

CLINICAL GOVERNANCE POLICY

Clinical Psychology & Employee Wellbeing Practice

1. Policy Statement

The Origami Group is committed to excellence in healthcare delivery through an effective clinical governance framework. We recognise that robust clinical governance is essential to continuously improve the quality of our services, ensure patient safety, and maintain high standards of care. This policy outlines our approach to clinical governance and the systems and processes we have established to achieve these goals.

2. Purpose and Scope

2.1 Purpose

The purpose of this Clinical Governance Policy is to:

- Establish a clear framework for clinical accountability and quality improvement
- Promote a culture of excellence in clinical care
- Ensure consistent delivery of high-quality, evidence-based healthcare services
- Minimise clinical risks and enhance patient safety
- Support continuous professional development and learning

2.2 Scope

This policy applies to:

- All clinical staff, including physicians, nurses, allied health professionals, and clinical support staff
- Non-clinical staff who support clinical services
- All clinical departments, services, and facilities within Origami Group
- Clinical contractors and partners working on behalf of Origami Group

3. Principles of Clinical Governance

Our clinical governance framework is built on the following key principles:

3.1 Patient-Centred Care

- Placing patients' needs and experiences at the centre of all clinical decisions
- Respecting patients' values, preferences, and cultural backgrounds
- Promoting shared decision-making and informed consent
- Ensuring dignity, compassion, and respect throughout the care journey

3.2 Clinical Effectiveness

- Delivering evidence-based practice and interventions
- Developing and implementing clinical guidelines and pathways
- Regularly reviewing clinical outcomes and performance
- Benchmarking against recognised standards and best practices

3.3 Quality Improvement

- Maintaining a systematic approach to continuous quality improvement
- Encouraging innovation and service development
- Using quality improvement methodologies (e.g., Plan-Do-Study-Act cycles)
- Setting measurable goals for clinical quality improvement

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3.4 Risk Management

- Proactively identifying, assessing, and mitigating clinical risks
- Establishing effective incident reporting and management systems
- Learning from adverse events and near misses
- Implementing preventive measures to enhance patient safety

3.5 Professional Development

- Supporting ongoing professional education and development
- Ensuring appropriate clinical supervision and mentorship
- Maintaining up-to-date clinical competencies
- Promoting reflective practice and peer review

3.6 Information Governance

- Maintaining accurate and complete clinical records
- Ensuring appropriate information sharing and confidentiality
- Using data effectively to monitor and improve clinical performance
- Complying with data protection and privacy regulations

4. Governance Structure and Accountability

4.1 Board-Level Accountability

- The Board holds ultimate responsibility for clinical governance
- A designated Board member or committee oversees clinical governance
- Clinical governance reports are provided to the Board
- The Board ensures adequate resources for clinical governance activities

4.2 Clinical Leadership

- The Clinical Lead leads the implementation of clinical governance
- Clinical leaders are responsible for setting standards and monitoring performance
- A multidisciplinary Clinical Governance Group coordinates clinical governance activities

4.3 Operational Management

- Departmental/service-level clinical governance groups implement local initiatives
- Clinical governance is integrated into operational management structures
- Clear lines of accountability are established from front-line staff to the Board
- Regular clinical governance meetings are held at all levels of the organization

5. Key Components of Clinical Governance

5.1 Clinical Audit

- A structured programme of clinical audits is maintained
- Audit topics are selected based on risk, priorities, and national guidance
- Audit findings lead to action plans for improvement
- Re-audits are conducted to ensure effectiveness of changes
- Participation in national clinical audits where applicable

5.2 Clinical Risk Management

- Systematic identification and assessment of clinical risks

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- Maintenance of a clinical risk register
- Implementation of risk reduction strategies
- Regular review and update of risk assessments
- Integration with the organisation's wider risk management framework

5.3 Incident Reporting and Investigation

- A culture of open reporting is promoted
- A clear incident reporting system is maintained
- All serious incidents are thoroughly investigated
- Root cause analysis is conducted for significant events
- Learning from incidents is shared widely
- Duty of candour is observed following patient safety incidents

5.4 Complaints and Feedback

- Patient feedback is actively sought and valued
- A responsive complaints procedure is maintained
- Themes from complaints are analysed to inform improvement
- Learning from complaints is shared across the organisation
- Patient representatives are involved in service improvement

5.5 Clinical Effectiveness and Evidence-Based Practice

- Clinical practice guidelines are developed and implemented
- Evidence-based protocols and pathways are utilized
- New interventions and technologies are appropriately evaluated
- Unwarranted variations in practice are identified and addressed
- Regular clinical outcomes monitoring is conducted

5.6 Staff Management and Development

- Robust recruitment and selection processes
- Comprehensive induction for all clinical staff
- Regular performance reviews and appraisals
- Support for continuing professional development
- Maintenance of training records and competency frameworks
- Clinical supervision and mentoring programmes

5.7 Patient and Public Involvement

- Patients are involved in service design and improvement
- Feedback mechanisms are accessible to all patients
- Patient representatives participate in governance committees
- Public engagement in strategic clinical developments
- Patient experience data informs service improvements

6. Monitoring and Reporting

6.1 Performance Indicators

- A balanced set of clinical quality indicators is defined
- Performance is measured against internal targets and external benchmarks
- Indicators cover safety, effectiveness, and patient experience
- Regular monitoring of trends and patterns in performance

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- Dashboard reporting to appropriate governance committees

6.2 Reporting Framework

- Regular clinical governance reports at all levels of the organisation
- Annual clinical governance report to the Board
- Transparency in reporting clinical outcomes
- Mandatory reporting to external regulatory bodies
- Learning and improvement actions are documented and tracked

6.3 External Review and Accreditation

- Participation in external peer review processes
- Compliance with regulatory requirements
- Pursuit of relevant accreditations and certifications
- Openness to external scrutiny and inspection
- Action plans developed in response to external recommendations

7. Implementation and Review

7.1 Implementation Responsibilities

- The Clinical Governance Lead oversees implementation
- Department/service managers implement within their areas
- All clinical staff have individual responsibilities for clinical governance
- Adequate resources are allocated for implementation
- Training and support are provided to facilitate implementation

7.2 Policy Review

- This policy will be reviewed annually or in response to significant changes
- Reviews will consider feedback from staff and patients
- Updates will reflect changes in best practice and regulatory requirements
- The Clinical Governance Group is responsible for policy review
- Policy effectiveness will be evaluated through audit and assessment

8. Related Policies and Procedures

This Clinical Governance Policy should be read in conjunction with:

- Risk Management Policy
- Incident Reporting Policy
- Complaints Management Policy
- Clinical Audit Policy
- Information Governance Policy
- Consent Policy
- Safeguarding Policies
- And other relevant policies

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Role: CEO and Founder

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