Royal College
of Nursing

Developing an effective clinical governance framework for children's acute health care services

*Guidance for
clinical professionals
and managers*

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Guidance for clinical professionals and managers

This document has been prepared by the RCN Paediatric Nurse Managers Forum.

The forum exists to support all nurses working with children in an advisory, supervisory or managerial capacity and is aimed particularly at nurses above G grade or/and with continuing responsibility for care.

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Introduction: about this booklet

Background

The RCN Paediatric Nurse Managers Forum has written this document in response to enquiries from members and colleagues following a conference presentation on clinical risk within children's acute health care services.

It is designed as a checklist to be used when considering the implementation of a clinical governance framework within children's acute health care settings. It is based on the experience of members from the Paediatric Nurse Managers Forum, perceived best practice within the profession and current reading material. It is aimed at all clinical professionals and managers with responsibility for acute children's health care services.

This is a dynamic document which the forum hopes to regularly review and update. It is not intended to be prescriptive but its aim is to stimulate thought and debate, as well as informing local assessment of need. It outlines the key issues that need to be considered when implementing a clinical governance framework.

This publication also reflects the principles of clinical governance set out in previous RCN documents: *Guidance for nurses on clinical governance* (2000)*, and Clinical governance: how nurses can get involved* (2000).

The contents in this booklet should be read alongside the following texts:

- The White Paper on the NHS for England: *The new NHS: modern, dependable.*

- The White Paper on the NHS for Wales: *Putting patients first.*

- The White Paper on the NHS for Scotland. *Designed to care.*

- The Green Paper on the NHS for Northern Ireland. *Fit for the future.*

- The English quality document: *A first class service: quality in the new NHS.*

- The Welsh quality document: *Quality care and clinical excellence.*

In addition, policy documents are emerging in each country and are referenced in the further reading list.

In the White Paper *The New NHS – Modern and Dependable* (DH, England, 1997) a key statement was:

The New NHS will have quality at its heart. Without it there is unfairness. Every patient who is treated in the NHS wants to know that they can rely on receiving high quality care when they need it. Every part of the NHS, and everyone who works in it should take responsibility for working to improve quality.

In a subsequent document, *A First Class Service: Quality in the NHS* (DH, England, 1998), the Government highlighted that the modernisation programme would be taken forward by placing quality at the top of the NHS agenda. This would be done by providing clear national standards for services, supported by consistent evidence-based guidance that would raise quality standards in the NHS.

The Government felt that this programme also needed to rebuild public confidence in the NHS, due to:

- fragmentation in decision making, with some treatments available to patients in one area of the country but not in others

- a sense that the current NHS does not meet expectations

- a series of well-publicised lapses in quality, prompting the public to doubt the overall standard of care they may receive.

This document has set the scene for the emergence of similar frameworks in each country of the UK.

A first class service

The model described by *A First Class Service* for setting, delivering and monitoring standards of service, and care involves a partnership between clinicians and the government. This will help clinical judgement to work effectively alongside national standards, see Figure 1.

National standards are to be set through National Service Frameworks, a National Institute for Clinical Excellence (NICE) and the Scottish Inter-Collegiate Guidelines Network (SIGN). Evidence-based national

