



**Humber and North Yorkshire**  
Health and Care Partnership

# **Local Maternity and Neonatal System**

## **Conflict of Clinical Opinion Guideline**

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## 1 Background

We must have in place processes which support timely conflict resolution and enhance patient safety, in a culture where all staff are empowered to raise concerns without fear of blame or retaliation.

The impact of such an open culture on patient experience has been reinforced by the Ockenden report (2022).

The purpose of this guideline is to support healthcare professionals in resolving differences of clinical opinion to ensure patients receive the best possible care.

This guideline applies to all healthcare professionals working with patients within the Humber and North Yorkshire Local Maternity and Neonatal Service (LMNS).

Organisations need formal written documents which communicate standard organisational ways of working. These help bring consistency to day-to-day practice and can improve the quality of work and increase the successful achievement of objectives.

By definition, following a guideline is never mandatory. Deviation from a guideline is possible but the reasons must be fully justifiable and agreement from senior management sought when there is a need.

Conflict of clinical opinion may arise when:

- endorsed clinical guidelines are not being followed, through clinical judgement or patient choice
- concerns for the welfare of a patient held by one practitioner are not acknowledged by another
- intervention is deemed necessary by one practitioner but not by the other
- there is disagreement as to a diagnosis or the appropriate management of a situation
- there is a failure of professionalism and civility
- there is conflicting research /best practice guidance to what is locally used at the time.

This guidance is intended to support escalation and resolution of differences of opinion in any clinical situation and should be read in conjunction with the relevant clinical practice guidance for the specific situation.

## 2 Guideline Standards and Procedures

### 2.1 Essential Principles

- **Time frame**

Whether the situation allows time for full discussion, or the patient needs time critical care will influence the response taken. In every situation the health professionals involved should be empowered to speak up about any concerns they have.

- **Multidisciplinary (MDT) approach**

An open discussion should take place with key members of the MDT which focuses on providing safe care for the patient.

- **Be objective**

Differences in opinion can cause frustration and an emotional response. It is important to take a holistic view of the situation, using assessment tools where appropriate and communicating concerns clearly.

- **Involve the patient**

In all situations it is best practice to sensitively involve the patient in decisions about their care.

- **Communicate effectively**

The key to escalating and resolving concerns is effective communication.

- **Documentation**

A summary should be documented in the patient's medical records including: the concerns raised; the points discussed and who was involved; and a clear agreed plan.

- **Incident Reporting**

The difference of clinical opinion should be reported formally via the Local Incident Reporting System, so it can be reviewed independently which supports learning both for the professionals involved and the clinical team.

## **2.2 Informed Choice**

Rather than dictating a 'one size fits all' rule, guidelines should provide information about different treatment options and their benefits based on current evidence.

Health professionals have a responsibility to effectively interpret the evidence-based recommendations of guidelines and ensure shared decision making with patients.

Where there is a conflict of clinical opinion, health professionals should have open and honest discussions with the patient.

This promotes shared decision making and enables the patient's preferences to be included in any discussions about their care.

## **2.3 Tools to Support Objectivity**

There are many tools which support healthcare professionals to be factual when raising their concerns. For example, Early Warning Scores and the Sepsis 6 pathway.

Assessment of the patient's condition with a recognised tool should be used in conjunction with professional judgement when communicating concerns.

Clinical practice guidelines relevant to the situation can also be useful, along with current research or national resources (for example NICE or speciality specific bodies), in presenting your concerns.

## 2.4 Effective Communication

The SBAR communication tool is designed to structure information sharing between healthcare professions (NHSE 2021).

The SBAR tool also supports professionals who are less confident or experienced in escalating their concerns through the need to state their recommendations. Healthcare professionals do not work in isolation and can ask for support and advice if they are unsure about any aspect of escalating their concerns.

Communication will be most effective if it includes the professionals who have the difference of opinion. If it is not possible to leave the patient, the SBAR tool can support escalation with accurate information.

<b>S</b>	<b>Situation</b> – patient’s /client’s details, identify reason for this communication, describe your concern
<b>B</b>	<b>Background</b> – relating to the patient/ client, significant history, this may include medications, investigations/ treatments
<b>A</b>	<b>Assessment</b> – what is your assessment of the patient/ client or situation, this can include clinical impression/ concerns, vital signs/ early warning score
<b>R</b>	<b>Recommendations</b> – be specific, explain what you need, make suggestions, clarify expectations, confirm actions to be taken

## 2.5 Evaluation

Ongoing clinical evaluation is an integral part of patient care. Assessing the patient should continue in line with the relevant clinical guidance to review the effectiveness of the agreed plan with further MDT discussion as required.

