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**Differentiating Clinical Governance, Clinical Management and Clinical Practice**

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## **Abstract**

**Purpose** – This paper reviews prior definitions of the umbrella term ‘clinical governance’. The research question is: do clinical governance definitions adequately distinguish between governance, management and practice functions? Three definitions are introduced to replace that umbrella term.

**Design/Methodology/Approach** – Content analysis is applied to analyse twenty nine definitions of clinical governance from the perspective of the roles and responsibilities of those charged with governance, management and practice.

**Findings** – The analysis indicates that definitions of the umbrella term ‘clinical governance’ comprise a mixture of activities relating to governance, management and practice which is confusing for those expected to execute those roles.

**Practical implications** – Consistent with concepts from corporate governance, we distinguish between governance, management and practice. For effective governance, it is important that there be division of duties between governance roles and management and practice roles. These distinctions will help to clarify roles and responsibilities in the execution of clinical activities.

**Originality/Value** – Drawing on insights from corporate governance, in particular, the importance of a division of functions between governance roles, and management and practice roles, we propose three new definitions to replace the umbrella term ‘clinical governance’.

**Key words:** Clinical governance, Definitions, Governance, Management, Practice, Roles and responsibilities

**Paper type:** Conceptual paper

## **Introduction**

There is a gap between what is planned for clinical governance (documented in reports, strategies and plans) and clinical governance in practice (deBurca *et al.*, 2008; Gauld *et al.*, 2011; Latham, 2003; Lewis *et al.*, 2002; Mathias, 2009; Mueller *et al.*, 2003; Staniland, 2009). To achieve good clinical outcomes, the concept must be clearly understood, especially by those executing the related roles and responsibilities implicit in the umbrella term ‘clinical governance’. Confusion arises because clinical governance systems are characterised both as (1) accountability/governance structures and (2) management processes.

Clinical governance is designed to promote and ensure good practice (Onion, 2000). Maynard (1999: 6) acknowledges there is no satisfactory definition of clinical governance. Clinical governance is viewed as an umbrella concept (Balding, 2005; Braithwaite and Travaglia, 2008; Flynn, 2002; McSherry and Pearce, 2011; Scally and Donaldson, 1998) which contributes to the challenge in identifying with the concept. It promotes an integrated approach to quality improvement and attempts to bring all quality activities under one umbrella, melding administrative and clinical elements and providing a framework for clinical accountability. A key feature of clinical governance is to monitor and improve professional performance. It includes widely disparate functions such as regulation, identifying and managing under-performance, appraisal, continuous professional development and so on which all play into clinical governance. Flynn (2002) suggests that the proliferation of mixed metaphors (umbrella, model, framework, culture and mindset) indicate that there is an inherent ambiguity about the precise nature of clinical governance.

While Travaglia *et al.* (2011) map the development of clinical governance as a mobilising concept in healthcare, we contribute to the literature by deconstructing prior definitions to clarify what is meant by the umbrella term ‘clinical governance’.

## **Definitions**

The requirement for a coordinated approach to quality assurance activities was first formally advanced by the World Health Organization in 1983 (World Health Organization, 1984). The WHO recommended working towards the ultimate objective of a comprehensive system for quality assurance (supported by legislation where necessary) as an essential component of health care delivery systems. Clinical governance was subsequently introduced by the UK Department of Health (1998 and 1999) in response to some well publicised failures in the

NHS such as errors in pathological diagnosis at the bone tumour service of Birmingham's Royal Orthopaedic Hospital, a consultant obstetrician who committed a catalogue of surgical blunders, or the inadequate paediatric cardiac service at Bristol Royal Infirmary (Halligan and Donaldson 2001). The umbrella term 'clinical governance' was first used by the UK Department of Health (1997). The umbrella term was subsequently defined by both the Department of Health (1998) and Scally and Donaldson (1998) (see Appendix 1 for those definitions). Under Section 18(1) of the UK Health Act 1999, monitoring and improving the quality of health care became an explicit statutory duty for every part of the UK health service. To establish clear guidance on best practice, a National Institute of Clinical Excellence (NICE) was created and a Commission for Health Improvement (CHI) to offer an independent guarantee that local systems are in place to monitor, assure and improve clinical quality (Onion, 2000).

