

## CLINICAL GOVERNANCE INTERIM REPORT APRIL 2004

### CONTEXT

A Quarter 3 report was produced for the 4 March Board meeting. The Q4 report, with full monitoring data will be presented in July. This is an interim report high-lighting recent progress in the Clinical Governance programme for the Trust.

#### 1. Management issues:

##### **Clinical Governance Committee (CGC)**

The CGC last met on 24 March. Main points not covered elsewhere in this report included:

- new guidance on SHAs expectations for Trust reporting on Serious Untoward Incidents (SUIs)
- divisional exception reporting in a new format
- the re-establishment of a WHHT Clinical Ethics Committee, a sub-group of the CGC, with Dr Valerie Page as Chair
- agreement to introduce multi-disciplinary ethical training during 2004/05: it is intended that the sessions (probably two during the year) will cover clinical, corporate and research ethics
- the CG half-day timetable for next year will exclude a session in March to ease completion of year-end work: action is being taken to try and find additional suitable venues for these meetings.

##### **Business Planning**

To support the move towards greater integration of business planning between the corporate functions and the divisions, the CG Business Plan was distributed at the WHHT Business Planning event on 16 April. Posters displaying the

- key aims for CG
- primary functions of the corporate CG team
- requirements from divisional teams

and other general CG information were provided.

##### **CG Development Plan 2004/05**

SHA assessment of the plan was received today (21 April) and will be detailed in the next quarterly report.

##### **Research & Development**

The continued demonstration of excellent research governance and compliance with DoH requirements, has resulted in an uplift of £225k in the Trust's R&D Support Funding allocation for 2004/05.

## 2. Monitoring

### **CHI:**

The (second) progress report (26 pages long and available if required) against the CHI Action Plan was completed, to schedule, by the end of March. Excellent progress has been demonstrated.

Although no confirmation has yet been received, the next review (by CHAI, now renamed as the **Healthcare Commission** ([www.healthcarecommission.org.uk](http://www.healthcarecommission.org.uk))) working on a three-year cycle, is expected to take place in 2005 and planning for this will commence towards the end of 2004.

The Cancer Peer Review has previously been a separate process, but will in future be linked to the CHAI process.

### **Clinical Effectiveness (CE)**

The draft CE Strategy has been presented to the CGC and was subsequently ratified on 8 April.

Although it has, as yet proved impossible to recruit to the CE support post, preliminary examination of policies and guidelines posted on the WHHT intranet is being started. Initial focus is on two discrete areas (Care of the Elderly and Anaesthetics) and the collaboration of the practice development nurses is much appreciated.

### **Clinical Audit**

An audit of note-keeping against CNST standards, completed at the end of February, revealed that practice within the Trust reflected Level 2 standard, rather than the Level 1 that was being undertaken.

In General Medicine, audit results were presented and actions agreed in March as part of the division's audit programme.

### **Controls Assurance: Governance standard**

Governance is one of the three core standards and covers both corporate and clinical aspects. Audit of the standard for 2003/04 was carried out by the internal auditor on 19 April. The result is not yet known.

### **PALS**

Data is collected monthly about PALS contacts by outcome i.e. the number of concerns that have been resolved by the PALS team or have to be passed on for more formal action. In the six-month period to September 2003, the team was able to resolve an average of 69 per cent of concerns. In the following period, to March 2004, it is pleasing to note that this has risen to 77%. The improvement on resolved cases results from the employment of a new PALS officer and an agency person who has worked in the department before.

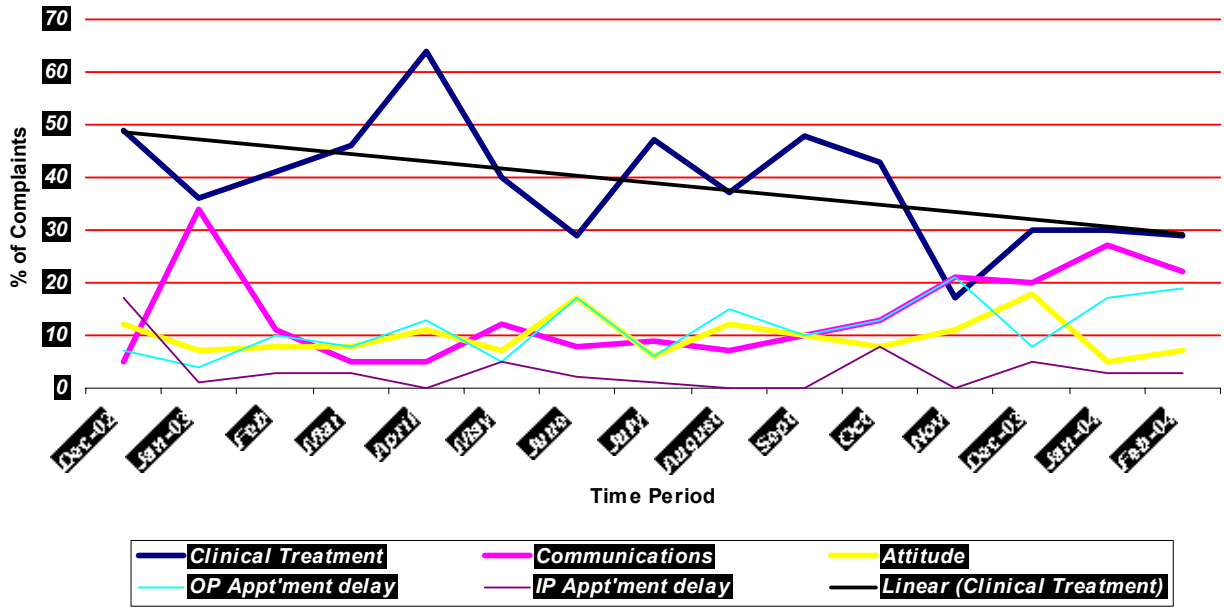
### **Privacy & Dignity (P&D)**

The Essence of Care benchmarking work on P&D is now well on the way to completion, with about two thirds of the submissions from wards and departments received. The final report is expected at the end of May. Jane Ellis, Practice Development Nurse is leading this initiative and can provide further information if required. Results to date indicate that all areas are identifying good practice that can inform an action plan and be shared.

### **Complaints:**

Ever since December 2002, when clinical governance monthly data collection started, the Complaints by Category analysis has shown that concerns about clinical treatment are the most prevalent. The graph below illustrates that this percentage has reduced considerably.

Complaints by Category Trends : February 2004



**3. Communications**

The new ToPPS Communication Group has met monthly since the beginning of this year. The February meeting was devoted to 'brainstorming' issues around the eleven Essence of Care benchmarking factors for communication and in March work started to formulate an action plan. From preliminary consideration of Factors 1 – 7 useful actions have already been agreed. Individuals have been identified to take each action forward. This work is expected to take some months to complete.