

Clinical governance in the UK NHS



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Clinical governance can be defined as a framework through which UK National Health Service (NHS) organisations and their staff are accountable for continuously improving the quality of patient care. NHS staff need to ensure that the appropriate systems and processes are in place to monitor clinical practice and safeguard high quality of care. Clinical governance is central to the UK Government's agenda to ensure that quality of care becomes a key driver in the development of health services.

Why clinical governance?

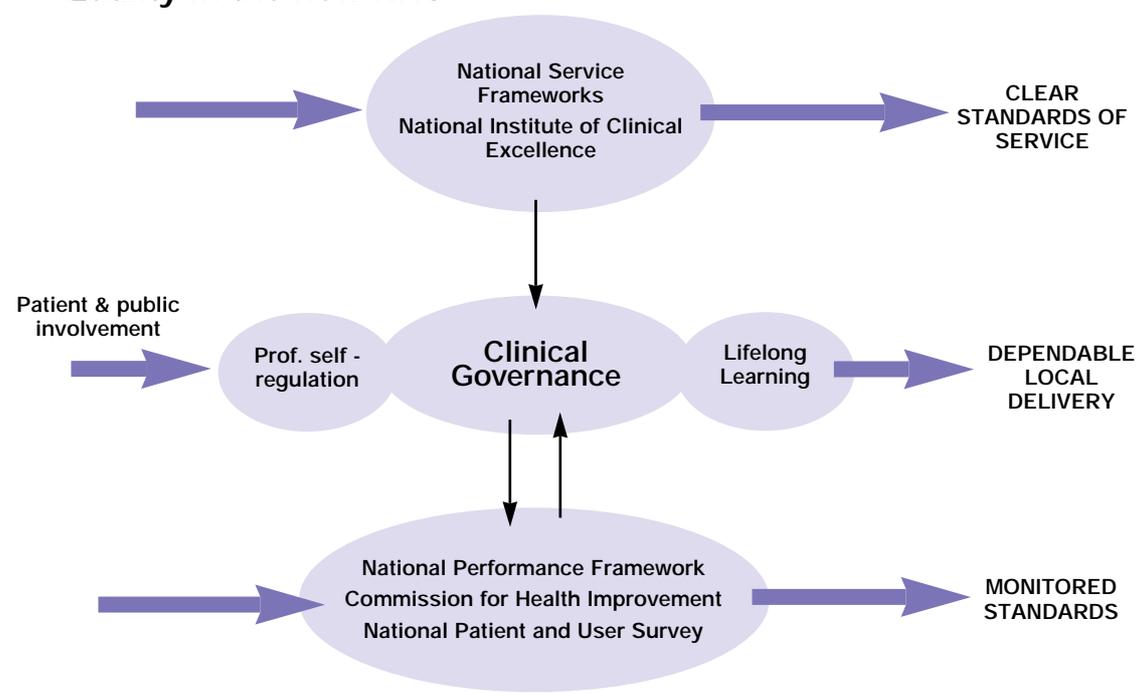
Clinical governance has been put in place to tackle the wide differences in quality of care throughout Britain. It is also a response to recent and major failures in NHS standards. These include the high mortality rate in children undergoing heart surgery at a leading British hospital.

Although many services demonstrate standards of excellence equal to the best in the world,

others experience serious problems that they are unable to resolve. Most of the care given falls somewhere around the middle of the 'quality curve'. Clinical governance aims to shift the performance of all health organisations closer to the standards of the best. It hopes to reduce unjustifiable variations in quality of care provided (in terms of outcomes, access and appropriateness).

Clinical governance is needed to reassure the public that the care received in the NHS is of

Quality in the new NHS



Source: Clinical governance. Quality in the new NHS. Health Services Circular 1999/065. Available on: <http://www.doh.gov.uk/pub/docs/doh/hsc065.pdf>

the highest standard. It requires the development of a culture where healthcare professionals are motivated to routinely think: 'Am I doing it right? How can I do better?'

What are the key features?

The operation of the clinical governance framework requires:

- Organisaional and clinical leadership, including oversight by a designated senior clinician
- Performance review including quality issues
- Clinical audit
- Clinical risk management
- Research and dissemination of information about effectiveness of clinical practice
- Education, training and continuing professional development
- Managing and learning from complaints
- Seeking and responding to user and patient views
- Use of clinical information about patient experience

Appropriate management and feedback mechanisms must exist to ensure all systems are in place and functioning effectively.

The key benefits of effective clinical governance are:

- Individual and team reflection on their practice and implementation of lessons learnt
- An open and participative climate in which education, research and the sharing of good practice are valued
- A commitment to quality that is shared by professionals and managers and supported by clearly identified resources, both human and financial
- Routine engagement with the public and users through an organisation-wide strategy, and user representation
- Working as a multi-disciplinary team
- Regular Board level discussion on quality issues
- Strong leadership from the top
- Good use of information for planning and monitoring clinical governance

What about hearts and minds?

Organisational culture is a major factor in understanding the performance of clinical teams, and how to support changes in working practices. Each team and organisation has its own culture, ways of working and values that will influence the way clinical governance is implemented. Change is unlikely to be achieved without the enthusiasm and support of motivated clinical champions and leaders.

