



Royal College
of Nursing

Clinical governance:

an RCN resource guide



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Acknowledgements

Our sincere thanks go to the many contributors who gave up their time to share their experiences to encourage others to get involved in clinical governance. We are grateful to colleagues across the RCN and beyond who helped improve the quality of this guide by commenting on successive drafts. We would also like to acknowledge the expertise and leadership provided by Gill Harvey, Director of the RCN Quality Improvement Programme 1995-2003. We would also like to take this opportunity to wish Gill well in her new job at the University of Manchester.

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About this guide

This guide is primarily aimed at nurse leaders working at directorate, unit and ward level, who have a responsibility for co-ordinating and implementing clinical governance.

It should also prove useful to RCN members who would like to know more about clinical governance.

The guide summarises the key themes of clinical governance and also provides, where available, real life case studies that show clinical governance in action.

The guide provides readers with information on a wide range of RCN services and products that support members in implementing clinical governance. In addition, it offers across-the-board information on a range of external resources available throughout the UK.

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Forewords

Foreword from the Royal College of Nursing General Secretary

Nurses deliver the majority of direct care and are essential to shaping and providing quality care. Improving care and making that care more patient-centred is at the heart of health service modernisation. The advent of clinical governance is an excellent opportunity to make sure that nursing staff at all levels are able to influence improvements in practice, leading to an improved experience for patients.

It is a pleasure to contribute this foreword to the Royal College of Nursing's latest publication on clinical governance. The Royal College of Nursing (RCN) has a strong track record in supporting nursing staff to improve patient care. The popularity of our publications on clinical governance demonstrates the eagerness of nurses to get involved with understanding the concept and translating it into practice.

This latest publication demonstrates the variety and quality of RCN resources to support nurses in developing clinical governance. The RCN leadership programmes – clinical, primary care and political – have helped thousands of nurses develop their potential and use their enhanced confidence to make a real difference to the patients they care for. Members' help in identifying topics has supported the development and implementation of RCN clinical guidance.

All four UK countries have taken clinical governance on board. As, increasingly, they shape their health services to meet the specific needs of the communities they serve, they are also developing their own systems for improving care. Understanding these policies, locating resources, and identifying ways to influence are key to nurses wherever they practice.

Clinical governance is about improving patient care. But it requires patient involvement and valuing staff. By listening to patients' stories, nurses on the RCN clinical leadership programme have been able to make simple but effective changes which improve patients experience of care.

The single most important way to show staff that they are valued is through appropriate pay and career development. But it's also about providing a safe, healthy and supportive working environment. Supporting staff with the time and resources for continuing professional development. By making use of the information in this publication, you can help clinical governance grow and flourish, bringing benefits to staff as well as patients.

Beverly Malone

RCN General Secretary

Foreword from England

In the past, the assumption by staff and patients alike has been made that health care is effective, safe, that nurses and doctors know everything and that patients do as they are told. A series of high profile health service failures played out in a very public way over the past decade have woken us up to the fact that a lot of health care is not effective, is frequently unsafe and that our learning as health care professionals does not stop when we qualify but continues all our professional lives. Twenty-first century patients are demanding care from a twenty-first century health care sector and twenty-first century health care professionals.

Developing robust and sustainable clinical governance frameworks ensures systems through which NHS organisations are accountable for continuously improving the quality of their services and for safeguarding high standards of care by creating an environment in which excellence in clinical care will flourish. This is reinforced and enshrined by the statutory duty for quality that was placed on all NHS organisations in the Health Act 1999.

Clinical governance is a unifying concept that embraces the hitherto micro-managed components of quality. It recognises that in organisations, what you permit is what you promote and that staff will work to what is valued and ultimately, what is measured. Clinical governance is the engine that drives movement from protection of the professions to protection of the public. It recognises the importance of teams, organisations and systems in health care rather than individuals working on their own. It upholds the concept that everyone has something to contribute and no one has a monopoly of knowledge or experience.

Each and every one of us, whether we use health services or work in them as clinicians or managers, must surely recognise that the quality of care we provide or receive has the highest priority of all. Clinical governance provides the opportunity to generate productive alliances and a unity of purpose as never before, and will lead to sustainable changes on an

unprecedented scale. At last, we have the opportunity – we must make sure we take it.

Members of the RCN are at the frontline in dealing with patients and have an invaluable contribution to make in promoting clinical governance and team working systems in the areas that they work. This publication is a relevant, timely and welcome initiative in developing clinical governance awareness throughout the RCN membership.

Professor Aidan Halligan

Deputy Chief Medical Officer

Director of Clinical Governance for the NHS (England)

Foreword from Scotland

Clinical governance is five years old in 2003. While there can be few health care professionals working in NHS Scotland who have not heard this phrase, its meaning and significance are still widely misunderstood and there is considerable variation in the progress made in putting it into practice.

Clinical governance is the mechanism by which the public can be assured that NHS organisations have comprehensive and robust systems in place for continuously improving the quality of their services and safeguarding high standards of clinical care. It is the framework through which all the components of quality, including patient and public involvement, are brought together and placed high on the agenda of each organisation.

Although clinical governance, underpinned by the statutory duty of quality in the Health Act 1999, is a corporate responsibility, its delivery depends on the staff who deliver care and treatment to patients. The lead responsibility for taking it forward lies at local level. Nationally, NHS Quality Improvement Scotland's role is to assist by setting standards for clinical governance and monitoring performance. Two rounds of visits to each part of NHS Scotland have been undertaken leading to the publication of national and local reports in 2002 and 2003. NHS Quality Improvement Scotland has also recently been given responsibility for supporting and encouraging the implementation of clinical governance locally.

For this reason, the publication of this resource guide is welcome and timely. Members of the RCN are at the frontline in delivering care to patients and have a vital contribution to make in promoting clinical governance in the areas that they work. This guide will promote greater awareness and understanding of clinical governance and provides useful practical advice about making it a reality.

David R Steel

Chief Executive, NHS Quality Improvement Scotland

Foreword from Northern Ireland

In Northern Ireland we are moving towards the implementation of clinical and social care governance, reflecting our integrated health and social care services. Nurses, midwives and health visitors are well placed to contribute to the implementation of the framework for clinical and social care governance. Through this framework, organisations are accountable for continuously improving the quality of their services, safeguarding high standards of care and tackling poor performance.

Nurses must build on their ability to function as part of a multidisciplinary team. Effective team-based working is central to providing safe, high quality patient care. In the future, multidisciplinary teams will be charged with collaboratively providing the highest quality of service in a safe environment.

Nurses must continuously strive to ensure the meaningful engagement of service users in the design, delivery and evaluation of services. Service users are integral to determining if the services we provide are fit for purpose in terms of accessibility, acceptability, effectiveness and equity.

There is a requirement for organisations, professionals, and therefore we as nurses, to embrace and implement the concepts of clinical and social care governance, professional regulation, continuous professional development and effective user involvement.

Clinical and social care governance, underpinned by the statutory duty of quality, provides an opportunity to ensure that appropriate systems and processes are in place. Furthermore, it facilitates the creation of a culture of openness and honesty where we can learn from our successes and our mistakes, and sustain and share good practice.

In Northern Ireland we will continue to develop the leadership skills of nurses and provide opportunities for nurses to develop the skills, knowledge, competence and confidence required to contribute to this quality agenda. We must build on and strengthen the nursing contribution to clinical audit, critical incident reporting,

clinical risk management, complaints monitoring and research and development in order to drive up quality.

Nurses recognising the challenges and opportunities that clinical and social care governance provides for improving the quality of services and safeguarding high standards of care for patients will welcome the guidance offered in this RCN publication.

Judith Hill

Chief Nursing Officer

Department of Health, Social Services & Public Safety
Northern Ireland

Foreword from Wales

As nurses, we constantly strive to maintain and improve high standards of patient care, patient safety and patient experience. The focus on clinical governance provides a framework which draws together initiatives, processes and systems and ways of working which ensures that patients are at the centre of all that we do.

Clinical governance activity is not an option but a core function of every nurse's daily practice. It is important to recognise that time and attention must be given to strong leadership development, communication, team working, values and culture change in addition to quality improvement activities such as clinical audit, critical incident reporting, risk management and complaints monitoring. Success and excellence should be acknowledged and celebrated but equally lessons learnt must be shared and addressed to benefit all.

Nurses in Wales have the skills and must develop the confidence to drive the clinical governance agenda forward in their wards, their teams and their trusts and to make a difference. Professional accountability involves being pro-active in ensuring professional knowledge and skills are up to date. This equally applies to clinical governance. This clinical governance resource guide provides an important reference source for all nurses who have the ambition and drive to lead the clinical governance agenda and make a difference to patients.

Sue Gregory

Executive Director of Nursing

Bro Morgannwg NHS Trust

An introduction to clinical governance

“Clinical governance is a framework which helps all clinicians – including nurses – to continuously improve quality and safeguard standards of care”

(Royal College of Nursing, 1998)

The launch of clinical governance in 1998 placed quality at the centre of the NHS reforms. Although it was introduced across the NHS, its principles apply equally across the independent sector, as shown by the creation of the *Care Standards Act* (2000). Clinical governance aims to integrate all the activities that impact on patient care into one strategy. This involves improving the quality of information, promoting collaboration, team working, and partnerships, as well as reducing variations in practice, and implementing evidence based practice. Please note that the term used in Northern Ireland is *health and social care governance*, which denotes the integration of health and social care.

Clinical governance is an umbrella term for everything that helps to maintain and improve high standards of patient care. It covers a whole range of quality improvement activities that many nurses are already doing – for example, clinical audit and practice development. It also provides a framework to draw these activities together in a more co-ordinated way.

The RCN has developed a number of key principles which underpin the implementation of clinical governance. These are based on the work of the Quality Improvement Programme, and have been refined in the light of recent policy initiatives:

- ❖ clinical governance must be focused on improving the quality of patient care
- ❖ clinical governance should apply to all health care, wherever it is being delivered
- ❖ clinical governance demands true partnerships between all professional groups, between clinical staff and managers, and between patients and clinical staff
- ❖ public and patient involvement is an essential requirement for effective clinical governance
- ❖ nurses have a key role to play in the implementation of clinical governance

- ❖ an improvement-based approach to quality in health care needs to create an enabling culture which celebrates success and learns from mistakes
- ❖ clinical governance applies to all health care staff. It needs to be defined and communicated clearly so that all staff understand its relevance to their work
- ❖ clinical governance does not replace individual clinical judgement or professional self-regulation; it complements these and provides a framework in which they can operate.

Clinical governance requires changes in culture, team working, ways of thinking and behaviour. Wherever nurses work, they are members of multi-professional teams and have a responsibility for quality. Effective clinical governance will strengthen accountability for individuals, teams and organisations.

Box 1 (page 8, top) outlines the policy and support available for clinical governance across the four countries of the UK.

The inquiry into events at the Paediatric Cardiac Unit in the Bristol Royal Infirmary proved very influential in the Government’s plans to modernise the NHS. The inquiry’s final report, the Kennedy Report, suggested that change “can only be brought about with the willing and active participation of those involved in health care: the public, patients, health care professions, trusts and health authorities, and government” (Kennedy, 2001 p.434).

The sections of this guide are set out under the following key headings, which have been adapted from the English Department of Health’s (DH) reporting framework for clinical governance (DH, 2003):

- ❖ placing patients’ experience at the heart of health care
- ❖ making information work for you
- ❖ quality improvement in action
- ❖ supporting nurses in the work place
- ❖ the building blocks of clinical governance.

Figure 1 (page 8, bottom) highlights the relationships between and across the key themes of clinical governance, and outlines the importance of the flow of information.

Box 1: CLINICAL GOVERNANCE POLICY AND SUPPORT ACROSS THE UK

Country	Policy/legislation	Support
England	<i>The new NHS: modern, dependable</i>	Clinical Governance Support Team
Northern Ireland	<i>Best practice – best care**</i>	Clinical and Social Care Governance Support Team**
Scotland	<i>Designed to care Partnership for care</i>	NHS Quality Improvement Scotland NHS Centre for Change and Innovation
Wales	<i>Putting patients first</i>	Clinical Governance Support & Development Unit

** Following a comprehensive consultation with stakeholders on *Best practice – best care*, clinical governance is now a statutory requirement in Northern Ireland. The *Health and Personal Social Services (Quality, Improvement and Regulation) Order (2003)* has now received Royal Assent. This order outlines the intention to create a Regulation and Improvement Authority, and a Clinical and Social Care Governance Support Team for Northern Ireland. Details on developments in clinical governance in Northern Ireland can be found at www.dhsspsni.gov.uk.

FIGURE 1: KEY THEMES OF CLINICAL GOVERNANCE



1

Placing patients' experience at the heart of health care

“Patients in their journey through the health care system are entitled to be treated with respect and honesty and to be involved, wherever possible in decisions about their treatment”

(Kennedy Report, 2001; p. 280)

Improving the patients' experience of health care is seen as the central purpose of clinical governance. While people will encounter health care in many ways, there is a push from Government to make sure that the focus of health care remains fixed on the patient's journey.

Patient and public involvement is vital to improving the quality of health services, and opportunities can be provided to make sure that patients are able to contribute to a range of activities – including planning new services, staff training and education, and the development of information. Patients should be given opportunities to be involved in decision-making because they are the experts on receiving health care. As such, they have an influential role to play in the development of health services.

Planning and organisation of care

Strategies for patient and public involvement in the planning and organisation of care should be developed at both clinical and organisation level. Such strategies are based on a commitment to equality and to partnerships between patients and professionals.

Strategies to involve patients and public should be tailored to meet the needs of local populations. In areas where there is a diverse population, for example, communication strategies should include the translation and interpretation of information *and* offer clear channels for feedback. Some innovative work around patient involvement and joint decision-making

has been achieved in mental health (CHI, 2002; 2003). In their review of St George's Healthcare NHS Trust in London, the Commission for Health Improvement (CHI) stated: “The trust board understands the principles of involving patients and the public. There is strategic direction supported by core policies. There is innovative work being undertaken by some service centres. . . .” (CHI, 2003; p. 7) Full examples of patient and user involvement at two mental health trusts are given in Appendix 3.

Case study: seeking patients' views

A maternity department wanted to seek the views of their patients: the general questionnaire used by their trust was of little help to them. They chose a method used successfully by another hospital team on the Clinical Governance Development Programme. Patients are now given a pre-paid postcard when they are ready to leave hospital: it invites comments on the care they received. They are asked to return the card to a post-box on the ward – or send it back by post. Community midwives remind patients to return the cards. Staff are pleased by patients response to the cards. Positive comments have helped improve staff morale, while criticisms are followed up promptly. Links between the hospital and the community have improved.

Taken from Clinical Governance Support Team Lesson Card 12 CGST. Source: www.cgsupport.org

Environment of care

The environment of care is the subject of many complaints from patients. Cleanliness and décor in public areas, wards and bathrooms are as much a quality issue for patients as staff communication skills. Making sure that patients and staff are safe means thinking about the environment in which care is delivered. Issues like hand washing, moving and handling, and clear labelling of drugs are all related to the environment of care, and all have potential safety implications for patients and staff.

The environment of care is considered as part of reviews by CHI. To help build a safer environment of care, there is also a new mandatory reporting system for patient safety initiatives and prevented patient safety initiatives in the NHS. This is operated and managed by the National Patient Safety Agency (NPSA) (see Appendix 2).

Case study: Patient stories: maintaining the patient's privacy and dignity

As nurses on the Medical Assessment Unit, we have thrown ourselves into the routine of each day, always responding to what we considered to be the needs of our patients. Our participation in the RCN Clinical Leadership Programme provided us with an opportunity to step back and take time to consider the reality of life for patients. The insights gained from patients' stories and our observation of care studies led us to re-evaluate both the delivery and the environment of care. One issue that emerged was how the layout of the trolleys compromised the privacy and dignity of patients. On arrival for assessment, patients were asked to undress and sit in a hospital gown on one of our trolleys while waiting to see the doctor. One of the trolleys was situated in a corner of the unit, and partially blocked access to the patients' toilets. This meant that anyone wishing to use the toilet had to walk through the trolley bay, past the half-undressed patient. This was embarrassing both for the patient on the trolley and the person trying to squeeze past.

After we identified this problem, we held discussions with ward staff and we agreed to remove the trolley from the corner of the unit. This space was then used to create a seated area for up to six ambulant, fully dressed patients. This change led to an increase in capacity, from 12 trolley patients to 11 trolley patients and six seated patients. The increased capacity in our unit freed up additional space in A&E, and meant patients could benefit from being cared for in an appropriate environment for their condition.

Our observations of care highlighted the odd assortment of old, torn chairs, and using the networking skills gained from participating in the leadership programme, we approached the charities office and were successful in obtaining funding to buy six new chairs and a coffee table. The benefits we achieved from listening to our patients' stories and from observing what happens on the unit led us to realise the advantages to be gained from actively involving our patients in planning future initiatives.

Case study provided by Jo Myers, Mid Essex Hospitals NHS Trust, Old Matron's House, Broomfield Hospital, Chelmsford, Essex, CH1 7ET.

Support from the RCN

The RCN offers many services to help nurses implement clinical governance, using patients' experience.

RCN Clinical Leadership Programme

The RCN Clinical Leadership Programme is patient-centred, practical, and needs-led. It aims to assist practitioners in developing patient-centred leadership strategies to deal with the realities of day-to-day practice. The programme runs over 18 months and involves the release of clinical leaders for 25% of their time. A local facilitator is required to devote 100% of their time for the duration of the programme. The programme uses a mix of workshops, action learning, observation of care and patient stories. Participants use techniques such as shadowing, personal development planning, team role audit, and team action planning. Trusts work in pairs, which provides support for the senior nurses and opportunities for networking.

