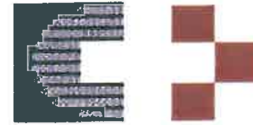

CRAIGAVON
AREA HOSPITAL
GROUP TRUST
Caring Through Commitment

Clinical Governance

First Report to Trust Board - June 2000

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Introduction

Clinical governance [1] is a system through which NHS organisations are accountable for continuously improving the quality of their services and safeguarding high standards of care by creating an environment in which excellence in clinical care will flourish [2].

This is a complex area covering many aspects of Quality Control, Clinical Performance Assessment, Clinical Effectiveness, Audit, Risk Management, Continuing Education for Medical, Nursing and other Professionals, Complaints and Medical Negligence. It will have considerable medico-legal and funding implications.

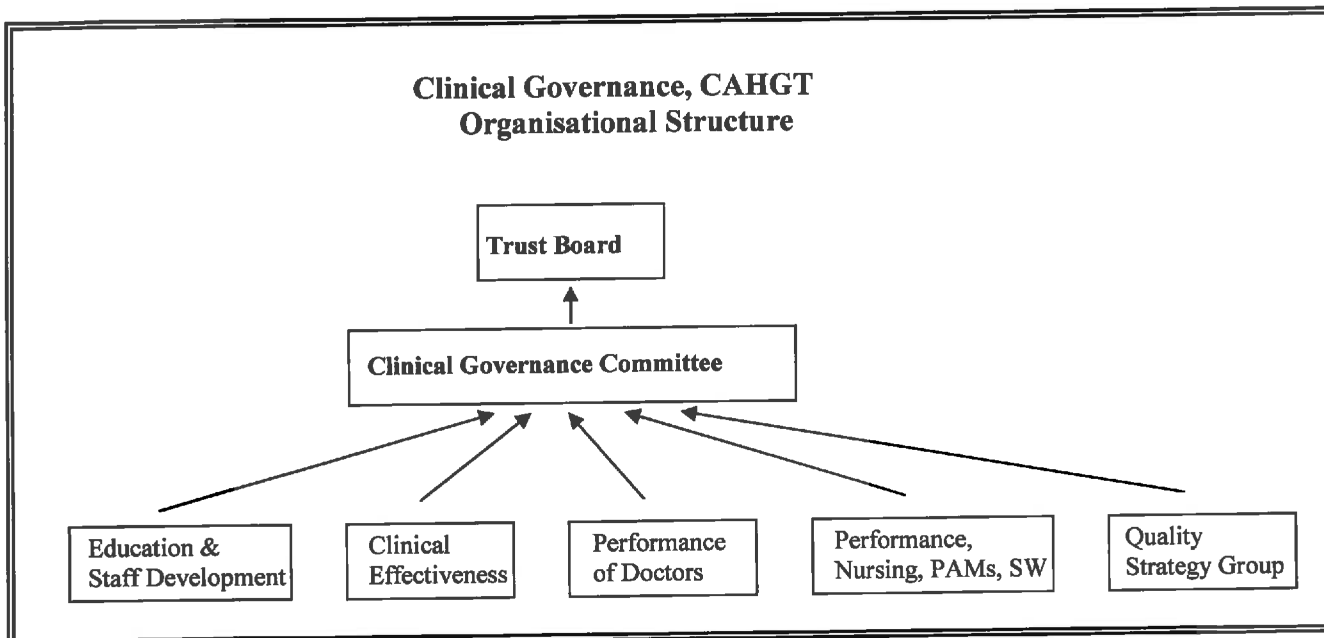
Government guidelines and legislation are still in preparation, and no Trust has a full system in place. In the Northern Ireland context, the Chief Medical Officer has convened a committee, chaired by Dr Ian Carson, to produce appropriate local guidelines for implementation of Clinical Governance. This will produce its first report in the summer.

This Trust has however moved forward in setting in place the main structures needed for implementation, and these have begun to function during the past year. A number of the most important components of an effective system were already well established within the Trust, and have been incorporated.

The organisational structures and reporting pathways which have been agreed, are outlined on the next page. However these may be adjusted as experience is gained and as areas of overlap, or gaps in responsibilities are identified. It is not immediately apparent from this diagram, but is detailed in sections on the sub-groups in the Clinical Governance structures that, so far as possible, the existing Directorate structure of the Trust will be used for the practical implementation of Clinical governance issues.

