West Hertfordshire Hospitals **NHS**

NHS Trust

From:	Howard Borkett-Jones, Medical Director
To:	Trust Board 1st July 2004
Subject:	**Clinical Governance Monitoring Q4 2003/04**
Action:	For noting

The Clinical Governance monitoring report for Q4 2003/4 is attached.

This report itemises the performance of a range of clinical governance indicators within the Trust, and details actions underway to monitor trends more closely

The Board is asked to note the contents of the report.

Clinical Governance Report, Q4, 2003/4

An interim report, detailing recent progress in furthering the Trust's Clinical Governance (CG) programme was provided for the Board Meeting on 29 April. Updates on this report information are given below, where appropriate.

1. Management issues:

CG Development Plan 2004/05
The CG Development Plan for 2004/05 was submitted in February 2004. The Plan outlines the Trust's CG objectives, both corporate and within the five divisions. It will be used as a live document to guide and monitor progress. The Plan has been approved by the Strategic Health Authority (SHA), number of further suggestions were made and the Trust has responded.

The CG Development Plan (45 pages long), SHA Assessment and the WHHT response are available, if required, from the CG office (contact Celia Richards on HHGH 2260 or Email).

2. Monitoring

Controls Assurance: Governance Standard
The Trust is required to demonstrate compliance with Controls Assurance (CA) standards for a broad range of functions. The CA Governance Standard (Clinical and Corporate) have been extensively reviewed and the Trust demonstrated compliance of approximately 96%. This was against a minimum of 75% expected by the SHA. Further work is in progress to embed CA processes more fully into regular reporting and monitoring frameworks.

Research Governance was introduced to the Controls Assurance process this year for the first time. Guidance has been provided via the national R&D network and full information has been entered on to the ROCA system. Audit of this standard within WHHT has been arranged for early July.

3. **Complaints**

A new Complaints Advisory Group has recently met for the first time. The membership and Terms of Reference were agreed. Documentation provided included:
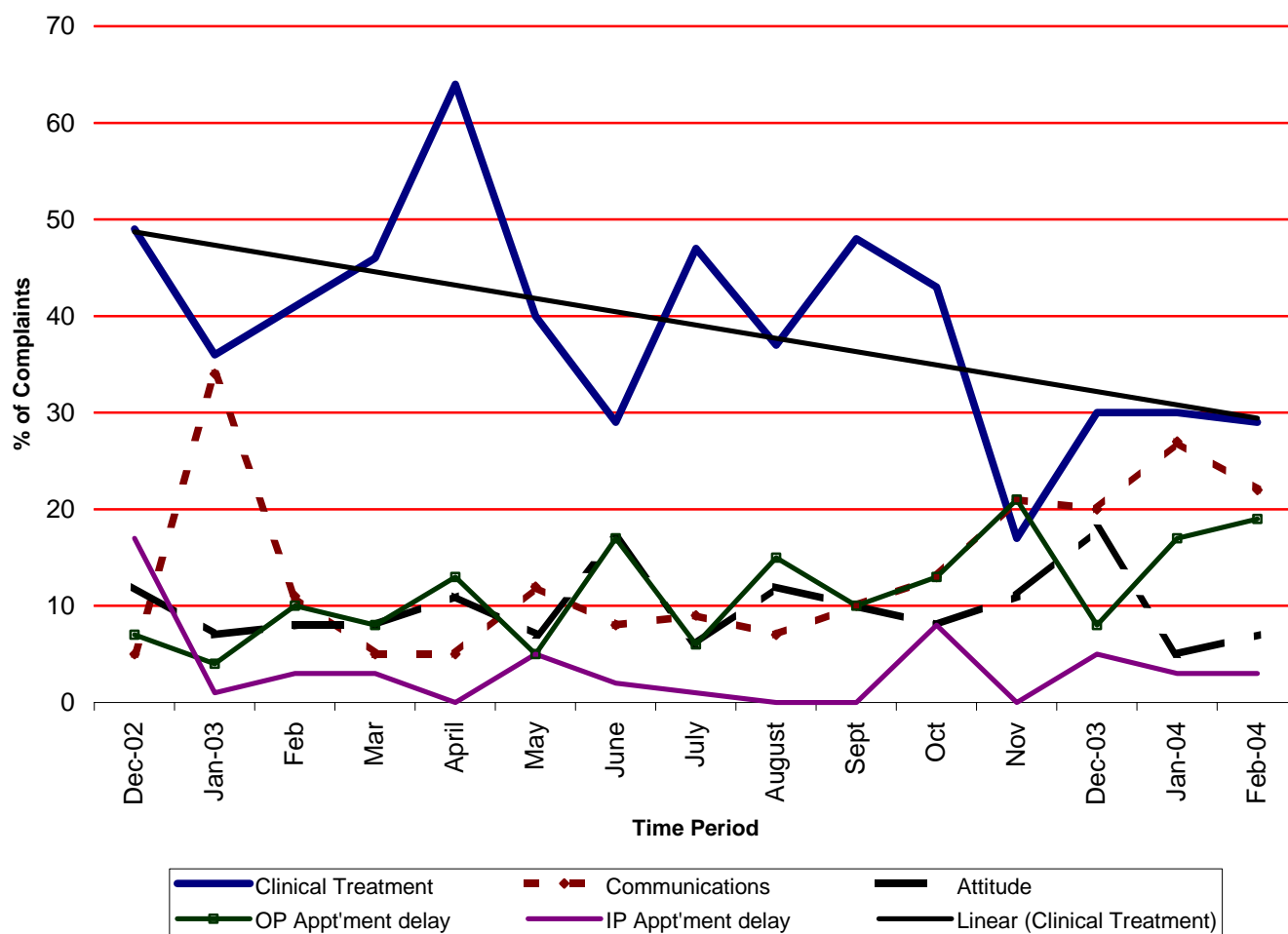
i.   Complaints Report Q3 2003/04
ii.   New complaints form 'Your Comments'
iii.   Complaints by Subject (KO41(A)) and directorate
iv.   Compliance (response times to written complaints) by Division April '03 – Feb. '04
v.   Actions for complaints (August - November '03)
vi.   'How to Deal with Complaints' training guide