The RCN Clinical Leadership Programme develops clinical leaders' skills in the following areas:

- ◆ patient stories, pre and post-programme. Patients agree the themes, and actions plans are devised and monitored for those areas that are identified as needing improvement
- ◆ observation of care. Patients agree the themes, and action plans are devised and monitored. There is also a steering group in each organisation to ensure that any problems that emerge from the patients stories and the observations of care are solved.

There are patient representatives on the steering groups and the advisory group for the leadership programme.

For more information call 0207 7647 3836 (England), 0131 662 6162 (Scotland), 029 2075 1373 (Wales) or email: clinical.leadership@rcn.org.uk

Researching patient evaluation and public involvement

Patient evaluation and public involvement is one of the research and development priorities for the RCN. This commitment was clearly stated at RCN Congress in 2000, when a resolution urging RCN Council to take a lead in developing effective partnerships with patients and the public was passed.

This work plan for researching patient evaluation and involvement has been developed as a result of a UK-

wide listening exercise with patients, nurses, researchers, and policy makers.

For more information please call the Administrator on 01865 224107.

You will find the full range of relevant RCN services in Appendix 1.

Support from other agencies

College of Health

The College of Health is a national charity. It represents the interests of patients and promotes greater user involvement in health and social care. The college also hosts the Patient Involvement Unit for the National Institute for Clinical Excellence (NICE).

www.collegeofhealth.org.uk

Commission for Patient and Public Involvement in Health (CPPIH)

Because of the NHS Reform and Health Care Professions Act (2002), the Commission for Patient and Public Involvement in Health was established in England in January 2003. The CPPIH will oversee the new patient and public involvement system, ensuring patients have a strong voice in their local NHS. The CPPIH will:

- ❖ carry out national reviews of services from the patient's perspective, based on Patients' Forums
- ❖ alert appropriate bodies when it has concerns about the safety and welfare of patients
- ❖ set standards, providing training and performance managing Patients' Forums and providers of independent complaints advocacy services
- ❖ advise the Secretary of State for Health about the effectiveness of the new patient-centred system.

www.doh.gov.uk/involvingpatients/statusreptdec.htm

Patients' Forum

The Patients' Forum is a network of national and regional organisations concerned with the health care interests of patients, carers, and their families. It provides a forum for sharing experiences, information and ideas. Its aim is to support patients in informing and influencing the decision-making process.

www.thepatientsforum.org.uk

2

Making information work for you

“Information is the basic building block of any system of standards and quality”

(Kennedy Report, 2001, p. 394)

To demonstrate improvements in quality, organisations need good information. Good data is essential in order to plan, commission, implement, manage and evaluate services. The health service would benefit from the delivery of an integrated information system across health and social care. Such a system needs to meet the information needs of patients, clinical staff, and the departments of health and social care.

Information about the patient experience

Collecting and using information from patients helps staff to deliver the kind of services that patients want. All acute trusts, primary care organisations and local health boards in England and Wales now undertake an annual patient survey. The information collected will be used to track changes in patient experience, support local quality improvement initiatives, and inform the national performance ratings and performance indicators (DH, 2001).

Essence of care (DH, 2001) is a resource pack designed to support measures to improve quality. It focuses on areas of care that are known to be important to patients, and its clinical practice benchmarks were developed by multi-professional teams and patient representatives. The benchmarking tools relate directly to the topics patient representatives identified as being important, including food and nutrition, hygiene, continence, privacy and dignity.

Essence of care has been adapted for use in Wales through a publication called *Fundamentals of care* (Welsh Assembly, 2003).

Case Study: Introducing Essence of Care in an acute trust

Essence of care (EOC) suggests that comparing and sharing best practice should occur at three different levels: ward, between wards, and between directorates. This means involving and motivating staff who may already be under pressure to meet service delivery and performance targets. To give people the time they needed to learn about the system, the introduction of EOC in our trust was staged over a period of several months. We agreed that topics for benchmarking would be introduced one at a time, on a rolling programme, at three-monthly intervals.

It was encouraging that most of the initial benchmarking events were well attended. This suggested that the initiative had struck a chord with staff. The buzz of conversation that became a hallmark of the benchmarking group work was an indication that benchmarking can offer a stimulus for exploring quality improvement. In particular, staff felt it was useful to have time to share ideas and help with problem solving.

We found that establishing relationships between providers and patients took much longer than anticipated. Patients need time to learn about the systems and processes that professionals take for granted. Sensitivity, patience and a sense of humour are all needed in equal measure. Using a skilled facilitator during benchmarking group work can help oil the wheels, establish trust and make sure everyone's contribution is valued.

At the outset, we asked the trust's Patient Panel to decide on the priority of EOC topics for implementation. Two Patient Panel representatives were then recruited onto the EOC implementation strategy committee. As well as contributing to decisions about implementation, these representatives are also responsible for feeding back progress to the Patient Panel. As each benchmark has been implemented, volunteers from either the Patient Panel, or drawn from patients who responded to information provided in the wards and clinics, have contributed to the benchmarking sessions. They have readily given their opinions and exercised judgement from the patients' perspective, providing valuable insight into aspects of care that may otherwise have been overlooked.

This case study was provided by Chrissie Dunn, Senior Nurse Practice Development, Post Graduate Centre, Royal Berkshire and Battle Hospitals NHS Trust, London Road, Reading, RG1 5AG.

Information about resources, processes and outcomes

Good information systems provide a way of helping staff identify what resources are needed, what processes are effective, and what outcomes are achieved. Improvements in the way information is captured, managed and used can support the delivery of quality patient care. It may also support the continuous monitoring and evaluation of services.

Information systems have been developed to support a range of frameworks for care (for example, National Service Frameworks). These systems are used as the basis for collecting data on clinical indicators and performance management. Consistent information collected at regional and national level can be used to target resources and to address inequalities in service provision.

The NHS Information Agency (NHSIA) provides a clinical governance information checklist. This website is intended for NHS trust boards, clinical governance leads, and clinical governance professionals, and provides easy access to a wide source of relevant information. You will find it online at www.nhsia.nhs.uk/phsmi/clinicalgovernance/cg_request.asp.

Good information systems are also important to help health professionals in locating information on research and effectiveness, clinical audit and clinical guidelines. These are discussed in more detail in section 3 (*Research and effectiveness, and Clinical audit*).

Case study: Nurses take the lead

Nurses have not always had easy access to their evidence base. To improve this situation, a small group of staff at United Bristol Healthcare NHS Trust, with the active support and encouragement of local nursing leadership, has developed a friendly web-based resource called CE-net. CE-net allows any nurse from any web terminal within the trust to access local and national guidelines, key evidence-based health care resources, and all the major bibliographic databases. CE-net uses a jigsaw metaphor to take staff through all elements of clinical effectiveness such as research and development, clinical audit, and patient involvement. It also provides a portal to established national websites like the RCN and the Nursing and Midwifery Council. Other sections include full text book and journals

access, and interactive quizzes. Nurse can (and do) use the CE-net any time, day or night, to support evidence-based practice, or for their own continuing professional development (CPD).

This example was provided by Sue Jones, Assistant Director of Nursing, United Bristol Healthcare NHS Trust, Marlborough Street, Bristol, BS1 3NU.

Appendix 4 provides detailed examples on locating information on two particular clinical topics.

Support from the RCN

Here is information on some of the RCN services aimed at helping nurses implement this aspect of clinical governance (see Appendix 1 for the full range of RCN services).

Information in Nursing Group

This group promotes informatics as a core element of nursing care and considers a wide range of information-focused issues, including patient records, knowledge management, information literacy and clinical systems, nursing common language (terminology) and tele-health or e-health. As well as providing expert advice to help develop RCN policy, in line with anticipated advances in information and communication technologies (ICT), members are also active in informing and advising other stakeholders including policy makers and professional bodies across the UK.

The focus of current work is on developing a collaborative strategy among the research, informatics and quality field of support, and facilitating a strong nursing presence at NHS modernisation projects across the UK.

The National Audit of the Management of Venous Leg Ulcers

This project is run by the RCN and funded by the Commission for Health Improvement (CHI). Its focus is the use of good quality data to develop a national audit programme. Its aim is to support long-term improvement in the management of venous leg ulcers across England and Wales. The project will be developed during 2003, tested during 2004, and rolled out in 2005.

The project is clearly linked to the clinical guideline on the management of venous leg ulcers. It will lead to the collection of clear, consistent data, which will be entered into a web-based data management system. As a result, practitioners will be able to benchmark their practice,

exchange information and share their experiences on improvements in patient care. We also hope to link the initiative to online learning opportunities.

For further information, telephone 0207 647 3831 or email: qip.hq@rcn.org.uk

Support from other agencies

Modernisation Agency

The Modernisation Agency was established in England to help staff implement the changes outlined in the *NHS plan*. It is currently working on a range of projects including:

- ❖ improving access to primary health and social services
- ❖ promoting safe, effective and high quality care through clinical governance
- ❖ redesigning patient journeys for cancer, coronary heart disease and critical care services.

www.modern.nhs.uk

NHS Patient Survey Programme

This programme covers acute, primary, mental health and ambulance trusts. Information from the survey informs the 'star rating' system of performance indicators published annually. Trusts can use this information to identify priorities for quality improvement.

NHS Information Authority

The role of the NHS Information Authority is to support the development of national electronic care records and provide information services and knowledge for decision-making. It also supports the establishment of health informatics as a registered national profession, and it provides reliable and secure information infrastructure services.

www.nhsia.nhs.uk/def/home/asp

Information Statistics Division (Scotland)

In Scotland, the Information Statistics Division (ISD) is part of the Common Services Agency (CSA). Health service activity, staffing and finance data is collected, validated, interpreted and disseminated by the ISD. The data is collected from NHS boards, trusts and general practices.

3

Quality improvement in action

“Patients are entitled to expect that their care will be of such quality as is consonant with good practice, based on sound evidence”

(Kennedy Report, 2001; p. 380)

Quality improvement involves a range of activities including risk management, incident reporting, handling complaints, research and effectiveness, and clinical audit. These activities are sustained through good leadership, continuing professional development, team working and effective information systems.

Risk management

Risk management is a process to raise the quality and safety of services. It is identified as “a particular approach to improving the quality of care, which places special emphasis on occasions in which patients are harmed or disturbed by their treatment” (Hands, 1999). It is supported through identifying, evaluating and reporting risks.

A risk management strategy should contain systems for incident reporting and investigation, and learning from complaints. It should also include plans for minimising the cost of negligence claims. Risk management is also concerned with all aspects of patient safety, and includes infection control.

The importance of patient safety was a key feature of the report into events at the Bristol Royal Infirmary (Kennedy, 2001). The inquiry’s key messages about patient safety were:

- ◆ the absence of a culture of safety and a culture of openness resulted in concerns and incidents not being routinely or systematically discussed or addressed, leading to a continuation of unsafe practices
- ◆ the physical environment and working arrangements

are as important to the safe care of patients as the technical skills of staff

- ◆ the absence of systems for monitoring the safety of clinical care at national or local level put the care of patients at risk
- ◆ the absence of a systematic approach to learning from things that went wrong prevented effective remedial action from being taken (Kennedy, 2001; p. 352).

Organisation with a memory (DH, 2000) described the Government’s commitment to patient safety. Key among its raft of recommendations was the introduction of a mandatory reporting scheme for patient safety incidents and prevented patient safety incidents (DH, 2000; p. 80). As a result, a special health authority, the National Patient Safety Agency (NPSA), was established in July 2001. The NPSA’s remit is to co-ordinate the efforts of UK NHS to report and learn from adverse events. More information online at www.npsa.org.uk

Case study: The Handy Hygiene Campaign at the Oxford Radcliffe

Research evidence suggests that hospital acquired infection (HAI) affects 8% of hospital patients, and each HAI delays discharge by 11 days and costs £3,154. For the NHS in England, this represents 3.6 million bed days lost, costing £1 billion a year. Cross contamination of microbes by the hands is a major route of spread of HAI. Hand hygiene can prevent cross infection, but compliance with recommendations is generally poor. In high demand situations, including critical care units, overcrowding and under-staffing, hand decontamination with an alcohol-based hand rub solution appears to be the most effective way of improving compliance. Research carried out in Switzerland has shown that increasing hand decontamination by staff using alcohol hand rubs leads to reductions in HAI, as well as decreasing MRSA colonisation by 50%. Furthermore, the Patient Empowerment Project showed that the number of hand decontamination episodes increased significantly with the implementation of patient education.

In response to this evidence, the Handy Hygiene Campaign was launched in the Oxford Radcliffe Hospitals NHS Trust (ORH). Managers committed to four measures that will greatly assist in reducing the number of infections by improving hand

decontamination. These four measures are the provision of:

- alcohol hand rub by every bedside
- good quality paper towels across all four sites
- a programme of training and education for all staff about the importance of this campaign
- information for patients on the importance of hand decontamination and the crucial role they play in ensuring this simple yet effective act is encouraged.

The patient information leaflet sets out the who, why, how, when and the where of hand hygiene. It asks all patients to ask health care workers: “Have you cleaned your hands?” The ORH believes that the Handy Hygiene Campaign will make a difference to patient outcomes, through using the best elements of research to drive forward improvements in managing and controlling infection risks.

This case study was provided by Luisa Goddard, Infection Control Services, Radcliffe Infirmary, Woodstock Road, Oxford, OX2 6HE.

Incident reporting

A *clinical incident*, also known as an patient safety incident or a prevented patient safety incident, might include drug errors, unexpected deaths or patient falls. Usually, these incidents occur because of problems in a system of working. For example, this could be because of poor communication within and across clinical teams, a lack of clarity about protocols and procedures, or as a result of equipment failure. Other sources could include inadequate training in equipment use, failure to follow good practice, and poor record keeping.

Effective incident reporting allows organisations to:

- ◆ investigate a problem
- ◆ put it right
- ◆ learn from what went wrong (sometimes called root cause analysis).

Where there is an effective system of incident reporting, staff can report incidents and be confident that the right culture is in place for dealing with them.

As a nurse, when you believe there is a potential danger to patients, you have a statutory duty to report your concerns. You can do this by talking to a senior staff member, a risk manager, or the Commission for Health Improvement.

Case Study: Effective incident reporting at Queens Medical Centre, Nottingham

In 2000, Queens Medical Centre, Nottingham, developed and launched a new incident reporting system. The key to its success was in acting on the feedback received from staff using the system. Some staff had felt reluctant to report incidents for fear of being blamed and/or disciplined for making a mistake, others were unclear about what represented an incident, and some reported feeling comfortable with the process.

An incident reporting manual was prepared and a copy was disseminated to all wards and departments. The new system was launched through a series of workshops, and each workshop was introduced by one of the trust’s executives to reinforce the importance of effective incident reporting. The trust board also released a statement to promote the low-blame, non-punitive approach to incident reporting.

Since the introduction of the new system, there has been a 200% increase in the number of clinical incident reports, especially those reported by medical staff. The quality of the reports has also improved and they now provide relevant information leading to effective investigations and changes in practice. The trust continues to learn from past mistakes.

This case study was provided by Chris Cooper, Quality & Clinical Governance Manager and Phil Fox, Clinical Risk Lead, Queens Medical Centre University Hospital, Floor C, South Block, Nottingham, NG7 2UH.

Complaints

Complaints are a feature of the NHS. No organisation or profession can ignore, or avoid them. Local resolution is the key and, ideally, nurses should be involved in all stages of investigation. It is important to recognise that people who make a complaint often want a full and frank response to their concerns, as well as answers to specific questions. Any complaint that cannot be resolved through local resolution may be referred to independent review. If there is still dissatisfaction the Health Service Commissioner (Ombudsman) may be asked to investigate. There is a Health Ombudsman in each of the four countries of the UK (information at www.ombudsman.org.uk).

Effective record keeping is crucial in the investigation of

complaints. If care and treatment interventions are not recorded properly, it will be difficult to establish what happened to the person making the complaint. Good record keeping is a safeguard for staff too, as well as being a duty of professional practice.

Research and effectiveness

To make sure that care is both safe and effective, clinical decisions should be made on the basis of the best available evidence. *Evidence* can come from a variety of sources, including well designed research studies, professional consensus and patient experiences.

Practising from an evidence base usually involves five stages:

- 1 identifying areas of practice that are viewed as problematic
- 2 identifying best available evidence (remembering that there are different sources of evidence, including research findings, patient experience, and clinical experience)
- 3 using the identified evidence to define best practice
- 4 putting this evidence into practice
- 5 measuring performance against expected outcomes, through peer review or clinical audit.

In undertaking evidence-based practice, staff need to be able to assess the quality of evidence. However, this does not mean that they have to be researchers – rather that they must be able to evaluate and review a range of evidence. In other words, they need critical appraisal skills. Getting different kinds of evidence into practice may also be facilitated by staff who have both implementation and change management skills (RCN, 2000).

You'll find details about how to access different sources of evidence in Appendix 4.

Evidence-based clinical guidelines are a key feature of the research and effectiveness agenda. The agencies responsible for developing guidelines include the National Institute for Clinical Excellence (NICE) and the Scottish Intercollegiate Guidelines Network (SIGN), as well as the national professional organisations.

The RCN has been developing clinical guidelines for nursing for a number of years. Guidelines under development include peri-operative fasting, and the

management of pressure ulcers in primary and secondary care.

Further details on guideline development can be found below in *Support from the RCN*, and in Appendix 2.

Case Study: Developing evidence-based nursing practice

A pilot scheme undertaken in Dudley Priority Health NHS Trust aimed to change the culture in an organisation that had little history of nursing research or development. The scheme enabled three designated staff to develop the skills they'd need for evidence-based practice and to guide the production of evidence-based information that could be disseminated to nurses throughout the trust. The three nurses represented mental health, community nursing and learning disabilities, and they were released from their clinical caseload for 2.5 days each week for six months. The Director of Nursing, Clinical Governance Manager and Nurse Researcher provided leadership and direction for the scheme.

