The Whittington Hospital NHS
NHS Trust

ITEM: 7

MEETING: Trust Board 20 September 2006

TITLE: Clinical Governance Report

SUMMARY: This report summarises progress against the key aspects of the clinical governance programme that were considered by the July meeting of the Clinical Governance Steering Committee:

- "Saving Lives" action plan
- NCEPOD update
- Cervical screening annual report
- Patient feedback

The August meeting did not take place, as it was not quorate, due to the number of people who were on leave. The planned agenda items have been carried over to the September meeting.

ACTION: for information

REPORT FROM: Deborah Wheeler, Director of Nursing & Clinical Development

Financial details supplied/checked by: N/A

Recommendations contained within this paper have been checked for compliance with relevant statute and regulations/directions/policy as follows:

The National Health Service (Complaints) Amendment Regulations 2006
(Statutory Instrument 2006 No. 2084)

1. Saving Lives action plan

"Saving Lives" was launched in June 2005 by the NHS Modernisation Agency & the Department of Health. It aimed to assist trusts in attaining their MRSA bacteraemia targets for March 2008 (Trusts must reduce MRSA bacteraemia by 60%). Five High Impact Interventions (HIIs) are described in the tool, aimed at improving clinical reliability by linking evidence to delivery of clinical processes based on the care bundle approach. Self-assessment, feedback and action planning exercises by users to form the basis of a continuous quality improvement programme.

The HIIs are:

1. Preventing the risk of microbial contamination
2. Central venous catheter care
3. Preventing Surgical Site Infection
4. Care of ventilated/tracheostomy patients
5. Urinary Catheter care

1.1. Recent Developments

There have been a number of additional developments over recent months, which have been established to support the implementation of "Saving Lives"

i. "Going Further Faster" programme was launched in May 2006, aimed at chief executives and trust board members. It has two main elements:
   - target MRSA surveillance at directorate and trust board level
   - performance management to sustain improvements in MRSA bacteraemia levels.

ii. Two new High Impact Interventions have been introduced:
   2b. Peripheral line care
   6. Reducing the risk from, and the presence, of *Clostridium difficile*

iii. "Essential Steps to Safe, Clean Care" was launched in June 2006. This adapts the "Saving Lives" delivery programme to non-acute and community trusts

iv. Performance Improvement Network was set up in 2005 to support self-selected trusts in the implementation of "Saving Lives". Whittington Hospital joins in June 2006.

1.2. Achievements to date at Whittington

- Initial baseline audit against HIIs 1 to 5 undertaken in 2005. All nine aspects of the audit scored red or amber (using "traffic light")
- Meetings with key stakeholders to discuss implementation of HIIs held in February, March, and April 2006.
- Infection control link nurse study day held on "Saving Lives" held in April 2006 to introduce concept of the Programme. Link nurses designated to perform self-assessments of specific HIIs.
- Assessment against HII 3 to start on ITU in July. This will be led by one of the junior doctors.

1.3. Planned future progress

This is outlined on the attached spreadsheet. Board members should be aware that a considerable investment of time will be required across the trust in order to achieve

significant improvements against the HIIs. Whilst the infection control team will be leading on this, commitment and support will be vital from all directorates.

2. MRSA bacteraemia

Board members will be aware form the Chief Executive's report that the Whittington has now submitted a recovery plan to the Strategic Health Authority, to reduce the current level of MRSA bacteraemia back to the target trajectory.

This will be closely monitored by the Infection Control Committee, which next meets on 22 September, and will in future be chaired by Prof Anne Johnson, Non-Executive Director.

3. NCEPOD update

The Trust is currently involved in three studies through the National Confidential Enquiry into Patient Outcomes and Deaths (NCEPOD).

3.1. Emergency admissions

This aims to identify remedial factors in the organisation of care within the first 24 hours, and the subsequent seven days following admission, for medical and surgical patients admitted as emergencies.

The study has been in progress since February 2005, and data is now being analysed. The report is due to be published in October 2007.

3.2. Sickle cell and thalassaemia

The aim is identify remedial factors in the care of patients who die within a defined period. The study is in progress and will end in December 2006. Publication of the report is due in October 2007.

3.3. Severely ill patients

This study examines the process of care for severely ill patients and aims to identify how variations affect the achievement of agreed standards. The study is looking at patients treated between February and April 2006. The report is due to be published in November 2007.

4. Cervical Screening Annual Report

The report, for 2004/5, has recently been submitted to the Strategic Health Authority, and is attached as Appendix 1. There were no major concerns identified in the report.

The report for 2005/6 will be completed in early 2007.

5. Patient Feedback

The patient feedback report for April to June 2006 is attached as appendix 2. Board members will see that the improvements in complaint response times have been sustained since October 2005, and the first quarter of this year ahs also seen a corresponding fall in the number of patients who have been dissatisfied with the response to their complaint.

The report also outlines responses received from the Healthcaer Commission to patients whop remained dissatisfied with the Trusts' handling of their complait. It is at the moment difficuolt to identify any particular trends from this information, as the complaints concerned were received over a wide period of time. The number received from the healthcare Commission is also distorted a, as they continue to clear the backlog that they are dealing with. Further analysis will be underatekn to look at these complaints in terms of the periods when they were received, and how we initially mananged them.

5.1. Changes to NHS Complaints Regulations

The key amendments to the regulations, effective from 1 September 2006, are as follows:

- NHS bodies can now transfer complaints to local authorities when the complaints relates to matters that are functions of local authorities, e.g. Social Services
- Trusts are now able to designate complaints managers who are not employees or who may also be complaints managers for other NHS bodies
- The time limit for an NHS body to respond to a complaint is increased from 20 to 25 working days. There is also provision for the complainant to be able to agree to a longer period
- The time limit for complainants to request consideration by the Healthcare Commission is increased from 2 months to 6 months
- There are changes to the role of the Healthcare Commission in complaints about Foundation Trusts

The Whittington Complaints Management Policy will now be amended in the light of these regulations.