Figure 1: Setting, monitoring and delivering standards (DH, 1998)
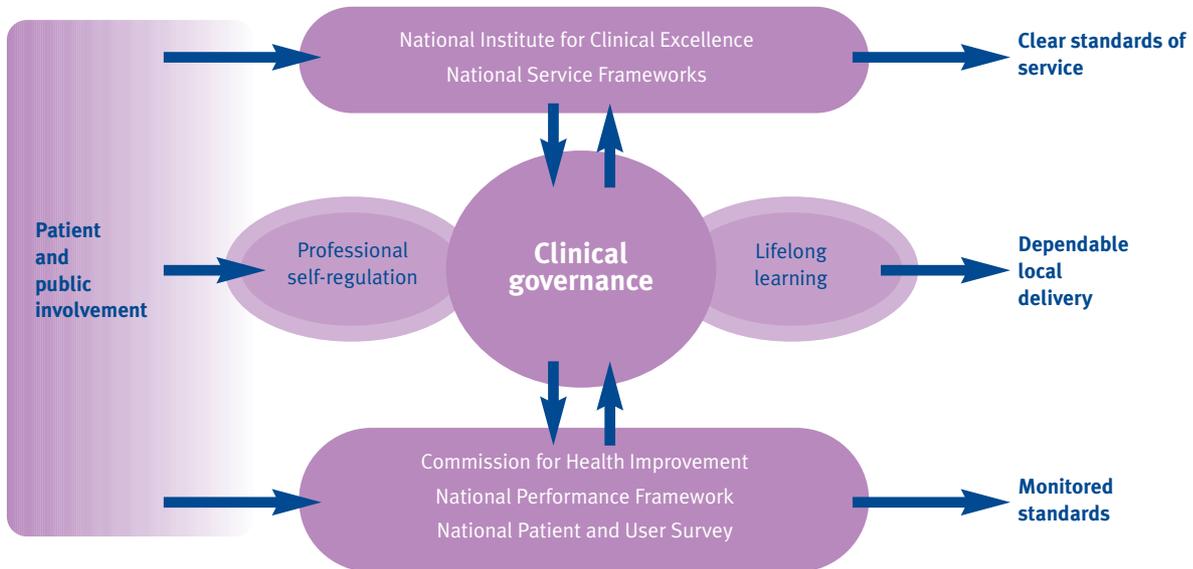
service frameworks will determine where services are best delivered, for example, in the primary or acute sector. NICE will produce clear guidelines for clinicians, which will include associated clinical audit methodologies about particular treatments and their cost effectiveness.

Service and clinical standards will be delivered locally through a new system of clinical governance, extended lifelong learning and professional self-regulation.

The monitoring of standards will be via the following mechanisms:

❖ the Commission for Health Improvement (CHI) (this covers England and Wales)

❖ Clinical Standards Board for Scotland

❖ national frameworks for assessing performance

❖ a national survey of patient and user experience of the NHS.

Figure 2: Key components of a clinical governance framework

2 Clinical governance

3 Principles for implementation

Definition of clinical governance

"A framework through which NHS organisations are accountable for continuously improving the quality of their services and safeguarding standards of care by creating an environment in which excellence in clinical care will flourish."
(DH, England, 1998).

Implications for organisations

An organisation should have:

◆ clear lines of responsibility and accountability for the overall quality of clinical care

◆ a comprehensive programme of quality improvement activities

◆ clear policies aimed at managing risk

◆ procedures for all professional groups to help them identify and rectify poor performance.

Implications at an individual level

Individuals should:

◆ ensure that they are practising within their scope and area of responsibility

◆ raise and voice their concerns when standards are being compromised, for example, when safe care cannot be offered or when the health and safety of colleagues are at risk

◆ continually strive for quality so as to promote and safeguard the interests and well being of patients

◆ report unusual incidents to prevent or minimise future risks.

Summary

Clinical governance aims to improve the quality of care through strengthening existing systems, delivering evidence-based practice and encouraging a training and development culture, see Figure 2.

The successful implementation of a clinical governance framework for children's services within an organisation requires the existence and agreement of some fundamental principles.

A supportive culture

A work culture that celebrates staff success, learns from mistakes and does not seek to attribute blame to one individual or a group of employees. Clinical governance is more than just systems, it is also about processes, culture and people.

Children's services need to examine operational processes and assess if staff approach and working philosophies are consistent with an open, supportive learning culture. The focus should always be on meeting the needs of children and their families, but also on meeting the needs of staff.

Equity and consistency of services

Children's services cover many specialties across organisational and professional boundaries. Any clinical governance framework for children should seek to include all these services wherever they are within the organisation.

Quality at the centre

In implementing a clinical governance framework, the driving agenda for any change to service processes, infrastructure and systems should be to achieve high quality, consistent care.

