

# The Lomond Clinical Governance Policy

DATE April 2024 REVIEW DATE April 2027

Reviewer Name : Anna Blackshaw

## Clinical Governance

This policy sets out our Practice's approach to Clinical Governance. Implementing Clinical Governance applies throughout the Practice and is designed to ensure the safety and well-being of our patients and improve the service that they receive from us.

### Policy Summary Statement.

The Practice will always do its utmost to provide the highest quality treatment and care it can to its patients, ensuring at all times that it works with the most up-to-date clinical information and current best practice guidelines.

1. Patient involvement. We will encourage and actively seek patient participation, ensuring there is a system in place which enables patients to provide feedback and make suggestions and be actively involved in deciding how the health services they use should develop. This system will be supported and promoted through open dialogue, in person and / or in writing. The Practice will ensure we are listening and responding to the needs and concerns of our patients.
2. Patient experience. We will discuss feedback received from patients and publicise both suggestions and the practice response. Whenever an identifiable patient makes a suggestion, the Practice will ensure s/he will receive a personal response. We will view the practice from the patient perspective and actively seek to try and implement feasible and beneficial ideas.
3. Health & Safety and Risk Control.  
The Practice implements a robust framework for ensuring it adheres to Health and Safety legislation, both for staff working within the Practice premises and environment, as well as preventing harm to patients when they attend the clinic. It is all staff's responsibility to read and keep up to date with all the health and safety related policies in place at the clinic. Rachael Peddie Temple is the Practice Health & Safety Lead who has overall responsibility for ensuring the Practice Premises are a safe environment for staff and patients using the service.
4. Clinical Audit.  
The Practice undertakes regular clinical audits, carefully and accurately recording the results and taking appropriate action so that we are able to effectively plan for the implementation of changes / improvements for the benefit of our Patients.
5. Evidence-based medical treatment.  
The Practice will develop, refine and maintain an awareness of the latest developments, research results and advances in treatment and assess the impact of

this information on our established and proven methods of working. To encourage discussion and learning, we will ensure that expertise and opinion is shared both within the Practice and between clinicians.

6. Information and its use.

The Practice is committed to making maximum use of both electronic and paper-based information in clinical and non-clinical decision making and will share best practice with others both internally and externally. We will aim to continuously improve data quality and also encourage patients to participate in their own clinical treatment and be involved in making the decisions which affect them.

7. Staff and staff management.

To encourage team working throughout the Practice, we will operate “no-blame” learning culture which will provide all Staff with an open and equal working relationship. We aim to work towards the “Investor in People” standard, by encouraging staff training and development whilst also supporting devolution of control and empowerment.

8. Education, Training and Continuing Professional Development (CPD). All Practice Staff, Clinical and Non-clinical take part in an annual appraisal system which links into their personal development programme. Therapists are obliged professionally to maintain their CPD to ensure their clinical skills are as up to date as possible and they can continue to practice. All their CPD activity will be documented as an integral part of their learning portfolio in line with their professional body standards.

The Practice does in-house training for all staff, including updates on basic life support, health and safety and information governance.

Audit completed

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