BloodWorks Ltd

Policy Suite

People Workforce and Conduct

Suite content

Approval Date	30.07.26
Review Date	30.07.27
Review Frequency	Annual
Applies To	All employees, directors, self-employed practitioners, associate clinicians, volunteers, students, contractors, agency workers and anyone representing BloodWorks
Status	Live

BloodWorks Ltd

Clinical Governance and Risk Management Policy

Document Information

Policy Title	Clinical Governance and Risk Management Policy
Policy Category	Clinical Governance
Policy Owner	Registered Manager
Approved By	Director and Senior Responsible Officer
Version	2.0
Approval Date	[Insert Date]
Review Date	[Insert Date + 12 months]
Review Frequency	Annual
Applies To	All employees, directors, self-employed practitioners, associate clinicians, volunteers, students, contractors, agency workers and anyone representing BloodWorks
Status	Draft

Clinical Governance at a Glance

Our Commitment

Safety – Safe Care • Effective Practice • Risk Management

Governance – Accountability • Assurance • Compliance

Improvement – Learning • Quality • Continuous Development

Always

✓ Put client safety first
✓ Work within your competence
✓ Follow approved policies and procedures
✓ Report incidents and risks promptly
✓ Learn from feedback and governance reviews
✓ Support continuous improvement

Never

✗ Ignore significant risks
✗ Conceal incidents or concerns
✗ Work outside agreed procedures
✗ Compromise client safety
✗ Fail to escalate safeguarding or clinical concerns
✗ Bring BloodWorks into disrepute

If you're unsure...

Speak to:

Manager
↓
Registered Manager
↓
Clinical Advisor (where appropriate)
↓
Relevant Governance Policy

1. Statement of Intent

BloodWorks Ltd is committed to delivering safe, effective and person-centred services through robust clinical governance and effective risk management.

Clinical governance provides the framework through which BloodWorks maintains high standards of care, manages organisational risk, supports continuous learning and demonstrates compliance with legal, professional and regulatory requirements.

Everyone working for or representing BloodWorks has a responsibility to contribute to safe practice, effective governance and continuous improvement.

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2. Purpose

This policy aims to:

- Establish a consistent framework for clinical governance.
- Promote effective organisational risk management.
- Support safe, effective and evidence-informed practice.
- Define governance responsibilities across the organisation.
- Support compliance with legal and regulatory requirements.
- Promote a culture of accountability, learning and continuous improvement.

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3. Scope

This policy applies to everyone working for or representing BloodWorks, including:

- Employees
- Directors
- Self-employed practitioners
- Associate clinicians
- Volunteers
- Students and trainees
- Agency workers
- Contractors
- Anyone acting on behalf of BloodWorks

It applies across all clinical, operational and corporate activities undertaken by BloodWorks.

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4. Clinical Governance and Risk Management

Clinical Governance

BloodWorks maintains a clinical governance framework that supports the safe, effective and well-governed delivery of services. Clinical governance promotes accountability, evidence-informed practice, continuous learning and high standards of care throughout the organisation.

Risk Management

BloodWorks identifies, assesses, manages and reviews clinical, operational and organisational risks. Significant risks are recorded within the organisational Risk Register, monitored through governance arrangements and escalated where appropriate.

Risk assessments are undertaken for services, activities, equipment and environments to reduce the likelihood of harm and support safe service delivery.

Governance Oversight

Governance is informed through a range of organisational activities, including:

- Risk management
- Audit and quality assurance
- Incident reporting and learning
- Complaints and compliments
- Safeguarding
- Client feedback
- Workforce supervision
- Information governance
- Policy review
- Regulatory compliance

Learning from governance activity is used to strengthen services and improve client outcomes.

Workforce Competence

BloodWorks ensures that everyone undertaking clinical or non-clinical duties is appropriately inducted, trained, supervised and competent for their role.

Professional registrations, indemnity arrangements and mandatory training requirements are maintained where applicable.

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5. Governance Compliance

Clinical governance is supported through the organisation's wider governance framework, including the Quality Improvement, Audit and Assurance Policy, Incident Reporting and Learning Policy, Speaking Up (Whistleblowing) Policy and other associated governance policies.

