

ITEM: 13

MEETING: Trust Board 21 November 2007

TITLE: Clinical Governance Report

SUMMARY: This report summarises progress against the key aspects of clinical governance that were considered by the September and October meetings of the Clinical Governance Steering Committee:

- Blood transfusion
- Child protection
- Controlled drugs monitoring visit
- Confidential Enquiry into Maternal and Child health (CEMACH)
- Mental Capacity Act
- Internal audit report on clinical governance and clinical audit processes

The detailed Q2 (July to September) report on patient feedback is not yet available, as complaints received in September were not completed until late October, in line with the 25 days response time. The report will be presented at the next meeting; this report contains the headline indicators on complaints performance.

ACTION: For information

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

Financial Validation Lead: Director of Finance	Not applicable
Compliance with statute, directions, policy, guidance Lead: All directors	NHS Plan; CNST risk management standards
Compliance with Healthcare Commission Core/Developmental Standards Lead: Director of Nursing & Clinical Development	Reference: C1, C4b, C5, D2, C7c, D4,
Compliance with Auditors' Local Evaluation standards (ALE) Lead: Director of Finance	Reference: Not applicable
Compliance with requirements of FT application and monitoring regime Lead: Director of Strategy & Performance	Reference:

1. Blood Transfusion

The National Patient Safety Agency (NPSA) has over the past year published two Safer Practice Notices; safer patient identification and right patient, right blood.

Both of these have been reviewed by the blood transfusion committee, in the light of current practice within the hospital. In order to further improve practice across the hospital, it has been agreed to introduce a new transfusion record, which incorporates both the prescription and the pre-transfusion checks that are required. In addition, the trust's training programme is being revised to include a competency based assessment, which will be supported by an e-learning programme.

2. Child Protection

The six month report from Jo Carroll, Lead Nurse for Safeguarding Children, is attached (Appendix A), and was reviewed by the Clinical Governance Steering Committee. It is clear that, following the review of the structure and child protection team in 2006, a great deal of progress has been made on ensuring that all relevant staff receive appropriate training.

3. Royal Pharmaceutical Society (RPSGB) monitoring visit on controlled drugs

The trust was inspected on 28 June 2007, as part of the routine RPSGB process to ensure that standards of practice are maintained. The standard operating procedures and management processes were considered satisfactory, and no further action was required.

4. Confidential Enquiry into Maternal and Child Health (CEMACH)

Progress was reviewed against the recommendations of the 2000-2002 report "When mothers die", which was published in 2005. The key priorities for the trust from the report are:

4.1. Perinatal mental health support

There has been no progress on establishing a perinatal mental health team, and discussions with the PCT continue about funding.

4.2. Domestic violence strategy

This is now in place and training has been provided for all staff on dealing with domestic violence.

4.3. Improvement in anaesthetic recovery and high dependency care

This has been achieved, with the creation of the high dependency area on labour ward, and additional training for midwives. Four more midwives commenced a 12 week course in recovery skills in September 2007.

4.4. Improved access for refugee and asylum seekers and those in deprived areas

Midwives are linked in with the local Children's Centres (which replaced Sure Start).

The trust has an interpreting service, which is generally good; interpreters are booked

for all women who do not speak English and telephone support is available out of hours. A protocol has also been established for follow-up of women who fail to attend appointments.

4.5. Consultant Obstetrician cover for Labour Ward

With additional posts in place, labour ward now has 40 hours consultant cover per week, in line with national requirements.

5. Mental Capacity Act

The Mental Capacity Act 2005 came into force on 1 October 2007, and has major implications for the trust in terms of consenting patients for treatment. The Act (section 1(1)) provides the following principles:

5.1. A person must be assumed to have capacity unless it is established that he lacks capacity

5.2 A person is not to be treated as unable to make a decision unless all practicable steps to help him to do so have been taken without success

5.3. A person is not to be treated as unable to make a decision merely because he makes an unwise decision

5.4 An act done, or decision made, under the Act for or on behalf of a person who lacks capacity must be done, or made, in his best interests

5.5 Before the act is done, or the decision is made, regard must be had to whether the purpose for which it is needed can be as effectively achieved in a way that is less restrictive of the person's rights and freedom of action.

The Act covers a number of key areas affecting patient consent, including:

5.6. advance decisions

These can be made by people who are over the age of 18 and have the capacity to make them. Clinicians must have regard of advance decisions that refuse treatment, however an advance decision cannot request a specific treatment.

5.7 lasting powers of attorney (LPA)

these are registered with the Court of Protection, and are more extensive than the previous enduring power of attorney, as they can now cover personal welfare (which includes medical treatment) as well as property and affairs.

5.8 best interests

in the absence of an advance decision or an LPA clinicians are still able to treat patients who do not have capacity under "best interests", provided they have regard to the guidance in the Act.

5.9. Independent Mental Capacity Advocate (IMCA)

The trust must consult an IMCA where a decision is being made about serious medical treatment or long term moves, and the person does not have the capacity to make that decision and there are no family or friends who are appropriate to consult. The IMCA service in Islington is provided by Advocacy Partners, and there are referral processes in place.

Training has been run through the hospital for key groups of staff, including senior nurses, ward managers, and junior doctors. The trust's consent forms have also been amended so that they comply with the requirements of the Act, and the guidance on advance decisions has been reviewed and published on the intranet.

