CLINICAL GOVERNANCE STRATEGY

For West Sussex PCT
2006 – 2009

Agreed by the Clinical Governance Committee: 31/01/07

Effective from: 31/01/07

Review: 31/07/07
<table>
<thead>
<tr>
<th>Contents</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction</td>
<td>3</td>
</tr>
<tr>
<td>Principles &amp; development of clinical governance</td>
<td>3</td>
</tr>
<tr>
<td>Objectives of clinical governance</td>
<td>5</td>
</tr>
<tr>
<td>Accountability for clinical governance</td>
<td>6</td>
</tr>
<tr>
<td>Structures &amp; processes for implementing clinical governance</td>
<td>7</td>
</tr>
<tr>
<td>Timescales for implementation of strategy</td>
<td>7</td>
</tr>
<tr>
<td>• 3-year Development Plan</td>
<td>7</td>
</tr>
<tr>
<td>Developing a shared vision &amp; understanding of clinical governance</td>
<td>7</td>
</tr>
<tr>
<td>Reporting mechanisms</td>
<td>8</td>
</tr>
<tr>
<td>• Strategic Health Authority (SHA)</td>
<td>8</td>
</tr>
<tr>
<td>• Healthcare Commission (HCC)</td>
<td>8</td>
</tr>
<tr>
<td>• National Health Service litigation Authority (NHSLA)</td>
<td>8</td>
</tr>
</tbody>
</table>
Introduction

This document describes the strategic framework for the continuing development of clinical governance in West Sussex Primary Care Trust (WSPCT). It provides guidance in the management of clinical governance across the Trust, incorporating the commissioning function, provider services, contracted services (general practitioners, dentists, optometrists community pharmacists), other commissioned services and management. It builds on the progress made by the five former PCTs and demonstrates a continued commitment to clinical governance and the desire to continue to provide high quality, safe, accountable care.

Principles & development of clinical governance

The Health Act 1999, placed the corporate responsibility of ‘the duty of quality’ on organisations providing local healthcare, through systems and processes rather than on individuals. This duty of quality was articulated as clinical governance.

Clinical Governance has been defined as:

“**Clinical Governance is the 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.**”

Quality is a fundamental goal in health care provision. It protects patients, individual clinicians, and the organisation. The principles of clinical governance apply to all who provide or manage patient care services in the NHS and are a core concern of the Board and the Professional Executive Committee (PEC). However, it is important to emphasise that clinical governance is a process, not an event. Embedding clinical governance within the organisation should be viewed as a long-term developmental objective.

The purpose of clinical governance is to ensure that patients receive the highest quality of NHS care possible and is achieved by systems and processes within the organisation for monitoring and improving services. Clinical governance was initially underpinned by components known as the ‘seven pillars of clinical governance’:

1. Patient, user & carer involvement.
2. Risk management
3. Clinical audit
4. Research & effectiveness
5. Staffing & staff management
6. Education, training & development
7. Use of information

More recently, the seven pillars of clinical governance have been incorporated into the Department of Health’s *Standards for Better Health*.

Standards for Better Health

The Standards for Better Health (SfBH) have arisen out of the Government’s aim for improved integration between and monitoring of health and social care. Quality is embedded in the SfBH and they form the basis of an assessment framework that enables Trusts to document evidence of good practice. In 2006, organisations were required to assess compliance against the twenty-four Core standards and the introduction of Developmental standards, against which trusts will also be

---

assessed, is expected shortly. Much of the evidence demonstrating organisational compliance with the standards to date will have been obtained using clinical governance reporting mechanisms.

The SfBH are divided into the following seven domains with associated core and developmental standards:

1st - Safety  
2nd - Clinical & Cost Effectiveness  
3rd - Governance  
4th - Patient Focus  
5th - Accessible & Responsive Care  
6th - Care Environment & Amenities  
7th - Public Health

NHS Litigation Authority (NHSLA)

The NHS Litigation Authority (NHSLA) require PCT Board level accountability for risk management to be clearly defined, with clear lines of accountability for managing risk throughout the organisation, leading to the Board.

The NHSLA require a risk management process, covering all risks, to be embedded throughout the organisation at all levels, including the PCT Board, with key indicators being used to demonstrate performance and continuous monitoring and review of the whole system of risk management by Management and the PCT Board, in order to learn from and make improvements to the system.

National Institute for Health Clinical Excellence (NICE)

The National Institute for Health Clinical Excellence (NICE) is part of the NHS. It is an independent organisation responsible for providing national guidance on treatments and care for people using the NHS in England and Wales.

Local NHS organisations are expected to meet the costs of medicines and treatments recommended by NICE out of their general annual allocations, it is therefore vital that the PCT has a process to review, implement and monitor NICE guidance to ensure a reasonable assessment of the quality of care that the local population receives. This will be managed by the Public Health department of the West Sussex PCT. It will be monitored by the clinical governance committee.