The team met each fortnight to plan activities and review progress. Nurses throughout the trust were surveyed and asked to identify practice issues that required some supportive evidence. Staff meetings and contacts in the course of clinical work extended the consultation. A number of clinical topics were identified that nurses felt required some action in order to change and improve practice. Consequently, protocols for eight practice-based topics were devised.

The outcomes of the pilot scheme were numerous: care and treatment was more evidence-based, staff were given training on the newly developed protocols, staff computer skills improved, they became more creative at information giving, their critical appraisal skills improved, and awareness was generally raised about the importance of evidence-based practice.

This case study was provided by Alison Hodgson, Clinical Governance Manager, Clinical Governance Department, Shousters House, Ridge Hill, Brierley Hill Road, Stourbridge, West Midlands, DY8 5ST.

Clinical audit

Clinical audit is a process to improve patient care through the regular review of care against clear

standards, and the implementation of change. Aspects of the structure, processes and outcomes of care are selected and thoroughly evaluated against standards. Necessary changes are then implemented at an individual, team or service level. Further monitoring is used to confirm any improvement in care delivery (NICE, 2002).

Clinical audit is a way of implementing guidelines or other kinds of evidence. By reviewing care in this way practitioners can identify priorities for action planning and improvement. For example, a group of nurses on a surgical unit were concerned about the length of time patients had to fast before an operation. The nurses collected data on actual fasting times that they presented to medical colleagues. A group was set up to review the available literature and set standards for optimum fasting times for the unit. A new protocol was agreed and six months later the same nurses collected data and found that fasting times had been reduced by 40%.

Within most NHS trusts, support exists to help nurses carry out clinical audit projects. There is usually a clinical audit/effectiveness/governance team that has expertise in measurement, action planning and change.

Support from the RCN

Here is information on some of the RCN services aimed at helping nurses implement a range of quality improvement initiatives. (Appendix 1 has the full range of RCN services.)

Clinical guidelines

Work on developing clinical guidelines for peri-operative fasting and for managing pressure ulcers in primary and secondary care is ongoing. Published guidelines include *The management of venous leg ulcers*, *The recognition and assessment of pain in children*, and *Risk assessment and prevention of pressure ulcers*. For further information please call 01865 224140, or email: qip.hq@rcn.org.uk

The National Collaborating Centre for Nursing and Supportive Care is one of seven centres funded by NICE to develop national clinical guidelines for the NHS in England and Wales. The centre is located at the RCN Institute in Oxford. It is a professionally led group with expertise, experience and resources to develop clinical guidelines. Guidelines are currently under development

on: pressure relieving devices, disturbed (violent) behaviour, falls, and osteoporosis. For more information call the Administrator on 01865 224718 or email: ncc-nsc@rcn.org.uk

Quality Improvement Programme Information Service

This service provides information support across a wide range of issues. Staff are available to help RCN members look for research articles, clinical guidelines and care pathways. The service can also help staff who want to know more about clinical governance, or who need advice on how to conduct a clinical audit. For more information call 0207 647 3831, or email: qip.hq@rcn.org.uk

Recognition and assessment of acute pain in children audit tool

To be able to manage pain well, there must be systems in place that help children to communicate their experience of pain. This audit tool was developed to ask children to describe who listened to them when they were in pain – and the audit protocol helps nurses monitor how well they assess children's pain.

Activity sheets enable children to draw pictures or write their stories about their pain. Information received from parents, carers, staff, and records is also used to monitor the effectiveness of pain assessment.

This publication is part of a series on the recognition and assessment of pain in children. Other publications include the clinical guideline, an implementation guide, *Ouch! Sort it out: children's experiences of pain*, and *All about pain*, a booklet designed for children. These are available from RCN Publishing, PO Box 3030, Swindon SN3 4TQ, or via www.rcn.org.uk

A website (www.rcn.audit.org.uk) lets nurses download a data entry template that helps them analyse and present their findings. There are also translated versions of the audit tools available on the website in Punjabi, Urdu and Bengali.

Research & Development Co-ordinating Centre

The centre provides and co-ordinates access to information on nursing research and practice development. Information is available through the website given below. This includes information on research networks, policy, funding, ethics, training and

support units, research in progress, dissemination and use, and practice development.

Through its networks, the centre is developing bibliographies and databases on its website, where links are made to other useful sites on the Internet. The centre is fully interactive via the Internet or by letter. For more information call 0161 236 2049, or email: j.caveney@man.ac.uk

Support from other agencies

Clinical Governance Support Team

The NHS Clinical Governance Support Team website is part of the NHS Modernisation Agency. It is a valuable resource providing a clear insight into clinical governance and its application in a clinical setting. The website includes useful resources, educational tools, case studies and links. One example is the “lesson cards” that draw on the work of the teams who are involved in the Support Team Development Programmes. The focus is on the process of achieving change. Careful analysis of the teams’ work allows the CGST to identify those aspects of their experience that might be useful to others. The cards describe the context and identify the lessons that can be drawn. The first collection was published in September 2002, and more will be added. Links are given to the *eureka*s and/or case studies on which the lessons are based.

www.cgsupport.org

Commission for Health Improvement (CHI)

The Commission for Health Improvement was established to improve the quality of patient care. One of its main roles is to review the care provided by the NHS in England and Wales (Scotland has its own regulatory body, the Clinical Standards Board Scotland). CHI aims to address unacceptable variations in practice by identifying notable practice, and areas where improvements are required. Recently, the Government has proposed changes to CHI which will establish an independent Commission for Healthcare Audit and Inspection (CHAI). CHAI will bring together some of the work of the Audit Commission, the Commission for Health Improvement and the National Care Standards Commission. It will also be responsible for inspecting both the public and private health care sectors. CHAI will work at a local and national level to monitor and improve clinical care throughout England and Wales. The new commission is expected to be up and running sometime in 2004.

www.chi.nhs.uk

Clinical Resource Efficiency Support Team (CREST)

CREST is part of the Department of Health, Social Services, and Personal Services (DHSSPS) in Northern Ireland. One of its key initiatives is the Northern Ireland Task Force on Diabetes, which was established in March 2002.

www.diabetes.org.uk/n.ireland/nireland.htm

National Institute for Clinical Excellence (NICE)

NICE is a special health authority with a remit to appraise systematically health interventions before they are introduced in the NHS in England and Wales. It offers clinicians guidance on which treatments work best for patients and which do not. Its work supports doctors, nurses, midwives and other health professionals – those who make the complex decisions about the treatment of individual patients. The website includes technical and summary reports of guidelines commissioned by NICE, health technology appraisals and referral practice guidelines.

www.nice.org.uk

NHS Quality Improvement Scotland (NHS QIS)

NHS QIS is made up of the Clinical Standards Board for Scotland (CSBS), the Health Technology Board for Scotland, the Nursing and Midwifery Practice Development Unit, the Clinical Resource and Audit Group (CRAG) and the Scottish Health Advisory Service (SHAS)

www.nhshealthquality.org

Scottish Intercollegiate Guideline Network (SIGN)

The Scottish Intercollegiate Guideline Network (SIGN) was established in 1993, and sponsors and supports the development of clinical guidelines for NHS Scotland. Where a SIGN guideline exists for which the Clinical Standards Board in Scotland is setting standards, it will be referenced.

www.sign.ac.uk

National Patient Safety Agency (NPSA)

The NPSA is responsible for designing and implementing a system for reporting patient safety incidents involving NHS patients. The site offers a range of resources including alerts, a library of briefings and

presentations, research, news, events and message boards. The NPSA's *Corporate plan 2003-2006*, states: The Minister for Health and Community Care in Scotland has given a commitment to adopting the principles set out in 'An Organisation with a Memory'... We will be working closely with NHS QIS over the next three years to ensure this commitment is met (page 7). The NPSA is also working in partnership with the Welsh Assembly, and is in discussion with colleagues in Northern Ireland to extend the national system of reporting across the UK.

www.npsa.org.nhs.uk

Patient Advice and Liaison Service (PALS)

The Patient Advice and Liaison Service supports the effective handling of complaints. All NHS trusts have established a local PALS.

Serious Hazards of Transfusion (SHOT)

SHOT was launched in 1996 and collects data on serious sequelae of blood components. The data contributes to improving the safety of the transfusion process, informs policy within the Transfusion Service, improves standards of hospital transfusion practice, and aids the production of clinical guidelines for the use of blood components. SHOT is based at the Manchester Blood Transfusion Centre and is affiliated to the Royal College of Pathologists. It has representatives from a wide range of Royal Medical Colleges and professional bodies, including the RCN.

www.shot.demon.co.uk

4

Supporting staff in the workplace

“A patient is entitled to be cared for by health care professionals with relevant and up-to-date skills and expertise”

(Kennedy Report, 2001; p. 322)

The need to improve the quality of care requires a commitment to good employment practice and professional development. This encompasses a focus on staffing and staff management, education, training and continuous professional development, and on team working.

Staffing and staff management

The *Improving working lives* initiative was developed to make the NHS a better place to work. It aims to transform practices to enable staff to manage a healthy balance between life and work. This is vital if the NHS is to have enough staff to deliver services, be able to attract the next generation of health care professionals, and modernise.

Case study: putting Improving Working Lives into practice

The Oxford Radcliffe Hospitals Trust achieved practice status under the NHS Improving Working Lives (IWL) Standard in July 2002. This standard is aimed at improving the working lives of all NHS staff, enabling them to achieve a work-life balance.

Some of the initiatives at the trust include:

Work free zone – a relaxing work-free area where staff can go to relax or take part in a number of activities such as yoga, massage, reflexology

Flexible working options – a comprehensive range of flexible working options which are open to all staff, including job share, annualised hours and home working

Benefits – a benefits booklet details the benefits available to all staff. The trust is also continuing to negotiate staff discounts with local businesses

Organisational barometer – to complement the exit

questionnaire/interview process, the trust is piloting an ‘organisational barometer’ programme which follows groups of new staff and seeks their views and experiences of employment in the Trust over a period of time. Groups will be interviewed at three-monthly intervals from three to 18 months

IWL champions – communication within a trust as large as Oxford Radcliffe Hospitals is always challenging. Champions have been established to act as a conduit for information – 40 people have become champions and more are required

IWL intranet site – this site shows details of the Trust’s progress, giving the IWL Standard and details on a wide range of issues, including staff attitude survey results, diversity, childcare, IWL group members (champions), and benefits.

For more information go to

www.oxfordradcliffe.nhs.uk/staffbenefits.asp

Education, training and continuing professional development

Educating, training and developing staff are an integral part of clinical governance. It’s not just about helping staff to develop their clinical skills though – it’s also about helping and supporting staff to work in different ways. These different ways of working include partnerships and collaborations with patients and managers, across disciplines and professions. Good staff development needs the provision of adequate resources, including both money and protected time.

Case study: education, training and continuing professional development

In an acute trust, a team of practice educators and clinical facilitators provides support to nurses to facilitate the concept of life long learning. This includes preceptorship for newly qualified nurses. A clinical facilitator meets with nurses during their first week and at regular intervals during their preceptorship period. They monitor and evaluate the quality of the preceptorship experience, and provide additional support if needed. All newly qualified nurses have preceptors in their own clinical areas.

The practice educators support staff, through education and training, to develop their skills and

competencies, through sharing best practice and networking. Nurses are supported in transferring their knowledge into practice, reflecting on practice, clinical supervision, mentoring, personal development and career advice.

Clinical nurse specialists and specialist advisors also provide study sessions to update staff on current practices. As nurses progress through their careers, they are offered specific programmes to support their development (for example, the RCN Clinical Leadership Development Programme). When a nurse returns to nursing following a career break, a clinical facilitator is available to provide support during clinical placements, along similar lines of preceptorship.

This example was provided by Gillian Arblaster, Head of Clinical Practice, Nursing and Quality Department, University Hospitals Coventry and Warwickshire NHS Trust, Clifford Bridge Road, Walsgrave, Coventry, CV2 2DX.

Team working

Good team working requires trust, commitment, and respect. It also requires that the contribution of all members of the team, and the patients they serve, is valued. Teams need strong leadership and good channels of communication. They also need to be able to identify and solve problems in order to deliver patient-centred care. It is worth noting that many of the complaints made by patients can be traced to poor channels of communication across and within clinical teams.

Support from the RCN

Information on some of the RCN services aimed at helping nurses implement clinical governance in relation to supporting nurses in the workplace (see also Appendix 1).

RCN Learning Zone

The RCN Learning Zone is an Internet-based application that uses new technology to provide a unique, flexible resource for busy nurses. It helps them to find and apply the information they need to improve patient care. For more information go to: www.rcn.org.uk or contact the RCN Learning Zone team via email at: www.learning.zone@rcn.org

RCN practice development

Practice development focuses on supporting individuals and teams to continually develop and maintain their effectiveness in being both patient-centred and evidence-based. The aim is for a culture of effectiveness that is sustainable and not dependent on individuals. The focus in practice development is the patient and their experience rather than the staff member – although the two are closely related.

Through using clinical supervision, action learning processes and critical companionship, practitioners are helped to use, and make transparent, their widespread knowledge, information and evidence in their practice to help achieve greater effectiveness.

More information on:

www.rcn.org.uk/practice_development/ or contact the Head of Practice Development on 0207 647 3673.

Support from other agencies

Changing Workforce Programme (CWP)

The Changing Workforce Programme is part of the NHS Modernisation Agency, linked to the Human Resource Directorate and supported by the Workforce Taskforce. Working with teams across England, CWP supports the implementation of new ways of working.

www.modern.nhs.uk

Nursing and Midwifery Council

The NMC was established “to ensure nurses, midwives and health visitors provide high standards of care to their patients and clients”. It also sets standards for education. You can access a wide range of publications from the website.

www.nmc-uk.org

Workforce Confederation

The Workforce Confederation covers integrated workforce planning, commissioning education and training, developing human resource practices, and anticipating what a future NHS workforce might look like.

www.doh.gov.uk/workdevcon

National Workforce Unit Scotland

The National Workforce Unit is part of the Human Resources Directorate of the Scottish Executive Health Department. The unit co-ordinates work at a national level, as part of the drive to develop a more strategic and systematic approach to workforce issues. Workforce development takes account of changing roles and skill mixes, new ways of working and job redesign, education and training of staff, recruitment and retention, and career packages and pathways.

email: NationalWorkforceUnit@scotland.gsi.gov.uk

5

The building blocks of clinical governance

“The public are entitled to expect that means exist for them to become involved in the planning, organisation and delivery of health care”

(Kennedy Report, 2001; p. 400)

The building blocks for clinical governance are effective leadership, strategy and planning of services – requirements clearly articulated in the Kennedy Report. Effective leadership, strategy and planning require the establishment of partnerships between and across health and social care agencies, and between patients and the public. They also require the creation of leadership development programmes, and a robust system for reviewing performance.

All NHS organisations should now have systems and processes in place for clinical governance. This means

- ❖ recognising the chief executive’s statutory duty of quality
- ❖ identifying a clinical governance lead
- ❖ creating a clinical governance sub-committee.

Figure 2 outlines the infrastructure for accountability, and the systems and processes required for effective clinical governance.

There is also a range of tools available so that acute, combined, mental health and ambulance trusts can undertake a self-assessment exercise to review their own clinical governance arrangements. These tools can be downloaded from www.chi.nhs.uk/eng/assessment/index.shtml

The tools for senior managers have been designed to encourage participants to meet together and discuss issues relating to:

- ❖ strategic capacity (leadership, policy and strategy)
- ❖ organisational integration
- ❖ performance review systems that support learning and improvement
- ❖ partnership working.

Box 2 shows the statements on which the senior management team can base self-assessment: have they achieved these statements in their service delivery area?

