**Quality Assurance Policy**

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| **Version:** | **Review date:** | **Edited by:** | **Approved by:** | **Comments:** |
| v1 | 09/08/2019 | Sultan Mohamed | Munira Mohamed |  |
| v1.2 | 16/06/2022 | Sultan Mohamed |  | Adapted from PI template 1.2 |
|  | June 2024 |  |  | Next review |
|  |  |  |  |  |

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# Introduction

## Policy statement

In order for Sheerwater Health Centre to meet the requirements of the [Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 17](http://www.cqc.org.uk/guidance-providers/regulations-enforcement/regulation-17-good-governance#guidance), there must be demonstrable evidence of quality assurance. This includes effective governance, assurance and auditing processes that are aimed at improving the quality-of-service delivery.

The Care Quality Commission (CQC) advises that practices should routinely review the effectiveness and appropriateness of the care provided in order to provide effective, safe care and this policy should be read in conjunction with the following:

* [GP Mythbuster 4: Quality improvement activity](https://www.cqc.org.uk/guidance-providers/gps/gp-mythbuster-4-quality-improvement-activity)
* [GP Mythbuster 65: Effective clinical governance arrangements in GP practices](https://www.cqc.org.uk/guidance-providers/gps/gp-mythbuster-65-effective-clinical-governance-arrangements-gp-practices)
* Other CQC GP Mythbusters are referred to throughout this policy

Further reading can also be found within the [Governance Handbook](https://practiceindex.co.uk/gp/forum/resources/the-governance-handbook-ms-word-version.1872/).

## Principles

To satisfy the CQC and to show inspectors that [quality improvement](https://www.cqc.org.uk/guidance-providers/gps/nigels-surgery-4-quality-improvement-activity) is of significant priority at Sheerwater Health Centre, we will show that the organisation is focused on the three domains of quality:

* Patient safety
* Clinical effectiveness
* Patient experience

See [Section 3.2](#_Quality) for further details.

## KLOE (England only)

The CQC would expect any primary care organisation to have a policy to support this process and this should be used as evidence of compliance against CQC Key Lines of Enquiry (KLOE).**1**

Specifically, Sheerwater Health Centre will need to answer the CQC key questions on “Effective”. The following is the CQC definition of Effective:

*“By effective, we mean that people’s care, treatment and support achieve good outcomes, promotes a good quality of life and is based on the best available evidence.”*

|  |  |
| --- | --- |
| **KLOE E2** | How are people’s care and treatment outcomes monitored and how do they compare with other similar services? |

## Status

The organisation aims to design and implement policies and procedures that meet the diverse needs of our service and workforce, ensuring that none are placed at a disadvantage over others, in accordance with the [Equality Act 2010](https://www.legislation.gov.uk/ukpga/2010/15/contents). Consideration has been given to the impact this policy might have with regard to the individual protected characteristics of those to whom it applies.

This document and any procedures contained within it are non-contractual and may be modified or withdrawn at any time. For the avoidance of doubt, it does not form part of your contract of employment.

## Training and support

The organisation will provide guidance and support to help those to whom it applies to understand their rights and responsibilities under this policy. Additional support will be provided to managers and supervisors to enable them to deal more effectively with matters arising from this policy.

# Scope

## Who it applies to

This document applies to all employees, partners and directors of the organisation. Other individuals performing functions in relation to the organisation, such as agency workers, locum clinicians and contractors, are encouraged to use it.

Furthermore, it also applies to clinicians who may or may not be employed by the organisation but who are working under the Additional Roles Reimbursement Scheme (ARRS).[[1]](#footnote-1)

## Why and how it applies to them

Quality improvement is the responsibility of all staff at Sheerwater Health Centre. Led by the organisation management team and senior clinicians, all staff are expected to contribute to the continual development and improvement of the care that patients receive.

