Clinical Governance
Why clinical governance

The following factors led to the need for clinical governance in UK healthcare organizations:

- the relatively large numbers of members of the public who lost their lives or were severely harmed because of significant failures in healthcare organizations to provide the right clinical care

- the failure of healthcare organizations to act in order to stop continuation of the pattern of cases that harmed patients even when the pattern had been made known to those responsible

- the number and cost of claims and inquiries and their findings (The NHS Community Care Act 1990 provided for the removal of Crown Immunity for the NHS, which enabled the filing of legal claims for unsafe practices in an NHS or other public organization.)

- the international evidence on the incidence of harm to patients in healthcare organizations

- the recognition that it is more morally responsible (and cheaper) to put systems in place in healthcare organizations to avoid ‘clinical disasters’ than to have patients or their survivors pursue the causes through the legal system.
What is clinical governance

To be accountable for patient care, a healthcare organization has to manage:

- the quality and safety of care and service provided by its staff
- the organization for the ultimate purpose of continuously assuring and improving quality and safety of patient care for the public.

The term clinical governance is used in the NHS in the UK to describe the corporate duty of quality. The term is defined in the box.¹–²

A system through which a healthcare organization is accountable for continuously improving the quality of its services and safeguarding high standards of care creating an environment in which excellence in clinical care will flourish.

The structures, processes and culture needed to ensure that healthcare organizations — and all individuals within them — can assure the quality of the care they provide and are continuously seeking to improve it.

Governance is the framework for accounting for improving and safeguarding the quality and safety of patient care. It defines the components of the system to be carried out and how the components are structured, interact and are reported on.

Clinical governance
Activities that make up clinical governance

Several activities are needed to generate information to enable a healthcare organization to be accountable for the quality and safety of care. Staff and the healthcare organization have to:

- **know if the right things are being done in the right way and action is being taken if not** — using *quality improvement* tools including *clinical audit*

- **know and act on what’s right** — searching, critically appraising and implementing *evidence of best practice* and contributing to research to learn what is best practice

- **know and act on patients’ and service users’ experiences** — shaping services to provide patient and service user *centred care* and acting on *complaints*

- **know and act on how patients and service users are adversely affected by things** — using *risk assessment* and *management, incident reporting* and *root cause analysis*, and *patient safety practices* and applying the *lessons* learned from analysis of incidents
know and act on how to do things right — using appropriate and effective appraisal systems and professional development staff programmes

be supported to do the right things right in the work environment — having effective leadership of teams and making changes in systems and practices to improve quality.

The purposes of these activities and how they are linked in an operational system are shown in the diagram on the next page. All the activities need information on quality and safety of patient care to support accountability by a healthcare organization and its staff. The information should be regularly and routinely available to those who are responsible and accountable for managing clinical services and the healthcare organization.
Accountability framework (clinical governance)

Knowing and doing what’s right - best known

Using evidence-based searching for and appraising evidence

Knowing if there is no known best practice?

What if there is no known best practice?

Knowing and acting on how to do things right - proper techniques and procedures

Appraising clinical competence - supporting professional development

Knowing and acting on what’s right - current best known practice

Using quality improvement and clinical audit

What if there is no known best practice?

Carrying out research

Learning what is best practice

Being supported to do the right things right in the work environment - proper systems and support

Having effective leadership of teams - redesigning systems and practices for quality and safety

Clinical governance
Clinical governance

- **Appraising clinical competence**
- **Supporting professional development**
- **Knowing and acting on how to do things right** — proper techniques and procedures
- **Using evidence-based practice**
  - **Searching for and critically appraising evidence**
- **Knowing and acting on what’s right** — current best known practice

- **Acting on information on Quality and Safety to support Accountability**

- **Information governance**
- **Knowing and acting on patients’ and service users’ experiences**

- **Focusing on patient or service user centred care**
  - **Involving patients and service users to improve services**
  - **Learning from patient experience and complaints**

- **Knowing and acting on how patients or service users are adversely affected by things**

- **Assessing and managing risks**
  - **Implementing patient safety practices**
  - **Analysing and learning from incidents**

- **Acting on things right — current own practice**

- **Improving professional competence**
Terms related to clinical governance

There has been some confusion among terms that relate to being responsible for the quality and safety of patient care, including governance, management and practice. Characteristics that differentiate among these concepts are in the box.³

<table>
<thead>
<tr>
<th>Clinical governance</th>
<th>System, structures and culture intended to direct and control clinical activities to provide for accountability</th>
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<tbody>
<tr>
<td>Clinical management</td>
<td>Processes and procedures by managers to efficiently, effectively and systematically deliver high quality and safe clinical care</td>
</tr>
<tr>
<td>Clinical practice</td>
<td>Delivery by clinicians of high quality and safe clinical care, consistent with clinical policies and standards</td>
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Working together, clinicians and managers implement activities that operate as part of a system to deliver patient care that meets quality and safety expectations.
Clinical governance versus assurance

<table>
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<th>Clinical governance</th>
<th>Assurance</th>
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<tr>
<td>A system through which a healthcare organization is accountable for continuously improving the quality of its services and safeguarding high standards of care creating an environment in which excellence in clinical care will flourish</td>
<td>A system for providing independent confirmation that governance is being implemented as intended and that findings from the governance components are being identified and acted on effectively. Assurance involves checking the extent to which an organization is complying with expectations related to accountability for quality and safety.</td>
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Governance is the framework for accounting for improving and safeguarding the quality and safety of patient care.
# Clinical governance components

