

Report to: WHHT Board

Date: 2 December 2004

From: Howard Borkett-Jones, Medical Director

Subject: **Clinical Governance Monitoring / Clinical Indicators Q1 and Q2 2004**

Action: For noting

This report presents Trust performance against a range of clinical governance indicators and details actions being taken to monitor trends more closely.

Previously, the Trust has been separately monitoring additional aspects of quality control that includes Privacy and Dignity, Infection Control, Patient Surveys and Tissue Viability. It has been decided that the Clinical Governance Report should now include this additional subject matter.

Monitoring aspects covered in this report include a special feature on WHHT PALS.

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

Clinical Governance Monitoring / Clinical Indicator Report Q1 and Q2 2004

Management Issues:

The Strategic Health Authority (StHA) assessment of the CG Annual Report (2003/04) was received in mid-September. The summary is given below:

"This is a good report, which demonstrates significant progress and development in two ways"

1. Broad progress in almost every area, rich in example and evidence. There were many accounts of good practice at corporate and divisional level. The involvement of patients in the planning and delivery of care was demonstrated in a variety of ways. The Trust is also working hard to improve professional leadership and development among clinical professionals, notably nursing staff.

2. A much more integrated approach. The report gives the reviewer more confidence that the various strands of clinical governance are being drawn together into an integrated framework. Quoting from the executive summary:

"The aims of clinical governance are now much more widely understood by Trust staff and putting patients' interests first is generally accepted. It would not have been possible to make such forward strides if the Chief Executive and Board had not been so supportive"

Trust structures have been strengthened and streamlined to improve leadership and monitoring, and significant resources allocated, for instance to create the new post of Head of Quality and Risk. Nonetheless the Trust recognises that agenda is still challenging. Successful working with local health partners to improve A&E waiting times gives confidence that other networking challenges, shared by many other Trusts across Beds and Herts, around commissioning, quality, and clinical effectiveness will be addressed.

The report reflects a more confident, competent and focused organisation, which nonetheless recognises the need for further work.

Monitoring:

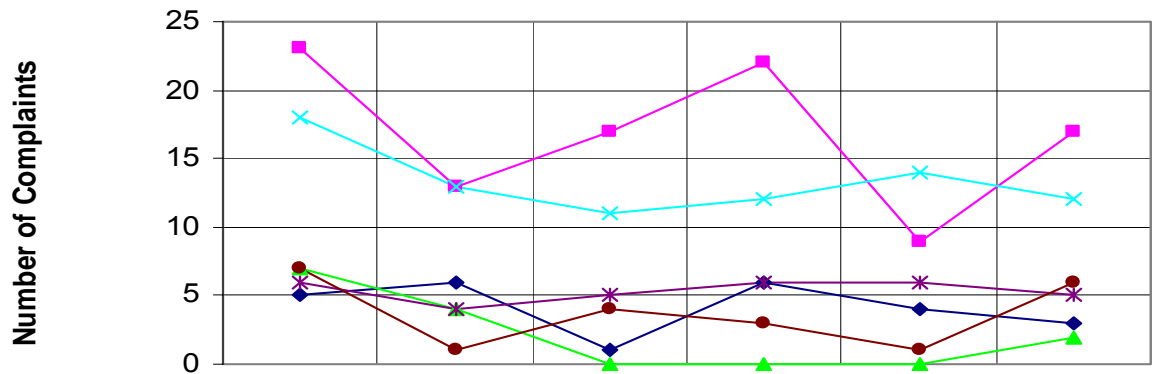
i. Controls Assurance Governance Standard:

The DH published (August '04) an update on the review of Controls Assurance. The standards, in their present form have been abolished. A single inspection framework is expected to be implemented by April '05, working alongside the Standards for Better Health. Version 1 of the criteria is expected at the end of November 2004. The Healthcare Commission will use review by other bodies e.g. CSNT, RPST to gather information instead of requesting it from front-line staff. The StHA may also be asked to provide information. Despite Controls Assurance no longer being in existence, the WHHT programme of work would continue with monitoring of the weak areas.

ii. Concerns and Complaints

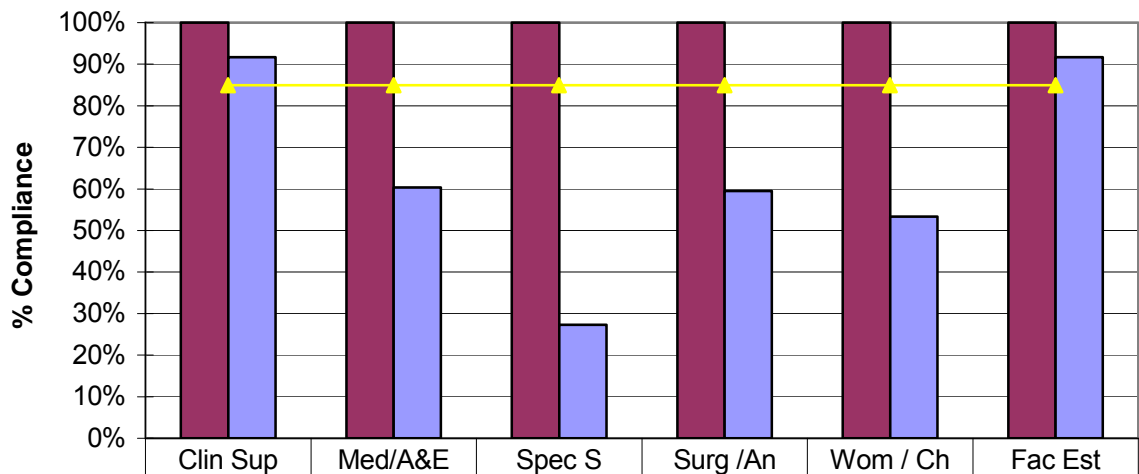
Patient satisfaction is a high priority within WHHT. The development and performance of the Complaints and PALS teams count as a major success for the Trust. The WHHT auditing processes for complaints has been recommended by the StHA to complaints leads across Beds and Herts as an example of good practice.