# Definition of terms

## Quality improvement

Improving quality is about making healthcare safer, effective, patient-centered, timely, efficient and equitable. Although there is no single definition of quality improvement, several definitions describe it as a systematic approach that uses specific techniques to improve quality.[[2]](#footnote-2)

## Quality

Quality is defined in terms of three criteria:[[3]](#footnote-3)

1. Clinical effectiveness (quality care is care that is delivered according to the best evidence regarding what is clinically effective in improving an individual’s health outcomes)
2. Safety (quality care is care that is delivered in order to avoid all avoidable harm and risks to the individual’s safety)
3. Patient experience (quality care is care that looks to give the individual as positive an experience of receiving and recovering from the care as possible, including being treated according to what the individual wants or needs, and with compassion, dignity and respect)

## Clinical governance

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

It provides a framework for drawing together the different strands of quality improvement which includes clinical audit, clinical leadership, evidence-based practice and the dissemination of good practice, ideas and innovation and addressing poor clinical performance.[[4]](#footnote-4)

## Care Quality Commission

The Care Quality Commission (CQC) is the independent regulator of health and adult social care in England. The CQC makes sure health and social care services provide people with safe, effective, compassionate, high-quality care and it encourages care services to improve.

# Effective quality assurance

## Whole team involvement

All staff are involved in maintaining and improving the quality of services offered to the patient population at Sheerwater Health Centre.

The services we offer are in line with the [NHS Constitution for England](https://www.gov.uk/government/publications/the-nhs-constitution-for-england) and drive our commitment to quality improvement. As an organisation, we put the needs of the patients first whilst embracing a culture of transparency, openness and learning.

During any regulatory inspection, this organisation will be able to demonstrate that we:

* Consider the quality of care provided
* Review the care provided in relation to current best practice guidance
* Make changes where necessary or appropriate in order to improve
* Revisit the question to see whether the changes made have resulted in an improvement.

## Personnel

1. Performance appraisals

All staff will have an annual appraisal. This may be in addition to the professional appraisal or revalidation that is required for certain clinicians.

The appraisal process is formal and the management will follow guidance as established within the respective policies.

Policies:

* [Performance Appraisal Policy](https://practiceindex.co.uk/gp/forum/resources/performance-appraisal-policy.836/)
* [Performance appraisal guide for managers](https://practiceindex.co.uk/gp/forum/resources/performance-appraisal-guide-for-managers.1210/)
* [Invitation to appraisal meeting (sample letter)](https://practiceindex.co.uk/gp/forum/resources/invitation-to-appraisal-meeting-sample-letter.837/)
* [Performance appraisal preparation form](https://practiceindex.co.uk/gp/forum/resources/performance-appraisal-preparation-form.1211/)
* [Appraisal documentation](https://practiceindex.co.uk/gp/forum/resources/appraisal-documentation.1024/)
* [360-degree appraisal feedback form](https://practiceindex.co.uk/gp/forum/resources/360-degree-appraisal-feedback-form.1293/)
1. Job descriptions

All staff have comprehensive job descriptions which clearly detail their individual roles and responsibilities, including the requirement to participate in audits and contribute to and support a culture of continuous improvement.

As roles naturally change, all job descriptions will be reviewed annually during the appraisal process. This process is to be conducted and agreed upon by both the manager and the employee to ensure that it is an accurate reflection of the role

All job descriptions can be found at practice manager’s office.

Job descriptions for many roles can be sought within the respective Interview Packs [here](https://practiceindex.co.uk/gp/forum/resources/categories/job-descriptions.69/).

1. Training and qualifications

All staff at Sheerwater Health Centre will be required to:

* Have the necessary qualifications and experience to undertake the role for which they are employed
* Undergo a comprehensive induction process
* Be encouraged to undertake continuous professional development
* Participate in the organisation training programme
* Have annual appraisals and, where applicable, participate in the revalidation process

Policies:

[Staff Induction Policy](https://practiceindex.co.uk/gp/forum/resources/staff-induction-policy.952/)

[Staff Development Policy – mandatory training guidelines](https://practiceindex.co.uk/gp/forum/resources/staff-development-policy-mandatory-training-guidelines.1000/)

## Policy and procedure

To ensure that the level of patient care is of the highest standards, we have policies in place which all staff are expected to read, understand and adhere to.

