

# Clinical Governance Framework

For an Independent Nursing Agency (UK)

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## 1. Purpose and Statement of Intent

This Clinical Governance Framework sets out how the Independent Nursing Agency will ensure the delivery of **safe, effective, high-quality, and person-centred care**.

Clinical governance provides a systematic approach to maintaining and improving standards of care and to safeguarding patients, service users, staff, and the organisation. This framework supports compliance with: - Nursing and Midwifery Council (NMC) standards - Care Quality Commission (CQC) Fundamental Standards (where applicable) - UK legislation and best practice guidance

Clinical governance is the responsibility of **all staff**, led and overseen by senior management.

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## 2. Scope

This framework applies to: - All registered nurses working for or on behalf of the agency - Agency workers, contractors, and associates - All clinical and non-clinical services delivered by the agency

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## 3. Governance Structure and Accountability

### 3.1 Leadership and Accountability

Overall accountability for clinical governance sits with the: - **Registered Manager / Director / Lead Nurse**

They are responsible for: - Setting clinical standards - Ensuring compliance with legislation and professional guidance - Monitoring quality and safety - Driving continuous improvement

Clear lines of accountability are in place to ensure timely escalation of risks and concerns.

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## 4. The Seven Pillars of Clinical Governance

This framework is structured around the **seven pillars of clinical governance**.

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### 4.1 Patient and Service User Involvement

The agency is committed to involving patients and service users in decisions about their care and in service development.

This includes: - Respecting choice, dignity, and consent - Gathering feedback and satisfaction data - Responding to complaints and compliments - Using feedback to improve services

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#### **4.2 Clinical Effectiveness and Evidence-Based Practice**

The agency will: - Deliver care based on current evidence, guidelines, and best practice - Ensure nurses practise within their scope and competence - Review clinical practice regularly - Promote reflective practice and learning

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#### **4.3 Risk Management and Patient Safety**

The agency will: - Identify, assess, and manage clinical and organisational risks - Maintain a risk register - Report and investigate incidents and near misses - Learn from adverse events to prevent recurrence

Risk management is proportionate, person-centred, and embedded in daily practice.

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#### **4.4 Clinical Audit and Quality Improvement**

The agency will use audit and review to measure performance and drive improvement.

This includes: - Planned audit programmes (e.g. documentation, medicines, consent) - Action plans following audits - Monitoring improvement over time

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#### **4.5 Education, Training, and Continuous Professional Development**

The agency will ensure: - Nurses are appropriately qualified, registered, and competent - Mandatory training is completed and refreshed - Ongoing CPD is supported - Access to supervision and professional support

Staff are responsible for maintaining their own professional competence.

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#### **4.6 Information Governance and Confidentiality**

The agency will: - Protect personal and clinical information - Comply with UK GDPR and data protection legislation - Maintain secure record-keeping systems - Manage data breaches appropriately

Information governance supports safe, effective care and public trust.

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#### **4.7 Staffing, Leadership, and Workforce Wellbeing**

The agency will: - Ensure safe staffing and skill mix - Recruit safely and fairly - Support staff wellbeing and resilience - Promote an open, just, and learning culture

Strong leadership underpins safe and effective care delivery.

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## **5. Policies, Procedures, and Standards**

The agency will maintain a comprehensive suite of policies and procedures, including: - Safeguarding (adults and children) - Infection Prevention and Control - Medicines Management - Consent and Mental Capacity Act - Risk Assessment and Incident Reporting - Complaints and Duty of Candour - Equality, Diversity, and Inclusion - Lone Working - Confidentiality and Data Protection

All policies are version-controlled, approved, and reviewed regularly.

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## **6. Incident Management and Duty of Candour**

The agency will: - Encourage prompt reporting of incidents and near misses - Investigate incidents proportionately - Apply the Duty of Candour where required - Share learning and improvements

A just and learning culture is actively promoted.

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## **7. Quality Assurance and Monitoring**

Quality and safety will be monitored through: - Clinical audits - Incident and complaint analysis - Supervision and appraisal - Feedback from service users and commissioners

Findings are reviewed through governance meetings and actioned accordingly.

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## **8. External Regulation and Assurance**

Where required, the agency will: - Register with the Care Quality Commission (CQC) - Cooperate fully with inspections and monitoring - Comply with contractual and commissioning requirements

Evidence of governance and quality improvement will be maintained.

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## **9. Continuous Improvement**

The agency is committed to continuous improvement by: - Learning from feedback, incidents, and audits - Reviewing services and outcomes - Updating policies and practice in line with new guidance

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## **10. Review of the Framework**

This Clinical Governance Framework will be reviewed: - At least annually - Following significant incidents or service changes - In response to regulatory or legislative updates

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## 11. Approval

Approved by: \_\_\_\_\_

**Role:** \_\_\_\_\_

Signature: \_\_\_\_\_

**Date Approved:** \_\_\_\_\_

Review Date: \_\_\_\_\_