Number of complaints by Division: Q1 and Q2 2004



	Apr-04	May-04	Jun-04	Jul-04	Aug-04	Sep-04
◆ Clin. Support	5	6	1	6	4	3
■ Acute Med.	23	13	17	22	9	17
▲ Spec. Serv.	7	4	0	0	0	2
× Surgery & An.	18	13	11	12	14	12
* Womens' Serv.	6	4	5	6	6	5
● Facs & Est.	7	1	4	3	1	6

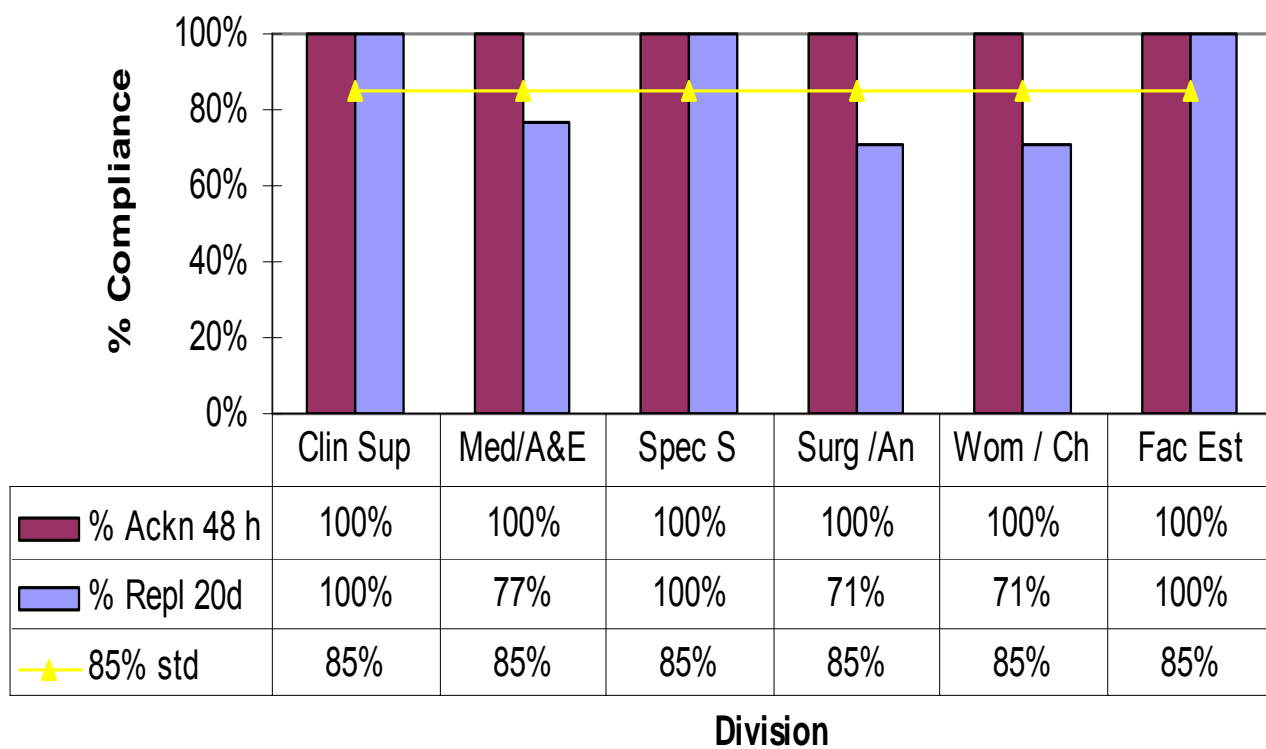
Complaints Handling: Q1 '04



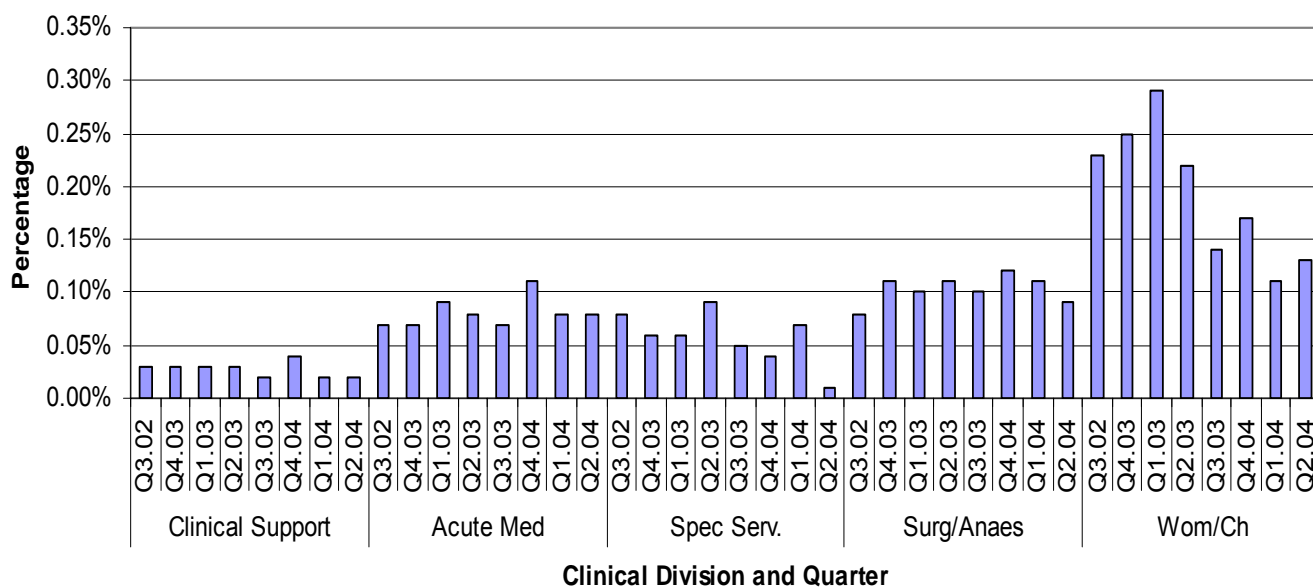
	Clin Sup	Med/A&E	Spec S	Surg /An	Wom / Ch	Fac Est
■ % Ackn 48 h	100%	100%	100%	100%	100%	100%
■ % Repl 20d	92%	60%	27%	60%	53%	92%
▲ 85% std	85%	85%	85%	85%	85%	85%

