

**ITEM: 7**

**MEETING: Trust Board 15 March 2006**

**TITLE: Clinical Governance Report**

**SUMMARY:** This reports summarises progress against the areas of the clinical governance development plan that were considered by the January meeting of the Clinical Governance Steering Committee. The February meeting was cancelled due to the high number of apologies that were received.

- Clinical Negligence Scheme for Trusts assessment
- Infection control
- National Confidential Enquiries
- Annual audit of statutory supervision of midwives
- Complaints management

**ACTION: For Information**

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



## **1. Clinical Negligence Scheme for Trusts Assessment**

Board members will recall that the CNST assessment against level 2 of the general risk management standards took place on 16 & 17 January. A significant amount of work was undertaken in preparation for the assessment, led by Deborah Clatworthy, Acting Assistant Director of Nursing.

The Trust was compliant with all the required level 1 standards at the minimum of 90%, and with all the level 2 standards at the required 75%, apart from one standard (induction, training & competence), which was assessed at 71%. There were two policies considered by the assessor, which had been updated but had not been agreed by Hospital Management Board at the time of the assessment; Capability policy and Alcohol & Substance Misuse policy. The Trust has therefore been given three months to submit evidence that the policies have been formally agreed, following which the assessor is likely to confirm the achievement of level 2 assessment.

The agreed policies and Hospital Management Board minutes from February 2006 have been sent to the assessor, and final confirmation is now awaited. Achievement of level 2 general will give the Trust a further reduction of approximately £78k on the annual NHSLA premium, which for 2006/7 will be £2.6m (gross premium). It will also enable the Trust to apply to be assessed against the level 3 maternity standards in 2006/7.

## **2. Infection Control**

During 2005, the Department of Health announced an additional initiative on reducing healthcare associated infection, "Saving Lives". The Whittington has signed up to implement the programme, which is being jointly led by the Director of Infection Prevention & Control and the Director of Nursing. The programme consists of a self-assessment to produce a balanced score card, and five specific workstreams (high impact interventions).

The outcome of the initial self-assessment is attached at appendix 1. Although it shows an overall assessment of "red", there are a number of indicators underpinning it that are already being addressed. The assessment will be revised in April, and is expected to show an improvement. Board members should note, however, that all areas have to score 100%, or fully met, in order to be scored "green". More detail on the individual indicators on which the assessment is based will be available at the Board meeting.

In addition to the self-assessment, work has now begun on the five high impact interventions, which are:

### 2.1 Preventing the risk of microbial contamination

This intervention focuses on hand hygiene, aseptic technique and safe disposal of sharps.

### 2.2 Central venous catheter care

Review of practice and guidelines for insertion and ongoing care.

### 2.3 Preventing surgical site infection

Looks at preoperative MRSA screening and decontamination, and perioperative antibiotic prophylaxis, blood sugar control and maintenance of normal body temperature. Control of these latter indicators has been shown to reduce infection rates.

### 2.4 Care of ventilated patients

Review of practice around establishment of ventilation on ongoing care, to reduce the incidence of ventilator associated pneumonia

### 2.5 Urinary catheter care

Review of practice for insertion and ongoing care

Progress on these workstreams will be reported at future Trust Boards, and is being monitored through Infection Control Committee.

## **3. National Confidential Enquiries**

Recommendations from several of the National Confidential Enquiries were reviewed during January.

### 3.1 National Confidential Enquiry into Patient Outcome & Deaths (NCEPOD)

The October 2005 NCEPOD report looked at the management of patients with abdominal aortic aneurysm. This is a specialist vascular service, which is not undertaken electively at the Whittington, although patients may be admitted as an emergency. There is a joint on-call rota for vascular surgery covering the Whittington, Royal Free and North Middlesex Hospitals, and the Whittington complies with all the applicable recommendations in the report.

### 3.2 Serious Hazards of Transfusion (SHOT)

A review of progress against the recommendations from the July 2005 report was undertaken. The management of blood transfusions is now included in the annual mandatory training programme for all clinical staff, and is also part of the revised induction programme. Hospital-wide guidelines on the usage of blood and blood components have been updated, and comply with recent EU directives. Further audit work is being undertaken on ensuring all patients wear an ID wristband and that observations during a transfusion are undertaken in line with best practice.

### 3.3 Confidential Inquiry into Suicide & Homicide (CISH)

These recommendations had not previously been routinely reviewed at the Whittington, but are a useful reference point for the Emergency department, who manage a number of patients with mental health problems. The Whittington was compliant with all the recommendations, through the service level agreement with Camden & Islington Mental Health Trust, who provide the mental health liaison team for the ED.