Failure to comply with this policy may result in management action, disciplinary action, termination of engagement or referral to professional regulators or statutory agencies where appropriate.

Serious governance failures may include unsafe practice, failure to manage significant risks, repeated non-compliance with governance procedures or deliberate concealment of incidents or concerns.

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6. Responsibilities

Director

- Provide strategic oversight of clinical governance and organisational risk.
- Promote a culture of safety, accountability and continuous improvement.
- Ensure appropriate governance arrangements are maintained.

Registered Manager

- Maintain oversight of this policy.
- Coordinate governance and risk management activities.
- Monitor organisational risks and governance actions.
- Ensure learning is embedded into practice.

Everyone Representing BloodWorks

- Read and comply with this policy.
- Work within their competence.
- Report risks, incidents and concerns promptly.
- Participate in governance, learning and improvement activities.
- Promote safe, effective and well-governed services.

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7. Monitoring and Review

Compliance with this policy will be monitored through:

- Governance meetings
- Risk Register review
- Audit
- Incident reporting
- Complaints
- Safeguarding reviews
- Client feedback
- Learning reviews

This policy will be reviewed annually or sooner where legislation, regulation or organisational change requires.

Related Policies

- Quality Improvement, Audit and Assurance Policy
- Incident Reporting and Learning Policy
- Speaking Up (Whistleblowing) Policy
- Duty of Candour Policy
- Safeguarding Adults and Children Policy
- Health and Safety Policy
- Information Governance and Confidentiality Policy
- Code of Conduct, Professional Standards and Values Policy

References

- Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
- Care Quality Commission Fundamental Standards
- Health and Safety at Work etc. Act 1974
- Data Protection Act 2018
- UK GDPR
- Relevant Professional Regulatory Codes
- Regulation 17 – Good Governance

BloodWorks Ltd

Speaking Up (Whistleblowing) Policy

Document Information

Policy Title	Speaking Up (Whistleblowing) Policy
Policy Category	Clinical Governance
Policy Owner	Registered Manager
Approved By	Director and Senior Responsible Officer
Version	2.0
Approval Date	[Insert Date]
Review Date	[Insert Date + 12 months]
Review Frequency	Annual
Applies To	All employees, directors, self-employed practitioners, associate clinicians, volunteers, students, contractors, agency workers and anyone representing BloodWorks
Status	Approved

Speaking Up at a Glance

Our Commitment

Openness
Raise concerns early
Speak honestly and respectfully
Promote an open and supportive culture

Safety
Put client safety first
Escalate concerns promptly
Prevent harm wherever possible

Learning
Listen without blame
Investigate concerns fairly
Learn and improve together

Always

✓ Raise genuine concerns promptly
✓ Put client safety before organisational reputation
✓ Support colleagues who speak up
✓ Maintain confidentiality wherever possible
✓ Cooperate with investigations
✓ Learn from concerns raised

Never

✗ Ignore unsafe practice
✗ Victimise someone for speaking up
✗ Conceal mistakes or wrongdoing
✗ Delay reporting serious concerns
✗ Raise malicious or knowingly false allegations

Our Speaking Up Process

Identify a concern
↓
Raise the concern
↓
Risk assessment
↓
Investigation
↓
Learning
↓
Quality Improvement

1. Statement of Intent

BloodWorks Ltd is committed to creating a culture where everyone feels safe, respected and supported to raise concerns about client safety, professional practice, organisational governance or wrongdoing.

Speaking up is a fundamental part of delivering safe, ethical and effective healthcare. Concerns raised in good faith help protect clients, strengthen governance, improve services and maintain public confidence in the organisation.

BloodWorks is committed to ensuring that anyone who raises a genuine concern is treated fairly, listened to respectfully and protected from victimisation or detriment wherever possible.

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2. Purpose

This policy aims to:

- Promote a culture of openness, honesty and accountability.
- Encourage the early reporting of concerns.
- Protect individuals who raise concerns in good faith.
- Provide a consistent framework for managing disclosures.
- Support organisational learning and continuous improvement.
- Strengthen governance and client safety.
- Demonstrate compliance with legal and regulatory requirements.

