

PROJECT SUMMARY

Quality, safety and clinical governance in NHS and independent hospitals: lessons from the interface

The overall aim of this research is to provide evidence on the quality and safety of patient care in NHS and independent hospitals and the effectiveness and impact of shared arrangements for clinical governance. There have been concerns about these arrangements among policymakers and leaders in both the NHS and independent healthcare sectors, and reports such as the Paterson inquiry, the medicines and medical devices safety review, a recent Healthcare Safety Investigation Board report and the Care Quality Commission state of care report have highlighted opportunities for improvement.

The terms quality, safety and clinical governance are often used somewhat loosely, and it is helpful to be clear about their meaning in this study. Patient safety refers generally to the prevention of avoidable harm to patients, but has a wider intellectual foundation in safety science in other industries and settings. Quality of care refers to a wider set of attributes of care - safety, but also efficiency, effectiveness, acceptability, access, equity and relevance. Clinical governance refers both to the systems that organisations put in place to assure and improve the quality of clinical care and the accountability of organisations for how those systems function – what has been termed corporate or managerial accountability for the quality of care.

In the past, empirical evidence on the quality and safety of care has been limited by the lack of comparable routine data across both NHS and independent hospitals, but that is now changing with reforms led by both NHS Digital and the Private Hospital Information Network which will create a single dataset for all admitted patient care across all acute hospitals. The importance of clinical governance has been recognised and we know that some important reforms have been initiated but not how well they are working, particularly to address the way clinical governance works across the interface and between organisations.

In this study, we will address four main research questions:

1. What are the characteristics of the patient population and the care provision in NHS and independent hospitals in England, and what differences are observed by funding type (NHS or private), care setting (NHS or independent), specialty, procedure, geography and over time?
2. Can we map and measure the overall scope of practice of doctors providing care in both NHS and independent hospitals, and explore how well those organisations understand and oversee that scope of practice through the separate and shared arrangements for clinical governance that they have in place?
3. How does the quality and safety of care provided in NHS and independent hospitals differ, and what hospital, consultant, or other characteristics are associated with such variations?
4. How have the practice and working arrangements between NHS and independent hospitals changed during and after the COVID19 pandemic, and what effects have those changes had on clinical governance and the quality and safety of care?

This is a mixed methods study, combining the use of a survey of clinical governance leads in NHS and independent hospitals; in-depth qualitative research in some case study “clusters” of linked NHS and independent hospitals; quantitative analysis of existing and newly available routine data sets on inpatient care; and qualitative work with patients with experience of both NHS and independent hospital care.

The development of this proposal has had close involvement and support from colleagues in a range of stakeholder organisations (the Independent Healthcare Provider Network, the Care Quality Commission, NHS Digital, the Private Healthcare Information Network, the General Medical Council, NHS England) and has the support of Sir Bruce Keogh, formerly medical director of NHS England who previously chaired the DHSC review of cosmetic surgery and more recently chaired the group for IHPN which produced the Medical Practitioners Assurance Framework.

Our Project Advisory Group will include representatives of all these organisations and others and will be chaired by Mr Andrew Vallance-Owen, who previously chaired the board of the Private Healthcare Information Network, was chief medical officer for BUPA, and has long been a pioneer in quality and safety in the independent sector. We have also had extensive involvement from our PPI Forum and have one of its members as a co-applicant on the project team.

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