Variations of the UK clinical governance definition are now widely used by other countries' health systems. In New Zealand, Wright *et al.* (2001) and Perkins *et al.* (2006) identified what was new about clinical governance, compared with previous quality initiatives, which is the focus on corporate accountability for clinical quality, leadership, organisational culture and organisational quality strategies. The original definition of clinical governance has been identified as unwieldy and difficult to comprehend (Freeman, 2003; Latham, 2003; Lewis *et al.*, 2002; Penny, 2000; Som, 2004 and 2009). In providing an alternative definition of clinical governance, Som (2004) suggested that prior definitions did not capture the essence of clinical governance in terms of its organisation-wide implication for continuous quality improvement. One of the concerns is that it combines elements of external quality assurance (governance) with internal quality improvement (management and practice); the former for upward vertical accountability and the latter for continuous internal service development (Freeman 2003). Peak *et al.* (2005) identified confusion between leadership, accountability and coordination roles and responsibility in the implementation of a model for clinical governance across a large teaching NHS trust. Greenfield *et al.* (2011) show that there is a lack of shared understanding of clinical governance and instances of disagreement remain. Peak *et al.* (2005) found that frequently the organisational view of clinical governance differs from the perception of clinical staff.

## **Importance of distinguishing roles and responsibilities**

In corporate governance the importance of distinguishing governance, management and front line delivery roles and responsibilities is widely accepted. For example, Principle 1 of the Australian Stock Exchange's (ASX) Corporate Governance Council states "Companies should establish and disclose the respective roles and responsibilities of board and management". In the context of IT governance, De Haes and Van Grembergen (2004) observe "Clear and unambiguous definitions of the roles and responsibilities of the involved parties are crucial and prerequisites for an effective IT governance framework. It is the role of the board and executive management to communicate these roles and responsibilities and to make sure that they are clearly understood throughout the whole organization." In a clinical governance context, O'Connor and Patton (2008) acknowledge the importance of clarity around roles and responsibilities (setting them out in their Figure 1) as follows: "...the successful application of clinical governance in a health setting is built on a collaborative relationship between clinicians and managers in which the specific roles and responsibilities of each are made explicit, are understood by the other and are complementary." These are the normative assumptions underlying this paper.

## **Methodology**

The research question is: do clinical governance definitions adequately distinguish between governance, management and practice functions? This section of the paper describes how the definitions of clinical governance analysed in the paper were identified, and the method of analysis applied to those definitions.

### *Population and sample*

Initially, two medical databases were searched (i) Cumulative Index to Nursing and Allied Health Literature (CINAHL) and (ii) Pubmed. Search terms combinations 'clinical governance' and 'definitions' and 'hospital clinical governance' and 'definitions' were used. The search was restricted to articles from 1998 and published in English. Consistent with Travaglia et al. (2011), this returned over 2,000 citations.

An alternative method was then identified which involved a 'snowball' technique:

- a. The starting point was the bibliographies contained in six PhD studies on 'clinical governance' to identify the main source of clinical governance definitions (Freeman 2004; Gluyas 2008; Latham 2003; Mathias 2009; Staniland 2007; Stewart, 2007).

- b. Then Government/statutory websites from countries known to have introduced systems for clinical governance (England, Scotland, Wales, Northern Ireland, Ireland, Australia, New Zealand, and Canada) were searched for policy documents on clinical governance.
- c. A more detailed search of three subject-specific journals was then undertaken: (i) *British Journal of Clinical Governance* (1998-2002), subsequently published as *Clinical Governance: An International Journal* (2003-to date); (ii) *British Medical Journal* (1998-to date) and (iii) *British Medical Journal Quality and Safety* (2011-to date).

The inclusion criteria for each definition were that the definition was unique in that it had not been used previously and was not a replication of an original definition i.e. a development or change in an original definition. These searches initially harvested 19 definitions. With further searches using a snowball approach this increased to 29 definitions. The 29 unique definitions in the main emanate from the original definition (Department of Health 1998 and Scally and Donaldson 1998) and were published by 17 authors and 12 Government departments/health executives/associations/commissions across four countries (UK, Ireland, Australia, and New Zealand).