6. Internal audit report on clinical governance and clinical audit

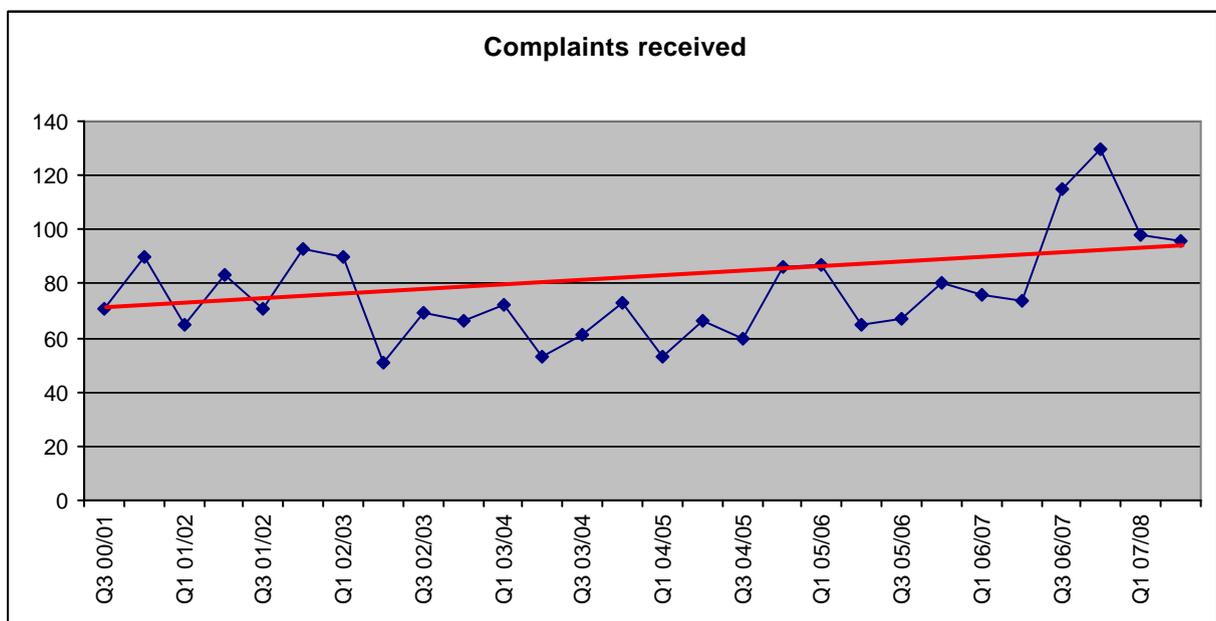
The trust's internal auditors reviewed our clinical governance and clinical audit systems, to provide assurance to the Audit Committee and senior management. The report has also been reviewed by both the Clinical Governance Steering committee and the Assurance Committee.

The final management letter provided substantial assurance that there was a sound system of internal control. A number of recommendations were made, none of which were high priority, and action against these is being monitored by the Clinical Governance Steering Committee.

7. Patient Feedback

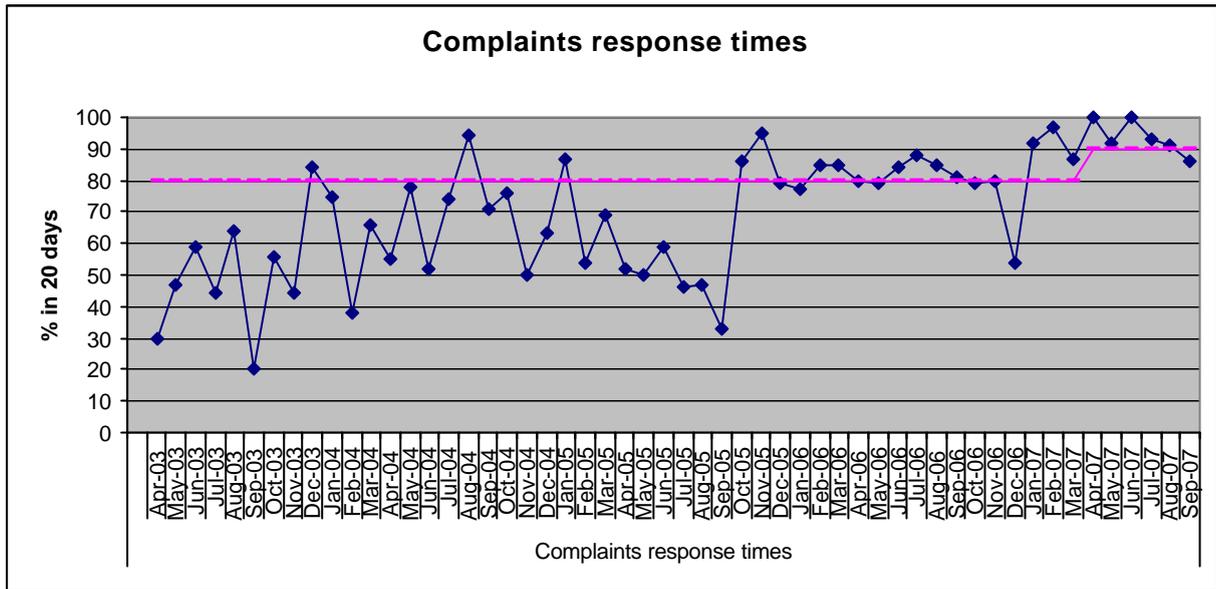
Although the detailed Q2 (July to September) patient feedback report is not yet finalised, as complaints received in September were not completed until the end of October, within the 25 days response limit, summary headline performance data is available. The detailed report will be presented to the next meeting.

7.1. Complaints received



The number of formal complaints received has remained at the same level as the previous quarter, and is above the previous average for the trust, before the Patient Relations Office moved to the new entrance.

7.2. Complaints response times



The trust has increased the internal target for responding to complaints within 25 days of receipt to 90%. Board members will note that the improved performance in complaint responses has continued during the second quarter of the year. The year to date performance (April to September) is 93.37%.