



Precision Surgery Clinic Governance Policy

Introduction

This document outlines the governance framework for the Precision Surgery Clinic. It defines our principles and practices for managing and delivering high-quality, safe, and patient-centered minor surgical services while adhering to all relevant legal and ethical requirements.

Management and Governance

Management Structure:

We have a clearly defined management structure with established roles and responsibilities for governance matters. This includes a designated lead for clinical governance, a management team responsible for overseeing operations, and relevant committees (e.g., clinical audit committee, patient safety committee). At the moment, all these roles are managed by the medical director.

Board of Directors:

The Board provides strategic oversight for the clinic, ensuring compliance with legal and regulatory requirements, approving

policies and procedures, and allocating resources for quality improvement initiatives. Due to the size of the company, the board of directors is currently just the medical director.

Policies and Procedures:

We have a comprehensive suite of policies and procedures covering all aspects of our operations, including clinical care, infection control, risk management, data protection, and staff competency. These documents are regularly reviewed and updated to reflect best practices and changes in legislation.

Continual Improvement

Clinical Audit:

We conduct regular clinical audits to assess the quality and safety of our services. These audits identify areas for improvement and inform the development of action plans.

Performance Indicators:

We monitor key performance indicators (KPIs) related to patient safety, clinical outcomes, patient satisfaction, and staff performance. This data is used to track progress and inform continuous improvement efforts.

Risk Management:

We have a proactive risk management system that identifies potential risks, assesses their likelihood and impact, and implements appropriate controls to mitigate them.

Learning and Development:

We are committed to providing our staff with ongoing learning and development opportunities to ensure they have the skills and knowledge to deliver safe and effective care.

Feedback and Engagement

Patient Feedback:

We actively seek feedback from patients through surveys, focus groups, and direct communication. This feedback is used to identify areas for improvement and enhance the patient experience.

Staff Engagement:

We encourage staff to provide feedback and suggestions for improvement through regular meetings, staff surveys, and open communication channels.

Patient and public engagement:

We involve patients and the public in decision-making processes related to service development and improvement.

Quality and Safety

Clinical Standards:

We adhere to all relevant clinical standards and guidelines to ensure the highest quality of care is delivered.

Patient Safety:

Patient safety is our top priority. We have a robust patient safety system that identifies and mitigates potential risks, reports incidents, and learns from events.

Infection Control:

We have rigorous infection control procedures in place to prevent the spread of infections.

Equipment and Facilities:

We maintain our equipment and facilities to the highest standards to ensure they are safe and in good working order.

Records Management

Patient Records:

We maintain accurate, complete, and detailed records of all patients, including their medical history, treatment details, and outcomes. These records are secure and confidential, and access is restricted to authorized personnel and is all on a digital system, with no paper trail.

Staff Records:

We maintain accurate and up-to-date records of all staff, including their qualifications, skills, and training. Staff are ad hoc/temporary and have contracts to reflect this.

Data Protection:

We comply with all relevant data protection legislation, including the General Data Protection Regulation (GDPR). We have implemented appropriate technical and organizational measures to protect the confidentiality and security of personal data. We refer to the Information Commissioners Office (ICO) guide to data protection for guidance on best practices. Our ICO certificate is under Organisation name: SC GEORGE LTD, Reference: ZB432805.

Compliance and Legal Requirements

Regulatory Compliance:

We ensure compliance with all relevant healthcare regulations and professional standards. We have a designated lead for regulatory compliance who monitors changes in legislation and updates our policies and procedures accordingly.

Legal Compliance:

We comply with all applicable laws and regulations. We have legal counsel available to advise on legal matters.

Review and Revision

This governance policy will be reviewed and revised regularly to ensure it remains current, relevant, and effective. We will also update the policy in response to any changes in legislation, regulations, or best practices.

Communication and Training:

This governance policy will be communicated to all staff and made available to patients on request. We will provide training to staff on the policy and its implications for their work.

Conclusion:

This governance policy provides a framework for Precision Surgery Clinic to deliver high-quality, safe, and patient-centered services. We are committed to continuous improvement and to providing a positive and supportive environment for our staff and patients.