Learning the lessons

A summary of the RCN’s response to the Bristol Inquiry
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Learning the Lessons - A summary of the RCN’s response to the Bristol Inquiry

Introduction
The Bristol Royal Infirmary Inquiry was set up in June 1998, under the Chairmanship of Professor Ian Kennedy, to examine paediatric cardiac services at the Trust. After gathering evidence from parents, health care professionals and organisations, including the Royal College of Nursing, the Inquiry published its final report in July 2001. Learning from Bristol includes 198 recommendations, ranging from consent to treatment to monitoring standards of patient care.

Following careful consideration of the report’s findings, the RCN has identified five major themes for ongoing work with its nursing membership. These are:

- Fostering a partnership with patients
- Boosting communication
- Developing expert practice
- Valuing the nursing workforce
- Improving services for vulnerable people.

In the light of these themes, this summary by the RCN looks at some of the Inquiry’s key recommendations, identifies what actions have been taken so far and evaluates their potential influence on the nursing profession. If you would like a more detailed analysis, you can find the RCN’s full response to the Inquiry’s recommendations at our web site: www.rcn.org.uk

Fostering a partnership with patients
Patients should be at the heart of health care. Nurses, through their day-to-day contact with patients, are one of the most important professional groups who can ensure this happens.

- Systems and feedback
To place patients at the centre of their care requires a workplace that enables nurses to challenge systems that may hinder partnership. The RCN recommends the development of formal systems of participation, open to all stakeholders, which reflect patient-centred values.

As part of our submission to the Inquiry, the RCN produced a seminar paper called Empowering the Public in the Health Care Process, which the panel made use of in drawing up some of its recommendations. Feedback from patients can translate into crucial data that enables health care improvements to be made - but this can only happen if the patient is valued as a partner. The RCN believes that the mechanisms to obtain patients’ views should be transparent and open to ethical scrutiny. Further, the views of patients and the public should be clearly and publicly documented.

One example of a successful nurse-led approach can be found at the primary medical services pilot scheme in Derby. Here the lead nurse, Catherine Baraniak, has initiated a patient and staff forum that has a validated system for receiving the views of patients.

- Access to information
While the public must be able to access information about the relative performance of trusts, services and consultant units, the RCN believes that it is vital that this data is presented in a way that can be understood by everyone, whether a member of the public or a health care professional. The information about performance must be meaningful from the patient’s perspective. In addition, the RCN believes that full disclosure of health care letters to patients will increase confidence in the care they are given.

Boosting communication
Effective communication between the public, patients, health care professionals and managers is crucial to increasing and maintaining trust in the health service.

- Providing information
Good quality information is vital if patients are to have the best opportunity to make important decisions about their health care. The RCN believes that providing information to patients requires a combination of expert skills, time and organisation. Having enough time to spend with patients should be viewed as a
central component of nursing care, rather than as a luxury - but it is dependent upon having sufficient
numbers of appropriate staff.

• Team members
The RCN believes that it is essential that all members of the health care team ensure they communicate
with each other effectively, taking immediate steps to remedy any shortfalls they identify in their own
performance. Communication is a fundamental component of clinical governance.

• Language
Printed information targeted at patients should use language that enables complex or technical concepts to
be readily understood by members of the public. The RCN believes that improvements in the quality of
such materials are a priority and advocates the use of a ‘kitemarking’ quality control system. The same
principle applies to face to face communication between patients and members of the health care team.

• Consent
The RCN believes that gaining informed consent should involve much more than a signature on a form.
Instead, the RCN argues that it should be a continuous process, based on open dialogue between the patient
and the health care team. To this end, the RCN’s Expertise in Practice Project demonstrates how patients
are communicated with, assessing whether they feel in control of decisions about their care. The project’s
focus was to ensure that patients’ needs were met by obtaining their informed consent throughout.
Further, the RCN welcomes the Department of Health in England’s initiative to send the advice of its Good
Practice in Consent Advisory Group to all registered nurses. We endorse the continuing involvement of
nurses in this area of work.

