

Annual Clinical Governance Report

2009 – 2010

1. Foreword

This is the latest annual clinical governance report, which describes the work we have undertaken during the last year to improve the quality and safety of patient care.

It's an opportunity for us to recognise and share what has been done well and has made a difference to care, whilst not forgetting where we need to focus during the coming year.

During 2009 – 2010 we increased our focus on improving the safety of patient care across the hospital. A Patient Safety Strategy was developed to set out the work we need to do to achieve our aim of having "no avoidable patient deaths and no avoidable harm to patients". This includes actions from board to ward level.

Significant achievements of which we are particularly proud are: -

- Unconditional registration with the Care Quality Commission under their new regulations
- Well below our target for cases of MRSA bacteraemia and clostridium difficile
- Very low standard mortality ratio – second lowest in the country (incidence of deaths in the hospital)
- Refurbishment work completed in the Great Northern Building in our care of older people and surgical wards so that care is delivered in a clean, single sex, fit for purpose environment.

- Achievement of Investors in People Award
- Successful inspection of our research governance processes by the MHRA

We have also appointed Bronagh Scott as our new Director of Nursing and Clinical Development. Bronagh, who joined us on 1st June, is already an experienced Director of Nursing and we look forward to working with her to ensure that we deliver safe, high quality care.

Celia Ingham Clark
Medical Director

Siobhan Harrington
Interim Director of Nursing

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2. Introduction

The Department of Health defines clinical governance as the system through which NHS organisations are accountable for improving the quality of their services and safeguarding high standards of care. Put simply it is about ensuring that patients are safe and risks are well managed.

We are determined to ensure that we get this right wherever possible and have recently re-enforced this by agreeing a new corporate objective that is "to deliver high quality, safe patient care".

We also realise that not only must our care be safe in terms of clinical outcomes, it must also be delivered in a caring, supportive manner that recognises patients as individuals.

This report sets out the key components of clinical governance and the progress that we have made during 2009 – 10. These include: -

- The patient experience
 - Patient feedback
 - Patient Safety First
 - Infection prevention and control
 - Patient information
 - Care Quality Commission 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?

We recognise that in order to act on patient feedback, we need to receive it as soon as possible. Although like all hospitals we participate in the annual patient survey, the results of this are not specific to the different wards and departments, and are not available for several months, both of which reduces the impact of its findings.

We have therefore installed a number of electronic feedback stations in key areas, including Outpatient Clinics and the Emergency Department. On the wards we have introduced simple to use hand held devices, which patients can use to answer a simple short survey.

The results of these are available very quickly and are fed back to the staff concerned. This means they know about issues within their area and can plan improvements where necessary. It also enables us to receive feedback from thousands of patients, whereas the survey is only around 300 or so.

Patient feedback was paramount in the development of our Access Centre, a service that opened in 2009 and enables any type of appointment for in or outpatients to be done on one easy to access area. It also helped us to work with local GPs so that patients can be booked via their GP straight into our Day Treatment Centre for certain minor procedures, this cutting down visits to the hospital.

3.2 Infection prevention and control

Although we take prevention of all infections very seriously, the two that we find our patients are most interested in are *Clostridium difficile* (c. diff) and Methicillin resistant *Staphylococcus aureus* (MRSA).

The trust was set a target to have no more than 92 cases of c. diff diarrhoea throughout 2009 -10. We are pleased to report that we actually had 49 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. Regular antibiotic audits ensured that patients received the correct duration and type of antibiotics they required.

Our new target for 2010 -11 is 79 cases, and we plan to continue to take actions to ensure that this is not breached.

With regards to MRSA bloodstream infections, we were set a challenging target of no more than 15 cases for the year. We ended the year with 8 cases. We achieved this by analysing each patient infection and implementing improvements in practice especially around documentation and taking blood cultures.

We are working closely with our colleagues in primary and community care to achieve our challenging MRSA bloodstream infections target of no more than 4 cases for 2010-11.

We have introduced new practices in line with Department of Health recommendations to make sure that all emergency and

elective patients are screened to see if they are colonised with MRSA (if it is on their skin or mucosa without them necessarily being aware). Is 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 regularly audit this practice and compliance is high.