Over the last decade, clinical governance has remained an integral part of Government policy on the NHS:

Health Reform in England: Update and next steps

This publication sets out a system reform programme that builds on the commitment to Creating a Patient-led NHS. It states that “good clinical governance will remain a high priority”. One of four related streams of work is the proposed framework of system management, which includes regulation and decision making and which guarantees safety and quality, fairness, equity and value for money.

The aim of this framework is ‘to ensure safety and to safeguard core standards in all services and to provide a transparent, rules based framework for key management and decision – making functions in a more dynamic system’

---

1 Health Reform in England: update and next steps, Department of Health Gateway ref: 5894, 13 December 2005,
2 Creating a patient-led NHS: delivering the NHS improvement plan, DoH Gateway ref: 4699, 17 March 2005
Health Reform in England: Update and commissioning framework annexe

Appendix D: The practice-based commissioning governance and accountability framework, under clinical governance arrangements within the PCT, states ‘there should be clear accountability to the Professional Executive Committee (PEC) and PCT Board through a committee responsible for ensuring appropriate clinical governance arrangements for services moved from hospitals to more appropriate settings. Such arrangements should be proportionate with the complexity of the service. The role of this committee should be: to establish a clear local framework that incorporates national guidance; to provide guidance to providers on clinical governance requirements; and to approve the clinical governance aspects of business cases’.

Under clinical and professional accountability it states ‘all clinicians in the NHS have the responsibility to ensure that they provide care of the highest standards within available resources. The White Paper Our health, our care, our say said that the Department would be consulting with the Healthcare Commission (HCC) and professional organisations on the options for assessing the quality of care by primary care providers, so that patients can be reassured that all services are safe and of good quality and that information is available on those practices which achieve exceptionally high standards. In addition, practice-based commissioners who provide additional services are expected to ensure that their new services meet all national standards of clinical governance including those set out in Standards for Better Health. Practice-based commissioners should set out briefly their annual clinical audit plans for such new services. The PCT is responsible for ensuring that an effective system of clinical governance is in place to approve and monitor services with its health community in line with national guidance and the Healthcare Commission’.

Objectives of clinical governance

The following key objectives have been identified that allow the PCT to fulfil the requirements of clinical governance, to have quality at the core of business and to facilitate compliance with the PCT’s corporate objectives, DoH Standards for Better Health, NHSLA and NICE

1. To provide high quality data to monitor clinical care in both the provider and commissioned services.

2. To ensure quality improvement processes are in place, such as for clinical audit and for taking action as a result of patient and user feedback.

3. To identify and prioritise the education and development needs of staff to ensure an appropriately skilled workforce and that there are systems in place to support evidence based practice i.e. clinical effectiveness and research governance support.

4. To ensure that all professional development programmes reflect principles of clinical governance.

5. To ensure that arrangements for clinical governance accountability and leadership are in place for all staff in each service in order to promote a fair and open learning culture.

6. To ensure that problems of poor performance are recognised at an early stage and dealt with within the provider arm, Primary Care Contractors and Commissioned services.

7. To promote an open and fair blame culture in which untoward incidents and near misses are detected and investigated, and lessons learnt and shared.

---

5 Health Reform in England: update and commissioning framework annexe, DoH Gateway ref. 6865, 13 July 2006
6 Our health, our care, our say: a new direction for community services, DoH Gateway ref. 2006, 30 January 2006

CG Strategy - 12th March 2007
8. To ensure that learning from complaints, Patient Advice and Liaison Service (PALS), information, litigation and claims is systematically analysed and disseminated throughout the PCT.

9. To ensure that national guidance from NICE and other bodies is implemented across the PCT.

10. To ensure that good practice, ideas and innovations are systematically disseminated.

**Accountability for clinical governance**

The CG Committee is responsible to the Board via the Medical Director.

**PCT Chief Executive**

The Chief Executive is responsible to the Secretary of State for the quality of care provided to patients within the PCT area.

**PCT Board**

The Trust Board is committed to and accountable for, the delivery of Clinical Governance within the Trust. The Board carries overall corporate accountability for its strategies, policies and actions. The Board will need to ensure that the PCT is fit for purpose especially in the context of the changing roles and emergent governance arrangements for the NHS and Foundation Trusts outlined in ‘Commissioning a Patient-led NHS’.²

**PCT Clinical Governance Committee**

The Clinical Governance Committee will oversee the PCT’s clinical governance agenda by ensuring that appropriate systems and processes are in place to provide evidence of continual improvement in the quality of services, and by safeguarding high standards of care through creating an environment in which excellence in clinical care will flourish. It is chaired by a Non-Executive Director.

