

ITEM: 12

MEETING: Trust Board 19 July 2006

TITLE: Clinical Governance Report

SUMMARY: This report summarises progress against the areas of the clinical governance programme that were considered by the May and June meetings of the Clinical Governance Steering Committee:

- Clinical Risk Management
- Education and Development
- Essence of Care
- Patient Feedback

ACTION: For information

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

Financial details supplied/checked by: Not applicable

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

None applicable



1. Clinical Risk Management

Since October 2005, the Trust has submitted a total of 154 incidents to the National Patient Safety Agency (NPSA) as part of the National Reporting and Learning System. The NPSA has now begun to provide benchmarked reports for Trusts, against similar NHS organisations, and those reports will be brought to Trust Board as they are received.

All incident forms are now checked for accuracy and consistency, when received in the Risk Management Office. This also ensures that early trends are detected and acted upon. Moderate and high risk incidents or near misses are acknowledged to the reporter, and requests made for further information if necessary. The progress of incident investigations is also tracked and monitored.

A monthly report on the status of high risk incidents is now produced and sent to key staff and managers. This is reviewed at the bi-monthly Clinical Risk Committee meetings.

Feedback on actions resulting from an incident report is fed back to the reporters for all high and moderate risk incidents. The level of information fed back will depend on the nature of the incident and the staff involved. This has been received by staff as a positive step, and will continue to be developed.

Figure 1: Total Reported Clinical Incidents by Month since April 2004

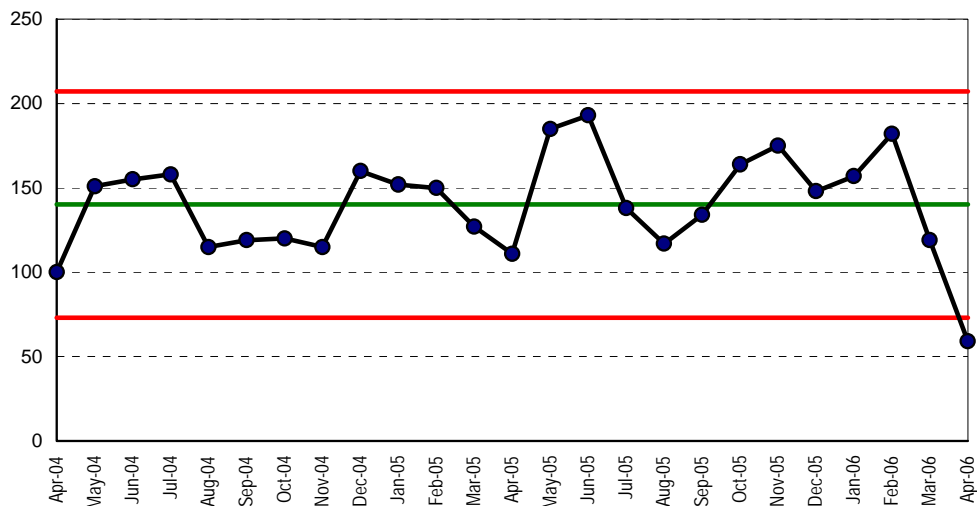


Figure 1 shows the total clinical incidents reported each month. As this data was prepared during May, the exceptionally low incidence for April 2006 may be a distortion, due to late reports not having been received in time. The data for May and June will be analysed in late July, and the April figures validated.

	High	Moderate	Low	Very Low	Not Recorded	Grand Total	%
Clinical Management	37	162	240	186	3	628	34.4
Slip/Trip/Fall	7	22	116	421	1	567	31.0
Resources	10	84	114	91	2	301	16.5
Clinical Documentation	5	20	40	46	4	115	6.3
Communication	2	14	30	43	0	89	4.9
Organisation of Care	1	11	23	29	1	65	3.6
Sharps Injury	1	11	23	28	0	63	3.4
Grand Total	63	324	586	844	11	1828	
%	3.4	17.7	32.1	46.2	0.6		

The above table shows the breakdown of incidents by type and grading for 2005/6. The two main categories account for 65% of all reported clinical incidents. There were 43 high risk incidents/near misses reported between October 2005 and March 2006. This was 4.5% of all reported incidents and was higher than for the first 6 months of the year. This will be closely monitored during 2006/7 to see whether this is an upward trend, or due to improvements in grading incidents.

