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Clinical Governance for Improving Quality of Healthcare

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Clinical governance is a continuous process for improving and sustaining quality of care delivered to service users. Clinical governance ensures clinical quality is placed at the heart of the health services, and healthcare professionals for the delivery of the highest standards of care by reducing failures, and shared learning.

All service users in health and social care settings expect to receive quality healthcare. Quality in healthcare is not a new concept and it goes back to conceptualization of health and medical science. All healthcare organizations, healthcare professionals, service providers, service users, and stakeholders involved in the delivery of healthcare understand the importance of providing the best care possible to all service users. One of the important objectives of healthcare providers is to ensure that they offer better care through the reduction or errors and waste, and the delivery of effective patient care.

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I. Introduction

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High-quality care means safe and effective care with positive service users' experience (National Quality Board, 2011). Healthcare organizations are responsible for the quality of care they deliver to service users. It is the responsibility of healthcare professionals to recognize their roles in providing high-quality care, and sharing good practice (Leathard, 1994).

Quality healthcare is dependent on various factors such as the provision of healthcare services, allocation of resources, training opportunities to healthcare professionals, culture, skills, and competency of healthcare professionals, supervision and monitoring of care etc. Healthcare organizations, governmental authorities, healthcare professionals, and all stakeholders have to take responsibility for the delivery of quality healthcare and should be accountable for the care they provide.

II. Clinical Governance

Clinical governance is everyone's business, and it is not an optional provision to healthcare professionals and organizations. In essence, every healthcare organization should have a proper system and structures for clinical governance at all levels.

The NHS Scotland, 2007 has defined clinical governance as a mechanism through which 'health services are held accountable for the safety, quality and effectiveness of clinical care delivered to patients'. This has been described as an 'umbrella term' by the Royal College of Nursing (2013) to deliver high standard of care, to continuously improve the health services, and to maintain high standard of care and experience.

Clinical governance promotes a learning culture, and develops a system to deal with and learn from errors, mistakes, incidents, claims, complaints, and to identify and manage risk in healthcare organizations. It links national standards with the local protocol and guidance, and defines an external and internal system of accountability for healthcare professionals and organizations.

According to Winter (1999), clinical governance is 'a systematic approach to assure the delivery of high-quality health services with the active participation of clinicians and patients supported by managers'. Winter highlights the involvement of clinicians, and the support of healthcare managers to make them accountable for ensuring and meeting the standards of patient care. The definitions above justify that healthcare professionals need to work together to deliver safe and high-quality health services. The Clinical Royal College of Nursing (RCN, 2013) states that 'governance aims to improve the quality of care through strengthening

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existing systems, delivering evidence-based practice and encouraging a training and development culture' (p.5).

III. Clinical Governance Framework

The ultimate aim of clinical governance is to deliver high-quality of care by promoting safety, open, and no blame culture. Communication, leadership, patient involvement, and high-quality data are the foundation of healthcare governance; whereas clinical effectiveness, risk management, patient focus, the interface between services, professional self-regulation, continuous professional development, and research and developments are the pillars of clinical governance. Clinical governance is seen as a mechanism and framework for improving the quality of health services.

