

Viewpoint

Clinical governance: a fresh look at its definition

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Abstract

Clinical governance was introduced in 1997 as a comprehensive framework to improve the healthcare quality in the National Health Service. Since then, the proliferation of various definitions and models of clinical governance illustrates that different perceptions are emerging on clinical governance. However, none of these definitions captures the essence of clinical governance in terms of its organisation-wide implications for continuous quality improvement. Although there is discrete mention of structure, process and outcomes in the literature on clinical governance, it is hard to find any clear explanation on how clinical governance influences organisational elements. This paper therefore analyses clinical governance in terms of the inputs, processes, structure and the outcomes of healthcare organisations. The fact that the introduction of any new governance framework will have much wider implications for the management of healthcare organisations is illustrated through a refined definition of clinical governance presented in this paper.

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In the aftermath of some highly publicised medical failures, clinical governance emerged as a policy instrument to improve the quality of health service under the Labour Government's new plans to reform the health service (Penny, 2000). Clinical governance seeks to improve healthcare quality through the integration of financial, performance and clinical quality (Sally and Donaldson, 1998). Although there is a broad agreement that clinical governance emphasises continuous quality improvement in health care, the concept has developed many organisational interpretations.

The differing perceptions of the concept have been reflected in a proliferation of definitions and models. However a closer look reveals that none of these captures the essence of clinical governance as an attempt to achieve organisational integration of activities for continuous quality improvement. In practice, implementing clinical governance frameworks has brought confusion about the integration of processes and structures (Lewis *et al.*, 2002).

So, do we need a fresh look at the broader organisation-wide implications of clinical governance? Is it necessary to re-define clinical governance to highlight its broader organisation-wide impact? This paper discusses the impact of clinical governance frameworks on different organisational dimensions: inputs, structures, processes and outcomes. A new definition of clinical governance is presented taking in the wider implications of clinical governance on the management of inputs, structures and processes towards healthcare quality improvement.

Governance of health-care organisations

The concept of governance has been widely used in recent years in the analysis of the changing public sector. Conceptually clinical governance is different from generic uses in that it relates specifically to continuous quality improvement and is now a policy instrument for modernising health care (Gray, 2001). The term appears to have been first used by the World Health Organisation (WHO) in 1983 to encapsulate the provision of high quality health care on four important dimensions: professional performance, resource allocation, risk management and patient satisfaction (Penny, 2000). In response to repeated system failures resulting in a series of adverse

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incidents, the Labour Government introduced clinical governance in 1997 to promote an integrated approach to minimise risk and improve the quality of clinical care (Gray, 2001). Since then, the term has taken on a variety of meanings.

The Department of Health, for example, defined it on one occasion (1999) as:

... 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.

But there have been many other definitions presented by different organisations with their own perspectives (e.g. CHI, UK Central Council) and various academic and practitioner commentators (Lugon and Secker-Walker, 1999; Starey, 2001; Gray, 2000).

Common to most of these understandings of clinical governance is the concept of an integrated approach to care. This incorporates the overall patient experience including co-ordination of diagnosis, treatment and restoration taking into account the overall environment (Lugon and Secker-Walker, 1999). Research has indicated the potential benefits of such an approach. Davis and Bristow (1999), for example, found that 40 percent of adult patients in hospitals are undernourished, a condition that resulted in increased post-operative complications, lowered resistance to infection and longer hospital stays. They recommended that food provision in hospitals should be considered as part of clinical care, rather than a catering function, and that nutritional care should be embedded in the new clinical governance framework.

Martin (1994) suggests that such integration extends to organisational integration, i.e. co-ordination, co-operation and communication among units in the organisation, and is associated with high quality care. That the effective integrated management of inputs, structures and process is necessary to achieve the improvements in quality of care is gradually being recognised in clinical governance as a contrast to the fragmented approaches of the past.

Thus, although universally accepted definitions of clinical governance have been difficult to achieve it is widely accepted that clinical governance is designed to integrate, consolidate and codify the fragmented approaches to quality improvement in NHS organisations (Sally and Donaldson, 1998). But none of the definitions in the current literature quite encapsulates how clinical governance is an integrated approach towards quality improvement with organisation-wide implications. To develop a definition of the concept it is necessary to look briefly at how

clinical governance influences the organisational dimensions of health-care organisations.

The organisational dimension of clinical governance

The main aim of clinical governance is to achieve continuous quality improvement. As operationalised, clinical governance provides a framework within which health organisations can work towards the improvement and assurance of the quality of clinical services for the patients (Department of Health, 1999). Thus the main principles of clinical governance are (www.doh.gov.uk/pricare/clingov.htm):

- clear lines of responsibility and accountability for the overall quality of clinical care;
- a comprehensive programme of quality improvement systems (including clinical audit, supporting and applying evidence-based practice, implementing clinical standards and guidelines, workforce planning and development);
- education and training plans;
- clear policies aimed at managing risk; and
- integrated procedures for all professional groups to identify and remedy poor performance.