## 2.6 Reflection and Learning

Conflicts of clinical opinion can feel stressful resulting in reflection after the event. It is important that we learn as individuals and as a team. Support available includes Professional Midwifery/Nurse Advocates, clinical supervisors and Medical Education Team.

There may be a need for a formal debrief session to support team members to understand each other's rationale for decision making during challenging clinical situations. Learning from differences in opinion may also result in the need to update clinical practice guidelines.

It may be that a professional recognises a difference of opinion on reflection following an event. It is never too late to have an open clinical discussion where any concern is highlighted. The LMNS HNY team can provide an external support when a formal issue is raised via Incident reporting and this is discussed via a member of LMNS HNY team (Programme Lead/Lead Midwife/Clinical leads/PMO).

**If you do not feel you have been treated with respect when you have shared your concerns, speak to your line manager or clinical supervisor.**

## 2.7 Escalation Process

Refer to Appendix 1-3.

The majority of situations will be resolved quickly at the time of the disagreement. When required, the appropriate person to escalate to will depend on the health professional's role and the clinical situation.

People you can escalate to for support in resolving differences of clinical opinion include (but not exclusive to):

- Senior Nurse/Midwife present in the clinical area
- Senior clinician present in the clinical area
- Bleep holder / co-ordinator
- Matron / Senior Nurse/Midwife
- Consultant / Heads of Service
- Other members of the multidisciplinary team involved in the patient's care
- Clinical duty manager

**Note:** Resolution is not about winning an argument; it is about understanding each other's clinical opinions and agreeing a safe plan of care for the patient. It may be that both points of view offer safe care options resulting in an opportunity to discuss choices with the patient.

## 3 Education and Training

The importance of escalating clinical concerns for patient safety is embedded within all clinical training programs in addition to being taught as part of pre-registration courses.

Human factors and health and wellbeing is also being incorporated for all professionals.

HNY LMNS Trusts support the development of clinical leaders where courses focus on developing positive learning cultures.

## 4 Monitoring Compliance

What will be measured to monitor compliance	How will compliance be monitored	Monitoring Lead	Frequency	Reporting arrangements
Incident Report outcomes		Trust Nominated Lead for Pastoral support/Workplace Behaviour Champion/Maternity & Neonatal Safety Champions	Twice a year via PQSAG	Programme Lead HNY

## 5 Supporting References

NHS (online, updated annually) Patient Safety Strategy.

NHSE (2021) SBAR Communication Tool.

Ockenden (2022) The Independent Review into Maternity Services.

KEMH Clinical guidelines, Section A: Generic guidelines/protocols/policies.