### *Content analysis*

Manual content analysis (Weber, 1990; Krippendorff, 2004) using a keyword approach was applied in analysing the definitions. While manual content analysis is less mechanical than computerised approaches, it involves subjective judgement by researchers. We justify this approach on the basis that our methods are transparently set out in Appendix 1 to the paper. Keywords suggesting governance/management/front line delivery roles and responsibilities were identified and counted. One author conducted a first analysis of the definitions. The second author reviewed and significantly changed the analysis. Then an iterative forwards-and-backwards process between the two authors took place until full agreement was reached on the analysis. Keywords in the 29 definitions were summarised, differentiating between governance, management and practice (our categorisation involves judgement and is not scientific; some terms (for example, 'risk management', 'leadership', 'effectiveness', 'information') may fit under more than one heading). The subjective nature of the analysis is such that other researchers might come up with different analyses. We believe those differences do not undermine the conclusions in the paper.

**Table 1: Frequency of terms in 29 definitions of clinical governance, categorised by governance, management, front line delivery roles and responsibilities**

<b>Governance terms</b>	<b>Frequency</b>	<b>Management terms</b>	<b>Frequency</b>	<b>Practice (Front line delivery) terms</b>	<b>Frequency</b>
1. Accountability	19	1. Management	8	1. Quality	26
2. System	12	2. Risk management	5	2. Continual improvement	12
3. Responsibility	9	3. Performance	4	3. Standards of care	10
4. Monitored	7	4. Integral/integrated	4	4. Clinical outcome	9
5. Framework	6	5. Processes/procedures	3	5. Safety	9
6. Structures	4	6. Effective/effectiveness	3	6. Excellence in clinical care	4
7. Culture	3	7. Resources	2	7. Consumer participation /patient involvement	3
8. Assurance	3	8. Leadership	2	8. Clinical practice	2
9. Audit	3	9. Clinical policy	1	9. Continuing professional development	2
10. Registered professionals /regulation	2	10. Planning	1	10. Teamwork	1
11. Board/governing body	2	11. Inputs	1	11. Evidence-based	1
12. Oversight	1	12. Information	1	12. Clinical judgement	1
13. Discipline	1				
14. Compliance	1				
15. Values	1				
16. Obligations	1				
	<u>75</u>		<u>35</u>		<u>80</u>

### **Results: Confusion in definitions of clinical governance**

The common definitions for clinical governance are set out on Appendix 1. These definitions are analysed in Table 1 which reveals confusion about the term/concept, in particular between the governance, management and practice of clinical activities. There are 40 key terms used on 190 occasions in the 29 definitions of clinical governance. Amalgamating governance, management and practice terms together into single umbrella definition of clinical governance adds confusion for those charged with the execution of clinical activities in practice. In terms of clear roles and responsibilities, it is important to distinguish governance, management and practice functions as, generally speaking, they should be executed by

different personnel. Arguably, the term ‘clinical governance’ needs to more rigorously distinguish between the governance, management and practice of clinical activities.

### **Proposed new definitions**

Achieving effective clinical governance requires a collaborative effort between boards, CEOs, executive and middle managers, clinical managers and front line staff. Over the last 14 years, umbrella definitions of clinical governance have been used regardless of the level or role in organisations to which it was applied. For effective governance, it is important that there be division of duties between governance roles and management and practice roles. It is a fundamental principle of governance that governors cannot oversee and monitor their own work.

In order to embed clinical governance fully throughout health systems it is necessary to clearly articulate the roles and responsibilities relating to clinical governance. Table 2 sets out three new definitions to replace the umbrella term ‘clinical governance’. Some terms (for example, ‘leadership’) transcend all three definitions and are therefore not explicitly included. Although far from ideal, in certain circumstances, a single individual may hold governance, management and clinical roles at the same time. Providing three separate definitions provides clarity for the function in each role.