Figure 2: Percentage of Total Clinical Incidents Reported within 7 Days by Month since April 2004

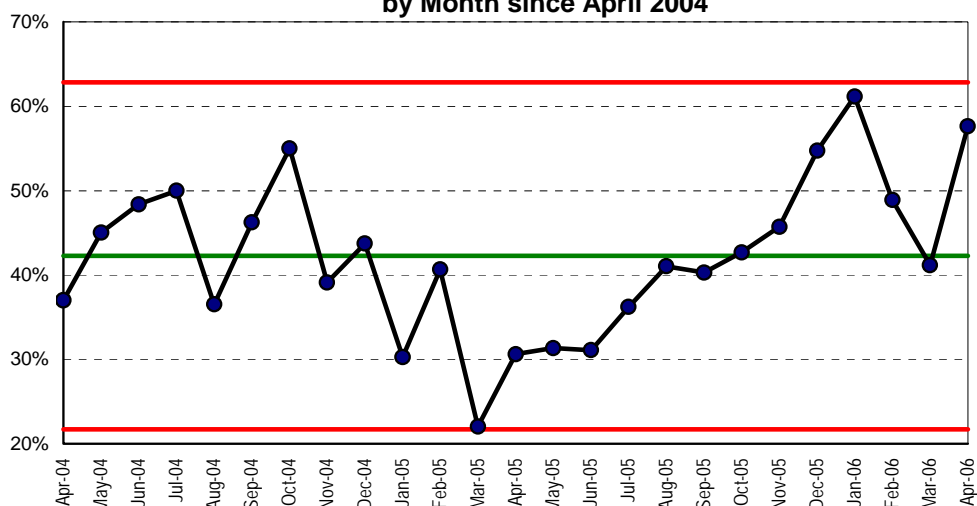


Figure 2 shows the percentage of reported clinical incidents that were notified to the Risk management Office within 7 days of occurrence, as required by the Trust policy. Board members will note the sustained improvement in receipt over the last financial year. Overall for the year, only 42% of the 1828 incidents were reported to Risk management within seven days.

2. Education and Development

2.1. Induction and Mandatory Training

The new induction programme, which started in January 2006, will be reviewed in July 2006. The local induction checklist, which was introduced also in January 2006, will be audited in May 2006.

Attendance at Induction for nurses and midwives has improved considerably over the past two years, rising from 53% in 2004 to 77%, at which it seems to have stabilised. Attendance at induction for other staff groups remains steady.

Attendance at annual clinical mandatory training continues to be poor at 38%, with particular areas of concern being Theatres, ED, Endoscopy and Reckitt. Managers within these areas have been contacted, and asked to produce an attendance plan to ensure maximum attendance. Theatres will have two days arranged for their staff during their periods of seasonal closure.

A new annual mandatory training programme for clinical and non-clinical staff has been designed and approved by the Training and Development Strategy Group and the Clinical Policy and Practice Committee. It currently awaits approval and recommendations from the Divisional Managers. Once this has been achieved, then a paper will be presented to the Hospital Management Board. The programme will be in place by January 2007.

The revised study leave policy which requires staff to have attended mandatory training before getting any other leave or financial assistance is now in operation after approval at the Joint Staff Consultative Committee.

2.2. Leadership Initiatives

A leadership programme for those in black and minority ethnic groups (BEL) has been developed and will start in May 2006.

The Executive Team have commenced a 360-degree appraisal using the NHS Leadership Quality Framework.

2.3. Knowledge and Skills Framework

KSF training and support continues to be provided. The Trust has now reached its target of 100% of eligible staff with a KSF. There is now a push to ensure all staff are now appraised against the KSF. The numbers of staff with objectives and a PDP entered onto the KSF is now being monitored.

2.4. IM& T

The NHS National Workforce Group requires all Trusts to develop an e-learning strategy, which is in place by 2008. Work is already underway.

The European Computer Driving Licence (ECDL) continues to be open to all staff who have regular use of IT within their role.

2.5. Post Registration Nursing and Midwifery Contract

The allocations for the financial year 2006/7 have not yet been finalised, but the SHA is expecting to reduce our allocations by 13%. This may well rise to up to 25% after discussions with the Financial Director. The reduction is as a result of an overall reduction in the SHA budget.

2.6. Pre-Registration Nursing

Representatives from the Nursing and Midwifery Council were on site from 20-22 June 2006. They were reviewing the child branch training at Middlesex University, and visited Ifor Ward as part of the review. The final report is awaited, but early indications are that the Whittington's placements have been rated highly.

