

19.
1r.

ALTNAGELVIN HOSPITALS TRUST

PROPOSED STRATEGY FOR IMPLEMENTING CLINICAL GOVERNANCE

Introduction

Underpinning an increasing emphasis on quality and good practice is the concept of Clinical Governance as illustrated in 'Fit for the Future'. (1) This discussion paper forms the basis of the Strategy for developing Clinical Governance within the Altnagelvin Hospitals Trust.

What is Clinical Governance?

Clinical Governance is a new initiative to assure and improve clinical standards at local level throughout the National Health Service (NHS). 'It is a framework 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)

Clinical governance encompasses all the processes needed to achieve the highest quality clinical practice possible within available resources. It must build on the effective systems already in place, and must be integrated fully into the way things are done in the organisation.

Clinical Governance is more about systems and organisational culture than about structure. It is a framework bringing together a number of components which include:

- Ensuring that there is a comprehensive data base available of clinically effective standards and pathways of care.
- Ensuring that Clinical staff have access to the information and have the knowledge and skills to interpret it.
- Evaluating current practice against these standards.
- Disseminating the good practice currently in existence and where current practice does not meet these standards, putting in place an action plan to build on the strengths and address the deficits in care.

Introducing Clinical Governance

Organisational Issues

Clinical Governance is much more than a set of bureaucratic systems; far more important is the culture and attitude of all who work in the NHS - clinical practitioners and managers alike. The drive to place quality at the heart of the NHS is not about taking checklists it is about changing thinking. Central to the change of culture and thinking should be the acknowledgement and dissemination of existing good practice both inside and outside the organisation.. A culture of lifelong learning must be fundamental to the organisation which results in continuous quality improvement.

Whilst the Trust Board has corporate responsibility, and the Chief Executive has ultimate accountability for clinical governance this in no way diminishes the individual responsibility and accountability for delivery of high quality, clinically effective care.

Having the appropriate organisational structures in place which identify clear lines of responsibility and accountability for quality of care are essential to ensuring that the Trust can implement Clinical Governance. At both Trust Board and Directorate levels doctors/managers nurse/managers and other clinical leaders will increasingly need to work together as they share responsibility for clinical services and ensuring quality improvement

To facilitate the implementation of clinical governance there needs to be in place appropriate systems to ensure continuous improvements in clinical care.

ACTION

- To ensure an awareness and appreciation of the principles and accountabilities of Clinical Governance for managers and clinicians alike.
- Develop collaborative working systems between clinicians and managers, especially in key performance areas.
- Have a clear strategy for the discharge of clinical governance responsibilities at Board level.
- In line with the BAMM recommendations set up a sub-committee of the Trust Board, which will report directly to the Trust Board and will be responsible for the implementation of the concepts and principles of clinical governance throughout the Trust. (See appendix one).
- Establish a working party to evaluate the current reporting systems and mechanisms that are in place, (both manual and computerised); to identify what additional systems need to be put in place and the subsequent human and information technology resources required.

Patient Care

High quality care is a right for every patient in the NHS. The Government wants a National Health Service that is both modern and dependable. Such a *National* Health Service should guarantee fair access and high quality care to patients wherever they live. (3). Increasingly neither clinical decisions nor health policy can any longer be comfortably based on opinion alone. Assessing and appraising objective evidence of good clinical practice is becoming increasingly important and could rapidly become a core clinical competency. Although the NHS research and development programme has helped with the production and dissemination of some of the evidence needed to inform clinical decision making and service planning, Clinical Governance will require a greater emphasis on this at local level. In the current situation infrastructures to support evidence based practice are not always in place, but where they do exist they are not always utilised to their maximum potential.

The key to successful achievement of clinical governance will be in development of a system which disseminates good practice and ensures changes in clinical practice on the basis of timely identification of quality failures. The Government have stressed that we need to approach the quality agenda on two fronts:-

1. By evaluating Outcomes of Care;
2. By evaluating Patient Experiences of Care.

Within Altnagelvin Hospitals H&SS Trust Clinical Audit takes the lead in evaluating Outcomes of Care and the Hosquip programme deals with Patients' experiences of care. However this process needs to become more rigorous and more closely inter-related with other activities for example Risk Management and Complaints.

Clinical Audit

It is accepted nationally that 'closing the loop' has not in the main been achieved by existing systems of clinical audit resulting in failure to address identified deficits in care, through a focused action plan and a planned re-audit to ensure that lessons have been learnt from the process the audit loop has been closed.

The Trust plans to measure outcomes of care through more rigorous Clinical Audit. The process will include not only the rationale and methodology for the audit but must include an action plan to address deficits in care and a timetable for the re-audit to take place. Clinical Audit will be the main focus, and although Uni and multi-disciplinary audit will continue, accountability for audit projects will lie with the Clinical Audit Committee. Audit applications and results will be scrutinised by the Committee and abstracts published in an annual Audit Report. Issues identified from complaints, clinical incidents and litigation will provide a focus for audit topics. The Clinical Audit Committee has been restructured and will be a leaner and more proactive Committee

There is a need to obtain information from Regional and National Audits so that practices can be bench marked against National Standards.

The Clinical Audit Co-ordinator will be a key member of the Trust Clinical Governance Committee and in working with the Clinical Effectiveness Co-ordinator and the Risk Management Co-ordinator will ensure that 'closing the loop' will be achieved within the Altnagelvin Hospital Trust.