Division

Complaints Handling: Q2 '04



Complaints as a % of FCEs: Q3 '02 to Q2 '04

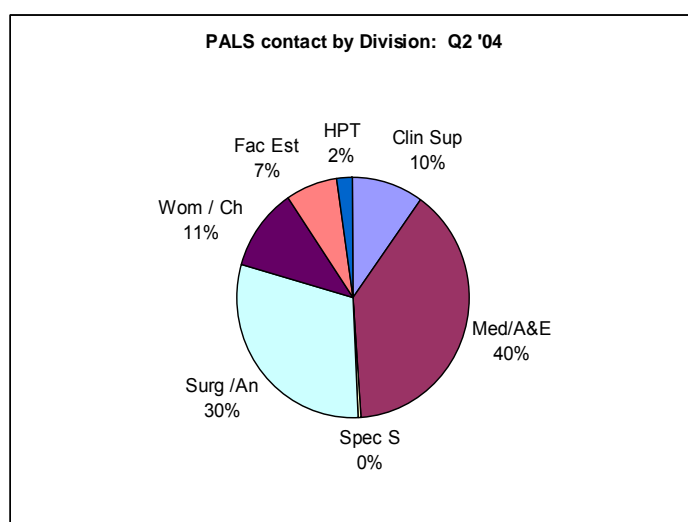
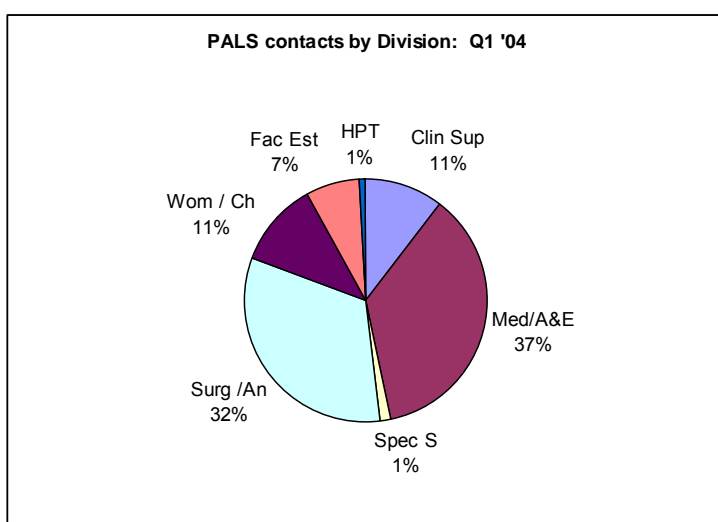
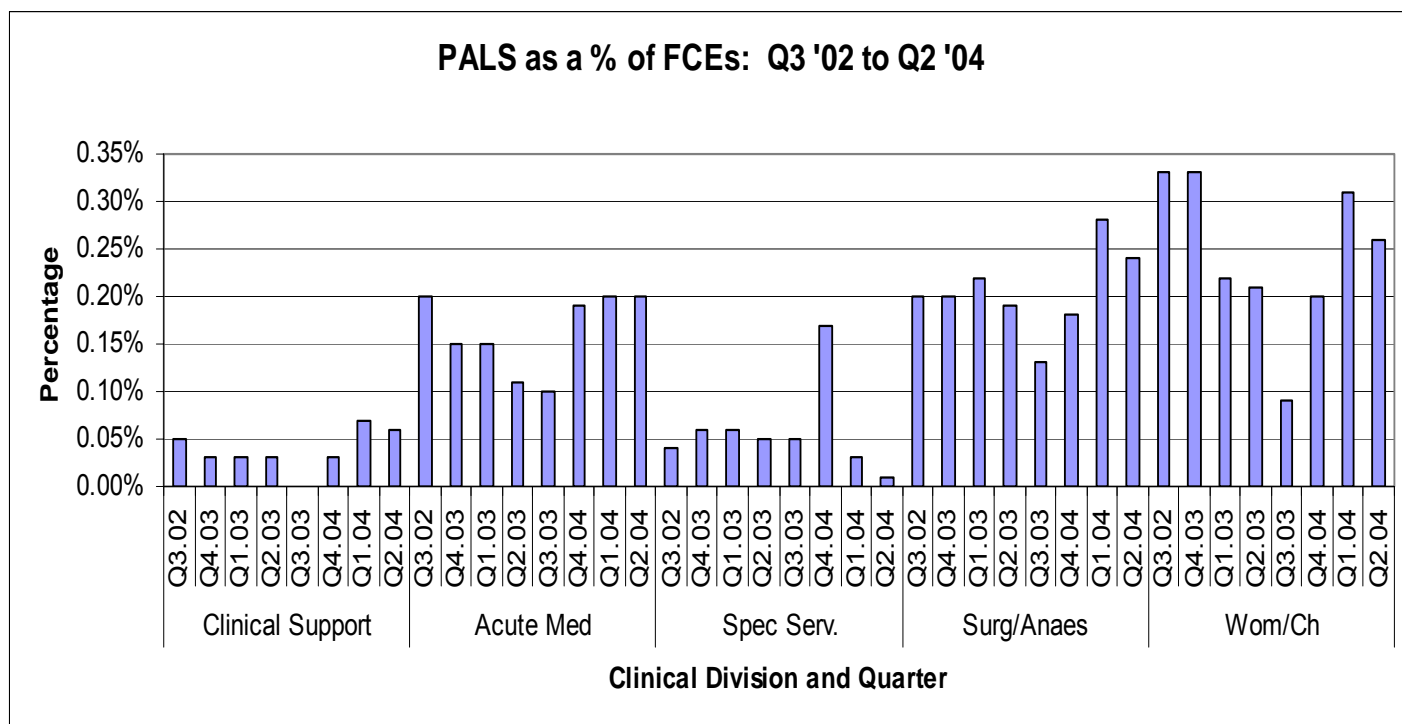


The pleasing reduction in the number of complaints as a percentage of FCEs in Women's Services continues as shown above.

