smartclinic

CLINICAL GOVERNANCE POLICY

July 2024 – V3

Introduction

Clinical Governance was originally introduced by the NHS in the late 1990's to ensure organisations are 'accountable for continuously improving the quality of their services and safeguarding high standards of care by creating an environment in which clnical excellence will flourish' (Department of Health).

Within the context of occupational health (OH), the SEQOHS accreditation scheme began in 2010 following on from Dame Carol Black's 'Working for a Healthier Tomorrow' publication in 2008. The SEQOHS accreditation scheme has an expectation that occupational health providers will also implement a system of clinical governance.

This may look different to different providers, so Smart Clinic have interpreted the purpose of this to develop a clinical governance structure that incorporates our operational and clinical practices to ensure a continuous improvement of our services.

The clinical governance structure is an overarching framework that references a number of different policies within the organisation, so should be read in conjunction with our library of policies.

We hope you find this useful and a reassuring demonstration of our commitment towards revolutionising occupational health for our clients.

Purpose

The purpose of a clinical governance policy should closely align with the purpose of our business.

At Smart Clinic, we've set out to provide an option for organisations around the UK to access an occupational health service that is:

- Fast
- Clinically excellent
- Helpful to management
- Cost-efficient

It's logical that this policy should focus on the clinical excellence, but it's important to note that none of these are mutually exclusive. There can be correlations (both positive and negative) between all four points.

This policy should be used across all business operations, including (but not limited to) recruitment, training, performance management and key decision making.

Background

All clinical and business operations, including all live policies, consider a number of guidelines and publications as appropriate, referenced below as a minimum.

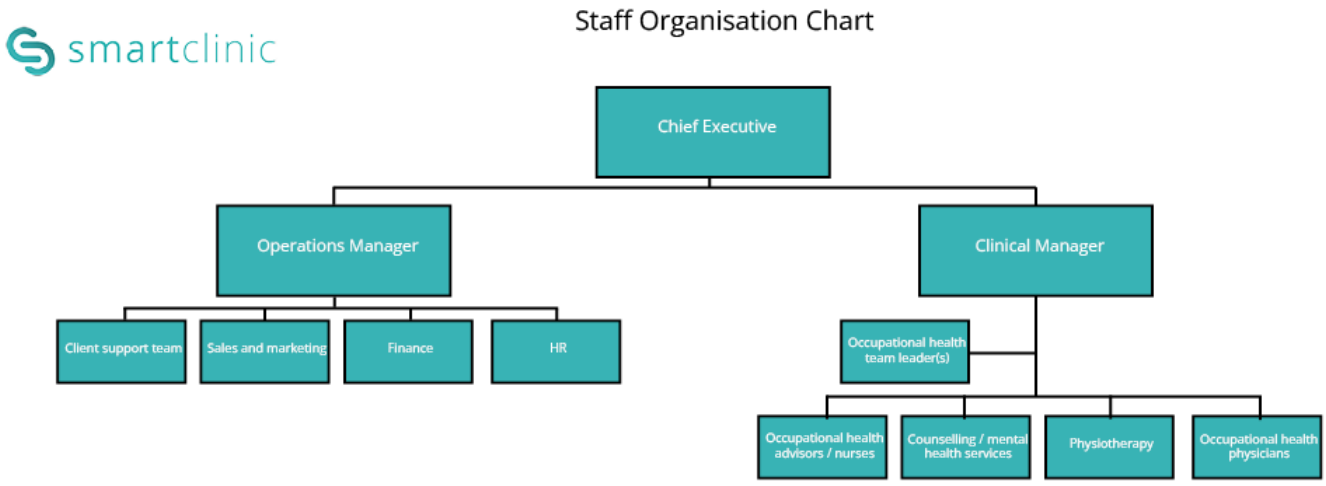
Ethics Guidance for Occupational Health; Faculty of Occupational Medicine (2018)
Fitness for Work; The Medical Aspects; Faculty of Occupational Medicine (2019, sixth edition)
Good Occupational Medicine Practice; Faculty of Occupational Medicine (2017)
Occupational Health Ethics: From Theory to Practice; Dr Jacques Tamin (2020)

