

# CLINICAL GOVERNANCE STRATEGY 2006-2009

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## 1.0 Understanding Clinical Governance

- 1.1 Clinical Governance is everything that we do as individuals and as an organisation to strive to achieve excellence in the clinical services we provide.
- 1.2 The concept of Clinical Governance was introduced to the NHS in 1999, through Health Services Circular 1999/065: Clinical Governance in the new NHS. It was described as a “framework through which NHS organisations are accountable for continually improving the quality of their services and safeguarding high standards of care by creating an environment in which excellence in clinical care will flourish.” (Sally, G., Donaldson, L.J. *British Medical Journal* 1998; **317**: 61-65)
- 1.3 The important thing to remember is that the framework comprises of a number of activities that were present before 1999:
- (i) Service user, carer and public involvement
  - (ii) Clinical effectiveness
  - (iii) Clinical risk management
  - (iv) Education, training and development
  - (v) Use of information
  - (vi) Staffing and staff management
  - (vii) Clinical audit

What Clinical Governance brings is a co-ordination of these activities, under the umbrella of the Seven Pillars of Clinical Governance.

- 1.4 Clinical Governance “encapsulates an organisation’s statutory responsibility for the delivery of safe, high quality patient care and it is the vehicle through which that accountable performance is made explicit and visible.” (Halligan, Prof. A. *Clinical Governance: assuring the sacred duty of trust to patients*. Clinical Governance Support Team: 2005)
- 1.5 Guidance on Clinical Governance states that all NHS Trusts have responsibility for:
- 1.5.1 Ensuring that Clinical Governance principles, processes and systems are embedded through the Trust Board and within the organisation.
  - 1.5.2 Ensuring compliance with the statutory duty of quality and principles of Clinical Governance and patient safety for services commissioned from, hosted by, or jointly provided with, other providers.
  - 1.5.3 Ensuring that at a local level they have in place systems and processes to ensure the delivery of safe, high quality care.
  - 1.5.4 Ensuring the implementation of the national quality imperatives e.g. National Patient Safety Agency (NPSA) reporting, National Institute for

Clinical and Health Excellence (NICE) guidance and National Service Frameworks (NSF) standards.

- 1.5.5 Ensuring participation in national confidential inquiries.
  - 1.5.6 Ensuring that all clinicians are involved in regular clinical audit and review of clinical services.
  - 1.5.7 Assessing performance and identifying training needs for all staff.
  - 1.5.8 Developing an open culture within the organisation where incidents are reported and lessons are learned.
  - 1.5.9 Ensuring effective risk management processes and accounting for Clinical Governance responsibilities when signing their statement of internal control.
  - 1.5.10 Monitoring trends in key clinical quality and clinical outcome measures.
  - 1.5.11 Maintaining a focus on continuous, demonstrable improvement in the quality of patient experience and improvement in health care outcomes.
  - 1.5.12 Involving partners in service provision in Clinical Governance activities.
  - 1.5.13 Assuming and making clear the joint accountability for services which are provided on a multi-agency, multi-sector basis.
  - 1.5.14 Reporting to the Strategic Health Authority on Clinical Governance activities.
- 1.6 These objectives were further refined in the Department for Health's Standards for Better Health, outlined below:

**Standards for Better Health – Developmental Standards  
Domain Outcome: Governance**

Managerial and clinical leadership and accountability, as well as the organisation's culture, systems and working practices, ensure that probity, quality assurance, quality improvement and patient safety are central components of all activities of the health care organisation.

- 1.7 The Trust has a Clinical Governance model incorporating the dimensions of Clinical Governance outlined in the Seven Pillars. The Central Clinical Governance Committees are:
- Clinical Audit Steering Group
  - Clinical Risk Management Group

- Infection Control Committee
- Medicines Management Committee
- NICE Implementation Committee
- Research and Development Committee
- Therapeutics Group
- Training and Development Committee

The work of these committees is implemented through the Local Clinical Governance Groups. These multi-disciplinary Clinical Governance groups are orientated according to localities and specialities to ensure Clinical Governance is brought to life through everyday clinical care.