PALS

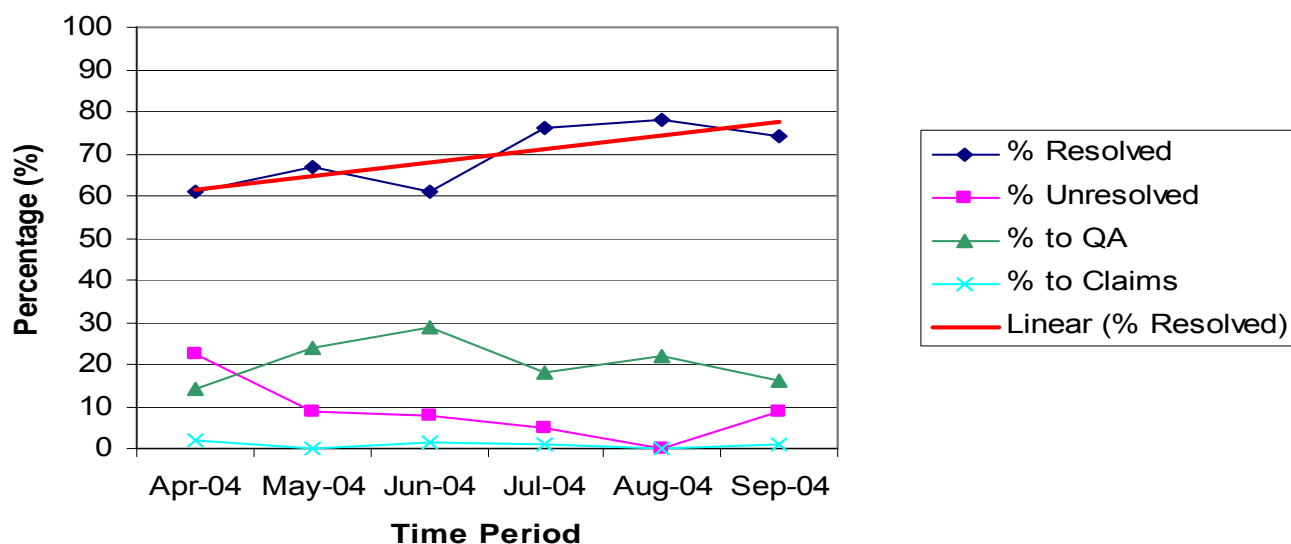
The chart below illustrates that there is an increase in the number of PALS contacts as a percentage of Finished Consultant Episodes (FCEs) for most divisions in Quarter 1 reducing slightly in Q2. This has not generally been translated into an associated increase in the number of complaints as a percentage of FCEs. This probably demonstrates that:

- i. our patients and carers are now more aware of PALS and are willing to use it and
- ii. the PALS team is resolving a high proportion of concerns without having to refer on.



As a percentage of PALS by division have not altered significantly over the past six quarters. This will not be included in future Trust Board reports unless the situation changes.

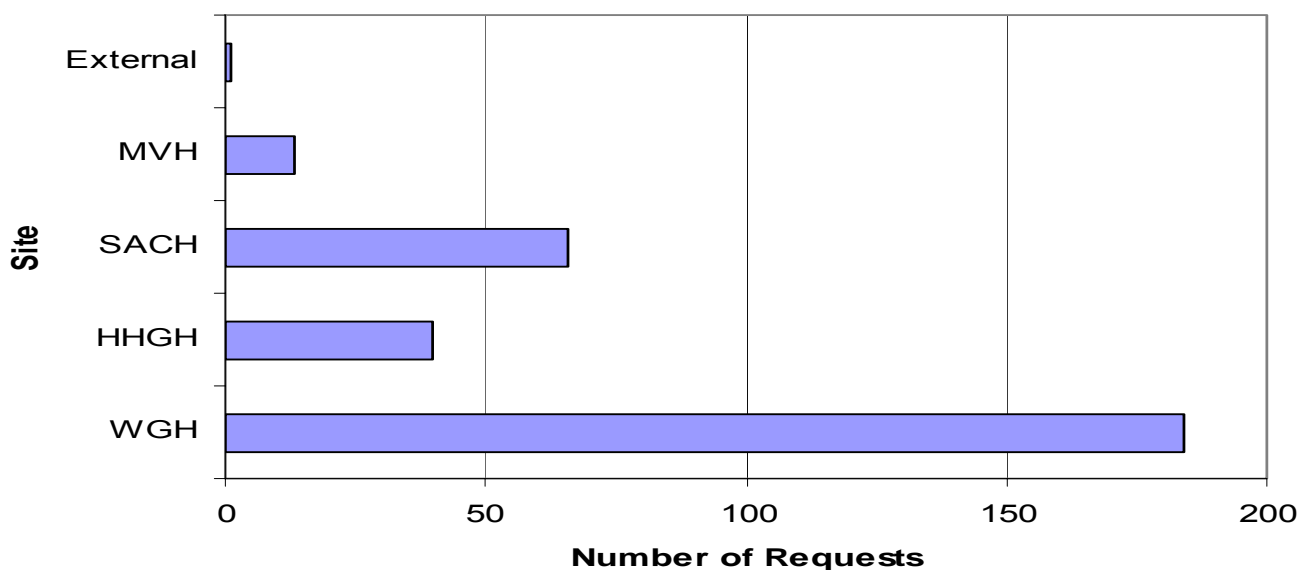
PALS Resolution of Concerns: Q1 and Q2 '04



