

ITEM: 09/112
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Meeting: Trust Board
Date: 15 July 2009

Title: **Clinical Governance Annual Report**

Executive Summary: Attached is the 2008/9 clinical governance annual report, which summarises the work undertaken within the trust over the past year. It follows the structure of the trust's clinical governance strategy.

There was significant progress in a number of areas overseen by the trust's clinical governance committee. Key achievements amongst those include:

- Achievement of the new NHS Litigation Risk Standards for acute trusts at level two
- Unconditional registration for infection control with the Care Quality Commission
- Half the number of cases of clostridium difficile compared to the previous year
- Three shortlisted nominations at the Nursing Times Awards, with the midwives winning their category

The report was agreed at Audit Committee on 2 July. In line with the DH requirements, the report has been published on the trust's website, for public access. It will also be circulated to the trust's partner organisations for information.

Action: for information

Report from: Veronica Shaw, Assistant Director of Nursing and Clinical Development

Sponsor: Deborah Wheeler, Director of Nursing & Clinical Development
 Celia Ingham Clark, Medical Director

<p>Compliance with Care Quality Commission Core Standards</p>	<p>Reference: C7 – principles of sound clinical governance</p>
<p>Lead: Director of Nursing & Clinical Development</p>	

Annual Clinical Governance Report

2008 – 2009

1. Foreword

We hope you find this latest annual clinical governance useful and interesting. It's an opportunity for us to celebrate and share what has been done well to improve the quality of our patients' care, whilst not forgetting where we need to learn from what has been done less well.

Maintaining and improving the quality of the services we deliver to patients is our core business, and everyone's day job. However, the whole team need to work in harmony to ensure that all our patients receive the right care at the right time by the right person in a safe environment.

An updated Clinical Governance Strategy was launched in October 2008, which provides us with a clear high level plan for measuring and improving quality over the next two years. It enables us to ensure that all the various elements of which quality care is comprised are identified, planned for and brought together in a way that allows a positive and safe patient experience.

Significant achievements of which we are particularly proud are: -

- Achievement of the new NHS Litigation Risk Standards for acute trusts at level two
- Unconditional registration with the Care Quality Commission
- 3 nominations from the Nursing Times Awards

- Well below target for cases of clostridium difficile

Deborah Wheeler
Director of Nursing
And Clinical Development

Celia Ingham Clark
Medical Director

June 2009

Contents

Section		Page
1	Forward from Director of Nursing & Clinical Development	1
2	Introduction	2
3	Patient Experience	3
3.1	Using patient experience	3
3.2	The productive ward	3
3.3	Infection prevention and control	3
3.4	Patient information	4
3.5	Core standards	4
4	Risk management	5
5	Clinical audit and effectiveness	6
6	Learning from Complaints	6
7	Staff education and development	6
8	Research and Development	7
9	The year ahead	7
10	Conclusion	8

2. Introduction

The patient's experience of care is at the centre of all the trust's work. We recognise the importance of providing care that is safe, and which meets the needs of our patients by ensuring that we have an effective infrastructure of staff training, continuous development and learning.

We also ensure that key patient related outcome measures are recorded, monitored and discussed throughout the trust at both board and local level so that the learning is shared.

This report sets out the key components of clinical governance and the progress that we have made during 2008 – 09. These include: -

- The patient experience
 - Patient feedback
 - Productive ward
 - Infection prevention and control
 - Patient information
 - Core standards
- Risk management
- Clinical audit and effectiveness
- Management and learning from complaints
- Staff training and development
- Research and development

3. Patient Experience

3.1 How do we obtain and use feedback?

It is important that we have methods for obtaining patients views and feedback about their care and treatment and experience of using the Whittington.

We do this in a number of ways. Like every hospital, we take part in the annual national patient survey that is carried out and analysed independently. This is an extensive survey that covers a range of useful topics, following which an action plan is developed based on the findings, so that the relevant improvements can be made. As, however, it is not specific to the Whittington and the results take a long time to arrive, we also carry out a number of local surveys. A short paper based user friendly form was designed during 2008 and is in use in the Emergency Department, Day Treatment Centre, and Outpatient Clinics - our high volume patient services. We have also just started to extend it to inpatient wards, with 5 currently live.

During 2008 a survey was undertaken to find out how patients prefer to feedback to us. The vast majority said they would like to use electronic touch screens. These are therefore being purchased and will be in place shortly. As well as being very simple and quick to use, they will also allow us to receive feedback promptly.

We have also set up focus groups with a mixed membership to give us feedback about what our users would like to see improved and developed. So far 5 groups have taken place.

3.2 The productive ward

We have started work to roll out the productive ward: releasing time to care to all our in-patient wards, including maternity. This is a way of working that helps nurses and midwives to spend more time with their patients, by making changes to the way they organise their work and environment. The more time staff spend with patients the more likely it is that patients will receive a better standard of care; including the important elements such as being listened to and having full explanations given - things that can be missed when there is less nurse contact with patients. So far 6 wards are well underway, and 5 more are beginning.