## 2.0 Purpose of the Clinical Governance Strategy

- 2.1 This strategy provides a vision for the strategic development of Clinical Governance throughout Central and North West London Mental Health NHS Trust (CNWL). It has been developed as a result of comprehensive consultation within all services and directorates across the Trust.
- 2.2 This strategy helps to identify the direction the Trust is taking towards the delivery of excellent mental health and substance misuse services. It is intended to be a living document: it will evolve as the Trust develops and in response to new initiatives. It will also change as lessons are learned from implementation of the strategy. This document provides a direction of travel for the next 3 years. A Clinical Governance Development Plan will be produced to enable the strategy to be implemented, monitored and reviewed.
- 2.3 This strategy should be considered within the wider context of the Trust's application for Foundation Trust status, and the integration in 2006 of Hillingdon Mental Health Services, Harrow Child and Adolescent Services and Brent Learning Disability Services.
- 2.4 The agenda for quality improvement is driven by initiatives at local level but includes national guidance from the National Institute for Health and Clinical Excellence (NICE), National Service Frameworks (NSFs), Clinical Negligence Scheme for Trusts (CNST), amongst others, in setting standards, and the Healthcare Commission in monitoring those standards.
- 2.5 The Trust takes on board the key principles of the National Patient Safety Agency's 'Being Open' Policy and endeavours to integrate these principles into our clinical risk management processes and policies. The NPSA's 'Being open' Policy endorses a culture of honest, open and timely communication with patients and / or their carers who have been involved in adverse incidents. Its principles are seen as a prerequisite to improving patient safety and the quality of healthcare systems.
- 2.6 Whilst this strategy will be implemented by members of staff employed by CNWL, the principles will be promoted whenever possible to partners.

- 2.7 This strategy is complementary to the Risk Management Strategy, Medicines Management Strategy, Information Strategy, Clinical Audit Strategy, Service User Involvement Strategy, Carers Involvement Strategy, and Equalities and Diversity Strategy.

## 3.0 Strategic Clinical Governance Objectives

### 3.1 Service User, Carer and Public Involvement

#### **Standards for Better Health – Developmental Standards Domain Outcome: Patient Focus**

Health care is provided in partnership with patients, their carers and relatives, respecting their diverse needs, preferences and choices, and in partnership with other organisations (especially social care organisations) whose services impact on patient well-being.

#### **Standards for Better Health – Developmental Standards Domain Outcome: Accessible and Responsive Care**

Patients receive services as promptly as possible, have choices in access to services and treatments, and do not experience unnecessary delay at any stage of service delivery or of the care pathway.

- 3.1.1 We will ensure teams are working towards objectives outlined in the Carers Strategy and User Involvement Strategy, specifically:
- 3.1.2 Each CNWL service should be able to provide clear and up-to-date information and advice to users and carers about the Trust and other services, including local support services. This information should include how to access services and who to contact in times of crisis and emergencies.
- 3.1.3 Services should be able to make information available in a format to meet users' or carers' needs or, alternatively, to be able to make individual arrangements to meet that need, for example through the use of an interpreting service if required.
- 3.1.4 We will continue to work to enhance and improve service users' involvement and carers' involvement (with service users' consent) in decisions about the individual care and treatment of the service user. For example, through our work on the Care Programme Approach (CPA) and the development of the Single Assessment Process (SAP) for older adults.

- 3.1.5 We will work to enhance and promote mutually respectful and meaningful interaction between service users / carers and staff, i.e. through adherence to the Trust's Code of Good Practice for Meetings with Service Users.
- 3.1.6 We will work to encourage a more active role for BME communities with BME service users and carers in the training of professionals, in the development of mental health policy and in the planning and provision of services, i.e. through the Trust's Focused Implementation Site Project.
- 3.1.7 We will continue to promote and increase users' and carers' involvement in Trust activities, at Trust-wide and local service level, and improve the use of information from systems which feed back users' and carers' views e.g. complaints, PALS, Trust carers groups, Borough-wide user forums for adult services, and the Trust's Annual Mental Health Service User Survey.
- 3.1.8 We will acknowledge the importance of the spiritual and cultural dimensions in the provision of care, ensuring teams are working to the objectives outlined in the Equality and Diversities Strategy.
- 3.1.9 We will be a transparent service that strives to work in partnership with our service users and their carers, ensuring all clinicians work according to the Trust's Care Programme Approach (CPA) and Copying Letters to Patients policies.
- 3.1.10 As the Trust moves towards Foundation Trust status, there will be particular emphasis on developing an active service user and carer membership. We will explore the scope for the use of advocacy services to support active engagement of service users and carers.