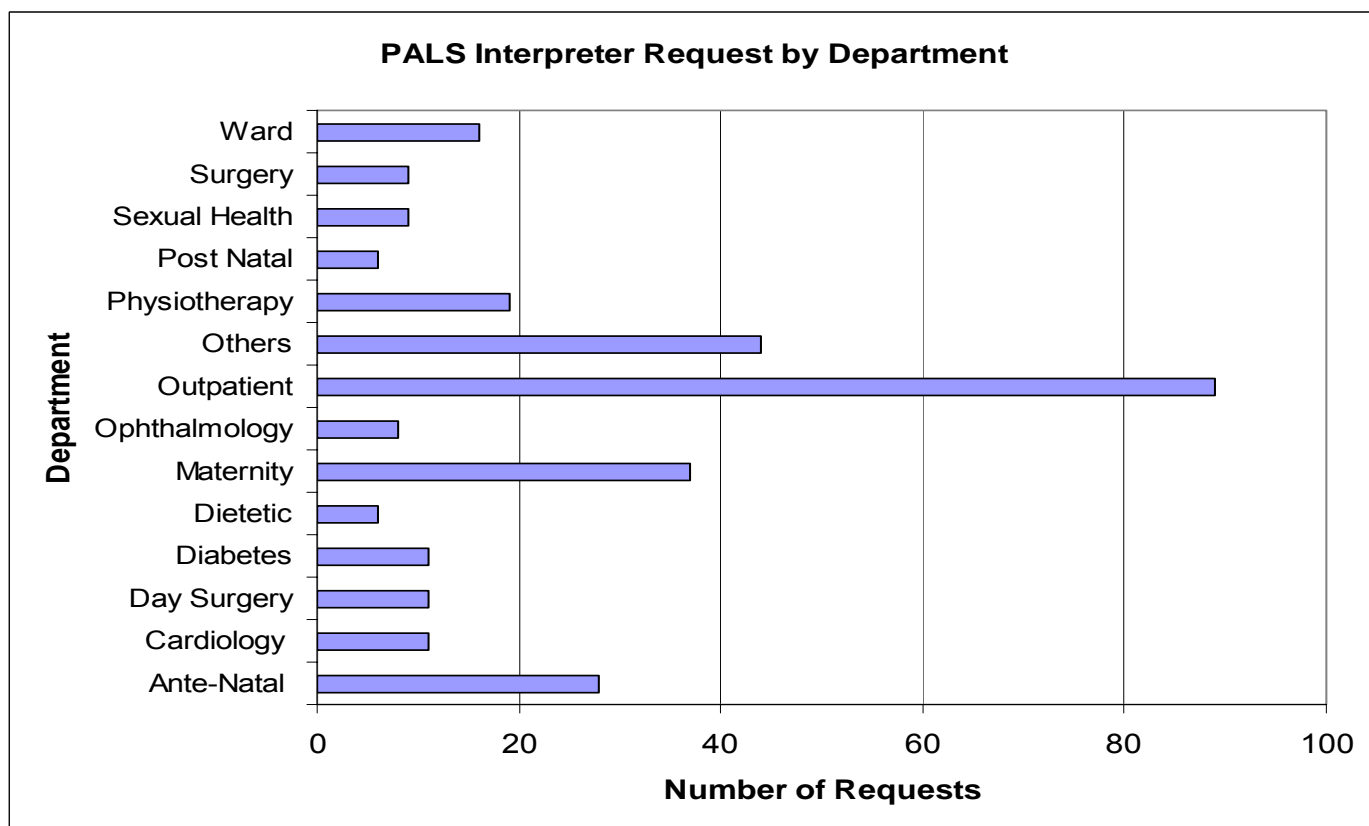
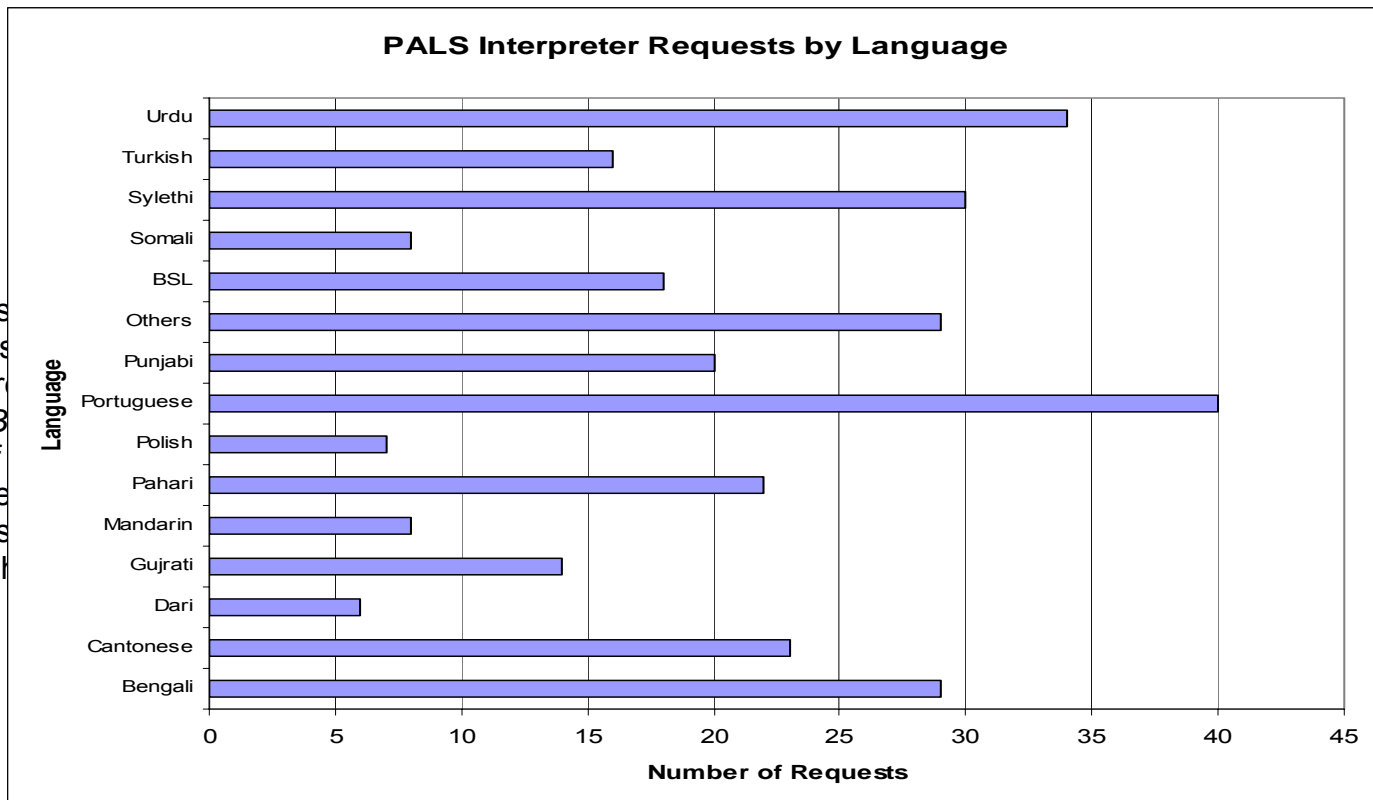
The PALS Interpreter Request Service:

