Clinical Governance Policy

BRITISH ASSOCIATION FOR PERFORMING ARTS MEDICINE

CARING FOR PERFORMERS' HEALTH

Category	Policy
Summary	This policy sets out the governance framework and systems in place at BAPAM to monitor the quality and safety of the care we provide, to help the service improve and to reduce risks to the health, safety and welfare of BAPAM patients, clinicians and staff.
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Related documents	All clinical governance policies Clinicians Agreement Employees Handbook
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BAPAM Clinical Governance Policy

INTRODUCTION.

BAPAM is a medical charity providing frontline health services to professional and student performing artists throughout the UK. BAPAM is a registered healthcare provider with the Care Quality Commission – the independent regulator of health and social care in England. One of the fundamental standards that all CQC registered healthcare providers must demonstrate is 'good governance'.

Clinical Governance is defined as:

> *'a framework through which [NHS] organisations are accountable for continually improving the quality of their services and safeguarding high standards of care by creating an environment in which excellence in clinical care will flourish.'*

This policy sets out the governance framework and systems in place at BAPAM to monitor the quality and safety of the care we provide, to help the service improve and to reduce risks to the health, safety and welfare of BAPAM patients, clinicians and staff.

BAPAM is led by a Board of Trustees, which delegates clinical governance matters to its Medical Committee, chaired by the Honorary Medical Director, who is also a member of the Board. The BAPAM workforce includes salaried staff bound by employment contracts, and sessional clinicians (many of whom are volunteers) bound by a Clinician Agreement.

This policy applies to all BAPAM personnel, including Trustees and all paid and volunteer personnel, whether clinical or non-clinical. Association of Medical Advisors to British Orchestras (AMABO) doctors are considered as BAPAM clinicians for the purposes of this policy. The term 'volunteer' is used to include clinicians working for BAPAM for an honorarium as well as pro bono.

Freelance practitioners and therapists working in association with BAPAM via the Directory of Practitioners are assumed to be working within their own professional governance environments, and, as far as possible, only members of regulated professions will be accepted onto the BAPAM Directory of Practitioners.

The framework of clinical governance at BAPAM is set out below in seven sections. Each section describes the processes within BAPAM by which a high standard of care is assured in that area and sets out the expectations placed on staff and clinicians.

1. STAFF MANAGEMENT.

The quality of BAPAM's staff, clinicians and all those that we work with, is vital to our ability to provide high quality care to our patients. We aim to have skilled and trained staff and clinicians working in an efficient team and a well-supported environment.

All staff and clinicians are required to undergo checks and training appropriate for working in a regulated healthcare environment, including Safeguarding and DBS checks and Data Protection compliance. Details are outlined in employment contracts and agreements, but a summary of requirements relevant to specific roles within the organisation is as follows:

Administrative staff: our small Admin team are the public face of BAPAM and are responsible the daily operation of our health information and clinical services. BAPAM's recruitment policies and procedures are implemented by the Chief Executive, with delegation from the Board, to ensure that BAPAM admin staff have appropriate skills and competencies for delivering this service. BAPAM's operational procedures and performance monitoring are overseen by the Chief Executive, and the Registered Clinics Manager is responsible for day to day management.

Clinicians and Practitioners: recruitment. All applications to provide clinical services for BAPAM or to BAPAM patients, including assessment clinics, AMABO services, and treatment services via the Directory of Practitioners, must be vetted and approved by the Medical Committee.

Medical Assessing clinicians: Revalidation and Appraisal. All medical doctors whose role involves seeing or advising patients must have a Licence to Practise and an annual Appraisal as per national regulations. Their work for BAPAM must be included in their Appraisal discussion and evidence of a satisfactory Appraisal must be supplied to the Clinics Manager on an annual basis. BAPAM will support its doctors in their appraisal process in whatever way it can.

Non-medical assessing clinicians. Physiotherapists, osteopaths, clinical psychologists, counsellors and psychotherapists and other clinicians providing BAPAM clinical assessments must adhere to their appropriate professional standards and regulations, including any Appraisal requirement that might be introduced. [None are in force at the present time.]

Assessing clinicians and AMABO doctors: clinical quality assurance. All assessing clinicians and AMABO doctors must sign BAPAM's Clinician Agreement and abide by its terms. BAPAM will actively monitor the performance of assessing clinicians and AMABO doctors by means of:

- Collection of routine patient feedback
- Responsive complaints procedure
- Monitoring of annual training and CPD requirements
- Monitoring of annual appraisal and revalidation arrangements for medical doctors

Directory of Practitioners members: clinical quality assurance. Directory members are listed on the basis of the professional standards and regulation of their individual professions and are expected to adhere to these. Directory members are strongly encouraged to use routine patient feedback forms for BAPAM patients. BAPAM will actively monitor Training Day attendance and will investigate and follow up any adverse feedback or complaint about a Directory Member.