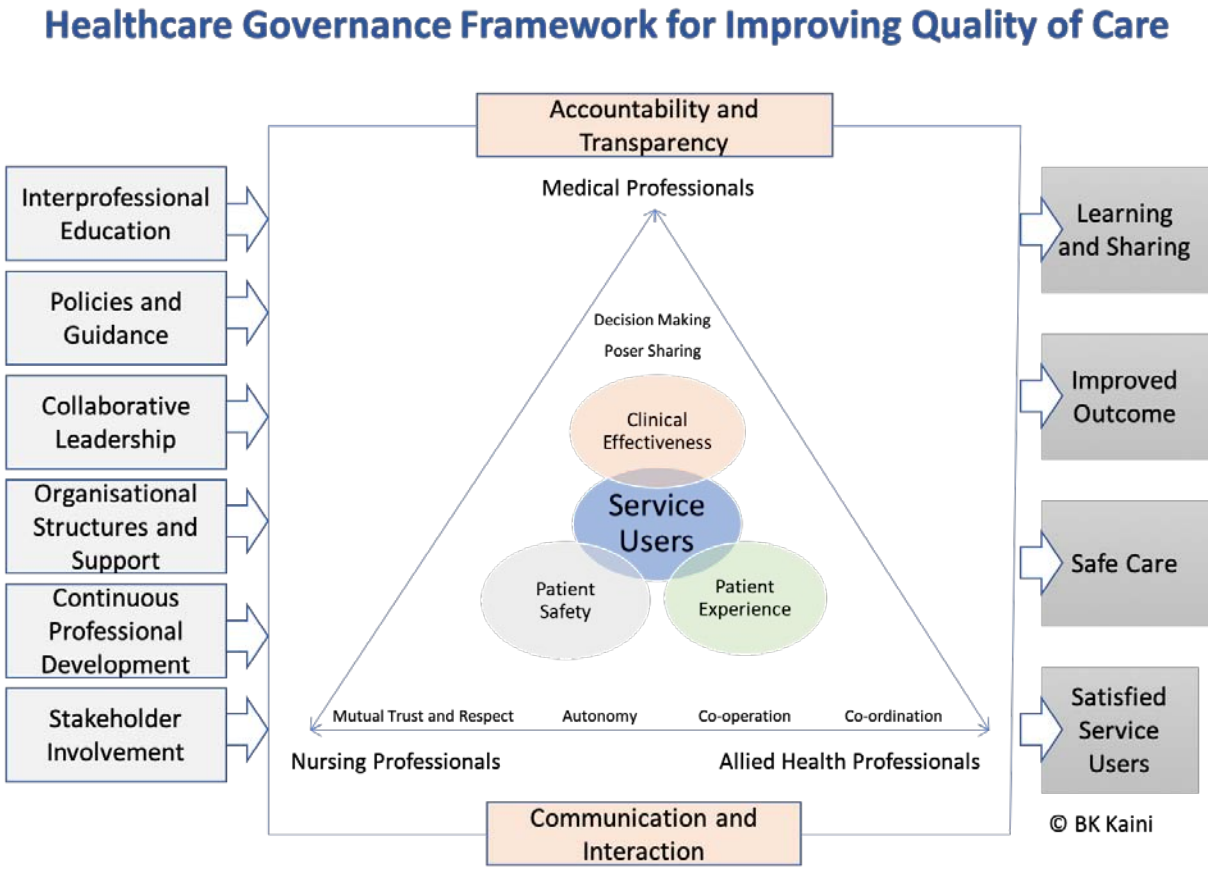


Figure 1: Clinical Governance Framework and Interprofessional Working Environment for Improving Quality of Care

The clinical governance model focuses on the utilization of resources, leadership, open communication, and teamwork for patient safety, clinical satisfaction and patient experience through shared learning and strategic approach. Walshe (2000) highlights the importance of leadership in clinical governance, and asserts that transformational leadership is an appropriate choice for the implementation of clinical governance agenda in healthcare organizations.

The implementation of clinical governance agenda is very important alongside developing strategies and policies. Clinical governance model, policies and plans remain on paper without a proper system of implementing them for the benefits of healthcare professionals, organizations, and service users. The Royal College of Nursing (RCN, 2013) states that supportive culture, equity and consistency of services, quality at the centre, and partnership in care are the main four principles of the implementation of clinical governance agenda in healthcare organizations. Department of Health (1999d) has outlined the following principles for implementing the clinical governance agenda:

- Establish leadership, accountability and working arrangements;
- Carry out a baseline assessment of capacity and capability;
- Formulate and agree on a development plan in the light of this assessment;
- Clarify reporting arrangements for clinical governance within Board and Annual reports.

(Department of Health, 1999)

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Patient safety is of great importance to healthcare service users, and it cannot be compromised at any cost. Clinical effectiveness is measured in terms of effectiveness of services provided to service users. Clinical audit measures clinical practices against the national and local standards. Healthcare professionals play vital roles in the implementation of interprofessional working and clinical governance agendas for many reasons. It can be concluded that the clinical governance framework ensures that health services are patient-centerd, and focuses on achieving the highest possible care delivered to service users.

The concept and model of clinical governance in healthcare settings and organizations improves quality of care, service users and staff satisfaction, and team performance. Successful interprofessional working practices in healthcare settings contribute for improving quality of health service delivery. Improved quality of care, better staff satisfaction, improved team performance and better communication and interaction are the benefits of implementing the clinical governance framework in healthcare organizations and settings.

a) Transparency and Accountability

Transparency and accountability are the two pillars of clinical governance (Scally and Donaldson, 1998; Bloor and Maynard, 1998). Openness ensures that healthcare professionals develop a culture of sharing information and knowledge; and learning from mistakes in their clinical practices in healthcare organizations. The true openness includes the sharing of practice and experience that 'went wrong', with the intention of learning on how to improve the services, and not to repeat the same mistakes in the future.