Hand washing training was again delivered across the trust for all types of staff members, as we did last year. Mandatory training for clinical and non-clinical new starters continues.

3.3 Patient Information

Work has continued throughout the year on developing our patient information leaflets. We know that having written information to take away helps patients to better understand their condition and care, and therefore make informed decisions about their proposed treatment.

Information from all our specialties is being checked to make sure it is up to date, complete and user friendly. So far the information on general surgery, day surgery, infection prevention, haematology and oncology has been completed and is available on our intranet. This means that it can be printed off for patients as and when they need it, and avoids the problem of running out of supplies.

3.4 Care Quality Commission (CQC) Core Standards and new registration to operate

2009 - 2010 was a busy year for standards, as it was the final year trusts had to declare against the core standards and we also had to

make our initial declaration against the new registration regulations. Relevant evidence was gathered to support compliance with the core standards, and after being carefully reviewed it was agreed that we had been compliant with them throughout the year.

From April 1st 2010 the CQC's new regulation requirements came into force, and work took place in the months prior to this so trusts could be registered to operate from April onwards, including our declaration against the new regulations and a review of our Quality and Risk Profile. This was put together by the CQC and includes information about our hospital gained from external sources such as PCTs, LINKS, patient survey results and reports from the NHS Litigation Authority etc. We are pleased that we have been registered to operate with no conditions.

4. Risk Management

During the last year we have replaced the old, outmoded risk management database with a new system, called DATIX, which has many more functions and is seen as the market leader. The introduction of DATIX was a large, trust wide project that has been rolled out in stages, including training staff across the hospital in how to use it. One of the main changes is that when an incident or near miss happens, the member of staff who identified it can now enter the details directly onto the system. With the old system they had to fill in a form by hand and send it to the risk team, who then had to put it onto the system. This all took some time and meant that incidents were not always known about as quickly as we would have liked.

Since the new system was introduced staff have found it easier to report, so we are seeing an increase in the number of incidents. Whilst on the face if it this could look worrying, we are in fact pleased, as it means we now know more about the issues that are happening and so can take actions to reduce these risks.

The risk team have also supported investigations into the more serious incidents so that we could find out what went wrong in terms of where systems and process needed changing, rather than simply blaming someone. This learning is then shared across the hospital so that patient care becomes safer.

Some incidents showed the need to improve the skills of our staff in certain procedures. As a result of this we carried out training in taking certain blood tests and on resuscitation equipment, again making these areas safer for patients.

4.1 Patient Safety First

The Whittington Hospital voluntarily takes part in the national Patient Safety First Campaign, and as a result we have introduced several new ways to improve the safety of our patients care. Senior doctors, nurses and managers regularly visit the wards and talk to patients and staff about patient safety issues. They also see for themselves how patients are being cared for and the care environment.

It also identifies quite a few measures that show how we are performing in certain areas. This allows to compare our own performance over time and to identify areas where we do well, and areas where we do less well and need to focus our attention on. An

example of this is checking to see if patients are correctly prepared in advance of and just prior to surgery, in order to make their operation and recovery as safe as possible.

5. Clinical Audit and Effectiveness

Clinical audit is another key pillar of clinical governance, as it allows us to look at our performance in certain key areas, and identify where we do well and where we need to make improvements. We participate in all the relevant national audits, which allows us to compare ourselves with other hospitals throughout the country, as well as local audits that help our clinical staff to look at their own practices.

During the 2009 - 2010 audit year, we participated in all the relevant National Confidential Enquiries, submitting 100% of relevant cases and performed exceptionally well in the national audits. In addition 300 local clinical audits have been carried out and over 3000 sets of patients health records have been reviewed for audit purposes.

Bi-monthly clinical audit training sessions encourage the sharing of important audit results across the hospital, so teams can learn from each other. We also set up and held the inaugural Clinical Awards Ceremony to recognise successful and innovative audits that have contributed to the delivery of high quality patient care.

