

# WILTSHIRE POLICE FORCE PROCEDURE



## Clinical Governance

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## PROCEDURE OVERVIEW

The purpose of this procedure document is to establish clinical governance guidance on first aid arrangements and provision within Wiltshire Police and to ensure compliance with relevant health and safety legislation and NPCC Guidance.

## GLOSSARY OF TERMS

Term	Meaning
HSE	Health and Safety Executive

## RELATED POLICIES, PROCEDURES and OTHER DOCUMENTS

All other Wiltshire Police Health and Safety Policies and Procedures.

## AUTHORISED PROFESSIONAL PRACTICE AREAS

There are no associated Authorised Professional Practice areas at present.

## DATA PROTECTION

Any information relating to an identified or identifiable living individual recorded as a consequence of this procedure will be processed in accordance with the Data Protection Act 2018, General Data Protection Regulations and the Force [Data Protection Policy](#).

## FREEDOM OF INFORMATION ACT 2000

This document has been assessed as suitable for public release.

## MONITORING and REVIEW

The Clinical Governance Procedure will be monitored and reviewed annually and/or in light of legislative change by the Force Clinical Governance Consultant in conjunction with the Head of Health and Safety. The Force Occupational Health and Safety Committee will be responsible for the approval and monitoring of the procedure document and its implementation on an annual basis.

## WHO TO CONTACT ABOUT THIS PROCEDURE

Wiltshire Police Clinical Governance delivery Manager

Wiltshire Police Clinical Governance Consultant

Head of Health and Safety

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## 1. Legal Requirements and Guidance

The Health and Safety at Work Act 1974 imposes a duty of care on the employer to ensure, so far as reasonably practicable, the health, safety and welfare of all staff and others affected by our undertakings. In addition, sections 7 and 8 of the Act state that staff must take appropriate steps to safeguard their own health and safety as well as that of others.

The National Police Chiefs Council (NPCC) Guidance document entitled “Local Clinical Governance for Police First Aid” provides detailed guidance on the management of clinical governance within police organisations.

## 2. Definition of Clinical Governance

Clinical governance is defined as a framework through which organisations including Wiltshire Police are accountable for continually improving the quality of their services and safeguarding high standards of care by creating an environment in which excellence in clinical care will flourish. There are three key attributes to clinical governance:

- Recognisably high standards of care
- Transparent responsibility and accountability for those standards
- A drive for continuous improvement

Clinical governance refers to the processes, structures and systems in place in an organisation to manage the quality of service provision. This framework needs to be appropriate to each organisation.

There are 8 fundamental elements to clinical governance which are outlined below.

## 3. Education and Training

It is the professional duty of all staff to keep their knowledge and skills up to date, and they must therefore engage in regular continuing professional development such as annual officer safety training and police medic modules. For all non-registered healthcare professionals regular training sessions are offered in house via People Development to address training needs as well as further the knowledge and skills of staff. Wiltshire Police are committed to passing on knowledge and skills within the Organisation. Throughout the year they will arrange mandatory training sessions one of the functions of which is to allow trainers to pass on updates / changes in legislation to key/specific members of the workforce thereby ensuring a resilient and adaptive.

## 4. Audit

Clinical audit is the review of clinical performance and the refinement of clinical practice as a result. It allows comparison between current performances against a number of standards set down by the Organisation therefore giving the opportunity to identify improvement. The Organisation follows a standard audit cycle shown in the below diagram.



Results of audits are fed back to all staff quarterly following the audit process. If individual feedback is warranted this is arranged with the Clinical Governance delivery manager or another member of the Governance team. If significant issues come to light through auditing then processes are immediately looked at, changes made and more regular auditing undertaken. As Wiltshire Police is not a healthcare provider, like for example an ambulance service, it is unlikely that there will be any significant number of audits occurring. Any audits conducted would be discussed at each quarterly clinical governance / first aid working group meeting which is overseen by a Consultant in Emergency Medicine and other key groups within Wiltshire Police e.g. People Development, Operations and Health and Safety. The Clinical Governance Lead is designated to manage the agenda for clinical meetings, to ensure that the topics / issues selected meet the criteria and provide a balance over a year. It is their responsibility to arrange for a clinical evaluation to be presented on any topic that is causing particular concern either locally or more widely.