3.3 Infection prevention and control

During 2008 – 09 we funded key posts to ensure that we have a fully staffed expert infection control team, including a new infection control nurse.

Although we take all infections very seriously, the two that we find our patients are most interested in are clostridium difficile (c.dif) and methicillin resistant staphylococcus aureus (MRSA).

The trust was set a target to have no more than 124 cases of c .dif throughout 2008-09. We are pleased to report that we actually had 64 cases – significantly less. This was in great part due to ensuring that we have clean clinical environments, which are monitored by our matrons and facilities team.

Our new target for 2009-10 is 92 cases, and we plan to continue to take action to ensure that this is not breached.

With regards to MRSA we were set a challenging target of 15 for the year. We did in fact end the year with 23 cases, of which 10 were diagnosed when the patient was first admitted to hospital. Whilst this is of course a concern, we have now established a robust way of analysing each individual patient to find out how they acquired the infection so that we can learn lessons about where practice should be improved. This in turn led to a programme of action to ensure that our staff have received the right training and are safe to practice.

We held training sessions throughout February and March this year on hand hygiene for all trust staff, and relevant nurses and midwives received refresher training in caring for patients with intravenous cannulae, and on how to take blood cultures. We have also introduced new practice in line with DH recommendations to make sure that all emergency and planned inpatients are screened to see if they are colonised with MRSA (if it is on their skin or mucosa without them necessarily being aware). So a course of "suppression therapy" is started to reduce the chances of the MRSA entering their blood stream or being passed on to anyone else.

We are also working closely with our colleagues in primary and community care, as 10 of the arrived at the Whittington already with MRSA, rather than acquiring it after they were admitted.

3.4 Patient Information

Ensuring that patients have written information that they can keep and share with their families is an important way of helping to ensure that they understand their condition and care, and are able to give their informed consent to any treatment plan that is suggested.

During 2008 – 09 we developed a patient information policy to set out how we will develop user-friendly information that is readily available and kept up to date. We have agreed to take actions over the next year to develop up to date information for all conditions and procedures that are common to the population of the Whittington. The leaflets will be available electronically, meaning that staff can print them off as they are needed for individual patients, thus avoiding running out, or having out of date copies in the system. We also plan to put the most common leaflets on our web site too, so that patients and public can access them directly if they so wish. They will all be proof read by non-clinicians to ensure they are jargon free and user friendly.

3.5 Core Standards

As with previous years the trust was required to submit a self-evaluation of our performance against the Health Care Commission's (HCC) core standards for 2008 – 09.

These standards cover the whole gamut of health care delivery, and if met help assure our patients, commissioners and staff that the care that is being provided is of the appropriate quality.

There are 24 standards that are relevant to our trust. Out of these we are confident that we comply with 22, and have sufficient evidence to assure our trust board as well as the HCC that we fully met them throughout the year.

2 of the standards were highlighted as areas where we had some concerns.

Standard C4c – decontamination. When we were inspected against the duties of the Hygiene Code by the HCC in January this year, although they found the clinical areas to be clean and in good order, they did identify breaches in our mop laundering room and mattress store. As actions were taken to remedy the faults immediately we are now compliant in these areas, and therefore made a declaration of non-compliance throughout the year, with assurance of compliance by March 2009.

Standard C9 – records management. During 2008 the trust declared a serious untoward incident because of missing staff payroll information. Since then a number of remedial actions have been put in place, and so we again made a declaration of non-compliance throughout the year, with assurance of compliance by March 2009.

From April 2009 the Care Quality Commission (CQC) took over from the HCC. During the preceding months all provider trusts had to register with the CQC in order to be allowed to keep treating patients. We are pleased to report that we received unconditional registration.

4. Risk Management

Our main success and major piece of work in this area was the achievement of the new level 2 NHSLA risk standards for acute trusts. These new standards demonstrate that not only do we have robust systems and processes for identifying, recording, mitigating and monitoring risks of all kinds, but that very importantly we are able to demonstrate that they are working. This provides us, and our patients, with a level assurance that we are doing the right things to reduce risks to our patients and staff.

We also have the old CNST Level 3, the highest level, for maternity services and are working to move towards successfully achieving the new standards in the next year.

We were keen to reduce the numbers of our older patients who fall whilst in hospital, as this can be very distressing for them and their families and can lengthen their stay should they sustain an injury. A falls assessment tool was therefore introduced in our care of older people's wards, as well as fully investigating why a patient fell in every case and learning lessons. This has led to a reduction of 50% over the last 3 months, and we now plan to roll this out to other high-risk areas.

We carried out a patient identification audit which showed good compliance at 97% but are now moving to every patient having a printed and bar-coded name band in line with national recommendations, to further minimise any risk of miss identification.

The last year also saw a heightened focus on data issues. Unfortunately we had a data loss incident involving staff payroll information. This was later recovered, however the ensuing investigation resulted in a number of key findings that will enable us to improve our practice in this area. We also tightened up on staff understanding on confidentiality and data protection issues.

Our risk management computer system for risk recording is now out dated and does not provide us with all the monitoring and trend reports that we would like. We have therefore invested in a new system, the roll out of which will happen throughout 2009–10.