In order to achieve patient satisfaction it is essential that our patients / carers are able to receive and understand information about their illness / condition and the proposed treatment. Only then are they able to give informed consent. Many nationalities are represented in our local communities and the Trust is committed to providing interpreter services wherever possible. This is the first time that we have attempted to describe the scope of this service, that is well used as illustrated by the charts below. 304 requests have been received to date in this financial year.

PALS Interpreter Request by Site - 2004/05

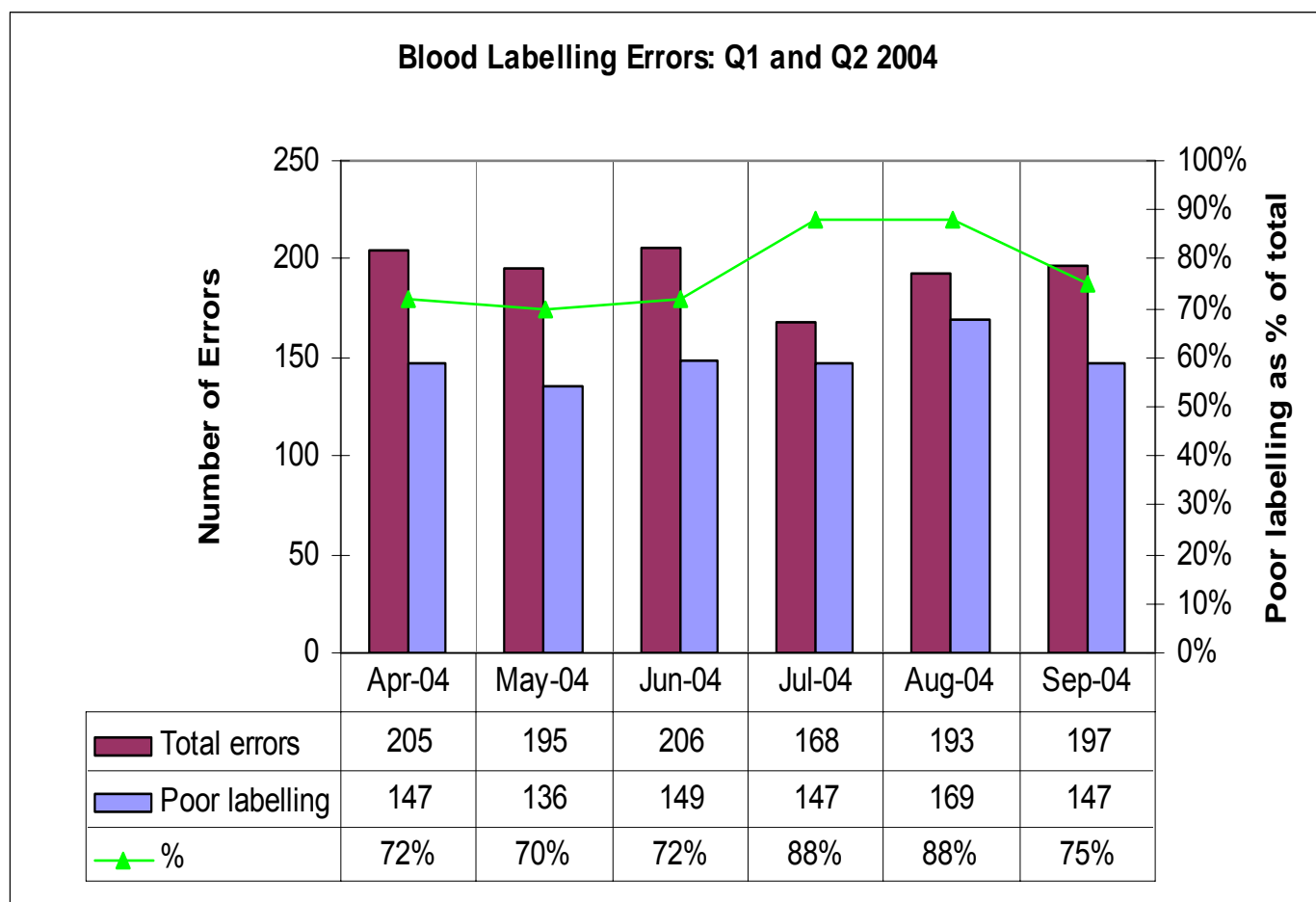


As
also
Fr
(B
of
Fe
As
(st



Different arrangements are in place for emergency services and O/P and wards/departments. The response time is dependent on the nature and urgency of the request as well as language. A number of agencies are used by the Trust and a formal paper audit trail is maintained for each application.

