

POLICY :	Clinical Governance Policy
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1. INTRODUCTION

This policy sets out LHM Healthcare’s 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.

2. POLICY

2.1 Patient involvement

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

2.2 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.

2.3 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 company and between clinicians to promote learning and discussion.

2.4 Staff and staff management

We will encourage team working across the company, establish a “no-blame” learning culture, 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.

2.5 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.

2.6 Risk control

We will operate a system of Significant Event (Incident) 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 regular clinical governance / review / policy meetings.

2.7 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.

2.8 Patient experience

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

2.9 Strategic capacity

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

3. IMPLEMENTATION

The Medical Director for the Unit and the Managing Director are the Clinical Governance leads for each Hyperbaric Unit. They 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

3.1 CG - Organisational Structure and Terms of Reference

SOP 101

The organisational structure and terms of reference of the Clinical Governance team are set out in SOP 101

Details included in the SOP include:

The members of the CG Team

LHM's Organisational structure

CG Team: Regularity of meetings (Quarley) Terms of Reference, fixed items and taking minutes.

- Meetings and minutes
- Incident reporting and evaluation.
- Evaluation of Complaints and compliments received.
- Patient numbers and caseload
- Training update
- Research update
- LHM Policy development
- Staffing needs and projections
- Patient Care
- Quality dashboard.
- Any other business

Annual CG / Quality Report. Submission to the Board (or CQC or NHSE commissioners if requested) .

4 POLICIES and SOPs (Standard Operating Procedures)

Most of LHM's clinical governance policies and procedures are set out in individual policies, which come under 4 headings:

- HR Policies
- Patient orientated Policies
- Clinical Policies
- Information Governance and other policies

4.1 HR POLICIES

LHM's HR policies are included in the Staff Handbook

Other policies not included in the Staff Handbook

Staff Records for clinical and non-clinical staff:

Advertising, Application process & forms

Interviews and notes

Minimum data set

References

Corporate Induction Guidelines

Nurse Induction policy

Logs and record-keeping

CRB checks and frequency

Safe-keeping of HR records

Training and CPD

On-going mandatory training.

Routine and on-call rota.

Appraisals & performance monitoring for nursing and non-clinical staff

Clinicians Directory:

Advertising, Application process & forms
interviews and notes
Doctors Induction Policy
Checking GMC Registration & revalidation.
Indemnity Insurance
Appraisal policy
CPD and revalidation
On-going mandatory training.
Routine and On-call rota.

Other policies:

Staff Meetings & Minutes / distribution
Study Leave
Team Call-Out Policy
Team Requirements

4.2 PATIENT ORIENTATED POLICIES (include SOP or policy number)

Patient Information Guide HBOT
Clinical Assessment proforma
Compliments and Complaint policy
Patient Feedback Questionnaire
Patient survey questionnaire (Physicians)
Informed Consent to treatment and examination
Consent to Photography policy
Patient (factual) orientation
Confidentiality Policy
Ear clearing explained for patients
Patient Registration
Clinical Assessment Proforma
1st Treatment and relieving patient anxiety
Patient education – Possible side-effects
Factual orientation of the patient
Patient psychological preparation
Physical preparation of the patient
Patient clinical record-keeping
Referral to another Hyperbaric chamber
Management of Hypoglycaemia in the chamber
Oxygen induced convulsion in the chamber (Management of)
Caring for a patient with a thacheostemy
Checklist for routine patients
Patient selection ref to Arterial disease
TCOM Assessment protocol
Management of emergency paediatric patients
Advice to divers after discharge
Chamber safety briefing

4.3 CLINICAL POLICIES

Assessment of Patients for suitability for different chambers
Admission Policy
Written Instructions on Discharge
Discharge Policy
Management of Critically Ill patients
ICU Referral Flowchart
Management of the critically ill
ICU Referral Flowchart guidance
Air Embolus (Management of)
Decompression Illness (Management of)
Carbon monoxide poisoning
Clostridial myonecrosis
Crush injury & critical ischemia
Admission transfer and referral of patients
Pre-treatment assessment of other conditions
Routine Assessments
ENT Assessment Policy
Re-assessment of patients

Research Policy
Resuscitation Training
Safeguarding adults policy
Safeguarding children policy
Statutory and mandatory training Policy
Hand hygiene
Monitoring Quality of Care
Controlled Drugs policy
Facility Cleaning Policy
Chamber Cleaning Policy
Cleaning Masks and Hoods

4.4 INFORMATION GOVERNANCE AND OTHER POLICIES

Information governance policy
Developing and Reviewing LHM policies
Records retention and disposal
Whistleblowing Policy
Gifts Policy
Health and Safety Policy