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3. Scope

This policy applies to everyone working for or representing BloodWorks, including:

- Employees
- Directors
- Self-employed practitioners
- Associate clinicians
- Volunteers
- Students and trainees
- Agency workers
- Contractors
- Anyone acting on behalf of BloodWorks

It applies to concerns relating to organisational activities undertaken on behalf of BloodWorks, whether clinical, operational, corporate or governance related.

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4. Speaking Up

Creating a Speaking Up Culture

BloodWorks promotes a positive speaking up culture where concerns are welcomed as opportunities to improve services rather than as criticism of individuals.

Everyone representing BloodWorks is encouraged to raise concerns as early as possible. Early reporting allows risks to be managed promptly, protects clients and colleagues, and supports continuous organisational learning.

No individual will suffer disadvantage for raising a genuine concern in good faith.

What Should Be Reported?

Examples of concerns include:

- Unsafe clinical practice
- Risks to client safety
- Safeguarding concerns
- Fraud or financial irregularity
- Criminal activity
- Serious breaches of organisational policy
- Professional misconduct
- Bullying, harassment or discrimination
- Health and Safety risks
- Information Governance or confidentiality breaches
- Conflicts of interest
- Attempts to conceal any of the above

This policy is not intended to replace normal management processes for personal employment issues or routine complaints, which should be managed through the appropriate organisational policies.

Raising a Concern

Where possible, concerns should be raised through normal management arrangements.

Concerns may be reported to:

- Line Manager
- Registered Manager
- Director
- Another senior manager where appropriate

Concerns may be raised verbally or in writing and should include sufficient information to enable appropriate assessment and investigation.

Anonymous concerns will be considered where enough information is available to investigate safely and fairly.

Managing Concerns

All concerns raised under this policy will be managed proportionately and fairly.

The organisation will normally:

- Acknowledge receipt of the concern.
- Assess any immediate risks.
- Record the concern securely.
- Determine the most appropriate investigation process.
- Take action where necessary to protect people or services.
- Provide feedback where appropriate and lawful.
- Record learning and improvement actions through the governance framework.

Where concerns involve safeguarding, professional misconduct, information governance or other specialist matters, the relevant organisational policies will also apply.

Confidentiality and Protection

BloodWorks will make every reasonable effort to protect the confidentiality of individuals raising concerns.

Information will only be shared where necessary to investigate concerns, comply with legal obligations or protect individuals from harm.

The organisation will not tolerate retaliation, discrimination, victimisation or detrimental treatment towards anyone raising concerns in good faith.

Knowingly false or malicious allegations may be managed through the appropriate organisational procedures.

Learning from Concerns

Speaking up supports continuous quality improvement.

Themes arising from concerns will be reviewed through the organisation's governance arrangements and, where appropriate, incorporated into:

- Quality Improvement activity
- Audit programmes
- Risk Management
- Incident Reporting
- Learning Reviews
- Policy development
- Staff learning and development

Learning will be shared appropriately across the organisation to improve safety, quality and governance.

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5. External Reporting

Where an individual reasonably believes that a concern cannot be raised internally, or where internal reporting would be inappropriate, concerns may be raised with an appropriate external body in accordance with the Public Interest Disclosure Act 1998.

This may include:

- Care Quality Commission
- Health and Safety Executive
- Information Commissioner's Office
- Professional Regulatory Bodies
- Local Authority Safeguarding Partnerships
- Other Prescribed Persons recognised under whistleblowing legislation

Current contact information for external organisations is maintained separately by BloodWorks to ensure information remains accurate.

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6. Governance and Accountability

BloodWorks maintains governance arrangements that promote openness, transparency and organisational learning.

Speaking Up activity contributes to organisational assurance by identifying risks, monitoring themes and supporting continuous improvement across all areas of the organisation.

Information arising from disclosures will be reviewed proportionately through governance processes while maintaining appropriate confidentiality.

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7. Responsibilities

Director

- Promote an open and transparent organisational culture.
- Ensure appropriate governance arrangements are maintained.
- Receive assurance regarding significant concerns and organisational learning.

