Clinical Governance Matrix

Governance measures within the Matrix mapping seven pillars of CG against the five domains of quality used by the CQC are applied to both health and social care organisations and services.

Clinical Governance Matrix	Safe	Effective	Caring	Responsive	Well-Led
Patient and public involvement	Safeguarding vulnerable patients	Continue improvement in Friends & family test	Continuously improving patient reported experience measures	Continuous improvement in complaint response times	Education and learning from complaints and compliments
Staff and staff management	Ensuring staff are adequately trained for defined roles	Patient activity acuity and dependency inform workforce plan	Ensure staff are valued through robust communication and early response to difficulties	Recruitment, induction and retention of KPI Whistleblowing	Talent mapping, coaching, mentorship and leadership development
Clinical Effectiveness and research	Ensuring new interventions are evidence based and meet patent safety standards for trust	Improving clinical outcomes through quality improvement projects based on audit results PROMs and Published research.	Using patient and staff feedback to improve the service	Continuous improvement in timed treatment pathway targets	Clinical benchmarking and peer reviewing of service performance
Using information and IT	Adhering to information governance requirements	Continuous reduce episode of harm using electronic records and prescribing	Personalisation of recorded care plans	Shared electronic records reducing duplication	Clinically determined meaningful data used in dashboard KPI
Education and training	Education for key staff through recognised learning mechanisms and learning from clinical incidents	Staff PDP's Staff feedback on training and learning opportunities	Health Education England (local) quality visit report	Appraisal objective meet competency framework or curriculum needs	Completed regular/appraisal performance review for all staff
Risk Management	A high transparent reporting culture and regularly updated risk register	Risk are anticipated and mitigated	Completed and actioned quality impact assessments	Continuous reduction in risk register scores	Service development, innovation and transformation at pace and scale
Audit	Closed audit cycles improving patient safety	Closed audit cycle improving patient outcomes	Closed audit cycles improving patient experience measures	Evidence of closed audit cycles	Re-audit of adopted change in practice

Adapted from Pearson B et al. The clinical governance of multidisciplinary care. International Journal of Health Governance. 2017;22(4):246-50.