

**MEETING:**

Trust Board  
21 March 2007

**TITLE:**

Clinical Governance Report

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

- Human Tissue Act
- Blood transfusion
- Confidential Inquiry into Suicide and Homicide
- Postgraduate medical education annual report
- Patient feedback quarterly report

Following the update at January Trust Board, the increased number of complaints since November 2006 has been sustained. The Trust has managed, however to maintain a response rate averaging 80% within time, despite a significantly lower than planned response rate in December. Further details of actions taken in response to complaints are also included in the report.

The Healthcare Commission visited the Trust on 16 February to review our complaints handling process, as part of a national audit. The final report has not yet been received, however, the feedback given on the day was favourable.

**ACTION:** For information

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

**Financial details supplied/checked by:** None applicable

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

## **1. Human Tissue Act**

Dr Su Ramachandra, Consultant Histopathologist, presented an update on the Trust's position against the requirements of the Human Tissue Act 2004, which came into effect in September 2006. It is now unlawful to remove, store and use tissue from the dead without appropriate authority. Breaching the Act is a criminal offence.

The Trust has applied for a licence, under the terms of the Act, for pathology related activities, which covers undertaking post-mortem examinations, storing the body of a deceased person, and removal or storage of "relevant material" (any material that consists of or includes human cells) for a "scheduled purpose" (which includes determining the cause of death, quality assurance and clinical audit).

Every Trust is required to have a "Designated Individual", which for the Whittington is Adam Smith, Divisional Manager for Diagnostics and Therapies. A deemed licence is issued to all applicants on receipt of the licence applications, for a fee of £18k for three years. The proposed licence will then be issued once the Human Tissue Authority (HTA) is satisfied with the evidence of compliance submitted to them. Licensed premises will be inspected every three years to check continued compliance with the licence terms.

A small steering group has been established of key individuals to consider specific issues of practice within the Trust and report back to Clinical Governance Steering Group. These include review of consent processes for post-mortem; sensitive disposal policy for post-mortem materials; management of existing samples dating from before September 2006, which are not regulated by the Act; dissemination of information to clinical staff across the Trust. We do not anticipate any problems with the licensing process.

## **2. Blood Transfusion**

Progress against the recommendation in the 2004 Serious Hazards of Transfusion (SHOT) report have been reviewed. There has been good progress against all the recommendations.

The 2005 SHOT report was published at the end of 2006, and will the recommendations will be reviewed at the April Clinical Governance Steering Committee.

## **3. Confidential Inquiry into Suicide and Homicide (CISH)**

The recommendations from the latest CISH report, which address policy and practice in the care of patients with mental health problems, have been reviewed against practice within the Trust. Although the Whittington does not have a mental health unit, a significant number of our patients do have ongoing mental health problems in addition to their physical problems. In addition, the Emergency Department is a designated "place of safety" for patients with acute mental health problems requiring emergency assessment.

A survey of all potential ligature points across the hospital have been undertaken, in partnership with colleagues from Camden & Islington Mental Health Trust. A number of areas have been listed as priority for action, following discussion with the Estates department, initially within the Emergency Department.

Formal arrangements are also now in place with Camden & Islington Mental Health Trust to enable joint investigation of incidents involving patients with mental health problems.

#### **4. Postgraduate Medical Education Annual Report**

The report, from Dr Anna Kurowska, Director of Medical Education, is attached as an appendix to this paper.

#### **5. Patient feedback Report**

The quarterly feedback report on patient complaints and compliments is also attached to this paper.

The number of complaints rose substantially during this quarter. The rise coincided with the opening of the new building and was reflected in people's frustration at not being able to find their way round initially. The level of complaints about the new building has now reduced. Since the Patient Relations Office moved to the new entrance, more verbal complaints are received as the office is much more accessible. The increase in number of complaints has been sustained through January and February.

PALS are dealing with about the same number of concerns as they did for each of the previous three quarters.

The number of compliments received was slightly up on last year