Registered Manager

- Maintain oversight of this policy.
- Ensure concerns are managed appropriately.
- Coordinate investigations where required.
- Ensure learning is embedded into organisational practice.
- Monitor trends and report significant themes through governance processes.

Managers

- Foster a positive speaking up culture.
- Respond promptly and fairly to concerns.
- Support staff who raise concerns.
- Escalate concerns appropriately.

Everyone Representing BloodWorks

- Raise concerns promptly where appropriate.
- Act honestly and professionally.
- Cooperate with investigations.
- Maintain confidentiality.
- Support an open and respectful organisational culture.

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8. Monitoring and Review

Compliance with this policy will be monitored through:

- Governance meetings
- Incident reporting
- Risk Management
- Audit activity
- Learning Reviews
- Complaints and compliments
- Quality Improvement activity
- Staff feedback
- Speaking Up themes and trends

This policy will be reviewed annually or sooner where legislation, regulation or organisational learning requires.

Related Policies

- Code of Conduct, Professional Standards and Values Policy
- Quality Improvement, Audit and Assurance Policy
- Duty of Candour Policy
- Incident Reporting and Learning Policy
- Risk Management Policy
- Safeguarding Adults and Children Policy
- Complaints and Compliments Policy
- Information Governance and Confidentiality Policy
- Equality, Diversity and Inclusion Policy
- Disciplinary Policy

References

- Public Interest Disclosure Act 1998
- Employment Rights Act 1996
- Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
- Care Quality Commission Fundamental Standards
- Freedom to Speak Up Review (Francis, 2015)
- UK General Data Protection Regulation (UK GDPR)
- Data Protection Act 2018

BloodWorks Ltd

Quality Improvement, Audit and Assurance Policy

Document Information

Policy Title	**Quality Improvement, Audit and Assurance Policy**
Policy Category	Clinical Governance
Policy Owner	Registered Manager
Approved By	Director and Senior Responsible Officer
Version	2.0
Approval Date	[Insert Date]
Review Date	[Insert Date + 12 months]
Review Frequency	Annual
Applies To	All employees, directors, self-employed practitioners, associate clinicians, volunteers, students, contractors, agency workers and anyone representing BloodWorks
Status	Approved

Quality Improvement at a Glance

Our Commitment

Safe Care	Deliver safe, effective and person-centred services. Monitor quality across all areas of the organisation. Learn from incidents, audits and feedback.
Continuous Improvement	Use evidence to improve services. Encourage innovation and learning. Review performance regularly.
Assurance	Maintain effective governance. Monitor risks and improvement actions. Demonstrate compliance with regulatory standards.

Always

✓ Put client safety and quality first
✓ Learn from audits, incidents and feedback
✓ Use evidence to improve services
✓ Share learning across the organisation
✓ Monitor performance honestly
✓ Support continuous improvement

Never

✗ Treat audit as a paper exercise
✗ Ignore feedback or learning
✗ Hide poor performance
✗ Assume services cannot be improved
✗ Make changes without evidence

Our Improvement Cycle

Identify
↓
Measure
↓
Improve
↓
Review
↓
Embed
↓
Share Learning

1. Statement of Intent

BloodWorks Ltd is committed to delivering safe, effective and person-centred healthcare through a culture of continuous quality improvement.

Quality is achieved through good leadership, professional practice, meaningful measurement and a willingness to learn. Every audit, incident, piece of client feedback and governance discussion provides an opportunity to strengthen our services and improve outcomes for those who use them.

This policy establishes the principles through which BloodWorks monitors quality, provides assurance and supports continuous improvement across all areas of the organisation.

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2. Purpose

This policy aims to:

- Promote a culture of continuous quality improvement.
- Provide assurance that BloodWorks delivers safe, effective and well-governed services.
- Establish a consistent framework for quality monitoring and audit.
- Support evidence-informed decision making.
- Promote organisational learning.
- Identify opportunities to improve services.
- Demonstrate compliance with regulatory and professional requirements.

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3. Scope

This policy applies to everyone working for or representing BloodWorks, including:

- Employees
- Directors
- Self-employed practitioners
- Associate clinicians
- Volunteers
- Students and trainees
- Agency workers
- Contractors
- Anyone acting on behalf of BloodWorks

It applies across all clinical, operational and corporate activities undertaken by BloodWorks.

