**Clinical Governance Policy**

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# Introduction

## Policy statement

The purpose of this document is to ensure that all staff are aware of the key principles of clinicial governance, and of their individual responsibilities and the expectations placed upon them to promote and maintain exceptionally high standards of care.

## Status

This document and any procedures contained within it are non-contractual and may be modified or withdrawn at any time. For the avoidance of doubt, it does not form part of your contract of employment.

## Training and support

The practice will provide guidance and support to help those to whom it applies understand their rights and responsibilities under this policy. Additional support will be provided to managers and supervisors to enable them to deal more effectively with matters arising from this policy.

# Scope

## Who it applies to

This document applies to all employees of the practice and other individuals performing functions in relation to the practice, such as agency workers, locums and contractors.

## Why and how it applies to them

This document provides employees with the necessary information and guidance to comply with current legislation pertaining to clinical governance, illustrating the key components and subsequent application at Sheerwater Health Centre.

The practice aims to design and implement policies and procedures that meet the diverse needs of our service and workforce, ensuring that none are placed at a disadvantage over others, in accordance with the Equality Act 2010. Consideration has been given to the impact this policy might have in regard to the individual protected characteristics of those to whom it applies.

# Policy

## Definition

Clinical governance is “the framework through which organisations are accountable for continuously improving the quality of their services and safeguarding high standards of care by creating an environment in which excellence in healthcare will flourish”.[[1]](#footnote-1) Clinical governance encompasses quality improvement, quality assurance, and risk and incident management.

## The key components of clinical governance

There are eight key components of clinical governance:

1. Staff management
2. Patient involvement
3. Risk management
4. Clinical effectiveness
5. Education and training
6. Information management
7. Audit
8. Strategic approach

## Staff management

Staffing and staff management is vital to our ability to provide high-quality care. At Sheerwater Health Centre we need to have highly skilled staff, working in an efficient team and in a well-supported environment.

The practice operates within a no-blame learning culture to encourage teamwork and to promote a positive working environment. We will ensure that the working environment is fit for purpose and staff have the resources required to deliver safe, effective patient care.

## Patient involvement

It is important that we work in partnership with our patients and carers. This includes gaining a better understanding of the priorities and concerns of those who use our services by involving them in our work, including our policy and planning.

At Sheerwater Health Centre, we actively encourage patient participation and have a number of initiatives such as the Friends and Family Test, online forums and patient participation groups (PPGs) in order to gather feedback with a view to enhancing the services offered. There are mechanisms in place to empower patients to make informed decisions about their healthcare and the services provided.

## Risk management

We have a robust system in place to manage all health and safety matters, with a nominated H&S representative – Nine Taylor – who ensures that the practice adheres to extant legislation and the environment is safe for both staff and patients alike.

Risk management is about minimising risks to patients by:

* Identifying what can and does go wrong during care
* Understanding the factors that influence this
* Learning lessons from any adverse events
* Ensuring action is taken to prevent recurrence
* Putting systems in place to reduce risks

**Significant event reporting**

Whilst the practice does have a Risk Register, another useful tool is active participation in Significant Event Analysis (SEA) reporting.

SEA should act as a learning process for the whole practice. Individual SEAs can be shared between members of staff, including GPs, and should focus on disseminating learning within the practice[[2]](#footnote-2).

Each Significant Event covers both positive events and negative incidents and is discussed in detail and in an open manner, which ensures that we review, obtain and provide feedback – but more importantly, learn from such occurrences.

SEAs are discussed in MDT and practice meetings, with any agreed actions documented.

The outcomes of SEAs are to be routinely forwarded to National Reporting and Learning Systems (NRLS)[[3]](#footnote-3) by using the GP specific reporting form.[[4]](#footnote-4)

## Clinical effectiveness

At Sheerwater Health Centre, our clinicians take an evidence-based approach to treatment, ensuring that the treatment delivered is appropriate and carried out at the right time and in the right place. The clinical team meets weekly to discuss trends and to review practices, discussing new procedures that are compliant with NICE guidelines.

The National Institute for Health and Clinical Excellence (NICE) is responsible for providing national guidance on the promotion of good health and the prevention and treatment of ill health.

## Education, training & continuous professional development

Sheerwater Health Centre supports the ongoing development of both clinical and administrative staff. We have an established training programme in place, managed by the practice training coordinator. The practice closes periodically for training and development, and we ensure that all staff are permitted to participate in protected training sessions.

Annual appraisals form part of our education and training programme, with all staff given the opportunity to discuss their goals for the forthcoming year, identifying and agreeing training requirements which can be linked to individuals’ continuing professional development.

## Information management

High-quality clinical care is underpinned by effective information management. Patient records are held in both electronic and paper format, but are equally protected by robust confidentiality mechanisms (see Information Governance and Caldicott Policy). From time to time, patient records will be searched to gather information for audit purposes; this helps us to analyse our services to be certain that patients receive an optimal level of care.

Patients have the option for their records not to be used and where they have opted out, our clinical system reflects their wishes.

## Audit

Audits are carried out on a regular basis and are designed to review processes, performance and daily practices within Sheerwater Health Centre. All staff participate in the audit process, which also promotes reflective practice and individual learning. Once an audit is complete, the results are discussed during a practice meeting and then promulgated on the practice website, whilst also being discussed at PPG meetings.

Clinical audits enable the team to assess clinical performance and improve clinical practice, ultimately enhancing the care delivered to our patient population.

## Strategic approach

Our clinical governance strategy is an overarching strategy outlining the plan for continued development at Sheerwater Health Centre. This strategy is supported by a three-year business development plan, which gives clear direction and vision for the future, considering the needs of our patients and what we want to achieve.

## Summary

This Clinical Governance Policy combines the relevant components needed to ensure that clinical governance is an integral part of practice business. It supports our desire to deliver an excellent level of care by involving patients whilst providing staff with the opportunities required to deliver care safely and effectively.

1. [The Definition of Clinical Governance.](https://pcse.england.nhs.uk/about/clinical-governance/) [↑](#footnote-ref-1)
2. [www.cqc.org.uk/guidance-providers/gps/nigels-surgery-3-significant-event-analysis-sea](https://www.cqc.org.uk/guidance-providers/gps/nigels-surgery-3-significant-event-analysis-sea) [↑](#footnote-ref-2)
3. [www.cqc.org.uk/guidance-providers/gps/nigels-surgery-24-reporting-patient-safety-incidents-national-reporting](https://www.cqc.org.uk/guidance-providers/gps/nigels-surgery-24-reporting-patient-safety-incidents-national-reporting) [↑](#footnote-ref-3)
4. [www.eforms.nrls.nhs.uk/gpreport/](https://www.eforms.nrls.nhs.uk/gpreport/) [↑](#footnote-ref-4)