



# Family Nursing & Home Care

## **Monitoring Clinical Practice Procedure**

**October 2013**

## Document Profile

<b>Type</b> i.e. Strategy, Policy, Procedure, Guideline, Protocol	Procedure
<b>Title</b>	Monitoring Clinical Practice
<b>Category</b> i.e. organisational, clinical, finance	Clinical
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## **Statement of Intent**

As a service provider Family Nursing and Home Care has a duty to ensure that service users receive care that meets acceptable standards. In order to achieve this, a range of governance measures are required that includes monitoring the clinical practice of all practitioners. However, it is acknowledged that this can be challenging due to most being lone workers. The following details a process for how this can be achieved across all clinical Divisions.

Whilst the primary purpose of this process is to monitor standards of care, it can also be used to support clinical practice, facilitate training and supervision and inform the Individual Performance Review (IPR) process.

It is a mandatory requirement that the practice of all clinical staff is monitored annually.

## **Scope/Responsibility**

This procedure pertains to all Registered Practitioners in all professions within the Association who carry out patient care, Senior Healthcare Assistants (in the District Nursing Service) and all respective Line Managers. It also pertains to the Governance and Performance Division.

**Line Managers** are responsible for ensuring that they:

- assess their staff (Registered Practitioners carrying out patient care and Senior Healthcare Assistants in the District Nursing Service) annually
- complete the '*Core Practice Assessment*' tool, including a summary of the assessment, and all other relevant documentation (i.e. clinical skills assessment tools if these apply)
- set date for next assessment
- enable staff to address any learning needs identified
- monitor that staff do undertake any development needs identified
- highlight to their Operational Lead/Manager any significant practice concerns identified and/or any Practitioners whose practice is giving cause for concern.

**Practitioners** are responsible for ensuring that they:

- self-assess their level of competence and complete all relevant sections in their respective '*Clinical Skills Assessment*' tool
- facilitate their line manager accompanying them in the field by informing patients/clients that this will be taking place.
- cooperate with the process and undertake any development needs that are identified within agreed time scales whenever this is possible

**Operational Leads/Senior Managers** are responsible for ensuring that they:

- support their staff when significant practice concerns are identified. Support may include access to additional resources.
- Monitor quarterly the number of staff being assessed and provide these figures to the Divisional Manager for Governance and Performance.

**The Governance and Performance Division** is responsible for monitoring that staff are being assessed annually.

## **Process**

Annually all respective Line Managers accompany their staff whilst they carry out their work in the field.

A mutually convenient time should be negotiated and where appropriate patients/clients informed. Objections from patients/clients must be respected.

It may be appropriate to undertake the process shortly before an IPR.

## Practitioners

Prior to being accompanied in the field by their line manager, practitioners must, where applicable, complete their respective '*Clinical Skills Assessment*' tool. They must:

- self assess their competence as either 'strong', 'competent' or 'learning need' for all relevant skills bearing in mind that the list is not exhaustive. N.B. 'strong' indicates a particular aptitude for the skill. There is no expectation that staff will be rated as strong in the majority of the skills.
- identify any training needs
- set a target date for achieving training

## Line Managers

After accompanying their staff member on visits, the Line Manager completes the '*Core Practice Assessment*' (CPA) by rating the Practitioner's competence, identifying, where necessary, any action points and time frames. They must also indicate the source(s) of evidence on which their assessment is based. Line Managers must also rate the Practitioner's competence on the '*Clinical Skills Assessment*' form. Again the evidence source must be documented. Where discrepancies exist between their rating and that of the Practitioner's self assessment of competence, a discussion with the Practitioner must take place and be documented in the Summary section of the CPA document. N.B. 'strong' indicates a particular aptitude for the skill. There is no expectation that staff will be rated as 'strong' in the majority of the skills.

This summary must also include outcomes of both the '*Core Practice Assessment*' and the '*Clinical Skills Assessment*', training required (with timeframes) and a date for the next assessment.

The Practitioner must be given a signed copy of the assessment(s) and a copy must be retained by the Line Manager. This may be a hard or electronic copy.

N.B. It is acknowledged that the Line Manager will not observe all areas of practice highlighted on the documents when they accompany the Practitioner in the field. For areas not observed, Managers should draw upon previous times when this practice has been observed – providing it has been within the preceding year. Otherwise other sources of evidence of good practice can be included, for example, documentation that has been reviewed, professional discussion or witness testimony. It should also be noted that the examples of areas of practice to consider are not exhaustive lists; merely a guideline.

The number of staff assessed must be reported to the Line Manager's Operational Lead/Manager on a quarterly basis.

## Governance Requirements

On a quarterly basis Operational Leads and the Clinical Effectiveness Facilitator will submit a scorecard to the Divisional Manager for Governance and Performance indicating the number of assessments undertaken. On an annual basis these figures will be collated by the Governance Division and included in the annual Performance report.

Quality Standards Applicable

(9) Requirements relating to workers

(16) Supporting Workers

### **Monitoring Clinical Practice - document history**

<b>Version</b>	<b>Narrative</b>
<b>1.0</b>	<b>New Policy</b>
<b>1.1</b>	Minor amendments in response to audit findings and changes to reporting systems.
<b>1.2</b>	<p><i>Procedure</i> – It is now a mandatory requirement that all clinical staff are monitored annually.</p> <p><i>Line Manager responsibilities</i> – additional points have been added</p> <p><i>Operational Leads/Senior Managers</i> – responsibilities have been included in this update</p> <p><i>Core Practice Assessment Document</i> - 'evidence of good practice' is now only required to be documented as the source of the evidence. An 'evidence key' has been included. Practitioners will now be rated by their Assessor as 'strong', 'competent' or having a 'learning need'.</p> <p><i>Clinical Skills Assessment Tools</i> – Both practitioners and managers need to self assess/assess using 'strong, competent and learning need'. Location of evidence column inserted along with an 'evidence key'</p> <p>The annual audit of the process for monitoring clinical practice will no longer be undertaken however, scorecards will be submitted to the Divisional Manager for Governance and Performance quarterly for monitoring adherence to the process and the figures will be reported annually in the Performance report.</p>