A full list of policies and procedures can be found on practice internal website (password protected) and these are regularly updated and managed by Sultan Mohamed (Business Manager). These policies ensure that the organisation is a safe environment for patients, their carers, relatives, staff, contractors and other service users.

We understand that effective communication is key to establishing an excellent relationship with our patient group. We provide patients with up-to-date information about this organisation using our website and the organisation leaflet

[www.sheerwaterhealthcentre.nhs.uk](http://www.sheerwaterhealthcentre.nhs.uk)

## Audit

Regular audits are undertaken at Sheerwater Health Centre, the overall aim of which is to ensure that the organisation is meeting the standards required whilst reviewing processes to identify areas for improvement as necessary.

Other types of quality improvement activities include:

* Review of outcomes data
* Small scale data searches
* Information collection and analysis (Search and Do activities)
* Plan/do/study/act (PDSA) cycles
* Significant event analysis (SEA)
* Large scale national audit
* Reflective case reviews
* Reflection on formal patient and colleague feedback survey results

A clinical audit is the quality improvement process that seeks to improve patient care and outcomes through the systematic review of care against explicit criteria and the implementation of change.

Aspects of the structure, processes and outcomes of care are selected and systematically evaluated against criteria. Where indicated, changes are implemented at an individual, team or service level and further monitoring is used to confirm the improvement in healthcare delivery.[[5]](#footnote-5) The purpose of completing a clinical audit is to enable staff to review their own practice and that of their colleagues with an overall aim of making improvements to benefit the service user.

Regular audits are undertaken the overall aim of which is to ensure that the organisation is meeting the standards required whilst reviewing processes to identify areas for improvement as necessary.

A clinical audit will:

* Identify and highlight evidence-based practice
* Identify areas for improvement and enhance patient safety
* Provide data that can be used to review the effectiveness of service delivery
* Enhance multidisciplinary team communication
* Improve cross-functional working within the organisation

The features of a clinical audit are that it:

* Is a circular process system by which clinicians review their own clinical practice but which can be used throughout the organisation to review effectiveness
* Has a quality improvement intent
* Is systematic
* Is undertaken with the active involvement of those directly involved in the care process
* Looks beyond the immediate care process and may encompass resources devoted to a particular care pathway
* Considers processes allied to the direct pathway of care, such as the initial selection of patients for the care pathway concerned
* Uses established and agreed standards which are in themselves a means to ensure good-quality care leading to better outcomes
* Compares actual practice to these standards
* Confirms compliance with standards or that necessary remedial action is taken
* Remeasures to gauge improvement

All staff participate in the audit process which also promotes reflective practice and individual learning. Once an audit is complete, the results are discussed during an organisation meeting and then promulgated on the organisation website whilst also being discussed at PPG meetings (if appropriate).

Clinical audits enable the team to assess clinical performance and improve clinical practice, ultimately enhancing the care delivered to our patient population.

## Quality Outcomes Framework

The Quality and Outcomes Framework (QOF) rewards Sheerwater Health Centre for the provision of quality care whilst also identifying areas for improvement. QOF is overseen by Dr Munira Mohamed but the responsibility for each element is shared across the clinical team.

## Organisational effectiveness

There is a holistic approach to all that we do at Sheerwater Health Centre.

Communication is key to optimal team performance. All staff are involved and information is shared across the team at all times.

Our organisation meetings follow a set agenda:

* Safeguarding
* Comments, compliments, complaints and concerns
* Significant event analysis/incident reporting
* Central Alerting System (CAS)
* QOF
* Prescribing
* Clinical (updates to organisation)
* Audit
* Learning and development
* Organisation development plan/business resilience
* Quality improvement
* Premises
* Staff concerns/initiatives
* Risk register

The minutes for organisation meetings are emailed to all staff and are saved by practice manager.

## Clinical governance

Further reading on clinical governance and the other types of governance within a healthcare setting can be sought from the [Governance Handbook](https://practiceindex.co.uk/gp/forum/resources/the-governance-handbook-ms-word-version.1872/).

Clinical governance is all-encompassing in terms of what we should be doing within our roles and there are several tools that can be used as part of the organisation’s arsenal to manage and support day-to-day requirements, all of which will be discussed throughout this chapter.