The implementation of clinical governance will therefore have a profound impact on the inputs, structures, processes and outcomes of the health-care organisations. Recognising this impact, Walshe (2000) argues that in dealing with issues of improvement in clinical quality, clinical governance "unambiguously asserts the primacy of the organisation" through co-ordination, co-operation and communication in the organisation. The EFQM excellence model also highlights the role of inputs, resources, policy and processes in achieving quality improvement (EFQM, 2000). This model has been used by some NHS Trusts to support baseline assessment for clinical governance (Holland and Fennell, 2000).

The work of West (2001) also supports the fact that structures, processes, outcomes and environmental variables influence the quality of healthcare in NHS hospitals. Similarly, Lugon and Secker-Walker (1999) emphasise the importance of focusing on structures and processes to achieve the desired results under clinical governance. The authors believe that:

If the purpose of the NHS is to produce the best outcomes for individuals through integrated health care, both organisational and clinical governance must be directed to designing

frameworks, processes and structures which will enable that purpose to be realised.

Therefore any definition of clinical governance that intends to reflect the true spirit of its organisation-wide implications needs to take into account the organisational perspective for better understanding of clinical governance.

Towards a new definition of clinical governance

Unlike previous policies, which concentrated more on finance, the proposals under clinical governance attempt to mesh with the strategies on human resources and information technology (Thomson, 1998) providing an environment for an organisation-wide approach to effectively manage healthcare quality improvement systems. As part of a wider study of the implications of clinical governance for human resourcing, an analysis has been conducted of the organisational elements of clinical governance. The preliminary results, based largely on a review of literatures, are shown in Table I which sets out the inputs, structures, processes and outcomes associated with clinical governance.

Table I illustrates how clinical governance's emphasis on new institutions, inputs, structures, processes and outcomes to manage medical quality proactively has organisational implications. However, none of the definitions of clinical governance available in the current literature reflects the essence of this organisationally integrated approach towards quality improvement.

To fill this gap in the literature, the author proposes a definition of clinical governance to highlight its wide-ranging implications for all aspects of organisation and specifically the management of inputs, structures, processes and outcomes. Thus clinical governance is here defined "as a governance system for health-care organisations that promotes an integrated approach towards management of inputs, structures and process to improve the outcome of health-care service delivery where health staff work in an environment of greater accountability for clinical quality".

Conclusion

Health-care organisations are very complex organisations (WHO, 2000) and their structures, processes and management have become increasingly significant to the improvement of health care. Clinical governance acknowledges

Table I Inputs, structures, processes and outcomes associated with clinical governance

Organisational dimension	Elements
Input	Financial resources (additional commitments, new investments) Infrastructure (new buildings, equipment, etc.) Human resources (creation of new posts: CG leads, new recruitment to fill vacancies) Policy (recognition of quality as statutory duty of the organisation) Latest information on evidence-based medicine
Structure	Clinical Governance Committee Performance management for total quality of care Protocols and guidelines for clinical care Education, training and CPD strategies for staff Clinical audit System to integrate all quality activities CEO made accountable for quality in healthcare Clinical risk management strategies Reporting system for errors and adverse incidents System to receive patients' feedback Promoting evidence-based medicine
Process	Leadership development programme Implementation, monitoring and evaluation of risk management Job descriptions to include quality as an individual responsibility IT training and access for use of latest electronic information Multi-disciplinary management of clinical care Recognition of human resource for quality improvement Regular multi-disciplinary clinical audit Sharing information, communication and co-ordination Systematic clinical supervision to deal with under performance Training to help health staff cope with their changing role in the organisation Promoting increased co-ordination among different professional groups Training to share information with patients, obtain patients' consent and understand the willingness of patients to participate in treatment Management of patients' information and safeguarding its confidentiality Systematic evaluation of clinical errors and adverse incidents Regular collection of data on clinical care Take prompt action on patients' feedback and complaints
Outcome	Continuous quality improvement Reduced waiting lists Patient satisfaction Reduced number of adverse incidents Better patient-clinician relationship Improved co-ordination between professionals and managers Increased treatment based on evidence-based medicine

these complexities and attempts to overcome some of the problems by promoting an integrated and organisation-wide approach towards continuous quality improvement. Major policy initiatives like

clinical governance facilitate multi-disciplinary teamwork, partnerships and co-operative working practices that will have far reaching implications for clinical relationships, the behaviour of medical professionals and ultimately the delivery of care.

Further empirical research on how clinical governance influences the management of health-care organisations will provide a body of knowledge that will be useful for health professionals, managers and policy makers associated with the implementation of clinical governance. In this context a definition of clinical governance that takes into account health-care organisational inputs, structure, process and outcomes, as proposed in this paper, could underpin efforts to develop a better understanding of clinical governance itself.

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