



Royal College
of Nursing

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

RCN guidance for clinical professionals and managers





Acknowledgements

This publication was originally compiled by the members of the RCN Paediatric Nurse Managers' Forum and more recently updated by members of the RCN Children and Young People's Professional Issues Forum.

The RCN Paediatric Nurse Managers' Forum Steering Committee members who produced the first edition included Fiona Smith (Chair), Alison Arnfield, Nicola Bowden, Kathy Hale, Val Holland, Stuart Isles and Fay Valentine.

The 2013 version of the publication was updated by:

Lesley Coles, RCN Children and Young People Professional Issues Forum member

Jayne Cooper, Head of Nursing for Neurosciences at Great Ormond Street Hospital

Alison Day, Community Services Improvement and Development Lead at Basingstoke

Sian Thomas, Consultant Nurse, Newport

The RCN Children and Young People's Professional Issues Forum provides support to all nurses working with children in an advisory, supervisory or managerial capacity, including nurses above G grade or/and with continuing responsibility for care.

Comments are welcomed on this document and other children's nursing and service issues.

Members of the Children and Young People Professional Issues Forum can be contacted via the RCN Adviser in Children and Young People's Nursing, 20 Cavendish Square, London W1G 0RN.

This publication is due for review in October 2015. To provide feedback on its contents or on your experience of using the publication, please email publications.feedback@rcn.org.uk

RCN Legal Disclaimer

This publication contains information, advice and guidance to help members of the RCN. It is intended for use within the UK but readers are advised that practices may vary in each country and outside the UK.

The information in this publication has been compiled from professional sources, but its accuracy is not guaranteed. Whilst every effort has been made to ensure the RCN provides accurate and expert information and guidance, it is impossible to predict all the circumstances in which it may be used. Accordingly, to the extent permitted by law, the RCN shall not be liable to any person or entity with respect to any loss or damage caused or alleged to be caused directly or indirectly by what is contained in or left out of this information and guidance.

Published by the Royal College of Nursing, 20 Cavendish Square, London, W1G 0RN

© 2013 Royal College of Nursing. All rights reserved. Other than as permitted by law no part of this publication may be reproduced, stored in a retrieval system, or transmitted in any form or by any means electronic, mechanical, photocopying, recording or otherwise, without prior permission of the Publishers or a licence permitting restricted copying issued by the Copyright Licensing Agency, Saffron House, 6-10 Kirby Street, London EC1N 8TS. This publication may not be lent, resold, hired out or otherwise disposed of by ways of trade in any form of binding or cover other than that in which it is published, without the prior consent of the Publishers.

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

Guidance for clinical professionals and managers

Contents

Introduction: about this publication	2	5 The next step	10
1 Background	3	References	11
2 Clinical governance	5	Useful websites	12
Definition of clinical governance	5		
Implications for organisations	5		
Implications at an individual level	5		
Summary	5		
3 Principles for implementation	6		
A supportive culture	6		
Equity and consistency of service	6		
Quality at the centre	6		
Partnership in care	6		
4 Issues for consideration when developing your framework	7		
Influencing ability	7		
Communication strategy	7		
Security and safeguarding children	7		
Recruitment practices	7		
Staffing levels and skill mix	8		
Continuing professional development	8		
Clinical risk	8		
Strategies to reduce clinical risk	8		
Clinical effectiveness	9		

Introduction: about this publication

The first edition of this publication was written by the RCN Paediatric Nurse Managers' Forum in response to enquiries from members and colleagues following a conference presentation on clinical risk within children's acute health care services. The content has recently been revised by the Children and Young People (CYP) Professional Issues Forum.

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 RCN Paediatric Nurse Managers' Forum and more recently the RCN CYP Professional Issues Form committee members 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 the local assessment of need. It outlines the key issues that should be considered when implementing a clinical governance framework.

This publication also reflects the principles of clinical governance originated from 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.*

1

Background

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, 1998), the Government highlighted at that time that the modernisation programme would be taken forward by placing quality at the top of the NHS agenda. This was to 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 set the scene for the emergence of similar frameworks in each country of the UK.