The commissions for pre registration courses will decrease by up to 25% as a result of a reduction in the budget at the SHA. Although this will reduce the numbers of nurses qualifying in 2009, it will relieve the pressure on practice placements across the hospital.

2.6. Major Review of Pre-Registration Physiotherapy and Occupational Therapy Training

Members of the major review team visited the Whittington on 2nd February, to discuss pre-registration physiotherapy and occupational therapy placements for South Bank students. The full report was due in June, but initial indications are favourable.

2.7. NVQ

Central funding for NVQs has ceased. The Trust will in future be offering a limited, but focused service, using the HR education budget.

A new development programme has been devised for new care assistants, whereby each member of staff will undergo a period of training and assessment via a workbook. This will be used to enable care assistants to progress to a higher banded post, and will compensate in part for the loss of the NVQ programme.

2.8. Postgraduate Medical Education

a. Foundation Programme (FP).

- **Assessments.** Assessments are becoming pivotal to providing the evidence on which to base judgements about competency. During May, trainees underwent their second round of assessments. Our limited initial feedback from the exercise was positive, with trainees saying they learn from them as they offer an explicit outline of what they need to learn in their early years of training. The FP has also received tremendous support from assessors.
- **Recruitment 2006.** From this year, all recruitment for the Foundation Programme is done electronically, without personal interviews taking place. 23 FP1 and 23 FP2 trainees were appointed in March.
 - **FP1.** The Shadowing Week takes place one week before 23 FP1s start work at the Hospital. The aim of this shadowing programme is to enable trainees to feel more confident when they begin their F1 post by preparing for the clinical and educational challenges that they will meet, orientating themselves in the hospital where they are going to be working and living and finding out how their specific post and team works. The programme includes the following taught courses:
 - Basic Life Support
 - HELP

- Prescribing Assessment
- Time Management

- o **FP2.** The two-year FP2 Pilot Scheme will finish on 31 July 2006. The first cohort of FP2 trainees who have finished the FP1 programme were appointed in March. The posts now include an academic rotation, in collaboration with the Royal Free and University College Foundation School. 50% of the 23 FP2 doctors will spend three months in general practice. The International Public Health post continues in collaboration with the London School of Hygiene and Tropical Diseases and the Islington

b. SHOs in Medicine received the first inspection visit by the Postgraduate Medical Education Training Board (PMETB) on 23 March.

c. Specialist Registrars

- Run-through grade.

Work on the run-through grades after FP started at the London Deanery with a census of all training posts in the region. The Department of Health wants to provide specialist training shaped by service need to produce a workforce of both specialists and GPs trained to Certificate of Completion of Training (CCT) level that will include doctors who may not have reached CCT-level but are credentialed in defined competences.

d. Foundation Website

The London Deanery approved our bid to continue to develop the website to support the doctors on the Foundation programme, and to facilitate collection of data regarding the assessments. The bid was presented in collaboration with the IM&T Department.

e. Training the Trainers.

The London Deanery continues to support this programme, which is in its second year. The programme for the session starting September 2006 will be finalised once a survey of training needs of educational supervisors is complete.

3. Essence of care

3.1. Individual benchmarks

The following areas have seen activity over the last six months:

- Communication
- Privacy and Dignity
- Record keeping
- Pressure Ulcers
- Continence
- Food and Nutrition
- Safety of Clients with Mental Health Needs

Areas that have yet to be addressed formally through the programme are:

- Mental health & safety
- Principles of self care
- Hygiene

3.2. Communication

Guidelines for staff on answering the telephone have been written and were launched in September 2005. Photo boards are being introduced on the wards and clinical areas. These will display photographs of ward staff and other key staff (e.g. therapists) to help patients and relatives to identify who is responsible for their care. There have also been recent interactive training sessions on communication provided by a patient group.

3.3. Privacy and dignity

The multidisciplinary privacy and dignity group meet regularly and discuss complaints received relating to privacy and dignity and any other relevant issues. One example of a complaint is consultant clinic appointments being interrupted by nursing staff and junior doctors. The Patient Relations Manager and the Consultant from the group sent a joint letter to the Medical Committee asking consultants to discuss this with their teams.

The Patient Environment Action Team (PEAT) identified the lack of a privacy and dignity policy in their 2005 inspection. A policy has since been written and launched and this improvement was noted in the 2006 inspection.