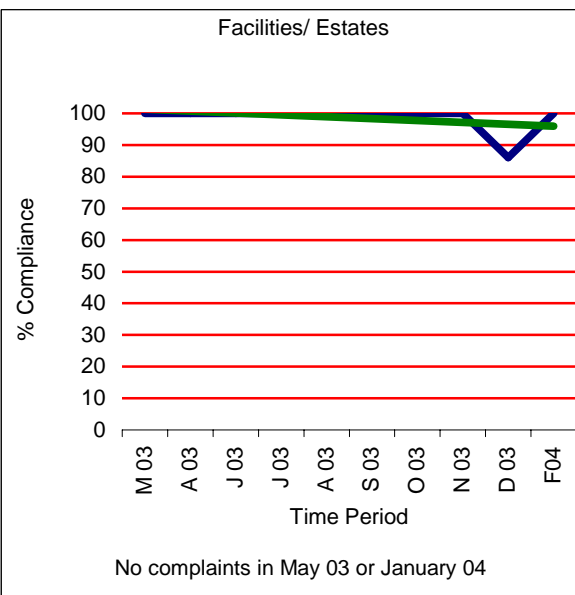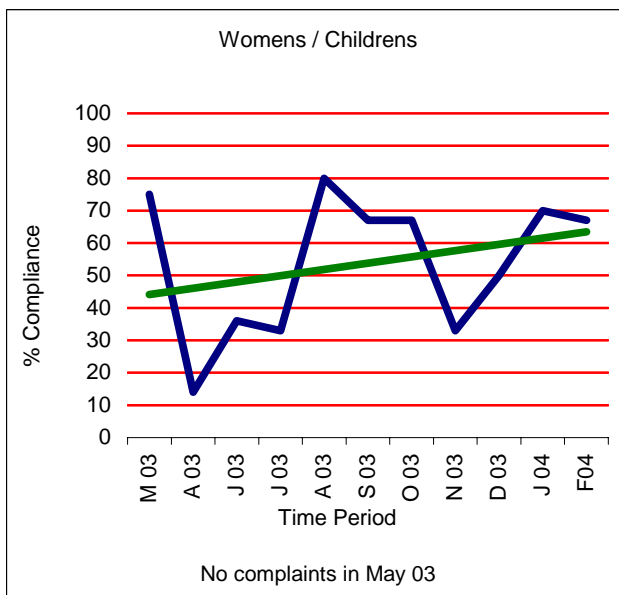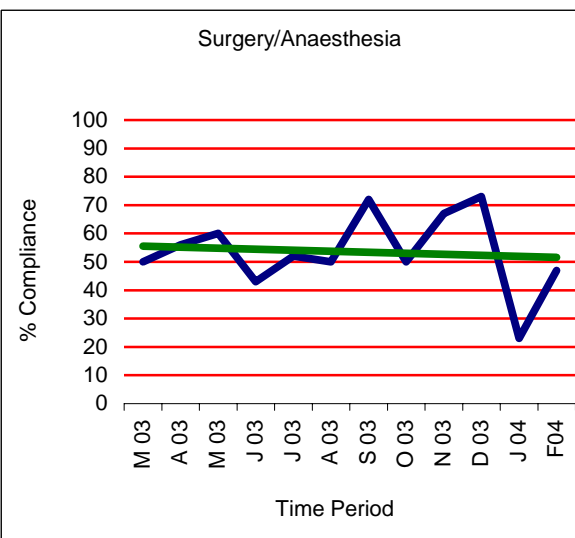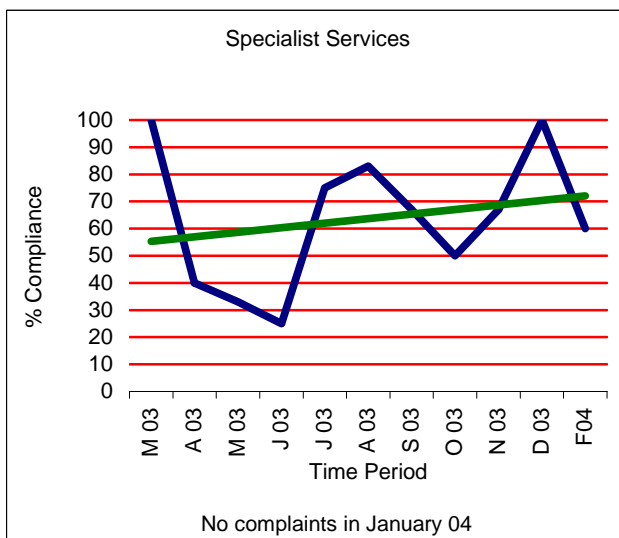These documents are available from the CG office if required.

