

Clinical Governance Framework

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Document Control

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1. Aim

The aim of this document is to detail the Clinical Governance arrangements in place to ensure that the all aspects of the clinical MRI service provided by University of York (trading as York Diagnostic Imaging) are of a high and consistent standard.

2. Scope

- 2.1 This document applies to the clinical MRI service, its management and delivery within University of York.

3. Roles and Responsibilities

Clinical Governance is the responsibility of every individual associated with the activities of York Diagnostic Imaging

- 3.1 The **Director(s)** of The York Neuro Imaging Centre have ultimate responsibility for all activities carried out within the business.
- 3.2 The **Director** is responsible for:
- acting as a Caldicott Guardian when required.
 - overall accountability for clinical governance within York Diagnostic Imaging
 - for providing Clinical Leadership
 - ensuring that the clinical policies required to deliver the clinical services are in place and maintained.
 - having an oversight of all clinical incidents and be directly involved in any investigation into a serious clinical incident
- 3.3 The Registered Manager is responsible for:
- Taking appropriate action in the event of any clinical risks that are identified and ensuring that the risk is mitigated or managed.
 - identifying which training needs are required to mitigate the risk of clinical incidents
 - ensuring that policies are complied with.
 - monitoring trends arising from incidents, complaints and patient comments.
- 3.4 All Staff are responsible for:
- Their own clinical practice
 - Reporting any incidents and complaints in line with the current complaints and incidents policies

- Reporting any failures of processes that cause policy to be breached to the registered manager
- Ensuring that, when notified by a reporting Radiologist of clinically urgent or important findings, the referring clinician or the patients General Practitioner are made aware as soon as is practicable.
- Identifying any areas of personal weakness in their clinical practice and informing their line manager
- Sharing good practice
- Their own personal development and the development of colleagues through teaching and support

3.5 Reporting Radiologists are responsible for ensuring that:

- York Diagnostic Imaging staff are alerted to the presence of clinically urgent or important findings as soon as is practicable.
- Where appropriate, the patients referrer, or GP is contacted directly.
- When requested, appropriate protocol or clinical advice is provided to ensure best practice is achieved.
- Where appropriate constructive critique is provided to the Registered Manager so that York Diagnostic Imaging's image and service quality can be maintained and improved

4. Clinical Leadership & Accountability

4.1 Clinical and Medical Leadership is provided by the Director

4.2 Clinical Radiographic Leadership is provided by the Radiographer

4.3 Clinical Radiological advice is sourced externally as required from Telemedicine Clinics Radiologists

5. Clinical Risk Management

5.1 Clinical Risk is managed via:

- Staff Training
- Clinical policies and procedures reviewed against clinical best practice
- Complaints and incident management
- Clinical Alert System (CAS Alerts)
- Risk Assessments as required
- Records Management

5.2 Clinical risks are monitored through review of the clinical risk register

- 5.3 Risk of healthcare acquired infection is managed through the infection prevention and control policy.

6. Clinical effectiveness

- 6.1 Clinical MR services will only be delivered where MRI is an appropriate diagnostic tool and that the patients management may be affected by the result.
- 6.2 Royal College of Radiologist guidelines will form the basis of acceptance for MRI scanning.
- 6.3 Protocols will be reviewed and modified in conjunction with Radiologist request/requirement to ensure best practice.
- 6.4 Regular consultation with and feedback from reporters will ensure that the required levels of quality are achieved and maintained.

7. Assuring Best Practice

- 7.1 University of York (York Diagnostic Imaging) encourages the development of services based on current best practice and innovation. All staff are encouraged to propose changes that will improve patient services.
- 7.2 All service developments will undergo appropriate clinical risk assessment.

8. Learning From When Things Go Wrong

- 8.1 By thorough investigation of all incidents and complaints. Determining root cause and any lessons to be learnt, York Diagnostic Imaging will learn and continually improve its service.

9. Regulations & Standards

- 9.1 University of York (trading as York Diagnostic Imaging) is registered with the Care Quality Commission under the Health & Social Care Act (2008) for the following activities:
- Diagnostic and Screening Services

10. Review

- 10.1 This document will be every 5 years or earlier, if required, to reflect changes to regulation or legislation

11. Breaches

- 11.1 Any breaches of this policy may result in disciplinary action of individuals.

