



Welcome to this first edition of the Inspector General's Newsletter. The last few months have seen significant milestones in the DMS, in particular the publication of the Top Structures – Next Steps Report and the Healthcare Commission report on the DMS. The Healthcare Commission report will be discussed later on in the Newsletter. One of the key recommendations from the Top Structures - Next Steps Report was the establishment of the Surgeon General as the overall Process Owner of end to end defence healthcare and medical operational capability, supported by a comprehensive governance and assurance mechanism operating under his direction. The Inspector General (IG) role has been established to provide overarching assurance and verification activity within the Defence Medical Services. Following the appointment of Air Commodore Mozumder RAF as the new IG from July 09, the IG role will be disaggregated from the Director Strategic Change (DSC) post but the IG team will continue to work for the DSC. The IG team will provide the assurance that the quality of the service that we provide both on operations and in the non-deployed environment is in accordance with national standards. The aim of this quarterly newsletter is to update you on DMS Healthcare Governance issues, inform you of my intent and to provide a communication portal to update you on progress. I hope you find it interesting but if you think anything has been missed then please contact the IG Healthcare Governance team via Lt Col Alan Barr.

What is Healthcare Governance?

Quite simply Healthcare Governance is about patient centred care and ensuring that healthcare services are as safe as possible, effective, of high quality and are provided in environments that are 'fit for purpose', where the priority is patient safety.

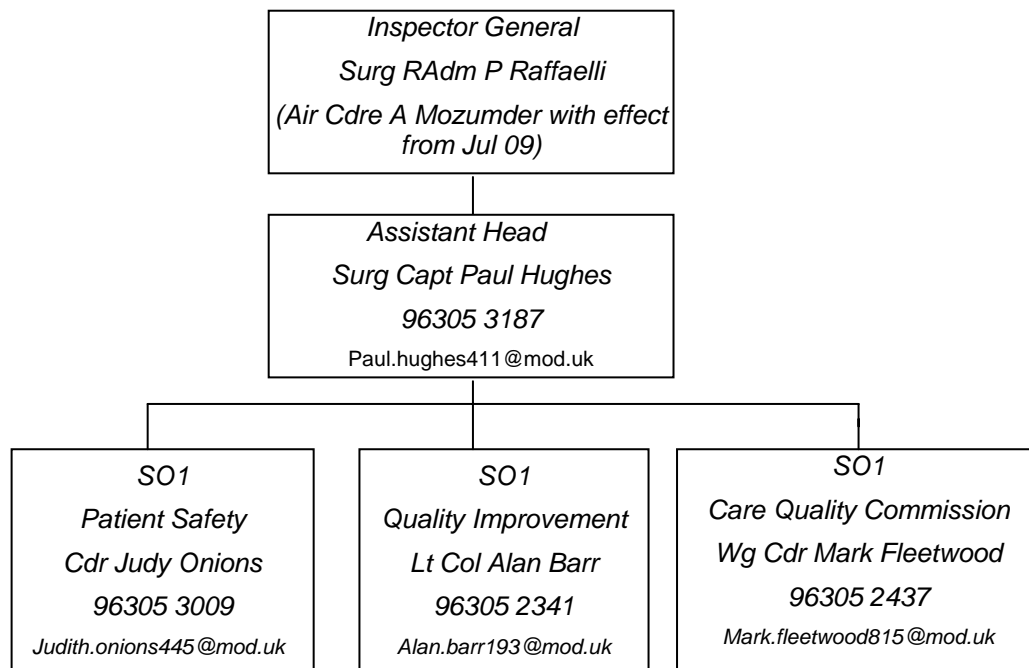
Above all, Healthcare Governance is about changing professional and organisational culture to a 'just' culture, where learning can occur from patient safety incidents.

The Frequently Asked Question.....Is Healthcare Governance different from Clinical Governance?

The answer....in short, is yes. The DMS strategy focuses on three central themes, namely patient safety, clinical effectiveness and risk management. These three themes are all inter-related.

Personalities.