The charts below demonstrate aspects of Trust performance in dealing with complaints. It is pleasing to note that:

i.   the percentage of complaints about clinical treatment continues to reduce

ii.   in the Women's & Neonatal Division

        -    the number of complaints as a percentage of Finished Consultant Episodes (FCEs) appears to be falling
        -    the compliance with the 20 days response time is now improving following the resolution of some staffing problems.

Complaints by Category Trends : February 2004

Complaints by Specialty : February 2004 : Response within 20 days

Clinical Support

Medicine/A&E

Specialist Services

No complaints in January 04

Surgery/Anaesthesia

Womens / Childrens

No complaints in May 03

Facilities/ Estates

No complaints in May 03 or January 04
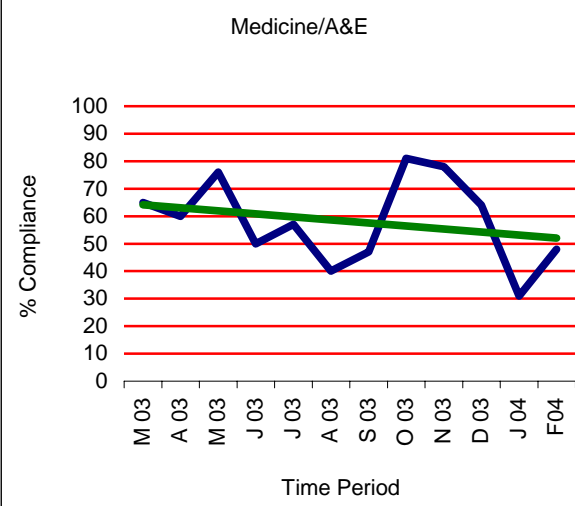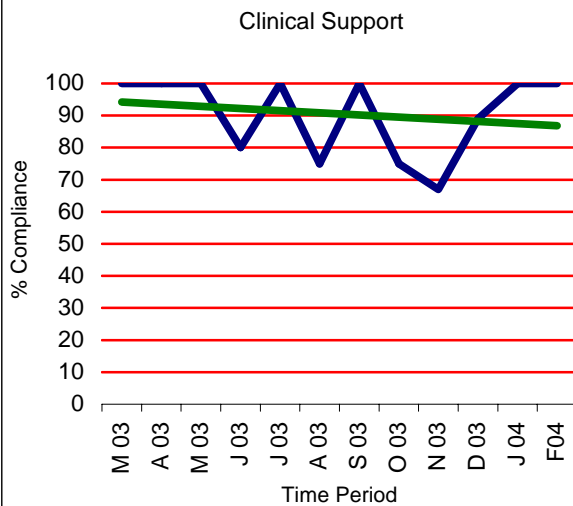
The Trust is pursuing options to improve the overall 20 day response performance.