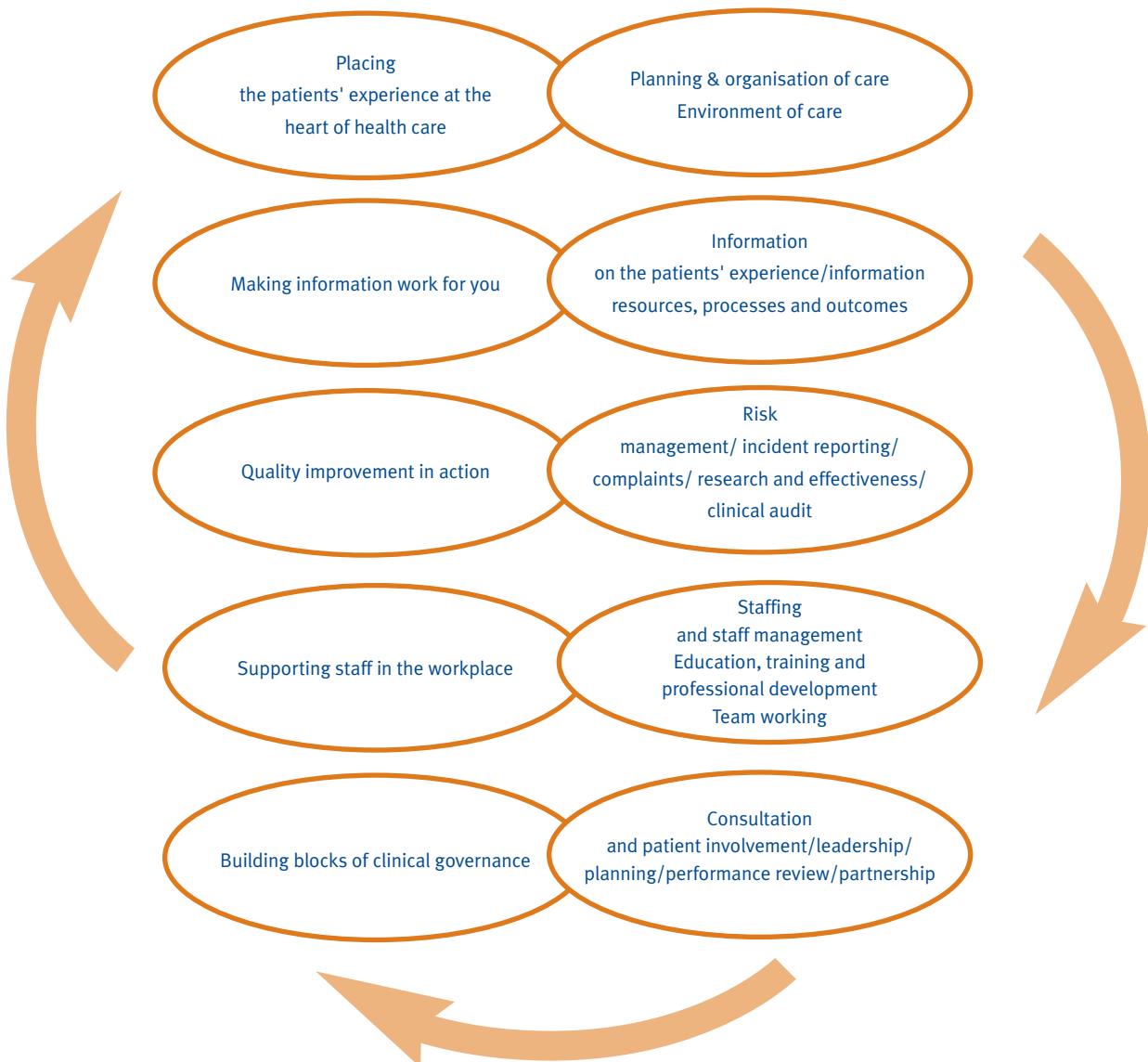
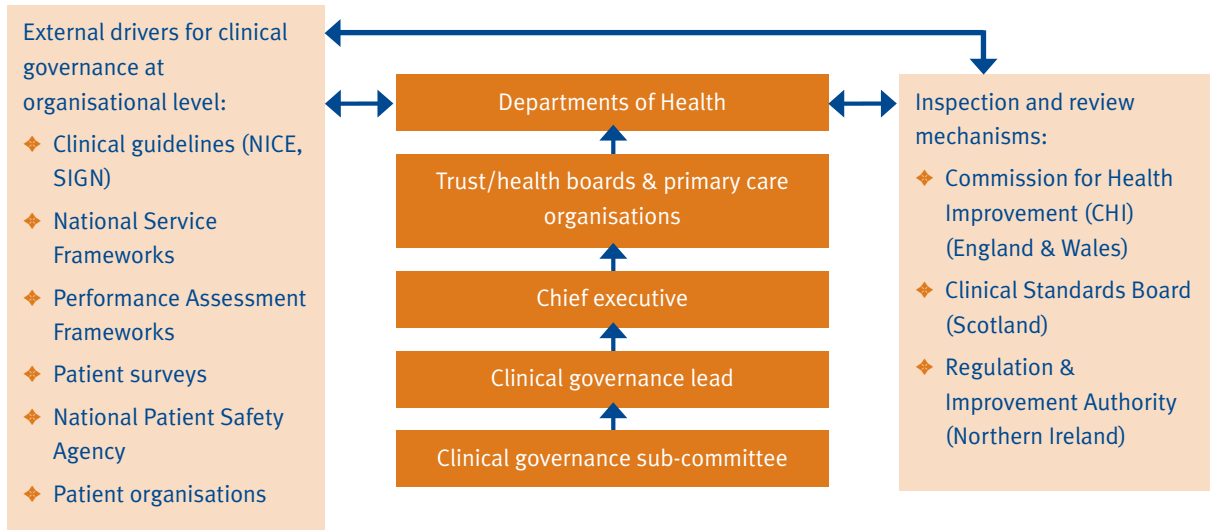
BOX 2: SELF-ASSESSMENT STATEMENTS (EXAMPLE FOR ACUTE CARE ORGANISATIONS)

Senior management team:

1. The trust board has shown effective leadership and support to our senior management team to enable us to implement culture change within our service delivery area (SDA).
2. Managers and clinical practitioners across this SDA are working well together to lead all aspects of clinical governance.
3. We have integrated all aspects of clinical governance across this SDA.
4. From our clinical governance priorities, we are implementing actionable plans.
5. We use our clinical performance monitoring mechanism to bring about improvements to the patient experience.
6. We know the extent to which all the services for which we are responsible comply with mandatory clinical standards and requirements.
7. Within this SDA, we have a culture of open and honest reporting and management of any situation that may threaten the quality of the patient experience.
8. We know the extent to which all our staff demonstrate competence and appropriate standards of performance.
9. Where our staff are working in extended roles, we have robust mechanisms to manage any additional risks to patients, staff and the organisation.
10. The working relationship between staff from this SDA and staff from relevant external organisations support the delivery of high quality, ongoing patient care.

(Source: www.chi.nhs.uk/eng/assessment/index.shtml)

Figure 2: Infrastructure, systems and processes for clinical governance at organisational level



Consultation and patient involvement

The *Health and Social Care Act* (2001) describes the statutory duty placed on NHS organisations in England and Wales to secure patient involvement and consultation. Patients are to be involved and consulted on a range of activities including the planning, development, and operation of services.

The *NHS plan for Scotland* sets out a commitment to involve people through giving them a stronger voice in the design and delivery of health services. The Scottish plan outlines patient and public involvement at four levels: clinical, service, organisation and strategic.

Case study: consultation with patients in planning services to meet patients' needs

A project to establish an integrated evening care service in rural Clydesdale, Scotland, followed consultations with users through the Elderly Forum and the Clydesdale Citizen's Jury. Through joint working, the project would inform and influence both the development of integrated investment tools and care pathways, and joint policies covering roles and responsibilities.

The service became operational in November 1999 with three teams consisting of a nurse and a carer. Since then, four teams have been developed, plus a satellite base to provide a more appropriate and flexible response to the needs of the community. The new service has brought benefits including a single point of referral, an integrated team who meet both health and social needs of clients, the avoidance of inappropriate admissions to hospital, improved quality of life for patients, improved support and education for carers, and the development of joint training packages and assessment tools.

This case study was provided by Amelia Caullay, (former) Project Manager, Integrated Evening Care Service, Lockhart Hospital, Lanark, Scotland. ML11 7RX.

Organisational and clinical leadership

Leaders in the modern NHS are expected to be able to lead on a number of key areas. Their role is to:

- ◆ improve the quality of patient care
- ◆ influence improvements in the health of the population
- ◆ promote the NHS as being well-led, well-managed and accountable
- ◆ lead on strategies to motivate and develop NHS staff.

The Leadership Centre (England), which is part of the Modernisation Agency, the Centre for Change and Innovation (Scotland), and the Centre for Health Leadership (Wales), were created to co-ordinate management and leadership development across the NHS. They recognise that good leaders are needed throughout the organisation – not just at board level.

Case study: leadership and change management initiatives for senior staff nurses

The Senior Staff Nurse Professional Development Initiative at the United Lincolnshire Hospitals Trust used the clinical governance framework as a strategy for looking at leadership and change. The initiative was launched within the surgical and medical directorates, and had three aims: to help senior staff nurses understand their role in relation to leadership, clinical expertise and change management; to help them apply the function and meaning of clinical governance to their role; and to enable them to fulfill their role in practice. These aims were achieved through using knowledge management approaches, clinical effectiveness, patient process redesign tools, and reflective practice.

Following an initial study day, senior staff nurses were given a project proposal to complete and return to the Professional Development Nursing Team (PDNT). The PDNT then met with the senior staff nurses to discuss and approve the proposals, leading to the formulation of project plans. These plans aimed to integrate organisational needs with the senior staff nurses' proposals for advancing practice, and to enable senior staff nurses to network and exchange information

Some of the benefits of this initiative to patients, staff and the organisation include: placing the patient at the centre of all decisions about care, improving the quality of care delivered to patients, meeting both the personal and the professional development needs of senior staff nurses, improving clinical leadership skills, and embracing the concepts of audit and benchmarking. The programme also produced a falls assessment, a theatre recovery nurse skills achievement pack, and an ophthalmic cataract pathway.

This example was provided by Alison George-Jones, Matron Trauma and Elective Orthopaedics Surgical Division, Pilgrim Hospital, Sibsey Road, Boston, Lincs, PE21 9QS.

Planning of services

Clinical governance needs to be taken into account in the planning of services. The overall objectives of the NHS plans for England, Northern Ireland, Scotland and Wales are to promote collaboration and encourage joint decision making. For example, the *NHS plan for Scotland* describes how existing Health Improvement Programmes and Implementation Plans will be replaced by a Local Health Plan. These local plans will set out the objectives, strategies and actions that organisations will use to improve the health of the local population.

Improvement, expansion and reform: the next 3 years (DH, 2002) outlines the transformation of NHS services in England. This will be achieved by raising standards, tackling inequality, being more accessible and flexible, and designing services around the needs and choices of patients and the public. Planning services for the future means focusing on priorities, achieving value for money, and being prepared to change old practices.

Performance review

Performance review is concerned with how organisations achieve high levels of patient and staff satisfaction, and how well they meet a range of national targets set for improving health. Research in the USA has highlighted a number of characteristics held by organisations that perform well: strong leadership, the ability to manage change, multi-disciplinary teams, and good use of information technology (NHS Confederation, 2002a-b).

England and Scotland have a Performance Assessment Framework in place (NHS Executive, 1999; Scottish Executive, 2002). These were developed following a widespread consultation with key stakeholders. The areas covered by the frameworks are outlined in Box 3.

Box 3:

The Performance Assessment Framework

England	Scotland
1. Health improvement	1. Health improvement and reducing inequalities
2. Fair access to care services	2. Fair access to health
3. Effective delivery of appropriate health care	3. Clinical governance, quality and effectiveness of health care
4. Efficiency	4. Patients' experience, including service quality
5. Patient/carer experience	5. Involving public and communities
6. Health outcomes	6. Staff governance*
	7. Organisational and financial performance and efficiency

**While a seventh area focusing on human resources was initially considered for inclusion in the English Framework, it was omitted because the new Strategic Framework for Human Resources will address this important area.*

Health community partnerships

Partnership working across the NHS is also important in terms of clinical governance. The four countries have each approached this slightly differently. In Northern Ireland, the Department of Health and Social Services combines both health and social care, which facilitates partnerships locally. In Wales, there are 22 local health boards, which share boundaries with 22 local authorities. The health action zones in England and Northern Ireland provide good examples of health community partnerships.

In Scotland, NHS boards are expected to continue to make full use of existing mechanisms for securing public involvement in local decision making. They do this by drawing on the expertise and experience of local health councils, and by ensuring that the councils are fully involved in assessing the design and quality of local services. NHS boards in Scotland are also

responsible for showing how resources and priorities are drawn together to care effectively for a range of patient groups.

Appendix 5 provides two examples of the way clinical governance has been introduced across two organisations. These highlight how the strategic development and implementation of clinical governance is part of a much wider, holistic approach to organisational governance.

Support from the RCN

Here is information on some of the RCN services aimed at helping nurses develop their skills in strategy, leadership and planning of services (see also Appendix 1).

RCN Political Leadership Programme

The programme helps develop RCN members' skills in influencing policy at local and national level. It makes clear the processes of policy development and enables nurses to communicate effectively with policy makers and politicians. The programme focuses on four main areas: RCN forums and fields of practice, country and regional boards, activist training, and bespoke programmes aimed at consultant nurses and strategic leaders. For more information call 01204 552440, or email: carole.glaister@rcn.org.uk

Primary Care Leadership Programme

This programme aims to develop nurses' ability to influence health improvement and service developments in primary and community care. It supports multi-agency groups who work together in an environment of change to develop their leadership skills. For further information call 020 7647 3835, or email: lindsey.hayes@rcn.org.uk.

In Wales, the programme is funded by the Welsh National Assembly to meet the needs of non-executive members of local health boards – more information via email: lynne.john@rcn.org.uk.

Support from other agencies

Leading Empowered Organisations (LEO)

Leading Empowered Organisations is a three-day programme designed for a wide range of health care professionals, and offered by the Centre for the Development of Nursing Policy and Practice at the University of Leeds.

www.nursingleadership.co.uk/rcn_leo/leo_info.htm

NHS Centre for Change and Innovation (CCI), Scotland

The CCI incorporates existing strategic change and service redesign units in Scotland, and builds on their achievements. It supports front line staff in leading change, and encourages innovation and the spread of good practice.

www.scotland.gov.uk/pages/news/2002/11SEHD224.aspx

NHS National Nursing Leadership Project

The NHS National Nursing Leadership Project ensures the targets set out in the NHS Plan are met, and that all clinical leaders experience leadership training. The project is part of the Leadership Centre, and is located at the Modernisation Agency.

www.nursingleadership.co.uk/home.htm

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Summary and conclusion

In his foreword, Professor Halligan suggests that clinical governance came about because of a series of high profile service failures that were played out in a very public way. Clinical governance is about ensuring that all health care organisations, and the people that work in those organisations, are accountable for quality.

We began this publication with an assertion that clinical governance places quality at the centre of all attempts to modernise the NHS. It aims for the integration of all activities that impact on patient care, and its implementation is underpinned by a range of principles. These principles are worth reiterating here. Clinical governance:

- ◆ requires us to be patient-focused at all times
- ◆ must be focused on improving the quality of patient care
- ◆ should apply to all health care, wherever it is being delivered
- ◆ demands true partnerships between all professional groups, between clinical staff and managers, and between patients and clinical staff
- ◆ regards public and patient involvement as essential
- ◆ requires that nurses have a key role to play in its implementation
- ◆ requires a safe, open, enabling culture which celebrates success and learns from mistakes
- ◆ is for all health care staff. It needs to be defined and communicated clearly so that all staff understand its relevance to their work
- ◆ requires that each individual practitioner is responsible and accountable for the quality of the care they provide
- ◆ does not replace individual clinical judgement or professional self-regulation; it complements these and provides a framework in which they can operate.

Each section of this guide is prefixed with a quote from the Kennedy Report. The following case study describes how the Bristol Royal Infirmary at United Bristol NHS Trust has taken forward the recommendations from the Kennedy Report in implementing clinical governance.

Case study: a journey from public inquiry to CHI review

United Bristol Health care NHS Trust (UBHT) has gone through major change following the Bristol Royal Infirmary Public Inquiry, the publication of the Kennedy Report and the evolution of clinical governance. From the outset, the events surrounding paediatric cardiac surgery were catastrophic and affected everyone in a large teaching trust with lots of specialties. In the mid-to-late 1990s, there was a period of ‘exposure of events’, and a new chief executive and new director of nursing were appointed. In 1998 the public inquiry began its work and around this time clinical governance was being implemented across the NHS. Sir Ian Kennedy presented the final report with its 198 recommendations in 2001.

A core lesson for UBHT was the need for openness and honesty, both as an organisation and across departments, teams and individuals. This led to the development of a blame-free culture, and the organisation developed a strong patient focus. Multi-professional working was the key to all of this, as well as the systems and processes required to support sound clinical governance. A fundamental cultural shift at this time was the chief executive’s accountability for clinical care.

The learning for UBHT began with immediate issues arising from the exposure brought by the inquiry. This included the need to be open with the parents who had lost children and to support them through the legal processes. We also needed to care for staff and ensure the board focused on clinical leadership. We also focused very much on putting things right in children’s cardiac services – audit results for children’s heart surgery here are now among the best in the country, and are published on the Internet for parents to access.

Learning then progressed through clinical governance, ensuring the infrastructure at corporate level, focusing on systems and processes and on requirements for education and training. Our recent Commission for Health Improvement (CHI) review demonstrated our commitment to putting patients first. Patient Advice and Liaison Services (PALS) are well resourced and staff have clear responsibilities for public involvement. Indeed, the parents stakeholder group from the inquiry still meet, and their agenda remains focused on children’s cardiac surgery. This group also provides

an opportunity for the board to develop the more general clinical governance agenda with parents. CHI described the culture across the trust as ‘fair and just’, and our approach to risk management and investigations as open: we act in good faith and we avoid apportioning blame.

Clinical governance at UBHT remains evolutionary, and our objective is to make it much more a part of everyone’s business. A major challenge will be the need to ensure no slippage in a particularly challenging financial year ahead. Clinical governance at UBHT will continue to ensure that every patient benefits from the lessons of the past.

This example was provided by Lindsey Scott, Director of Nursing, United Bristol Healthcare Trust, Marlborough Street, Bristol, BS1 3NU.

There are two key questions staff often ask about clinical governance: what is it, and what is my part in it? We hope that this publication has helped answer the first question. For the second question, it depends on the individual’s role. Those responsible for leading clinical governance must ensure that the processes of clinical governance cascade through the organisation, or through their particular directorates, units, or wards. However, those leading clinical governance, at whatever level of the organisation, can’t do it all on their own. Each individual practitioner – nurse, doctor or therapist – must be able to demonstrate a commitment to continuing professional development, to reporting risk and poor practice, and to teamworking, and show a willingness to get involved in local improvement projects.