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4. Quality Improvement, Audit and Assurance

Continuous Quality Improvement

BloodWorks is committed to continually improving the quality, safety and effectiveness of its services. Everyone representing the organisation contributes to creating a culture of learning, openness and continuous improvement.

Audit and Assurance

BloodWorks undertakes a proportionate programme of clinical and organisational audit to evaluate performance, monitor compliance and provide assurance that services remain safe, effective and well governed.

Audit activity is informed by organisational priorities, risk, regulatory requirements and opportunities for service improvement.

Learning and Improvement

BloodWorks uses learning from:

- Clinical audit
- Client feedback
- Complaints and compliments
- Incident reporting
- Near misses
- Safeguarding activity
- Risk management
- Governance reviews

Learning is shared appropriately across the organisation and used to improve practice, strengthen governance and enhance client outcomes.

Governance and Quality Monitoring

Quality assurance is achieved by bringing together information from multiple sources to provide a balanced understanding of organisational performance.

Where opportunities for improvement are identified, appropriate actions will be agreed, monitored and reviewed through the governance framework until improvements have been embedded into routine practice.

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5. Governance and Accountability

BloodWorks maintains governance arrangements that support quality improvement, organisational learning and regulatory compliance.

Quality information, audit findings and improvement activity are reviewed through the organisation's governance processes to identify trends, monitor performance and ensure that appropriate action is taken where improvement is required.

Everyone representing BloodWorks has a responsibility to contribute to maintaining and improving the quality of our services.

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6. Responsibilities

Director

- Provide strategic oversight of quality improvement and governance.
- Promote a culture of continuous improvement.
- Receive assurance regarding organisational quality and performance.

Registered Manager

- Maintain oversight of this policy.
- Coordinate quality improvement and audit activity.
- Monitor organisational performance.
- Ensure improvement actions are implemented and reviewed.

Everyone Representing BloodWorks

- Contribute to quality improvement.
- Participate in audit where appropriate.
- Report concerns promptly.
- Engage positively with organisational learning.
- Support implementation of agreed improvement actions.

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7. Monitoring and Review

Compliance with this policy will be monitored through:

- Audit activity
- Governance meetings
- Incident reporting
- Complaints and compliments
- Client feedback
- Safeguarding activity
- Risk management
- Quality improvement activity

This policy will be reviewed annually or sooner where legislation, regulation or organisational learning requires.

Related Policies

- Code of Conduct, Professional Standards and Values Policy
- Duty of Candour Policy
- Incident Reporting and Learning Policy
- Risk Management Policy
- Complaints and Compliments Policy
- Safeguarding Adults and Children Policy
- Health and Safety Policy
- Information Governance and Confidentiality Policy
- Clinical Record Keeping Policy
- Learning, Development and Competency Policy

References

- Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
- Care Quality Commission Fundamental Standards
- Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 – Regulation 17 (Good Governance)
- NICE Quality Standards
- NHS England Quality Improvement Guidance
- Healthcare Quality Improvement Partnership (HQIP) – *Guide to Clinical Audit*

BloodWorks Ltd

Business Continuity and Emergency Planning Policy

Document Information

Policy Title	Business Continuity and Emergency Planning Policy
Policy Category	Governance
Policy Owner	Registered Manager
Approved By	Director and Senior Responsible Officer
Version	2.0
Approval Date	[Insert Date]
Review Date	[Insert Date + 12 months]
Review Frequency	Annual
Applies To	All employees, directors, self-employed practitioners, associate clinicians, volunteers, students, contractors, agency workers and anyone representing BloodWorks
Status	Draft

Business Continuity at a Glance

Our Commitment

Preparedness – Planning • Prevention • Resilience

Response – Safety • Communication • Coordination

Recovery – Continuity • Learning • Improvement

Always

✓ Prioritise the safety of clients, staff and volunteers
✓ Report disruptions promptly
✓ Follow emergency procedures
✓ Protect confidential information
✓ Communicate clearly and honestly
✓ Record significant incidents and actions taken

Never

✗ Ignore service disruption
✗ Delay reporting an emergency
✗ Compromise client safety
✗ Share inaccurate or misleading information
✗ Resume services before it is safe to do so
✗ Leave incidents undocumented

If you're unsure...