The Surgeon General's Department (SGD) Inspector General's (IG) Healthcare Governance team are situated in St George's Building in London. Below is the mandatory wiring diagram – but hopefully with useful contact details:



Contact Address: MOD, St George's Court, 2-12 Bloomsbury Way, London,

Healthcare Governance may therefore be considered to be a more all encompassing activity capturing the different aspects of healthcare delivery as opposed to the narrower focus of Clinical Governance.

For more information contact the Defence Medical Library Services. The email address for article and book requests is lib@fbigs.mod.uk.

Newsletter Distribution:



Feel free to copy and distribute this Flyer throughout your unit. It has been designed to be easy to photocopy or scan read by email.

The Healthcare Commission Report.

You have probably heard about the Healthcare Commission (HC) report. But what are the facts? As in any report there will be areas of excellence and areas that can be improved.

To reflect on but some of the positives; 'Exemplary' (a phrase never used in any previous report) trauma management and rehabilitation care. An area of good practice was highlighted in health promotion activities. The HC also found Medical Assistants and Combat Medical Technicians to be an extremely committed group and patients' diaries were identified as a particularly innovative programme.

Some areas that we need to review and progress in are in infection control, the management of medical records, safeguarding children particularly the recognition that service personnel under 18 years of age are legally regarded as children and the management of medicines.

Single Services are reviewing their primary care 'footprint' and concurrently a review of medical centre infrastructure is under discussion with Defence Estates exploring a prioritisation system for building works.

So onward with the journey! It is the Surgeon General's intent to assure patients, Commanders' in Chief, Chiefs of Staff and Ministers that the DMS continues to deliver effective and efficient healthcare and medical operational capability to professional and statutory standards. To validate the achievement of these standards, audit and inspection activities will continue to be undertaken across the DMS. This is a partnership, and we all have one goal; to continue to deliver world class patient care and continuously strive to improve.

Patient Safety.....

The cornerstone of the Inspector General's activities is to ensure patient safety by the delivery of flawless healthcare to the required professional and statutory standard.

The Healthcare Governance team aim to assist you, the individual delivering the clinical care, in resolving any untoward patient incidents but most importantly identifying any emerging themes...this feeds back into training to ensure that we learn from the lessons we have identified.

To date 49 Patient Safety Issues have been received and these are currently being reviewed to identify any emerging trends.

Quality Improvement....

So what's that then? You might rightly say that we all aim to improve our service all the time. DMS personnel undertake Continuing Professional Development, the use of knowledge promoting improvement in the quality of healthcare for our patients. It is therefore right that quality improvement is underpinned by an educated and motivated workforce.

A key aspect of quality care is the efficient provision of services. An outcome from the Healthcare Commission report was the identified need to ensure that current SG and national policy directives, which are already based on best practice, are implemented and monitored to ensure compliance. To make certain that a more universal approach is taken across the single Services, a common assessment framework based on the Standards for Better Health is currently being developed. In other words, to identify areas for improvement let us make sure that in the first place we are all measuring the same thing.....

Risk Management.....

Risk is defined as a future uncertain event(s) that, should it occur, will have an effect on the achievement of objectives.

In all types of undertaking, and the medical field is no different in this respect, there is the potential for events and their consequences to constitute opportunities for benefit (positive) or threats to success (negative).

Risk Management is concerned with both the positive and negative aspects of risk. If a risk materialises then it is no longer a risk but an issue. It is, of course, often a matter of judgement if a risk will become an issue.

There is a firmly embedded process within the DMS to reporting risk (see DMSD/11/3/2 dated 29 Jan 09 and SGPL 01/09). This adopts a 'bottom up approach'. So check out your local arrangements.

External reviews—Simply a 'one-off Activity?' No the link to external assurance has been activated and it is the intent to continue this liaison with both the Department of Health and the Care Quality Commission (CQC), the successor to the HC.

And finally did you know that if you want to read the whole Healthcare Commission Report then it can be found at:

http://www.cqc.org.uk/publications.cfm?widCall1=customDocManager.search.do_2&tcl_id=2&search_string=&top_parent=4513&tax_child=4514

Please note that this is the Care Quality Commission website (The Care Quality Commission is the new health and social care regulator for England).