According to Professor Liam Donaldson, the Chief Medical Officer for England: “The prize to be gained is enormous as the benefit of improved quality flows to patients up and down the country. Important tests of the success of the new arrangements will be their ability to prevent the kinds of serious service failures which hit the headlines during the early 1990s, and to recognise early and resolve cases of poor clinical performance before they result in disaster.” (Donaldson, 2000; p. 11-12)

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References and further reading

- Clinical Standards Board for Scotland (2002) *Improving clinical care in Scotland: generic clinical governance standards*. Edinburgh: CSBS.
- Commission for Health Improvement (October 2002) *Clinical governance review: South Birmingham Mental Health NHS Trust*. London: CHI.
- Commission for Health Improvement (February 2003) *Clinical governance review: St George's Healthcare NHS Trust*. London: CHI.
- Department of Health (1997) *The new NHS: modern, dependable*. London: The Stationery Office.
- Department of Health (1998) *A first class service. Quality in the new NHS*. London: The Stationery Office.
- Department of Health (2000) *An organisation with a memory*. London: The Stationery Office.
- Department of Health (2000) *Improving working lives*. London: The Stationery Office.
- Department of Health (2000) *The NHS plan: a plan for investment, a plan for reform*. London: The Stationery Office.
- Department of Health (2001) *Essence of care: patient-focused benchmarking for health care practitioners*. London: The Stationery Office.
- Department of Health (2001) *Building the information core - implementing the NHS Plan*. London: The Stationery Office.
- Department of Health (2001) *Reforming the NHS complaints procedure*. London: The Stationery Office.
- Department of Health (2001) *Health and Social Care Act*. www.HMSO.gov.uk/acts2001/10015—b.htm.
- Department of Health (2002) *Improvement, expansion and reform: the next 3 years*. London: The Stationery Office.
- Department of Health (2002) *NHS trust-based patient surveys: inpatients - acute hospitals*. London: The Stationery Office.
- Department of Health (2002) *Partnership working*. www.doh.gov.uk/pricare/pdfs/nsf_partnershipworking.
- Department of Health (2003) *clinical governance reporting processes*. www.doh.gov.uk/clinicalgovernance/reportingprocesses.htm.
- Department of Health Social Services and Public Safety (1998) *Fit for the future*. Belfast: DHSSPS.
- Donaldson, L (2000) Clinical governance: a quality concept, in *Clinical governance in primary care* (Eds. Zwanenberg and Harrison). Abingdon: Radcliffe Medical Press.
- Hallett, L, Thompson, M (2001) *Clinical governance: a practical guide for managers*. London: Emap Public Sector Management.
- Hands, D (1999) Integrated care, in *Clinical governance: making it happen* (Eds. Lugon and Secker-Walker). London: Royal Society of Medicine Press.
- Kelson, M (2001) Patient involvement in clinical governance, in *Advancing clinical governance* (Eds. Lugon and Secker-Walker). London: Royal Society of Medicine Press.
- Kennedy, I (2001) *The report of the public inquiry into children's heart surgery at the Bristol Royal Infirmary 1984 - 1995: Learning from Bristol*. London: The Stationery Office.
- Minster for Health and Social Services (2001) *Improving health in Wales*. Cardiff: National Assembly for Wales.
- National Assembly for Wales (2001) *Clinical governance - a toolkit for clinical teams*. Cardiff: National Assembly for Wales.
- National Institute for Clinical Excellence (2002) *Principles for best practice in clinical audit*. London: NICE.
- National Patient Safety Agency (2003) *Corporate plan 2003-2006*. London: NPSA.
- NHS Confederation (2002a) Creating high performance - why is it so hard? *Leading edge* 4, May 2002.
- NHS Confederation (2002b) Creating high performance - what can we do? *Leading edge* 5, May 2002.
- NHS Executive (1999) *Clinical governance: quality in the NHS*. Leeds: NHSE.
- NHS Executive (1999) *Health service circular 1999/154 Continuing professional development: quality in the new NHS*. Leeds: NHSE.

NHS Executive (1999) *The NHS performance assessment framework*. Leeds: NHSE.

Royal College of Nursing (2000) *Clinical guidelines for the management of venous leg ulcers: implementation guide*. London: RCN.

Scally, G, Donaldson, L (1998) Clinical governance and the drive for quality improvement in the new NHS in England, *British Medical Journal* 317 (7150): 61-65.

Scottish Executive (1997) *Designed to care*. Edinburgh: Scottish Executive Health Department.

Scottish Executive (2000) *Our national health. A plan for action, a plan for change*. Edinburgh: Scottish Executive Health Department.

Scottish Executive (2002) *Choices and challenges: the strategy for research and development in nursing and midwifery in Scotland*. Edinburgh: Scottish Executive Health Department.

Scottish Executive (2002) *Performance assessment framework*. Edinburgh: Scottish Executive Health Department.

Scottish Executive (2003) *Partnership for care*. Edinburgh: Scottish Executive Health Department.

Welsh Office (1996) *Framework for the development of multi-professional clinical audit*. Cardiff: National Assembly for Wales.

Welsh Office (1998) *NHS Wales, putting patients first*. Cardiff: National Assembly for Wales.

Welsh Office (1998). *Better health, better Wales*. Cardiff: National Assembly for Wales.

Welsh Office (2003) *Fundamentals of care*. Cardiff: National Assembly for Wales.

Appendix 1:

RCN services

The RCN offers a wide range of services to help and support members – many of them relevant in developing an understanding of clinical governance, and the skills to support it. There are also a range of research and development projects which are relevant to the development of clinical governance. Many of these services and projects are detailed here.

For a complete guide to the RCN, the organisation publishes *RCN members' guide to services and benefits* – an updated copy is sent to members when they renew their membership.

You can **access initial information** about any of the RCN's services by contacting **RCN Direct**, the 24-hour advice and information service for RCN members – telephone **0845 772 6100**. RCN Direct acts as a gateway to the many services offered by the RCN, from employment rights to highly specialised best practice advice.

RCN Direct is also available online via the RCN website. RCN members can log into the members' area to access downloadable briefing sheets on selected topics. **RCN Direct Online: www.rcn.org/direct**

For each of the services listed here, contact RCN Direct unless another contact point is specified.

Activists in the workplace

RCN stewards represent and support members who face difficulties at work. They also offer advice on employment rights, act as mediators between employer and employee, and help identify poor working practices. Activists are also in a strong position to influence and support the development of local policy on issues such as clinical governance. Nurses who are worried about poor practice in their workplace can also contact their RCN steward for help and advice.

Clinical Effectiveness Adviser, Scotland

The Clinical Effectiveness Adviser in Scotland is a joint appointment between RCN Scotland and the RCN Quality Improvement Programme. The adviser provides advice on policy and professional issues, as well as being involved in the national clinical effectiveness agendas. The adviser also supports the adaptation, spread and implementation of guidelines in Scotland. For more

information call 0131 662 1010, or email: susan.watt@rcn.org.uk

Clinical Leadership Programme

The RCN Clinical Leadership Programme is patient-centred, practical, needs-led, and consistent with the NHS Plan. The programme uses a mix of workshops, action learning, observation of care and patient stories. Participants also use techniques such as shadowing, personal development planning, team role audit, and team action planning. Trusts work in pairs, which provides support for the senior nurses and opportunities for networking.

For more information call:

020 7647 3836 (England)

0131 662 6162 (Scotland)

029 2075 1372 (Wales)

or visit: www.rcn.org.uk

www.nursingleadership.co.uk/rcn_leo/rcn_info.htm

http://www.nursingleadership.co.uk/about_us/scotland.htm

Distance learning

The RCN offers a range of distance learning programmes for various nursing specialties. Distance learning provides teaching support from a distance, wherever students choose to study. Face-to-face teaching is replaced by specially commissioned learning materials, books, joint articles, learning tapes and other resource materials. Students also have the opportunity to attend group tutorials held at a regional study centre – the RCN has regional study centres at Belfast, Birmingham, Cardiff, Winchester, Leeds, London and Edinburgh. Further centres are due to open in Bolton and Exeter. For more information, call 020 7647 3700 or email rcn.institute@rcn.org.uk.

Specialist nursing forums

RCN forums are groups of nurses from across the UK who are interested in the same area of practice, research, management or education – there are nearly 100 forums and sub groups representing every area of nursing practice. The forums allow members to share knowledge and ideas, and give them a chance to take part in local and national activities. For more information visit the members' section of the RCN website, at www.rcn.org.uk/RCN, or contact RCN Direct.

Health and safety

RCN safety representatives play a key role in protecting RCN members at work. One of their main roles is to ensure a safe working environment, and they also campaign to raise awareness of health and safety issues nationally. Some of them are involved in the National Patient Safety Agency's reporting system.

Information Nursing (IN) Group

The aims of this RCN forum are to promote the importance of health informatics to the future of health care, including all aspects of information for health from electronic patient records to tele- and e-health.

Improving Working Lives programme

All RCN regional offices are engaged in conducting and leading IWL assessment teams across the English regions.

Learning Representative Support Network

RCN learning representatives help nurses become more pro-active about their learning needs at work. The representatives also liaise with management about nurses' learning needs. Supported by RCN staff they form a national network and work in collaboration with other RCN branch members to help with the integration of the RCN forums and fields of practice. They also promote the range of the RCN's continuing professional development initiatives and contribute to the organisation of study days, seminars and workshops

Learning resource centres

RCN learning resource centres provide local access, local information and quiet study for RCN members. There are three types:

- ◆ RCN Learning Resource Centres, located within an NHS trust or a college of further education
- ◆ RCN Information Point, located within a nursing agency, nursing home or independent hospital
- ◆ RCN Kiosk, a quick reference centre that can be established almost anywhere.

For more information call 0207 647 3610, or email: rcn.library@rcn.org.uk

Learning Zone

The RCN Learning Zone provides Internet access to a unique and flexible resource for nurses to find and

apply the information they need to improve patient care. The website is divided into six areas to keep members in touch with each other and to develop their skills. The six areas are:

- ◆ portfolio development
- ◆ career zone
- ◆ learning areas
- ◆ clinical guidelines
- ◆ meeting places
- ◆ information services.

For more information go to: www.rcn.org.uk or contact the RCN Learning Zone team via email at: learning.zone@rcn.org

Library and Information Services

The RCN Library and Information Service is one of Europe's largest nursing libraries. It is constantly developing new ideas to make resources more accessible to nurses. The library combines traditional library-based resources with the latest online information services. Members have access to e-journals, which can be downloaded free of charge. Other library services include a photocopying service and free literature searching, Internet use, and information skills sessions. For information call 0207 647 3610, or email: rcn.library@rcn.org.uk

National Collaborating Centre for Nursing and Supportive Care

The National Collaborating Centre for Nursing and Supportive Care is one of seven centres funded by the National Institute for Clinical Excellence (NICE), and is based in the RCN Institute in Oxford. It is a professionally led group with expertise, experience and resources to develop clinical guidelines – these are currently under development on: pressure relieving devices, disturbed (violent) behaviour, falls, and osteoporosis. For more information call 01865 224718, or email: ncc-nsc@rcn.org.uk

Patient evaluation and public participation

Patient evaluation and public involvement is a key research and development priority for the RCN. The RCN's strategy has evolved on the basis of a four-country listening exercise where nurses, researchers, policy makers and patients came together to discuss the best way forward. This strategy underpins current and

future work. For more information please call 01865 224695 or email: sophie.staniszezwska@rcn.org.uk

Political Leadership Programme

The RCN Political Leadership Programme supports members in developing the skills to influence policy. It makes clear the processes of policy development and enables nurses to communicate effectively with policy makers and politicians. The programme focuses on four main areas:

- ◆ forums and fields of practice
- ◆ country and regional boards
- ◆ activist training
- ◆ bespoke programmes, aimed at consultant nurses and strategic leaders.

For further information call 01204 552440, or email: carole.glaister@rcn.org.uk

Practice development

Practice development is a continuous process of improvement leading to effective patient-centred care. The RCN Practice Development Team helps to support its members through a number of initiatives, such as facilitation, clinical supervision and action learning. For more information contact: 0207 647 3673, or visit the website at: www.rcn.org.uk/practice_development/pdteam.html

Professional advocates

The RCN is running a professional advocate pilot scheme in South Essex to help members become professional advocates. This pilot started in spring 2002, and is broadening the scope of RCN activists' work and the perception of activists by members, managers and the public. The project is making members more aware of the potential nursing leadership opportunities open to them. For further information please email: tony.durcan@rcn.org.uk

Primary Care Leadership Programme

This programme aims to develop nurses' ability to influence health improvement and service developments across primary and community care. It supports multi-agency groups who work together in an environment of change to develop their leadership skills. For further information call 020 7647 3835, or email lindsey.hayes@rcn.org.uk

In Wales, the programme is funded by the National Assembly Government to meet the needs of non-executive members of local health boards. For more information email: lynne.john@rcn.org.uk

Quality Improvement Network

The RCN Quality Improvement Network is open to all members who are interested in promoting quality. It aims to promote networking and information sharing, to provide support and education, and to link practice and policy development. The network has a national steering group and eleven regional committees across the UK. Network members receive a newsletter twice a year, and the regional committees co-ordinate a wide range of meetings and seminars at local level. For more information call 01865 228443, or email: michelle.drasdo@rcn.org.uk

Quality Improvement Programme

The programme, part of the RCN Institute, covers clinical governance, guidelines and audit. Its research is exploring and increasing understanding of the processes of implementation, and the programme is also developing learning resources to help implement clinical effectiveness and clinical governance. The programme also runs education events and produces guidance for nurses on quality improvement and clinical governance.

As part of its work, the programme offers an information service offering support across a wide range of issues. Staff can help RCN members look for research articles, clinical guidelines and care pathways, and provide information on clinical governance and conducting a clinical audit.

For information call 0207 647 3831, or email: qip.hq@rcn.org.uk

Research & Development Co-ordinating Centre

The RCN R&D Co-ordinating Centre co-ordinates and shares knowledge and information about nursing research and practice development. It also supports the work of the RCN Research Society throughout the UK. For more information call 0161 236 2049, or email: j.caveney@man.ac.uk

Research Society

The RCN Research Society promotes research in nursing. Research is every nurse's business, and the Society provides support for nurses who are actively involved in all aspects of research, wherever they work. For more information call 0161 236 2049, or email: j.caveney@man.ac.uk

Working Well Initiative

The RCN *Working Well Initiative* is an ongoing campaign focusing on the health, safety and wellbeing of nurses. As well as lobbying policymakers and employers to improve working conditions, the RCN undertakes regular surveys of RCN members to identify important issues in this area and to monitor change. A range of helpful publications are produced under the *Working Well* banner, including information on:

- ❖ bullying and harassment at work
- ❖ internationally recruited nurses
- ❖ workability
- ❖ latex allergy
- ❖ manual handling assessments in hospitals and the community
- ❖ shifting patterns and employee friendly working
- ❖ sharps injury awareness.

Information on these and other publications is available from RCN Direct or from the RCN website at www.rcn.org.uk

Appendix 2:

Clinical governance resources

This appendix offers a selection of resources relating to clinical governance. It also provides details of some of the key agencies working in this field, plus key publications and useful websites (all web addresses were accessed and checked prior to publication).

Agencies

College of Health

www.collegeofhealth.org.uk

The College of Health is a national charity that represents the interests of patients and promotes greater user involvement in health and social care.

Commission for Health Improvement (CHI)

www.chi.nhs.uk

The Commission for Health Improvement was established to improve the quality of patient care in the NHS. It does this by reviewing the care provided by the NHS in England and Wales. Scotland has its own regulatory body, the Clinical Standards Board Scotland. CHI aims to address unacceptable variations in practice by identifying notable practice, and areas where improvements are required. The Government's proposed changes to CHI will mean the establishment of an independent, single new Commission for Healthcare Audit and Inspection (CHAI) which will bring together the work of the Audit Commission, the Commission for Health Improvement and the National Care Standards Commission. CHAI will have responsibility for inspecting both the public and private health care sectors, and will work at local and national level to monitor and improve clinical care in England and Wales. The new commission is expected to be up and running sometime in 2004.

Commission for Patient and Public Involvement in Health (CPPIH)

www.doh.gov.uk/involvingpatients

As a result of the *NHS Reform and Health Care*

Professions Act (2002), the Commission for Patient and Public Involvement in Health was established in January 2003. The CPPIH will oversee the new patient and public involvement system ensuring people and patients have a strong voice in their local NHS. More information is available at www.doh.gov.uk/cppihconsultation/consult.pdf

Common Services Agency (Scotland)

www.show.scot.nhs.uk/csa

The aim of the agency is to deliver services that are responsive to need, that represent value for money, and are delivered to a high standard. Services include: blood transfusion services, quality screening programmes, national specialist health services, and health statistics, analysis and information to inform decision-making.

Information Statistics Division (ISD) (Scotland)

www.show.scot.nhs.uk/isd

In Scotland, the ISD is part of the Common Services Agency (CSA) which acts as an umbrella for a range of services across Scotland. Health service activity, manpower and finance data are collected, validated, interpreted and disseminated by the ISD. This data is received from NHS boards, trusts and general practices.

Health Ombudsman

www.ombudsman.org.uk/hse

The Ombudsman is an independent adviser to whom patients can turn to investigate their complaints against hospitals or community health services on the grounds of poor service, failure to purchase or provide a service, or poor administration.

Modernisation Agency

www.modern.nhs.uk

The Modernisation Agency was established by Department of Health to help staff make the changes set out in the *NHS plan*. The agency is working on a range of projects which include: improving access to primary health care and social services, promoting safe, effective, high quality care, and redesigning patient journeys for a range of patient groups. It has produced a series of Improvement Leaders' Guides, with titles including process mapping, analysis and redesign, involving patients and carers, matching capacity and demand, and sustainability and spread.

Clinical Governance Support Team (CGST)

www.cgsupport.org

The NHS Clinical Governance Support Team is part of the NHS Modernisation Agency. It is a useful resource providing a clear insight into clinical governance and its application in a clinical setting. The website includes *lesson cards* that draw on the work of teams that have gone through Support Team Development Programmes. The focus is on the process of achieving change. Careful analysis of the teams' work allows the CGST to identify aspects of their experience that might be useful to others. The cards describe the context and identify the lessons that can be drawn from learning situations. The first collection was published in September 2002 with more to be added. Links are given to the *eureka*s and/or case studies on which the lessons are based.

Changing Workforce Programme

www.modern.nhs.uk

The Changing Workforce Programme (CWP) is part of the NHS Modernisation Agency. It is a NHS-based team linked to the Human Resource Directorate and is supported by the Workforce Taskforce. Working with teams across England, the programme supports the implementation of new ways of working.

NHS National Nursing Leadership Project

www.nursingleadership.co.uk

The NHS National Nursing Leadership Project ensures that the targets set out in the *NHS plan* are met, and that all clinical leaders experience leadership training. The project is part of the Leadership Centre, located within the Modernisation Agency.

