

Research papers

Clinical governance leads: roles and responsibilities

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ABSTRACT

Clinical governance leads in primary care trusts play a crucial role in embedding the pursuit of excellence within their healthcare organisation. They are often the first point of contact for any issue relating to general practitioner appraisal, poor performance, quality and standards, be they clinical or organisational. However, for many clinical governance leads their job seems daunting, with no clear boundary around their roles and responsibilities, and no clarity about their own personal development such that they can acquire the skills and competencies for their work. Using the NHS

Knowledge and Skills Framework and refined by stakeholder consultation this document sets out a framework for primary care trusts' clinical governance leads. It attempts to define the core activities, skills required and support needed to meet these activities. These can be used to compose a template for a job description and person specification for a competent clinical governance lead.

Keywords: clinical governance leads, framework, job description, person specification

Introduction

Clinical governance is a framework through which NHS organisations are accountable for continuously improving the quality of their services, safeguarding high standards by creating an environment in which excellence in clinical care will flourish.¹ The Commission for Health Improvement (CHI) defines clinical governance as a 'system of steps and procedures . . . to ensure that patients receive the highest quality care'.²

While there is evidence that the concept of clinical governance is received by primary care with enthusiasm, the delivery of clinical governance faces challenges. These challenges include the paucity of earmarked funding, the speed of change, and the volume of work for clinical governance leads.³ The work of the clinical governance lead has varied depending on the needs of the organisation, configuration of the clinical governance structure, designation of the lead (e.g. medical, nursing, pharmacist) and other local factors.

Clinical governance leads have experienced difficulties during the development of their role; for example, they have not always been clear about their level of responsibility for the development of clinical governance within their own organisation, the ambiguity of their role and the long-term uncertainty. The early lack of direction for the role of clinical governance leads has served to create a sense of powerlessness among some, forcing many to resign their position. However, this uncertainty also

Box 1 The aims of clinical governance

- Raise patient satisfaction
- Improve collaborative relationships and efficiency within and across clinical teams
- Increase job satisfaction for professionals
- Improve clinical outcome
- Reduce significant events

encouraged local flexibility and facilitated organic growth of the process.⁴

To help define more clearly the roles and responsibilities of the clinical governance leads the NHS Clinical Governance Support Team held a stakeholder event and published a draft framework for consultation on their website.⁵ Attendees at the stakeholder event were made up of primary care trust (PCT) and strategic health authority clinical governance leads, PCT professional executive committee chairs and members, clinicians from nursing and general practice and others, to reflect the broad church of primary care clinical governance. The stakeholder event was chaired and facilitated by the Director of Primary Care for the NHS Clinical Governance Support Team.

The aims of the consultation process were to:

- define the core attributes of the clinical governance lead
- define the roles and responsibilities of the clinical governance lead
- map the roles and responsibilities against the NHS Knowledge and Skills Framework.

The core attributes of clinical governance and the role of the clinical governance lead in relation to these attributes

Fundamental to the role of a clinical governance lead is to champion a culture of high quality care across the PCT. This means instilling within the organisation the shared beliefs and values of clinical governance as outlined in Box 1 such that this may in turn influence the norms, attitudes, and behaviours of the members of the PCT.

Table 1 highlights the attributes of good clinical governance and the role that clinical governance leads have in relation to achieving these.

Knowledge and skills required for clinical governance leads

The NHS Knowledge and Skills Framework has been designed to determine the pay progression for all employees within the NHS.⁷ It is made up of

dimensions, six core and 16 specific to particular jobs. It is designed to identify the knowledge and skills that individuals require for particular posts and help guide the development of individuals.

Each dimension is accompanied by a 'descriptor', which give successively more advanced levels of knowledge and skills and/or increasing complexity of application to the demands of the work.

The knowledge and skills defined for clinical governance leads, outlined in Table 2, are drawn from the NHS Knowledge and Skills Framework.⁷ The examples given can be used to develop the job description template.

Conclusion

The NHS Knowledge and Skills Framework seems an appropriate tool for describing the roles of a clinical governance lead, with the main additional 'specific' areas being communication, leadership skills and talent to effect change and influence people.⁷ In addition to clarity of roles and responsibilities, other factors must be present such that a clinical governance lead can function effectively. These include professional support from the PCT chief executive and training, which includes leadership and change management as well as the practical aspects of the post. Other factors include effective communication systems between primary care and secondary care, a multiprofessional team approach with management support, access to timely clinical information, clearer guidance on the levers available to clinical governance leads and teams and finally access to evidence-based information. With these in place, clinical governance leads will be equipped for the next challenges facing them in supporting the implementation of the quality and outcome framework of the new General Medical Service contract. Clinical governance has moved a long way since the concept was first introduced into NHS practice and helped to focus clinicians' minds on clinical quality. Future developments must now be involved providing the leads with more clearly defined roles and responsibilities and expanding their roles to involve embedding quality and governance in the whole commissioning process.

