Gloucestershire Medical Aesthetics – Clinical Governance Policy

Introduction

Clinical governance is defined as:

A framework through which organisations 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
• An ethos of continuous improvement

Clinical governance refers to the structures, processes and systems in place in an organisation to manage the quality of service provision. This framework needs to be appropriate to each organisation, and this policy sets out the Gloucestershire Medical Aesthetics approach.

There are eight key elements to clinical governance. These are outlined below, along with the mechanisms in use in the Clinic to deliver each of the elements, and the expectations that are placed on partners and staff at the Clinic.

Education and training

It is the professional duty of all clinical staff to keep their knowledge and skills up to date, and they must therefore engage in regular continuing professional development (CPD). For GPs, this is managed through the General Medical Council registration and revalidation process and through annual professional appraisals. For nurses it is managed through the Nursing & Midwifery Council and annual internal appraisals. For Dentists it is managed through the General Dental Council and annual internal appraisals.

All clinicians are expected to document their learning for their individual learning portfolios. The Clinic supports the ongoing development of staff and actively encourage all staff members to undertake relevant CPD activity. It is the responsibility of each clinician to ensure that any urgent updates are brought to the attention of all colleagues to whom the information is relevant as soon as possible after the learning event. Partners are committed to passing on knowledge and skills within the Clinic. The Clinic will arrange a clinical meeting once a month, one of the functions of which is to allow clinicians with specialist knowledge to pass on updates to the rest of the clinical team. The Clinic approach to training for all staff is set out in the Training Policy. It is recognised that non-clinical staff also need to update their skills regularly in order to support the delivery of high quality services.

Clinical Audit

Clinical audit is the review of clinical performance.. Within the Clinic, this may refer to:
- audits carried out in the Clinic by our clinicians or by external experts
- the use of case studies to highlight specific issues that are then generalised within our patient population.

The clinic holds regular review meetings which provides a forum for the dissemination of the results of audits and the exchange of opinions about how the results can be used to improve the Clinic.

Complaints

All patient complaints are managed through the Clinic Manager and are scanned regularly for learning points and for patterns. Complaints about clinical care are shared immediately with the clinician concerned.

Risk Management

Risks - to patients, clinicians, other staff and the organisation as a whole are managed through a range of policies and protocols and through risk assessment. The key policies relating to minimising risk for patients are:
- Patient Dignity & Equalities Policy
- Confidentiality Policy
- Consent Policy
- Chaperone Policy
- Infection Control Policy

Risks are minimised through other aspects of clinical governance, especially through attention to education and training, clinical audit and clinical effectiveness. The Clinic takes a "no blame" approach 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 Clinic, and any actions are reviewed until fully implemented.

Information Management

High quality clinical care depends on high quality information management. This starts with the generation of good patient records, and it is the responsibility of every clinician to ensure that the details of their consultations are recorded in a way that:
- is easily understood by colleagues, and by the patient if requested
- reflects exactly what takes place in the consultation, including any discussion relating to risk, e.g. consent
- provides clear information about the agreed treatment plan

The Clinic will use patient data for purposes consistent with our Data Protection registration (see Data Protection Policy) and will maintain patient confidentiality at all times when using data for clinical governance purposes. Patient records will be searched to provide evidence for internal audits and case studies, and to ensure clinical effectiveness.

Human Resources

The Clinic is committed to delivering medical care through a team of fully qualified and suitably experienced clinicians, supported by an adequate administrative resource. In order to achieve this, the Clinic regularly reviews the skillset of its clinical team, offering development opportunities where appropriate, and ensuring that the full range of skills is available at an appropriate level. When recruiting potential new clinicians, the interview will always include questions designed to demonstrate an awareness of clinical governance principles. The Clinic operates within a full suite of human resources policies and protocols to ensure that every member of the team, whether clinical or not, is working with the best interests of the patients in mind at all times.

Implementation

The Clinical Governance lead for the Clinic is Katie Stewart. It is her responsibility to ensure that the principles in this Policy are implemented effectively. Specifically, she will:

- provide clinical governance leadership and advice
- promote high quality care within the Clinic
- keep an overview of the level of current awareness maintained by individual clinicians
- act as the expert in dealing with clinical complaints and significant events
- initiate and review local audits as appropriate

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