A clear line of responsibility and accountability for the safe, effective and efficient delivery of healthcare is required at all levels. The lack of accountability in the health services is one of the contributory factors for the failure of effective and efficient health services (Kaini, 2013). The clinical governance process ensures that the service providers are liable, responsible and answerable to tax payers, service users, and all stakeholders.

Healthcare is one of the biggest industries, and shared learning is vital to deliver an efficient health service to service users. Through the shared learning process, healthcare professionals learn from each other, and discover about themselves and other colleagues (Milburn and Walker, 2009). Health service delivery is an interactive process and requires coherent and aligned efforts to continuously review the roles and responsibilities of healthcare professionals.

b) Collaborative Leadership

Collaborative leadership is one of the major contributing factors for successful interprofessional working in hospitals (Chong et al., 2013). Similarly, successful implementation of clinical governance within the health services depends on the leaders who are able to inspire and motivate other professionals (Swage, 2005). The role of leadership in interprofessional working is performed usually by the participants to drive the interprofessional working agenda forward, and the leaders of interprofessional working team are guided by policies, protocols, guidance, and standards. Stonehouse (2013) asserts that the implementation of clinical governance agenda requires positive and strong leaders at every level. In this context, healthcare leaders should be able to drive both clinical governance and interprofessional working agendas together for the safe and effective clinical care.

Maximizing nurse-physician collaboration holds promise for improving patient care and creating satisfying work roles (Lindeke & Sieckert, 2005).

c) Interprofessional Working

Clinical governance is about the delivery of high-quality care which is not achievable without teamwork and collaborative practices (Hallett and Thompson, 2001). The successful development and implementation of interprofessional care in healthcare organizations are dependent on, but not restricted to, many professionals, people and organizations such as healthcare regulatory bodies, healthcare professional organizations, academic institutions, hospitals, community and support agencies, healthcare staff and professionals, researchers, service users, government, health caregivers, educators, and administrators (HFO, 2010).

The main aim of all these stakeholders is to deliver effective healthcare, and to satisfy service users without doing any harm to them through interprofessional collaborative practices. Therefore, interprofessional working is directly linked with clinical governance in terms of improving quality of care, patient safety, clinical effectiveness and service users' satisfaction. Clinical governance plays a vital role in improving patients' experiences, decreasing disparities in healthcare and shared learning from the experiences by promoting openness, and culture of accountability (Kaini, 2013).High-quality of care leads to professional pride, and it focuses on improving health services by energizing and motivating all healthcare professionals, and staff (Department of Health, 2008).

If healthcare team fail to deliver, the quality of care deteriorates and it has direct impact on the care of service users (Stonehouse, 2011). The benefits of interprofessional working such as improved standard of patient care, patient safety, and improved patient outcomes are widely cited in the literature (Yeager, 2005). Other benefits such as increased patient satisfaction, preventing fragmentation of care by introducing and applying holistic approach to care are

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also cited by research scholars (Haward et al., 2003; Vazirani et al., 2005; Atwal and Caldwell, 2005). Interprofessional working is essential for the survival of healthcare organization (Petri, 2010). Similarly, the importance of clinical governance for a healthy healthcare organization, for safe patient care, and satisfied service users is highlighted by Swage (2005).

Literature confirm that there is a direct correlation between successful interprofessional working, and quantifiable service improvements in patient safety and quality of delivery of health services (The Joint Commission, 2002; Institute of Medicine, 2001). In order to improve the quality of health services, healthcare professionals are required to follow an interprofessional working approach. A single healthcare professional or groups or professionals working in an un-coordinated way cannot achieve the aim of effective delivery of health services.

d) Better Communication, Co-ordination and Interaction

Communication is 'an integral ingredient for the success or failure of healthcare governance' (McSherry and Pearce, 2011, p.143). Different authors and research scholars have mentioned various reasons why communication plays a vital role in healthcare governance; such as it helps to communicate goals, purposes and outcomes (Evans, 1994); shares important and useful information (D'Amour et al., 1999); supports the negotiation between different groups of healthcare professionals (Mariano, 1989); and helps to build mutual respect and trust (Hemmeman et al., 1995).

