

What is Clinical Governance?

Clinical governance has been defined by Scally and Donaldson as

“a system through which [health] organisations are accountable for continually improving the quality of services and safeguarding high standards of care by creating an environment in which excellence in clinical care will flourish” [1]

Clinical Governance should be an organizational culture, rather than compliance with a set of policies or procedures.

The aim of good clinical governance is to create a culture where every person involved in delivering care is accountable for their patient’s clinical outcomes, experience of care and the efficient delivery of that care.

To achieve high quality clinical governance, every person involved in a patient’s care needs to demonstrate:

- curiosity about the way they personally deliver care and how it compares to best practice,
- an understanding of the reporting and incident management processes
- courage to recognise opportunities to improve and
- commitment to change practice and improve the value of the care they deliver.

The consequence of these behaviours needs to be measured in clinical outcomes (minimising complications), patient experience of that care and the efficiency of delivering the care.

These dimensions of care need to be routinely monitored and reported at all levels within the organisation – from the doctors and nurses to support staff, management and directors.

Role of the Directors and Board Members

In their publication “Crossing the Quality Chasm: A new health system for the 21st century”, the Institute of Medicine define the Board Directors role as

- to ensure that the organisation is providing safe, effective, patient centred, timely, efficient, and equitable healthcare

So, a director or board member needs to be provided with information that assures them:

- that the risks for the organisation are identified and monitored
- that action plans are in place to contain or eliminate material risks
- that organisations are providing care within appropriate regulatory parameters

To achieve this assurance, each director should consider the following questions:

- What evidence do you have that the leadership team is committed to quality and safety?
- What is the governance structure to monitor and support clinical care? How is it supported by the leadership team.
- Does the organisation have a set of indicators that identify the level of safety and quality of care that the organisation provides.
 - KPI measures should include:
 - Clinical outcomes
 - Efficiency
 - Patient reported experience

- Has the Board set tolerance limits against each KPI?
- What are the enterprise risks associated with failures to meet these KPIs?
- Does the board receive regular reports against these KPIs?
- Does the data make sense? Are the reports comparing apples with apples?
- Does the executive provide commentary on trends, progress and exceptions?
- Are the organisation's performance indicators benchmarked?
- Are all staff and directorates aware of their and their unit's comparative performance?
- Do staff understand the reports and use them for reflection and improvement?
- Has the organisation clearly identified 4 – 6 top clinical risks for targeted action?
- Are there clear strategies and action plans to address these priority risk areas?
- Are these targeted action areas aligned with the current strategic plan?
- How are individuals and teams accountable for the clinical incidents they generate?
- Do all clinical staff have clear scopes of practice.
- Is the Board assured that each clinician is working within their scope of practice?
- Are all significant incidents appropriately investigated and recommendations implemented?
- Are there appropriate incentives for all staff to encourage reflection and improvement?
- Are staff empowered to make changes that will enhance quality and safety?
- Are teams encouraged to collaborate in resolving inter-disciplinary challenges?
- Does a committee structure to monitor trends, facilitate action and oversee improvement?
- Is good performance and significant improvement recognised and celebrated?

The framework for good clinical governance should place staff on the front foot, enabling them to make appropriate patient focused decisions. This framework should include:

- Training staff on speaking up about patient safety
- Interdisciplinary clinical handovers within and between teams
- Educating front line staff on indicators of patient deterioration and pathways for escalation
- Embracing robust procedures that prevent incidents in patients at risk
- Encouraging patient-centred care by involving patients and their families/carers in all decisions and acting on their reported experiences.

The clinical governance framework is overseen by the organisation's leaders and directors. This framework sets the culture of the organisation, determines priorities, authorises remedial action plans and monitors trends in indicators.

Conclusion:

Developing a culture of clinical governance is a challenge.

The 'safety culture' emerges from the governance framework which is embedded into clinical 'business as usual' and is not an add-on to capture and investigate adverse events after they occur. It involves every member of staff, the patients and their families. It is front-footed and focusses on keeping patients safe through quality care – thinking about outcomes, experience and efficiency.

In this way, we move from a focus on compliance and investigation to a culture of individual knowledge, accountability and empowerment.
