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# Great Ormond Street Hospital for Children



NHS Trust

## Clinical Governance and Risk Management

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**Associated clinical guidelines/protocols:**

- Guideline
- Guideline

### Fundamental Knowledge:

*List of topics relevant to PIC that will have been covered in membership examinations.*

***They will not be repeated here.***

- Legal and professional standards,
- New NHS targets
- Continuing professional development, appraisal and revalidation

## Information for Year 1 ITU Training (basic):

### Year 1 ITU curriculum

- Basics of Clinical governance/improvement
- Basic principles of risk management in ICU
- System failure vs individual failure.

### Curriculum Notes for Year 1:

#### Clinical Governance defined:

The most widely used definition of clinical governance is the following:

"A framework through which NHS organisations are accountable for continually improving the quality of their services and safeguarding high standards of care by creating an environment in which excellence in clinical care will flourish." (G Scally and L J Donaldson)

Clinical Governance is a framework through which NHS organisations are accountable for continuously improving the quality of their services and safeguarding high standards of care by creating an environment in which excellence in clinical care will flourish. It aims to create not only a culture, but systems and ways of working which assure that the safety and the quality of care is at the heart of the business at every level. The values behind clinical governance are not new:

- accountability,
- transparency
- openness

What is new is the creation of a framework, which brings together how we design and deliver our services. It also re-defines the relationships between those that receive and provide

healthcare. In the future, well-managed organisations will be those in which financial control, service performance, and clinical quality are fully integrated at every level.

The World Health Organisation divides quality into four aspects:

- Professional performance (technical quality)
- Resource use (efficiency)
- Risk management (the risk of injury or illness associated with the service provided)
- Patients' satisfaction with the service provided.

These dimensions of quality are taken a stage further in the new NHS white paper as being the attributes of an organisation providing high quality clinical care. For the first time, all health organisations have a statutory duty to seek quality improvement through clinical governance. A commitment to deliver high quality care should be at the heart of everyday clinical practice.

Clinical governance is a system of steps and procedures adopted by the NHS to ensure that patients receive the highest possible quality of care. Although clinical governance can be viewed generally as positive and developmental, it will also be seen as a way of addressing concerns about the quality of health care and includes:

- a patient centred approach
- an accountability for quality
- ensuring high standards and safety

Implementing clinical governance requires the transformation of culture, of ways of working, of attitudes and of systems in local NHS organisations. It must become a way of working and a way of thinking. Clinical governance is about changing the way people work, demonstrating that leadership, teamwork and communication is as important to high-quality care as risk management and clinical effectiveness. The introduction of clinical governance, aimed as it is at improving the quality of clinical care at all levels of healthcare provision, is by far the most ambitious quality initiative that will ever have been implemented in the NHS.

There are 7 components to clinical governance:

#### **Patient and public involvement**

How we involve patients and carers in their care and clinical governance activities e.g. research and development. This includes the patient experience and access to services and quality of clinical care. An example of measuring this would be through a patient survey.

#### **Clinical risk management**

The system for risk management including the way in which the different elements, e.g. incidents and complaints are brought together and how they link with other governance activity.

#### **Clinical Audit**

This will include how topics are selected and how we report, implement and follow up recommendations.

#### **Clinical effectiveness**

How we implement and apply effective clinical practice e.g. evidence based guidelines and hence improve the patient experience and outcomes.

#### **Staffing and staff management**

The Trust's approach to human resource management, staff development and performance, such as appraisals.

#### **Education, training and continuing personal and professional development**

The Trust's strategy and plans for education, training and continuing development, with descriptions of education and training activities e.g. number of staff who have had mandatory training.

### **Use of information to support clinical governance and health care delivery**

This involves our strategy and plans for IM&T and how we utilise information and involve patients to help identify needs.

One of the key aspects of clinical governance is to provide a framework to ensure improvements in care, which make a difference to the children and families we see. The Trust is currently developing and refining ways in which all aspects of improvement are undertaken and can be drawn together more effectively to produce a truly integrated system which is flexible enough to meet the needs of the children and the way services need to be provided.

### **CHI/CHAI**

The Commission for Health Improvement (CHI) was set up on 1st April 2000 by the government to improve the quality of patient care in the NHS across England and Wales. On 31 March 2004 the Commission for Health Improvement ceased operating, with all its functions being taken over by the Healthcare Commission (HCC). It is currently reviewing the way it will monitor healthcare providers. This may be by a system of targeted reviews looking at specific aspects of care or by linking with other agencies to undertake joint inspections. The exact inspection review is uncertain because CHI is being merged into a new body CHAI, the Commission for Healthcare Audit and Improvement.