Imagine this scenario, as it encapsulates many of these tools:

*Following recent cold weather, a pothole has appeared in the practice-owned car park. A patient was walking through the car park and has just tripped in it. She has sustained a nasty gash to her knee and is very upset.*

Apart from the clinical governance measures, it is suggested that the initial actions and/or responses would be:

* Provide any first aid measures
* Apologise to the patient and reassure her that you will advise every one of the potential risk and that you will look at repairing the car park as soon as possible
* Advise the partners of the incident
* Add to the Accident Book

But what tools should you have to support the management in this instance? How would you use them and what tools should every organisation have?

1. Issues Log

       As this event has *occurred,* this needs to be added to the Issues Log.

       The Issues Log is simply a to-do list but it is an incredibly useful tool that, if used correctly, will capture all that needs to be achieved. It can be used in meetings to detail new actions and to advise staff of completed actions and those that are nearing their deadline. Completed issues should be kept although removed to the Retired Issues Log.

       The action in this case is for an asphalt company to be contacted to fill in this hole and any others in the car park.

 Note the word *‘occurred’* (see above) as this is detailed later in the explanation of the difference between a risk and an issue.

       The Governance handbook provides further insight into issues management as does the [Risks and Issues guidance document](https://practiceindex.co.uk/gp/forum/resources/risk-and-issues-guidance-document.1568/?fromcat=106).

1. Significant Event Log

Next, a significant event needs to be raised. This can be used as a timeline of the event from the initial incident through to actions, lessons learnt, training (if needed), any resulting audit(s) and outcome.

Whilst a significant event analysis (SEA) would be raised in any incident like this, in this case a patient was harmed; therefore, there is even more reason to raise this, as there may be lessons that need to be identified and learnt from in order that patient safety is maximised. Furthermore, as this incident may also result in litigation,having a robust SE Log detailing all the actions would be useful for any insurance claim or, in a worst-case scenario, the practice needing to defend itself in court.

All significant events are to be detailed in the SEA Log. This acts as evidence of learning and compliance.

For this incident, as harm was caused, the [NHS Learn from patient safety events service (LFPSE)](https://www.england.nhs.uk/patient-safety/learn-from-patient-safety-events-service/) should be contacted.

As there has been cold weather, discuss this SEA in your PCN or wider practice manager group as other local practices’ car parks might also have sustained the same frost damage, potentially resulting in the same outcome.

Refer to [GP Mythbuster No 3 – Significant Event Analysis (SEA)](https://www.cqc.org.uk/guidance-providers/gps/gp-mythbuster-3-significant-event-analysis-sea) for further reading and the [Significant Event and Incident Reporting Policy (England)](https://practiceindex.co.uk/gp/forum/resources/significant-event-and-incident-reporting-policy.1762/) also details this subject in greater detail.

Further reading can be sought from CQC’s [GP Mythbuster 24: Recording patient safety events with the Learn from patient safety events (LFPSE) service](https://www.cqc.org.uk/guidance-providers/gps/gp-mythbuster-24-recording-patient-safety-events-learn-patient-safety-events).

1. Risk Register

As other patients could also trip, this incident also needs to be risk-assessed and added to the Risk Register. In this register, you will need to consider any mitigating actions, such as placing signs in the car park and reception, and verbally advising staff to take care. In winter, the risk assessment might also suggest that better lighting is needed, etc.

A Risk Register should also have a Retired Log for any risk that has been completely mitigated.

The Governance handbook provides further insight into risks management, coupled with the [Risks and Issues guidance document](https://practiceindex.co.uk/gp/forum/resources/risk-and-issues-guidance-document.1568/?fromcat=106) and the [Risk assessment guidance document](https://practiceindex.co.uk/gp/forum/resources/risk-assessment-guidance-document.1519/?fromcat=106).

1. Communication and minutes

In addition to initially advising partners and staff, any SEA would need to be discussed at the various meeting and incorporated in any minutes.

These minutes are essential as they provide chronological evidence that there has been considered communication throughout the team, risk management considerations and how best to promote safety within the organisation.