Complaints as a % of FCEs Q3 '02 - Q4 '04
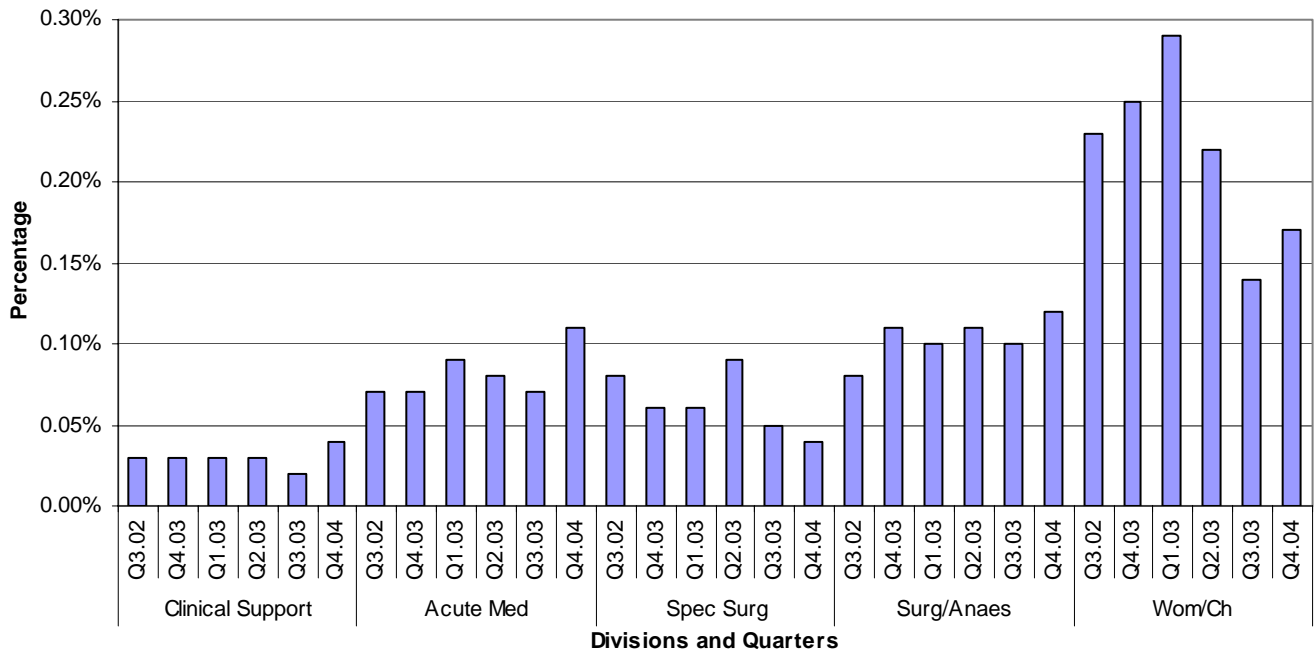
PALS

A PALS special report detailing progress was presented in February 2004. As mentioned in the previous interim report, improved staffing levels and expertise have resulted in a marked increase in the number of concerns that have been resolved by the PALS team, without further referral (77% in the last six months compared with 69% in the previous period).

PALS as a % of FECs : Q3 '02 to Q4 '04
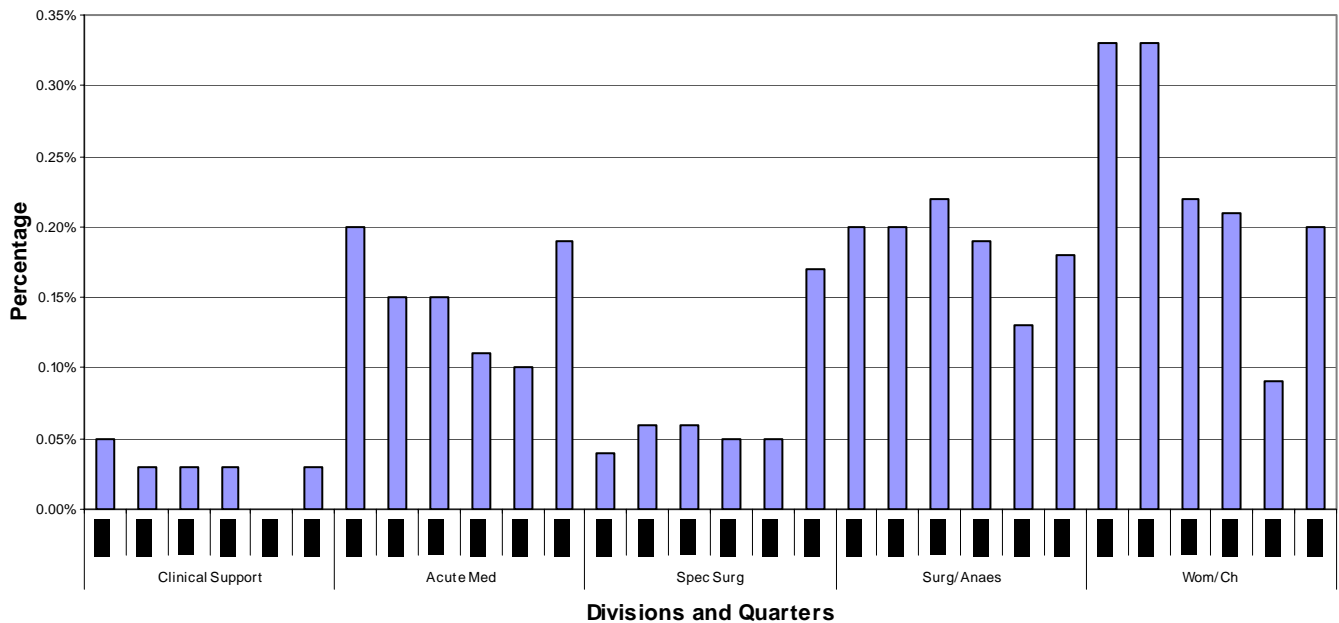
Clinical Incidents