<b>Table 2: Definitions of clinical governance, clinical management, clinical practice</b>	
<b>Terms</b>	<b>Definitions</b>
Clinical governance	Structures, systems, and standards applying to create a culture, and direct and control clinical activities. Clinical accountability and responsibility, a sub-set of clinical governance, involves the monitoring and oversight of clinical activities, including regulation, audit, assurance and compliance by governors (such as boards of directors), regulators (such as governments and professional bodies), internal auditors and external auditors.
Clinical management	Processes and procedures, including resourcing clinical staff, by managers to efficiently, effectively and systematically deliver high quality, safe clinical care.
Clinical practice	Delivery by clinicians of high quality, safe clinical care in compliance with clinical policies and performance standards, in the interests of patients.

## **Limitations**

The paper implicitly assumes that the governance and management of clinical governance will improve delivery of clinical practice. Some authors have questioned such assumptions. For example, Goodman (2002) criticises clinical governance as vague, lacking in detail, and considers it to be more rhetoric than substance, designed to increase management control over staff. Further he observes that there is no evidence that the clinical governance movement has improved the quality of health care. This assertion is confirmed by Thomas (2002) in a search to link the introduction of clinical governance to improvement in quality of healthcare. In considering two influential articles on clinical governance, Loughlin (2002) uses phrases such as “rhetorical over reality” and “buzzwords”. He comments that a key feature of clinical governance is the lack of clarity about its true meaning and nature. In responding to this observation, this paper attempts to add some clarity, specifically around roles and responsibilities. Walshe (2009) concurs with our assumption and acknowledges that regulation in health care works. However, he points to negative effects, such as: temporary unsustainable improvement, pointless conformance, defensive or minimal compliance, creative compliance, inhibition of innovation, distortion of internal priorities and opportunity costs. Ultimately, we accept that unless those charged at various levels with responsibility for clinical activities execute their responsibilities in a robust and substantive manner, clinical governance will amount to mere symbolism and window-dressing.

## **Implications for policy and practice**

In a qualitative case study of three UK health authorities, Marshall (1999) found unclear roles and responsibilities were barriers to managing quality improvements in general practice. Greater clarity in understanding what is meant by clinical governance should permit better mapping and documentation of respective roles and responsibilities to individuals, ultimately improving clinical practice if done effectively. Clinical quality will not improve unless governors, managers and practitioners take personal responsibility for the positions they hold and the functions they perform.

Politicians, regulators, governors, managers, academics, clinicians, patients and members of the public all have an interest in the successful application of clinical governance to improve quality and safety of healthcare and to eradicate unsafe practice. Being precise on the clinical governance functions and focus at each level will assist policy makers, decision makers and healthcare providers in better articulating and applying the accountability/governance

structures and management processes. Operating with one 'umbrella' definition has created the erroneous expectation that clinicians and managers have a responsibility in governing care delivery. Provision of three separate definitions distinguishes and differentiates between functions at each level and, in particular, removes confusion for front line practitioners. The application and use of three focused definitions should help facilitate cooperative and concordant working practices and bring significant gains from the resulting concerted actions.

Evaluations by researchers of clinical governance will continue to be an important source of insight into how the constituent structures and processes work, and how they should be used or implemented in healthcare organisations. The definitions provided in this paper contribute by providing clarity on the intended functions at board, management and practice levels.

### **Concluding comment**

Clarity around terms addressing the governance, management and practice of clinical activities will assist those charged with those activities to understand and make better sense of what is required of them. Clarity around roles and responsibilities may lead to more effective implementation of best practice standards to the benefit of patients and professionals treating them.