All minutes should be saved in the appropriate area on the shared drive/ intranet in accordance with the [Communication Policy](https://practiceindex.co.uk/gp/forum/resources/communication-policy.1008/).

1. Audit Log

Another action in this scenario would be to establish an audit. Initially there would have been a quick scan of the car park to perhaps take photographs and identify any other potholes.

This should be repeated frequently until the issue has been resolved and detailed as a non-clinical audit. All audits, both clinical and non-clinical, should be added to the Audit Log.

Further reading can be found in the [Clinical Audit Policy](https://practiceindex.co.uk/gp/forum/resources/clinical-audit-policy.1112/) and [CQC GP Mythbuster No 4 - Quality improvement activity](https://www.cqc.org.uk/guidance-providers/gps/gp-mythbuster-4-quality-improvement-activity).

1. Complaints Log

The patient is very upset and has expressed her dissatisfaction. This is a verbal complaint and, as such, needs to be added to the Complaints Log.

It may become more formalised and a letter of complaint may also be received as part of any preamble to any potential litigation. As for any complaint, the complaints procedure should be followed in accordance with the [Complaint procedure (England)](https://practiceindex.co.uk/gp/forum/resources/complaints-procedure-england.710/).

This log details dates of receipt, acknowledgement and completion and should be used as evidence-gathering for the annual K014b complaints return to NHS England.

All complaints, written or verbal, should be added to the organisation’s Complaints Log.

Further reading can be sought within [CQC GP Mythbuster 103 – Complaints management](https://www.cqc.org.uk/guidance-providers/gps/gp-mythbuster-103-complaints-management).

1. Training Matrix

All staff are to be aware of how to manage a complaint. This training is considered to be one of the mandatory training sessions that all staff need to complete.

All training should be detailed in the Training Matrix and the management of training within any organisation could include:

* Training Matrix
* Staff development programme
* Organisational training programme
* Training application form
* Personal development plan template

Further reading can be found in the [Staff Development Policy – Mandatory training guidelines](https://practiceindex.co.uk/gp/forum/resources/staff-development-policy-mandatory-training-guidelines.1000/) and [CQC GP Mythbuster No 70](https://www.cqc.org.uk/guidance-providers/gps/gp-mythbuster-70-mandatory-training-considerations-general-practice).

This section has detailed how one example highlights how the spectrum of logs, registers and matrices can be used and how these interact with each other.

By having these in place, the organisation can be satisfied that there is a full history and detailed sequence of events should this be required for evidence and regulatory purposes.

# Summary

It is the responsibility of all staff at Sheerwater Health Centre to ensure that service delivery and patient care are of the highest standards. This will be achieved through an organised approach to quality assurance which involves all staff.

Excellent communication combined with a clear understanding of individual roles and embracing a culture of quality improvement and learning will ensure that an excellent service is always offered to all patients.

1. [Network DES Specification](https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=&cad=rja&uact=8&ved=2ahUKEwjW_Mmq0vz1AhXCQEEAHXOHBpoQFnoECA4QAQ&url=https%3A%2F%2Fwww.england.nhs.uk%2Fpublication%2Fnetwork-contract-des-specification-2021-22%2F&usg=AOvVaw3xuhgNvg7oYsvX-M1E-Pns) [↑](#footnote-ref-1)
2. [Quality improvement made simple](http://www.health.org.uk/sites/health/files/QualityImprovementMadeSimple.pdf) [↑](#footnote-ref-2)
3. [Quality in the new health system](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213304/Final-NQB-report-v4-160113.pdf) [↑](#footnote-ref-3)
4. [GP Mythbuster 65: Effective clinical governance arrangements in GP practices](http://www.cqc.org.uk/guidance-providers/gps/nigels-surgery-65-effective-clinical-governance-arrangements-gp-practices) [↑](#footnote-ref-4)
5. [NICE Principles for Best Practice in Clinical Audit](https://www.nice.org.uk/media/default/About/what-we-do/Into-practice/principles-for-best-practice-in-clinical-audit.pdf) [↑](#footnote-ref-5)