Manager
↓
Registered Manager
↓
Emergency Services / External Agency (where appropriate)

1. Statement of Intent

BloodWorks Ltd is committed to maintaining safe, effective and resilient services during periods of disruption or emergency.

As a specialist provider, BloodWorks recognises that unexpected events may affect the delivery of services. The organisation will take proportionate steps to protect clients, staff, volunteers, information and organisational assets whilst restoring normal operations as quickly and safely as possible.

Business continuity planning supports effective governance, protects client welfare and helps ensure that essential services continue wherever reasonably practicable.

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2. Purpose

This policy aims to:

- Minimise disruption to BloodWorks services.
- Protect clients, staff, volunteers and organisational assets.
- Ensure an effective response to emergencies and unexpected events.
- Maintain clear communication with clients, partners and suppliers.
- Support the timely recovery of services.
- Promote organisational learning following significant disruption.

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3. Scope

This policy applies to everyone working for or representing BloodWorks, including:

- Employees
- Directors
- Self-employed practitioners
- Associate clinicians
- Volunteers
- Students and trainees
- Agency workers
- Contractors
- Anyone acting on behalf of BloodWorks

It applies to all clinical, operational and business activities undertaken by BloodWorks, including fixed-site services, outreach clinics and mobile service delivery.

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4. Business Continuity and Emergency Planning

Preparedness

BloodWorks maintains proportionate business continuity arrangements to minimise disruption and ensure that essential services can continue or be safely restored following an unexpected event.

Business continuity planning considers potential risks including:

- Staff or contractor absence
- Loss of premises or venue access
- Equipment failure
- Utility or communication failures
- IT or cyber security incidents
- Data loss or information governance incidents
- Fire, flooding or severe weather
- Other unforeseen events affecting service delivery

Appropriate contingency arrangements are maintained and reviewed regularly as part of the organisation's governance framework.

Responding to Disruption

Where a disruption or emergency occurs, BloodWorks will:

- Assess the immediate impact on client safety and service delivery.
- Prioritise the safety and wellbeing of clients, staff and volunteers.
- Implement appropriate contingency arrangements.
- Communicate promptly with affected clients, partners and suppliers.
- Escalate significant incidents where required.
- Maintain appropriate records of actions taken.

Where services cannot continue safely, appointments may be postponed, relocated or cancelled until safe delivery can be resumed.

Recovery of Services

BloodWorks will restore services as soon as reasonably practicable following any disruption.

Recovery arrangements may include:

- Alternative clinical venues.
- Alternative appointment dates.
- Replacement equipment or technology.
- Remote working where appropriate.
- Support from approved contractors or partner organisations.

Normal service delivery will only resume when it is safe and appropriate to do so.

Learning and Improvement

Following any significant disruption or emergency, BloodWorks will:

- Review the effectiveness of the response.
- Identify learning and improvement opportunities.
- Update risk assessments or procedures where required.
- Share learning through governance arrangements.
- Record improvement actions within the Quality Improvement Plan where appropriate.

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5. Failure to Comply

Failure to comply with this policy may place clients, colleagues, services or organisational assets at unnecessary risk.

Failure to follow business continuity or emergency procedures may result in management action, disciplinary action, termination of engagement or referral to external agencies where appropriate.

Serious breaches may include failure to report significant disruption, failure to follow emergency instructions, deliberate disregard of safety procedures or actions likely to compromise the continuity of BloodWorks services.

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6. Responsibilities

Director

- Ensure appropriate business continuity arrangements are maintained.
- Promote organisational resilience and effective governance.
- Receive assurance following significant disruption or emergency events.

Registered Manager

- Maintain oversight of this policy.
- Coordinate the organisational response to significant disruption.
- Ensure communication, recovery and post-incident review are completed.
- Monitor learning and improvement arising from continuity events.

Everyone Representing BloodWorks

- Read and comply with this policy.
- Report disruptions or emergencies promptly.

