
Psychiatry UK

Governance and Quality Assurance Framework

Summary

This framework sets out the governance principles and quality assurance activities that underpin how we operate, enabling us to continue to deliver the safest, most effective and well-managed services for those we care for.

These services are under constant review by our clinical leads, operational managers and our specialist non-clinical back-office managers. We have adopted the very explicit activities documented in this framework to ensure learning and improvement is in place and can be evidenced.

We also welcome and respond to feedback from our external regulators, commissioners, and, most importantly, the individuals that use our services to inform and implement continuous improvements that will help us provide the best care we possibly can.

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Version Control and Review Log

Version No.	Review Date	Name of Reviewer	Approval Process	Summary of Amendments and Rationale for Changes
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1.1	30/4/26	Bev Sydney	N.A.	Interim revision to update the structure chart on page 7

Introduction

In an era where healthcare systems face unprecedented challenges and opportunities, the need for robust governance and quality assurance frameworks has never been more critical. As we strive to deliver excellence in patient care, safeguarding the health and safety of those we serve must remain paramount.

This Governance and Quality Assurance Framework is a testament to our commitment to upholding the highest standards of care, ensuring accountability, transparency and continuous improvement across our organisation.

This framework serves as a guide to those activities which will support us in the measurement of quality and safety. It provides a structured approach to governance that fosters collaboration and alignment among various stakeholders. It emphasises the importance of systems thinking, integrating clinical and operational excellence while prioritising patient-centred care.

Quality assurance is not merely a checklist of compliance; it is a culture embedded within our organisation that encourages learning and innovation. Our framework outlines the mechanisms by which we monitor, evaluate, and enhance our services, ensuring that every member of our workforce is empowered to contribute to a culture of quality. By harnessing data-driven insights and evidence-based practices, we are dedicated to achieving measurable outcomes that enhance the overall experience of our patients and their families.

As we embark on this journey, we encourage all members of our organisation to engage meaningfully with this framework. Let us not only adhere to the guidelines it outlines but also embody the principles it espouses. Together, we can redefine what it means to provide an assessment and treatment service for our patients—one that is governed by integrity, driven by quality, and focused relentlessly on the needs of those we serve.

Our Business

Psychiatry UK is the UK's leading provider of digital psychiatry services, working both privately and with the NHS to support children, teenagers and adults with expert, patient-centred care. We provide specialist online medical services to patients with a wide range of mental health issues including ADHD and ASD in both adults and children.

We are a Care Quality Commission (CQC) regulated healthcare provider and our GMC-registered psychiatrists offer diagnosis and treatment to patients. We are a qualified provider of adult ADHD and ASD services under the NHS Right to Choose (RTC) scheme.

In addition, we are required to comply continuously with a broad range of legal, regulatory, and statutory obligations, including but not limited to Health and Safety legislation and employment law.

We therefore maintain an extensive suite of policies that set out the applicable requirements and articulate, with clarity, the procedures and guidelines to be observed by colleagues in varying circumstances. Many of these policies pertain to the routine delivery of care, while others address central corporate support functions and obligations arising from statutory governance and good practice.

Our policies are accessible on the Intranet, and it is imperative that all colleagues are expected to proactively maintain awareness of all the policies that are relevant to their roles. Colleagues must ensure they have read, understood and adhere to them. Non-compliance not only jeopardises the standard of care owed to our patients, but may also result in

significant legal, professional, and regulatory repercussions for both the company and the individuals concerned.

All colleagues are also expected to live and breathe our values:

Compassionate: Our patients are at the heart of all we do. We listen, care and take on their feedback to make our services better.

Ethical: We do the right thing to keep our patients safe. Their happiness and safety are our number one priorities.

Expert: We provide qualified, effective and high-quality psychiatric care.

Innovative: We adopt the latest technologies to help us provide and improve patient care.