Clinical Risk Management is not specifically represented in this organisational diagram. This will be an integral part of each Directorate's responsibilities.

1. Governance is an old word - the Oxford English Dictionary has several pages giving examples. The OED also gives four main definitions, of which the third is relevant - *"The manner in which something is governed or regulated; method of management, system of regulations. In Pecock often: A rule of practice, a discipline"*, and its examples go back to 1660 - *"R. Coke Power & Subj. 207 To enquire of the Foundation, Erection, and Governance of Hospitals."*
2. Clinical governance and the drive for quality improvement in the new NHS in England G.Scally, L.J.Donaldson BMJ 1998;317:61-65



Reports to Trust Board:

Monthly - 'Exclusion' reporting of any significant actual or anticipated problems in Clinical Governance (Confidential section of Trust Board meeting)

Six Monthly - Report from Clinical Governance Committee incorporating reports from five individual groups.

1. Clinical governance and the drive for quality improvement in the new NHS in England G.Scally, L.J.Donaldson BMJ 1998;317:61-65

Clinical Governance Subgroup 1:
Education and Staff Development

The first meeting of the Education and Staff Development Committee took place in March 1999.

Following extensive discussion regarding the remit of the Committee it was agreed that their primary focus must be on getting the necessary systems put in place for ensuring that staff have adequate opportunity for personal and professional development.

The members of the Committee agreed that it is vitally important for the Trust to move to a position where: -

- all staff have access to appropriate education and training, whatever their position in the organisation.

- education and learning to meet personal needs is linked as far as possible to what is required to meet the organisation's needs.

The Committee agreed that there is a need for further consideration to be given to its composition. In particular there was a view that it would prove difficult for the Post Graduate Tutor to be involved in such meetings on an ongoing basis given her clinical commitments and also bearing in mind her view that most of the education and development issues in relation to medical staff are already adequately catered for.

It was felt that in due course the Committee would need to be expanded to take account of other staff groups such as Pharmacy, Laboratory, Radiography, Support Staff and Management as well as such issues as I.T. skills.

The Committee also identified that there is a lack of information regarding training within the Trust and therefore proposed that a baseline audit needs to be carried out to establish: -

- what money is spent on training and how that money is used.

- how training needs are currently identified for different staff groups.

- who currently has responsibility for ensuring training needs are met.

- the extent to which necessary training is self funded for different staff groups.

The work which has been identified has not yet been undertaken due to difficulties with resources. It is, however, hoped that the first stage of the baseline audit will be carried out before the end of July and a follow up meeting of a reconstituted Education & Staff Development Committee held by the end of August.

Clinical Governance Subgroup 2:
Clinical Effectiveness

This is a key sub-group in ensuring effective Clinical Governance. It was therefore decided that it should be led by a clinician with specific responsibility and dedicated time, who would be known as Director of Clinical Effectiveness. The group includes the Clinical Audit Manager and works closely with the Clinical Audit Department. In initial discussion of the structures for Clinical Governance, two groups were envisaged, dealing with Medical and with Nursing and PAMs issues respectively. It has now been decided that these should all be covered by a single multi-disciplinary group.

The responsibilities of this group include:

- Setting standards for clinical practice;

- Identifying national standards –
  - Guidelines from Royal Colleges;
  - GMC Guidelines;
  - Audits including:
    - Triennial Reports on Maternal Deaths;
    - National Confidential Enquiry into Perioperative Deaths (CEPOD);
    - National Confidential Enquiry into stillbirths and deaths in Infancy (CESDI);
    - Intensive Care National Audit (ICNARC);
    - Existing Area and Hospital audits.

- Setting local standards where none exist nationally;

- Directing and coordinating Clinical Audit in concert with the Directorates to define problem areas, recommend appropriate change and evaluate the effects of changes;

- Ensuring that Audit will provide the basis of an early warning / reporting system for inadequate performance.

Progress report from the Clinical Effectiveness Group - April 2000

The Clinical Effectiveness Sub-Group has continued to focus attention on the main areas of responsibility described below, and has:

- Further developed the organisational framework for implementing Clinical Governance at Trust level.

- Established clear lines of responsibility/accountability and reporting/monitoring arrangements at directorate level.

- Developed a framework to facilitate directorates in implementing a co-ordinated approach to managing several aspects of clinical practice e.g. clinical risk management, adverse events/near misses, complaints, evidence-based practice, clinical audit, complaints, clinical effectiveness, etc.