3.4. Record Keeping

A lot of new documentation has been developed and introduced or is in progress. The following give some examples:

- The new patient details booklet has been launched
- Endoscopy documentation is just ratified and is awaiting a staff teaching session
- Paediatric early warning score for critical care, which is part of the new documentation. Teaching sessions were arranged to support its introduction.
- Revised ITU documentation is being piloted
- Paediatric feed and drinks chart in progress of being developed
- Paediatric oncology drug charts in also under development, as the computerised adult system cannot be used for children
- Swallowing screening tool under development as part of the stroke proforma diary
- Mobility referral form for physiotherapy referrals has been piloted and a staff survey was carried out. The form has now been ratified.
- Blood and blood products collection form under development, to reduce the incidence of wrong units being collected or blood not transfused in time
- CPAP treatment chart under development
- Core plan for nasogastric care being developed
- Day unit prescription sheet has been agreed and will be introduced once final version is printed

The annual nursing documentation audit in 2005 showed documentation was completed to a similar level as in 2004. Documentation was being completed reasonably well but problems identified included lack of identifiable authors of entries, lack of next of kin out of hours contact details, and date of transfer to the ward not being recorded. There are plans to re-audit in summer 2006.

3.5. Pressure Ulcers

An audit was carried out in November 2005. 83% of patients had their pressure ulcer risk score assessed, but no "at-risk" patients were given a leaflet about pressure ulcer prevention. For the majority of patients there was no evidence to suggest a skin inspection had taken place. Individual reports have been sent to each area and they have been asked to provide an action plan. A trust wide action plan has also been developed and this includes education of staff, review of the Waterlow risk assessment tool, and development of a resource folder.

The new electric profiling beds in use across the hospital have significantly reduced the requirement for additional pressure relieving resources across all wards, and therefore reduced expenditure. The most recent pressure ulcer prevalence survey, carried out in February 2006, showed a reduced incidence across the hospital of 9%.

3.6. Continence

Results from the audit of toilet facilities have been fed back to the relevant wards and they have been asked to develop an action plan. The trust has also been involved in the national continence audit looking at the care of elderly patients. There is currently no continence nurse specialist in post; a new nurse has been appointed but the post only covers Women's Health. The audit also identified that the trust has no guidelines about continence assessment and care. The group have now started to develop assessment guidelines and documentation.

3.7. Food and Nutrition

The nutrition team carry out regular ward rounds looking at whether patients have their nutrition assessed and are referred appropriately. Feedback is then given to the wards. There have been regular food tasting sessions on the ward involving a cross section of staff from nutrition, facilities and Trust Board. They observe, taste food and ask patients what they think. The score for food in the 2005 patient survey (see separate Board agenda item) has significantly improved, and the Whittington is no longer in the bottom 20% of trusts according to patients' opinion.

An audit of checking of nasogastric feeding tubes has been carried out and is in the process of being written up. This identified that patients often did not have the position of the feeding tube checked or had it checked by an inappropriate method. The nutrition nurses have highlighted problems to the relevant matrons and ward managers.

3.8. Mental Health

A working group has been set up comprising of a sister from the Emergency Department, a representative from the Mental Health Liaison Team, the Bed Manager who is also leading on mental health within the trust, and a representative from the Clinical Governance Department. They reviewed best practice statements used by UCLH and these are being adapted into audit tools and questions that can be used to carry out the benchmarking. The bed manager is also putting together information for the wards about caring for patients who are sectioned under the Mental health Act, and now has information leaflets to give to patients about their rights.

3.9. Hygiene

One of the matrons has reviewed audit tools used by another trust and is going to send them out to members of the Essence of Care Steering Group for comments, prior to starting an audit.

3.10. Summary

A lot of work continues to go into the Essence of Care programme. This work will be continued over the next six months with action plans developed as a result of recent and future audit work. Leadership of some of the existing benchmarks, as well as the remaining benchmarks, will need to be reviewed in light of the recent reorganisation of the matrons. Membership of the steering group will also be reviewed later in the year.

4. Patient Feedback

Attached is the patient feedback report for Quarter 4 of 2005/6. The report for the first quarter of 2006/7 will be available at the end of July, and will be brought to the September Board meeting. Board members are reminded that this report is always published one month in arrears, as the Trust has 20 working days to reply to complaints.

The improvements in response time achieved from October 2005 were sustained between January and March. Early analysis of the 2006/7 data shows that 72.3% were responded to in time in April and 82.6% in May. Thus far the June performance look likely to achieve 80% also.