Any queries about possible under-performance of a clinician or Directory member, for example as a result of patient feedback or complaint, will be managed by the Chief Executive and Honorary Medical Director in consultation with the Clinics Manager and Associate Medical Director.

RELATED DOCUMENTS:

- *Employee handbook*
- *DBS checks & Employment*
- *Complaints Policy*

- *Incident reports*
- *Clinician Agreement*
- *Protocols for admission to the Directory of Practitioners*
- *Appraisal Policy*

2. EDUCATION, TRAINING & CPD.

It is vital that staff caring for patients have the knowledge and skills they need to do a good job.

Administrative staff: All administrative staff are likely to come into contact with patients and to be involved in working in clinic facilities. All staff will receive training in confidentiality, safeguarding, infection control, emergency resuscitation, equality and diversity, and information governance on joining and regularly thereafter. Staff answering Helpline calls will receive Helpline training and must not give clinical advice under any circumstances.

Clinicians and Practitioners: All clinicians, including applicants to the Directory of Practitioners, must attend a free Induction Day to be introduced to BAPAM's ethos and governance framework. All clinicians and Directory members must attend a minimum of one BAPAM Training Day every two years. Assessing clinicians and AMABO doctors may attend these events at a reduced rate and may claim reasonable travel expenses at the discretion of the Chief Executive. Additionally, assessing clinicians and AMABO doctors are asked to submit an annual return to the Clinics Manager setting out CPD undertaken appropriate to their work with BAPAM. Members of the Directory of Practitioners are bound by the CPD requirements of their own professions.

BAPAM Training Days are organised by the Medical Committee via the Education and Training Advisory Group (ETAG) who are responsible for the content and quality of the training provided. The Performing Arts Medicine Outline Training Curriculum sets out the range of topics to be covered in Training Days.

Health Education Programme and Health Promotion for Performers: Trainer Network. BAPAM provides bespoke educational sessions for performers and Performing Arts Institutions via a network of Trainers approved by ETAG, which is responsible for appointing trainers, quality control and charging/payment arrangements. Any BAPAM clinician wishing to offer teaching or training sessions to performers under BAPAM's auspices must seek the approval of the Chief Executive and ETAG.

RELATED DOCUMENTS:

- *Employee handbook*
- *Clinician agreement*
- *Induction Day syllabus*
- *Performing Arts Medicine Outline Training Curriculum*
- *ETAG Terms of Reference*
- *BAPAM Education and Training Strategy*

3. PUBLIC AND PATIENT INVOLVEMENT: OPENNESS AND TRANSPARENCY.

BAPAM aims to work in partnership with patients, the performing arts industry and other stakeholders in an open and transparent fashion.

Patient information pack. Prior to an appointment, patients will be sent clear information about the organisation and what they can expect from their appointment and management of their care through BAPAM in the form of a patient services contract.

Patient feedback. BAPAM welcomes all feedback from patients and aims to learn from both positive and negative feedback. All patients attending BAPAM clinics or appointments with AMABO doctors will be encouraged to return a routine anonymous patient feedback form. Copies will be readily available via the patient information pack, in the clinics and on the website. Members of the Directory of Practitioners will also be asked, as a condition of remaining listed on the Directory, to encourage their BAPAM patients to complete a similar form.

Monitoring of feedback and complaints. Routine (anonymous) feedback forms will be monitored at least weekly by the Clinics Manager and Chief Executive, who will routinely identify any responses containing a score of 2 or less (out of 5) on items relating to a clinician or staff member's manner or advice, whether or not a formal complaint has been made. These responses will be logged in the Incident Register under "Negative Patient Experience" and will be discussed in confidence by the Chief Executive with the clinician or staff member concerned, and with the Honorary and Associate Medical Directors. Such responses will be reported anonymously to the Medical Committee on a quarterly basis. Each BAPAM assessing clinician and AMABO doctor will receive a confidential report of all anonymous feedback received from their patients on an annual basis. Informal and Formal complaints will be responded to as per the BAPAM Complaints Policy.

'Whistle-blowing'. All BAPAM personnel should report any behaviour or practice in colleagues that might give rise to concern, as outlined in BAPAM's Public Interest Disclosure Procedures.