## 3.2 Clinical Effectiveness

**Standards for Better Health – Developmental Standards  
Domain Outcome: Clinical and Cost Effectiveness**

Patients achieve health care benefits that meet their individual needs through health care decisions and service based on what assessed research evidence has shown provides effective clinical outcomes.

- 3.2.1 We will promote evidence-based practice and ensure all members of staff have ready access to the electronic evidence base.
- 3.2.2 We will work, alongside the London West Mental Health Research and Development Consortium, towards national research governance requirements.
- 3.2.3 We will promote training in research and critical appraisal skills.

- 3.2.4 We will promote knowledge management tools and skills.
- 3.2.5 We will continue to support the implementation of NICE Guidance to ensure best practice within our clinical services.
- 3.2.6 We will promote clinical and cost effective use of medicines through the continued development of our evidence-based, diagnosis-related prescribing guidelines and formulary.

### 3.3 Clinical Risk Management

**Standards for Better Health – Developmental Standards  
Domain Outcome: Safety**

Patient Safety is enhanced by the use of health care processes, working practices and systematic activities that prevent or reduce the risk of harm to patients.

- 3.3.1 We will ensure teams are working towards the objectives outlined in the Trust's Risk Management strategy; specifically:
- 3.3.2 We will increase understanding across all staff groups about how clinical risk is managed and the contribution expected from them.
- 3.3.3 We will train appropriate staff in the assessment and management of risk.
- 3.3.4 We will keep staff safe in an environment where assaults on staff are treated seriously, according to the Trust's Zero Tolerance Policy.
- 3.3.5 We will ensure that incidents and near misses are recorded in all services in the Trust, and that learning from incidents is routinely shared with all staff across the Trust.
- 3.3.6 The Trust will share information and learning about serious incidents with other health providers and agencies to minimise the potential of such incidents occurring.
- 3.3.7 We will continue to develop engagement with the local Protection of Vulnerable Adults (POVA) policy and procedures.
- 3.3.8 We will continue to work towards requirements set out in the Clinical Negligence Scheme for Trusts (CNST) Level 2.

## 3.4 Clinical Audit

### Standards for Better Health – Core Standards Second Domain: Governance

C05d Healthcare organisations ensure that: d) clinicians participate in regular clinical audit and reviews of clinical services

C05d(i) All organisations - Clinicians are involved in prioritising, conducting, reporting and acting on clinical audits.

C05d(ii) All organisations - Clinicians participate in reviewing the effectiveness of clinical services through evaluation, audit or research.

- 3.4.1 We will ensure that teams are working to the objectives outlined in the Trust's Clinical Audit Strategy; specifically:
- 3.4.2 We will have in place a programme of clinical audit which meets the audit requirements of national initiatives (NICE / NSF)
- 3.4.3 We will actively encourage and support staff in the conduct of multi-disciplinary audit.
- 3.4.4 We will ensure audit is effective and meaningful and that audit results lead to changes in clinical practice and the quality of patient care.
- 3.4.5 We will ensure audits are undertaken, where appropriate, as identified by complaints, serious incidents, and PALS.
- 3.4.6 We will ensure that audits are user and carer focused and have user / carer input where appropriate.
- 3.4.7 We will ensure effective and timely communication of audit activity, results and subsequent action plans.
- 3.4.8 We will build partnerships with colleagues from the acute and primary sectors through the audit of clinical practices situated at the interface of services.

## 3.5 Use of Information

### Standards for Better Health – Developmental Standards Third Domain: Governance

D6 Health care organisations use effective and integrated information technology and information systems which support and enhance the quality and safety of patient care, choice and service planning.

- 3.5.1 We will work towards objectives outlined in the Trust's Information Strategy, specifically:
- 3.5.2 Clinicians will have access to information that enables them to evaluate their own performance.
- 3.5.3 We will ensure clinicians have access to clinical systems that support them in their day-to-day practice.
- 3.5.4 We will ensure the Trust maintains a high level of record keeping standards across all professional groups.
- 3.5.5 We will promote the sharing of information, with appropriate attention to confidentiality and the Caldicott Principles.
- 3.5.6 We will work towards having one multi-disciplinary record for each patient in the Trust.
- 3.5.7 We will work towards the development of the integrated electronic patient record, and its integration with paper record keeping systems, as part of the introduction of the NHS Care Records Service (within the framework defined by *Connecting for Health*).
- 3.5.8 We will promote the jointly agreed protocols for sharing information across local agencies.
- 3.5.9 We will continue to work towards the standardisation of care records across the Trust, whilst allowing for local customisation where appropriate.
- 3.5.10 We will work to improve data quality, and in particular rates of clinical coding.
- 3.5.11 We will use feedback from the CNWL Ethnic Monitoring Report to inform appropriate service developments and improvements.