**PCT Clinical Governance Team**

To be agreed

**PCT Staff**

All Trust staff have a role to play in the delivery of clinical governance by ensuring that in their everyday practice they:

- Strive for continuous quality improvement to patient services and the provision of High Quality, Safe, Accountable care.
- Have a patient-centred approach that includes treating patients courteously, involving them in decisions about their care and keeping them informed.
- Have a commitment to quality, which ensures that health professionals are up to date in their practices and properly supervised where necessary.
- Prevention of clinical errors wherever possible which is engendered by a fair blame culture. The commitment to learn from mistakes and share that learning with others.
- Report clinical and other incidents, including verbal complaints.
- Discuss and support improvements in patient care and standards of service. For example, taking part in clinical audit, making suggestions for improvement.

² Commissioning a Patient-led NHS, DoH, 2005
Structures and processes for implementing clinical governance

This clinical governance strategy encompasses the following aspects of PCT core business:

- **Provider services** – the future of community provider services is still unclear. However, currently these are provided directly by the PCT and require clinical governance support, monitoring and development to achieve compliance with the DoH Core and Developmental Standards, and NHSLA standards.
- **Independent contractors** (including GPs, dentists, optometrists and community pharmacists) - the PCT needs to be assured that its contractor services are compliant with the DoH Core Standards and that clinical care is of a high quality.
- **Commissioning** (including practice based commissioning) – there needs to be greater linkage between commissioning and clinical governance to ensure the health needs of the local population are met and the services commissioned are compliant with the Standards.
- **Other – Including Ford Prison and Gatwick Port Health**

Timescales for implementation of strategy

The strategy is intended to cover the three-year period of 2006-2009 and will be subject to review in 2009. The implementation of this three-year strategy will be underpinned by a Board-approved clinical governance three-year development plan.

There are other key elements that will aid the implementation of the Trusts strategy, most importantly is a clear Board commitment to the clinical governance agenda and the promotion of an open and fair culture across the organisation.

Three-year development plan 2006-2009

A three-year development plan for 2006-2009, linked annually to Department of Health (Doh) Standards for Better Health, will be required to identify key organisational clinical governance objectives to ensure the provision of high quality, safe, accountable care to patients and service users. The development plan will be subject to yearly review and achievement of reported outcomes by the clinical governance committee. The clinical governance committee will review progress against the objectives identified within the development plan throughout the year. Exceptions, such as anticipated failure to achieve an objective and/or issues of concern relating to particular objectives, will be reported by the clinical governance committee to the PCT Board.

Caveat: subject to PCT reporting framework for compliance with DoH Standards.

Developing a shared vision and understanding of clinical governance

In order to turn strategy into coherent and systematic actions, it is important that there is understanding of the principles at both strategic and operational levels. The PCT aims to build on work in progress, and develop a shared vision through engaging in active dialogue with patients, staff and other key stakeholders.

Clinical governance is more than just systems and processes; it is an overarching concept for attaining identifiable improvements in patient care. As clinical governance becomes further integrated into the daily practice of PCT staff, independent contractors and commissioned services, so the clinical governance strategy must develop to ensure that the focus on ‘patient care’ is maintained. The underlying principles recognised by the PCT in ensuring that clinical governance is embedded across the organisation and provides a quality assurance framework are:

- **The patient is central to the activities of the Trust.** The achievement of continuous improvements must occur in a safe, effective, timely, efficient, accessible and equitable manner for all patients and staff.
• Clinical governance must involve and be understood by all staff within the PCT, independent contractors and commissioned services, by being open and accessible to them.
• There must be clear lines of responsibility and accountability for clinical governance established within the PCT, independent contractors and commissioned services.
• Processes and systems must be in place to support evidence-based knowledge/practice, to ensure the provision and practice of high quality, safe, accountable health care to patients.
• The development of the clinical governance framework across the PCT must be subject to robust and continuous review by the clinical governance committee on behalf of the PCT’s Board.

It is intended that the PCT clinical governance strategy should be implemented and read in conjunction with other associated PCT strategies, policies and procedures (titles subject to confirmation):

• Clinical audit strategy
• Research & Effectiveness strategy
• Risk management strategy
• Training & Education strategy
• Information Governance strategy
• Patient & Public Involvement (PPI) strategy
• Staff Management strategy

**Reporting mechanisms**

External scrutiny and accountability for the PCT operates at a number of levels from the Strategic Health Authority (SHA) to the Healthcare Commission.

**Strategic Health Authority**

The reconfiguration of Strategic Health Authorities (SHAs) is expected to result in the devolvement of key clinical governance responsibilities from the SHA to PCTs and the exact nature of reporting requirements is not yet clear. South East Coast SHA is responsible for monitoring the performance of West Sussex PCT. (In the past, the PCT has been required to report at least annually to the SHA on its corporate Clinical Governance Development Plan and to take part in regional Clinical Governance Network meetings)

**Healthcare Commission**

The Healthcare Commission is responsible for monitoring compliance of NHS organisations against the Standards for Better Health. Clinical Governance is part of this assessment.

**NHSLA**

Previously Trusts have been assessed by Clinical Negligence Scheme for Trusts, this will now fall to the NHSLA.