Various research have shown that poor communication and relationships among and between healthcare professionals can be harmful to service users and result in increased rates of clinical incidents and errors (Larson, 1999; Espin & Lingard 2001, Lingard et al., 2002; The Joint Commission, 2002; Manser, 2009). Lack of communication and co-ordination between healthcare professionals is seen to be a potentially serious factor in compromising good care.

Communication to service users and among healthcare professionals refers to aspects of openness, style, and expression of feelings and thoughts (Interprofessional Education Collaborative, 2011). Service users and healthcare professionals can influence each other in the process. Quality of interaction and communication among healthcare professionals, and between service users may also influence the decision-making process. Hornby and Atkins (2000) assert that the relationship of a healthcare professional with the service user is also based on training and experience, and the balance of power is more on the side of healthcare professional.

Interaction, open listening and communication are collaborative skills required for healthcare professionals (Norman, 1985) to implement clinical governance agenda for the successful delivery of healthcare (McSherry and Pearce, 2011). Open communication is all about passing appropriate information without any barriers and defensive methods that can be easily understood and assimilated by service users. Open communication promotes transparency and patient safety in health service delivery, and helps to improve quality of care.

e) Education and Training

Educational experiences and the socialisation process that occur during the training of each health professional reinforce the common values, problem-solving approaches, and language/jargon of each profession (Hall, 2005). According to Pype et al. (2013), knowing each other's expertise is not sufficient, but need to have role-specific competencies. Interprofessional education, practice and research can have economic benefits and effective clinical outcomes, which may be viable means for improving healthcare delivery (Paul and Peterson, 2002).

According to Firth-Cozens (1999) risk management, change management, team dynamics, clinical audit, professional development and training are the major areas for development in terms of developing competencies required for healthcare professionals in implementing clinical governance agendas.

f) Continuous Professional Development

Continuous professional development, regular review and reflection of clinical practices are important components of clinical governance (White, 2015). One of the important aspects of clinical governance is learning from complaints and adverse incidents (Stonehouse, 2013). Continuous professional and skill development for healthcare professionals in areas such as communication, change management, teamwork and leadership is important to the successful operation of interprofessional care team (ECIP, 2005, pp.5). Strong support from management, adequate resources and appropriate structures for the healthcare team and clinical care are required for improving quality of care, patient safety, and patient experience. Furthermore, different healthcare professionals have different capacities and different capabilities for different healthcare settings based on their skills, competencies, familiarities, and comfort levels. Mu et al. (2004) argue that many healthcare professionals do not have adequate understanding of other colleagues' roles due to a lack of adequate training and education in interprofessional skills. They further assert that healthcare professionals tend to preserve a traditional role concept and territoriality concerns due to lack of adequate training, skills and knowledge.

Team cannot succeed unless its members are able to contribute three types of skills and experiences:

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problem-solving and decision-making skills, technical or functional expertise, and interpersonal skills (Natale et al., 1998). Interpersonal and communication skills are fundamental skills for interprofessional working (Minore and Boone, 2002). The lack of communication skills is one of the major contributing factors of patient safety incidents in healthcare (Joint Commission, 2002).

g) Involvement of Service Users

Service users are at the heart of interprofessional care and collaborative practices (University of British Columbia, 2008) and quality improvement process (Department of Health, 2008; Stonehouse, 2013). The existence of healthcare professionals is for service users. Healthcare professionals need to engage, involve and listen to service users and act upon the comments, feedback and experiences of their service users to deliver, and improve health services. Partnership approach that empowers and optimises human resources is one of the potential solutions to meet service users' expectation in healthcare with limited resources (McWilliam et al., 2007).

Lord Darzi's report *High Quality Care for All* (Department of Health, 2008) highlighted that service users' experience is one of the key components of high-quality of care.

Service user involvement is an opportunity for individuals to play an active role in clinical decision-making process for their treatment and care, and for involving in debate about planning decisions for local organizations, and the delivery of health services. Engel and Gursky (2003) assert that service users benefit from inclusion as members of the service delivery team, and they need to be assured that their personal circumstances, feelings and preferences are acknowledged and acted upon.