## 5. Clinical effectiveness

Clinical effectiveness is about providing the best evidence-based care for the patient while making good use of available clinical resources. Staff in Wiltshire Police are expected to work within formularies, protocols and pathways where these have been developed for specific conditions. This will ensure that:

- Patient care is guided by the current best evidence of the effectiveness of particular treatments or drugs.
- Local agreements between Wiltshire Police and primary/secondary/community care providers are followed in order to streamline the patient experience

## 6. Research and development

Given the nature of our Organisation we are aware of the need for research and development and aim to stay abreast of current advances in these fields. However the type of incidents we deal with on a daily basis and staff deployments don't make research a feasible option.

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## 7. Openness

Processes which are open to public scrutiny, while respecting individual patient and Wiltshire Police officers and staff confidentiality, are an essential part of quality assurance. Wiltshire Police utilise a number of mechanisms to enable members of the public and other interested parties to be involved in identifying needs and making improvements. These include:

- Wiltshire Police website – promotes information about the Force and its activities / priorities, along with information about the staff, the complaints procedure and a comment facility. There is a dedicated corporate communications team who monitor social media platforms such as Facebook and Twitter.
- First Aid Working Group Tag – this allows direct feedback from officers to the clinical governance team and a guaranteed response back to them. This tag would be applied by members of the Force Control Room or Officers can submit themselves
- Complaints – all patient complaints are managed through an already established process and are scanned regularly for learning points and for patterns. Complaints about any clinical care should be immediately discussed with the Clinical Governance Lead and the member of staff concerned, and those that give rise to clinical learning points are shared more widely at a clinical meeting and if appropriate disseminated fore wide.
- Staff suggestions – staff are free to raise any suggestions through established pathways.
- Wiltshire Police aims to co-operate at all times in a spirit of openness with other healthcare providers, NHS and local authority organisations, and any organisation with regulatory or watchdog powers.

## 8. Risk Management

Risks to members of the public, officers, other staff and the organisation as a whole are managed through a range of policies and protocols, through risk assessment and through regular clinical governance meetings where significant events are discussed. This is then in turn fed into the quarterly Occupational Health and Safety Committee meeting chaired by the Chief Constable. Risks are minimised through other aspects of clinical governance, especially through attention to education and training, audit and clinical effectiveness. Wiltshire Polices aims to take a “no blame” approach with regards to officers / staff acting in the best interest of members of public in need of medical attention and encourages all staff to discuss any incident that has or could have posed a risk or actual harm. The learning from incidents is shared across the whole Force and if necessarily further afield, and any actions are reviewed until fully implemented.

## 9. Information management

High quality care depends on high quality information management. This starts with the generation of good clear records, and it is the responsibility of every member of staff to ensure that the details of their attendance at incidents and actions are recorded in a way that:

- is easily understood by colleagues and other agencies
- reflects exactly what has taken place
- provides clear information about any treatment given
- any discussions where advice was sought and from whom

## 10. Human Resources

Wiltshire Police is committed to delivering first aid care through a team of fully qualified and suitably experienced clinicians, People Development staff who are supported by an adequate administrative resource. In order to achieve this, Wiltshire Police First Aid Working Group regularly reviews the skillset of its staff, offering development opportunities where appropriate, and ensuring that the full

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range of emergency and non-emergency care skills is available at an appropriate level. This means that all staff are encouraged to work within the range of their skillset and it is not a demand that they work outside of this. However should a member of staff with additional skills / awareness choose to act in what they feel is in the best interest of a patient Wiltshire Police will support the action of the member of staff if appropriate. Registered Clinicians within force include Clinical Governance Lead, Dr Rachel Oaten and Gareth Ward Paramedic who are supported by Michelle Hopkins, Clinical Governance Delivery Manager.

## **11. Governance and Qualifications**

Any potential liability for the advice given to the force by the lead clinician is clearly documented within the Clinical Governance contract. The lead clinician must be suitably qualified to consultant level with the appropriate experience.

## **12. Implementation**

Working alongside the Force Clinical Governance Delivery Manager, the Clinical Governance lead for General Policing Wiltshire Police is responsible for ensuring that the principles in this Policy are implemented effectively. Specifically, they will:

- Provide clinical governance leadership and advice
- Promote high quality care within Wiltshire Police
- Keep an overview current threats, police response to threats and training of staff groups
- Act as the expert in dealing with clinical complaints and significant clinical events
- Initiate and review local audits and processes as appropriate

Under the clinical governance umbrella a newly created First Aid Working Group will meet quarterly to review specific areas such as equipment, clinical incidents, emerging threats and feedback processes – this is not an exhaustive list and will change each quarter.