And our senior leaders are expected to shape and uphold the organisation's tone and culture. Under Regulation 5 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Directors and individuals in equivalent roles are required to satisfy the Fit and Proper Person Test criteria as prescribed in the Regulations. Compliance with these requirements is overseen and monitored by our People and Culture Team in accordance with the Fit and Proper (Directors) Policy."

Organisational Structure

In light of the organisation's scale and the complex legal and regulatory landscape in which we operate, it is essential that every service functions within a clearly defined management and organisational framework, and is accountable for the care it provides.

It is equally important, especially in a virtual organisation, that all colleagues have a clear understanding of this framework and their place within it - that is, they are fully aware of their responsibilities and reporting structures.

Our clinical services are organised, led and managed along broad service lines, split across the two main conditions, ADHD and ASD, as well as across Adult and CYP provision.

These teams are supported by a number of central services comprising the operational services, quality and safety, as well as the corporate functions of Finance, ICT, People and Culture.

Our Quality Assurance

Clinical Audit

We undertake regular clinical audit, set out and agreed at our clinical audit group. Clinical audit is a critical component to identifying quality challenges and best practice, so we can learn and improve. We do this through systematic review of care against explicit criteria and the implementation of change.

The principal purpose of clinical audit is to enable our individual clinicians and teams to learn and reflect on their practice and to take action to improve the care they provide. The regulators of the clinical professions expect clinicians to participate, and this is a requirement for revalidation. We encourage our clinicians to participate where possible in clinical audit, although this is led by our clinical audit and quality improvement team.

Process Assurance

We ensure a systematic approach to monitoring and evaluating the organisation-level processes by which P-UK delivers care, through set metrics and data. The flow of adult patients referred for assessment for ADHD along the pathway from referral to discharge is an example of an organisation-level process.

The aim is to ensure that these processes consistently meet agreed quality standards. These standards might be drawn from national guidance or from contractual agreements and those set by P-UK itself.

Our metrics help managers identify problems and bottlenecks at points in the pathway and monitor the effectiveness of action taken. A summary of the metrics provides the executive team with assurance and help to identify and address underlying problems with the system. For example:

- The percentage of patients referred for assessment whose initial assessment happens within the timeframe that was communicated to the patient at the time of referral.
- The percentage of patients who are prescribed medication for ADHD whose GP has agreed to participate in shared care.
- The percentage of patients whose annual review happens within 13 months of the last review.

Benchmarking of individual practice (and outlier analysis)

A process by which the performance of individual clinicians is monitored, compared to their de-identified peers. Clinical benchmarking overlaps with clinical audit but can also be used to provide feedback to clinicians about issues other than adherence to agreed practice standards. The benchmarking information is drawn directly from data entered routinely as part of the process of care.

Outlier analysis is a statistical method used to identify data points that significantly deviate from the expected norm within a dataset.

It has been used to explore large datasets that hold information about outcomes. Potentially, it could be used to identify clinicians whose practice deviates from that of their peers.

<https://www.hqip.org.uk/wp-content/uploads/2021/11/Appendix-10-HQIP-Outlier-guidance-v4.pdf>)

Quality Improvement

Quality Improvement is the Improvement in patient outcomes, system performance, and professional development that results from a combined, multidisciplinary approach in how change is delivered.

We use the PDSA approach in transformation projects and other work across the organisation. Further work is needed to embed the principles of QI and to further develop QI processes, leadership and culture.

Outcomes

Outcomes refer to the changes in the mental health status or quality of life of our patients due to our interventions. These changes can be improvements or deteriorations in health and help us understand our impact. We will monitor and report on outcomes for our patients using various PROMs (patient reported outcome measures) and CROMs (clinician reported outcome measures).

P-UK collects data items that could be aggregated to produce a summary of the outcomes that it achieves for patients e.g. change (improvement) in item scores on the ASRS.