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<b>Appendix 1: Definitions for clinical governance</b>		
<b>Author (jurisdiction)</b>	<b>Descriptor (keywords underlined)</b>	<b>Terms</b>
1. Department of Health, (1998: 33). (UK)	..a <u>framework</u> through which NHS organisations are <u>accountable</u> for <u>continually improving</u> the <u>quality</u> of their services and safeguarding high <u>standards</u> of care by creating an environment in which <u>excellence of clinical care</u> will flourish.	<ul style="list-style-type: none"> <li>▪ Accountability</li> <li>▪ Continually improving</li> <li>▪ Excellence of clinical care</li> <li>▪ Framework</li> <li>▪ Quality</li> <li>▪ Standards of care</li> </ul>
2. Scally and Donaldson (1998: 61) (UK)	.. is a <u>system</u> through which NHS organisations are <u>accountable</u> for <u>continuously improving</u> the <u>quality</u> of their services and safeguarding high <u>standards</u> of care by creating an environment in which <u>excellence in clinical care</u> will flourish.	<ul style="list-style-type: none"> <li>▪ Accountability</li> <li>▪ Continuously improving</li> <li>▪ Excellence in clinical care</li> <li>▪ Quality</li> <li>▪ Standards of care</li> <li>▪ System</li> </ul>
3. Galbraith (1998: 2) (Scotland)	...the vital ingredient which will enable us to achieve a health service in which the <u>quality</u> of health care is paramount. The best definition that I have seen is simply that it means 'corporate <u>accountability</u> for <u>clinical performance</u> '. Clinical governance will not replace <u>professional self regulation</u> and individual <u>clinical judgement</u> , concepts that lie at the heart of health care ...but it will add an extra dimension that will provide the public with guarantees about <u>standards</u> of clinical care.	<ul style="list-style-type: none"> <li>▪ Accountability</li> <li>▪ Clinical judgement</li> <li>▪ Clinical performance</li> <li>▪ Professional self regulation</li> <li>▪ Quality</li> <li>▪ Standards of care</li> </ul>
4. Royal College of Nursing (1998: 3) (UK)	A <u>framework</u> which helps clinicians – including nurses – to <u>continuously improve quality</u> and safeguard <u>standards</u> of care.	<ul style="list-style-type: none"> <li>▪ Framework</li> <li>▪ Continuously improve</li> <li>▪ Quality</li> <li>▪ Standards of care</li> </ul>
5. Scotland (1998: 138) (UK)	A proper level of clinical governance in an organisation requires that substantially the whole of clinical activity meets commonly accepted <u>standards</u> , where these exist, and can be show as meeting them.	<ul style="list-style-type: none"> <li>▪ Standards</li> </ul>
6. Walshe (1998: 1) (UK)	It (clinical governance) means corporate <u>accountability</u> for <u>clinical performance</u> .	<ul style="list-style-type: none"> <li>▪ Accountability</li> <li>▪ Clinical performance</li> </ul>
7. Winter (1999: 26) (UK)	.. a <u>systematic</u> approach to <u>assure</u> the delivery of high <u>quality</u> health services with the active <u>participation</u> of clinicians and <u>patients</u> supported by <u>managers</u> .	<ul style="list-style-type: none"> <li>▪ Assure</li> <li>▪ Managers</li> <li>▪ Participation of patients</li> <li>▪ Quality</li> <li>▪ Systematic</li> </ul>
8. Maynard (1999: 4) (UK)	..the purpose of clinical governance is to <u>manage</u> health care activities [that is clinical services] with a rigour and <u>discipline</u> similar to that exercised over NHS budgets for more than fifty years.	<ul style="list-style-type: none"> <li>▪ Discipline</li> <li>▪ Manage</li> </ul>
9. NHS, North Thames Region (1998: 1) (UK)	..the means by which organisations ensure that provision of <u>quality</u> clinical care by making individuals <u>accountable</u> for setting, maintaining and <u>monitoring performance standards</u> . This <u>accountability</u> entails identifying the role and <u>responsibility</u> of each clinician and <u>manager</u> .	<ul style="list-style-type: none"> <li>▪ Accountable</li> <li>▪ Manager</li> <li>▪ Monitoring</li> <li>▪ Performance standards</li> <li>▪ Quality</li> <li>▪ Responsibility</li> </ul>
10. Lugon and Secker-Walker (1999: 1) (UK)	..the action, the <u>system</u> or the manner of governing clinical affairs. This requires two main components; an explicit means of setting <u>clinical policy</u> and an equally explicit means of <u>monitoring compliance</u> with such policy.	<ul style="list-style-type: none"> <li>▪ Clinical Policy</li> <li>▪ Compliance</li> <li>▪ Monitoring</li> <li>▪ System</li> </ul>