Blood Transfusion



The rise in the number of labelling errors reported this summer was due to a specific action by laboratory staff insisting that colleagues correctly included a specific site code (WGH/HHGH) preceding the patient's hospital number on sample requests. The aim was to reduce errors occurring when a patient is moved between WHHT sites.

Infection Control

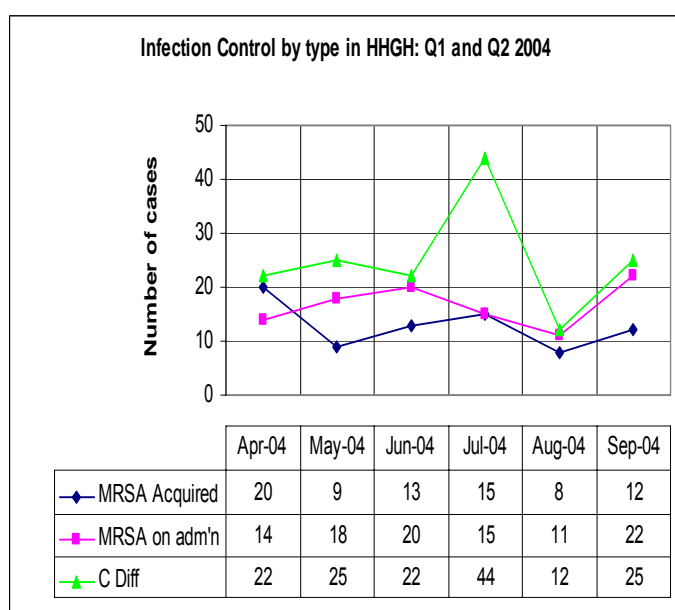


Chart A

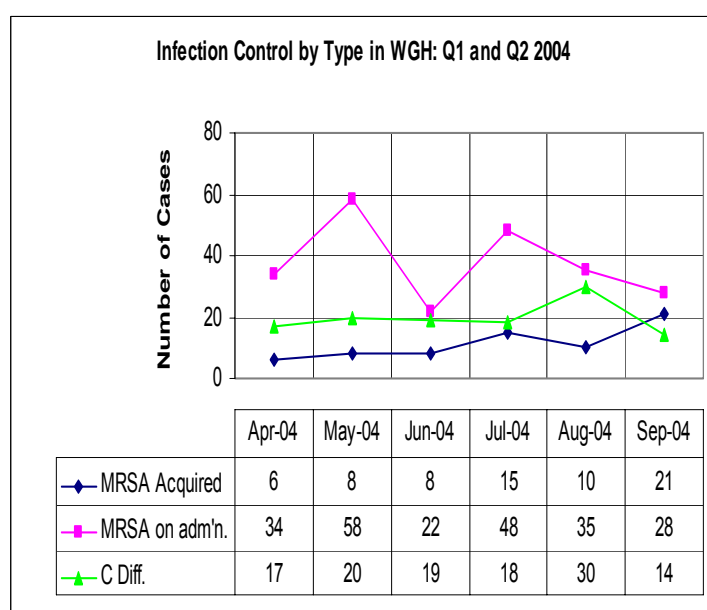


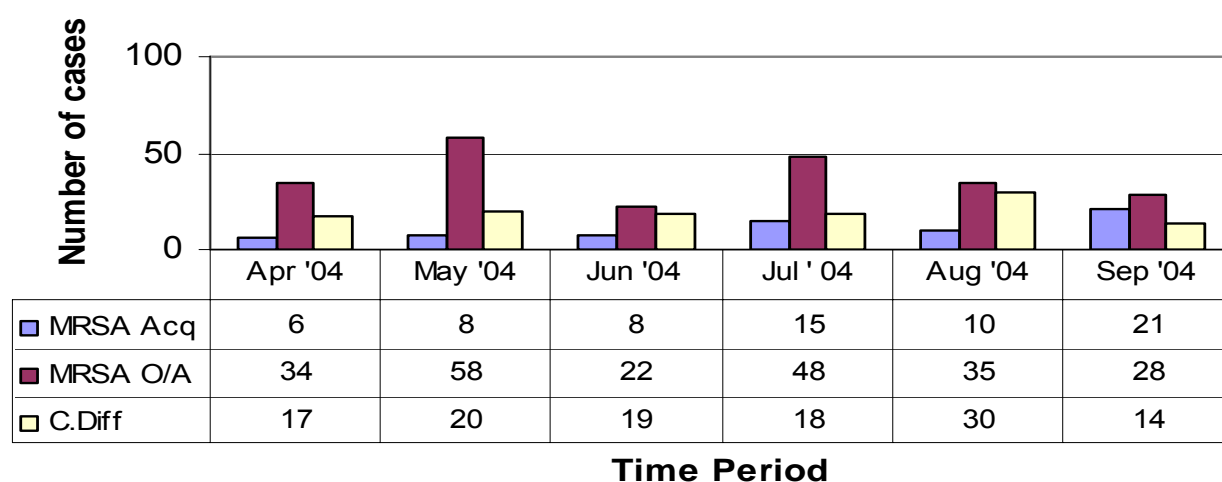
Chart B

The principal infection control problems in this Trust are Methicillin Resistant *Staphylococcus Aureus* (MRSA) and *Clostridium difficile* diarrhoea.