- Follow emergency instructions and business continuity arrangements.
- Protect client information and organisational assets.
- Support the safe recovery of services.

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7. Monitoring and Review

Compliance with this policy will be monitored through:

- Governance meetings
- Incident reporting
- Business continuity reviews
- Risk Register review
- Audit
- Learning reviews
- Policy review

This policy will be reviewed annually or sooner where legislation, regulation, significant incidents or organisational change require.

Related Policies

- Clinical Governance and Risk Management Policy
- Quality Improvement, Audit and Assurance Policy
- Incident Reporting and Learning Policy
- Health and Safety Policy
- Risk Assessment Policy
- Information Governance and Confidentiality Policy
- Data Protection Policy
- Lone Working Policy
- Safeguarding Adults and Children Policy

References

- Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
- Civil Contingencies Act 2004
- Health and Safety at Work etc. Act 1974
- Data Protection Act 2018
- UK GDPR
- CQC Regulation 12 – Safe Care and Treatment
- CQC Regulation 17 – Good Governance

BloodWorks Ltd

Subcontractor, Partnership and External Collaboration Policy

Document Information

Policy Title	Subcontractor, Partnership and External Collaboration Policy
Policy Category	Governance
Policy Owner	Registered Manager
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Version	2.0
Approval Date	[Insert Date]
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Review Frequency	Annual
Applies To	All employees, directors, self-employed practitioners, subcontractors, associate clinicians, partner organisations, volunteers, contractors, agency workers and anyone representing BloodWorks
Status	Draft

Partnership at a Glance

Our Commitment

Quality – Safe Services • Professional Standards • Competence

Partnership – Collaboration • Accountability • Trust

Governance – Compliance • Communication • Continuous Improvement

Always

✓ Work with organisations that share BloodWorks' values and standards.

✓ Complete appropriate due diligence before entering new partnerships.

✓ Maintain clear agreements and defined responsibilities.

✓ Raise concerns about partner performance promptly.

✓ Protect client information and confidentiality.

✓ Work collaboratively to improve quality and client outcomes.

Never

✗ Engage organisations without appropriate checks.

✗ Assume another organisation is responsible for governance.

✗ Ignore concerns regarding quality or safety.

✗ Share confidential information without appropriate authority.

✗ Continue partnerships where significant risks remain unmanaged.

✗ Compromise BloodWorks' reputation or standards.

If you're unsure…

SLT

↓

Trustees / Consultant

1. Statement of Intent

BloodWorks Ltd recognises that effective partnerships are essential to delivering safe, high-quality and person-centred services.

The organisation works with laboratories, pharmacies, clinicians, prescribing providers, referral organisations and other specialist partners to support the delivery of services. BloodWorks expects all external organisations and individuals working on its behalf, or in collaboration with it, to demonstrate the same commitment to quality, professionalism, safety and governance expected of its own workforce.

All partnerships will be developed, managed and reviewed in a manner that protects clients, supports effective service delivery and maintains public confidence.

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2. Purpose

This policy aims to:

- Ensure all subcontractors and partners meet appropriate standards of quality and governance.
- Promote safe, effective and collaborative working relationships.
- Establish clear expectations for external organisations working with BloodWorks.
- Support compliance with legal, regulatory and contractual requirements.
- Protect clients, information and organisational reputation.
- Promote accountability, learning and continuous improvement across all partnerships.

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3. Scope

This policy applies to all external organisations and individuals providing services to, for or alongside BloodWorks, including:

- Clinical subcontractors.
- Independent healthcare professionals.
- Laboratories.
- Pharmacies.
- Prescribing providers.
- Referral partners.
- Training providers.
- Professional advisers.
- Contractors.
- Volunteers acting under formal partnership arrangements.
- Any organisation accessing BloodWorks information, systems or clients.

This policy also applies to BloodWorks employees responsible for selecting, managing or overseeing external partnerships.

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4. Subcontractors, Partnerships and External Collaboration

Selecting External Partners

Before entering into any formal arrangement, BloodWorks will undertake appropriate due diligence to ensure prospective partners are suitable for the services they will provide.