Clinical Incidents as a % of FCEs : Q3.02 - Q4.04
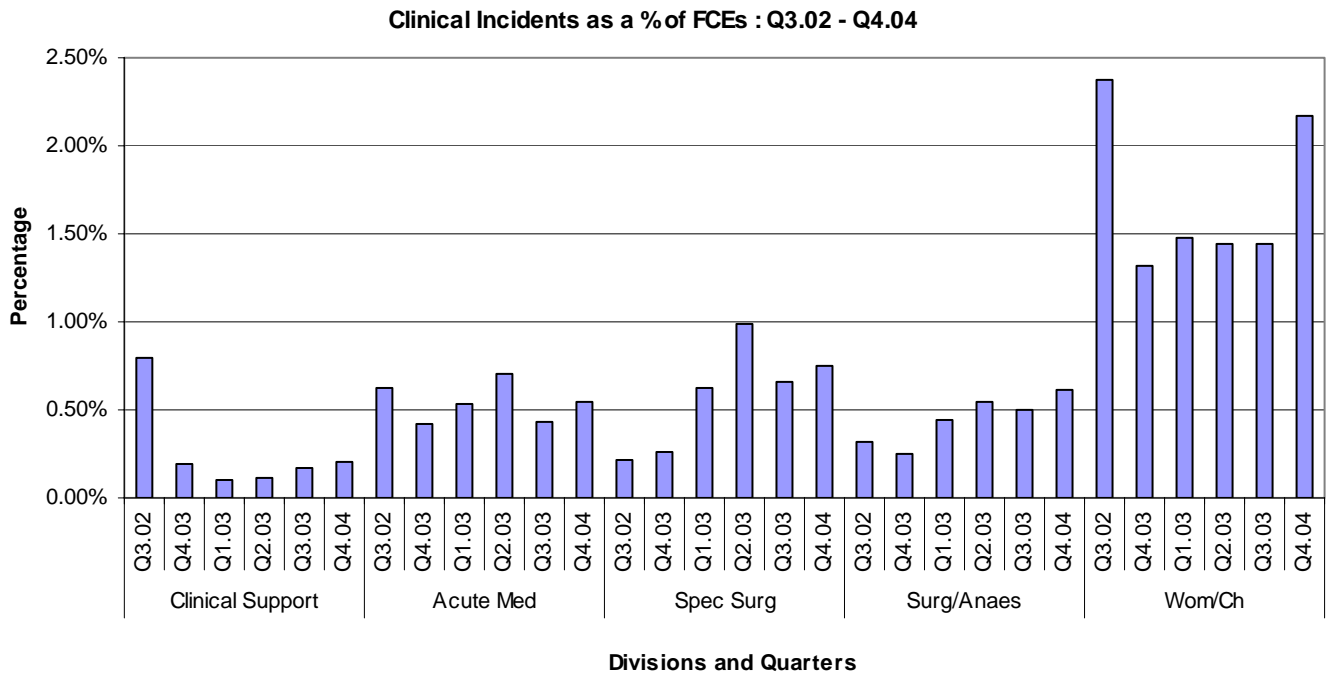
Clinical incident data is collected both by category and by division. Falls, slips and trips continue to be major contributors.

Quarter 4 data shows that, in the Womens & Neonatal division, there has been a rise in the number of incidents as a percentage of FCEs and also in certain categories (Postnatal, Infant and Missing Documents) over the Quarter three figures. Analysis indicated that this reflects improved reporting.

