

**Northumbria Primary Care**

**Clinical Governance Policy**

**Original Policy Author – Tony Hockey**

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**Next review date – May 2023**

**Reviewed by – Dr Nigel Twelves**

**Policy Version – V4**

**INTRODUCTION**

This policy sets out the practice approach to clinical governance.

The implementation of the practise of clinical governance is designed to improve the service to patients and ensure their safety and well-being. It applies to all members of the clinical team supported by administration staff, reception staff and attached staff.

Northumbria Primary Care is a not for profit organisation delivering primary care services as a subcontractor for individual contract holding practices. The clinical management of the organisation is devolved to the Clinical Executive which meets monthly to discuss and agree activity and policies to effectively deliver primary care.

The Clinical Executive is chaired by the Medical Director and attended by representative clinicians from the practices, the nursing teams, the pharmacy service and the senior management team. The Clinical Executive works in conjunction with the Management Executive which meets the following week to implement agreed actions. The Executives report to the NPC board which reports to the Trust Board as our parent company.

**POLICY**

***Patient involvement***

We will seek patient participation and provide patients with the mechanism to feedback and suggest.

***Clinical Audit***

We will undertake regular clinical audits, record the results, and plan improvements to patient benefit. We will also undertake audit of administrative procedures to ensure that they are working effectively.

***Evidence-based medical treatment***

We will maintain an up to date knowledge of current developments and research and assess these against established and proven methods of working. We will share expertise and opinion within the practice and between clinicians to promote learning and discussion.

***Staff and staff management***

We will encourage team working across the practice, establish a “no-blame” learning culture (see Blame-Free Culture policy [\*]), and provide an open and equal working relationship with colleagues. We will seek to work to an “Investor in People” standard and support training, development, devolution of control and empowerment.

***Information and its use***

We will make full use of information both electronic and paper-based in clinical and non-clinical decision making. We will share best practices with others both inside and outside the practice. We will seek to improve data quality and encourage patients to participate in their own clinical treatment, their records, and decisions which affect them.

***Risk control***

We will operate a free system of Significant Event Reporting to encourage review, feedback and learning from incidents in an open and no-blame culture. All significant events will be discussed and documented within the forum of a clinical review / policy meeting. Where necessary these will be reviewed by the Medical Director and escalated to a Significant Learning Event or a Significant untoward event. These investigations follow the Northumbria Trust standard procedure and are reported to the Clinical Executive, the NPC board and the Trust Board.

***Continuing Professional Development (CPD)***

We will ensure CPD via full participation in appraisal, revalidation, attendance at training events, and the organisation of regular in-house clinical seminars from specialist consultants. All development activity will be documented as part of individual learning portfolios. Non-clinical staff will be encouraged to attend events related to their own specialism or professional development needs, and it is not intended that this will be cash-limited.

***Patient experience***

We will discuss feedback received from patients and publicise both suggestions and the practice response. Where individuals are identifies they will receive a personal response. We will view the practice from the patient perspective (in particular from formal patient survey results) and actively seek to implement feasible and beneficial ideas.

***Strategic capacity***

We will operate a 3 year strategic plan based on projected patient needs and gear activity towards creating resources to achieve both immediate and longer term patient clinical needs.

**IMPLEMENTATION**

Dr Nigel Twelves is the Clinical Governance lead for the organisation. This person will be responsible for;

* Promotion of quality care within the practice
* Provide clinical governance leadership and advice
* Keeping up to date with research and governance recommendations, and communicating these accordingly
* To act as an expert resource and advisor in the examination and review of significant events
* To initiate and review clinical audits
* To oversee the management of the key Policy provisions above