5. Clinical Audit and Effectiveness

Clinical audit is a key pillar of clinical governance. The Whittington has a small but vital team, which supports clinical staff in taking part both in national and local audits.

There were 308 clinical audits carried out in 2008 – 2009, and over 2,500 sets of patients' health records were reviewed for audit purposes.

The trust hold well publicised monthly audit half days, to present and discuss important audit findings with our staff, so that lessons can be learnt and good practice shared. Colleagues from our local primary care trusts are also invited, as patient care should follow the patient pathway rather than organisational boundaries.

6. Learning From Complaints

Although on the face of it complaints seem negative, they do in fact allow us to identify areas where we need to focus our improvement efforts and provide rich detail of patients' experiences that are fed back to the staff concerned so that lessons can be learnt.

We therefore collect the following information every month: -

- Numbers of complaints received
- How long we take to reply (we are set a target of 25 working days for complaints)
- Number of patients who complain and receive a reply, but who are dissatisfied with their reply
- Number of complaints unresolved locally that were sent to the Health Care Commission (HCC)*
- Number of complaints unresolved locally or by the HCC that are sent to the Ombudsman
- Which area in the hospital the complaint came from
- The type of complaint
- Improvements made as a result of complaints

*This process has recently changed. The HCC no longer exists and we now try our hardest to gain mutual satisfaction at local level, but if this fails referrals now go straight to the Ombudsman.

During 2008 – 09 we received 247 formal complaints and responded to 89.47% of them within the 25 days deadline. In 2007 – 08 we received 403 and responded to 90.7 % of them within the deadline.

A number of improvements have been made directly as a result of complaints, including: -

- Communication training provided for care of older people's staff
- An improved design of patient gown has been introduced which is much less revealing
- A dedicated paediatric area in the emergency department opened on 1.12.08
- Two of the maternity wards have been refurbished
- Priority visitor cards have been introduced to the postnatal ward

7. Staff education and development

2008 -2009 has been a very busy and successful year for education and development within the Trust. We were set a target of 90% of staff to have had an appraisal by October 2008, and in fact we exceeded this by reaching 96%. This is important, as appraisal is the cornerstone not just for staff performance but also staff development and support. Knowing that our staff are performing well helps us to be assured that they can deliver safe patient care. Appraisal is also a key element of the prestigious Investors in People initiative and our IM &T department achieved re-accreditation at the end of 2008.

Over a million pounds has been sourced from external agencies to be spent on education and development activities, including the building of a state of the art simulation suite within the Whittington Education Centre. Key areas of investment have also included bespoke programmes related to stroke care, normal birth, leadership and coaching, infection control and customer care.

8. Research and Development

The last year has seen enormous progress in the development of our research and development strategy. The findings from both internal and external reviews have led to us to re-think the kind of research that takes place here, and has helped us to develop our new strategy. We have joined forces with UCL and established a new research partnership. A new research director is soon to be appointed to lead the implementation of our strategy and develop our research portfolio.

We currently have 90 registered research projects including 19 nationally recognised studies that are also an important source of revenue.

We were successful during the year in securing a number of new competitive grants from the National Institute of Health Research (NIHR). This money replaces funding we used to receive from the Department of Health.

9. The year ahead

2009-10 promises to be a challenging year, but one where we will continue to work towards ensuring high quality care for all our patients.

The national Patient Safety Campaign will be introduced, led by the Medical Director, to provide a more systematic and pro-active approach to patient safety, building on the reduction in the hospital's mortality rate over the past two years. The Trust Board endorsed this campaign in March 2009.

Finances are tight, but we have identified funds to purchase a new Risk Management Computer System that will allow us to better monitor and identify risks and the corrective actions needed, and to record and monitor a wider range of issues that patients complain about which will improve our understanding of where changes are needed. We will also be introducing electronic touch screen feedback systems so that patients can very easily provide us with their feedback.

Refurbishment work has already started in the Great Northern Building to update our care of older people and surgical wards so that care is delivered in a clean, fit for purpose environment.

Work is ongoing to ensure that we comply with all the duties of the hygiene code and all core standards.

Work is already underway to continue training in hand hygiene, urinary catheter insertion and care, and in safely taking blood culture samples.

We also plan to develop the role of Patient Experience Manager to focus on further developing patient information and interpretation services.

Our research and development team will continue their endeavours to increase the number of studies adopted by the NIHR portfolio, which in turn will provide income to support research within the hospital. They will also continue to work collaboratively on studies with UCL, focussing on studies that are important to patient experience. 22 areas of research have been identified, with a

research active clinical champion to lead each. The official opening of the new centre is planned for summer 2009.

We will also be launching a new "mini grants" scheme that our staff can bid for to conduct their own research projects. These will be used only in support of patient related research that will hopefully make a real difference to patient care.

10. Conclusion

This report provides a summary of progress with the key components of clinical governance, which are vital in order to make patient care safe and of a good quality.

Full reports of all these areas are taken throughout the year to our Clinical Governance Committee, which oversees progress. If you would like to know more about any of these areas, then the full reports can be made available.