## 3.6 Education, Training and Development

### Standards for Better Health – Developmental Standards Third Domain: Governance

D5 Health care organisations work together and with social care organisations to meet the changing health needs of their population by: a) having an appropriately constituted workforce with appropriate skill mix across the community; and b) ensuring the continuous improvement of services through better ways of working

- 3.6.1 We will ensure teams are working towards the objectives outlined in the Trust's Training and Development strategy.
- 3.6.2 We will ensure that people who work for the Trust receive training and support to help them work effectively with our diverse communities.
- 3.6.3 We will promote the personal and professional development of all staff through the Knowledge and Skills Framework.
- 3.6.4 We will ensure local induction is appropriately recorded and followed up, as shown on the Trust's local induction form.
- 3.6.5 We will ensure staff have access to effective supervision (including clinical supervision) for all staff.
- 3.6.6 We will develop staff training and development prioritised towards the competencies required by a modern mental health service, including working in partnership with the local authority and the involvement of service users and their carers in training.

## 3.7 Staffing and Staff Management

### Standards for Better Health – Developmental Standards Third Domain: Governance

D7 Health care organisations work to enhance patient care by adopting best practice in human resources management and continuously improving staff satisfaction.

- 3.7.1 We will support members of staff in achieving a healthy work life balance.

- 3.7.2 We will support our members of staff who may also be service users and carers who need support.
- 3.7.3 We will work towards ensuring the diversity of our workforce reflects that of the communities who use our services, including people with mental health problems.
- 3.7.4 We will use feedback from the National Staff Opinion Survey to inform appropriate service developments and improvements.

## 4.0 Key Indicators of Success

The indicators below will be used to demonstrate assurance that we are progressing towards achieving the general clinical governance objectives in Section 3.

### *Internal Assessments*

- 4.1 Users and carers believe that they are well cared for. (*Patient Survey, Complaints*)
- 4.2 All members of staff feel included, listened to and empowered. (*Staff Survey*)
- 4.3 All members of clinical staff regularly undergo clinical supervision.
- 4.4 The Board has safety and quality high on their agenda every meeting.
- 4.5 There is an increase in the reporting of incidents and near misses.
- 4.6 As we start sharing learning from incidents, we will see a decrease in the number of incidents occurring.
- 4.7 Internal benchmarking of clinical data indicates change in clinical practice, particularly in relation to NICE Guidance.
- 4.8 Recruitment and retention rates improve.

### *External Assessments*

- 4.9 Continue to work towards Level 2 on the Clinical Negligence Scheme for Trusts.
- 4.10 Continued compliance with the Healthcare Commission's Standards for Better Health.
- 4.11 Increasing patient and staff survey satisfaction, monitored using the national surveys.

- 4.12 100% of staff report that they have an annual appraisal.
- 4.13 Continued compliance with Improving Working Lives Practice Plus.
- 4.14 Successful clinical governance related assessments by the external auditors.
- 4.15 Successful Mental Health Act Commission assessments.

## 5.0 Roles and Responsibilities

### 5.1 Individuals

Clinical Governance is part of the practice of every clinician and not a separate function carried out on their behalf. Individual health professionals remain responsible for the quality of their own clinical practice. They contribute to this by:

- 5.1.1 Undergoing a minimum of an annual cycle of self-reflection about their practice as part of the Trust's Appraisal process.
- 5.1.2 Developing individual objectives as part of a Personal Development Plan including practice competence issues.
- 5.1.3 Reflecting on the service user and carer experience.
- 5.1.4 Ensuring they are committed to maintaining a high quality service to patients by continual development of practice.
- 5.1.5 Ensuring professional accountability and self-regulation.
- 5.1.6 Committing to continuing professional development and creating a learning environment.