CONFLICTS OF INTEREST

None.

Table 1 Attributes of good clinical governance in primary care⁶

Main attribute	Definition	Practical examples	Ways of achieving good clinical governance
Accountability for practice	A willingness to demonstrate good quality practice using hard and soft evidence, including publication of comparative data relating to quality of care	Practice audit Prescribing indicators Quality markers determined by PCT or other	Support the development and implementation of quality marker tools Provide feedback to practices of audits, surveys, etc
Learning from others	Willingness to look outside one's own practice, to learn from others, sharing experience and information	Continuing professional development programmes Learning networks	Support the development of learning networks Supporting practice-based clinical governance leads Promote PCT educational activities and training events for practice staff
Involving the user	Focus on partnership with patients, encouraging greater user participation and greater sensitivity to the user needs	Patient surveys Patient participation groups	Advise on process and tools
Evidence-based practice	Greater use of scientific evidence to guide clinical practice	NICE guidelines Clinical effectiveness reviews National Service Frameworks	Support the implementation of national guidance and National Service Frameworks
Working with teams	Willingness to work in partnerships with other disciplines	Whole practice audit Whole practice training events	Support multiprofessional learning events
Reflection on practice	Ability to be self-critical and learn constructively from mistakes	Implementation of audit and measurement in primary care Adverse event reporting Root cause analysis reporting to the National Patient Safety Agency Annual appraisal Revalidation	Develop a framework for identifying and dealing with poor performance Support appraisal process and sign off appraisals Implementing quality incentive schemes
Working across interfaces	Greater integration of activities across traditional boundaries, e.g. health and social care, primary and secondary care	Undertaking review of patient pathways Use of practitioners with special clinical interest Working collaboratively with acute trust	Work with PCT to develop systems for improvement in patient pathways Support the implementation and accreditation process for practitioners with special clinical interest

Table 2 Description of knowledge and skills of PCT clinical governance leads derived from all sources, organised under the NHS Knowledge and Skills Framework

Dimension	Example/s that can be used to develop a template for a job description
<p>1 Communication (Level 4) Able to establish and maintain communication with various individuals and groups on complex and potentially stressful topics in a range of situations</p>	<p>Able to:</p> <ul style="list-style-type: none"> • resolve complex issues • contribute to decision making, balancing a number of different interests • deliver presentations without a script, actively encouraging participation from the audience <p>Skilled at:</p> <ul style="list-style-type: none"> • influencing others • facilitation
<p>2 Personal and people development (Level 5) Able to develop own and others' knowledge and skills and contribute to the development of others' practice across professional and organisational boundaries</p>	<p>Able to:</p> <ul style="list-style-type: none"> • update existing knowledge and skills, e.g. National Primary Care policy, Star Rating • develop new knowledge and skills to underpin core activities of the post • develop new knowledge and skills in a new area (e.g. risk analysis, root cause analysis, national reporting systems, National Service Frameworks) • develop mentoring, assessment or appraisal skills
<p>3 Health, safety and security (Level 4) Able to develop a working environment and culture that actively improves health, safety and security</p>	<p>Able to:</p> <ul style="list-style-type: none"> • provide advice to professional executive committee or others on clinical governance issues (risk assessment, recording significant events) • enable individuals to challenge poor performance • investigate potential or actual breaches if there are legal, professional or organisational requirements and take the necessary action to deal with them appropriately • ensure individuals and teams are able to access suitable learning opportunities • manage any allocated budgets • act appropriately as Caldicott guardian for the PCT
<p>4 Service development (Level 3) Able to contribute to the implementation of services</p>	<p>Able to:</p> <ul style="list-style-type: none"> • advise on clinical audit, clinical effectiveness findings • develop clinical networks to support interpretation of research • support the implementation of patient surveys • co-ordinate clinical and audit activity
<p>5 Quality (Level 4) Able to maintain and improve quality in all areas of work and practice</p>	<p>Able to:</p> <ul style="list-style-type: none"> • act as a role model in quality improvement, offering advice and support to others who need it • keep up to date with quality developments and alert others to new developments and the implications of this for their clinical practice • enable others to: <ul style="list-style-type: none"> – understand their contribution to quality – understand expected quality standards, related quality systems and the evidence base for quality – assess and manage risks to quality – offer suggestions, ideas and views – take an active role in auditing, maintaining and improving quality – informally and formally network and share achievements – accept responsibility for any arising problems and tensions – address and resolve issues related to quality – complete the necessary documentation to support quality and risk management