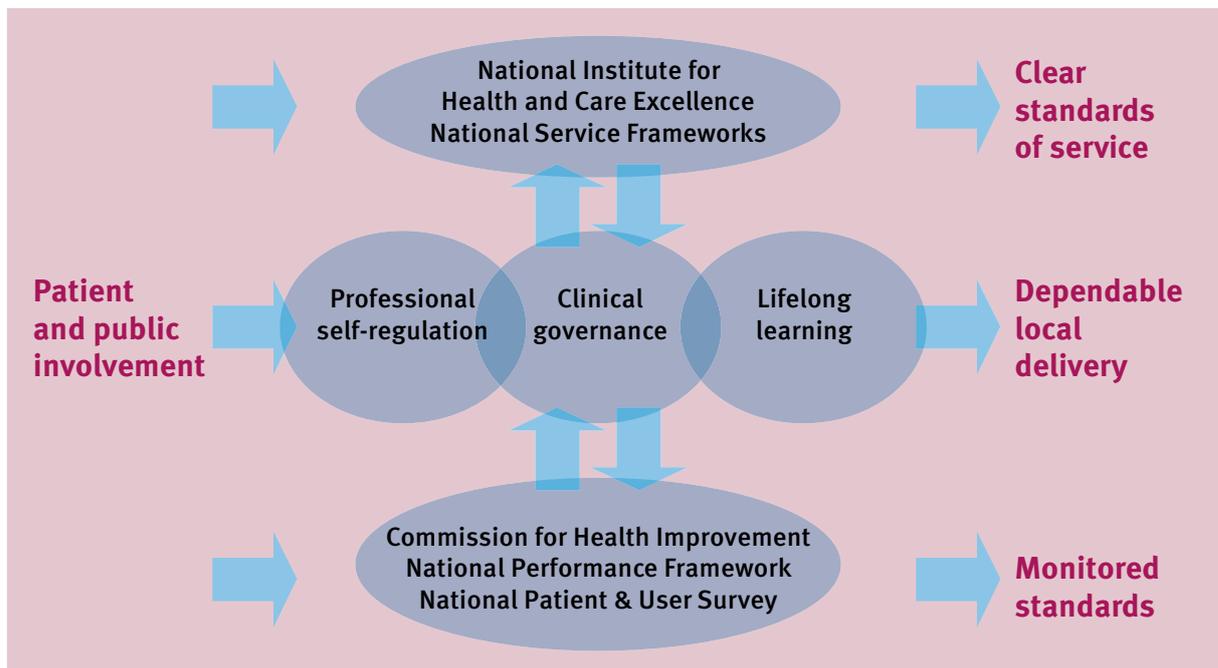
In response to the Francis Report (2013), and to support all NHS organisations to learn from and respond to the recommendations of the report, the Department of Health published three reports designed to help embed effective governance and detect and prevent such serious failures occurring again:

- *Review of early warning systems* in the NHS, which described the systems and processes, and values and behaviours which make up a system for the early detection and prevention of serious failures in the NHS
- *Assuring the quality of senior NHS managers*, which set out recommendations to further raise the standards of senior NHS managers
- *The Healthy NHS Board*, which set out guiding principles to allow NHS board members to understand the collective role of the board and individual role of board members, governance within the wider NHS and approaches that are most likely to improve board effectiveness.

A first class service

The model described by *A first class service* (DH, 1998) 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.

Figure 1: Setting, monitoring and delivering standards (DH, 1998)



National standards are set through National Service Frameworks, National Institute for Health and Care Excellence (NICE) and the Scottish Inter-Collegiate Guidelines Network (SIGN). Evidence-based national service frameworks determine where services are best delivered, for example, in the primary or acute sector. NICE and SIGN 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 clinical governance, extended lifelong learning and professional self regulation.