• Adverse incidents
When an adverse incident is reported, systems and processes should be in place to ensure that clinical staff
receive feedback on how it is to be followed up and what is to be learnt from the incident. This might
include proposed improvements to practice, training or education. This formal reflective learning will
improve patient care in the long run and make significant step towards a cultural shift away from blame and
fear of reprisal.

Developing expert practice
From pre-registration education through to lifelong learning, expert practice must be created, maintained,
encouraged and supported.

• Leadership
The RCN agrees that the role of leadership is vital, particularly in a culture of change, and identifying and
developing leadership potential is an essential function of a team leader. To help achieve these ends, the
RCN has a number of leadership programmes, including clinical, primary health care and political. The
RCN programmes encourage, support and develop leaders through a variety of techniques that might
include action learning, mentoring and personal development. The RCN suggests that the NHS Leadership
Centre draws on the expertise of clinical practitioners, professional bodies and management schools to
further develop its strategy. In addition, the RCN would like to see the development of problem-solving
and decision-making skills throughout all stages of health professional education.

• Guidelines
The RCN produces a wealth of topical guidelines aimed at a variety of audiences, including both the
nursing profession and patients. In one such publication, focusing on children in pain, the RCN collected
evidence from children and produced a version of the guidelines especially for them, using a cartoon
format. We have also produced versions of guidelines specifically for patients on the treatment of both leg
and pressure ulcers.
Other organisations, such as the National Institute for Clinical Excellence (NICE), also produce guidelines.
The RCN would like to find ways of working more closely with NICE to ensure consistent methods are
used to develop national guidelines. NICE should take on responsibility for endorsing or accrediting
standards developed by the royal colleges and other professional bodies.

• Research
To date, much of the research examining patients’ experiences and evaluating their care has centred on
adults. In recognition of this, the RCN and Action for Sick Children carried out a study investigating
children’s experiences of pain. Future work is planned to explore how young people might be involved in
their care. In addition, the RCN Quality Improvement Programme continues its work. For example, it is
currently scrutinising research from the USA that demonstrates a significant relationship between
perceptions of quality and the influences of both a greater nursing involvement in decision-making and a richer skill mix.

- **Developing practice**
  Helping nurses to develop the skills they use in their day-to-day practice can transform care - but the RCN believes practice development needs the full support of the organisation. The RCN supports shared learning, training and development for all members of the health care team, in the belief that this is an integral part of staff development.

- **Lifelong learning**
  Although the RCN is aware that many nurses struggle to find the time, support and resources to undertake continuing professional development, we agree that it should be compulsory for all health care professionals. The RCN broadly supports the notion that trusts should encourage their staff to maintain and develop their skills, further suggesting that each trust establishes its own staff development fund. In addition, we advocate the use of robust systems and structures to ensure that high standards of continuing professional development are achieved and maintained.

- **Appraisal**
  The RCN agrees that periodic appraisal should be compulsory for all health care professionals and recommends that an annual performance review should be included in employment contracts.

- **Revalidation**
  Periodic revalidation should be compulsory for all health care professionals and this requirement should be included in employment contracts. The RCN recommends that it should take place no later than every three years and be based upon a minimum of two standards, involving practice and continuing professional development. The practice standard should specify a minimum number of working hours and the legitimacy of the activity.

- **Clinical supervision**
  The RCN firmly believes that colleagues must directly supervise an individual who is carrying out a clinical procedure for the first time. This supervision should be statutory and continue until the relevant degree of expertise is achieved. As part of our future work, the RCN would like to commission a survey to establish how many nurses currently receive clinical supervision, what form it takes and what employers do to support it. In addition, the RCN advocates a mentorship scheme for all health care professionals undertaking education that involves practice.