Two areas of specific work being taken forwards by the ED managers are:

- Review of the environment for any likely ligature points
- Ensuring formal multidisciplinary case review of any incidents involving mental health patients.

## **4 Supervision of Midwives Annual Audit**

The London Supervisory Authority Midwifery Officer conducted the annual audit of statutory supervision of midwives at the Whittington in November 2005, using the national standards.

All the standards were met in full, apart from one. The Whittington is currently below the required ratio of one supervisor to 15 midwives, (currently 1:19). Two midwives are now undertaking the training course to become supervisors, and plans are in place to train two more next year, to increase the numbers above the minimum.

any areas had already completed generic risk and COSHH assessments, and were also working with relevant departments in the hospital to solve problems. Standard operating procedures are in place for the use of dangerous equipment and chemicals. All areas have health and safety policies, relevant clinical policies, and staff attend relevant training.

## **5 Complaints management**

Attached is the complaints management report for October to December 2005. Board members will recall that the draft declaration to the Healthcare Commission in October reported non-compliance against standard C14 (management of patient complaints), as only 50% of complaints from April to September 2005 were responded to within 20 days. The report demonstrates the significant improvement that has been made since October; during the quarter, 85% of complaints received have been answered within the timescale.

The majority of concerns were about staff attitude and treatment, but there has been a significant increase in complaints about cancellation of outpatient appointments.

Compliments are mainly about staff dedication and efficiency and encompass all aspects of the hospital from cleaning and portering staff to consultants. Several of the compliments include cheques, usually for a particular department.

PALS were not so busy over November and December but have started to pick up again. The majority of issues are regarding cancelled appointments and operations and also lack of communication between doctors and nurses and family members.

Complaints	2004/05	Oct-Dec	YTD
<b>Complaints Received</b>			
Total complaints received	327	86	270
Total Informal complaints received	71	18	52
Total formal complaints received	256	68	218
% Formal complaints responded to within 20 working days	68%	85%	58.7%
<b>Escalation of complaints</b>			
% Dissatisfied Complainants	17%	6	11.5%
No of complaints referred to Healthcare Commission	2	1	7
No of complaints referred to Ombudsman	0	1	1
<b>Service Improvements</b>			
No of actions following on from complaints	22	7	14

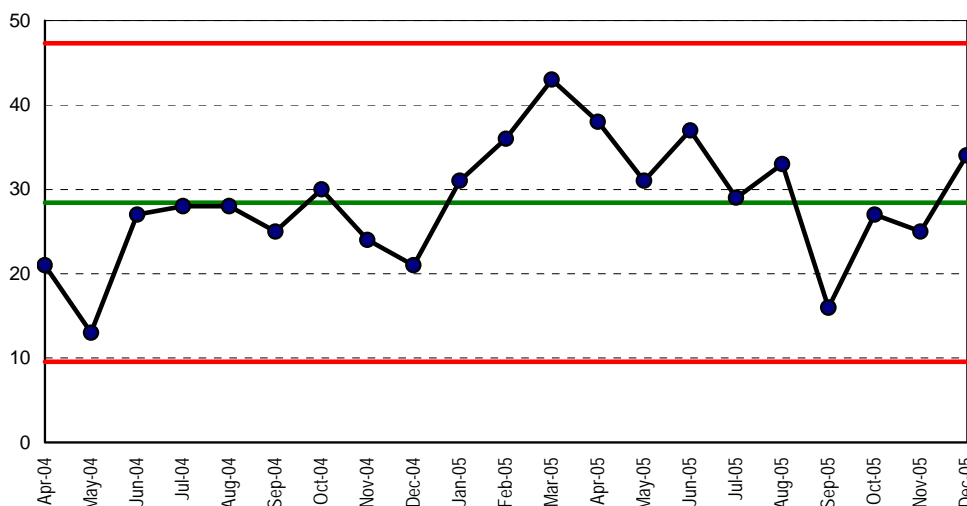
PALS	2004/05	Oct-Dec	YTD
<b>Compliments Received</b>			
Total compliments received	90	17	79
<b>Concerns and Enquiries</b>			
Total Concerns and other enquires handled by PALS Office	691	122	517
Average response time for patient enquiries	1.2 Days	1.0 Day	1.0 Day

2. COMPLAINTS RECEIVED

2.1 Total Complaints Received

Figure 1 gives the total number of complaints – formal, informal, and those designated ‘out of time’ – received each month since April 2004. There have been a total of 270 complaints received since April 2005. This is a 24% increase on the same period in the previous year.