Healthcare professionals are responsible for updating with the recent developments and learning skills for improving safe and effective clinical care (Stonehouse, 2013). Interprofessional care empowers healthcare professionals (Canadian Medical Association and the Canadian Nurses Association, 2006), and empowered professionals improve the quality of care and patient safety (Department of Health, 2008).

h) Organizational and Clinical Policies, Protocols and Guidance

Organizational and clinical policies, protocols and guidance are the best means of ensuring clinical effectiveness, which is an important component of clinical governance (White, 2015). It ensures that everything healthcare professionals do is meant to provide the best outcomes for service users by adopting an evidence based approach and doing the right thing to the right person at the right time, and in the right place (National Quality Board, 2011). Policies and protocols for clinical governance are important elements that support improving quality of care. Local, national and organizational policies and clinical protocols are required for the safe delivery of health services.

i) Organizational Structures and Support

An organizational framework including structures and systems for clinical governance at organizational and team levels is required to make improvements as envisioned by clinical governance framework (Lugon and Seeker-Walker, 1999). Organizational structures directly and indirectly influence interprofessional care and team outcomes (Pina et al., 2008; Odegard, 2005; Glasby and Dicknson, 2008) and teams cannot function without a clearly defined organizational and team structure (Baxter, 2007). Department of Health (1998) describes a clinical governance model that sets standards to make sound clinical judgments, and to work effectively alongside with clinical judgments for high-quality health services and patient care.

j) Regulation and Compliance in Healthcare

A regulatory body in healthcare is an autonomous (by the introduction of an Act/regulation) and professional body that should be responsible for licensing healthcare organizations, assessing healthcare services, and monitoring the quality of care healthcare provided by healthcare organizations and professionals. The main objective of a regulatory body is to protect, promote and maintain the health and safety of the public by ensuring proper standards in the healthcare practice. The regulatory bodies through the legislation develop system and process for maintaining, improving and sustaining quality of care in healthcare organizations.

Regulatory bodies are established to exercise regulatory functions such as imposing requirements, restrictions and conditions, setting standards in relation to any activity, and securing compliance or enforcement (Total Professions, 2019).

The increasing number of private healthcare providers in the recent years around the globe has also proved an urgent need for regulating healthcare providers in a structured way, and to focus on harmonizing work towards the standards of private, non-governmental, and public healthcare services. Quality regulation may focus more on the assurance of safety than on improvement of wider performance, but this will depend on how the market develops. According to the King's Fund (2005), to formulate an appropriate regulatory response will require significant monitoring, and sharing of intelligence. This will require better co-ordination and co-operation between various regulatory bodies in healthcare such as professional councils and regulatory bodies.

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IV. Conclusion

In summary, clinical governance is a framework for improving quality of care, and access by increasing accountability and promoting transparency for the excellent outcome of healthcare, shared learning and sharing. The concept of clinical governance and improving quality of care are inseparable from the health services, and both concepts complement to each other for the safe and effective delivery of healthcare by working together.

As discussed above, the clinical governance model for improving quality of care summarises the relationships between clinical governance and improving quality of care. It also highlights the importance of interprofessional education, training and learning for improving quality of care.

The scope and principles of clinical governance and improving quality of care go beyond simply meeting the expectation of service users and healthcare professionals. Various healthcare professionals, disciplines, roles and organizations are involved in the process of clinical governance and improving quality of care. Healthcare professionals are skilled and trained in their clinical fields, and they work together with other professionals, service users and families to share their knowledge, skills and expertise, and serve the service users. In terms of healthcare governance, the scope of healthcare professionals work is very wide, and it includes developing appropriate structures, policies and guidance, agreeing on approaches to enhance skills, and sharing knowledge for patient safety, clinical effectiveness and patient experience.

Leaders and management should ensure that they take forward clinical governance as a framework for improving quality of care. Moreover, healthcare organizations need to provide adequate resources in terms of funding, training, education, time and structures. The following points summarise how the introduction of the principles and practices of clinical governance helps to improve quality of care in healthcare institutions and settings:

- Promotion of openness, transparency and accountability.
- Collaborative leadership.
- Interprofessional working.
- Better communication, co-ordination and interaction.
- Education and training.
- Continuous professional development.
- Involvement of service users.
- Organizational and clinical policies, protocols and guidance.
- Appropriate organizational structures and support.
- Provision of regulation and compliance

The demand for healthcare professionalsis ever increasing in a rapid pace due to various reasons such as population growth, complexities in health and social care, rise in long term conditions, and the growing number of elderly people. New ways of clinical practices are emerging in light of the development of new technologies, and the emergence of new specialties and sub-specialties. Therefore, introducing the concept and framework of clinical governance and developing culture, system and process for clinical governance certainly help to improve quality of care, patient safety and service users' experience in healthcare organisations and settings.

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