'Duty of Candour'. BAPAM is committed to supporting a culture of openness and honesty when things go wrong with patient care. As a healthcare provider registered with the CQC, BAPAM has a *statutory* duty of candour, and is required to ensure openness and transparency in communication with patients and other relevant persons in respect of any 'notifiable safety incident' that might occur *(see guidance for definition of Notifiable Safety Incident)*. Individual clinicians are separately subject to a *professional* duty of candour, or equivalent standard, overseen by registering bodies including the GMC and HCPC.

Educational and Training Activities. All participants at BAPAM educational and training events will also be asked, wherever possible, to complete anonymous feedback for quality control purposes.

Open access areas of website. BAPAM will provide clear and accurate information on its website about: the services it provides; key policies; the Directory of Practitioners; and training, education and research activities. Downloadable Patient Advice Leaflets and other health promotion materials are available on a wide range of subjects and are the responsibility of the Education and Training Advisory Group (ETAG) who will commission and review these materials regularly to ensure they are up-to-date and evidence-based where possible. All BAPAM and AMABO clinicians are encouraged to use and recommend these leaflets in consultations.

RELATED DOCUMENTS:

- *Complaints and Feedback Policy*

- *Incidents policy*
- *Patient contract*
- *Employee handbook*
- *Public interest disclosure policy*
- *Duty of Candour guidance*
- *ETAG Terms of Reference*
- *BAPAM Education and Training Strategy*

4. RISK MANAGEMENT.

BAPAM will take all possible steps to minimise risks to patients, staff and the organisation through clear governance procedures, CQC compliance, and annual risk assessment review.

Risk to patients. Risks to patients are minimised by identifying what can and does go wrong during care and the factors that influence this; learning lessons from adverse events; and ensuring action is taken to prevent recurrence. The Medical Committee is responsible for ensuring BAPAM complies with CQC and other regulatory frameworks, and for monitoring adverse incidents, patient feedback and complaints.

Risk to staff and clinicians. BAPAM will endeavour to ensure the safety and security of all staff and clinicians by means of robust policies on Health and Safety, Lone working and chaperoning, Infection control, and Safeguarding, as well as training and advice on issues such as conflict resolution. Security incidents and 'near misses' must be reported to the Chief Executive and logged in the Incident Register.

Risks associated with regional clinics or off-site working. Regional clinic environments and AMABO working arrangements are varied and often hosted by other organisations. Clinicians undertaking such work should familiarise themselves with the safety and security policies and procedures of the host organisation. Regional clinicians and AMABO doctors should be mindful of S*afeguarding* and *Lone Working* issues and exercise appropriate caution especially in non-clinical or private settings. Home visits are strongly discouraged. The Associate Medical Director (if in post) or Office and Clinics Manager will assess safety issues for regional clinicians and AMABO doctors during periodic regional visits.

Risk to organisation. BAPAM is held in high regard within the performing arts community based on its delivery of high quality care and educational services. The maintenance of these high standards is critical to its reputation and ability to attract funding. BAPAM is also reliant on the quality, goodwill and enthusiasm of its staff and clinicians and will seek to foster good staff relations and an attractive working environment through good and responsive employment practices. The Board of Trustees will carry out an annual Risk Assessment exercise that will include Risks related to clinical services provision.

RELATED DOCUMENTS:

- *Health and safety Policy*
- *Incidents Policy*
- *Security Policy*
- *Lone working Policy*
- *Chaperoning policy*
- *Infection control Policy*
- *Medicines management Policy*
- *Administration of Adrenaline Policy including Anaphylaxis management*

- *Clinician agreement*
- *Public interest disclosure policy*

5. CLINICAL EFFECTIVENESS.

BAPAM will aim to provide the most effective care for its patients and make the best use of available clinical resources.

Evidence-base and best practice. Where possible, clinical provision and health promotional advice will be evidence-based and take account of appropriate external guidelines. All clinicians are encouraged to maintain an awareness of current ideas around best practice and to disseminate new developments to colleagues. Clinicians are also encouraged to use the on-line clinical discussion forum maintained by BAPAM for the sharing of questions and ideas.

Research in Performing Arts Medicine. BAPAM will continue to develop a research function in Performing Arts Medicine and will support relevant research via the Service Evaluation and Research Advisory Group (SERAG) and through continuing support of the MSc in Performing Arts Medicine. All research involving BAPAM patients or patient data must be approved by SERAG: clinicians must not undertake any research involving BAPAM patients without SERAG consent even if the research is conducted under the auspices of another institution.

Follow-up surveys. Routine follow-up surveys of a selection of patients will be conducted on-line or by telephone to gather information about the impact on patients of the care that they have received from BAPAM. The results will be anonymised and used to improve future service development.

RELATED DOCUMENTS:

- *SERAG Terms of Reference*
- *Research Policy*

6. INFORMATION MANAGEMENT.

High quality information management is central to effective clinical governance.