Figure 1: Total Complaints Received by Month since April 2004



SPC Analysis: Moving Range

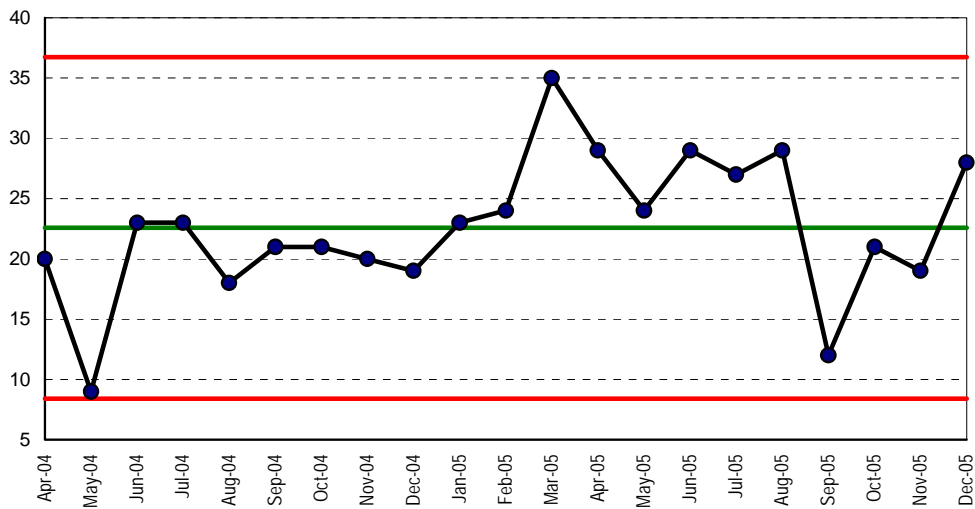
2.2 Management of Formal Complaints

Whilst the total picture of complaints received by the Trust is presented above, only formal complaints are monitored reported centrally to the Department of Health. Monitored

complaints exclude those received 'out of time' and where a patient has not consented to a third party complaint of their behalf.

The monthly pattern is shown below:

**Figure 2: Formal Complaints Received by Month since April 2004**

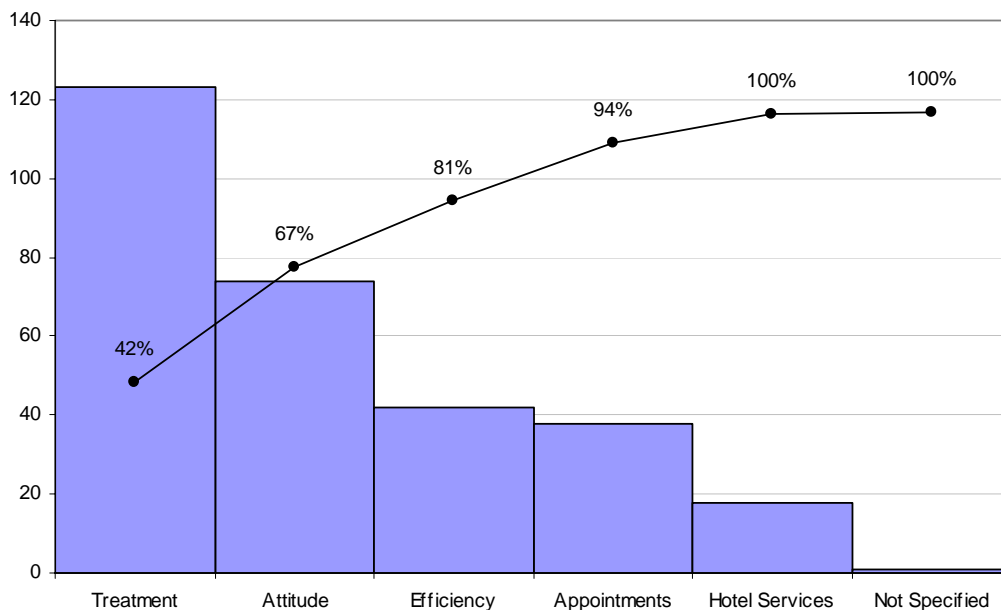


SPC Analysis: Moving Range

### 2.3 Formal Complaint Issues

The analysis presented below shows the issues raised in these complaints. Note that single complaints often raise multiple issues and cover more than one department.

