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.
Valid from	25 April 2019
Version	2.2.1
Date of next review	October 2022
Approval date/ via	BAPAM Medical Committee BAPAM Board
Distribution	BAPAM Trustees & Clinicians e-mail & online forum Staff e-mail and meetings Public website
Related documents	All clinical governance policies Clinicians Agreement Employees Handbook
Author	Dr Penny Wright, Honorary Medical Director
Further information/contacts	

Amendment Log			
Amendment date	**Version**	**Additions or Alterations**	**Initials**
Feb-2026	2.2.1	Interim update pending comprehensive review. Clarification of BAPAM's regulatory status and obligations, including CQC and SEQOHS statuses.	FR

INTRODUCTION.

BAPAM is a medical charity supporting performing arts professionals and students throughout the UK. We provide assessments to identify health concerns and signpost individuals to appropriate medical services for diagnosis and treatment, including specialist practitioners in our directory and NHS services. BAPAM also delivers education and training programmes and participates in research to benefit those working and studying in the performing art sectors and clinicians who support them.

BAPAM is a registered charity regulated by the Charity Commission for England and Wales (Charity No. 1167785).

BAPAM is not registered with the Care Quality Commission. BAPAM has assessed the scope of its services and support to fall outside of CQC's scope for registration. BAPAM is working towards SEQOHS (Safe Effective Quality Occupational Health Service) accreditation.

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 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. 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, including AMABO doctors (members of the Association of Medical Advisors to British Orchestras), are assumed to be working within their own professional governance environments and are responsible for their own compliance with relevant professional standards. As far as possible, only members of regulated professions will be accepted onto the BAPAM Directory of Practitioners. Selected teachers and educators, who work with BAPAM clinicians to provide expert technical advice, are also listed on the BAPAM Directory under a Code of Professional Standards agreed with BAPAM.

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 is the public face of BAPAM and is responsible the daily operation of our health information and clinical services. BAPAM's recruitment policies and procedures are implemented by the Director, under delegation from the Board, to ensure that BAPAM admin staff have appropriate skills and competencies for delivering these services. BAPAM's operational procedures and performance monitoring are overseen by the Director, 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. The qualifications and registration arrangements that are required for entry to the Directory are set out in the Directory of Practitioners Application form which is available via the BAPAM website. The Medical Committee will advise individual applicants about any additional requirements, such as sitting in with established BAPAM clinicians, dependent on the role being considered.

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

- Collection of routine patient feedback
- Responsive complaints procedure
- Monitoring of professional registration/licensing, indemnity insurance and DBS certification
- Monitoring of annual training and CPD requirements
- Monitoring of annual appraisal and revalidation arrangements for medical doctors

Directory of Practitioners members including AMABO doctors: 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 Directory members' professional registration/licensing, indemnity insurance arrangements, DBS certification and Training Day attendance on an annual basis, 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 Director and Medical Director in consultation with the Clinics Manager, as set out in the *Complaints* and *Incident Policies*.

RELATED DOCUMENTS:

- *Staff handbook*
- *DBS checks*
- *Complaints Policy*
- *Incident Policy*
- *Clinician Agreement*
- *Protocols for admission to the Directory of Practitioners*
- *AMABO doctors governance arrangements*
- *Appraisal Policy*
- *Professional Standards for Educators working with clinicians at BAPAM (in development)*

2. EDUCATION AND TRAINING.

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

Administrative staff: training. 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. Staff training is the responsibility of the Director, who will report on staff training to the Medical Committee on an annual basis.

