



**Doctors
on Riccarton**

Helping you to better health

Clinical Governance Policy and Procedure

Last updated

February 2024



1. Policy Statement

Clinical governance is a Practice wide approach to the continuous quality improvement of clinical services. It involves the systematic joining-up of all patient safety, health equity and quality improvement initiatives within the Practice. All staff must actively engage in clinical governance.

Clinical governance requires representatives from the practice team, including the Equity Champion, to be involved in contributing to the mission, goals and values of the Practice.

2. Purpose and Intended Outcome

2.1. Clinical governance organises the activity of improvement ensuring prioritisation, planning and completing quality improvement activities.

2.2. The four core elements must be present:

- Patient engagement and participation
- Clinical effectiveness
- Quality improvement/patient safety
- Engaged, effective workforce

- **Patient Engagement and Participation**

- Understanding the needs of the practice's enrolled population through patient feedback
- Co-design with patients/whānau/the community on delivery of services
- Shared decision making with patients/ whānau /the community

- **Clinical Effectiveness:**

- Adherence to clinical policies
- Available infrastructure important to clinical services (e.g. facilities, existing and new technology, PMS, medical equipment)
- Reducing variation in clinical practice (best practice, use of Health Pathways)
- Ensure classification lists in PMS are updated during consultations and in response to inbox documents and results
- Oversight of all clinical audit activities
- Review of recall activities (immunisation, screening) to identify effectiveness in reaching eligible target populations

- **Quality improvement/patient safety:**

- Adherence to Health and Safety and Infection Control policies
- Learning from adverse events, trends, excellence and risk management (oversight of incident register, monitor actions, approve formal reports from serious event review, , make recommendations for improvements, share learnings)
- Using accurate and timely data on population diversity, demographics and health data to inform quality
- Approval, oversight and input into practice quality plans

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- **Engaged, effective and culturally safe workforce:**
 - Employing team members who reflect the practice population
 - Processes for the induction of all team members
 - Training needs that are tailored for individual team members in accordance with the overall training goals of the practice
 - Team members who are encouraged to develop skills to support Māori and under-served groups within the practice population
 - Ensuring advice is available to confirm roles and responsibilities meet the clinical needs of the practice
 - Safe staffing levels: for both short term leave and planning for longer term practice needs.
 - Training needs

3. Doctors on Riccarton's Clinical Governance Team

Dr Colin Chin	(GP, Clinical Director)
Lynne Doubleday	(Nurse Co-ordinator)
Vivian Huang	(Nurse Practitioner Intern/Nurse Prescriber)
Marina Chin	(Practice Manager and Director)

4. Roles And Responsibilities

Colin Chin	Overall clinical responsibility of the Practice Training of new medical staff and students Ultimate clinical decision maker
Lynne Doubleday	Equity Champion Health and Safety Officer Co-ordinates training of nursing staff Co-ordinates and oversees Clinical Quality Improvement Activities
Vivian Huang	Induction of new clinical staff Assists with Clinical Quality Improvement Activities IT specialist
Marina Chin	Clinical Governance Team Chairperson Oversees overall Practice Quality Improvement Activities Ensuring staff have current APCs, Indemnity Insurance and training Health and Safety Officer Complaints Officer Privacy Officer Data Analysis/IT Specialist Patient Engagement

5. Meetings

- 5.1. Clinical Governance Meetings are to be held quarterly in January, April, July and October (or as necessary).
- 5.2. Minutes of Clinical Governance meeting will be recorded in the Practice Management Software under the Companies Tab -> Meeting CLINICAL GOVERNANCE -> Letter and Documents -> History.
- 5.3. A Clinical Governance meeting template has been set up to be used as a guide for each meeting

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- 5.4. Agenda Items can be added to a new Meeting Template and saved with new Meeting Date for next meeting.
- 5.5. Standing agenda items will cover core elements of clinical governance, including Māori health, patient safety and quality and effectiveness of care.
- 5.6. Meeting minutes will be completed within a week of the meeting and will be written by either the Chair or a nominated attendee.
- 5.7. The wider practice team will be informed that a Clinical Governance meeting has been held via a group messenger and/or PMS task; and the minutes are viewable by the wider practice team.
- Relevant items will be discussed at an all-staff meeting.

6. Quality Plan

The Practice Quality Plan will be based on Quality Improvement Activities discussed at Clinical Governance Meetings.

The Practice Quality Plan will follow the format outlined below:

Priority areas	Items	Goal	Time frame	Plan/ Action	Responsibility	Comments
Clinical effectiveness	Clinical correspondence					
	Clinical audits					
	Clinical targets					
	Medicines reconciliation					
Patient engagement and participation	Surveys and forums					
	Complaints					
	Co-design					
Quality improvement/ patient safety	Access to appts					
	Continuity of care					
	Improvement initiatives					
	Infection control					
	Safe and accessible site					
Effective and engaged workforce	Professional development					
	Team building					
	Recruitment					
Health and Safety	Incidents and near misses					
	Hazard and risks register					

7. Actions Register

An Actions Register for Quality Improvement Activities will follow the template below:

Action	Responsible Team Member	Time Frame