

**ITEM: 9**

**MEETING: Trust Board 18 January 2006**

**TITLE: Clinical Governance Report**

**SUMMARY:** This reports summarises progress against the areas of the clinical governance development plan that were considered by the November and December meetings of the Clinical Governance Steering Committee.

- Clinical Negligence Scheme for Trusts assessment
- Medicines management annual report
- Essence of Care
- Clinical risk management
- Clinical risk assessment
- Complaints management

**ACTION: For information**

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



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

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

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.

The outcome of the assessment will be reported at the Board meeting.

## **2. Medicines Management Annual Report**

The Annual Report on Medicines Management was discussed at the November Clinical Governance Steering Group, and is attached to this paper as Appendix 1.

The Whittington pharmacy department has demonstrated very effective management of drug costs over the last year, and was the only Trust in London where drug costs were actually reduced (by £90k) in 2004/5. Across London acute trusts, the drugs budget expenditure increased by over 15% in 2004/5, and local PCTs annually uplift their drugs budget by 10%, in line with above-inflation increases in drug costs.

Effective control of medicines usage requires experienced pharmacists to be available at ward level, where clinical decisions regarding medicines are made. There has been rigorous reinforcement of Drugs & Therapeutics Committee decisions via the clinical pharmacy team at the Whittington, which is reflected in the fact that current adherence to the prescribing formulary is at over 98%.

## **3. Essence of Care**

Work has continued cross the trust on key aspects of the Essence of Care programme.

### 3.1 Communication

Communication has been a key issue identified through patients' comments and complaints and was a feature of the privacy & dignity survey undertaken in 2005. The focus has been on low cost solutions which will impact on the information available to patients, including photo boards to identify staff in clinical areas, and guidelines for good practice in answering the telephone.

### 3.2 Privacy & Dignity

The observation audit in June 2005, undertaken jointly by nurses and patient representatives, identified a range of issues, including staff chewing gum



whilst on duty, patients' bedside tables being placed out of reach, and staff looking at patients' notes at the end of their bed without acknowledging the patient. This has proved a very useful tool in raising staff awareness of the importance of these issues to patients.

In addition, work has continued to make spare clothes available for patients to travel home in, so they do not have to wear their nightwear, the linen contract has been revised and now provides a better quality of hospital gowns and nightwear for patients, and the Facilities Department have been checking the hanging of all bed curtains to ensure that they overlap when closed.

The most important change needed is a change in the attitude and behaviour of some staff. A privacy & dignity policy has been agreed, which incorporates the core principles, and was launched at the Whittington Forum. This will be supported with awareness sessions during the coming year.

### 3.3 Record Keeping

Further nursing documentation has been reviewed and revised during the year, particularly focusing on monitoring charts. The data quality audit review undertaken by the Audit Commission last year rate the Whittington's nursing documentation as "excellent"

### 3.4 Pressure Ulcers

The Tissue Viability Specialist nurse has introduced a wound management formulary, which is now available on the intranet. It will also be distributed to every ward as a printed document, together with a poster guideline for wound management products.

Pressure ulcer prevention was audited across the Trust at the end of 2005, and the results are awaited. A paediatric assessment tool has also been developed, based on work undertaken at Kings College Hospital.

### 3.5 Continence

An audit of toilet facilities was undertaken across a selection of wards and clinics in 2005. The main problems identified included a lack of signs for some toilets, and some toilet cubicles being used for storage space. Work is now in place to address these.

### 3.6 Food and Nutrition

Protected mealtimes remain in place across the hospital and are working well. They have been well evaluated by both staff and patients. Following positive feedback from patients about the effect of controlling visitor numbers to the wards during this period, the hospital's visiting policy is now being revised, led by the Patient Experience Review Group.

The clinical nutrition team carry out regular ward rounds to ensure that patients are being appropriately assessed and managed. There are also regular food tasting sessions on the ward, involving key directors, dieticians and catering staff. Patients' opinions are also sought as part of these visits.



A speech and language therapist and a dietician have recently set up interactive lunch groups on the older peoples wards, getting a small group of patients together over lunch to allow better assessment of their nutritional intake, together with increased social interaction. The project has already identified that patients' nutritional intake increases in this setting, and the staff involved were recently recognised in the sector Equality & Diversity Awards.

#### **4. Clinical Risk Management**

Attached as appendix 2 is the clinical risk management report for the first six months of 2005/6. Key aspects to note are:

- 4.1. Increased emphasis across the hospital on the importance of timely reporting. Action is now being taken against managers who do not complete incident reporting forms within the expected timescale.
- 4.2. 25 incidents were graded as high risk, and were each individually investigated. This represents 3% of all incidents reported, and has remained stable since the Trust introduced grading of each incident in 2004. Details of high risk incidents are included within the report.
- 4.3. All patient incidents are reported through to the National Patient Safety Agency's database.
- 4.4. The structure of the clinical risk team will be reviewed in 2006. Work is also beginning to improve the feedback that staff receive about the action taking following the incidents that they report.

#### **5. Clinical Risk Assessment**

A Trust-wide clinical risk assessment was undertaken during 2005, and was reported in detail to the December Assurance Committee. The assessments included a check of which generic risk assessments and COSHH (Control of Substances Hazardous to Health) assessments had been completed, a general discussion about any issues the ward/department manager felt were significant, a walk round the department to look for risks and hazards, and the agreement of appropriate actions. Reports on the assessment for individual areas have been circulated to divisional managers, clinical leads and ward/department managers.

Every area was given an overall risk rating, depending on the number of risks that needed to be addressed, the level of work outstanding and what measures were already in place. The score were as follows:

Very good:	10 (31%)
Good:	13 (41%)
Average:	7 (22%)
Poor:	2 (6%)
Very poor:	0



The summary of the key findings for each clinical areas was reviewed at Assurance Committee. Commonly occurring issues include lack of ventilation in many areas, lack of storage space, and concerns over the potential risk of burns to ward staff using paper towels to handle hot food.

Once the new building is open, some of the problems with space for storage will be resolved.

The Health & Safety Adviser is working with the catering and infection control teams to find a solution to handling hot food which provides adequate protection from burns and can either be disposed of or cleaned so that it is not an infection risk.

The two areas identified as being poor overall were Podiatry and the Histology Laboratory. Podiatry currently has very cramped working conditions and the Histology Department need to update their COSHH and risk assessments.

Board members should also be aware that many areas of good practice were identified during the assessments. Many 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.

## **6. Complaints management**

Although the analysis of patient compliments and complaints for the quarter October to December 2005 is not yet available, the improvement of complaint response times has been a priority over the past few months.

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.

Complaint response times are now monitored weekly at the Executive Team meetings, and individual complaints are being proactively managed by the Operations Directorate. Response times have shown a significant improvement, at 85.71% for October and 90% for November. Responses to complaints received in December are continuing to be managed within the required timescale, despite an increase in the numbers received (compared to the previous three months).