The monitoring of standards is currently through the following mechanisms:

- the Care Quality Commission -England
- Health Inspectorate Wales
- Healthcare Improvement Scotland
- Regulation and Quality Improvement Authority Northern Ireland
- national frameworks for assessing performance
- national surveys of patients and user experiences of the NHS.

2

Clinical governance

Definition of clinical governance

“Clinical governance is a system through which NHS organisations are accountable for continuously 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 and Donaldson 1998, p.61)

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

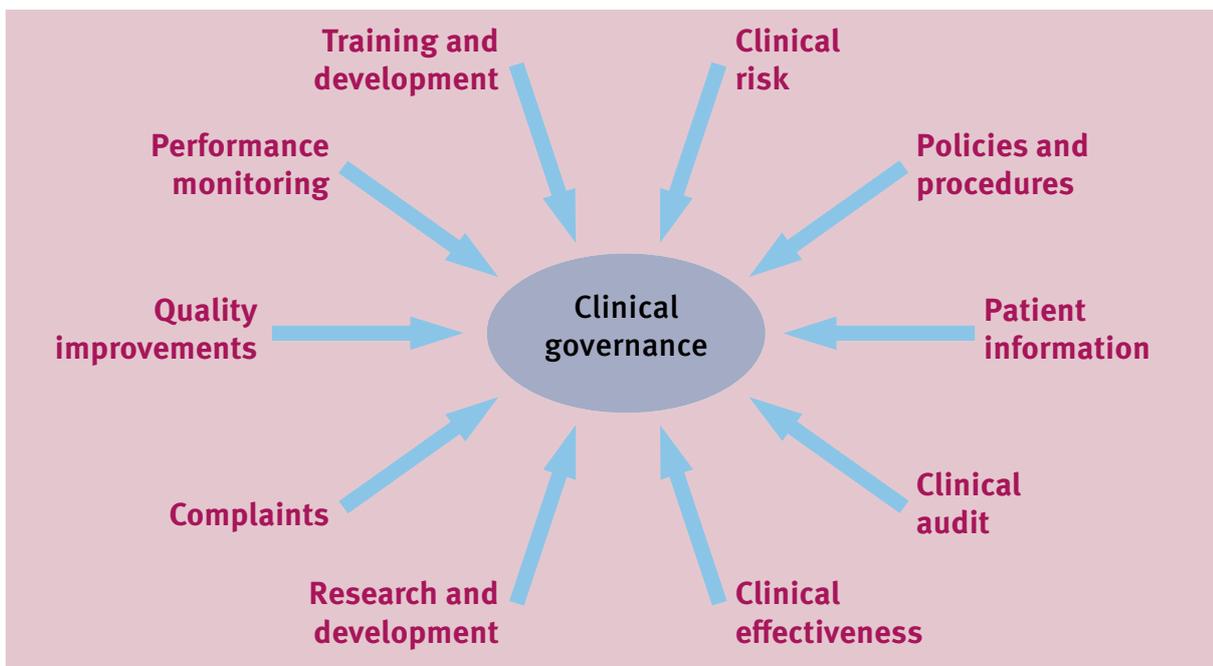
Individuals should:

- ensure that they are practicing 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 is at risk (NMC, 2013 and RCN, 2013)
- continually strive for quality to promote and safeguard the interests and wellbeing 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.

Figure 2: Training development



3

Principles for implementation

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 the 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 partner organisations in education and social care providers, service planners and commissioners and, of course, with the children and their families.

4

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 organisation 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 hospital 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.

- 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
- safeguarding children and 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 NHS Employers (www.nhsemployers.org) and reports, such as:

- HM Government (2013) *Working Together to Safeguard Children: A guide to interagency working to safeguard and promote the welfare of children*, London: TSO
- Department for Education (2011) *Munro review of child protection: final report – a child-centred system*: London TSO
- Children in Wales (2008) All Wales Child Protection Procedures www.awcpp.org.uk
- Department of Health, Social Services and Public Services (2003) *Co-operating to Safeguard Children*, Belfast: DHSSPS www.dhsspsni.gov.uk

- Scottish Government (2003) *Protecting Children – A Shared Responsibility*, Scottish Government www.scotland.gov.uk
- Scottish Government (2012) *National Guidance for Child Protection in Scotland: Guidance for Health Professionals in Scotland* www.scotland.gov.uk

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

- police checks
- occupational health screen
- references post-interview
- most recent employee reference
- evidence of Nursing and Midwifery Council (NMC) 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 has recently published clear standards to assist managers and professional staff to determine staffing levels and skill mix in children and young people's services (RCN, 2013).