### 5.2 Senior Managers

Senior managers with responsibility for members of staff are particularly responsible for:

- 5.2.1 Supporting individuals.
- 5.2.2 Ensuring accountability arrangements and systems are in place within their services.
- 5.2.3 Ensuring all staff attend training.
- 5.2.4 Promoting a culture that supports learning and encourages reporting; having systems in place to deal with and learn from incidents and complaints, and to identify and manage risks.

## 5.3 Head of Clinical Governance

The Head of Clinical Governance is accountable to the Medical Director. The Head of Clinical Governance will:

- 5.3.1 Support the Local Clinical Governance Groups in developing their action plans.
- 5.3.2 Support the Local Clinical Governance Groups in producing an annual report on activity and progress.
- 5.3.3 Prepare reports on the progress against the strategy for the Clinical Governance Committee.
- 5.3.4 Produce a Clinical Governance Annual Report for the Trust Board and Strategic Health Authority.
- 5.3.5 Support the dissemination of good practice.
- 5.3.6 Provide strategic leadership.
- 5.3.7 Provide advice and guidance.

## 5.4 Local Clinical Governance Groups

**The Local Clinical Governance Groups oversee the implementation of Clinical Governance across the Trust's individual services. They are the means by which this Clinical Governance Strategy is implemented across the Trust.**

There are basic terms of reference for all the Local Clinical Governance Groups, but all groups have the flexibility to modify them to meet individual needs where appropriate.

Each Local Clinical Governance Group will:

- 5.4.1 Monitor their progress against the relevant parts of the strategy.
- 5.4.2 Report to the Central Clinical Governance Committee on progress.
- 5.4.3 Contribute comprehensive information to the Trust's Clinical Governance Annual Report.
- 5.4.4 Spread best practice.
- 5.4.5 Ensure robust communication within each service area.
- 5.4.6 Work together with partner organisations and groups.

5.4.7 Promote a supportive learning environment.

## 5.5 Clinical Governance Sub-Committees

**The Clinical Governance Sub-Committees oversee the implementation of Clinical Governance across the Trust. They are the means by which this Clinical Governance Strategy is implemented across the Trust.**

There are 8 Clinical Governance Sub-Committees, covering the work defined by the Seven Pillars:

- Clinical Audit Steering Group
- Clinical Risk Management Group
- Infection Control Committee
- Medicines Management Committee
- NICE Implementation Committee
- Research and Development Committee
- Therapeutics Group
- Training and Development Committee

These Committees will take forward the work of the strategy, linking with Local Clinical Governance Groups through the Central Clinical Governance Committee where appropriate.

Each Clinical Governance Sub-Committee will:

- 5.5.1 Monitor their progress against relevant parts of the strategy.
- 5.5.2 Report to the Central Clinical Governance Committee on progress.
- 5.5.3 Contribute comprehensive information to the Trust's Clinical Governance Annual Report.
- 5.5.4 Spread best practice.
- 5.5.5 Ensure robust communication with each service area.
- 5.5.6 Work together with partner organisations and group.
- 5.5.7 Promote a supportive learning environment.
- 5.5.8 Report to Trust Board and/or external agencies as appropriate.

## 5.6 Central Clinical Governance Committee

The purpose of the Clinical Governance Committee is to assure the Board of the quality of clinical services across the Trust. The Clinical Governance Committee will:

- 5.6.1 Act as a focal point for key Clinical Governance issues.
- 5.6.2 Develop and monitor the Clinical Governance Strategy on behalf of the Trust Board.
- 5.6.3 Help to steer the direction of Clinical Governance within local services.
- 5.6.4 Monitor and co-ordinate the work of the groups reporting to it.
- 5.6.5 Encourage a culture of excellence in the Trust.
- 5.6.6 Encourage a culture of learning in relation to Clinical Governance.

## 5.7 Trust Board

The Trust Board will approve the Clinical Governance arrangements for the Trust based on:

- 5.7.1 The assurances provided by the Clinical Governance Committee
- 5.7.2 The Clinical Governance Annual Report.
- 5.7.3 The contributions of the Local Clinical Governance Groups to the Clinical Governance Annual Report.
- 5.7.4 Progress against the Clinical Governance Development Plan.
- 5.7.5 The broader performance monitoring of the organisation, including the annual staff and patient opinion surveys.
- 5.7.6 Relevant guidance from the Healthcare Commission.
- 5.7.7 Complimentary performance improvement plans, e.g. Assurance Framework, Clinical Negligence Scheme for Trusts (CNST), Improving Working Lives.