### **The Healthcare Commission**

The Healthcare commission conducts clinical governance reviews in NHS organisations in England and Wales. This includes reviews of NHS acute and specialist trusts, mental health trusts, NHS Direct sites, ambulance trusts, primary care trusts in England and local health boards in Wales. It also investigates serious service failures in the NHS. A review looks at the effectiveness of the NHS organisation's clinical governance arrangements, and will assess the management, provision and quality of service provided by the organisation. One of the Healthcare Commissions statutory functions is to monitor and review the implementation of standards set out in National Services Frameworks (NSF) and the National Institute of Clinical Excellence (NICE) guidance.

### **National Service Frameworks**

National Service Frameworks (NSFs) have been developed in response to the Government's White Paper "The new NHS", which set out the Government's plans for modernising the health service and improving the quality of health care for patients. National Service Frameworks are described as a way of setting standards that will achieve greater consistency in the availability and quality of services for a range of major care areas and disease groups. The aim is to reduce unacceptable variations in care and standards of treatment, using best evidence of clinical and cost-effectiveness". NSF aim to:

- set national standards for a defined service or care group
- put in place strategies to support implementation of these standards
- establish milestones against which progress will be measured

The NSF for paediatric intensive care was established in 1999 and this full-text report from the National Coordinating Group on Paediatric Intensive Care forms part of the proposals for delivering improvements in services. Published on the Web by the Department of Health (DH) in 1998.

The NSF for children was published on 15 September 2004, and sets standards for children's health and social services, and the interface of those services with education. The Children's NSF is aimed at everyone who comes into contact with, or delivers services to children, young people or pregnant women. The standards cover: the design and delivery of hospital services around the needs of children and their families, the safety of children while they are

in hospital, the quality of services for children in hospital and the suitability of hospital settings for the care children receive.

## **NICE**

The National Institute for Health and Clinical Excellence (NICE) is the independent organisation responsible for providing national guidance on the promotion of good health and the prevention and treatment of ill health.

NICE guidance is developed using the expertise of the NHS and the wider healthcare community including NHS staff, healthcare professionals, patients and carers, industry and the academic world

NICE produces guidance in three areas of health:

- public health - guidance on the promotion of good health and the prevention of ill health for those working in the NHS, local authorities and the wider public and voluntary sector
- health technologies - guidance on the use of new and existing medicines, treatments and procedures within the NHS
- clinical practice - guidance on the appropriate treatment and care of people with specific diseases and conditions

## **National Patient Safety Agency (NPSA)**

The NPSA is a Special Health Authority created in July 2001 to co-ordinate the efforts of the entire country to report, and more importantly to learn from mistakes and problems that affect patient safety. As well as making sure errors are reported in the first place, the NPSA is trying to promote an open and fair culture in the NHS, encouraging all healthcare staff to report incidents without undue fear of personal reprimand. It will then collect reports from throughout the country and initiate preventative measures, so that the whole country can learn from each case, and patient safety throughout the NHS can be improved.

From 1 April 2005 the National Patient Safety Agency (NPSA) has expanded, giving it greater scope to improve patient safety in the NHS. The NPSA's work now encompasses: safety aspects of hospital design, cleanliness and food (transferred from NHS Estates); ensuring research is carried out safely, through its responsibility for the [Central Office for Research Ethics Committees](http://www.corec.org.uk/) (COREC <http://www.corec.org.uk/>); and is supporting local organisations in addressing their concerns about the performance of individual doctors and dentists, through its responsibility for the [National Clinical Assessment Service](http://www.ncas.npsa.nhs.uk/) (NCAS <http://www.ncas.npsa.nhs.uk/>), formerly known as the National Clinical Assessment Authority. It also manages the contracts with the three confidential enquiries. This responsibility has been transferred from the National Institute for Clinical Excellence (NICE).