This may include verification of:

- Professional registration.
- Qualifications and competence.
- Relevant accreditation.
- Insurance arrangements.
- Experience and reputation.
- Regulatory compliance.
- Information governance arrangements.
- Safeguarding arrangements where applicable.
- Financial and organisational suitability where appropriate.

Partnerships will only proceed where BloodWorks is satisfied that the organisation or individual can deliver services safely and professionally.

Expectations of Partners

All subcontractors and partner organisations are expected to:

- Deliver services safely, effectively and professionally.
- Comply with relevant legislation and regulatory requirements.
- Work within their competence.
- Maintain appropriate professional registration and insurance.
- Protect confidential information.
- Comply with agreed contractual arrangements.
- Report incidents, complaints or concerns promptly.
- Cooperate with audits, reviews and quality assurance activities where required.
- Act honestly, ethically and in accordance with BloodWorks values.

Where partners provide regulated healthcare services, they remain responsible for maintaining compliance with their own professional and regulatory obligations.

Managing Partnerships

BloodWorks will maintain appropriate oversight of all significant partnerships.

This may include:

- Written agreements or contracts.
- Clearly defined roles and responsibilities.
- Regular communication.
- Performance monitoring.
- Review meetings.
- Quality assurance activities.
- Review of incidents, complaints and feedback.
- Periodic review of ongoing suitability.

The level of oversight will be proportionate to the nature and level of risk associated with the partnership.

Concerns, Performance and Ending Partnerships

Where concerns arise regarding quality, safety, conduct or performance, BloodWorks will investigate the matter promptly and work with the partner organisation to identify appropriate corrective actions.

Where concerns cannot be resolved, or where client safety, regulatory compliance or organisational reputation may be compromised, BloodWorks may:

- Increase monitoring arrangements.
- Suspend elements of the partnership.
- Require improvement actions.
- Refer concerns to relevant regulatory or professional bodies where appropriate.
- Terminate contractual or partnership arrangements.

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5. Failure to Comply

Failure to comply with this policy may place clients, colleagues or the organisation at unnecessary risk.

Employees who fail to follow this policy may be subject to management or disciplinary action.

Subcontractors, contractors and partner organisations who fail to meet agreed standards may have their agreement suspended or terminated and, where appropriate, concerns may be referred to professional regulators, commissioners or statutory agencies.

Serious breaches may include failure to maintain professional standards, failure to report significant incidents, breaches of confidentiality, unsafe practice or deliberate non-compliance with agreed contractual arrangements.

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6. Responsibilities

Director

- Ensure appropriate governance arrangements exist for subcontracted and partner services.
- Support the development of high-quality strategic partnerships.
- Receive assurance regarding significant partnership risks.

Registered Manager

- Maintain oversight of partnership governance.
- Ensure appropriate due diligence is completed.
- Monitor significant subcontracted services.
- Review partnership performance and associated risks.
- Ensure concerns are managed appropriately.

Everyone Representing BloodWorks

- Work collaboratively with approved partners.
- Follow this policy and associated procedures.
- Raise concerns regarding partner performance or safety.
- Protect confidential information.
- Promote professional and respectful working relationships.

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7. Monitoring and Review

Compliance with this policy will be monitored through:

- Governance meetings.
- Contract and partnership reviews.
- Audit.
- Incident reporting.
- Complaints and feedback.
- Quality assurance activities.
- Risk Register review.
- Policy review.

This policy will be reviewed annually or sooner where legislation, organisational change or significant partnership developments require.

Related Policies

- Clinical Governance and Risk Management Policy

- Quality Improvement, Audit and Assurance Policy
- Code of Conduct, Professional Standards and Values Policy
- Information Governance and Confidentiality Policy
- Data Protection Policy
- Safeguarding Adults and Children Policy
- Incident Reporting and Learning Policy
- Duty of Candour Policy
- Equality, Diversity and Inclusion Policy

References

- Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
- Care Quality Commission Fundamental Standards
- Data Protection Act 2018
- UK General Data Protection Regulation (UK GDPR)
- Equality Act 2010
- Relevant Professional Regulatory Standards
- Applicable Contractual and Service Level Agreements