In essence clinical governance requires a culture in which organisations and their clinical team members:

- Consider quality issues as part of core business
- Work together to improve performance
- Are willing and able to acknowledge their problems
- Value personal development and education
- Feel valued in their work
- Recognise the importance of the patient's experience of care and seek to obtain patients' feedback
- Seek ways of improving care as a matter of routine
- Proactively implement standards of care developed nationally

Who sets the standards of care?

Clinical governance requires the introduction and use of recognised benchmarks or targets for care. Standards of care are set nationally by the National Institute of Clinical Excellence (NICE). They are agreed through wide consultation and use of research into the effectiveness and cost effectiveness of clinical practices. National Service Frameworks have also been introduced, which include care targets, such as for coronary heart disease, mental health and services for older people.

How is clinical governance monitored?

Monitoring the implementation of clinical governance is the responsibility of the Commission for Health Improvement (CHI). CHI carries out a programme of visits to each

healthcare organisation to check that the right systems and processes are in place to monitor the quality of care. Inspections take place every four years and the outcome of each individual review is made widely available.

NHS Regional Offices (part of the NHS Executive) have an important role. They are responsible for monitoring the implementation of standards, especially those set nationally and included in the National Service Frameworks. They are also responsible for overseeing the implementation of action plans produced by organisations as a result of the CHI's monitoring visits.

A national NHS Performance Assessment Framework has also been developed to monitor the performance of individual organisations, and to enabling comparisons to be made between organisations. So far health care organisations have been required to produce an annual public clinical governance report detailing the improvement to be made in the following year. The first such report was produced in April 2000.

To ensure that patients' feedback about their experience in the NHS contributes to continuous improvement, annual national surveys of patient and user experience are also being undertaken. To date patients with coronary heart disease and cancers have been surveyed.

What about poor performance?

A system of Continuing Professional Development (CPD) has been introduced in order to maintain clinical standards. All clinical practitioners are required to participate in order to remain on the accredited list. In the case of doctors, this process will dovetail with the revalidation programme, to be introduced in 2001/02.

In hospitals, health managers have put in place processes to identify performance issues and procedures to deal with poor performance. These procedures aim to identify practice as it begins to slip, and to proactively support and develop clinical staff, enabling improvements without risk to the quality of patient care. In some cases, this may result in an investigation, leading to suspension or dismissal of professionals.

Since the establishment of Primary Care Groups and Primary Care Trusts, systems have been developed to monitor the performance of primary care doctors and investigate poor practice.

In addition, any person or organisation may refer a case of suspected poor performance or misconduct to the appropriate professional regulatory body. This is the General Medical Council (GMC) for doctors, the United Kingdom Central Council (UKCC) for nurses, and the Council for Professions Supplementary to Medicine (CPSM) for physiotherapists, occupational therapists etc.

A new organisation, the National Clinical Assessment Authority (NCAA) has been set up to help organisations assess the clinical performance of individual consultants when concerns have been raised.

Does clinical governance apply to private providers?

So far the principles of clinical governance do not apply to private healthcare providers. However most private hospitals have identified a clinician to lead the governance agenda and ensure that clinical practice is monitored.

It is the responsibility of the health service commissioners to ensure that clinical governance systems and structures are in place in all the providers with whom service agreements are developed. This applies to private, local authority and NHS organisations.

What are the plans for the future?

The Government believes that in order for clinical governance to succeed, health organisations need to make a major change, by moving away from a 'blame culture' to one of learning. The NHS National Plan 2000 reinforces the importance of quality in the NHS and highlights many more changes to ensure that the patients become central to the healthcare agenda and that their voice is heard.

Is clinical governance going to make any difference for patients?

It is too early to give a clear answer to this question, but the systems have been put in place, and there seems to be genuine interest in making it work.

The main challenge for the leaders of clinical governance and for the NHS is to change the culture and attitude of staff. This, coupled with the more proactive role adopted by the regulatory bodies should assist with the development and progress of clinical governance and hence to more co-ordinated and better care of patients.

Resources

Health Services Circular (March 1999): **Clinical Governance. Quality in the new NHS.**

www.doh.gov.uk/pub/docs/doh/hsc065.pdf

Starey N (1999): **What is clinical governance?**

www.evidence-based-medicine.co.uk/ebmfiles/WhatisClinGov.pdf

Rosen, R (2000): **Clinical governance in primary care: improving quality in the changing world of primary care. *BMJ* 2000 Sept 2;321 (7260):551–554**

Department of Health (1999): **A First Class Service. Quality in the new NHS.**

www.doh.gov.uk/newnhs/quality.htm

NHS Executive (1999): **Performance Assessment Framework**

www.doh.gov.uk/pub/docs/doh/paf.pdf

National Service Framework

www.doh.gov.uk/nsf/

Commission for Health Improvement

www.chi.nhs.uk

National Institute for Clinical Excellence

www.nice.org.uk

The Wisdom Centre. A resource pack for clinical governance is available on this site.

www.wisdomnet.co.uk



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