



# CLINICAL GOVERNANCE STRATEGY

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Author	Issue Date	Version	Document Ref	Approved By	Approval Date	Next Review	Page i
S Barnes	May 2023	V4.0	CG-01	FWilson	May 2023	Nov 2023	

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# DOCUMENT CONTROL

## Document Storage

Location: p:\ops team\central policies & procedures - development - word docs\cg - clinical governance policies\cg-01 - clinical governance strategy v4.0.doc

## Version Control Log (Only last 3 versions, earlier versions can be found in the appropriate Archive directory for the document)

Version	Date	Author	Description of Changes
V3.2	14 Dec 2018	Scott Barnes	Minor changes
V3.3	Jan 2022	Scott Barnes	Reviewed, draft version only
V4.0	May 2023	WA, VV, FW	Reviewed, amendments to Executive to be replaced with Head of Department, Section 8 under further review due to groups being assigned over the next few months – 6 month review

## Approval

Version	Name	Position	Signature	Approved Date
D2.0	Executive Team			June 2012
V3.0	Badger Executive	Executive Team		Sept 2014

## Glossary

Term	Description
BPG	Board Performance Group
CEO	Chief Executive Officer
SMT	Senior Management Team

## 1 INTRODUCTION

The purpose of Clinical Governance is to ensure that patients receive the highest quality of care possible. Clinical Governance underpins the quality agenda of Badger Group, in delivering care that is safe and effective and with the best possible patient experience.

Clinical Governance is defined as:

*“A framework through which N.H.S organisations are accountable for continuously improving the quality of their services and safeguarding high standards of care by creating an environment in which excellence and clinical care will flourish” (DH1998).*

Our vision for Clinical Governance reflects that of the Department of Health:

*‘Clinical governance seeks to transform the culture, ways of working and systems of every health organisation so that quality assurance, patient safety and quality improvement are an integral part of everyday work.*

*This requires good leadership throughout organisations, patient care that is based on different professional groups working together in teams and improved communication; not only between all services involved in patient care, but between healthcare professionals and patients and carers.*

*Clinical governance is a unifying concept drawing together and integrating the fragmented approaches to quality that previously existed’ (DH 1999).*

This vision is wholly subscribed to by Badger Group.

## 2 SCOPE OF STRATEGY

This strategy defines the framework and processes that Badger Group utilises for the direction setting, management, monitoring, reporting and actioning of Clinical Governance issues. The strategy emphasises that Clinical Governance is embedded within and across the organisation and is everyone’s business. Badger Group has established integrated governance structures and processes to proactively manage the achievement of its objectives. A number of key strategies operate in support of this broader integrated governance framework, including this Clinical Governance Strategy, the Risk Management Strategy, and additionally key organisational policies for information governance, incident management, complaints investigation and handling, management of concerns about professional performance, mandatory training, and workforce and organisational development. Control and effectiveness of operational policies is monitored, reported and assured through systematic assessments and reporting to the Clinical Management Group, Senior Management Team and Board.

## 3 AIMS OF THE STRATEGY

The aims of the strategy are to:

- Maintain a culture within Badger Group for high quality standards based on the principles of Clinical Governance, such as openness and transparency; adherence to national and local best practice guidance; stringent policies, protocols and processes; and robust accountability arrangements.
- Outline the direction and priorities for Clinical Governance
- Provide a framework to identify and manage areas of concern raised through non-reporting, non-compliance, reporting or other mechanisms within the organisation.
- Ensure consistent standards of clinical management are applied to all areas of the organisation.
- Ensure compliance with legislative and statutory requirements.
- To make Clinical Governance everyone’s business

## 4 STATEMENT OF THE BOARD'S INTENT

The Badger Board is committed to providing safe and effective care and leading the organisation forward to deliver its stated objectives. The Badger Board intends to use the clinical governance principles and processes in this strategy as a means to help achieve the objectives and vision of the organisation as an exemplar provider of healthcare services. Badger Group is committed to having robust governance arrangements in place. Badger Group is also committed to providing safe and effective care and to having in place a robust Clinical Governance structure to ensure high quality service provision across all its services.

## 5 RESPONSIBILITY AND ACCOUNTABILITY

Responsibility for Clinical Governance lies with the Chief Executive. All Heads of Department are also responsible for implementation. Individual role responsibilities are identified within job descriptions including accountability for robust Clinical Governance and quality standards.

## 6 COMMUNICATION OF STRATEGY

The strategy document will be circulated to all Heads of departments. It is their responsibility to ensure that staff in their department read and have access to the document and are mindful of it when developing corresponding documents and services. The strategy will be available on the Badger internal directory and web site.

## 7 SPECIFIC ROLES AND RESPONSIBILITIES

Executive responsibility is held by the Chief Executive and operational delivery by the Senior management team (SMT).