Clinical Incidents by category & division Q4 2004
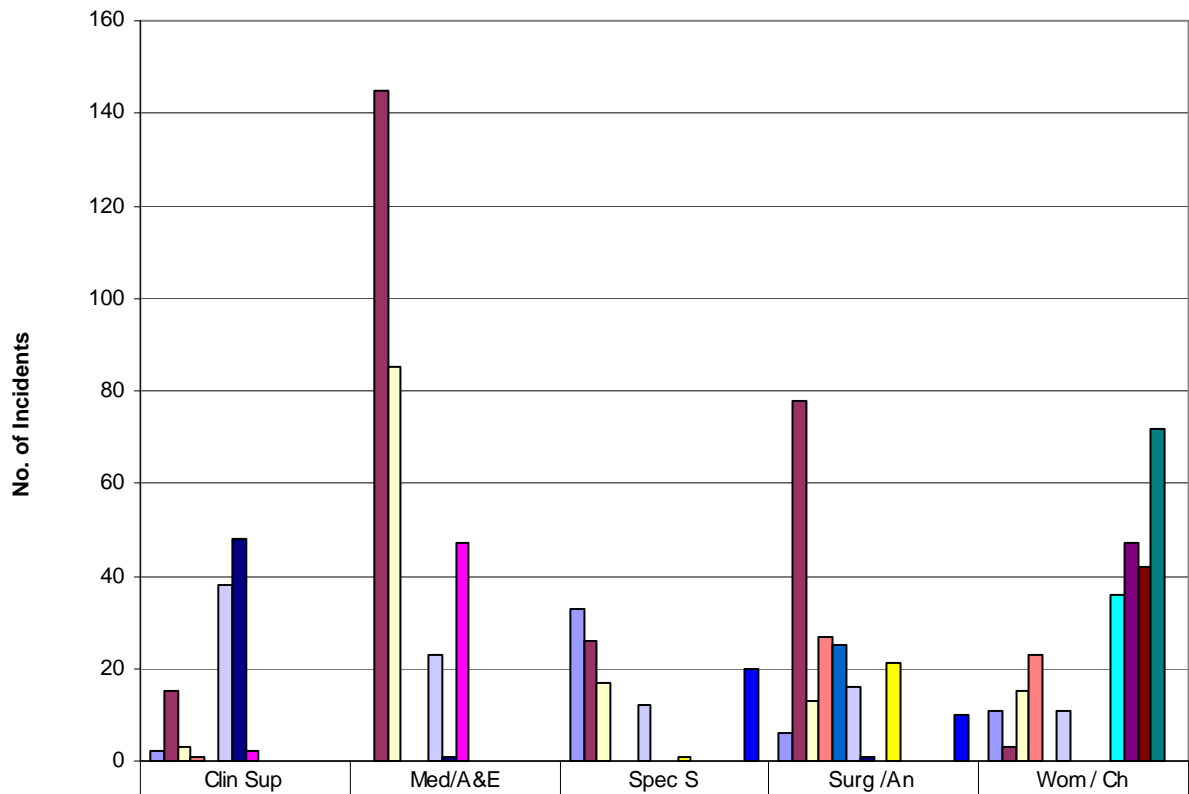(categories that represent >2% of the total

No. of Incidents

	Clin Sup	Med/A&E	Spec S	Surg /An	Wom / Ch
■ Comm	2	0	33	6	11
■ Fall, Slip, Trip	15	145	26	78	3
■ Poor Pt mgt	3	85	17	13	15
■ Missing doc in notes	1	0	0	27	23
■ Ventln in recov	0	0	0	25	0
■ Miscel	38	23	12	16	11
■ Mislabelling	48	1	0	1	0
■ Guidelines	2	47	0	0	0
■ Perioperative events	0	0	1	21	0
■ Labour	0	0	0	0	36
■ Deliv	0	0	0	0	47
■ Postnatal	0	0	0	0	42
■ Infant	0	0	0	0	72

Clinical Division

Blood Transfusion:

Blood Transfusion Errors Q4 2004

	Incorrect component	Poor Labelling	Lab error	RBC	Platelets	FFP	Other
		Blood transfusion errors			Products wasted		
☐ Clin Sup	0	0	0	11	1	5	0
■ Med/A&E	0	106	0	17	5	17	15
☐ Spec S	1	19	0	4	3	2	0
☐ Surg /An	0	107	0	15	4	5	0
■ Wom / Ch	0	223	0	9	0	2	2

