

Understanding clinical governance: a guide for the foundation year doctor

Introduction

Clinical governance is defined as 'the framework through which NHS organisations are accountable for continuously improving the quality of their services and safeguarding high standards of care, by creating an environment in which clinical excellence will flourish' (Department of Health, 1998).

Many doctors see clinical governance simply as medical common sense. In other words, it involves optimum care of patients, which is normal for medical professionals. However, its official introduction into the NHS defined it more precisely and ensured that organizations take it on board as well as individual doctors. The Chief Executive of an NHS trust carries ultimate responsibility for assuring service quality (Department of Health, 1999). Each trust usually has staff dedicated to overseeing clinical governance.

Components of clinical governance

To ensure the best quality of care the NHS can provide, key components of clinical governance include (Department of Health, 1998, 1999, 2001; Sale, 2005):

1. Patient and public involvement
2. Clinical audit
3. Clinical effectiveness
4. Clinical risk management
5. Staffing and staff management
6. Education, training and continuing professional development

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7. Use of information and knowledge management.

Patient and public involvement

This describes how patients are involved in decisions concerning their care and treatment and how they can influence the way NHS services are provided. Various methods for involving patients and assessing patient satisfaction with services include:

- Patient satisfaction surveys and questionnaires
- Workshops and conferences
- Patient councils and panels
- Consultation with patient groups
- Case studies
- Observational studies.

All NHS trusts have responsibilities to inform the public about the performance of the local NHS organization. Various areas where input or feedback from patient and public is noted include:

- Patient Advice and Liaison Service
- Patients' support groups
- Public meetings
- Patient surveys.

Clinical audit

Clinical audit involves measuring what really goes on against what the standards should be and then making improvements. Clinical audit is an essential part of every health-care professional's involvement in patient care to deliver good quality. The main principles of clinical audit include:

- Identifying and defining the objectives
- Setting standards or goals
- Assessing and measuring quality
- Identifying change needed
- Implementing change
- Monitoring the effect of change.

The main aim of audit is to have a positive impact on the quality and effectiveness of care delivered to the patient.

Clinical effectiveness

Clinical effectiveness is about providing good quality of care to patients. The concept of clinical effectiveness is that

health-care treatment should be clinically effective and cost effective, supported by a well-researched evidence base. Various organizations and documents establish national standards by critically evaluating the research evidence and disseminating evidence-based clinical guidelines. These include:

- National Institute for Health and Clinical Excellence
- National Service Frameworks
- Medical Royal Colleges
- Royal College of Nursing
- Patient representatives' organizations.

Clinical effectiveness ensures that the care delivered to patients is evidence based and will result in positive outcomes.

Clinical risk management

This involves the assessment, analysis and management of risk in a clinical setting (Hooke and Trivedi, 2008). It has three main components that include:

- Identifying risk
- Analysing risk
- Controlling risk.

Learning from mistakes is key to any improvement process. A systematic approach to risk management includes:

- Local reporting of incidents
- Critical incident analysis
- Significant event auditing
- Organization cause analysis
- Root cause analysis.

The NHS Litigation Authority administers the Clinical Negligence Scheme for Trusts which is designed to provide reimbursement to NHS trusts in cases of negligence claims. These systems help to generate information with which to manage risks and prevent them from happening. Risk management analysis identifies patterns and trends both locally and nationally and helps to form strategies to prevent adverse events from happening.

Staffing and staff management

This includes the recruitment, management and development of staff. It encourages the promotion of good and effective methods of work. Workforce planning

involves having the right staff in the right place at the right time. Human resources decisions are based on workforce competencies, strategic plans and budgetary resources.

Good management and integral service planning in workforce planning includes:

- Skill-mix review
- Recruitment and retention
- Education and training
- Career development
- Continuing professional development.

Workforce planning involves identifying future demands. To assess the impact on service provision, an assessment of the political, economic, social and technical factors is crucial in workforce planning. Workforce planning is supported by strategic health authorities and brings together local NHS and non-NHS employers to plan and develop the whole health-care workforce.

Education, training and continuing professional development

A trust or organization must have a structure in place for education and training for all staff, both clinical and non-clinical. There are three levels of education and training for clinical governance:

Trust or organizational level

There is a responsibility for the provision of induction programmes for all new staff, and attendance at mandatory courses such as fire safety, manual handling, infection control and resuscitation.

Directorate or team level

Training and educational needs identified from complaints, reflective learning, appraisal, clinical audit and through case studies.

Individual level

Learning needs should be identified after performance review, through appraisal and as a part of the process of personal development plans and regular attendance at courses and conferences.

Reflective learning, critical incident analysis, research and development are integral parts of clinical governance. Foundation doctors can participate via their normal educational activities and achievement of competencies.

Use of information and knowledge management

In 1998, the government launched a national infrastructure development programme for information, management and technology strategy called Information for Health. The main objectives include:

- Lifelong electronic health records for every person in the country
- A unique NHS number that identifies a patient
- A national clinical information programme that includes confidentiality issues, clinical coding and record management, data quality
- NHS net which supports electronic communication between NHS users
- NHS Direct, a telephone service which provides advice on health matters
- Telemedicine. This is a service that links a patient with the health-care professional when they are geographically separated
- Choose and Book, designed to enable electronic booking of first hospital appointments for patients at a date, time and place convenient for them
- Electronic Transmission of Prescription: prescriptions are transferred electronically from GPs and other prescribers to the pharmacist nominated by the patient and to the Prescription Pricing

Authority, making prescribing and dispensing safer and easier

- Picture Archiving and Communications System: this provides a system to capture, store and distribute static and moving digital medical images.

Conclusions

Clinical governance is relevant to all hospital staff, including foundation doctors. You can play your part in all aspects of it, such as carrying out audits, adhering to evidence-based medicine, dealing effectively with other staff, using information technology to the best of your ability and keeping up with your education. You can ask for advice from the clinical governance team within your trust. **BJHM**

Conflict of interest: Dr Hooke has worked in both management and medicine.

- Department of Health (1998) *A First Class Service: Quality in the new NHS*. DH, London (www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4006902 accessed 26 August 2008)
- Department of Health (1999) *HSC 1999/065 Clinical Governance in the new NHS*. DH, London (www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/Healthservice/circulars/DH_4004883 accessed 26 August 2008)
- Department of Health (2001) *Building a safer NHS for the patients: implementing an Organisation with a memory*. DH, London (www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/Browsable/DH_4097460 accessed 26 August 2008)
- Hooke R, Trivedi D (2008) Risk management and incident reporting: a guide for the foundation year doctor. *Br J Hosp Med* 69(6): M82–3
- Sale D (2005) *Understanding Clinical Governance and Quality Assurance: Making it Happen*. Palgrave Macmillan, New York

Useful websites

- Department of Health clinical governance pages (www.dh.gov.uk/en/PublicHealth/Patientsafety/Clinicalgovernance/DH_081604)
- National Clinical Governance Support team (www.cgsupport.nhs.uk/)

KEY POINTS

- Clinical governance is seen by some as medical common sense.
- It provides a framework that makes NHS organizations more accountable for clinical care.
- Foundation doctors can participate effectively in clinical governance.
- Clinical governance is relevant to all health-care professionals and other staff.