

CMC CLINICAL GOVERNANCE FRAMEWORK

Introduction

Coordinate My Care (CMC) is an NHS clinical service that enables collaborative Urgent and Advanced Care Planning for patients with complex and life-limiting conditions and is underpinned by digital technology. The digital platform and wraparound service has been designed to ensure the best possible integrated care is available at times when it is needed most. It embeds patient consent, important clinical information about a patient's illness and medication, how and where the patient would like to be cared for, details of people to be contacted in an emergency and more. CMC Care plan is shared with all the health and social care professionals who might be involved in the treatment and care of patients – planned and unplanned – both during normal working hours and most importantly during the out-of-hours periods (two thirds of the week).

Principles and development of CMC

The CMC is a service developed by NHS clinicians for NHS patients. The clinical service is developed around the electronic system, which not only facilitates the use of IT to share information, but also provides training to clinicians (including for end of life care), monitors the quality of data being entered into the system, and provides reports to both providers and commissioners relating to the data across individual boroughs as well as the city as a whole. Adoption of CMC system enables better coordination and standardisation of care for the most vulnerable patients (often with complex and life limiting conditions).

Objectives

The overarching aims of CMC are to:

- improve identification of patients with complex health and social care needs, including those approaching the end of life phase;
- improve communication of information between health and social care providers in all settings;
- enable patient's wishes to be communicated to front line clinicians in an emergency;
- enable patient preferences to be achieved;
- avoid unnecessary hospital admissions.

Scope of this document

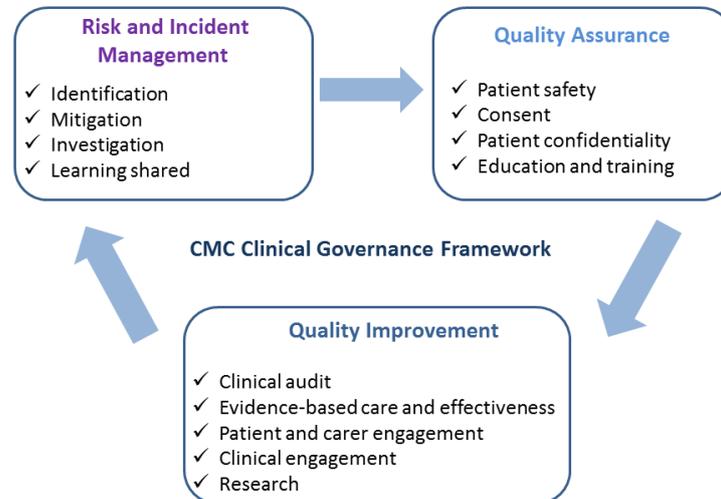
This document is intended to offer a framework whereby clinical quality is maintained at a high standard (with continual improvement), patient safety is paramount and clinical risk is minimised. The process for dealing with adverse incidents, should they occur, is outlined in CMC incidents management SOP (attached to this document). CMC is a system which involves multiple professionals across multiple settings. There is a separate document relating to information governance.

Accountability and reporting structure

The CMC Governance Board includes members representing clinical governance, information governance, IT, patients/carers and clinicians. It meets monthly and reviews adverse and serious incidents, the risk log, complaints and other feedback, lessons learned and reports regarding data quality. The Governance Board is accountable to RMH CMC Programme Board and reports monthly to the NHS Pan London Integrated Urgent Care Clinical Governance Group, which in turn report to the Urgent and Emergency Care Programme Board, chaired by the Director for UEC Improvement, NHSE/I London. Annual reports are produced for The Royal Marsden Integrated Governance & Risk Management Committee and CMC Strategic Commissioning Group.

Clinical governance framework overview

Clinical governance framework is the system through which CMC continuously improves the quality of its service and safeguards high standards of care and patient safety. CMC Clinical governance encompasses quality assurance, quality improvement and risk and incident management¹.



Quality assurance:

Patient safety

CMC care plans feedback mechanism from urgent care providers to CMC care plan creators is in place. Review and recording of identified risks, adverse and serious clinical incidents, lessons learned.

Consent

Expressed verbal consent for those with capacity, best interests decision-making for those without capacity and lasting power of attorney for health and welfare for those without capacity who have made specific arrangements.

Patient confidentiality

Allocation of access rights (e.g. view only or view and edit) according to the user/clinician's role, as well as the ability for patients to request access to record is restricted to specific clinicians.

Education and training

Resources for clinicians include the roll-out of a training programme relating to end of life care as well as use of the IT system, a helpdesk during routine working hours, and documents/guides available on the webpage that can be freely accessed at any time. Face to face webinars and pre-recorded videos are also available on CMC website. The Corporate Training roll out commenced in London, whereby NHS organisations are able to conduct internal CMC training.

Quality improvement:

Clinical record auditing

Auditing of CMC records, selected randomly on a regular basis, to review clinical quality of content (including medication, treatment escalation plan etc.), that the record has been updated within the last 6 months and that CPR decision-making has been considered and documented, with direct feedback to clinicians where appropriate.

¹ <https://www.gov.uk/government/publications/newborn-hearing-screening-programme-nhsp-operational-guidance/4-clinical-governance>

Evidence-based care and effectiveness

Review of collated data reports at population level as well as auditing of individual records to inform service providers and commissioners of patterns and trends emerging.

Patient and carer engagement

Patient and Carers are represented within the CMC Governance Board and Stockholders Committee. Patient and Carers Reference Group provide feedback to inform and influence the ongoing development of CMC.

Clinical engagement

A communications strategy has been developed, including website, brochures/leaflets, e-bulletins, publications and presentations at meetings/conferences to ensure clinicians receive up to date information about CMC. In addition CMC clinical champions are invited to join a quarterly conference call to discuss any issues/progress. Electronic survey to be administered to all users at least three months after CMC go-live in their area, and all feedback collated and reviewed monthly. Professionals' and patients' feedback and service improvement ideas can be submitted to CMC via <https://www.coordinatemycare.co.uk/report-incident-and-excellence/>

Research

Research projects relating to CMC will be subject to the usual governance process, including research ethics approval. However patient consent to having a CMC record created and shared includes the potential use for non-identifiable data to be used in research studies.

Risk and incident management:

Risk

Risk management is about minimising risks to patients by: (a) identifying what can and does go wrong during care; (b) understanding the factors that influence this; (c) learning lessons from any adverse events; (d) ensuring action is taken to prevent recurrence; (e) putting systems in place to reduce risks.

Incidents and Issues

All incidents reported to CMC are investigated with the purpose to identify omissions or system failures and prevent any future risk to patients by: (a) identifying what went wrong during care; (b) understanding the contributing factors; (c) identifying root cause; (d) ensuring action is taken and putting systems to prevent recurrence.

Clinical Governance takes a holistic approach simultaneously reviewing all of the above to ensure that patients with CMC care plans receive the right care at the right time by the right person in a right place.

Related documents

- National Institute for Health and Care Excellence
- Public Health England Clinical Governance Guidelines
- The National Patients Safety Website
- Decision making and consent
- Decision-making and mental capacity, NICE Guidelines
- NHS Pan London Integrated Urgent Care Clinical Governance Group (IUC CGG)
- The Royal Marsden Information Governance Assurance Management Framework
- Report Excellence or Clinical incident
- Patient information leaflet
- CMC Performance data reports, including CMC Completeness Report and Quarterly summary of clinical incidents report
- CMC incidents management SOP
- CMC staff mandatory training
- Corporate Training Agreement for all external staff
- Training evaluation form