

Quality and Patient Safety

Clinical Governance Information Leaflet

We are all responsible... and together we are creating
a safer healthcare system

An initiative of the Quality and Patient Safety Directorate, Health Service Executive, February 2012 ©

INTRODUCTION

Over recent years the health service has placed an important emphasis on quality and patient safety by developing an infrastructure for integrated quality, safety and risk management with the aim of achieving excellence in clinical governance. The Quality and Patient Safety Directorate is building on this. Formalised governance arrangements ensure that everyone working in the health and personal social service are aware of their responsibilities, authority and accountability and work towards achieving improved patient outcomes. Effective governance recognises the inter-dependencies between corporate and clinical governance across services and integrates them to deliver high quality, safe and reliable healthcare. We are all responsible and together we are creating a safer healthcare system.

WHAT IS CLINICAL GOVERNANCE?

Clinical governance is a framework through which healthcare teams are accountable for the quality, safety and satisfaction of patients in the care they deliver. It is built on the model of the chief executive officer/general manager or equivalent working in partnership with the clinical director, director of nursing/midwifery and service/professional leads. A key characteristic of clinical governance is a culture and commitment to agreed service levels and quality of care to be provided.

CLINICAL GOVERNANCE VISION

Clinical governance is an integral component of governance arrangements, where:

- each individual, as part of a team, knows the purpose and function of leadership and accountability for good clinical and social care;
- each individual, as part of a team, knows their responsibility, level of authority and who they are accountable to;
- each individual, as part of a team, understands how the principles of clinical governance can be applied in their diverse practice;
- a culture of trust, openness, respect and caring is evident among managers, clinicians, staff and patients;
- each individual, as part of a team, consistently demonstrates a commitment to the principles of clinical governance in decision making; and
- clinical governance is embedded within the overall corporate governance arrangement for the statutory and voluntary health and personal social services in realising improved outcomes for patients.

BENEFITS OF CLINICAL GOVERNANCE DEVELOPMENT

Clinical governance helps ensure people receive the care they need in a safe, nurturing, open and just environment arising from corporate accountability for clinical performance. The benefit of clinical governance rests in improved patient experiences and better health outcomes in terms of quality and safety. This has resulted in the clinical governance approach being widely adopted internationally.

GUIDING PRINCIPLES FOR CLINICAL GOVERNANCE DEVELOPMENT

To assist health services providers a suite of ten principles for good clinical governance, in the Irish health context, have been developed with a title and descriptor.



Figure 1: Guiding Principles for Clinical Governance

Each decision (at every level) in relation to clinical governance development should be tested against the principles set out in Figure 1 and described in Table 1.

Table 1: Guiding Principles Descriptor

PRINCIPLE	DESCRIPTOR
Patient first	Based on a partnership of care between patients, families, carers and healthcare providers in achieving safe, easily accessible, timely and high quality service across the continuum of care.
Safety	Identification and control of risks to achieve effective efficient and positive outcomes for patients and staff.
Personal responsibility	Where individuals, whether members of healthcare teams, patients or members of the public, take personal responsibility for their own and others health needs. Where each employee has a current job description setting out the purpose, responsibilities, accountabilities and standards required in their role.
Defined authority	The scope given to staff at each level of the organisation to carry out their responsibilities. The individual's authority to act, the resources available and the boundaries of the role are confirmed by their direct line manager.
Clear accountability	A system whereby individuals, functions or committees agree accountability to a single individual.
Leadership	Motivating people towards a common goal and driving sustainable change to ensure safe high quality delivery of clinical and social care.
Inter-disciplinary working	Work processes that respect and support the unique contribution of each individual member of a team in the provision of clinical and social care. Inter-disciplinary working focuses on the interdependence between individuals and groups in delivering services. This requires proactive collaboration between all members.
Supporting performance	In a continuous process, managing performance in a supportive way, taking account of clinical professionalism and autonomy in the organisational setting. Supporting a director/manager in managing the service and employees thereby contributing to the capability and the capacity of the individual and organisation. Measurement of the patients and staff experience being central in performance measurement (as set out in the National Charter, 2010).
Open culture	A culture of trust, openness, respect and caring where achievements are recognised. Open discussion of adverse events are embedded in everyday practice and communicated openly to patients. Staff willingly report adverse events and errors, so there can be a focus on learning, research, improvement, and appropriate action taken where there have been failings in the delivery of care.
Continuous quality improvement	A learning environment and system that seeks to improve the provision of services with an emphasis on maintaining quality in the future and not just controlling processes. Once specific expectations and the means to measure them have been established, implementation aims at preventing future failures and involves the setting of goals, education, and the measurement of results so that the improvement is ongoing.

CLINICAL GOVERNANCE DEVELOPMENT MATRIX

The matrix is designed to assist discussions on clinical governance. It is based on the principles, required structures, process and anticipated outcomes of good clinical governance. The matrix is surrounded by the structures. Across the top are the core processes (in blue) required to drive effective clinical governance. On the left side are the guiding principles (in red). On the right are the patient outcomes (in yellow) in terms of care, experience and service improvement. For each area discuss whether the principle is reflected in how the clinical governance structures and processes operate. It is not intended that you insert text in each cell of the matrix as this is a guide to discussion.

Structures (Organisation wide):										
Clinical governance committee with lead (member of the executive/senior management team) for each process										
Accountability Spine	Processes	Quality and performance indicators	Learning and sharing information	Patient and public community involvement	Risk management and patient safety	Clinical effectiveness and audit	Staffing and staff management	Information management	Capacity and capability	Outcomes
	Principles									
	Patient first									Patient Care
	Safety									Patient Experience
	Personal responsibility									Staff Experience
	Defined authority									Service Improvement
	Clear accountability									
	Leadership									
	Inter-disciplinary working									
	Supporting performance									
Open culture										
Continuous quality improvement										
Structures (Local):										
Local directorate/department/practice meetings reflecting the principles and processes of clinical governance										

Source: Adapted from *Towards excellence in clinical governance: a framework for integrated quality, safety and risk management across HSE service providers* (HSE, 2009); *Achieving excellence in clinical governance: towards a culture of accountability* (HSE, 2010); *Better quality better healthcare* (Victorian Government Department of Health Services, 2005); *The Magic Matrix of Clinical Governance* (Lewis et al, 2002).

FOR FURTHER INFORMATION on using the matrix go to:

http://www.hse.ie/eng/about/Who/Quality_and_Clinical_Care/Clinicalgovernance/ or contact:

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