Customer satisfaction/patient feedback

Patients, their families, GP referrers and NHS commissioners are all considered as customers of P-UK. We gather and use feedback from a variety of sources, such as Trustpilot, Reddit, Mumsnet, IWantGreatCare, Glassdoor and on the P-UK website. In addition to this, we will use clear methodology to also undertake deep dives into patient experience and ensure that the patient's voice is represented at board. We also use co-production as a means of ensuring the patients are involved and reflected in the design and plans of our services.

Mock inspection

P-UK will undertake a yearly well led inspection and a series of focused inspections. These will follow the five key questions of Safe, Effective, Caring, Responsive and Well Led and the underlying quality statements as outlined by the CQC. These inspections will not rate our clinical teams but result in actions plans, where there may be potential breaches to regulations. The mock inspection will be led by the head of clinical audit and quality improvement supported by the quality improvement lead. Support for the inspection is garnered from other areas of clinical teams and operational and support colleagues.

Thematic reviews

The organisation has a wealth of intelligence and data and has one of the largest data sets on ADHD and ASD. This data can be used along with other intelligence and clear use of methodology to identify, analyse, and bring together themes, or patterns related to a specific topic, issue, or area of interest. The aim is to provide a broader understanding of a quality challenge and how to learn and improve. An example of this may be improvements on patient experience and satisfaction, access to healthcare, or implanting new policies or procedures.

Our Corporate Governance

Board

The Board's purpose is to ensure the company's prosperity by collectively directing the company's affairs, while meeting the appropriate interests of its shareholders and relevant stakeholders. The Board sets the strategic direction, makes key decisions, oversees management, and ensures compliance with legal and regulatory requirements.

Executive Committee

The Executive has overall responsibility for the management of Psychiatry UK. The Executive actively seeks and responds to the views of the patient, their advocates, staff and health professionals and promotes an open, transparent culture and learning environment. The Executive ensures that the company has governance systems that are effective, fit for purpose, assure patient safety and support the delivery of high-quality services alongside the implementation of the strategic objectives set by the Board. The Executive also ensures that there is ongoing compliance with regulatory and contractual requirements and the company's policies and procedures.

Other Committees

A range of other groups and committees are in place in order to provide specific lower-level scrutiny of key areas such as Finance, AI and ICT, and as set out in the Terms of Reference for each one. Further details are available in the Governance Structures section below.

Enterprise Risk Management

Enterprise level risks are captured in the Radar system and with an Executive lead accountable for monitoring and mitigating each recorded risk. The Executive reviews these risks monthly. Lower-level risks are documented and managed at a departmental level.

Performance Monitoring

In addition to the set of metrics monitored by the Quality & Safety Committee, a KPI pack is prepared for review by the Board monthly. Areas of performance concern and plans to address these are also discussed at Executive and escalated to Board for oversight and approval where necessary. The Executive also receives monthly performance updates regarding finance, contracts, operations, HR, ICT and the use of AI.

Information Governance

Psychiatry UK understands it is accountable for compliance with the UK General Data Protection Regulation and will demonstrate that appropriate technical and organisational measures have been put in place to meet these requirements. Our areas of governance comply with the standard requirements of the independent regulator for data, the Information Commissioner's Office, which includes maintaining registration in our role as Data Controller. Alongside which our policies and procedures provide a compliant framework in adherence to all relevant legislation.

Communications

Key communication channels include an all-staff monthly Town Hall and a weekly email from the Chief Executive. In addition, key messages are cascaded from the Executive and other governance bodies down through management teams and into team meetings.

Related Policies

- Fit and Proper (Directors) Policy
- Duty of Candour Policy
- Freedom to Speak up Policy

Success Criteria and Monitoring Compliance

Compliance with this framework will be monitored by the Executive Committee. It is the responsibility of the Director of Quality & Safety and the Head of Corporate Governance to ensure that the Executive Committee receive the necessary reports and escalations to assure compliance.

Equality Impact Statement

We are confident that this framework aligns with the Equality Act 2010. It is designed to be fair, ensuring that no employee or applicant is given preferential treatment or placed at a disadvantage, while actively supporting the promotion of equality within our services.

Governance Structures