## 6.0 How Clinical Governance will be taken forward within CNWL

- 6.1 A Clinical Governance Development Plan will be developed to implement the objectives identified in this strategy.
- 6.2 This strategy will be monitored by the Clinical Governance Committee. Progress against the strategy will be reported twice-yearly to the Trust Board.
- 6.3 The Trust will use the established management structure and forums to ensure that implementation of the strategy is given a high priority within the organization and that responsibility and accountability for taking action is clearly identified.

## 7.0 Communication of the Strategy

- 7.1 The strategy cannot be implemented without the commitment of the whole organisation and a number of methods will be used to communicate the detail of the strategy to all staff.
- 7.2 These include briefings to senior managers for cascading to all staff and publicising the strategy on the Trust's intranet for staff to read and download as necessary.
- 7.3 Members of the Clinical Governance Committee; Sub-Committees and Local Clinical Governance Groups will act as champions of the strategy raising awareness amongst staff at appropriate forums.

## 8.0 Monitoring of the Strategy

- 8.1 The strategy will be monitored by the Clinical Governance Committee, which is a Committee of the Trust Board.
- 8.2 This strategy will be reviewed each year to ensure it remains in line with national guidance.

## 9.0 Conclusion

There is much to be proud of within the Clinical Governance agenda at Central and North West London Mental Health NHS Trust. There are a wide variety of locality-based developments that have received national and regional recognition. The Clinical Governance Strategy will be on the agenda of each Local Clinical Governance Groups, and will be communicated to all staff as part of a wider Clinical Governance briefing. This will ensure the shared ownership and understanding essential to ensure the culture of excellence continues to flourish in our Trust.

# Appendix One

## Clinical Governance Trigger Questions

These questions are designed to help all members of staff understand how the different elements of Clinical Governance are always present in the work that they perform on a day-to-day basis.

### a. Service User, Carer and Public Involvement

Service User involvement describes how service users can have a say in their own treatment and how they and service user and carer organisations can have a say in the way that services are provided.

- How are service users and their carers involved in the Clinical Governance agenda?
- Are carers involved in the care and treatment of the person they care for?
- What processes are there for service users and carers to make their views known?
- How do they get feedback?
- Is there learning from complaints?
- Are privacy, dignity and confidentiality issues addressed?

### b. Clinical Effectiveness

Clinical effectiveness means the degree to which the organisation is ensuring that 'best practice', based on evidence of effectiveness where such evidence exists, is used.

- Are changes in practice brought about by use of evidence-based methods?
- Are staff aware of how to access appropriate knowledge management resources?
- Is there a wide understanding throughout the Trust of NICE Guidance?

### c. Clinical Risk Management

Clinical risk management means having systems to understand, monitor and minimise the risks to patients and staff and to learn from mistakes.

- Is there an open and reasonable-blame culture?
- How are incidents and near misses reported?
- How does the Trust liaise with other organisations where care is shared?
- What preventative measures are in place?
- What improvements to patient care have resulted from clinical risk management?

## d. Clinical Audit

Clinical audit is the continual evaluation and measurement by health professionals of their work and the standards they are achieving.

- What improvements to the service user experience result in practice following audit?
- How do the audits link to the national and local agenda for the Trust?
- How are audit results communicated?
- How are service users and carers involved in audits?

## e. Use of Information

Using information covers the systems the Trust has in place to collect and interpret clinical information and to use it to monitor, plan and improve the quality of patient care.

- Does information used by teams and the Board include 'the patient's' experience?
- Have clinical staff been involved in specification of information requirements?
- Are there multi-disciplinary health records, residing in a single file?
- What training is there for staff in accessing and using information?

## f. Education, Training and Development

Education, training and development covers the support available to enable staff to be competent in doing their jobs, whilst developing their skills and the degree to which staff are up to date with developments in their field.

- What opportunities are there for training or formal education?
- Do all our staff receive a yearly appraisal?
- Are relevant staff undergoing the mandatory training?
- Are changes made following external assessments?

## g. Staffing and Staff Management

Staffing and staff management covers the recruitment, management and development of staff. It also includes the promotion of good working conditions and effective methods of working.

- Are staff aware of their responsibilities under Clinical Governance?
- How does the Trust monitor staff absence and use of temporary staff?
- How is poor performance identified, monitored and managed?
- Is there team working within teams and between teams?
- What support systems are there for staff?