Type of Error
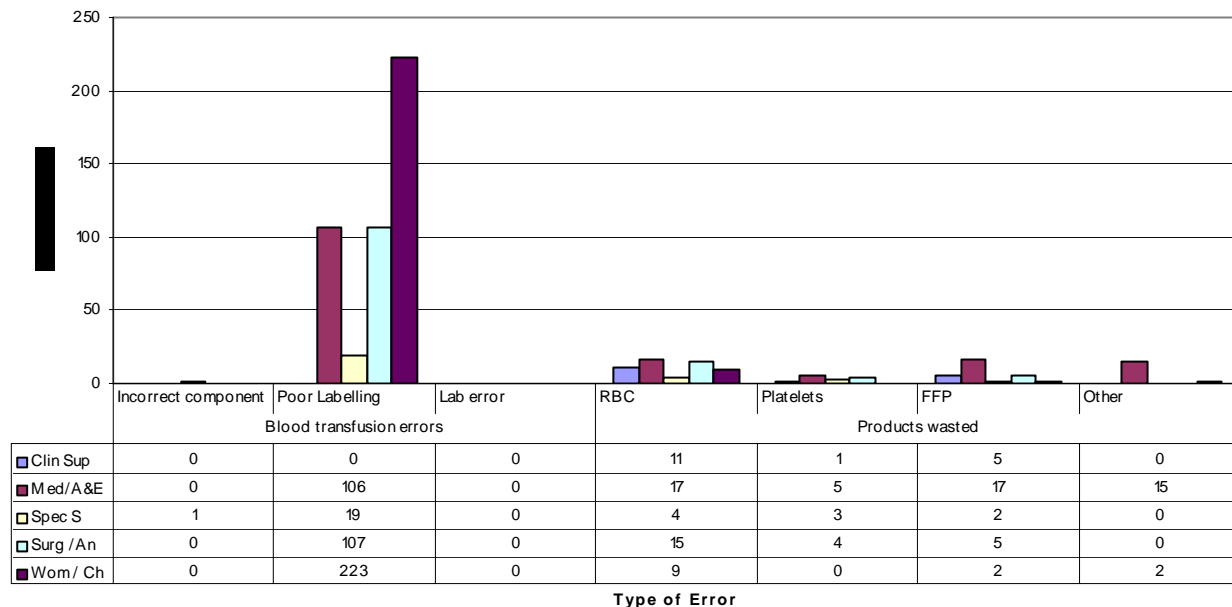
The Transfusion Nurse Specialist (TNS), has been working hard to reduce the number of of labelling errors occurring. Actions taken include:

- mandatory teaching sessions that emphasise the problems and the importance of reducing the number of errors
- letters sent to primary care practitioners to inform/remind them of Trust blood sampling policy
- meetings aimed at understanding and tackling the problems with
- WHHT directors and senior staff in the Women's & Neonatal division
- Surgery & Anaesthetic staff
- attendance and input to Women's & Neonatal one-stop study days.

In addition, the TNS

- would like to encourage more midwives, especially those from the community, to attend her training sessions
- is keen to input to the work in progress to gain CNST Level 1 in maternity in 2005
- will be providing laminated notices to stick on to fridge doors in wards/units to remind staff about Trust policy relating to the use of blood bags.

The Pathology Service Manager recently conducted a spot check on specimen fridges used for storing blood bags, to ensure that bags are labelled and being stored appropriately: this exercise will be repeated in 2-4 weeks. Ward Sisters have been asked to check their fridges regularly.

Infection Control

A comprehensive Infection Control section was included in Clinical Indicators - Report 3, 6 May 2004.