Hosquip

The Trust will also continue to seek the views of patients through various channels i.e.

- Complaints Procedures;
- Patient Surveys;
- Patient's Fora eg. Maternity Liaison Committee.

The Hosquip programme will provide the focus for further quality development in response to issues arising from these channels and will also continue to monitor Patient's Charter standards and lead the work ongoing in application for Charter Marks, Kings Fund accreditation etc.

Risk Management

Clinical risk management involves clinicians, managers and healthcare provider organisations in identifying the circumstances or practices which put patients at risk of harm, and then acting both to prevent and control those risks. It can be seen as 'an approach to improving

quality in healthcare which places special emphasis on occasions when patients are harmed by their treatment.(5)

Within Altnagelvin Hospital the Director of Nursing is the Executive Director accountable to the Trust Board for risk management. The Risk Management Co-ordinator is charged with Management Responsibility within the Altnagelvin Hospital Trust to continue to develop a Trust wide risk management culture with the co-ordination of risk identification, analysis, control and audit activity. Clinical Governance demands that the systems for monitoring and improving quality - clinical audit, risk management, evidence based practice - are themselves of excellent quality, and are inter-linked and co-ordinated to form a single comprehensive system.

The reporting of Clinical Incidents will be key factor to the managing of clinical risk. Within the Altnagelvin Trust it is accepted that a 'no blame' culture will encourage staff to report incidents which can be used to bring about changes in clinical practice. The lessons learned will assist in formulating new policies, procedures, guidelines or protocols designed to define more clearly the way that care should be managed or delivered.

Information and I T

The need for timely and accurate information will be essential to the success of Clinical Governance. There is a need for co-ordination and analysis of the vast amount of information currently available to the Trust as part of the risk management process e.g. Accidents, Clinical Incidents, Complaints, Claims etc. It will be necessary to review the current systems to assess whether they will meet the needs of the organisation, or if further developments are required. The IT Department of the Trust will be involved in the review and will be assisting in development of appropriate Databases.

Culture

A change in culture and attitude must be brought about to ensure the success of Clinical Governance. A high quality service can only be delivered by a real commitment to individual professional standards at the level of treating patients and staff must be encouraged to participate in reporting mechanisms to ensure that lessons are learned for the future.

Recruitment of the appropriate staff and continuing personal development coupled with structured individual performance review will enhance standards of care through out the Trust.

Clinical Supervision

Clinical Supervision is a formal arrangement that enables nurses, midwives and health visitors to discuss their work regularly with another professional. The main purpose of Clinical Supervision is to improve quality of patient care by safeguarding standards, and developing professional expertise.(6) Within Altnagelvin Hospital plans are being developed to pilot two approaches to clinical supervision. At the end of the pilot an action plan will be completed for the future development of clinical supervision.

Education and training

Co-ordination of education and training will ensure that the needs of the individual and the organisation are being met. Issues which are highlighted as part of the Clinical Governance process will be addressed by appropriate training.

Organisation - Co-ordinating the process

A proposed structure for Altnagelvin Hospital

A Clinical Governance committee will be established and will play a full and active role in developing Clinical Governance.

Much of the literature on Clinical Governance refers to the proposed membership of the Clinical Governance Committee. The BAMM document recommends that the committee should be a sub-committee of the Trust Board and suggests the following membership:- (7)

- One Non-executive Director
- Chief Executive
- Medical Director
- Director of Nursing
- Director of Human resources where applicable
- Clinical Audit/ Clinical Effective co-ordinator
- Risk Manager

The Committee will report regularly to the Hospital Executive and the Trust Board and will provide recommendations for improvement in services.

A Clinical Governance Monitoring Committee will meet monthly to identify, for the Clinical Governance Committee, trends and issues arising from accidents, untoward incidents, clinical incidents, claims, complaints, pressure sore data, infection control data. This group will work closely with the Clinical Governance Committee to make recommendations for improvement together with action plans.

The Hospital Executive will have responsibility for reviewing the systems in place to monitor quality of care and to assess if the services provided match the strategic objectives and meet national standards.

The Clinical Directorates will support Clinical Governance by reporting to the Hospital Executive on the outcomes of clinical audit and specific improvements in clinical care that have been introduced into day to day practice. They must be central to the investigation of clinical incidents and assist with action plans for their implementation.

Summary

Altnagelvin Hospital is committed to the success of Clinical Governance within the Trust. Critical to that success will be the need to encourage the appropriate culture amongst all staff.

It is also of importance to continue to develop links with Purchasers, Public representatives and Educational facilities in doing so we will be putting quality at the top of the agenda.

REFERENCES

1. Fit for the Future. A consultation document on the Government's proposals for the future of the Health and Personal Social Services in Northern Ireland. DHSS
2. Reflections on Clinical Governance. NCCA
3. A First Class Service. Quality in the new NHS. Crown Copyright July 98
4. A First Class Service. Ibid
5. Clinical Risk Management. Making a difference. Healthcare Risk Resources International. 1998 The NHS Confederation.
6. Clinical Supervision, an executive summary. Kings Fund Centre (1994)
7. Clinical Governance A Document for Consultation. British Association of Medical Managers

Date 7th September 1998