

Somerset Cosmetic Clinic

Clinical Governance Policy

In order to ensure high public confidence in the quality of our service Dr Porter will continually assess and improve the quality of the service, remaining up to date and consistent.

There are 9 areas of clinical governance:

1. Strategic Capacity:

- The ability within the service to monitor and improve the quality of patient care.

2. Patient Experience:

- A review of patients' experiences are essential to ensure that a high quality of service is maintained and improvements made as required

3. Patient involvement:

- Patients must be able to have a stake in their own treatment and how they have a voice in the way that services are provided.

4. Clinical Risk Management:

- Systems must be in place to understand, monitor and minimise risks to patients and to learn from mistakes.

5. Clinical Audit:

- Audit allows the standard of services provided to be reviewed and ensures patient needs and expectations are met. Audit also facilitates changes to be made to improve the service to patients and to meet regulatory expectation.

6. Staffing and staff management:

- Recruitment, management and development of staff must be regularly reviewed – this should include the promotion of good working conditions and effective ways of working.

7. Education, training and continuing professional development:

- Review of support available to ensure staff competence and ensuring that staff develop their skills within their scope of practice.

8. Research and effectiveness:

- Review of evidence based practice.

9. Using information:

- Review of systems the service has in place to collect and interpret clinical information and use it to monitor, plan and improve the quality of patient care.

Dr Porter will ensure that there are regular review of each of the areas at our monthly Clinical

Governance meetings:

1. Clinical Audit (conducted at least quarterly)
2. Risk Management and Adverse Incidents (reviewed monthly)
3. Complaints (reviewed monthly)
4. Patient Survey (conducted annually) and
5. Education and Training (reviewed at least annually)
6. Human Resources and Practising Privileges (reviewed monthly)

Adverse incident reporting

All staff must report adverse events and near misses.

Staff should be involved in the investigation process.

A quarterly report will be produced for Clinical governance meetings, to ensure staff are aware of current issues.

Complaints

A regular review of complaints will be reported to the Clinical Governance meeting and a report produced on actions arising from complaints and lessons learnt. Where a complaint is not resolved an independent review panel may review the complaint.

Audit reports

Auditing working practices regularly and making recommendations through the production of audit reports will allow for change or updates for both staff and working practice.