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Author	Descriptor (key words underlined)	Terms
11. Clinical Leaders Association of New Zealand (2000:66) (New Zealand)	...is organisational <u>accountability</u> for <u>clinical performance</u> , health <u>outcomes</u> and <u>effective</u> use of <u>resources</u> , including the <u>systems</u> which <u>regulate</u> clinical activity, ensure patient <u>safety</u> and promote the <u>highest standards</u> of patient care. Clinical governance focuses on health <u>outcomes</u> , requires <u>consumer participation</u> and supports organisational learning and development. Clinical governance ensures that the limited <u>resources</u> are utilised to maximise the health gain of people served by the hospital health service. Strategic business <u>planning</u> must include the development of clinical services to achieve objectives in health status as well as financial performance.	<ul style="list-style-type: none"> <li>▪ Accountability</li> <li>▪ Clinical performance</li> <li>▪ Consumer participation</li> <li>▪ Effective</li> <li>▪ Outcomes</li> <li>▪ Planning</li> <li>▪ Resources</li> <li>▪ Regulate</li> <li>▪ Safety</li> <li>▪ Standards of patient care</li> <li>▪ Systems</li> </ul>
12. Halligan and Donaldson (2001: 1414) (UK)	..good <u>leadership</u> empowers <u>teamwork</u> , creates an open and <u>questioning culture</u> , and ensures that both the ethos and the day to day delivery of clinical governance remain an <u>integral</u> part of every clinical service	<ul style="list-style-type: none"> <li>▪ Integral</li> <li>▪ Leadership</li> <li>▪ Questioning culture</li> <li>▪ Teamwork</li> </ul>
13. Office of Safety and Quality in Health Care, Western Australia (2001: 2) (Australia)	...a <u>systematic</u> and <u>integrated</u> approach to <u>assurance</u> and review of <u>clinical responsibility</u> and <u>accountability</u> that <u>improves quality</u> and <u>safety</u> resulting in optimal patient <u>outcomes</u>	<ul style="list-style-type: none"> <li>▪ Accountability</li> <li>▪ Assurance</li> <li>▪ Improves</li> <li>▪ Integrated</li> <li>▪ Outcomes</li> <li>▪ Quality</li> <li>▪ Responsibility</li> <li>▪ Safety</li> <li>▪ Systematic</li> </ul>
14. Freedman (2004: 171) (UK)	...essentially clinical governance provides an umbrella under which all aspects of <u>quality</u> can be gathered and continuously <u>monitored</u> . ... clinical governance sits together with a number of <u>quality</u> initiatives as part of a larger programme of improving health care.	<ul style="list-style-type: none"> <li>▪ Monitored</li> <li>▪ Quality</li> </ul>
15. Som (2004: 89) (UK)	...a governance <u>system</u> for health-care organisation that promotes an <u>integrated</u> approach towards <u>management</u> of <u>inputs</u> , <u>structures</u> and <u>processes</u> to <u>improve</u> the <u>outcome</u> of health-care service delivery where health staff work in an environment of greater <u>accountability</u> for clinical <u>quality</u> .	<ul style="list-style-type: none"> <li>▪ Accountability</li> <li>▪ Improve</li> <li>▪ Inputs</li> <li>▪ Integrated</li> <li>▪ Management</li> <li>▪ Outcome</li> <li>▪ Quality</li> <li>▪ Processes</li> <li>▪ Structures</li> <li>▪ System</li> </ul>
16. Spark and Rowe (2004: 167) (Australia)	.....is a <u>framework</u> through which health service organizations are <u>accountable</u> for <u>continuously improving</u> the <u>quality</u> of their services. Clinicians have always been <u>accountable</u> for maintaining high <u>quality</u> care; clinical governance merely imposes <u>structure</u> in this and makes it explicit. The features of this are: (i) full participation in <u>audit</u> by all hospital doctors; (ii) support and use <u>evidence-based</u> practice, including <u>risk management</u> , <u>quality assurance</u> and <u>clinical effectiveness</u> ; and (iii) <u>continuing professional development</u> .	<ul style="list-style-type: none"> <li>▪ Accountable</li> <li>▪ Assurance</li> <li>▪ Audit</li> <li>▪ Clinical effectiveness</li> <li>▪ Continuing professional development</li> <li>▪ Continuously improving</li> <li>▪ Evidence-based</li> <li>▪ Framework</li> <li>▪ Quality</li> <li>▪ Risk management</li> <li>▪ Structure</li> </ul>