NHSIA Clinical Governance Programme

www.nhsia.nhs.uk/phsmi/clinicalgovernance

The NHS Information Authority (NHSIA) is developing a range of tools to help staff monitor and improve the quality of care by highlighting areas for improvement. Included in the *toolbox* are a checklist and information guide, a training package and a clinical governance analytical toolkit.

National Clinical Audit Support Programme (NCASP)

www.nhsia.nhs.uk/phsmi/pages/ncasp.asp

NCASP (England) is responsible for the provision of

timely, reliable clinical audit data to help measure the quality of care in the NHS. It also provides the infrastructure to collate local clinical data for analysis and feedback.

National Institute for Clinical Excellence (NICE)

www.nice.org.uk

The role of NICE is to appraise health interventions before they are introduced in the NHS in England and Wales. It offers guidelines on which treatments work best for patients and which do not. Its work supports a wide range of health care professionals, who often have to make complex decisions about the treatment of individual patients. The NICE website provides technical and summary reports of the guidelines commissioned by NICE, health technology appraisals and referral practice guidelines.

NHS Quality Improvement Scotland (NHS QIS)

The goal of NHS QIS is to support staff in their efforts to improve the quality of care and treatment which they provide, and to assure the public that the services provided by NHS Scotland are safe and meet nationally agreed standards.

The purpose of the new board is to set standards, support clinical governance, review, monitor and investigate, share good and bad experiences, develop a new relationship with NPSA and provide the health service in Scotland with the necessary tools to find out what is clinically effective in practice. Organisations that are now part of the NHS QIS include: the Clinical Standards Board Scotland (CSBS), the Health Technology Board for Scotland (HTBS), the Nursing and Midwifery Practice Development Unit (NMPDU), the Scottish Health Advisory Service (SHAS), and the Clinical Resource and Audit Group (CRAG).

Clinical Resource and Audit Group (CRAG) (Scotland)

www.show.scot.nhs.uk/crag

CRAG, which is part of NHS QIS, is the lead body within the Scottish Executive Health Department promoting clinical effectiveness in Scotland. It provides advice to the Health Department, acts as a national forum to support and facilitate the implementation of the clinical effectiveness agenda, and funds a number of clinical effectiveness programmes and projects.

Clinical Standards Board for Scotland (CSBS)

www.clinicalstandards.org

The Clinical Standards Board for Scotland (CSBS), which is now part of the NHS Quality Improvement Scotland, is a regulatory body, established as a Special Health Board in 1999. Its role, in line with the Scottish Executive's commitment to quality, openness and public accountability, is to promote public confidence that the services provided by the NHS are safe and that they meet nationally agreed standards. It also demonstrates that, within the resources available, the NHS is delivering the highest possible standards of care.

Scottish Intercollegiate Guidelines Network (SIGN)

www.sign.ac.uk

SIGN is a network of clinicians and health care professionals, including representatives of all the UK Royal Medical Colleges as well as nursing, pharmacy, dentistry and professions allied to medicine. Its objective is to improve the effectiveness and efficiency of clinical care for patients in Scotland by developing, publishing and disseminating guidelines, which identify and promote good clinical practice.

National Patient Safety Agency

www.npsa.org.uk

The NPSA in England is responsible for designing and implementing a system for reporting patient safety incidents involving NHS patients. The website offers a range of resources including alerts (e.g. administering vincristine), a library of briefings and presentations, research, news, events and message boards for professional groups. The NPSA is also working with the Welsh Assembly to extend the national reporting and learning system to Wales. At the time of writing, the NPSA is in discussions with the NHS QIS and has also met with colleagues from Northern Ireland to determine how they can work together in the future (NPSA Newsletter, 20 December 2002). From May 2003 the NPSA has identified new terms for adverse events and near misses. Adverse event has become patient safety initiative, and near miss has become prevented patient safety initiative.

NHS Information Authority

www.nhsia.nhs.uk/def

The NHS IA is a Special Health Authority with a remit to support the effective use of national electronic health records to improve patient care, provide national services that give staff, patients and the public access to relevant information and knowledge for decision making, establish and maintain Health Informatics as a recognised and respected national profession, and provide reliable and secure information infrastructure services, which provide the NHS value for money.

NHS Patient Survey Programme

www.nhssurveys.org

The *NHS plan* requires each NHS trust in England to obtain feedback from patients about their experiences of care. The NHS Patient Survey Programme will cover acute, primary care, mental health and ambulance trusts and others. There are also plans for surveys focusing on the National Service Frameworks for mental health, older people, diabetes, etc. The Advice Centre identifies and develops questionnaires, provides documentation and advice on how to conduct the surveys, acting as a data centre to collate, check quality and analyse the survey data and provide feedback to health service providers on how to use the survey results to improve patient care.

Nursing and Midwifery Council

www.nmc-uk.org

This organisation, established by Parliament "to ensure nurses, midwives and health visitors provide high standards of care to their patients and clients", also sets standards for education. From the NMC website, you can access a number of publications covering PREP and life long learning.

Patient Advice and Liaison Service (PALS)

Patient Advice and Liaison Services supports the effective handling of complaints. All NHS trusts have established a local PALS. The National Patient Safety Agency (NPSA) has also established an in-house PALS. This allows the agency to provide a single, central point of contact for any member of the public who wishes to report their experience of an adverse event or a near miss directly to the NPSA. The PALS team at the NPSA can be contacted at enquiries@npsa.nhs.uk or by calling 0800 015 2536.

Patients' Forum

www.thepatientsforum.org.uk

The Patients' Forum is a network of national and regional organisations concerned with the health care interests of patients and their families and carers. The aim of the Patients' Forum is to “provide a forum for national and regional organisations representing the interests of people who use health services to share experiences, information and ideas, to strengthen their work and to participate in informing and influencing decision-makers”.

Workforce Confederations

www.doh.gov.uk/workdevcon

Workforce Confederations replace the Education and Training Consortia. Since April 2002, all national training charges for undergraduate and continuing professional development have been merged into a single funding stream, which has been allocated to 24 workforce confederations across the country. The confederations have four main functions: integrated workforce planning, the commissioning of education and training, the development of human resource practices and the ability to anticipate what a future NHS workforce might look like.

Publications

An organisation with a memory (2000)

www.doh.gov.uk/orgmemreport

This report examines the key factors at work in organisational failure and learning, covering a range of practical experience from other sectors and the present state of learning mechanisms in the NHS, and giving conclusions. Its recommendations include the creation of a new national system for reporting and analysing patient safety incidents, to make sure that key lessons are identified and learned, along with other measures to support work at local level to analyse events and learn the lessons when things go wrong.

Building a safer NHS for patients (2001)

www.doh.gov.uk/buildsafenhhs

The report focuses on action, nationally and locally, necessary to establish a system that ensures that lessons from patient safety incidents in one locality are learnt across the NHS as a whole. The system will enable reporting from local to national level. It will introduce a new integrated approach to learning from medical error, patient safety incidents and prevented patient safety incidents, and it will capture adverse event information from a variety of sources. Local reporting of adverse events and action to reduce risk within the organisation concerned is essential. On a selected basis, reports to national level will enable service-wide action where patterns, clusters or trends reveal the scope to reduce risk or prevent recurrence for future patients in other parts of the country.

Changing relationships: findings of the patient involvement project

(ISBN 1-85717-468-2)

This research paper shows how the policy framework has shifted in response to wider cultural changes and high profile investigations such as the Bristol Inquiry. It presents the results of the King's Fund Patient Involvement Project. This examined what patient-centred care means on the ground through 45 interviews with a wide range of stakeholders, including representatives of regulatory, teaching and professional bodies, medical practitioners, and patient and consumer groups. The research found widespread disparities in the understanding of what patient-centred care is and how to achieve it, alongside a tendency to re-

define existing activities to fit the concept. It suggests that patients, users and carers must play a central role in shaping and evaluating what it means in the future, if clinical encounters are to be transformed, and more power and control devolved to them.

Clinical audit handbook (1999)

(ISBN: 0-70202418X)

The *Clinical audit handbook* provides a clear and practical guide to implementing clinical audit in practice. The book provides examples of practical applications of clinical audit with a strong nursing focus.

Dearing report (1997)

The *Dearing report (Higher education in the learning society – report of the National Committee of Inquiry into higher education)* expressed the view that everyone should embrace *lifelong learning* to keep up with the current and future pace of change in the world. This is reflected in the nursing sector in the form of continual personal and professional development supported by the Royal College of Nursing and the Nursing Midwifery Council.

Improvement leaders' guide to involving patients and carers (2002)

www.modern.nhs.uk/improvementguides/patients

This booklet from the Modernisation Agency includes an introduction to patient and public involvement and covers methods such as critical incident technique, focus groups, patient shadowing and patient diaries, discovery interviews and questionnaires and critical friends groups.

NHS performance indicators

www.doh.gov.uk/nhsperformanceindicators

These indicators cover vital services such as treatment for heart disease, cancer and mental health. They also cover other issues that really matter to patients, including length of wait for admission, cleanliness of hospitals, and how easily they can get to see their GP. The indicators also tell us about the overall health of the population, how efficiently the health service is being managed and how well staffed it is.

The indicators are grouped into different categories or areas according to the NHS Performance Assessment Framework (PAF). The PAF enables NHS managers and

clinicians to compare different key elements of performance and understand how changes in one area may have implications for others. The PAF for strategic health authorities comprises areas of performance which, taken together, give a balanced view of the performance of the NHS, and include: health improvement, fair access, effective delivery of appropriate health care, efficiency, patient/carer experience, and health outcomes.

The PAF for NHS hospital trusts is similar and is designed to complement the information contained in the health authority PAF. It will enable hospital trusts to assess and compare their performance against a full range of measures. It has four areas, including clinical effectiveness and outcomes, efficiency, patient/carer, and capacity and capability.

National Service Frameworks

www.doh.gov.uk/nsf

National Service Frameworks (NSFs) set national standards and define service models for a specific care group. They put in place programmes to support implementation and establish performance measures against which progress within an agreed timescale will be measured. There is a rolling programme of NSFs covering: care of older people, child health, coronary heart disease, diabetes, long term care, mental health, renal services, and children's services (with maternity).

Practicalities of producing patient information (POPPI)

(ISBN: 1857174704)

www.kingsfundbookshop.org.uk

This publication is designed to support a wide range of health professionals in the public, commercial and voluntary sectors, to develop the quality and impact of the information they produce. Fully updated and in line with the latest developments in new media, such as CD ROMs and the Internet, the guide also shows how to use traditional media, such as print, to the best advantage. POPPI provides a step-by-step guide to each stage of the information process, from developing and information policy, to writing and disseminating print and electronic materials.

Principles for best practice in clinical audit (2002)

(ISBN: 1857759761)

www.nelh.nhs.uk/nice_bpca.asp.

Clinical audit is at the heart of clinical governance. All NHS organisations must have a comprehensive quality improvement programme with clinicians fully participating in clinical audit. Principles for best practice in clinical audit sets out the principles that should guide the changes needed for this process. The book looks at using audit and creating the environment, preparing for audit, selecting criteria, measuring levels of performance and making improvements.

Realising clinical effectiveness and clinical governance through clinical supervision (2001)www.radcliffe-oxford.com/education/E02_Clinical_Supervision/default.asp

This comprehensive package of learning materials has been designed for use in a wide range of situations and to meet the development needs of nurses at every level in the profession. Its flexibility enables participants to work independently and adapt their learning to the level of support available from their colleagues and educational facilities. The programme, based on the broad experience of innovators who have been in the forefront of clinical supervision research and development throughout the UK, follows the models of open learning, action learning, critical companionship and reflective practice. If participants so choose, they can seek academic accreditation.

Royal Society of Medicine's Clinical Governance Bulletinwww.rsm.ac.uk/pub/cgb

The *Clinical Governance Bulletin* is a bi-monthly publication for health professionals and managers, which highlights and disseminates best practice. Articles focus on a broad range of issues in health management such as risk management, clinical effectiveness managing resources, and improving communication.

Working together, learning together (2001)www.doh.gov.uk/lifelonglearning

This document details the Department of Health's approach to lifelong learning and development. The aim is to ensure that the NHS, working with its partners and

related sectors, develops and equips staff with the skills they need to:

- ◆ support changes and improvements in patient care
- ◆ take advantage of wider career opportunities
- ◆ realise their potential.

There is increasing evidence that lifelong learning, as part of good employment practice, lies at the heart of effective organisational performance. The framework is directed at those responsible for making lifelong learning happen – NHS organisations, managers and supervisors, education providers, the professions, Workforce Development Confederations and staff themselves. It is wide in scope, touching on many aspects of learning and development – ranging from induction through to continuing personal and professional development and leadership and management. It sets out the characteristics of an effective learning organisation. It also emphasises that staff need to take responsibility to develop and to participate in lifelong learning.

Useful web resources

Centre for Reviews and Dissemination

www.york.ac.uk/inst/crd

NHS Centre for Reviews and Dissemination (CRD) is a facility commissioned by the NHS Research and Development Division. It identifies results of good quality health research and disseminates actively the findings to key decision-makers and consumers. It publishes the findings of systematic reviews into specific topics in the *Effective Healthcare Bulletins* series. The site includes full online access to all CRD publications including the *Effective Healthcare Bulletin* series in PDF format.

Clinical Evidence

www.clinicalevidence.org

This is a compendium of evidence on the effects of common clinical interventions. The evidence is drawn from systematic reviews and randomised controlled trials. Each section presents a concise account of what is known about prevention and treatment of a wide range of clinical conditions. *Clinical Evidence* is published by the BMJ Publishing Group. If you are an NHS employee, you can register with the National Electronic Library for Health (NeLH) to gain access to the full text online version.

Clinical Governance Research and Development Unit

www.le.ac.uk/cgrdu

The Clinical Governance Research and Development Unit (CGRDU) is a resource for primary care organisations and strategic health authorities, established in 1999 and based at the University of Leicester. Its remit includes: research into effective methods of implementing change in behaviour and performance, the determination of methods for the professional development of individuals, teams, and primary care groups, the creation of a library of evidence-based protocols for systematic audits, the development and evaluation of ways of involving patients in clinical governance, and the dissemination of information and advice to primary care organisations on the most feasible and effective approaches to clinical governance.

Cochrane Library

www.update-software.com/clibhome/clib.htm

The Cochrane Library is published quarterly on CD-ROM and the Internet, and is distributed on a subscription basis. Abstracts of Cochrane Reviews are available without charge and can be browsed or searched. The library consists of:

- ❖ Cochrane Database of Systematic Reviews – regularly updated reviews of the effects of health care
- ❖ Database of Abstracts of Reviews of Effectiveness – critical assessments and structured abstracts of good systematic reviews published elsewhere
- ❖ Cochrane Controlled Trials Register – bibliographic information on controlled trials
- ❖ other sources of information on the science of reviewing research and evidence-based health care.

The Cochrane Library is one of several databases available to staff working in the NHS via the National electronic Library for Health. Registering via a NHSnet connection is the quickest method. All you need to do is apply online or by mail in order to receive a password. Once the NeLH has verified your status as a NHS employee, they will send a password.

Delivering 21st century IT support for the NHS – national strategic programme (2002)

www.doh.gov.uk/ipu/whatnew/deliveringit/nhsitimplan.pdf

The national strategic programme is concerned with major developments in the deployment and use of information technology (IT) in the NHS. It aims to connect delivery of the NHS Plan with the capabilities of modern information technologies to support patients, deliver services designed around the patients, support staff through effective electronic communications which will lead to better learning and knowledge management thereby cutting the time it takes to find essential information. In addition, the programme aims to improve management and delivery of services by providing good quality data to support NSFs, clinical audit, and governance and management information.

DIPEX

www.dipex.org/

The Database of Individual Patient Experience (DIPEX) is a site consisting of patient testimonies organised by

condition. The conditions covered include hypertension and cancers.

Health of Wales (HOWIS)

www.wales.nhs.uk

HOWIS is the official website of NHS Wales.

Leadership development over the Internet (NHS National Nursing Leadership Project)

www.nursingleadership.co.uk/elearning

The NHS Nursing Leadership Project has developed a range of free, online programmes that can be undertaken at work or at home, at a pace dictated by you. These programmes are accredited towards PREP and Continuing Professional Development. They cover skill development in ways to make meetings more effective, strategies that help professionals make the right choices about life and career, techniques for mastering paper, and the importance of recognising the balance between work and life.

Leading an Empowered Organisation (LEO)

www.nursingleadership.co.uk/rcn_leo/leo_info.htm

Leading an Empowered Organisation is a three-day programme designed for health care professionals from all disciplines with all levels of experience and expertise. It is offered by the Centre for the Development of Nursing and Policy and Practice (CDNPP) at the University of Leeds.

Learning from Bristol: the report of the public inquiry into children's heart surgery at the Bristol Royal Infirmary 1984 – 1995

www.bristol-inquiry.org.uk

The Bristol Inquiry website has been reorganised to allow easy access to the final report (Kennedy). Visitors to the site can view all the material published throughout the course of the Inquiry. A Welsh language version of the summary and recommendations is available.

Lifelong Learning and Skills Escalator (DoH)

www.doh.gov.uk/hrinthenhs/learning/section4b/skillsescalatorhomepage.htm

The essence of this approach is that staff are encouraged through a strategy of lifelong learning to constantly renew and extend their skills and knowledge, enabling

them to move up the escalator. Meanwhile, efficiencies and skill mix benefits are generated by delegating roles, work and responsibilities down the escalator where appropriate.

National electronic Library for Health

www.nelh.nhs.uk/

The NeLH provides health care professionals and the public (through NHS Direct Online and the New Library Network) with knowledge and know-how to support health care-related decisions. The NeLH will also include virtual branch libraries containing collections of information about a specific aspect of health, or a particular disease or condition. Each collection is put together by a specialist in that particular field and scrutinised by his or her peers.