Partnership in care

To ensure high quality, evidence-based care (that is focused upon the needs of children and their families), it is essential to establish a partnership within health care teams, between health professionals and managers, with local education providers and, of course, with the children and their families.

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Issues for consideration when developing your framework

Influencing ability

In district general hospitals, children may not always receive treatment and care within the designated unit but in other areas of the hospital as well, such as theatres and A&E.

Children's managers are usually responsible for all children across the trust but rarely have the authority to change practice outside the designated children's unit. How can you ensure that children are receiving appropriate care in areas of the hospitals outside your remit? What methods, processes and communication networks could be implemented to influence changes in practice within these areas in order to minimise clinical risks?

Communication strategy

An effective communication strategy is needed to minimise clinical risks and ensure quality care.

◆ New evidence-based practice, research, national standards, guidance and audit results all need to be disseminated to staff to ensure the implementation of procedures which achieve quality outcomes.

◆ Incident reporting, complaint investigations and views from children and their families need to feed back into any research studies, audit activities, policy changes and disseminated to staff on the ground.

Security and safeguarding children

Providing a secure and safe environment for children and staff is a complex issue. Balancing the safety of children and staff against the need to ensure a family-centred approach can be difficult.

There are many specialties and people working within children's services, as children have varied developmental, psychological and social needs that require different approaches to care. In addition to these people, open access should be available to a child's family. However, as children's nurses, you must ensure that children's safety is the first priority and, as an organisation, that the safety of staff is paramount.

Ensure policies are in place, or developed, that cover:

◆ abduction

◆ child protection

◆ absconded clients

◆ visiting guidance

◆ confidentiality

◆ consent

◆ dealing with violence and aggression towards staff (NHSE, 1999b)

◆ reporting and recording mechanisms of incidents of violence against staff.

Security systems also need to be assessed. These could include a review of:

◆ staff identification systems

◆ controlled access to wards

◆ CCTV.

Recruitment practices

Some clear guidance is provided by several reports, such as the *Government's Response to the Children's Safeguard Review* (Secretary of State for Health, 1998), *The Allitt Inquiry* (DH, 1994) and the *Children's Safeguard Review: Choosing with Care* (NHSE, 1998). The latter includes guidance related to criminal record checks and the role of occupational health screening.

The above guidance includes the following elements of safe recruitment practices:

◆ police checks

◆ occupational health screen

◆ references prior to interviews

◆ most recent employee reference

◆ evidence of UKCC (changing to NMC – Nursing and Midwifery Council) registration

◆ training of interview panel

◆ recruitment and interview documentation.

Staffing levels and skill mix

In addition to the staff recruitment procedures, other staffing issues need to be considered when assessing clinical risk and quality.

It is important to have the right level and skill mix of staff in order to deliver safe and high quality levels of care for children. The RCN Paediatric Nurse Managers Forum has produced clear guidance to assist managers and professional staff to determine appropriate staffing levels and skill mix on children's wards in the acute health care sector (RCN, 1999).

Staff must be clear in their roles and responsibilities at work and reflect upon whether they are achieving them. For this to happen communication processes, performance appraisal systems, reporting mechanisms and staff development programmes need to be in place.

Continuing professional development

Children and their families place their trust in health professionals. They need to be assured that the care and treatment they receive is delivered by staff trained and skilled to meet their needs. Staff practice should be up to date and in-line with current thinking and new techniques.

Continuing professional development is a process of life-long learning and assists individuals and teams in meeting the needs of children and their families. It also helps people to progress and reach their full potential. Continuing professional development programmes should not only be about attendance at a course or study day. Organisations need to provide systems that assist clinical staff to reflect upon incidents, their practice and complaints received, and to develop their skills and knowledge base.

Programmes should include some of the following elements:

❖ performance appraisal and development review system
❖ clinical supervision
❖ preceptorship
❖ learning culture
❖ links with education providers
❖ clinical leadership development.

Clinical risk

There are many tools for assessing risk. You need to choose or develop one that best suits your organisation and your patients' needs.