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Author	Descriptor (key words underlined)	Terms
17. Australian Council for Healthcare Standards (2004: 4) (Australia)	...is the <u>system</u> by which the <u>governing body</u> , <u>managers</u> and clinicians share <u>responsibility</u> and are held <u>accountable</u> for patient care, <u>minimising risks</u> to consumers and for continuously <u>monitoring</u> and <u>improving the quality</u> of clinical care.	<ul style="list-style-type: none"> <li>▪ Accountable</li> <li>▪ Continuously...improving</li> <li>▪ Governing body</li> <li>▪ Managers</li> <li>▪ Minimising risks</li> <li>▪ Monitoring</li> <li>▪ Quality</li> <li>▪ Responsibility</li> <li>▪ System</li> </ul>
18. NHS Quality Improvement Scotland (2005: 59) (Scotland)	... is the <u>system</u> through which NHS organisations are <u>accountable</u> for continuously <u>monitoring</u> and <u>improving the quality</u> of their care and services and safeguarding high <u>standards</u> of care and services.	<ul style="list-style-type: none"> <li>▪ Accountable</li> <li>▪ Continuously...improving</li> <li>▪ Monitoring</li> <li>▪ Quality</li> <li>▪ Standards of care</li> <li>▪ System</li> </ul>
19. Balding (2005: 356) (Australia)	...the <u>systems</u> and <u>processes</u> that a health agency has in place that contribute to the maintenance of patient <u>safety</u> , and to detail <u>accountability</u> and <u>responsibility</u> for patient <u>safety</u> . Clinical governance also encompasses the mechanisms used to <u>monitor</u> and measure patient <u>outcomes</u> to ensure optimum <u>quality care</u> .	<ul style="list-style-type: none"> <li>▪ Accountability</li> <li>▪ Monitor and measure</li> <li>▪ Outcomes</li> <li>▪ Processes</li> <li>▪ Quality</li> <li>▪ Responsibility</li> <li>▪ Safety</li> <li>▪ Systems</li> </ul>
20. Queensland Health (2007: 117) (Australia)	... is the <u>structured accountability</u> for <u>safety</u> and <u>quality</u> to self, peers and the community. It is a <u>framework</u> through which health organisations are <u>accountable</u> for <u>continuously improving</u> the quality of their services and safeguarding high <u>standards</u> of clinical care by creating an environment in which clinical care will flourish. Clinical governance requires that health services treat <u>obligations</u> for <u>clinical quality</u> and <u>safety</u> with the same level of <u>responsibility</u> that they do financial and business responsibilities.	<ul style="list-style-type: none"> <li>▪ Accountability</li> <li>▪ Continuously improving</li> <li>▪ Framework</li> <li>▪ Obligations</li> <li>▪ Quality</li> <li>▪ Responsibility</li> <li>▪ Safety</li> <li>▪ Standards of clinical care</li> <li>▪ Structured</li> </ul>
21. Department of Health and Children (2008: 62) (Ireland)	...the <u>culture</u> , the <u>values</u> , the <u>processes</u> and the <u>procedures</u> that must be put in place in order to achieve sustained <u>quality</u> of care in healthcare organisations. Clinical governance involves moving towards a <u>culture</u> where <u>safe</u> , high <u>quality</u> patient centred care is ensured by all those involved in the patient's journey. Clinical governance must be a core concern of the <u>Board</u> and CEO of a healthcare organisation	<ul style="list-style-type: none"> <li>▪ Board</li> <li>▪ Culture</li> <li>▪ Quality</li> <li>▪ Processes and procedures</li> <li>▪ Safe</li> <li>▪ Values</li> </ul>
22. Bishop (2009: 387) (UK)	... is an extension of financial governance to <u>clinical practices</u> , and the need for organisations to provide <u>effective</u> and <u>quality</u> health care.	<ul style="list-style-type: none"> <li>▪ Clinical practices</li> <li>▪ Effective</li> <li>▪ Quality</li> </ul>
23. Ministry Task group on Clinical Leadership (2009:2) (New Zealand)	...is the <u>system</u> through which health and disability services are <u>accountable</u> and <u>responsible</u> for <u>continuously improving the quality</u> of their services and safeguarding high <u>standards</u> of care, by creating an environment in which <u>clinical excellence</u> will flourish. Clinical governance is the system. <u>Leadership</u> , by clinicians and others, is a component of that system	<ul style="list-style-type: none"> <li>▪ Accountable</li> <li>▪ Clinical excellence of care</li> <li>▪ Continuously improving</li> <li>▪ Leadership</li> <li>▪ Quality</li> <li>▪ Responsible</li> <li>▪ Standards of care</li> <li>▪ System</li> </ul>
24. Health Service Executive (2010: 52) (Ireland)	...a <u>management framework</u> that ensures the achievement of high <u>quality</u> , <u>safe care</u> for service users. Note: In some healthcare organisations the term 'governance' is used. In most cases this is simply shorthand for clinical governance	<ul style="list-style-type: none"> <li>▪ Framework</li> <li>▪ Management</li> <li>▪ Quality</li> <li>▪ Safe care</li> </ul>