- **Dealing with mistakes**
  When things go wrong, nurses have a duty of honesty to report them as promptly as possible. The RCN believes that mechanisms need to be in place to allow all staff the opportunity to learn from mistakes, welcoming the recommendation that analysis should incorporate all contributing factors. However, the RCN does not agree that staff should receive immunity from disciplinary action by the employer or regulatory body. Instead, we would argue that staff should have the right to report, in confidence, to an independent body any incidents in which they have been involved, on the understanding that the information is privileged. This would not prevent an investigation, but would encourage staff to explain why they thought the incident had happened and how it might have been avoided.

**Valuing the nursing workforce**

The diverse skills and commitment of the nursing workforce are a major attribute of the health service and should be promoted and valued.

- **Health care assistants**
  The RCN is concerned that currently there are no proposals to regulate health care assistants, arguing that they should be placed under the aegis of the Nursing and Midwifery Council.

- **Regulation for all**
  The RCN welcomes the Government’s commitment to establishing a Council for the Regulation of Health Care Professionals. In addition to co-ordinating the work of individual bodies, we hope this new body will promote an independent approach, protecting the interests of the public, and fostering shared learning and best practice between the professions.

- **Forging closer links**
  The recommendation for closer links between medical and nursing schools and centres for education and training in health service and public sector management, is welcomed by the RCN.
• **Code of conduct**
The RCN does not agree that the regulatory Code of Conduct should be incorporated into contracts of employment for nurses and doctors, on the basis that this confuses the relationship between employer and regulatory body. In other words, we do not believe that employers should be able to use the Code as a disciplinary tool.

• **Managers**
Competent managers are a vital part of the health service structure. The RCN believes that clinicians who take on a management role must be given enough time to do the job properly, therefore their clinical responsibilities should be reduced. The new management body should identify the skills needed for good management, together with the education, training and assessment needed to achieve them.

**Improving services for vulnerable people**
Health care professionals, patients, their relatives and friends, and members of the public all have a role to play in protecting, helping and improving services for the most vulnerable people within our community. Whilst the inquiry report focussed on children, the RCN thinks the recommendations apply to other vulnerable groups too.

• **Child bereavement**
The Child Bereavement Trust was launched at the RCN by Diana, Princess of Wales. We continue to work alongside a number of organisations that provide assistance to those coping with bereavement. We urge the Department of Health to provide core funding for projects that offer care, counseling and support to bereaved families, as this will help to relieve the pressure on trusts that currently spend time raising money to pay for this important work.

• **Local research ethics committees**
The RCN suggests that the membership of local research ethics committees is reviewed to ensure that they reflect a multi-professional and patient-centred approach.

• **Involving the public**
Involvement of the public must be imbedded in the structures of the health service. It should be publicly documented to demonstrate its importance, its impact and to encourage future participation. Part of its focus should be the protection of vulnerable groups of people. In addition, the RCN argues that financial investment in support, training and guidance is a key element in achieving successful involvement.

• **Children’s services**
The RCN welcomes the appointment of a National Director for Children’s Services. We strongly advocate the appointment of a Children’s Commissioner for England to complement the similar post in Wales. Currently, we are working to ensure that the views of nurses are properly considered in the development of the National Service Framework for children’s health care services.

• **Staffing**
The RCN agrees that nursing services for children should be led by senior nurses who hold a recognised qualification in the field. Improving career opportunities for children’s nurses would help to retain those with experience. Community children’s nursing services should become universally available.

• **Children with congenital heart disease**
The RCN agrees that national standards should be developed for the care and treatment of children with congenital heart disease (CHD). Children with CHD who are undergoing treatment should be cared for in a paediatric environment, by health care professionals who are trained and qualified in paediatric care. The RCN further believes that similar recommendations should apply to other aspects of uncommon childhood conditions that require similarly skilled treatment and care.

In conclusion, the RCN believes that while this document illustrates some of the work that is already in place to bring tangible benefits to patient care, there is a clear need for further progress. Use this document to ensure that you can play your part in making the significant changes that will place the patient firmly at the heart of health care.