This provides detailed textual and graphic information on both external and internal surveillance and developments within the Infection Control Team (ICT).
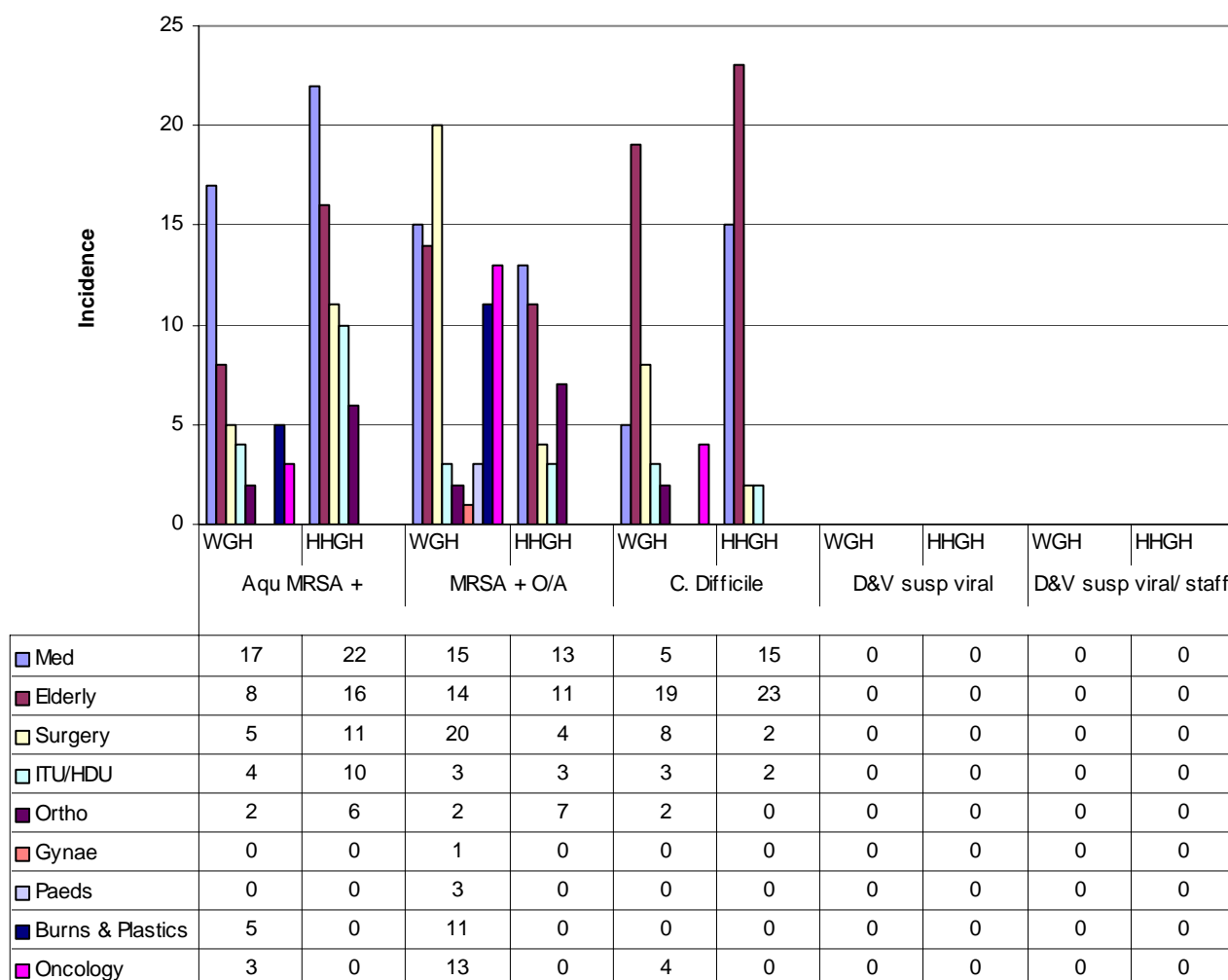
Recent involvement in work for Controls Assurance and Clinical Negligence Scheme for Trusts (CNST) has again highlighted the importance of infection prevention and control as an integral part of quality health care.

The principal infection control problems within the Trust continue to be Methicillin Resistant Staphylococcus Aureus (MRSA) and Clostridium difficile diarrhoea. These remain the nucleus of 'alert organism' surveillance.

Other developments within the ICT include:
- provision of service to Hertfordshire Partnership NHS Trust and parts of the four local Primary Care Trusts
- five policies (Clinical Waste, Isolation, Management of GRE patients, Management of Meningitis and Outbreak of Infection) have been ratified and are posted on the WHHT intranet.

Infection Control Q4 2004

	Aqu MRSA + WGH	Aqu MRSA + HHGH	MRSA + O/A WGH	MRSA + O/A HHGH	C. Difficile WGH	C. Difficile HHGH	D&V susp viral WGH	D&V susp viral HHGH	D&V susp viral/ staff WGH	D&V susp viral/ staff HHGH
Med	17	22	15	13	5	15	0	0	0	0
Elderly	8	16	14	11	19	23	0	0	0	0
Surgery	5	11	20	4	8	2	0	0	0	0
ITU/HDU	4	10	3	3	3	2	0	0	0	0
Ortho	2	6	2	7	2	0	0	0	0	0
Gynae	0	0	1	0	0	0	0	0	0	0
Paeds	0	0	3	0	0	0	0	0	0	0
Burns & Plastics	5	0	11	0	0	0	0	0	0	0
Oncology	3	0	13	0	4	0	0	0	0	0

Type of Infection

Research & Development

There is now a requirement under the Research Governance Framework for 'agreement between research partners'. A suitable agreement for investigator-led research between collaborating NHS organisations has been prepared and has been well received.

Professor Gordon Rustin, R&D Lead in the Cancer Centre at MVH presented this at the national NCRN Gynaecological Cancer meeting recently and the document may be used as a National generic template.