Staff must be clear in their roles and responsibilities at work and reflect upon whether they are achieving them. For this to happen, effective 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 with skills to meet their needs. Staff practice should be up to date and in line with current thinking and new techniques.

Continuing professional development (CPD) 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.

CPD 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 – An educated, trained and developed workforce is an integral part of clinical governance. Valuing the contribution that staff make to quality health care and continuing improvement, and the provision in workplaces of a learning and supportive culture are important to achieving better patient care (Scottish Government, 2010).

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 apportion blame. Staff should not feel that they might be disciplined for reporting incidents. Procedures for an effective incident reporting system should ensure:

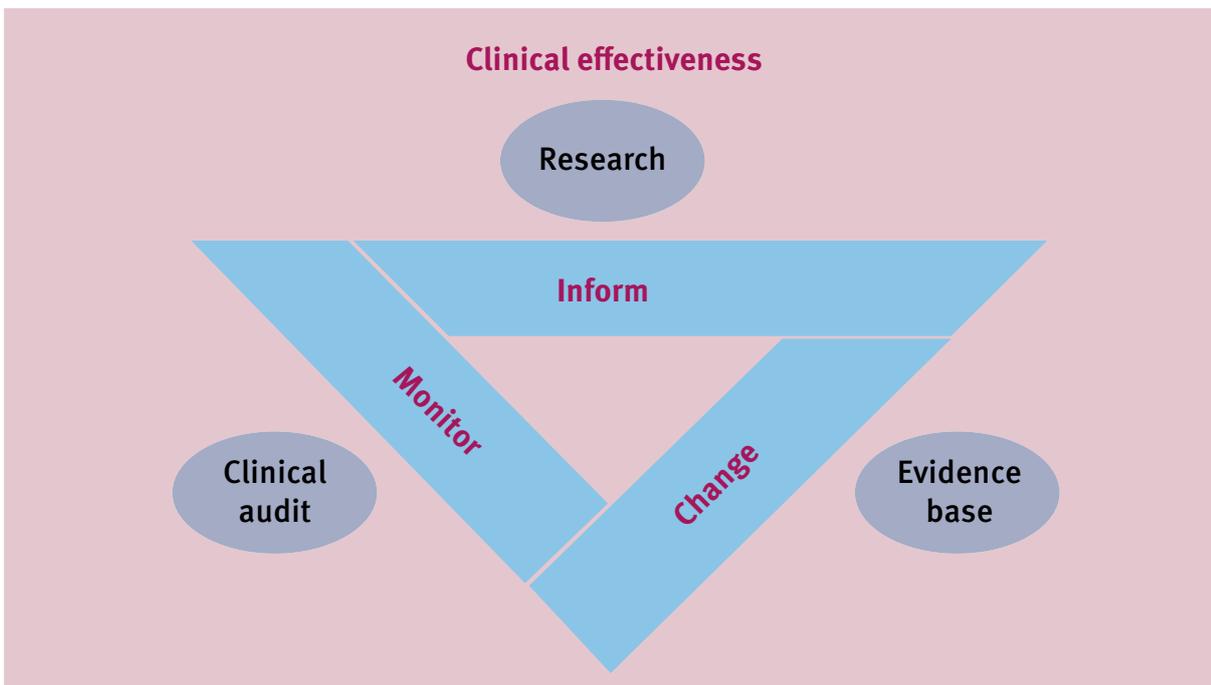
- staff know what incidents need to be reported
- that all incidents are investigated
- mechanisms are put in place to minimise occurrence
- feedback to staff on the outcome of investigations.