National electronic Library for Health Guidelines Finder

www.nelh.nhs.uk/guidelinesfinder

The Guidelines Finder is being developed in collaboration with Sheffield Evidence for Effectiveness and Knowledge. The database currently holds details of over 600 UK national guidelines with links to Internet downloadable versions of the guidelines and where available, to the NeLH full text-guidelines collection.

National electronic Library for Health NSF Zones

www.nelh.nhs.uk/nsf

The NeLH National Service Frameworks Zones provide a gateway to the key sites and resources related to implementation of the NSFs for all health care practitioners and managers. It includes supporting health care guidelines and care pathways and information resources for patients. The NeLH will be commissioning supporting resources where appropriate. The first of these is the *What Works*, the guide to the evidence base for Standard 1 of the Mental Health NSF – promoting mental health. The NeLH has also provided online access to the Cancer Service Collaborative Change Case Studies from the Service Improvement Guides.

National electronic Library for Health Pathways and Protocols

www.nelh.nhs.uk/carepathways

This library within the NeLH provides a national point of access for sharing and disseminating clinical protocols and integrated care pathways. Launched in 2001, the Care Pathways Database provides information with contact details for over 2,000 care pathways currently in use or in preparation in over 200 NHS organisations. Full-text care pathway definitions can be included in the database and nearly 200 of these are currently available for browsing and downloading. The NeLPP will also provide access to e-booking referral protocols and Patient Group Directions that specify rules for the permitted supply and administration of medicines in local NHS organisations other than by means of a prescription.

National standards of cleanliness for the NHS (2001)

www.nhsestates.gov.uk/download/cleaning_standards/cleaning_standards_toolkit.pdf

These standards are available from the NHS Estates website, together with other supporting documentation such as score sheets for auditing purposes.

NHS Complaints Procedure – Managing Complaints for Service Improvement

www.doh.gov.uk/complaints

These pages contain the legislation that sets out the legal framework for the operation of the NHS complaints procedure, all the guidance issued since April 1996 as well as information for patients on how to complain about the NHS. There is also information on the process of reform.

NHS Estates – The Patient Experience

www.nhsestates.gov.uk/patient_environment

NHS Estates has established a number of projects that focus on the patient environment. These areas include: the patient's journey, listening to patients, patient power, enhancing privacy and dignity, developing design excellence, personal places (premises for mental health care), clinical planners network. Two examples of the resources you will find here are guides to ward housekeeping services (*Housekeeping – a first guide to new, modern and dependable ward housekeeping services in the NHS* and *Process mapping the housekeeping service – a toolkit for change*) and details of the NHS Customer Care training programme.

NHS plan technical supplement on target setting for health improvement (2001)

www.doh.gov.uk/nhsplantechnicalsupplement

This provides background to the setting of health outcome targets including many of those published in the *NHS plan*, to assist the process of setting health targets and assessing progress across the whole range of influences on health.

Northern Ireland's Health and Care Portal

www.n-i.nhs.uk/

This website is the gateway to Health and Social Care Services in Northern Ireland.

NMAP Nursing, Midwifery and Allied Health Professionals Gateway

<http://nmap.ac.uk/>

NMAP offers free access to a searchable catalogue of Internet sites covering health and medicine. Each record appearing on the NMAP site has been evaluated and checked against explicit criteria. The site is hosted and managed by the University of Nottingham. NMAP focuses on material about nursing, midwifery and allied health professions. Users can search NMAP or select one of the other BIOME gateways to find Internet resources in other areas of the life sciences. Other facilities include an online tutorial about searching and using medical sites on the Internet called *Internet for Nursing, Midwifery and Health Visiting* (www.vts.rdn.ac.uk/tutorial/nurse).

Patient and public involvement strategy – example

www.addenbrookes.org.uk/resources/pdf/ppi/ppi_strategy_170702.pdf

This example of a patient and public involvement strategy is one of many published by trusts and available online. This published strategy is from Addenbrooke's NHS Trust, which has a home page dedicated to patient and public involvement.

QualityHealthcare.org

www.qualityhealthcare.org/qhc

This is a *global knowledge environment* created to help health care professionals around the world accelerate their progress toward unprecedented levels of performance and improvement. Key topics include:

improvement methods and patient safety. Registration is free for health care professionals, and the site allows you to download tools, participate in discussion groups, and find colleagues around the world who are working on issues like yours.

Scottish Health on the Web (SHOW)

www.show.scot.nhs.uk/

A range of information related to the NHS in Scotland is available on this website.

Toolkit for producing patient information (2000)

www.doh.gov.uk/nhsidentity/toolkit-patientinfo.htm

A Department of Health publication designed to support the efforts of organisations towards improving communications.

Wisdom Centre pack on Clinical Governance

www.disdomnet.co.uk/clingov.asp

This guide collates resources that address issues in clinical governance.

Journals

A highly selective list of some of the more useful journals that focus on key themes of clinical governance:

Clinical Governance

Clinical Governance – an International Journal (formerly British Journal of Clinical Governance)

Journal of Clinical Risk

Quality and Safety in Health Care

Appendix 3:

Patient and public involvement at two mental health trusts

The two examples provided below describe the achievements of two trusts in meeting the clinical governance agenda around patient and user involvement. These examples describe the sort of challenges organisations face when implementing clinical governance.

Example 1: St George's Healthcare NHS Trust

(Source: Commission for Health Improvement (2003) *Clinical governance review: St George's Healthcare NHS Trust*. London: CHI.)

The set up at St George's

St George's Healthcare NHS Trust has a patient information system and partnership steering group which reports to the trust's board. This is supported by a patient information and partnership operational group, chaired by a non-executive director. The patient advice and liaison service (PALS) manager is the key operational lead for patient and public involvement, supported and led by the director of nursing and operations.

The trust board receives regular reports on complaints and considers actions from independent reviews. Teams receive complaints reports and use information from patient surveys to discuss complaints regularly. The trust board receives updates on progress against its plan to improve patient and public involvement, although progress is at an early stage.

St George's has a strategy for patient and public involvement that was ratified by the trust board and is a key strategic commitment in the trust's clinical governance strategy. This strategy includes a detailed action plan, against which the organisation has made

some progress: the trust has become a PALS pathfinder site, a well-publicised service that is led with enthusiasm. Other aspects of the action plan are being piloted in selected clinical teams.

The trust has a customer care training programme, but not all relevant staff have attended the training and some do not have the adequate skills and knowledge to deliver a consistently high quality of consumer care.

Ways of involving patients

Some trust service centres have used innovative approaches to involve patients and the public in service development, projects that are generally initiated by enthusiastic clinical teams. These have led to service improvements, but there is no systematic way to spread these good practices to other teams.

Approaches include:

- ❖ *talk back* sessions established by the care of the elderly team, where patients give feedback about their experiences of care
- ❖ public meetings, newsletters, local adverts and public consultation events to inform the public about the trust's work
- ❖ information booklets about trust services and advice about various health conditions are displayed and available to patients, although a majority of them are in English only
- ❖ a *language line*, run through contractors, provides interpreting services, although staff and patients' relatives are often used to communicate with patients who don't speak English
- ❖ trust policies guide staff in helping patients make informed choices about their care and provide proper consent for treatment. Staff are aware of these policies and are confident to use them. For example, there is a 'do not attempt resuscitation' policy, which is understood by staff
- ❖ suggestion boxes are available for patients to submit comments about their experiences
- ❖ patient surveys are regularly undertaken
- ❖ a complaints handling procedure is in place, although patients do not feel fully supported by the complaints process, nor do they believe that the root causes of their complaints are always understood or taken seriously.

Listening to patients

There are examples of sustained changes in practice resulting from listening to patients and from complaints. Such changes include improved liaison with patient transport providers and improved information for patients and GPs about which drugs to stop and start before admission for a cardiology procedure.

Example 2: South Birmingham Mental Health NHS Trust

(Source: Commission for Health Improvement (2002) *Clinical governance review: South Birmingham Mental Health NHS Trust*. London: CHI.

User involvement

The trust has a user involvement strategy, developed with the help of service users. Target dates need now to be established to meet this plan.

User Voice is an independent user-led organisation, supported by the trust, which co-ordinates user involvement and provides group advocacy for patients. The trust is notable in the way it has made sure *User Voice* is represented on a range of trust committees and on some managerial and clinical groups. The trust has recognised that *User Voice* is not representative of the diverse local communities served by the trust, so it is helping the group to become more representative. For example, carers were not fully involved, and so the trust appointed a carers support worker in conjunction with Rethink (previously the National Schizophrenia Fellowship). The trust has also developed good partnership working with social care services.

Improving action following feedback

Mechanisms for getting feedback from users and carers is not uniform across trust departments, and frontline staff can't always see how consultation with service users and the public can result in improvements in practice. This lack of formal structure for monitoring feedback, which leads to improvement in practice, is a challenge that staff are aware of. Staff and the trust are aware that formal feedback structures don't yet cover all service groups, and that there is scope to improve action taken as a result of feedback from service users. To create more opportunities to improve the service, the trust is therefore considering making the *User Voice* group a sub-committee of the main board.

The trust uses various methods of informing and involving its patients, although information provided is not always consistent across the trust. These include:

- ◆ information leaflets for users and carers, co-ordinated by the patient information office. Most leaflets are in English and a few have been translated into other languages
- ◆ a range of advocacy services, including those provided by Birmingham Citizen Advocacy and MIND (awareness of the Birmingham Citizen Advocacy service is not yet widespread)
- ◆ good systems of capturing and responding to complaints – complaints are taken seriously and responded to quickly. Formal systems for learning from complaints mean complaints in one area are shared with other departments.

Involvement in decisions about care

Involvement of users in care planning is not yet as developed within the organisation as the trust hoped it would be. Service users do not always get a copy of their care plan, and there is little carer input into these plans.

Appendix 4:

Information literacy skills

Example 1: Locating information about Attention Deficit Hyperactivity Disorder

Sue Edwards, a school nurse, was asked to produce information leaflets about Attention Deficit Hyperactivity Disorder (ADHD), which would include helpful resources and contact details, to inform staff, parents and pupils.

Sue identified her three information needs:

- 1 to get up to speed with current best practice in this area
- 2 to find out more about ADHD patient information and patient advocacy groups
- 3 to investigate whether there are any networks where she can discuss and disseminate information on ADHD with other like-minded health professionals.

Sue's search

Evidence-based guidelines

Firstly, Sue looks for evidence-based guidelines and high quality systematic reviews to answer her questions. Through a resource of the National electronic Library for Health, (NeLH) called *Guidelines Finder*¹, she locates a guideline for evidence-based assessment and management of ADHD from SIGN² (Scottish Intercollegiate Guidelines Network).

The National Institute for Clinical Excellence (NICE)³ is another source of guidelines and it also appraises new therapies. NICE⁴ has appraised the drug Methylphenidate and its efficacy for children affected by ADHD.

Systematic reviews

Sue explores other resources available via the NeLH, including the Cochrane Library⁵ that contains systematic reviews, summaries of the best available evidence. Sue finds a systematic review of interventions

for adolescents diagnosed with ADHD. *Clinical Evidence*⁶ is a compendium of critically appraised topics. Sue has a quick look there and finds a section on the effects of treatment for children with ADHD.

Government policy

The next port of call is the Department of Health Online⁷ for updates on relevant Government policies. Sue is aware of National Service Frameworks⁸ (NSFs), part of the Government's agenda to improve quality and reduce variations in health care. She looks at the NSFs for Mental Health and Children's Services.

She searches the Department of Health publications database, POINT⁹, and finds *School nurse practice development resource pack*¹⁰. This includes a section on child and adolescent mental health, which suggests practice examples for school nurses to follow to help improve education, encourage evidence-based interventions and develop mental health promotion strategies for children, parents and teachers. This document is free to download.

Sue finds two other publications through this route: *Promoting children's mental health within early years and school settings* (guidance from the Department for Education and Skills, 2001). A DH newsletter *Mental Health Promotion Update* (2002) has a section on promoting mental health and wellbeing for children and young people. The newsletter illustrates models of good practice, including four examples of UK initiatives working with young people and schools to promote the mental health of young people.

Professional organisations

Sue discovers the Royal College of Psychiatrists¹¹ research unit includes *FOCUS*¹², an initiative that promotes effective practice in child and adolescent mental health. Sue finds *FOCUS* features latest news, current initiatives, available resources, events, useful links and a downloadable guide to finding the evidence.

Health gateways

Sue investigates a further selection of health gateways that provide access to quality assured information. She searches NHS Direct online¹³ and finds the Contact a Family (CaF) directory¹⁴. CaF is a leading UK charity providing support, advice and information to individuals and parents of children with medical conditions. Sue is reassured that all CaF material is written and checked by leading medical specialists.

The link takes her to a section on ADHD with examples of patient advocacy groups that she can include in her leaflets. Two organisations catch her attention. The first is *adders.org*¹⁵ that includes an ADD Simulation, a visual programme that can be run on a computer. She feels this may be useful for presentations to the teachers and pupils. The second site, ADDISS Information Services¹⁶, is another source of valuable patient information. The site includes a newsletter containing support group details. It also gives details of a new publication she feels might be worth purchasing for the school, *Managing ADHD in the inclusive classroom*, which provides practical strategies for teachers.

Networking and CPD

Sue is keen to continue her professional development and notices that ADDISS holds an annual three-day conference, which brings together professionals and non-professionals to discuss ADHD. ADDISS also

convenes practical workshops and training events on ADHD. Sue investigates other resources listed in the CaF directory including Young Minds¹⁷, and Hyperactive Children's Support Group¹⁸. Sue does a quick search on NMAP¹⁹, a second gateway to quality health information on the Internet, and locates the School Nurses web page, a section in Nurses Network. There is a document, *How schools can help children with ADD/ADHD*, which lists ten basis points for schools to implement to help children with ADHD.

The final part of Sue's search involves locating forums and discussion lists. In the *forums and branches* section of the Royal College of Nursing Extranet, there are two forums with websites, Children and Young People Mental Health Forum and the RCN School Nurses Forum. She finds two further discussion lists at JISCMail²⁰, a national academic mailing list service *School-health-edu*, *CAHMS-research* and *Paediatric-nursing forum* archives.

Summary

Type of evidence	Resource	Example
National clinical guidelines	SIGN NICE	<i>Attention deficit and hyperkinetic disorders in children and young people</i> (2001)
Systematic reviews	The Cochrane Library (now free via the NeLH)	<i>The efficacy, safety and practicality of treatments for adolescents with ADHD</i> (2000), NHS Centre for Research & Dissemination
Critically appraised topics	Clinical evidence (free via the NeLH)	<i>Effects of treatments for attention deficit hyperactivity disorder in children</i> (2001)
Standards and service models	National Service Frameworks (DH Online)	NSF for Mental Health NSF for Children's Services
Professional bodies	Royal College of Psychiatrists RCN Paediatric health adviser	FOCUS <i>Finding the evidence: a gateway to the literature in child and adolescent mental health</i> , (2001)
Primary literature	Bibliographic databases	<i>Medline</i> and <i>Embase</i>
Research papers (quantitative/ qualitative)	Online journals	<i>BMJ</i> – Evidence based management of attention deficit hyperactivity disorder (2001, vol. 323, pp. 1232-1235 24th November.) <i>Nursing Standard/BNIPPlus</i>
Health gateways	NHS Direct Online OMNI / NMAP RCN Mental Health Zone	<i>Contact a Family Directory</i> (CaF) School Nurses section of Internet site Nurses Network
Tacit knowledge	Discussion lists Forums Patient advocacy groups	JISCMail RCN specialist forums, including RCN School Nurses Forum <i>adders.org</i> and ADDISS Information Services

If you want further information on searching for information, please contact the RCN Information Service on 0207 647 3831, or email: qip.hq@rcn.org.uk

Links:

- 1 www.nelh.nhs.uk/guidelinesfinder/
- 2 www.sign.ac.uk/index.html
- 3 <http://sign.ac.uk/guidelikes/fulltext/52/index.html>
- 4 <http://nice.org.uk/article.asp?a=11667>
- 5 www.nelh.nhs.uk/cochrane.asp
- 6 www.nelh.nhs.uk/clinical_evidence.asp
- 7 www.doh.gov.uk
- 8 <http://doh.gov.uk/nsf/nsfhome.htm>
- 9 <http://tap.ukwebhost.eds.com/doh/point.nsf/Publications?ReadForm>
- 10 www.doh.gov.uk/cno/resourcepack.htm
- 11 <http://rcpsych.ac.uk/>
- 12 <http://rcpsych.ac.uk/cru/focus/index.htm>
- 13 <http://nhdirect.nhs.uk/innerpage2.asp?Code=RS&Topic=31>
- 14 www.cafamilt.org.uk/
- 15 <http://adders.org>
- 16 <http://asddiss.co.uk>
- 17 <http://youngminds.org.uk>
- 18 <http://hacsg.org.uk>
- 19 <http://nmap.ac.uk>
- 20 www.jiscmail.ac.uk

Example 2: Locating information on falls prevention and awareness

Mary Davies, a senior community care nurse based at a GP practice in north east London, is undertaking a patient awareness programme about falls prevention for older people living in her area. Her aim is to visit a number of sheltered accommodation establishments to give a short presentation to residents and staff on how to avoid *slips, trips and broken hips*. This is based on a recent campaign by the Department of Trade and Industry that Mary has read about (now part of the Help the Aged commitment to the health and wellbeing of older people).

Before Mary embarks on her assignment she wants to find out:

- 1 what guidance already exists
- 2 availability of patient information
- 3 whether there are any training courses or practical support for health care staff¹.

Mary's search**Clinical guidelines**

Mary is aware of the Department of Health's National electronic Library for Health (NeLH) website, which provides access to best current practice². From this website, via the Guidelines Finder³, she discovers a recent guideline *Prevention and management of hip fractures in older people* in the section on the risk of falls⁴, produced by the Scottish Intercollegiate Guideline Network (SIGN) in 2002. She also finds, under International Guidelines listed on the National Guideline Clearing House (NGC) website⁵, an American guideline for the *Prevention of falls in older persons*, produced collaboratively by the American Academy of Orthopaedic Surgeons, American Geriatrics Society and the British Geriatrics Society (2001).