Occupational Health Law; Diana Kloss (2020, sixth edition)
NMC Code of Conduct (The Code); NMC (2018)
Good medical practice; GMC (2024)
NICE Guidelines; National Institute for Health and Care Excellence (various)

Other relevant legislation includes, but is not limited to:

- 1983 - Mental Health Act
- 1989 - The Children Act
- 1991 - Working Together under the Children Act
- 1995 – The Children (Scotland) Act
- 1997 - Police Act
- 1998 - Human Rights Act
- 1999 - The Protection of Children Act
- 2004 - Children Act
- 2005 - Mental Capacity Act and Code of Practice
- 2006 - Safeguarding Vulnerable Groups Act
- 2007 - Mental Health Act and Code of Practice (amended)
- 2008 - The Health and Social Care Act
- 2010 - Equality Act
- 2010 - Working to Safeguard Children
- 2012 - Protection of Freedoms Act
- 2014 - The Health and Social Care Act 2008 (Regulated Activities) Regulations (amended)
- 2014 - The Children and Families Act

Structure and responsibilities



The Clinical Manager has responsibility for all clinical operations, including ensuring staff are adequately trained, and are working consistently with our various policies and procedures.

The Operations Manager has responsibility for all non-clinical operations, also ensuring staff are adequately trained, and are working consistently with our various policies and procedures.

The Lead Occupational Physician acts as the point of escalation and has the final say on any complex clinical matters or clinical decisions.

Each individual clinician is responsible for their own competent practices.

The Chief Executive has ultimate oversight of all operations.

Clinical governance framework

Standard procedures		We should identify standards and good practice. This is difficult in occupational OH where research and evidence is more limited than in some other fields of medicine. So we have developed a number of policies, working practices and guidance documents for staff reference.
Recruitment and training		Ensuring the clinician has the competency to practice in their role involves selecting the appropriate individual and training them to the required standards.
Triage		Ensuring that we fully understand the employee's requirements and can fulfil the scope of work prior to commencing it.
Audit		Auditing work to ensure it is of sufficient quality, and addressing any causes for concern, knowledge gaps or poor performance.
Reflection		Reflecting on our existing practices to identify opportunities for improvement.

Recruitment

Reference: Recruitment and vetting policy, February 2023. Document reference: Word/HGC/198/v1

Reference: Contractor and Network Selection Policy, October 2021. Document reference: Word/HGC/169/v1

We ensure fairness and effectiveness throughout our selection process by operating according to the standard procedure in the above named document.

This includes standard interview structures, selection scoring and appropriate background checks.

Training

Reference: Professional development policy (version 2), October 2021. Document reference: Design/HGC/094/V2

Once staff are engaged with Smart Clinic, we ensure that they are provided with the training and development to take responsibility for their own clinical work and continue to work to a high standard.

Triage

Reference: Triage and escalation procedure, February 2024. Document reference: Word/HGC/228/v1

One of the most effective ways of maintaining quality is a suitable triage process. This ensures that work can be allocated to suitable clinicians, and the request made to us is well understood and appropriate. It prevents putting clinicians in inappropriate situations, and helps us to manage client expectations and service delivery. Consequently we have five tiers of occupational health clinician as detailed in the policy.

Audit

Reference: Clinical audit policy and procedure (version 2), January 2024. Document reference: Word/HGC/199/v2

Audit has been the most debated topic since Smart Clinic began, and we have been criticised I the past for being too diligent with our audit. Nonetheless, this is significant for quality control and professional development of clinicians.

Feedback and continuous improvement

Reference: all documents in Nextcloud\Staff Files\D - HR Related and Nextcloud\Staff Files\E - PDR Policy and Forms and Nextcloud\Management\D - Complaint - Near Miss - Investigation

We must learn from feedback. Therefore we request feedback from all users of our service, and review this feedback monthly. We also fully investigate every complaint of provision of formal feedback to identify learning opportunities.

We are fortunate in that our public feedback is the best of any dedicated occupational health provider in the UK (at time of writing).

Policy and procedures review

The intention is to have clinical governance meetings quarterly, the structure being as follows;

Attendees:

Occupational health manager

Consultant occupational physician

CEO / Managing Director

Operations Manager (optional but encouraged)

Dates:

January each year

April each year

July each year

October each year