


Reviewing clinical governance in England and Wales

Ms Liz Fradd
 Director of Nursing/Lead Director for Clinical Governance Reviews

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Why was CHI created?

- focus on quality of patient care, not just the cost
- public's confidence rocked by major service failures
- considerable performance variation across the NHS




CHI's principles

- patient centred
- independent, rigorous & fair
- developmental
- evidence based
- open and accessible
- apply the same expectations to ourselves



CHI's Key Roles


- Clinical Governance Reviews/Fast Track Clinical Governance Reviews
- Investigations
- Advice and Information
- Studies – NSFs/NICE Guidance



What is clinical governance?

The framework through which NHS organisations and their staff are accountable for the quality of patient care, including


- a patient centred approach
- up-to-date clinical care
- high standards and safety
- improvement in patient services and care



Components of clinical governance

technical components:

- consultation and patient involvement
- clinical risk management
- clinical audit
- research and effectiveness
- use of information about the patients' experience
- staffing and staff management
- education, training and continuing personal and professional development



Clinical Governance

- strategic capacity
 - Organisational & Clinical Leadership and Accountability
 - Direction and Planning
- dimensions of patients' experience
 - Clinical Effectiveness and Outcomes of Care
 - Access to Services
 - Humanity of Care
 - Environment



review

NHS organisation

CHI

Pre-visit preparation

- data provision
- self assessment
- appoint co-ordinator

Pre-visit preparation

- data analysis
- local consultation
- pre-visit brief

Site visit

- interviews during review visit

Site visit

- interviews
- observation
- evaluation of patient experience

Reporting

- respond to draft report
- prepare action plan
- publicity

Reporting

- feedback
- draft report
- publicity

Action planning

- respond to areas for action

Action planning

- agrees action plan

Ongoing monitoring

- under performance monitoring arrangements for NHS
- self monitoring

CHI's experience of CGRs

- total number of CGRs published 186
- total number published since April 2002 80
- total number of CGRs in progress 93
- total number of fast track CGRs 15



Clinical Governance Review Methods

- Acute Trusts
- Health Authority/PCG
- Mental Health
- Ambulance trusts/NHS Direct
- Primary Care Trusts
- Whole health communities



CGR recurrent themes

- reactive rather than proactive*
- need for organisation wide strategies*
- policies and strategy not implemented*
- need to share learning across and between organisations*
- not communicating from strategic to operational level†
- staff groups affected by barriers of discipline and clinical area†

*in more than 90% of reports
†in more than 80% of reports



Components of clinical governance most likely to be an issue of concern

- risk management
- staffing and staff management
- patient involvement
- use of information



Risk management

- reactive not proactive – or policies not formulated or implemented
- poor environment – difficult to avoid risk
- no analysis of patient complaints or staff surveys
- poor attendance at mandatory training
- clinical staff shortages
- poor implementation of infection control measures



Staffing and staff management

- no systematic approach to workforce planning
- lack of creative approaches to recruitment and retention
- failure to provide career opportunities
- failure to implement working time directive and New Deal
- poor management of temp, locum and bank agency staff
- failure to check registrations
- lack of staff appraisal systems



Patient involvement

- involvement obstructed by:
 - Lack of information
 - Lack of opportunities
- barriers to making complaints
- good practice not shared across organisations



Use of information

- poor use of information/data of complaints tracking
- clinicians need better access to
 - clinical information
 - trust policies
 - NICE guidelines, care protocols
- need to observe Caldicott guidelines



CHI's impact on the NHS

- empowerment of staff to make changes
- empowerment of patients and carers to influence
- a clinically driven information system that supports clinical governance
- new liaison with local partner organisations
- funding for additional nurses in a coronary care unit
- reduction of beds in bays to ensure safety
- improved environment in an A&E unit
- funding for clinical governance posts in mental health unit
- funding for mental health nurses in an A&E department



Finsbury Tower
London EC1Y 8TG
Tel: 020 7448 9200
www.chi.nhs.uk