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Author	Descriptor (key words underlined)	Terms
25. Phillips <i>et al.</i> (2010: 602) Australia	Clinical governance is a <u>systematic</u> and <u>integrated</u> approach to ensuring services are <u>accountable</u> for delivering <u>quality</u> health care.  Clinical governance is delivered through a combination of strategies including: ensuring clinical <u>competence</u> , clinical <u>audit</u> , <u>patient involvement</u> , education and training, <u>risk management</u> , use of <u>information</u> , and staff <u>management</u> .	<ul style="list-style-type: none"> <li>▪ Accountable</li> <li>▪ Audit</li> <li>▪ Information</li> <li>▪ Integrated</li> <li>▪ Management</li> <li>▪ Patient involvement</li> <li>▪ Quality</li> <li>▪ Risk management</li> <li>▪ Systematic</li> </ul>
26. McSherry and Pearce (2011: 46) (UK)	... is a framework for the continual improvement of patient care by minimising clinical risks and continuing the development of organisations and staff.	<ul style="list-style-type: none"> <li>▪ Continual improvement</li> <li>▪ Continuing development</li> <li>▪ Framework</li> <li>▪ Minimising clinical risks</li> </ul>
27. Peyton (2011: 6) (Ireland)	... as corporate <u>responsibility</u> for <u>clinical outcomes</u> . Therefore, staff at all levels of the organisation, including consultant staff, multidisciplinary specialist teams and all levels of <u>management</u> , have a collective <u>responsibility</u> to ensure the highest <u>quality of clinical outcomes</u> .	<ul style="list-style-type: none"> <li>▪ Clinical outcome</li> <li>▪ Management</li> <li>▪ Quality</li> <li>▪ Responsibility</li> </ul>
28. Peyton (2011: 18) (Ireland)	...is a corporate <u>responsibility</u> , requiring an <u>oversight</u> of all those factors involved in achieving successful <u>clinical outcome</u> in order to ensure best practice. It involves the ongoing <u>management</u> of any likelihood of <u>risk</u> in order to ensure that any adverse <u>outcome</u> which does occur is fully investigated and understood so that lessons may be learned.	<ul style="list-style-type: none"> <li>▪ Clinical outcome</li> <li>▪ Oversight</li> <li>▪ Management...of risk</li> <li>▪ Responsibility</li> </ul>
29. Health Information & Quality Authority (2012: 140) (Ireland)	.... is a <u>system</u> through which service providers are <u>accountable</u> for <u>continuously improving</u> the <u>quality</u> of their <u>clinical practice</u> and safeguarding high <u>standards</u> of care by creating an environment in which <u>excellence in clinical care</u> is provided and will flourish. This includes mechanisms for <u>monitoring</u> clinical <u>quality</u> and <u>safety</u> through <u>structured</u> programmes, for example, <u>clinical audit</u> .	<ul style="list-style-type: none"> <li>▪ Accountable</li> <li>▪ Clinical audit</li> <li>▪ Clinical practice</li> <li>▪ Continuously improving</li> <li>▪ Excellence in clinical care</li> <li>▪ Monitoring</li> <li>▪ Quality</li> <li>▪ Safety</li> <li>▪ Standards of care</li> <li>▪ Structured</li> <li>▪ System</li> </ul>