Dimension	Example/s that can be used to develop a template for a job description
5 Quality (Level 4) (<i>cont.</i>)	<ul style="list-style-type: none"> • continuously monitor activities against quality standards, anticipate factors that may reduce quality and take effective action to address them • identify and investigate poor quality promptly, identifying contributing factors and agreeing methods for addressing them • ensure that systems are in place for monitoring quality and for investigating incidents and complaints • review changes in practice • Adhere to national and local guidance for reporting critical incidences⁸
6 Equality, diversity and rights (Level 1) Ensure that own actions support equality, diversity and rights	Act in ways that recognise difference and do not discriminate
7 Assessment of health and wellbeing needs (Level 2) Assist in assessing people's health and wellbeing and related needs	This may include: <ul style="list-style-type: none"> • assessing practitioners' development needs
13 Production and communication of information and knowledge (Level 4) Analyse, synthesise and present knowledge and information about complex subjects and concepts to influence key decisions	Able to: <ul style="list-style-type: none"> • present ideas/arguments/data/concepts • explain complicated lines of reasoning or series of events • explain strategy • link with national and local information networks • act as a resource to clinicians, managers and others in the implementation of clinical governance • ensure that NICE guidance, National Service Framework requirements and other evidence-based guidance are incorporated into local guidelines, implemented and monitored
19 Leadership (Level 4) Lead others in the development of knowledge, ideas and work practice	This may include: <ul style="list-style-type: none"> • inspiring others with one's own value and vision of the future and leading them in taking these forward • establishing with others goals and methods for developing knowledge, ideas and work practice • anticipating, planning and advocating for development and change while acknowledging traditions and backgrounds • presenting recommendations for development to relevant people highlighting the benefits these can bring • enabling others to understand their contributions • overcoming barriers to development and constructively challenging those whose views and actions are not consistent with development • leading the delivery of clinical governance agenda in primary care • leading professional development for general practitioners (and others as appropriate)⁹
20 Management of people (Level 2) Plan, allocate, assess and provide feedback to team members	This may include: <ul style="list-style-type: none"> • assessing that objectives have been achieved • appraising team or individual performance • recognising competent performance

The first six dimensions are core. Brackets suggest the level at which a clinical governance lead is/should be functioning. Examples draw on suggestions within the Knowledge and Skills Framework

REFERENCES

- 1 Scally G and Donaldson LJ. Clinical governance and the drive for quality improvement in the new NHS in England. *British Medical Journal* 1998;317:61–3.
- 2 Commission for Health Improvement. *What is CHI?* London: CHI, 2002.
www.chi.nhs.uk/eng/about/whatischi.shtml
- 3 Sweeney G, Sweeney K, Greco M and Stead J. Softly, softly, the way forward? A qualitative study of the first year of implementing clinical governance in primary care. *Primary Health Care Research and Development* 2002;3:53–64.
- 4 Campbell S and Sweeney G. The role of clinical governance as a strategy for quality improvement in primary care. *British Journal of General Practice* October 2002 Quality Supplement;52:S12–17.
- 5 NHS Clinical Governance Support Team:
www.cgsupport.nhs.uk
- 6 Adapted from Marshall M, Sheaff R, Rogers A *et al.* A qualitative study of the cultural changes in primary care organisations needed to implement clinical governance. *British Journal of General Practice* 2002;52:641–5.
- 7 Department of Health. *NHS Knowledge and Skills Framework (NHS KSF) and Development Review Guidance – working draft*. Version 6 (March 2003). London: Department of Health.
- 8 General Medical Council. *Management in Health Care – the role of doctors*. London: GMC, 1999.
- 9 NHS Modernisation Agency. *NHS Leadership. Competencies: chief executive and director model, managing excellence in the NHS*. Department of Health, 2002.

USEFUL WEBSITES FOR EVIDENCE-BASED CARE

- www.jr2.ox.ac.uk/bandolier/: journal presenting evidence-based information around health.
- www.cochrane.org/: prepares, promotes and publishes evidence-based reviews on aspects of health and social care.
- www.le.ac.uk/cgrdu/: Clinical Governance Research and Development Unit, University of Leicester.
- www.nice.org.uk/: systematic reviews on areas of common clinical practice.

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