Clinical effectiveness

The three main functions in achieving clinical effectiveness were outlined by the NHS Executive (1996) and are identified in Figure 3, below. To ensure effective implementation of the framework 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)



5

The next step

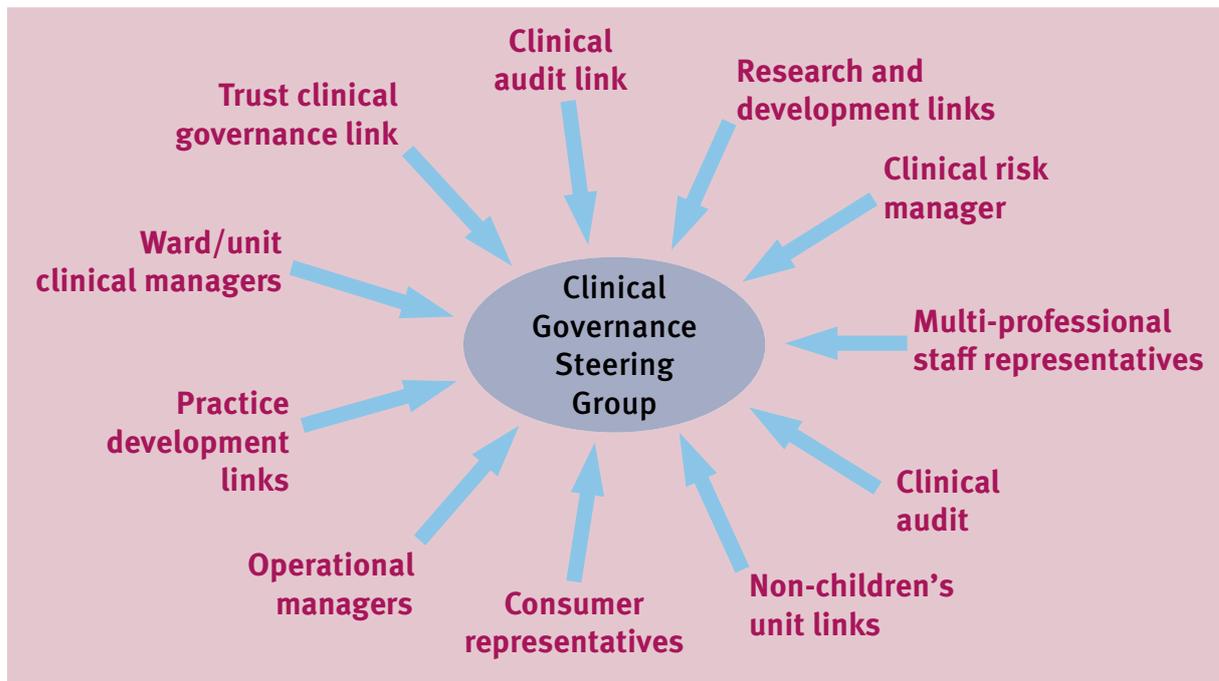
After considering the many issues that are incorporated within clinical governance, how can you ensure that such a multifaceted task is achieved? Clinical governance needs to inform clinical care and also needs to be informed by other quality work that affects clinical care.

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 below) 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