The Clinical Governance arrangements for Firearms are managed through the Black Rock Clinical Governance board and arrangements.

## **13. Duty of Care**

Members of the public when taken unwell and coming into contact with Wiltshire Police officers and staff must be able to trust staff with their lives. Wiltshire Police has a duty to maintain a good standard of practice and care and to show respect for human life. In this respect, staff must:

- Treat every member of the public politely and considerately.
- Respect a member of the public's dignity and privacy.
- Listen to members of the public and respect their views.
- Give members of public information in a way they can understand.
- Respect the rights of members of public to be fully involved in decisions about their care.
- Keep their professional knowledge and skills up to date.
- Recognise the limits of their professional competence.
- Be honest and trustworthy. Respect and protect confidential information.
- Make sure that their personal beliefs do not prejudice the member of public's care.
- Act quickly to protect members of public from risk if they have good reason to believe that any Wiltshire Police member of staff or officer may not be fit to carry out their duties.
- Avoid abusing their position.
- Work with colleagues in the ways that best serves the member of public's interest.
- Feel empowered to challenge colleagues, staff and other Health Care Professionals such as paramedics if they feel decisions made are inappropriate or unsafe.

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## Appendix One

### **Terms of Reference for Wilshire Police Clinical Governance Board**

#### Purpose

To provide a forum that will effectively make decisions, identify best practice and address issues relating to the administration and application of medical provision (including first aid policy and procedure, training standards and the appropriate use of medical equipment and supplies). The board directly feeds the Force OH&S Committee.

#### Membership

Chair – Supt Head of Op's  
Clinical Governance Lead – Dr. Rachel Oaten  
Clinical Governance Delivery Manager - Secretary  
Head of Health and Safety  
Lead First Aid Trainer  
Supt Criminal Justice  
Finance Officer  
Unison - Health and Safety Lead  
Police Federation – Health and Safety Lead

#### Functions

- To reflect Clinical Governance in support of all medical first aid issues and ensure that processes for quality assurance are in place for the training and provision of First Aid. (Particular emphasis given to enhanced medical first aid training to Custody and Operational Policing).
- To provide the standards to which we will work, train and quality assess the provision of first aid (for Police and Staff), in line with College of Policing Guidelines and with due regard for Strategic Threat and Risk Assessments.
- To review and provide policies, practices and procedures relating to medical provision.
- To review and identify appropriate medical equipment and supplies.
- To review Risk Management/assessment in relation to First Aid, including the reporting to the Group of incidents where enhanced first aid has been administered and learning from near misses that impact on First Aid training.
- To provide review and support in case of medical critical incidents, complaints or negligence claims following the use of medical skills by Police Officers and staff.
- To review and highlight successes.

#### Schedule of Meetings: Quarterly

*Note : The Group will not be dealing with occupational health issues or employment standards*



## DOCUMENT ADMINISTRATION

### Ownership:

Department Responsible: Health and Safety  
Procedure Owner/Author: Sarah Somers, Head of Health and Safety  
Technical Author: Dr Rachel Oaten, Consultant in Emergency Medicine  
Senior Officer/Manager Sponsor: Supt Operations

### Revision History:

Revision Date	Version	Summary of Changes
25.04.2019	2.0	Standard review – no changes required
14.02.2021	3.0	Standards review - minor changes to CG Board terms of reference and reporting structure
25.03.2021	4.0	Standard review – no changes required
31.03.2023	5.0	Standard review – inclusion of new clinical governance delivery manager role. No changes to detail – no requirement to pass back through OH&S Committee

### Approvals:

This document requires the following approvals:

Name & Title	Date of Approval	Version
Occupational Health and Safety Committee (CC chair)	26.04.2020	2.0
JNCC (Not required for all procedures)	N/A	

### Distribution:

This document has been distributed via:

Name & Title	Date of Issue	Version
E-Brief		
Email to relevant affected Staff/Officers		
Other: <i>(state method here)</i>		

### Equality Impact Assessment:

Has the Equality Impact been assessed? If yes: Is there a high or low risk of impact on any of the protected characteristics? If 'high' a full EIA is required. Has a full EIA been completed? Please indicate the date by which it was completed.	High <input type="checkbox"/> Low <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date:
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### Consultation:

List below who you have consulted with on this procedure (incl. committees, groups, etc):

Name & Title	Date Consulted	Version
Occupational Health and Safety Committee	26.04.2021	3.0

### Implications of the Procedure:

#### Training Requirements

See section 3 above.

#### IT Infrastructure

No additional IT infrastructure required.