<table>
<thead>
<tr>
<th>Component</th>
<th>Definition</th>
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<tr>
<td>Quality improvement</td>
<td>Systematic, data-guided activities designed to bring about immediate, positive changes in the delivery of health care in particular settings.⁴</td>
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<tr>
<td>Clinical audit</td>
<td>A quality improvement (QI) process that seeks to improve patient care and outcomes through systematic review of care against explicit measures and the implementation of changes in practice if needed.⁵</td>
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<tr>
<td>Quality assurance</td>
<td>Activities intended to determine if standards are being met and to feed back findings so that any deficiencies in meeting standards can be met.</td>
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<tr>
<td>Evidence-based practice</td>
<td>The conscientious, explicit and judicious use of current best evidence, based on a systematic review of all available evidence and taking into account patient values and circumstances, in making and carrying out decisions about the care of individual patients⁶</td>
</tr>
<tr>
<td>Patient experience</td>
<td>How a patient perceives the way healthcare services are provided and whether or not what matters to the patient is respected by providers of healthcare services</td>
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| Risk management | Coordinated activities to **direct and control an organization with regard to risk**, involving the **systematic application of management policies, procedures and practices** to the:
|                 | - activities of communicating, consulting and establishing the context
|                 | - identifying, analysing, evaluating, treating, monitoring and reviewing risk⁷
| Incident reporting | Reporting unintended events during the care process, no matter how seemingly trivial, that resulted, **could have resulted**, or still might result in **harm** to a patient⁸
| Root cause analysis | A structured **retrospective analysis** of an event or situation that aims to identify its **true causes** and the **actions** needed to eliminate them, using a wide range of approaches and tools to uncover causes⁹
| Patient safety | A discipline in the health care sector that **applies safety science methods** towards the goal of achieving a trustworthy system of healthcare delivery¹⁰
| Appraisal and development | **Formal, regular review** of an employee’s role-related **performance** according to standards established for this purpose at the start of the review period

*Clinical governance*
References


For more information about clinical governance and how to lead or facilitate clinical governance, see our publication.

The **Clinical Governance Manual** — 600 pages — describes the background to and concept of clinical governance. Separate chapters describe each of the components of clinical governance — quality improvement, clinical audit, quality assurance, evidence-based practice, patient experience, risk management and assessment, patient safety, incident reporting, root cause analysis, and appraisal and continuing development — and practical evidence-based tools for carrying out the work involved in each component. There are also chapters on the organizational development and leadership issues related to clinical governance.

We offer two versions of our manual. Our **Clinical Governance Manual** (aimed at those working in the NHS, private or charity organizations) refers extensively to the Care Quality Commission, whereas our **Healthcare Governance Manual** (produced for military personnel) refers to the Common Assurance Framework.

Both the manuals are extensively referenced and contain a detailed glossary. The manuals are easy-to-read with a number of diagrams, charts, examples and exercises.
Our clinical governance course

To develop competence and confidence in carrying out activities, see information about our clinical governance course at www.hqq.co.uk.

Our Managing Clinical Governance Course is a four-day course which covers the components of clinical governance in detail and gives practical ideas for how to improve your organization’s current performance and to integrate the functioning of the following components:

- quality improvement
- clinical audit
- quality assurance
- implementation of evidence-based practice
- patient experience and involvement, including patient-centred care
- risk management, including risk assessment
- incident reporting, root cause analysis of incidents and patient safety
- performance appraisal and continuing development programmes
- communicating and leading the application of lessons learned.

The course is aimed at clinical and management leaders and staff who specialize in supporting clinical governance. Participants of the course each receive a copy of our Clinical Governance Manual.
What people say

Following are examples of what people say about our governance courses.

- “Thank you ever so much for a thoroughly engaging and extremely informative course. You have given me a lot of confidence!”
- “An excellent course overall, thank you very much. The manual will become my bible!”
- “An excellent course that has really helped to clarify and focus all aspects of HCG. My job will now make much more sense and I feel far more confident”
- “A very useful course. Should be mandatory for all leaders in healthcare”
- “This is probably one of the most relevant courses I’ve ever been on. The facilitator was extremely patient and knowledgeable. Her enthusiasm was infectious and I thank you”
- “The facilitator is a fantastic teacher and extremely knowledgeable”
- “Excellent, patient, and very well pitched facilitation. A refreshing change to have a deep expert deliver complex themes to all levels of healthcare professionals at the same time without being patronizing or overly academic – bravo!”
About Healthcare Quality Quest (HQQ)

We consult, teach and publish on the subject of being accountable for and improving the quality and safety of healthcare services.

We have developed and published methodologies related to clinical audit, quality improvement, and root cause analysis of incidents relating to patient care.

We develop and teach courses and workshops on clinical governance and related methods and activities, including clinical audit, quality improvement, risk management, root cause analysis, patient safety and patient experience and we develop e-learning modules on these subjects as requested.

We also work directly with clinicians and clinical groups, facilitating teamwork where possible. We develop or facilitate the development of standards and examples of good practice in relation to quality of patient care.

We have more than 30 years of experience working in all countries in the UK, as well as Botswana, Holland, Italy, the Republic of Ireland, Saudi Arabia and Taiwan.

For more information about HQQ, please contact us at hqq@hqq.co.uk or 02380 814024.