Confidentiality. Confidentiality is an essential principle of the services that BAPAM provides to patients. All patient information provided to BAPAM, whether in paper or electronic format, is only accessible to staff or clinicians involved in service delivery, or to others specifically authorised by the Chief Executive. Personal information about patients can only be disclosed with the consent of the individual concerned except in exceptional circumstances. All staff and clinicians who have access to confidential information will be trained in BAPAM's Data Protection and Confidentiality Policies.

BAPAM also respects the confidentiality of its supporters and donors, its staff and clinicians, and all professionals that it works alongside.

Patient records. All clinicians are expected to generate good patient records that accurately record the details of their consultations. Written records (whether electronic or hand-written) must:

- Be legible, contemporaneous, contain adequate unambiguous patient identifiers, and be dated and signed by the clinician.
- Be easily understood by colleagues and by the patient if requested.
- Accurately record what takes place in the consultation, including any discussion relating to risk, e.g. consent, offer of a chaperone etc.
- Include information about any discussion on options for further care.
- Use data collection systems as requested by BAPAM to enable effective management of patient data.

Record storage. Patient records must be kept in a locked filing cabinet or in secure electronic format. Clinicians should check with the Chief Executive if they are unsure about electronic security: password protection of unencrypted records on shared access computers is not sufficient. Clinicians working outside BAPAM clinics should return records to the office for secure storage once a clinical episode is finished. Details of how to return records securely should be checked with the BAPAM office.

Patient Access. BAPAM undertakes to comply fully in granting patients access to their records as required by the Data Protection Act. Access to Medical Records requests are collated regularly and an anonymous report is presented to the Medical Committee quarterly.

Data transmission. Confidential data including patient records and referral letters must not be transmitted electronically in an unencrypted state. All clinicians and staff must use Egress Switch, or other encryption service as agreed. Posting a hard copy is an acceptable alternative, as is faxing to a "safe haven" fax number. See *Data transmission procedures* for more details.

Regional clinicians / AMABO Doctors. Any clinician working outside BAPAM's London clinic should register with the Information Commissioner's Office (ICO) as a 'private practitioner' for data protection purposes.

Good data collection systems. BAPAM will only use patient data for purposes consistent with its Data Protection registration and will maintain patient confidentiality at all times when using data for clinical governance purposes. Anonymised patient data is collected to support BAPAM's reporting cycles including reports to the Medical Committee, Board of Trustees and Funders. Patient records may also be searched to provide evidence for internal audits, case studies and clinical effectiveness. Patient-identifiable data may legally be requested by the CQC for inspection.

Data Protection breaches. Any breaches of Information Governance policy by staff or clinicians, including 'near misses', must be reported to the Chief Executive and entered into the Incident Register.

RELATED DOCUMENTS:

- *Information Governance Policy Code of Confidentiality*
- *Data Protection Policy*
- *Data Transmission Procedures*
- *Clinician Agreement*
- *Patient services contract*
- *Access to Medical Records Policy*
- *Incidents Policy*

- *Safeguarding of Children and Vulnerable Adults Policies*

7 AUDIT

This is the measuring of performance against agreed standards, in order to identify opportunities for improvement, following by re-measuring to see if changes are successful.

BAPAM will conduct audits:

- In response to an incident or complaint
- To monitor clinical practice
- To monitor clinical effectiveness
- To monitor appropriateness of services

The Medical Committee and Service Evaluation and Research Advisory Group (SERAG) are responsible for determining and overseeing BAPAM's clinical audit programme. Non-clinical service audits are the responsibility of the Chief Executive. All BAPAM clinicians are required to take part in clinical audit as requested, including making patient records available, and must collect data about their activities and consultations according to agreed protocols in order to inform service evaluations.

7. IMPLEMENTATION

The Clinical Governance Leads for BAPAM are the Honorary Medical Director and Associate Medical Director (if in post) or Chief Executive. They have overall responsibility for ensuring that the principles in this Policy are effectively implemented, and report to the Board of Trustees. Responsibility for policy setting and review lies with the Medical Committee. Responsibility for policy implementation on a day-to-day basis lies with the Chief Executive and Clinics Manager.

8. REVIEW

This Policy will be reviewed regularly to allow for feedback from patients, clinicians and administrative staff, changes in the organisation as a whole, and changes in the regulatory environment. Any policy amendments following review will be posted on the BAPAM website as soon as possible.

Version 1.0 = 2008; Version 1.1. = June 2011 (updated by D Charnock)
Version 2.0 = 14 December 2015; Version 2.1 & 2.2 (updates by P Wright and D Charnock)
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