Reviews

Searching the NeLH further, Mary accesses the Cochrane Library⁶, and Clinical Evidence⁷ sections. Here she locates a systematic review of *Interventions for preventing falls in older people* (2001), and a randomised controlled trial of a *General practice programme of home based exercise to prevent falls in elderly women* (1997).

Standards and models

Mary now broadens her search. She knows about the Department of Health's *National Service Framework for older people* (2001)⁸, which includes a detailed section on preventing and managing falls. However, Mary decides she would also like to find out about what the other professional organisations have published on this subject matter. From the Royal College of Physicians⁹ website, Mary locates a guideline *Enhancing the health of older people* with a section that refers to the prevention and management of falls (1998).

Primary literature, research papers and journals

Mary knows that online databases, also accessed via NeLH, such as Pub Med (one of MEDLINE's most comprehensive medical bibliographical databases)¹⁰, and the National Research Register¹¹, can provide her with further information. She undertakes a general search and discovers a number of references to articles, plus ongoing research at St George's Hospital Medical School in London on exploring the risk of falls from the perspective of older people, carers and health professionals.

She also discovers that she can search a number of journals herself, directly online. She finds, via the *British Medical Journal* (BMJ)¹², *Guidelines for the prevention of falls in people over 65*, developed by the Department of General Practice and Primary Care at Bart's, the Royal London and Queen Mary's School of Medicine (2000).

Information for patients

Mary has collected quite a lot of material which will give her professional guidance, but she also needs sources of patient information that she can pass on to the residents when she gives her presentation. To do this, she returns to her original source of information on prevention home falls¹, as it has links to material aimed at older people, produced by the Royal Society of Prevention of Accidents (ROSPA)¹³, Age Concern¹⁴, and Help the Aged¹⁵, that can be easily viewed and downloaded. Via NMAP¹⁶, the specialised internet gateway for nursing, she comes across Patient UK17, Active for Life¹⁸, and the Health Education Board for Scotland¹⁹ which all have patient-aimed information available on falls prevention.

Courses

Are there any training courses about falls and older people she could take advantage of? From the ROSPA website¹³, Mary learns that this organisation runs courses aimed at nurses on preventing accidents in the home, and that the Health Development Agency²⁰ runs a training course for health professionals to help older people avoid falls. She has also heard, via the Royal College of Nursing's Forum for Nurses Working with Older People, of an RCN distance learning, continuing professional development course for gerontological nursing²¹.

Summary

Type of evidence	Resource	Example
National clinical guideline	SIGN	<i>Prevention and management of hip fractures (2002)</i>
Systematic reviews	The Cochrane Library	<i>Preventing falls in older people (2001)</i>
Critically appraised topics	Clinical Evidence	<i>General practice programme of home based exercise to prevent falls in elderly women (1997)</i>
Standards and service models	National Service Frameworks	<i>NSF for older people (2001)</i>
Professional bodies	Royal College of Physicians	<i>Enhancing the health of older people (1998)</i>
Primary literature	Bibliographic databases	<i>Medline (Pub Med)</i>
Research papers (quantitative/qualitative)	Online journals	<i>BMJ – Guidelines for the prevention of falls in people over 65</i>
Health gateways	NMAP	<i>Patient UK – falls</i>
Tacit knowledge	Patient information forums	Help the Aged RCN Forum for Nurses Working with Older People

Links:

- 1 www.preventinghomefalls.gov.uk
- 2 www.nelh.nhs.uk
- 3 www.nelh.nhs.uk/guidelinesfinder/
- 4 www.sign.ac.uk
- 5 www.guidelines.gov/
- 6 www.nelh.nhs.uk/cochrane.asp
- 7 www.nelh.nhs.uk/clinical_evidence.asp
- 8 www.doh.gov.uk/nsf/olderpeople.htm
- 9 www.rcplondon.ac.uk
- 10 www.ncbi.nlm.nih.gov/entrez/query
- 11 www.update-software.com/National
- 12 <http://bmj.com/cgi/content/full/321/7267/1007>
- 13 www.rospa.co.uk/CMS/
- 14 www.ace.org.uk
- 15 www.helptheaged.org.uk
- 16 <http://nmap.ac.uk>
- 17 <http://patient.co.uk/illness/f/falls.html>
- 18 <http://active-for-life>
- 19 www.hebs.scot.nhs.uk/
- 20 www.had-online.org.uk
- 21 www.rcn.org.uk

Appendix 5:

Implementing clinical governance at organisational level

Example 1: The integration of clinical and social care governance in Down & Lisburn Health and Social Services Trust

Clinical governance became a statutory requirement for Northern Ireland from April 2003, but Down Lisburn Health and Social Services Trust made a corporate decision to embrace this approach as early as 1998. With an absence of local guidelines and a requirement to incorporate the *social care* component of integrated health and social care (Northern Ireland) into this structure, the trust in these early stages made reference to the arrangements laid out in the document *A first class service, quality in the new NHS* (DH 1998).

This document has now been superseded by the Northern Ireland document *Best practice – best care* (DHSSPS, 2001) and now its successor, *Governance in the HPSS – clinical and social care governance: guidelines for implementation* (2002). These laid out broad guidance for health and social services trusts to follow on clinical and social care governance (CSCG).

The trust had already embarked on the journey to quality. It had an established and recognised commitment to continuous improvement evidenced in the many awards received for Charter Mark, ISO 9000:2000, Investors for People (trust-wide) and the Health Quality Service Accreditation (Mental Health Services). Also, since 1998 the trust has used the European Foundation for Quality Management Excellence Model 1999 (EFQM) to underpin and bring cohesion to the continuous improvement agenda.

The new CSCG structure

In autumn 1998, a senior clinician was given lead responsibility for ensuring the development and implementation of CSCG arrangements, building on the considerable number of quality initiatives already in place. A working group was established to take forward this agenda and their remit included creating general awareness of CSCG in the organisation, educating staff and beginning a baseline assessment based on the EFQM Excellence Model. This assessment led to a draft framework that set in place a basic structure to address implementation.

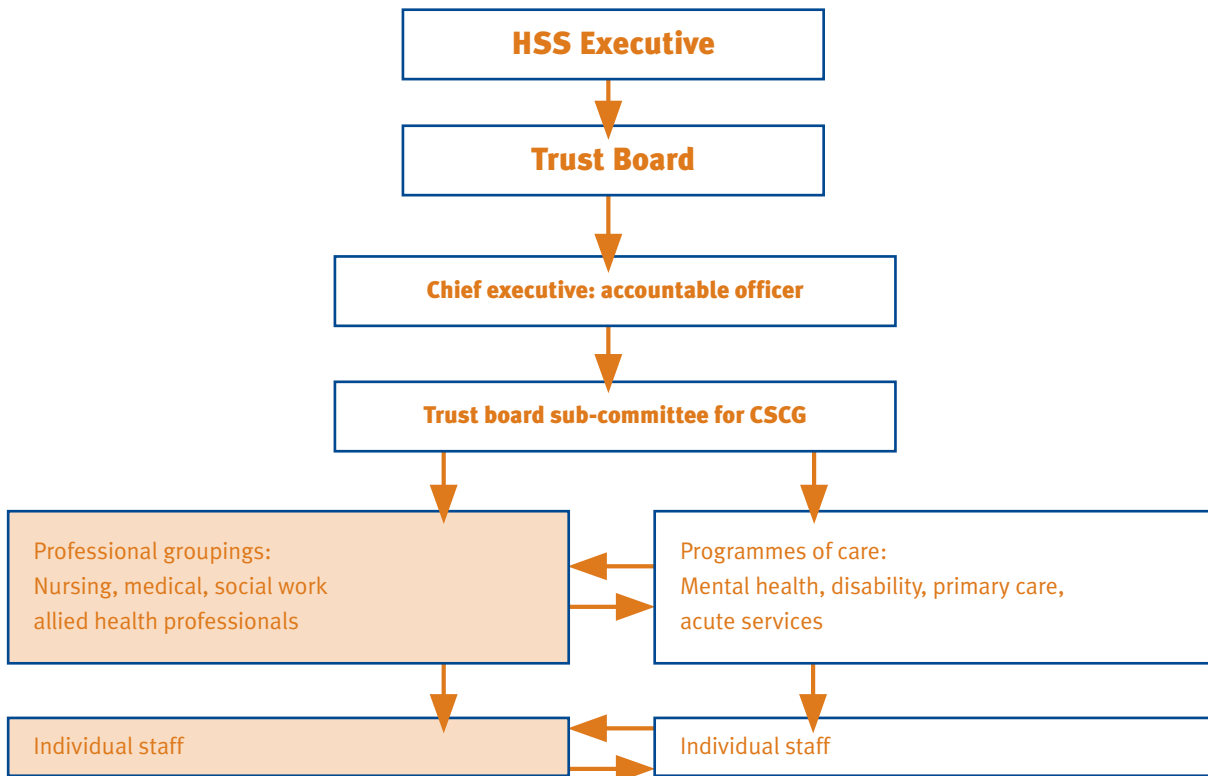
To support the first CSCG post, in October 1999 the trust appointed a clinical and social care governance co-ordinator was appointed, a role that continues to evolve. In January 2000, a new trust board sub-committee for CSCG superseded the initial working group – see figure 1. Members of this group have designated lead responsibility for the key components of CSCG.

These key components form the building blocks of the structure:

- ◆ organisational audit
- ◆ user consultation
- ◆ complaints
- ◆ staff consultation
- ◆ clinical audit
- ◆ health & safety
- ◆ research
- ◆ evidence-based practice
- ◆ risk management
- ◆ performance management
- ◆ continuing professional development
- ◆ continuous quality improvement plans.

The CSCG structure is further underpinned by the *arrangements for professional governance*, developed by the trust in 1994 and reviewed in 2000. This is a structure through which professionals can provide input on issues relating to CSCG, and a means of ensuring that professionals develop and provide a high quality service which achieves good outcomes based on patients' and clients' needs – see figure 1 overpage.

FIGURE 1: CLINICAL AND SOCIAL CARE GOVERNANCE STRUCTURE, DOWN LISBURN TRUST



Process

The trust's service directorates (acute, mental health and disability and primary care) have adopted this structure according to their local governance arrangements and requirements. For each, individuals (multi-disciplinary) have been assigned lead responsibility and accountability for the key components of CSCG. Reporting arrangements are in place for these local CSCG committees through to the trust board sub-committee. At first, not every key component was fully grounded throughout the trust, so a corporate agenda was set, mirrored within the directorates, for the development of action plans to address the key components – for example, a structured approach to the management of risk, clinical audit, user consultation and continuing professional development.

Benefits

User consultation

In the Mental Health Directorate, for example, the Mental Health Alliance group was established to include

service users, staff and management representatives, and co-ordinated by a patient advocate (a joint appointment with the National Schizophrenia Fellowship). In its first three years, this alliance has driven a number of initiatives to empower users, for example user involvement in service planning and in selection and recruitment, and focus groups to inform the continuous improvement agenda. Queen's University, Belfast, is formally evaluating these latter initiatives.

Trust-wide, a *user consultation policy* is being developed, and, within directorates, new Charter Mark principles and standards.

Improving staff appraisal, development and consultation

The trust has notably improved staff development and consultation. The structure for staff appraisal and development has been formally aligned with the trust's strategic and operational objectives, and the trust's objectives permeate to directorate, team and individual level. Staff consultation has been used to evaluate this process, and the organisation has received Investors in People status.

Greater emphasis is now placed on developing staff. Staff have also been consulted and engaged about workplace issues through a staff survey. The climate now encourages innovation and creativity, evidenced in the development of care pathways, practitioner development initiatives and an increased involvement in research and audit.

Ongoing improvement

CSCG continues to be a developing agenda that grows with the increasing understanding of its requirements. The challenge for the trust is to embed a culture of continuous improvement throughout all its activities, reinforced with robust systems to ensure the safety and wellbeing of all patients and staff.

Example 2: The integration of clinical governance at Queens Medical Centre, Nottingham

The Queen's Medical Centre (QMC) in Nottingham aims for an environment where clinical governance is part of an integrated governance framework developed to assure continuous quality improvement.

There are many aspects of an organisation's governance designed to identify, assess and manage the many risks inherent in providing health services. These include:

- ❖ clinical governance – continuous improvement of the quality, safety and effectiveness of health care
- ❖ corporate governance – how the organisation conducts corporate business to meet statutory obligations
- ❖ research governance – making sure that research is carried out in an ethical, equitable and safe manner
- ❖ information governance – how we collect, store and use information, some elements of which impact on other areas of governance
- ❖ human resource governance – including recruitment, retention, training and development
- ❖ other aspects of governance, including health and safety and environmental management.

It is against this increasingly complex framework of controls and safeguarding mechanisms that QMC has been working towards integration. Integration should allow the trust to take a holistic approach, with clinical care at the core, underpinned by clinical governance.

The integration of governance

In February 2003, the trust board at QMC approved a paper that set out the way forward for the integration of governance. This paper described the desired outcomes of integration as:

- ❖ improved systems for setting the strategy and priorities for governance
- ❖ better links between the governance functions, particularly between clinical audit, risk management, clinical practice and patient partnership
- ❖ clear understanding of the accountability for governance at all levels of the trust

- ◆ proactive management of governance at divisional, directorate and departmental levels
- ◆ a central support and skills function to act as a resource to divisions, directorates and departments
- ◆ further development of clinical effectiveness
- ◆ better systems and processes to integrate all aspects of governance, particularly at a local level.

Several important changes were identified which would impact on clinical governance, bringing it into the mainstream of clinical services and making it more accessible and meaningful to staff, patients and carers.

Governance Forum

This forum, chaired by a senior clinician, brings together the many individuals with central governance roles:

- ◆ quality and clinical governance manager
- ◆ clinical risk lead
- ◆ claims & litigation manager
- ◆ deputy director of nursing
- ◆ health audit manager
- ◆ non-clinical risk lead
- ◆ patient partnership manager
- ◆ central intelligence manager
- ◆ research governance manager
- ◆ senior finance representative
- ◆ senior it representative
- ◆ service improvement manager
- ◆ trust secretary.

The forum's remit includes:

- ◆ responding to public scrutiny of governance, that could arise from national public inquiries such as the Bristol Royal Infirmary and other serious incidents
- ◆ sharing information across the governance functions
- ◆ developing and advising on co-ordinated governance strategy
- ◆ ensuring consistency in the development of policies and procedures
- ◆ advising on systems and processes to support staff in divisions, directorates and departments

- ◆ to provide a resource to divisions, directorates and departments and their staff for governance activities, such as communication, training, support and co-ordination.

2. Accountability

The corporate responsibilities for governance are discharged through the trust board. The executive directors have specific responsibilities, with the Medical Director and Director of Nursing and Patient Services sharing the lead for clinical governance. Their remit includes:

Medical Director:

- ◆ clinical standards and outcomes
- ◆ clinical audit
- ◆ management of serious untoward incidents
- ◆ results of patient feedback
- ◆ the management of clinical risk
- ◆ CHI reviews.

Director of Nursing and Patient Services:

- ◆ patient partnership, including PALS, patient involvement and patient feedback
- ◆ development of clinical practice, including clinical protocols, clinical pathways and patient information
- ◆ management of serious untoward incidents.

Each of QMC's four divisions (surgery, diagnostics and facilities; medicine, women, children and clinical support) is responsible for managing governance activity in its directorates and departments, which are required to develop local governance plans that reflect national and local priorities for action. The divisions, directorates and departments are supported in managing governance by members of the central governance functions such as the Clinical Risk Lead and Patient Partnership Lead.

It is important to note that in order to achieve clear accountability at an organisational level, divisions are represented on key committees, and include the clinical governance committee, the risk performance management committee, and the hospital management team. This assures staff at all levels that there are routes for raising concerns, learning and sharing lessons and delivering the governance agenda.

Improved Services to Patients



Patient Care

- Is this the right treatment or care for this patient?
- Are you providing it safely?
- Does the patient fully understand what is happening?
- Have you kept a proper record?
- Do you know what to do if something goes wrong?
- How could you do it better?



Keeping an eye on it

- Are we keeping an eye on the right things?
- Are we getting the right information at the right time?
- What does the information tell us?
- What do we do if the information shows there's a problem?
- How can we use the information to make improvements to services?
- Is data accurate and useful - how can we improve the information we collect?

Staff

- Are you the right person to do this task?
- Do you know what to do?
- Do you know how to do it safely?
- Do you get feedback on how you're doing?
- Do you know what to do if you are unhappy about your own or someone else's performance?
- How could you do it better?



Equipment and Environment

- Have you got the right equipment?
- Does it work?
- Have you been trained how to use it?
- Do you know what to do if there's a problem?
- What equipment would do the job better?
- Is the environment right to do the task?
- Is it safe?
- How could you improve the environment?





Queen's Medical Centre Nottingham 
University Hospital NHS Trust

FIGURE 2: GOVERNANCE JIGSAW

Systems and processes

Governance Jigsaw

The trust has developed a *Governance Jigsaw* (figure 2) which has been designed as a resource to help individuals and groups to fit together, and to understand governance and how it impacts on their work.

Risk assessment tool

A single risk assessment tool enables staff to identify, assess and manage any risk, clinical or non-clinical, which impacts on the environment or care.

Incident reporting system

The incident reporting system enables staff to report, manage and, together with the **DATIX** risk management database, review incidents and identify trends, learn lessons and share experiences across the organisation.

Clinical audit and effectiveness

Clinical audit and effectiveness measures are used to identify, implement and assess clinical care against good practice. Through the Governance Forum, activities are now closely aligned and integrated as a key quality assurance tool of clinical governance, particularly as part of the risk management process.



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