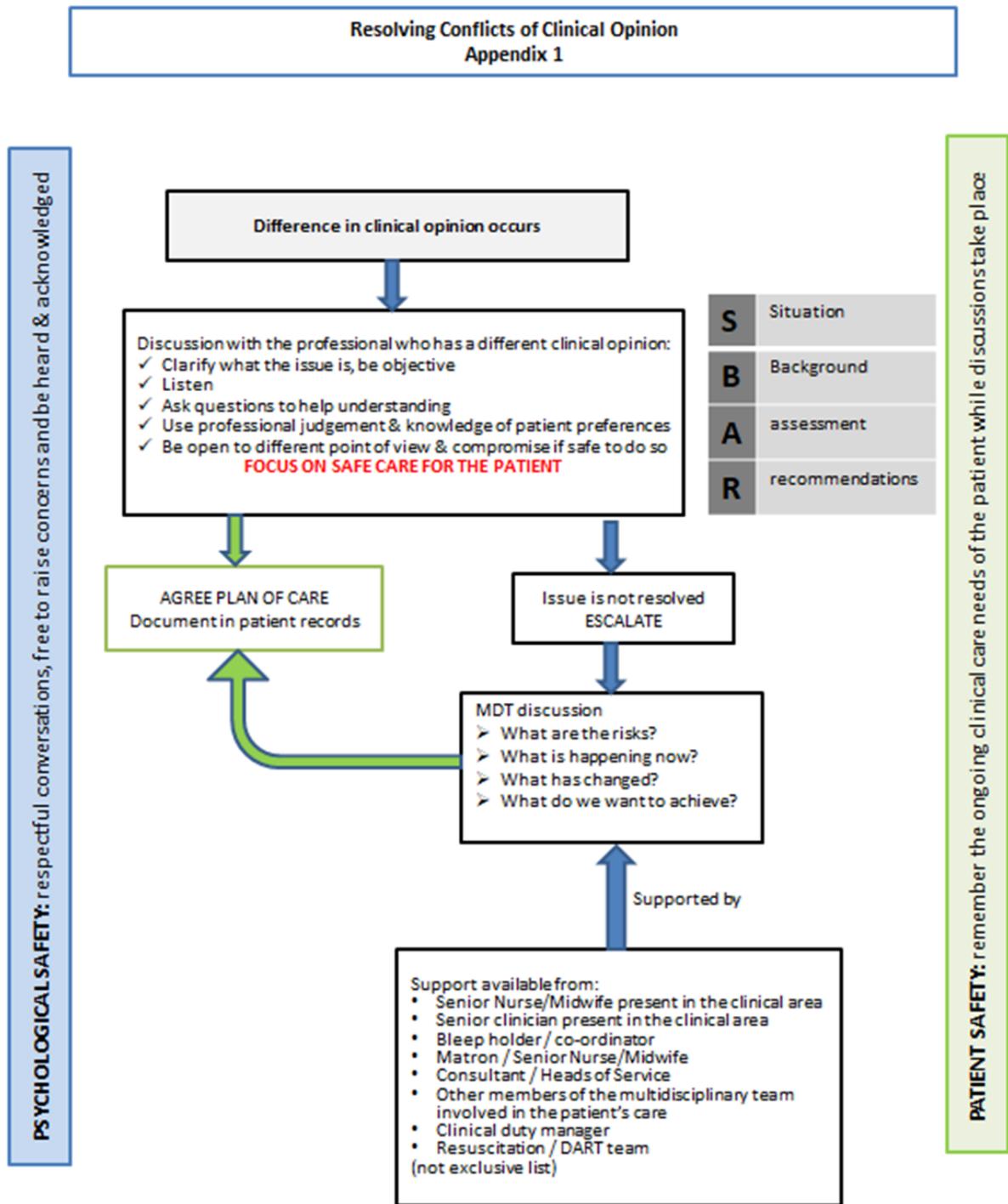
RCOG Escalation toolkit.

## 6 Contact and review details

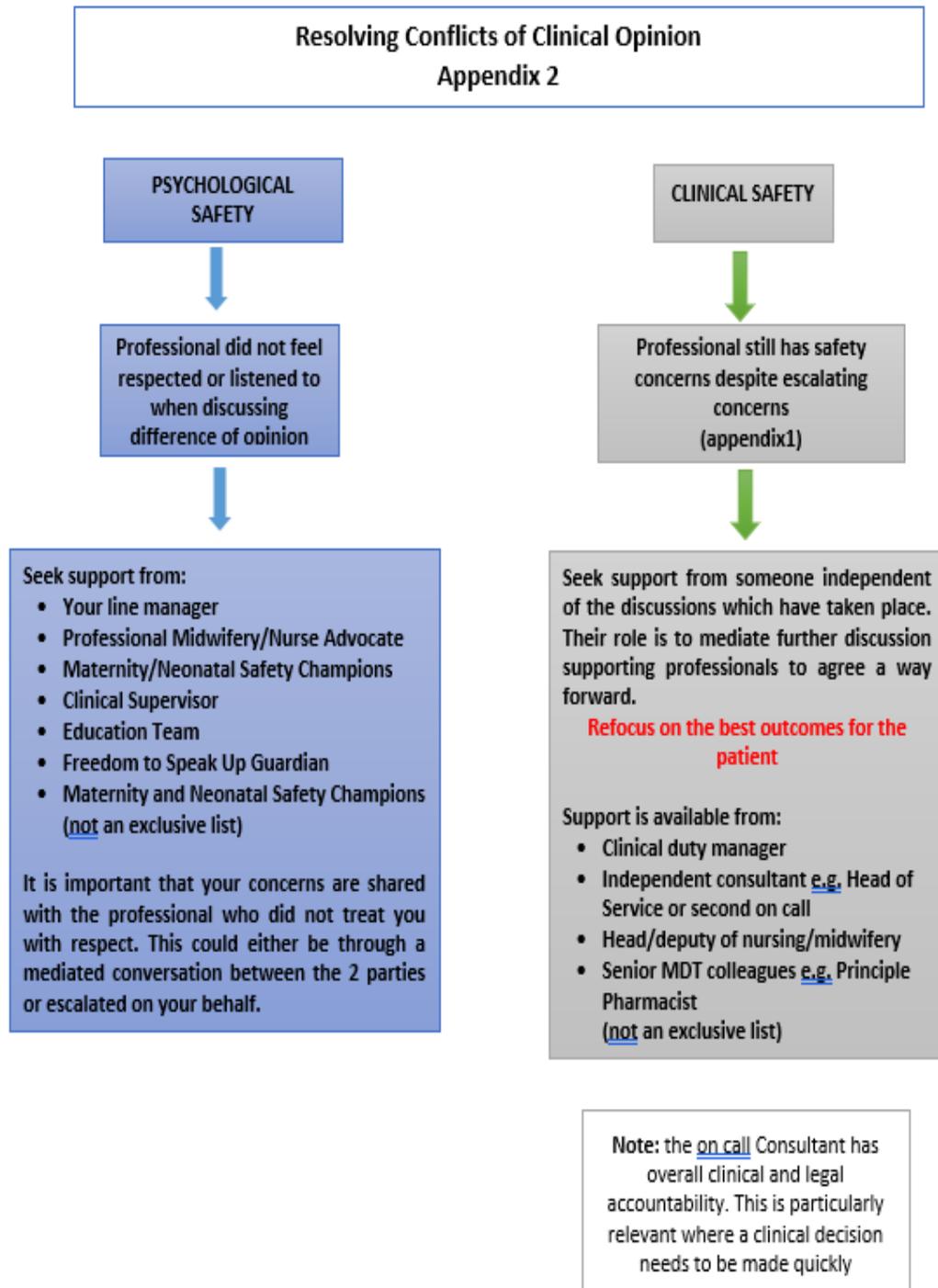
The HNY LMNS recognises the diversity of the local communities served by the Trusts and aims to provide a safe environment, free from discrimination, treat all individuals fairly with dignity and appropriately according to their needs.