- Identified the need for support at directorate level to:

    a) facilitate developing and monitoring a clinical improvement programme.

    b) cascade and collate information for inclusion in the reports to the Clinical Governance Steering Committee.

- Established a multi-disciplinary screening group.

- Developed a protocol for requesting assistance from staff in the audit department in order to ensure that resources are focused on the most effective projects.

- Facilitated the ongoing monitoring on the appropriateness of audit relating to Effective Health Care Bulletins.

- Liaised with the Lead Consultant Haematologist in the establishment of a Blood Transfusion Committee.

- **Workload is listed in Appendix 2. Two specific multi-disciplinary projects are mentioned here, as they indicate the needed change in direction of Audit to areas which have a high impact on clinical outcome.**

    a) Developed an action plan on the management and outcome of all cardiac arrests. This project included a comparative audit with the results from the national Bresus study.

    b) Developed an action plan arising from the Trust wide audit on the management of patients who suffered a cardiac arrest outside the CCU.

Short Term Goals

By March 2001 the Director of Clinical Effectiveness and Clinical Audit Manager will work towards:

- Ensuring that the framework at directorate level has been implemented.
- Seeking nominations from directorates regarding the appointment of co-ordinators and (based on timely nominations) ensure that the co-ordinators have undergone a dedicated training programme.
- Outlining an action plan in conjunction with directorate co-ordinators to assist in developing an initial clinical improvement programme.
- Working towards developing a tool to facilitate directorates in undertaking a baseline assessment.
- Ensuring the co-ordination of information for inclusion in the Trust's first Clinical Effectiveness Sub-Group's report.
- Ensuring that awareness of clinical governance is incorporated into induction/mandatory training programmes for all Clinical staff.
- Implementing a hospital wide critical incident reporting system.
- Working with others towards ensuring that action plans arising from clinical effectiveness projects are formally incorporated into manager's appraisals system .

Clinical Governance Subgroup 5:
Quality Strategy Group

The Quality Strategy Group is a sub-group of the Clinical Governance Steering Group. The remit of this group is to develop a quality culture within the organisation and to formulate a quality strategy for the Trust.

The strategy will reflect the views of the key stakeholders both internal and external to the Trust. It will provide a framework that will facilitate quality plans at different levels of the organisation. The group is inclusive of a wide representation from the Trust, Primary Care and the users.

The Trust is committed to the principle of total quality, which requires services to be delivered to the highest possible standard making best use of available resources.
The aim of the strategy is to provide a framework for the provision of high quality services to all patients, relatives and the wider community.

Quality is everybody's business and staff must accept that quality is a fundamental part of their approach to care and is incorporated in their day to day practice.

The Quality Strategy Group function will mainly be strategic, the provision of advice, support and monitoring.

The main areas of work for this group are:-

- Developing a quality culture
- Evaluating the views of users
- Evaluating the views of Primary Health Care Team
- Continuous quality improvement
- Quality accreditation.

It was agreed that the Quality Strategy Group would meet 4 time per year. The group has met on 3 occasions. A draft Quality Strategy has been formulated. It has been circulated to the members of the group requesting comments on the document. These comments have been considered and a second draft has been circulated to members of the group. Following this it is planned to have the final document completed for presentation to the Trust Board.

Following a half-day workshop in November 1999 facilitated by a Senior Consultant, Beeches Management Centre, an action plan was drawn up covering a wide range of issues that required to be addressed. It was the opinion of the Quality Strategy Group that this action plan required to be more focused. The action plan is being reviewed at present and it is planned to concentrate on two or three issue with projected outcome within a set time frame.

Areas of progress to date:-

- Two areas with the Trust have made application and are making preparations for Charter Mark.
- Baby Friendly Initiative.
- Recommendations of the Deaf Project Group are being implemented. Training for all grades of staff is on going.
- Compliance with Disability Act. Training and an awareness programme is due to commence in the near future.
- Audit on Nursing documentation has been completed and issues identified are being addressed. A staff Nurse has been seconded for 1 year to take forward this project.
- In compliance with the Complaints Procedure all complaints will be recorded at Ward/Department level.

