

## Clinical Governance

What is Clinical Governance and how can you discuss it knowledgeably at an interview?

The most widely used definition of clinical governance is as follows:

"A framework through which NHS organisations are accountable for continually improving the quality of their services and safeguarding high standards of care by creating an environment in which excellence in clinical care will flourish."

— G Scally and LJ Donaldson 'Clinical governance and the drive for quality improvement in the new NHS in England' BMJ (4 July 1998): 61-65

Although you should of course familiarise yourself with this definition, there is no need to memorise it.

Instead, you should derive your own practical and down-to-earth definition.

### How can you define clinical governance?

Anything which avoids the word "flourish" and can be delivered in your own natural words will do, provided it addresses the concepts of quality and accountability. Here is an example:

*Clinical Governance is an over-arching term which encompasses a range of activities in which clinicians should become involved in order to maintain and improve the quality of the care they provide to patients and to ensure full accountability of the system to patients.*

### The 7 Pillars of Clinical Governance

Traditionally, clinical governance has been described using 7 key pillars. Although it has been refined over the past few years, this approach remains the easiest to remember and to describe at a trainee interview level. It is also the approach that your interviewers are most likely to expect from you since this is what they would have learnt too. The 7 pillars are as follows:

- [CLINICAL EFFECTIVENESS & RESEARCH](#)
- [AUDIT](#)
- [RISK MANAGEMENT](#)
- [EDUCATION AND TRAINING](#)
- [PATIENT AND PUBLIC INVOLVEMENT \(PPI\)](#)
- [USING INFORMATION & IT](#)
- [STAFFING & STAFF MANAGEMENT](#)
- [GOVERNANCE STRUCTURE](#)

## **CLINICAL EFFECTIVENESS & RESEARCH**

Clinical effectiveness means ensuring that everything you do is designed to provide the best outcomes for patients i.e. that you do "the right thing to the right person at the right time in the right place".

In practice, it means:

- Adopting an evidence-based approach in the management of patients
- Changing your practice, developing new protocols or guidelines based on experience and evidence if current practice is shown inadequate.
- Implementing NICE guidelines, National Service Frameworks, and other national standards to ensure optimal care (when they are not superseded by more recent and more effective treatments)
- Conducting research to develop the body of evidence available and therefore enhancing the level of care provided to patients in future.

## **AUDIT**

The aim of the audit process is to ensure that clinical practice is continuously monitored and that deficiencies in relation to set standards of care are remedied.

## **RISK MANAGEMENT**

Risk Management involves having robust systems in place to understand, monitor and minimise the risks to patients and staff and to learn from mistakes. When things go wrong in the delivery of care, doctors and other clinical staff should feel safe admitting it and be able to learn and share what they have learnt.

This includes:

- Complying with protocols (hand washing, discarding sharps, identifying patients correctly etc)
- Learning from mistakes and near-misses (informally for small issues, formally for the bigger events – see next point)
- Reporting any significant adverse events via critical incidents forms, looking closely at complaints etc.
- Assessing the risks identified for their probability of occurrence and the impact they could have if an incident did occur. Implementing processes to reduce the risk and its impact (the level of implementation will often depend on the budget available and the seriousness of the risk)
- Promoting a blame-free culture to encourage everyone to report problems and mistakes.

## **EDUCATION AND TRAINING**

This entails providing appropriate support available to enable staff to be competent in doing their jobs and to develop their skills so that they are up to date. Professional development needs to continue through lifelong learning.

In practice, for doctors, this involves:

- Attending courses and conferences (commonly referred to as CPD – Continuous Professional Development)
- Taking relevant exams
- Regular assessment, designed to ensure that training is appropriate
- Appraisals (which are a means of identifying and discussing weaknesses, and opportunities for personal development)

## **PATIENT AND PUBLIC INVOLVEMENT (PPI)**

PPI is about ensuring that the services provided suit patients, that patient and public feedback is used to improve services into day-to-day practice to ensure an increased level of quality and suitability, and that patients and the public are involved in the development of services and the monitoring of treatment outcomes.

This is being implemented through a number of initiatives and organisations, including:

- Local patient feedback questionnaires
- The involvement of the Patient Advice and Liaison Service (PALS) in handling issues with patients.
- National patient surveys organised by the Healthcare commission, which then feed into trusts' rankings
- Local Involvement Networks (LINKs), which have been introduced to enable communities to influence healthcare services at a local level (these used to be called "Patient forums")
- Foundation Trust Board of Governors who are elected by members of the local community and have a say on who runs a hospital and how it should be run, including the services it can provide.

## **USING INFORMATION & IT**

- This aspect of clinical governance is about ensuring that:
- Patient data is accurate and up-to-date
- Confidentiality of patient data is respected
- Full and appropriate use of the data is made to measure quality of outcomes (e.g. through audits) and to develop services tailored to local needs.

### STAFFING & STAFF MANAGEMENT

- This relates to need for appropriate recruitment and management of staff, ensuring that underperformance is identified and addressed.
- Encouraging staff retention by motivating and developing staff
- Providing good working conditions

From the above explanations, you may have noted that some of the pillars are more directly related to the day-to-day responsibilities of a junior doctor:

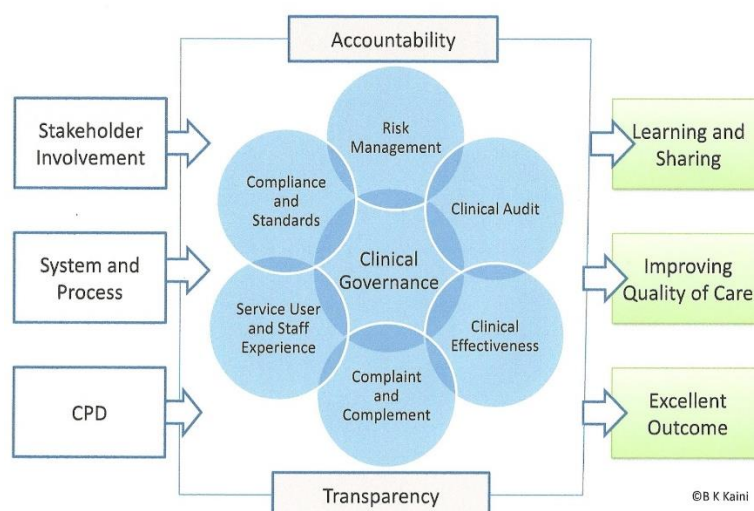
- Clinical Effectiveness
- Audit
- Risk Management
- Education & Training

Whenever you discuss Clinical Governance in an answer, you may prefer to discuss these in more depth and simply mention the other three. You can remember these 4 key pillars with the mnemonics CARE

### GOVERNANCE STRUCTURE

Each network has local steering groups and/ or Boards that feed into regional and national governance processes and through local STP governance infrastructure.

Are you aware of the structure of your local boards and who is involved?



S S Rahman – March 2021