Strategies to reduce clinical risk

Staff training and education – staff need to be equipped with the skills to carry out their job effectively. They may also require training to minimise risks, for

example, how to deal with violent and aggressive adolescents or relatives (guidance is provided in Garrety et al, 1999).

Staffing levels and skill mix studies – to assess adherence to staffing levels and to monitor dependency levels within clinical areas.

Continued risk assessments – to see if strategies are effective and to ascertain if previous low risks have increased and now require some action.

Good communication processes – between clinical staff and all services that deliver care to children.

Adopt a positive blame-free culture – staff should be able to reflect upon and identify poor performance in order to develop their practice, rather than a punitive approach that apportions blame. Staff should not feel that they might be disciplined for reporting incidents.

Procedures for an effective incident reporting system should ensure:

❖ staff know what incidents need to be reported
❖ that all incidents are investigated
❖ mechanisms are put in place to minimise occurrence
❖ feedback to staff on the outcome of investigations.

Clinical effectiveness

The three main functions in achieving clinical effectiveness have been outlined by the NHS Executive (1996) and are identified in Figure 3, below.

To ensure effective implementation of the framework in Figure 3, the following are essential:

❖ multi-professional audit
❖ a cyclical process of informing, changing and monitoring progress
❖ a clear child and family focus
❖ integration of the available effectiveness data
❖ integration of evidence with clinical audit and data
❖ effective inter-professional team working
❖ accessibility to data and relevant up-to-date information.

Figure 3: Framework for clinical effectiveness (NHSE, 1996)

Clinical effectiveness
Research
INFORM
MONITOR
CHANGE
Clinical audit
Evidence based
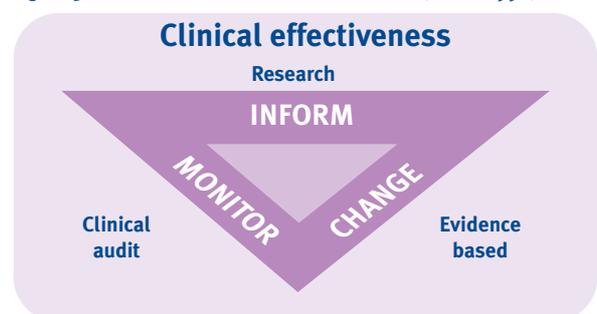
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The next step

After considering the many issues that are incorporated within clinical governance, how can you ensure that such a multifaceted task is achieved? Clinical governance needs to inform clinical care and also needs to be informed by other quality work that affects clinical care

To achieve this an effective communication structure is required, such as a clinical governance steering group. Some key staff have been suggested for this group (see Figure 4) and these should help identify clinical risks and facilitate the implementation of new standards, guidance and research. This group will assist in reducing any potential or existing risk and therefore help in the continued improvement of quality care for children and their families.

After considering all the issues within clinical governance and having developed your communication structure via a steering group the next step is to assess the current situation within your trust and identify priorities for action. Once these priorities have been assessed, strategies can be planned to change clinical or operational practices to achieve your intended aim.

Remember, it is the organisation's responsibility to ensure that the appropriate structures and systems are in place to allow staff to exercise their individual and team responsibilities for clinical governance. It is also the organisation's responsibility to help staff learn from past mistakes rather than be punished and to foster a supportive culture.

Figure 4: Clinical governance steering group

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Internet sites

Department of Health, available at www.gov.uk

Health Evidence Bulletins Wales, overview of subject area via succinct and current summaries of best evidence across broad range of evidence types and subject areas, available at www.uwcm.ac.uk/uwcm/lb/pep

National Assembly for Wales, www.wales.gov.uk

Northern Ireland, www.dhssni.gov.uk

Royal College of Nursing, containing latest information on clinical governance, available at www.rcn.org.uk/services/promote/quality/latest.htm

Scottish Health on the web (SHOW), a focal point for NHS in Scotland web sites, available at www.show.scot.nhs.uk

Wisdom, extensive clinical governance resource pack, with many links to online documents and other web sites, available at www.wisdomnet.co.uk/clingov.html