# Combined Clinical Governance Checklist

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| Organisational responsibility | Done | Review Date |
| **Service Level Agreement** |  |  |  |
| **Contract monitoring arrangements** |  |  |  |
| **Procedures to cover sickness, annual leave and sick leave** |  |  |  |
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| **CQC adherence (MSKR)** |  |  |  |
| **Priorities and strategic direction set and communicated** |  |  |  |
| **Planning and resources allocation** |  |  |  |
| **Legislative requirements are complied with** |  |  |  |
| **Organisational and committee structures, systems and processes are in place** |  |  |  |
| **Roles and responsibilities are clearly defined** |  |  |  |
| **Whistle blower policy and processes** |  |  |  |
| **Processes for staff complaints**  |  |  |  |
| **Fraud policies and procedures** |  |  |  |
| **Finance policy:**  | including expenses and expenditure |  |  |
| **Insurance:**  | practice, public liability, indemnity |  |  |
| **Facilities and premises:**  | accessible for those with physical, cognitive and sensory functional differences, designed and set up to aid infection control (hand washing), sufficient space for support people to attend. |  |  |
| **Health and safety policy:**  | review protocol and schedule, areas covered include mental health of staff, workplace bullying/harassment and community/family health and safety. |  |  |
| **Disaster plan:**  | natural disaster, attack or pandemic |  |  |
| **Evacuation plan** | clearly displayed |  |  |
| **Infection control policy** |  |  |  |
| **Lone working policy and protocol** |  |  |  |
| **Staff wellbeing:**  | policy and procedures, staff wellbeing surveys, access to support and counselling  |  |  |
| **IT and technology**:  | access to practice management system including electronic health records, IT access, security and back-up, cyber security measures |  |  |
| Individual responsibility |  |  |
| **Regulatory body registration**  |  |  |  |
| **Insurance: individual** |  |  |  |

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| Clinical Effectiveness | Done | Review Date |
| **Clinical audits:**  | record keeping, performance and safety KPI audit, investigation referral and review, independent prescribing, minimum data set metrics to monitor outcomes, documentation audit, policies and procedures to ensure learning is taken from audits and reviews, audits used to inform recommendations and improvements implemented based on recommendations |  |  |
| **Measure performance:**  | process indicators, outcomes of care, validated outcomes (numerical rating scale, patient-specific functional scale, global rate of change scale) |  |  |
| **Clinical Improvement Practice:**  | examples of quality projects such as service development initiatives, development of guidance and pathways, reporting on activities, staffing changes, incidents, research to medical teams, underpinned by robust methodologies such as Sigma Six and Lean Thinking |  |  |
| **Clinical standards and policies**:  | key supporting documents including operational guidelines, orientation plan for new staff, competency based education and training programme, clinical practise guidelines for systemic conditions and serious findings, non-medical prescribing and image referring policies |  |  |
| **Research and Development:**  | reporting research activities to medical and research teams. |  |  |
| **Quality management system:**  | contains all policies, procedures and activities, is easily accessible to all staff. |  |  |
| **Knowledge management strategies:**  | supports evidence based practice |  |  |
| **Job planning** |  |  |  |
| **Leadership capability developed** |  |  |  |
| **Report, review and respond to performance** |  |  |  |
| **Clinician involvement** |  |  |  |
| **Service delivery via telehealth policy** |  |  |  |

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| Clinical Risk Management | Done  | Review Date |
| **Responding to incidents:**  | incidents are investigated and underlying system issues and root causes are identified. |  |  |
| **Incident reporting and responding:**  | near miss, medication incident, adverse drug event, adverse drug reaction, clinical incident, open disclosure, expression of regret, incident rating process, patient involvement and communication |  |  |
| **Risk assessment tool:**  | risks should be proactively and reactively identified |  |  |
| **Risk register:**  | missed diagnosis on xray, lack of sufficient follow-up plan when investigation ordered, risk of allergies/medication history/medical history incomplete, missed diagnosis of a serious non-msk condition, incorrect patient details on imaging request for inappropriate referral for investigation, deteriorating patient, serious adverse event due to delay in diagnosis, failure to clearly communicate to patient that AMP is not a doctor, inappropriate staffing levels, staff poor performance, MSK practitioner works outside of scope of practice, risk of manual handling incident |  |  |
| **Patient safety and quality:**  | mandatory training, safety and quality indicators defined, monitored and reported, innovation and research into safety supported |  |  |
| **IT systems**:  | supports clinical management and decisions |  |  |
| **Clinical policies and protocols:**  | reviewed and updates |  |  |
| **Procedures for managing patient journey:**  | Ongoing monitoring, follow-up procedures, patient recall procedures, transition out of service and onward referral, discharge procedure and plan, self-discharging procedure |  |  |
| **Clinical/medical emergency plan:**  | adverse drug reactions, anaphylaxis, red flags, cardiac arrest, first aid and medical kit well stocked, accessible and maintained. |  |  |
| **Clear lines of accountability**  |  |  |  |
| **Protocols for patient correspondence** |  |  |  |
| **Protocols for communication with other services** |  |  |  |
| **Chaperone policy** |  |  |  |
| **Escalation procedures** |  |  |  |
| **Structured clinical, administrative and combined team meetings** |  |  |  |

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| Education and Training  | Done | Review Date |
| **Scope of practice document** |  |  |  |
| **Credentialing**:  | minimum of five to seven year experience, MSc or enrolled, to complete education programme and competency based assessment |  |  |
| **Competency based training**:  | self assessment, performance appraisal, work based observations, written assessments, case based presentations, clinical and documentation audits, radiation safety training, clinical log and professional practice portfolio, local learning modules, online learning modules, learning needs analysis |  |  |
| **Preceptorship:**  | Triad of Responsibility model for post-grade MSK involving commitment by higher educational institutes, service providers and clinicians. |  |  |
| **Clinical Orientation**:  | 3 months supervision for new staff, watch experienced AMP for 1-2 sessions, supervised initial sessions, 4-6 work based observations, minimum 40 hours supervised |  |  |
| **Supervision and mentorship structure:**  | new staff under supervision of medical consultant and AP lead, co-located supervisors, buddying, clinics run concurrently with medical staff (rheumatologist, orthopaedics or neurosurgeon), new graduate or new starter support forum, discussion evenings, education nights, senior peer support, hub mentor meetings |  |  |
| **Annual appraisal** | **:** submitted reflections, case based presentation, communication abilities monitored at appraisal, annual performance review, include Key Performance Indicators including cultural competencies and enacting organisational values, regular feedback |  |  |
| **Imaging**:  | plain film online module and exam, radiology safety quiz, formal radiology training or independent interpret imaging training |  |  |
| **Cultural competencies:**  | diversity and inclusion, unconscious bias, mental health, communication skills, having difficult conversations |  |  |

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| Community and consumer participation | Done  | Review Date |
| **Patient involvement:**  | annual patient satisfaction surveys, qualitative patient interviews for initial evaluation, patient representative on service planning, monitoring or review committees, resources available to support active participation of consumers in care, consumers participate in health service governance, priority setting and strategic business and quality planning, co-design projects |  |  |
| **Patient orientated outcome measures**:  | particularly MSK-HQ and PSFS (MSKR) |  |  |
| **Patient and citizen safety procedures:**  | mental health, addiction, violence, suicide risk. |  |  |
| **Learning from complaints** |  |  |  |
| **Sharing complements** |  |  |  |
| **Patient information: citizen involvement in development of consumer information** |  |  |  |
| **Evaluation of service: suggestion box, surveys of citizens, focus groups** |  |  |  |
| **Policies that support cultural competence**  |  |  |  |

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