As part of its development, this policy and its impact on equality have been reviewed and no detriment was identified.

## 7 Appendix 1: Resolving Conflicts of Clinical Opinion



## 8 Appendix 2: Resolving Conflicts of Clinical Opinion



## 9 Appendix 3: RCOG Escalation toolkit

The link to the escalation toolkit from the Royal College of Obstetricians & Gynaecologists is here:

<https://www.rcog.org.uk/about-us/quality-improvement-clinical-audit-and-research-projects/each-baby-counts-learn-support/escalation-toolkit/>

### Escalation toolkit

The banner is divided into three main sections:

- Teach or treat:**
  - TREAT:** Take action, provide the appropriate response in the appropriate time frame.
  - STILL CONCERNED? ESCALATE FURTHER:** You as a clinician are worried that a mother or baby are deteriorating and have escalated. Your colleague does not seem concerned. What do you do?
    - Have you ever felt uncomfortable and still worried with another clinician's decision in response to an escalation?
    - Have you considered the impact on others of how you respond to clinical escalations?
- Advice, Inform, Do (AID):**
  - INFORM:**
    - use the pool? ✓ I am asking for your ADVICE around using the birth pool for Nadia in room 7 as she has a breech lie pl!
    - ✗ Just to let you know Aaliya in room 4 is fine now.
    - ✓ I am informing you that Aaliya in room 4 had a lie at 05.30 and a PPH of 1000mls but is stable now.
  - DO:**
    - ✗ Maggie is fully and pushing with a doley CTG
    - ✓ I need you to DO something straightaway to
- Team of the shift:**
  - Do I know everyone on shift today?
  - Do I know who I'm going to escalate concerns to?
  - Have I said thank you to a colleague?
  - Have we celebrated our successes together?
  - Have I checked if my colleagues are okay?
  - We would like to introduce a Team of the Shift huddle at the start of every shift to make escalation easier so we can continue to keep women and babies safe, support each other as a team and foster psychological safety.
  - ✓ Let's make clinical escalation easy

### Overall aims of the campaign

The overall aims of the campaign to improve clinical escalation are:

- To reduce delays in escalation by improving the response escalation and action taken
- To standardise the use of safety critical language
- To reduce feelings of hierarchy, creating a supportive environment which empowers staff of all levels to speak up when they identify deterioration or a potential mistake
- To promote a culture of respect, kindness and civility amongst staff members, normalising positive feedback and saying thank you to each other
- To improve the ways in which we listen to women