## Essential quality updates

## Nurses leading improvements in care

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I am delighted to be contributing a column highlighting nursing activity in clinical governance. The Royal College of Nursing (RCN) has a strong track record in supporting members to improve patient care. The advent of clinical governance is yet another opportunity to make sure that nursing staff, who give the majority of direct care, are at the heart of identifying and implementing best practice, monitoring the reality, identifying and tackling areas for improvement.

Over the next few issues, I want to give an impression of the wide variety of nursing activity under the umbrella of clinical governance. I shall raise some of the challenges of making clinical governance work; improving patients' experiences of care, supporting and developing staff and demonstrating the effective use of resources. In this introductory article I shall give you a brief history of the RCN's work in quality, my own involvement, and some of our current work.

The RCN's work on quality and standards, the precursors to clinical governance, can be traced back to the 1960s with a research project led by Jean McFarlane, now Baroness McFarlane of Llandaff. A Standards of Care Working Committee was set up in the late 1970s and its recommendations led to the creation of what is now the Quality Improvement Programme, based in the RCN Institute. My own nursing background is in quality improvement and much of my work has been done through the RCN Institute, of which I was Director for a number of years. Since September 2002 I have had a wider organisational remit in the new role of Executive Director, Nursing.

Today the RCN has over 355 000 members who expect to be provided with excellent resources to support their practice. In 2000, they voted for a significant increase in subscriptions to fund an improvement in services, and many of these developments underpin clinical governance activity.

Since 2000 the RCN has established a state of the art Learning Zone on its website where members can access electronic information and guidelines. Over 1000 visitors a month log on to the Learning Zone – the fastest membership uptake of any of our services.

The Zone enables members to set up a learning account, sort their electronic portfolio and access relevant clinical and professional advice. In tandem with this initiative we have an extensive clinical guidelines development and implementation programme plus a leadership programme. Through its Institute the RCN also leads the National Institute for Clinical Excellence (NICE) collaborating centre for nursing and supportive care. With all this innovation we work in collaboration with key partners.

Practitioners face enormous challenges in delivering quality care in today's health service. Modernisation and reform of healthcare is high on the agenda for both the public and politicians. Against the background of an ageing and shrinking nursing workforce and historical under-funding, nurses are taking on new roles and responsibilities – leading modernisation rather than being carried along by it.

Clinical governance, introduced into the NHS in 1998, is at the heart of the enterprise, bringing together a range of activities which impact on patient care. So what are the challenges we are facing in putting it into practice, and what are nurses doing?

Several issues stand out. Successful clinical governance involves organisational and personal change, which takes time. But there is constant political pressure for results, so we need to ensure that we keep demonstrating small wins along the way. Making patient/public participation a reality and ensuring that evidence-based practice influences care are two more challenges. Last but not least, partnership and teamworking need to be improved in order to benefit patients.

Patient and public involvement is key to clinical governance. All NHS trusts and primary care trusts in England are now required to undertake an annual patient survey, to help staff deliver the kind of service that patients want. Importantly, it also informs the national performance ratings and performance indicators.

Listening to patients is a key component of the RCN Clinical Leadership Programme.<sup>1</sup> Over two thousand clinical leaders in health organisations across the UK, mainly at ward manager level, have completed the 18-month programme which uses

workshops, action learning, observation of care and patient stories. Using these opportunities, nurses have been able to make simple but effective changes which improve patients' experience of care.

A good example comes from nurses working on a medical assessment unit in one NHS trust.<sup>2</sup> Patients told them that their privacy and dignity was compromised by the arrangement of the trolleys in the unit. The nurses decided to remove one trolley and replace it with a seating area. Patients appreciated the new layout and furthermore it increased capacity and freed up space in the accident and emergency department. An excellent result all round – but it may not have happened without the organisational commitment to supporting clinical leaders to find ways to improve care.

Ensuring that practice is evidence-based is another key challenge. The RCN's Research and Development Co-ordinating Centre website aims to provide easy access for sharing information about nursing research and practice development. We have also developed clinical guidelines on issues such as the assessment and prevention of pressure ulcers and the recognition and assessment of pain in children, available via the web. Recently our commitment to offering high-quality accessible information and learning has resulted in a partnership with three leading universities to set up an e-learning venture, the Healthcare Education Partnership. Together with the Universities of Ulster and Leicester and City University the RCN is preparing a range of e-learning

materials to help the busy healthcare practitioner. Our first range of offerings is based around clinical governance – so fundamental to improving patient care. Outside cyberspace we have a network of resource centres for members, providing resources including Internet access and RCN publications.

Helping to make clinical governance a reality in any organisation can be rewarding and exhausting by turns. Focusing on nursing through this regular column, I shall offer both food for thought and further encouraging examples of simple things done well

Information on all the RCN initiatives mentioned is on the public zone of the RCN website, rcn.org.uk.

## **REFERENCES**

- 1 Cunningham G and Kitson A (2000) An evaluation of the RCN clinical leadership development programme: part 1. Nursing Standard 15: 34–7.
- 2 Forthcoming RCN clinical governance publication.

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