Just over 40% of all complaints were made in respect of treatment received. A further 25% of complaints received were about the attitude of staff.



The matrix, below, shows the Directorate responsible for the area or department of the complaint by the type of complaint made. Almost half the total number of issues raised in formal complaints involves the Medical Division (including the Emergency Department).

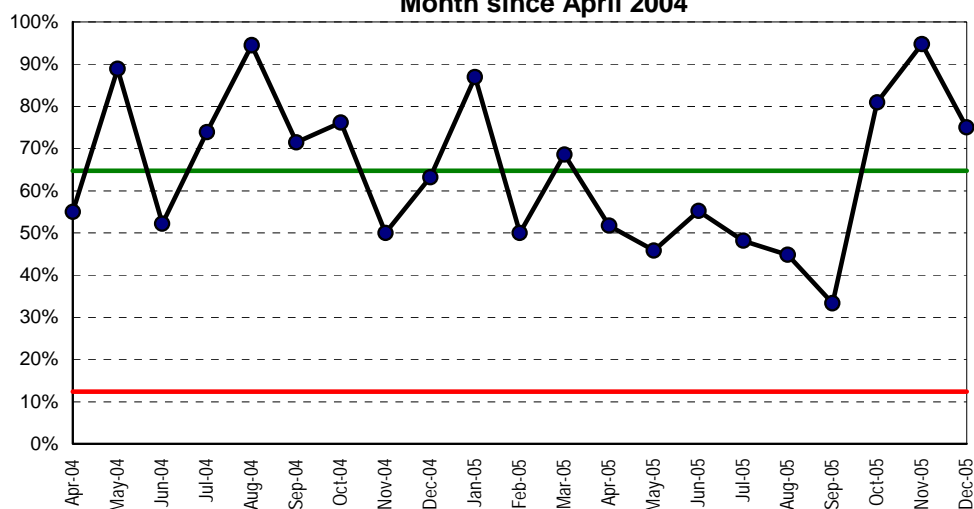
	Treatment	Attitude	Appointments	Efficiency	Hotel Services	Not Recorded	Grand Total	%
Medicine	69	30	21	3	6	0	129	43.6%
Surgery and Cancer Services	36	13	9	12	2	0	72	24.3%
Diagnostics and Therapies	4	13	7	13	1	1	39	13.2%
Women's & Children's Services	13	10	3	9	2	0	37	12.5%
Facilities	0	2	2	0	7	0	11	3.7%
Other	1	6	0	1	0	0	8	2.7%
<b>Grand Total</b>	<b>123</b>	<b>74</b>	<b>42</b>	<b>38</b>	<b>18</b>	<b>1</b>	<b>296</b>	
%	41.6%	25.0%	14.2%	12.8%	6.1%	0.3%		

## 2.4 Formal Complaint Response Times

To date, the Trust has acknowledged receipt of 90% of complaints within 2 working days. The Trust is supposed to respond to a formal complaint within 20 working days of receipt.

Overleaf, figure 3 shows over the past two years, this standard has been met 65% of the time. Quarter 3 of 2005/06 has shown a considerable improvement on the previous two quarters.

**Figure 3: Formal Complaints Responded to within 20 Working Days by Month since April 2004**



SPC Analysis: Moving Range

The response times are presented by directorate below:

	Formal Complaints	% responded on time
Facilities	16	81.3% (13)
Women and Children's Services	32	75.0% (24)
Medicine	100	48.0% (48)
Other	9	44.4% (4)
Diagnostics & Therapies	41	41.5% (17)
Surgery and Cancer Services	59	39.0% (23)

## 2.5 Dissatisfied Complainants

	Formal Complaints	No. Dissatisfied	% Dissatisfied
Apr-Jun 2005	82	13	15.9%
Jul-Sep 2005	68	6	8.8%
Oct-Dec 2005	68	6	8.8%

## 2.6 Service Improvements in last Quarter

- ✓ establishment of a dedicated evening emergency gynaecology theatre list
- ✓ development of physio information leaflets on shoulder exercises
- ✓ customer care training for outpatient staff
- ✓ additional checks in mortuary to ensure patient records are correctly filed
- ✓ full clean of lift door runners in K block
- ✓ review of outpatient processes – appointments rescheduled day before if notes are not available
- ✓ review of authorisation processes for patient equipment at short notice

## 2.7 Independent Reviews

There was **1 new request** for submission of complaint file from the Healthcare Commission in the last quarter. This brings the year to date total up to 7.