### **Other sources of information:**

#### **Websites.**

<http://www.dh.gov.uk/PolicyAndGuidance/HealthAndSocialCareTopics/ChildrenServices/>

<http://www.nice.org.uk/>

<http://www.npsa.nhs.uk/>

<http://www.saferhealthcare.org.uk>

#### **References.**

- Secretary of State for Health. *The new NHS*. London: Her Majesty's Stationery Office, 1997
- World Health Organisation. *The principles of quality assurance*. Copenhagen: WHO, 1983 (Report on a WHO meeting)
- General Medical Council. *Good medical practice: guidance from the General Medical Council*. London: GMC, 2004.
- General Medical Council. A Licence to Practise and Revalidation 2003 Assuring the quality of medical practice NHSE 2001
- The NHS Plan – A plan for investment a plan for reform NHSE
- NHS Executive. *Guidance on implementation of the NHS complaints procedure*. Leeds: NHS Executive, 1996.
- NHS Executive. *Clinical effectiveness indicators: a consultation document*. Leeds: NHSE
- The NHS Improvement Plan - Putting people at the Heart of Public Services NHSE
- Clinical Governance in the New NHS. British Association of Medical Managers 1998
- Getting the Right Start. National Service Framework for Children, Young People and Maternity Services. Department of Health 2003 & 2004

### Information for Year 2 ITU Training (advanced):

#### Year 2 ITU curriculum

- Management structure of ICU within Hospital trust
- Quality assurance on Intensive Care

### Curriculum Notes for Year 2:

#### Management structure of ICU within Hospital trust

Each unit in the trust has a designated lead for Clinical Governance (referred to as clinical improvement within the trust), and in ICU there is a lead for each of the pillars of clinical improvement. In each unit there are weekly meetings between the unit lead, the senior nurses and the consultants where clinical improvement is on the agenda. The Clinical Improvement lead is also invited to the unit board once a month to update the unit on Clinical Improvement issues and be updated on any issues occurring within the unit.

The daily responsibility for clinical improvement/governance rests with the healthcare team. The final accountability for clinical governance rests with the chief executive of the health organisation. External bodies facilitate and reinforce the local duty for quality in the NHS. They do this by inspecting, investigating, advising, supplying expertise, facilitating and accrediting.

#### Quality assurance on Intensive Care

A first Class service states that Quality in the NHS can be achieved by:

- Setting clear national standards
- Ensuring local delivery
- Monitoring

In paediatric and neonatal intensive care there are clear documentation of national standards. Ensuring local delivery of these standards and in particular the monitoring of these standards is more difficult. Clinical governance requires changes at three levels: by individual healthcare professionals, by teams and by organisations. Teams need to become true multi-disciplinary groups, where understanding different roles, sharing information and knowledge and support

for each other becomes part of everyday practice. Organisations need to put in place systems and local arrangements to support such teams and assure the quality of care provided. Clinical governance is to be the main vehicle for continuously improving the quality of patient care and developing the capacity of the NHS to maintain high standards. The development of Standards of Care and the continuous process of applying and reviewing these standards maintain quality assurance.

In paediatric intensive care there is a lack of information evaluating the relationship between the outcome and the quality of care the child received. Several scoring systems have been developed to allow a comparison of units and treatment options. Recent emphasis has been on setting standards and evaluating against these set standards. In 1989 the report on PICU stated that it was the responsibility of each unit to have a clinical policy with written guidelines and to ensure that the guidelines were implemented and then to evaluate the implementation by collecting information on outcome and cost.

The monitoring of the delivery of excellence requires systems and personnel in place to compare units. PICANet was established in 2002 as a national clinical audit of paediatric intensive care units throughout the UK and annual reports are produced. The data collected allows comparisons of activity at local level with nationwide benchmarks. This provides the only detailed assessment and analysis of paediatric intensive care provision and performance in the UK. The objectives of PICANet are

- Identifying best practice
- Monitoring supply and demand
- Monitoring and reviewing outcomes of treatment episodes
- Facilitating strategic health care planning and quantifying resource requirements
- Studying the epidemiology of illness in children

**Other sources of information:**

**Websites.**

[http://www.ich.ucl.ac.uk/publications/clinical\\_governance/current/](http://www.ich.ucl.ac.uk/publications/clinical_governance/current/)

<http://www.picanet.org.uk>

**References.**

- Intensive Care in the UK Report from the Kings Fund 1989
- An introduction to the Children Act 1989
- The Care of Critically Ill children Report of a Multidisciplinary working party on Intensive Care BPA 1993
- Pediatric Intensive Care units: results of a national survey Crit Care Med 1993 21 607-612
- Comparative Assessment of PIC A national multicentre study Crit Care Med 1995 23 238-244
- Future configuration of Paediatric services BPA 1996
- Paediatric Intensive Care “ A framework for the future” NHSE 1997
- Paediatric Intensive Care Society Standards document. PICS 2001
- British Association of Perinatal Medicine. Standards for Hospitals providing Neonatal Intensive and High Dependency Care 2001
- Department of Health. Learning from Bristol. The Department of Health’s response to the report of the public inquiry into children’s heart surgery at the Bristol Royal Infirmary 1984-1995. Department of Health 2002