

Policy title:	Insight Psychological Assessments Ltd Clinical Governance and Quality Assurance Policy
Summary:	This policy outlines how Insight Psychological Assessments Ltd ensures that all psychological assessment activities are delivered safely, effectively. It sets out the systems and processes used to monitor, evaluate, and continuously improve the quality of care and clinical practice.
Target audience:	All Insight Psychological Assessments Ltd ‘team members’, whether employed, contracted or part-time, paid or unpaid, volunteers, students, and contractors.
Authorised by:	Insight Psychological Assessments Ltd Director
Date issued:	1st September 2025
Next review date:	31st August 2026

Version no.	Issue date	Summary of amendments

### 1. Scope

This policy applies to all Insight Psychological Assessments Ltd staff, including employed and contracted clinicians, administrative personnel, and associates who contribute to clinical, operational, or governance activities.

### 2. Policy Statement

Insight Psychological Assessments Ltd is committed to maintaining the highest standards of clinical governance and quality assurance. We aim to provide safe, effective, compassionate, and responsive services through robust clinical leadership, reflective practice, and continuous improvement.

### 3. Principles of Clinical Governance

Our governance framework is based on the following principles:

- **Clinical Effectiveness:** Services are evidence-based and delivered in accordance with NICE and professional guidelines.
- **Risk Management:** Systems are in place to identify, assess, and mitigate risks.
- **Audit and Evaluation:** Regular review of clinical practice and outcomes to ensure standards are maintained.
- **Staff Competence:** Clinicians are appropriately trained, supervised, and registered.
- **Learning and Improvement:** Incidents, feedback, and audits are used to drive continual development.
- **Client and Stakeholder Involvement:** Commissioners' feedback informs ongoing quality improvement and service planning.

#### 4. Governance Structure

- **Registered Manager / Clinical Lead:**  
Hannah Clarke holds overall responsibility for clinical governance, service quality, and regulatory compliance.
- **Quality & Audit Meetings:**  
Held quarterly to review outcomes, incidents, feedback, and improvement actions. Meetings are held **virtually** to accommodate remote working.
- **External Clinical Supervision:**  
The Registered Manager / Clinical Lead receives independent professional supervision quarterly from a suitably qualified HCPC-registered psychologist or psychotherapist.
- **Governance Records:**  
All meeting minutes, actions, and quality reports are securely stored within the governance folder on the Insight Microsoft 365 system.

#### 5. Quality Assurance Measures

- **Clinical Audits:** Quarterly audits of reports, assessments, and documentation for accuracy, completeness, and compliance.
- **Commissioner Feedback:**  
A formal annual quality assurance survey is distributed to commissioners and service users to gather structured feedback on service quality, communication, and outcomes.
- **Clinical Effectiveness Report:**  
An annual report summarising audit results, commissioner feedback, incidents, and quality improvement outcomes.
- **Evidence-Based Practice:**  
Assessment tools and procedures are reviewed annually in line with NICE guidance and professional standards.

#### 6. Risk Management

- All incidents, near misses, or complaints are recorded and reviewed at the next Quality & Audit Meeting.
- Where necessary, learning outcomes and corrective actions are implemented promptly.



- Lessons learned are shared with the wider team via supervision and governance communications.

## 7. Continuous Improvement

- Progress is monitored quarterly through governance meetings.
- Staff are encouraged to contribute to service improvement ideas through supervision and reflective practice.

## 8. Training and Supervision

- All staff must complete mandatory safeguarding training.
- Clinicians receive clinical supervision in line with the requirements of their professional registration body (e.g., HCPC, BACP, BPS, UKCP, NCS).
- CPD and training requirements are reviewed annually as part of appraisal.

## 9. Responsibilities

<b>Role</b>	<b>Key Responsibilities</b>
<b>Clinical Lead</b>	Overall accountability for clinical governance.
<b>Clinical Staff</b>	Maintain professional registration, adhere to ethical codes, and participate in supervision and audit.
<b>Administrative Staff</b>	Support data management, audit processes, and accurate record-keeping.
<b>External Supervisors / Auditors</b>	Provide independent oversight, reflection, and assurance.

## 10. Policy Review

This policy will be reviewed annually, or sooner if required by changes in regulation, governance structure, or professional guidance.