Clinicians and Practitioners: training and CPD. All clinicians, including applicants to the Directory of Practitioners, will be sent electronic Induction materials to be introduced to BAPAM's ethos and governance framework, and this will be followed wherever possible by a meeting with BAPAM staff to answer queries. Assessing clinicians will be offered opportunities to sit in with established BAPAM clinicians as recommended by the Medical Committee. All clinicians and Directory members, including AMABO doctors, must attend a minimum of one BAPAM Training Day every two years. Assessing clinicians may attend these events at a reduced rate and may claim reasonable travel expenses at the discretion of the Director. Additionally, assessing clinicians are asked to submit an annual return to the Clinics Manager confirming that they have undertaken CPD appropriate to their work with BAPAM. Members of the Directory of Practitioners are bound by the CPD requirements of their own professions.

The content and delivery of BAPAM Training Days are overseen by the Medical Committee, which is responsible for the quality of the training provided and overseeing the range of topics covered.

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 the Medical Committee, which is responsible for appointing trainers, quality control and advising on 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 Director and the Medical Committee.

RELATED DOCUMENTS:

- *Staff handbook*
- *Clinician agreement*
- *Induction Day syllabus*
- *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, what they can expect from their appointment and BAPAM'S clinical services, 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 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, including AMABO doctors, 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 Director, 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 Director with the clinician or staff member concerned, and with the Medical Director. Such responses will be reported anonymously to the Medical Committee on a quarterly basis. Each BAPAM assessing clinician will receive a confidential report of all anonymous feedback received from their patients on an annual basis. Directory members and AMABO doctors whose patients return feedback forms will also receive a similar report. 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 charity providing medical services, BAPAM adheres to professional standards of duty of candour and is committed to ensuring openness and transparency in communication with patients and other relevant persons in respect of any safety incident that causes or has the potential to cause harm. 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 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. The Medical Committee has overall responsibility for commissioning and reviewing these materials to ensure they are up-to-date and evidence-based where possible. All BAPAM clinicians and Directory practitioners are encouraged to use and recommend these leaflets in consultations.

RELATED DOCUMENTS:

- *Complaints and Feedback Policy*
- *Incidents Policy*
- *Patient services contract*
- *Staff handbook*
- *Public interest disclosure Policy*
- *Duty of Candour guidance*
- *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 and risk assessment review, both at regular intervals and when there is a change in a process.

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 Clinical Governance 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 Director and logged in the Incident Register.

Risks associated with regional clinics or off-site working. Regional clinic environments are varied and often hosted by other organisations. BAPAM will assess and oversee the arrangements for regional clinics and clinicians undertaking such work should familiarise themselves with the safety and security policies and procedures of the host organisation. Regional clinicians should be mindful of Safeguarding and Lone Working issues and exercise appropriate caution especially in non-clinical or private settings. Home visits are strongly discouraged.

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*
- *Safety and Security Policy*
- *Lone working Policy*
- *Chaperoning Policy*
- *Infection control Policy*
- *Medicines Management Policy*
- *Adrenaline Policy including Anaphylaxis management*
- *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.

Research in Performing Arts Medicine. BAPAM will continue to develop its role in supporting academic research in Performing Arts Medicine through the facilitation and dissemination of research; through internal audit and oversight of BAPAM clinical data; and through continuing support of the UCL MSc in Performing Arts Medicine. This function will be overseen by the Medical Committee via a Research Working Group. All research involving BAPAM patients or patient data must be approved by the Research Working Group: clinicians must not undertake any research involving BAPAM patients without RWG 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:

- *Research Working Group Terms of Reference*
- *Research Policy (in revision 2019)*

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 Director. 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 Director if they are unsure about electronic security: password protection of unencrypted records on shared access computers is not sufficient. Records from any consultations outside BAPAM clinic premises should be returned 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.

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 must not be disclosed without consent, unless there is a court order, a statutory duty, or it is necessary to protect third parties.

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

RELATED DOCUMENTS:

- *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 Research Working Group are responsible for determining and overseeing BAPAM's clinical audit programme. Non-clinical

service audits are the responsibility of the Director. 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.

IMPLEMENTATION

The Clinical Governance Leads for BAPAM are the Medical Director and Director. 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 Director and Clinics Manager.

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.