Appendix 1 : Membership of Clinical Governance Committees

Clinical Governance Steering Group

Membership:	Dr W McCaughey	-	Medical Director (Chairman)
	Dr C McAllister	-	Director of Clinical Effectiveness
	Miss B Foy	-	Acting Director of Nursing & Quality
	Mrs M Richardson	-	Director of Human Resources
	Dr AM Telford	-	Director of Public Health, SHSSB
	Dr C Ritchie	-	Clinical Tutor – Postgraduate Centre
Secretariat:	Mrs J Mansfield	-	Administrator – Office of the Medical Executive

Education and Training Sub-Group

Mrs M Richardson	-	Director of Human Resources (Chairman)
Mr B Beattie	-	PAMs representative
Mr Graham Coulter	-	Finance representative
Mr G Martin	-	Senior Nurse Practice Development
Dr C Ritchie	-	Postgraduate Clinical Tutor

Clinical Effectiveness Sub-Group

Dr C McAllister	-	Director of Clinical Effectiveness (Chairman)
Mrs A Quinn	-	Clinical Audit Manager
Dr NN Damani	-	CD - Laboratory
Dr S Hall	-	CD - Radiology & Imaging
Dr J Lee	-	CD - General Medicine
Dr I Orr	-	CD - Anaesthetics
Mr WJI Stirling	-	CD - Surgery
Mr D Lowry	-	CD - Obstetrics & Gynaecology
Dr C Humphrey	-	CD - Cancer Services
Mrs E O'Rourke,	-	CSM Medicine
Miss N O'Donnell	-	CSM Surgery
Mrs M Hynes	-	CSM O&G
Mrs R Corvan	-	Quality Co-ordinator
Mrs M McCaffrey	-	CSM Anaesthetics & Theatres
Mr B Beattie	-	PAMs representative
Mrs I Cullen	-	Social Work representative
Dr L Doherty	-	SHSSB representative

Conduct, Performance and Health of Doctors Sub-Group

Dr W McCaughey	-	Medical Director (Chairman)
Dr NN Damani	-	CD - Laboratory
Dr S Hall	-	CD - Radiology & Imaging
Dr J Lee	-	CD - General Medicine
Dr I Orr	-	CD - Anaesthetics
Mr WJI Stirling	-	CD - Surgery
Mr R Wallace	-	Chair, Medical Staff
Mrs J Mansfield	-	Administrator - Office of the Medical Executive

Appendix 1 : Membership of Clinical Governance Committees. (Continued)

Performance, Nursing, PAMs and Social Work Sub-Group

Miss B Foy	-	Director of Nursing
Mrs E O'Rourke	-	CSM (Medical)
Miss N O'Donnell	-	CSM (Surgical)
Mrs M Hynes	-	CSM (O&G)
Mrs M McCaffrey	-	Theatre Manager
Mrs H Neill	-	Outpatients Manager
Mrs I Cullen	-	Head of Social Services
Mr G Martin	-	Senior Nurse Practice Development
Mr B Beattie	-	PAMs Manager
Miss E Corr	-	Quality Co-ordinator
Mrs A Quinn	-	Clinical Audit Manager
Miss J Agnew	-	Pharmacy

Quality Strategy Group

Miss B Foy	-	Acting Director of Nursing
Dr W McCaughey	-	Director of Medical Services
Mr LA Stead	-	Director of Finance
Mr P Legge	-	Director of Estates
Miss A Friel	-	Head of Pharmacy
Miss E Corr	-	Quality Co-ordinator
Mr B Beattie	-	Head of Physiotherapy
Mr S Magee	-	Chief Officer, SHSSC
Mrs A Quinn	-	Clinical Audit Manager
Mrs H Walker	-	Human Resources Manager
Dr C Humphrey	-	Clinical Director - Cancer Services
Mrs M Doran	-	Health Visitor - Coalisland
Mrs G Maguire	-	Health Promotion Manager
Mrs H Neill	-	Outpatients Manager
Dr R Logan	-	General Practitioner
Mr T Gervan	-	Laboratories, STH
Sr. M Wright	-	Delivery Suite, CAH
Mrs I Cullen	-	Senior Social Worker, CAH
Mrs E O'Rourke	-	CSM - Medicine
Mr J Doran	-	Non-Executive Director
Dr C Ritchie	-	Postgraduate Clinical Tutor
Dr M Davidson	-	General Practitioner, Lurgan
Dr P Beckett	-	General Practitioner, Armagh

Appendix 2

Workload Sheet for Audit Department 1999 - 2000