Clinical Guidelines are also a key component of clinical governance that the Clinical Audit Team manages. They set out the best and safest way to undertake clinical procedures, based on evidence where possible in order to protect our patients. We

currently have 450 guidelines that cover all specialities and are available on our intranet.

The team has also introduced a “Common Medical Emergency” section that enables staff to quickly find the most commonly used guidelines in an emergency situation, such as myocardial infarction and major haemorrhage.

6. Learning From Complaints

Complaints 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.

During 2009 – 2010 we received 365 complaints and responded to 58% of them on time. The year before we received 247 formal complaints, and responded to 89.47% of them on time. We are concerned that our performance has deteriorated, and so have started to review our systems and processes to see how we can improve, as it is vital that anyone who complains receives a timely response. The review is also looking at ways to ensure that where complaints show trends, they are used to improve the service in that particular area.

7. Staff Education and Development

2009 -2010 has been a busy and successful year for education and development within the Trust. Firstly the Whittington hospital was awarded Investors in People in January 2010 (Investors in People is

a nationally recognised award that very few acute Trusts in London have achieved).

Funding was sourced from external agencies including the Joint Investor Framework and was spent on education and development activities for bands 1-4 staff, including completing National Vocational Qualification (NVQ) in Information Technology, Business Management AMSPAR qualification as well as Professional English and other short courses including leadership and coaching and customer care.

Finally a staged refurbishment of the Whittington Education Centre has commenced, with the opening of a state of the art simulation centre. This will allow doctors, nurses and other healthcare professionals to learn and practice clinical skills on manikins, before they need to use them on patients.

8. Research and Development

The Whittington Research Strategy is committed to translating research findings into practice and supports a wide range of research into questions that affect patients directly.

We have become part of the UCL consortium, which is a member of a group of trusts that together can provide expert advice and support for doctors and other health professionals doing research and those managing research in the NHS.

In November 2009 the trust was subject to a MHRA inspection, the government body responsible for ensuring the safety of those who take part in clinical drug studies. We did well in the inspection and

had no 'critical' findings, findings that would suggest that there could be significant failings in the way we look after people taking part in these studies. The inspection has provided our research governance team with an opportunity to improve the current systems for supporting research in the organisation to a level of which we are very proud.

We currently have 114 registered research projects including 33 nationally recognised NIHR studies that are also an important source of revenue.

Areas where important work is going on includes cancer, critical care, incontinence science and haematology research. We also started 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 and will give investigators the skills required to bid for bigger grants in the future.

9. The year ahead

During the coming year we plan to perform well in the areas mentioned above, but will also be carrying out some new patient safety and quality initiatives as follows: -

9.1 Quality Accounts

As a provider of NHS health care we are required to produce reports to the public on the quality of our services. Although work on this started last year, it will be further developed during 2010 – 2011. The account includes what we are doing well, where

improvements in quality are required, our priorities for the coming year and how we have involved service users, staff and others with an interest in determining our priorities for improvement. The report has separate sections for the different specialities, as we realise that not all areas perform in same way. The quality account will be sent to key external organisations, such as NHS Islington, and will be on our website for public viewing.

9.2 Energising for Excellence

Energising for Excellence is a national nursing and midwifery quality initiative that we are taking part in. It aims to support the delivery of safe, effective care that creates a positive experience for patients and staff.

It brings together work on staffing numbers and skill mix, nursing indicators and patient and staff experience. None of these areas is new, but historically they have all been looked at separately. This new initiative looks at the importance of getting them all right together – having the right numbers of nurses /midwives, with the right skills, should result in high quality patient care with resultant high scoring indicators and positive patient and staff experiences.

9.3 Improvement of the Complaints Service

As stated above, the performance of the Complaints Service was very disappointing last year, and as a key component of quality, we are determined to improve. A review of how the current service works has recently been undertaken, and the report and

recommendations from this will be used to decide what changes we need to make. These will focus on ensuring that responses go out within the target time, and we will also be looking at how we can ensure that where complaints show service improvements are needed, that these are made.

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. Please contact the PA to the Director of Nursing on 020 7288 3469.