One case was withdrawn as the patient decided to put in a claim against us.

In two cases we were asked to apologise to the patient. One was about the attitude of a member of staff in ED and the other because the HCC commission felt that we could have improved the manner in which we handled the complaint. In this case we were also requested to improve communications with hospitals we may refer to. This has been done.

One file has been sent to an independent advisor and we are awaiting his judgement.

Another case has been returned and we have been asked to investigate why a high dose of a drug was given to an elderly patient and pass our findings to the complainant and the HCC by 8 March 2006.

We are still waiting for decisions on two other cases

## 2.8 Ombudsman Inquiries

There was **1 request** in this period from the Ombudsman. This is the first request this year.

The Ombudsman has said there was no case to answer but has requested that we write a policy on how our staff deal with patients who bring weapons into the Emergency Department. This is in hand. It was also suggested that we have a management plan for dealing with this patient safely in the future.

## PATIENT ADVICE AND LIAISON SERVICE

### 2.9 Compliments

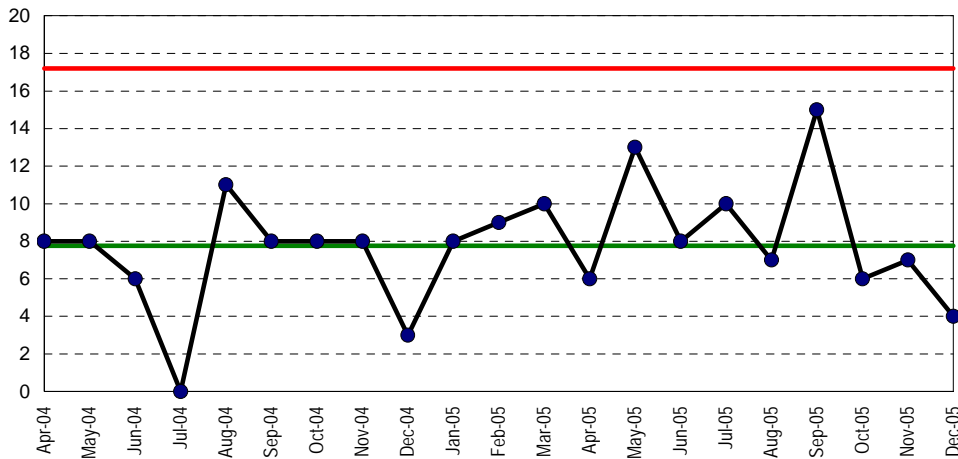


There were 17 compliments received by the Patient Relations office in the last quarter of 2005. This brings the year to date total to 79 and is a 27% increase on the same period in 2004/05. The graph below shows that on average, the Patient Relations office receives 8 compliments every month.

The compliments in the last quarter covered all areas of the hospital including portering, domestics, and imaging as well as doctors and nurses. There was also praise for the outpatient clinics.

Most of the praise was for the dedication and kindness of all staff.

**Figure 4: Compliments received by the PALS Office by Month since April 2004**

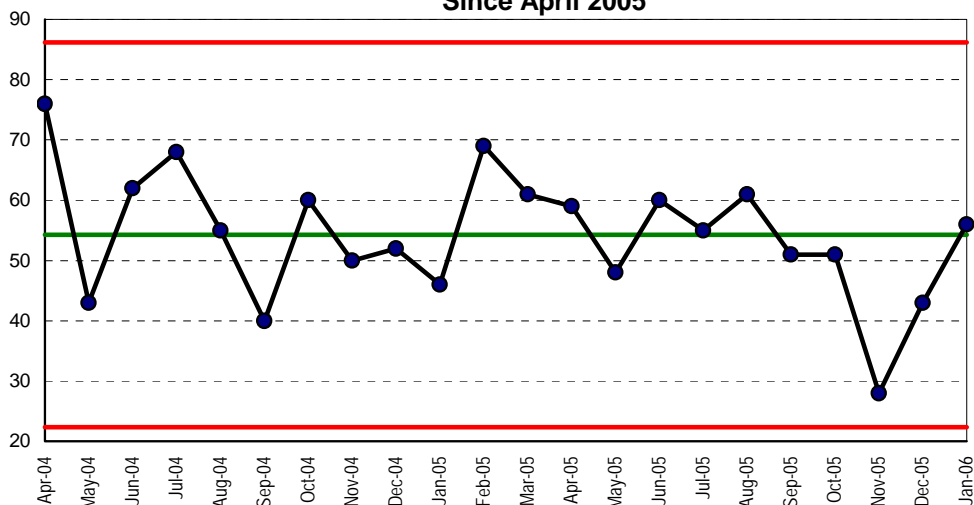


SPC Analysis: Moving Range

## 2.10 Other Enquiries and Patient Concerns

The PALS Advisors deal with, on average, 56 new concerns and enquiries each month. The current response time for 98% of enquiries is 1 day or less. The monthly pattern for the receipt of enquiries is shown in figure 5 below.