Key roles are currently as follows:

- Executive Director lead: Chief Executive
- Operational Management lead: Head of Operations
- Lead for Medicines Safety and Governance: Head of Clinical department
- Corporate Governance: Executive Chair
- Information Governance: Head of Performance & Quality
- Clinical Governance: Medical Director
- Development and professional performance of workforce: Workforce Director / Medical Director / Head of Clinical Department

## 8 RELEVANT ASSOCIATED GROUPS (Section 8 - Under Review)

Relevant associated groups with operational responsibility for assuring Clinical Governance functioning are as follows:

1. The **Executive Team** who also acts as the **Governance and Risk Group**. A Clinical Governance report is submitted outlining key developments and strategy updates to the Executive Team. The Executive Team also receives formal reports from the Clinical Management Group, the Health and Safety Group and the Information Governance Group as necessary.
2. **Information Governance Group**: is responsible for ensuring that the organisation manages information effectively, and that appropriate policies, procedures and structures are in place to provide robust governance frameworks for information management.
3. **Clinical Governance** is steered by the Clinical Management Group. The Executive Team oversees and agrees the development of systems and processes through which the organisation ensures patient safety and improves quality of services which it provides. (See Appendix 1 – Clinical Governance Framework)

The Executive Team ensures the compliance and application of regulation and legislation and provides direction and guidance for the Clinical Governance Strategy. This forum is the formal mechanism by which Badger devolves its responsibilities for clinical/care quality and sets the strategic direction for clinical/care quality within the company.

## 9 REPORTING TO BOARD

The Board receives formal updates from the Chief Executive.

Furthermore the Board receives regular reports as follows including but not limited to

- Regular reports of clinical quality including Audit Clinician CQC summaries, KPI delivery
- Complaints & Investigations.
- Serious Incident reports.
- Reports about any practitioners who have been suspended.

Our key objective is to provide safe, high quality clinical care for our patients.

Our Clinical Governance programme is built on:

- Providing effective leadership and direction and setting clear standards. This will include national standards as required and additional standards that are relevant.
- Measures to ensure quality assured practice by all staff working for the organisation. This will include continuing professional development and addressing poor clinical performance.
- Ensuring systems of adverse notification/event recognition and analysis are embedded and subsequent effective learning and risk management to enhance patient safety.
- A robust system of inspection and audit to ensure that standards are being met and proper quality improvement systems are in place at every level.
- Implementing strong mechanisms to spread and learn from good practice and research evidence on good practice is disseminated to frontline staff.
- Engaging active participation of and providing information for patients.

This strategy is intended to;

- I) be a living document;
- II) evolve as Badger develops and refines its Clinical Governance activities;
- III) respond to new initiatives and lessons learned from its implementation;
- IV) provide a direction of travel for the next three years.

## 10 PROFESSIONAL DEVELOPMENT AND TRAINING

Delivering a quality service depends on enhancing the skills of existing staff through training and development, and developing new groups of staff with the right skills and competencies to meet service needs and priorities of our commissioners of our service.

Badger is committed to multidisciplinary training wherever possible.

A comprehensive induction and training and CPD plan is in place.

## 11 SUPPORTING STAFF

Badger is committed to developing an appropriately educated and skilled workforce encouraged and supported to deliver high quality care. A range of measures are used to develop a more flexible and family friendly workplace and to support equality and diversity.

## 12 PROFESSIONAL PERFORMANCE

Badger aims to identify problems with professional performance at the earliest possible stage to protect both staff and patients. Appraisal and individual development planning processes underpin policies and procedures. The aim always will be to identify individuals showing signs of difficulties and to ensure these are addressed before more serious problems arise.

Appraisal and revalidation for healthcare professional are in line with national policy.

Badger has in place disciplinary policies and procedures that have been widely disseminated. The outcome of all disciplinary investigations will be reported to the Board.

## 13 PATIENT CONFIDENTIALITY AND CALDICOTT

The Medical Director is the designated Caldicott guardian. IT-P01 Confidentiality Policy is in place that complies with the Caldicott Recommendations. This is reviewed annually.

## 14 AUDIT ACTIVITY

The Clinical Governance Framework incorporates an audit programme that supports the Clinical Governance Strategy. Both clinical and non clinical teams are required to participate in local audit plans that complement the audit programme.

## 15 PUBLIC & PATIENT INVOLVEMENT

Badger considers public and patient involvement to be fundamental to the development of quality services, and therefore includes responsibility within the remit of Clinical Governance. Patient feedback is taken seriously by Badger and is reviewed regularly at both SMT and Board level and is monitored in line with the Clinical Governance Framework and steered by the Board

## 16 RISK MANAGEMENT

The Head of Performance & Quality is responsible for risk management within Badger and advises the SMT/Board on the non-clinical areas of risk. The Medical Director works closely with the CEO on the clinical aspects of the risk management process. The following forms part of the risk management process;

- The complaints procedure will be reviewed annually.
- Complaints and outcomes are reported monthly to the SMT and Board Performance Group
- Development and review of Badger policies, procedures and best practice guidelines are approved by the SMT

Issues arising from concerns will be reported to the Medical Director and the Executive Team. Trends will be discussed and action required/lessons learned will be actively disseminated within Badger where appropriate. Badger has in place a Whistle Blowing Policy that guides staff who wish to raise concerns.

## 17 CLINICAL EFFECTIVENESS

Clinical effectiveness is a central characteristic of the services that Badger provides. Professional skills in this area will be developed through programmes of continuing education, training and development.

Badger will ensure that all staff can conveniently access evidence-based information and will encourage staff to make maximum use of resources available.

Evidence based national policies such as National Institute for Health and Care Excellence (NICE) reviews will be implemented where appropriate throughout the services.

## 18 DISSEMINATING BEST PRACTICE

Sharing of good practice helps individuals and organisations learn from each other and avoid duplication of effort. Badger will explore ways of supporting the sharing of good practice.



## 19 APPENDIX 1 – CLINICAL GOVERNANCE FRAMEWORK