References

- Allitt Inquiry (1994) *The Allitt Inquiry: independent inquiry relating to the deaths and injuries on the children's ward at Grantham and Kesteven General Hospital during the period February to April 199*, London: HMSO.
- All Wales Child Protection Procedures Review Group (2008) *All Wales child protection procedures*, Cardiff: Children in Wales. Available at: www.awcpp.org.uk (accessed 20 September 2013).
- Department for Education (2011) *Munro review of child protection: final report: a child-centred system*, London: Stationery Office. Available at: www.gov.uk/government/publications (accessed 20 September 2013).
- Department for Education (2013) *Working together to safeguard children*, London: DfE. Available at: www.education.gov.uk (accessed 20 September 2013).
- Department of Health (1997) *The new NHS: modern and dependable*, London: Stationery Office. Available at: http://webarchive.nationalarchives.gov.uk/+www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4008869 (accessed 20 September 2013).
- Department of Health (1998) *A first class service: quality in the new NHS*, London: Stationery Office. Available at: http://webarchive.nationalarchives.gov.uk/+www.dh.gov.uk/en/publicationsandstatistics/publications/publicationspolicyandguidance/dh_4006902 (accessed 20 September 2013).
- Department of Health and Social Services (2000) *Fit for the future*, London: DHSS.
- Department of Health, Social Services and Public Safety (2003) *Co-operating to Safeguard Children*, Belfast: DHSSPS. Available at: www.dhsspsni.gov.uk (accessed 20 September 2013).
- Mid Staffordshire NHS Foundation Trust Public Inquiry (2013) *Final report London: Mid Staffordshire Public Inquiry* (Chairman R. Francis). Available at: www.midstaffpublicinquiry.com/report (accessed 20 September 2013).
- NHS Executive (1996) *Promoting clinical effectiveness: a framework for action in and through the NHS*, Leeds: NHS Executive.
- NHS Executive (1998) *Children's safeguard review: choosing with care*, London: Stationery Office (HSC 1998/212).
- NHS Executive (1999) *NHS zero tolerance zone: managers' guide: stopping violence against staff working in the NHS*, Leeds: NHS Executive.
- NHS Wales (1998) *Putting patients first*, Cardiff: NHS Wales. Available at: www.wales.nhs.uk/publications (accessed 20 September 2013).
- NHS Wales (1998) *Quality care and clinical excellence*, Cardiff: NHS Wales.
- Nursing and Midwifery Council (2013) *Raising concerns: Guidance for nurses and midwives*, London: NMC. Available at: www.nmc-uk.org.uk/publications (accessed 22 October 2013).
- Royal College of Nursing (2001) *Developing an effective clinical governance framework for children's acute health care services: guidance for clinical professionals and managers*, London: RCN. Available at: www.rcn.org.uk/publications (accessed 20 September 2013).
- Royal College of Nursing (2013) *Defining staffing levels for children and young people's services*, London: RCN. Available at: www.rcn.org.uk/publications (accessed 20 September 2013).
- Royal College of Nursing (2013) *Raising concerns: a guide for members*, London: RCN. Available at www.rcn.org.uk/publications (publication code 004 391) (accessed 22 October 2013).
- Sally G and Donaldson LJ (1998) Clinical governance and the drive for quality improvement in the new NHS in England, *British Medical Journal* 317(7150), 4 July pp.61-65.

Scottish Office and Department of Health (1997) *Designed to care: reviewing the National Health Service in Scotland*, London: Stationery Office (cm 3811).

Scottish Office (2000) *Our national health: a plan for action, a plan for change*, Edinburgh: Scottish Office. Available at: www.scotland.gov.uk (accessed 20 September 2013).

Scottish Government (2003) *Protecting children: a shared responsibility*, Edinburgh: Scottish Government. Available at: www.scotland.gov.uk (accessed 20 September 2013).

Scottish Government (2012) *National guidance for child protection in Scotland: guidance for health professionals in Scotland*, Edinburgh: Scottish Government. Available at: www.scotland.gov.uk (accessed 20 September 2013).

Welsh Government (2010) *Doing well, doing better: standards for health services in Wales*, Cardiff: Welsh Government. Available at: www.wales.nhs.uk (accessed 20 September 2013).

Useful websites

Department of Health, www.gov.uk

Welsh Government, www.wales.gov.uk

Northern Ireland, www.dhsspsni.gov.uk

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



Royal College
of Nursing

The RCN represents nurses and nursing, promotes excellence in practice and shapes health policies

Second edition
October 2013

RCN Online
www.rcn.org.uk

RCN Direct
www.rcn.org.uk/direct

0345 772 6100

Published by the Royal College of Nursing
20 Cavendish Square
London
W1G 0RN

020 7409 3333

Publication code: 004 507

ISBN: 978-1-908782-84-7