about them will be held in confidence by LEH 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 LEH healthcare professionals are asked to provide information about service users they must:

- Make a judgement on whether this is an appropriate request.
- 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.

Records Management

LEH 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. LEH 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, to be fully informed about a service user's clinical 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 LEH 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.

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

LEH healthcare professionals should ensure that service users are informed about how their information is shared between those who will be providing their care. If a service user objects to such disclosures, LEH 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, LEH healthcare professionals should provide all relevant information about the service user's history and current condition with the service user's consent.

If the service user has not been referred to LEH healthcare professionals by a general practitioner, the healthcare professional will write a letter to inform their general practitioner in line with good practice.

When Things Go Wrong

If a service user under our care has suffered harm, through, 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 G4S 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 Policy and CQC Notification requirements if appropriate.

QUALITY IMPROVEMENT

LEH 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 G4S 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 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.
- 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 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

Health & Safety

LEH is responsible for documenting, implementing and maintaining a Health & Safety policy that meets its needs.

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

Reviewing the results of audits of clinical activity provides LEH 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.

LEH Audit processes have been designed to incorporate Health & Safety Executive and Care Quality Commission guidance (“Essential Standards of Quality and Safety”).

The clinical team approves the following auditing process:

- A programme of clinical audits and who is best placed to undertake each of the audits. The scope of each audit is agreed in advance, along with timings and location and resources required, for example whether the audit requires outside expertise.
- Final report and agreed actions in response to any recommendations
- Progress on implementation of agreed action to be tracked on a regular basis
- Progress against the schedule of planned audits, and status of implementation of agreed actions is to be reported to each meeting:

Incident Reporting

The LEH Incident Reporting Policy details requirements for handling and reporting incidents and the associated escalation procedures. Each site 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 site is required to have identified an experienced and senior medical professional 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 Clinical team collates all significant incident reporting and through analysis they identify and promote ‘learning the lessons’ with recommendations incorporated into practice.

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 LEH in an adverse legal or media position or risk loss or damage to LEH or its customers’ property or assets so it is therefore extremely important to record, identify and report these incidents as soon as possible.

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

STAFF FOCUS

LEH has a comprehensive management structure and HR policies that are designed to ensure that we recruit retain and develop high quality, competent and motivated staff.

Recruitment and vetting

LEH manages the recruitment of healthcare professionals across the range of clinical services we require. An important aspect of our processes is the checking of staff qualifications and vetting of staff history, according to accepted clinical recruitment practice. Our service users can be assured that only staff qualified to undertake clinical services are employed on our contracts.

Safer Recruitment

LEH 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.

LEH 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

LEH 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 LEH 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. LEH 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 LEH.

Keeping up to date and Performance Reviews

Keeping up to date LEH 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. LEH healthcare professionals must observe and keep up to date with the laws and statutory codes of practice, which affect their work.

Maintaining Performance

All LEH 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 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.

GMC Medical Revalidation started on 3 December 2012 and it is expected that the majority of licensed doctors in the UK will undergo revalidation for the first time by March 2016. It is illegal for doctors to work in clinical practice in the UK Health Service if they are not registered with a licence to practise. Doctors who work in private practice in the UK must also be registered with a licence to practise with the GMC.

Licensed doctors have to revalidate, usually every five years, by having annual appraisals with their employer that are based on GMC Good Medical Practice. LEH will monitor this through the practicing privileges policy in place.

Treating Colleagues Fairly

LEH 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.

LEH healthcare professionals must not undermine service users' trust in the care or treatment they receive, or in the judgment of those treating them, by making malicious or unfounded criticisms of colleagues. Where staff have valid grounds for concern, LEH has an employee confidential reporting policy designed to protect service users' safety whilst preventing discrimination of the staff member raising the issue.

Disciplinary Procedure

The following principles on disciplinary action apply to LEH. 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 or in recognition of employee's rights.

- No disciplinary action will be taken against an employee until the case has been fully investigated.
- At every stage in the procedure the employee 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 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