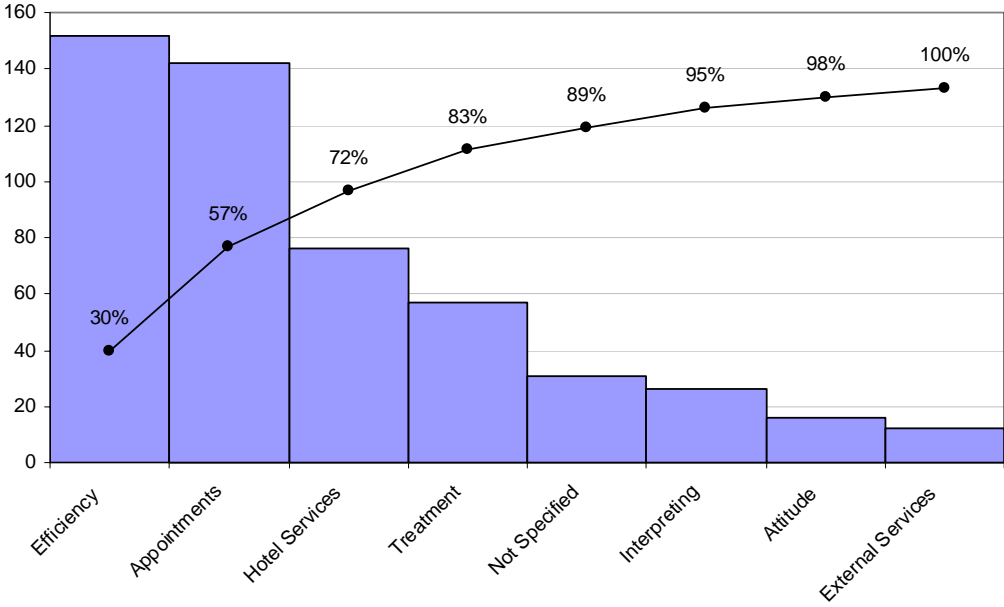
**Figure 5: All Other Enquires Received by the PALS Office by Month Since April 2005**



SPC Analysis: Moving Range

The analysis presented below, shows the enquiries received to date by the main reason for the enquiry. The classification of enquires is based on that used for complaints show previously.

Nearly one-third of all enquiries relate to efficiency issues (from the patient's point of view) such as discharge arrangements and intercommunication.





## Saving lives: Reducing HCAI including MRSA

### Balance Score Card – Self assessment summary for infection control

Challenge one <b>RED 67%</b> Engage senior management (clinical and non clinical) in order to secure the implementation in best practice in prevention and control of infection	Challenge two <b>RED 58%</b> Appoint infection control leaders at each level in the organisation to ensure the promotion of good clinical practice and challenge inappropriate behaviour	Challenge three <b>AMBER 87%</b> Implement local surveillance programme in order to identify in real time the infection status throughout the Trust by the provision of reports to each ward/unit at least quarterly
Challenge four <b>RED 54%</b> Adopt national evidence based guidance in order to that patients are treated according to best practice	Challenge five <b>AMBER 73%</b> Insure the effective auditing of infection control practices throughout the Trust through monitoring and implementation	Challenge six <b>RED 54%</b> Ensure that all Trust employees have a programme of education and training on the prevention and control of infection in order to understand their responsibility for infection control and the actions they must personally take
Challenge seven <b>RED 66%</b> Review the patient journey for emergency and planned patients in order to reduce the risk of transmission of infection by minimising the movement of potentially infected patients	Challenge eight <b>RED 64%</b> Review the status of the built environment and the effectiveness of the facilities management services, including cleaning in order to provide a safe and clean environment for patient care	Challenge nine <b>RED 50%</b> Implement robust Trust-wide policies for decontamination in order to ensure that patients will not get infected by inadequately decontaminated reusable instruments, including surgical instruments and endoscopies

Overall status = **RED**

**KEY**            **Green = 100%**            **Amber = 71-99%**            **Red = < 70%**