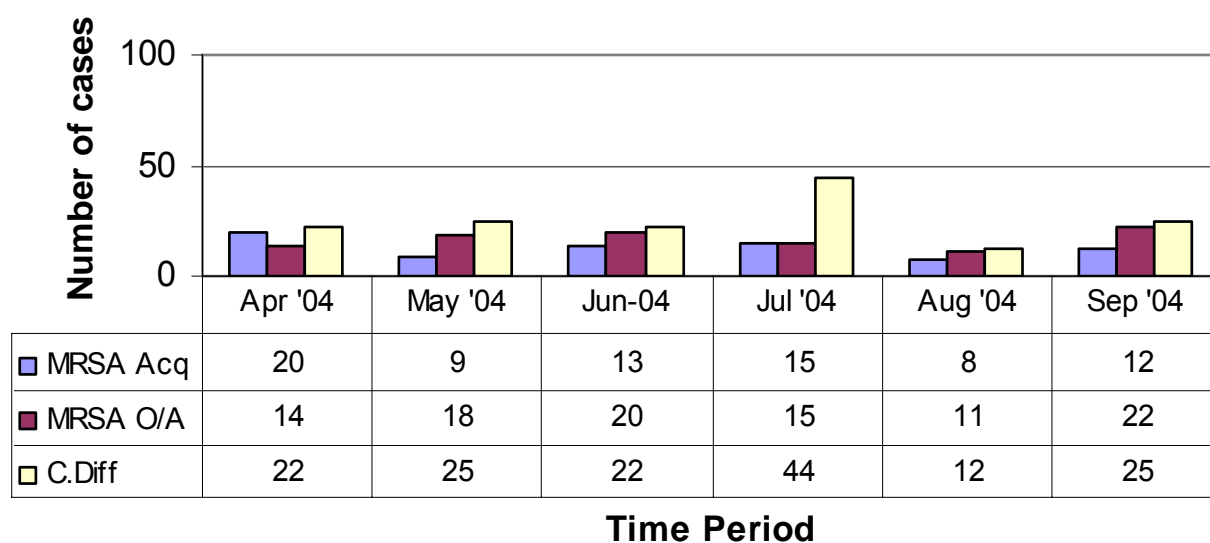
MRSA:

External mandatory surveillance indicates that nationally over the last three years there was a significant increase in MRSA Bacteraemia rates in 5 of the 9 English regions: the East of England was the only region to show a significant decrease. WHHT sits towards the more favourable end of the scale when compared with 18 other Trusts in the region. Chart B above indicates that the majority of isolates at WGH are not thought to be acquired in the hospital. The peak of 66 patients in May was caused by the admission to the medical unit of 45 'known' MRSA patients.

Infection Control at WGH: Q1 and Q2 2004



Infection Control at HHGH: Q1 and Q2 2004



C Difficile:

The incidence of *C.difficile* continues generally to be greater at HHGH/SACH than at WGH/MVH.

Research & Development

The National Cancer Research Institute [NCRI] is an exciting new initiative that is challenging the way cancer research is carried out in the UK. Major cancer research funding bodies from government, charities and private sector have come together to form a partnership with the aim of accelerating and advancing cancer research for the benefit of patients and the UK Cancer Research Community. Many clinicians from the Cancer Centre are members of the tumour site-specific clinical studies groups and contribute to national strategy for research in their area of expertise. Following a review of the Gynaecological Clinical Studies Group, a very favourable report was received, particularly mentioning research led from the Mount Vernon Hospital site; 'The group have demonstrated a number of innovative ideas for future work e.g. CA-125 doubling time'.

National Patient Surveys 2003/2004

Final reports on both the Adult Inpatient & Young Persons surveys have been received. The Picker Institute, the Trusts' approved contractors, formally presented the results in September. Findings have been fed-back to staff, Patients' Panel members and colleagues from the Hertfordshire Partnership Trust via National Patient Surveys group meetings.

Main points:

Adult Inpatient survey (850 patients, response rate 60.2%, average 61.5%)

WHHT scored significantly better than the national average for:

- access and waiting
- hospital and ward / leaving hospital
- doctors not talking in front of patients as if they were not there

Young Persons survey (850 patients, response rate 55.3%, average 48.5%)

WHHT scored significantly better than the national average for:

- admission to hospital
- hospital and ward
- confidence and trust in doctors and nurses
- leaving hospital: the discharge process
- overall care
- parents and carers

An action plan, showing appropriate divisional responsibility is being drawn up to take forward issues arising from the final report.

National Patient Surveys 2004/2005

The Department of Health requires each NHS Trust to obtain feedback from patients about their experiences of care. This information is used to identify priorities for quality improvement, to monitor progress against targets in the NHS Plan and to inform the 'star ratings' system.

The survey programme for 2004/05 includes a repeat for this Trust of the Outpatient and Emergency Department surveys. WHHT went out to tender the services from one of the 13 approved contractors and commissioned the Picker Institute to carry out both surveys.

A sample of 850 patients for each survey is required and the Clinical Informatics department formulates a list. All patients' names are sent to a Tracing Agency before a questionnaire is sent out to them to ensure that they are not deceased. Before each reminder is sent out the Clinical Informatics department continues to check on their internal data system.

Outpatient Survey: is of Adults (aged 16 or over) attending an Outpatient department in July or August 2004. The number in the original sample was 848, with 844 eligible patients. The initial mailing was sent out in September with reminders in October. 485 questionnaires were returned completed, giving a response rate of 57.5% (National Average response rate is: 55.7%).

A final report, that will show site and specialty data, will be compiled by Picker.

Accident & Emergency: is of Adults (aged 16 or over) attending the Emergency department in June, July or August 2004. Patients admitted via the Minor Injuries Unit or Medical Admissions Unit were excluded. 850 patients were in the original sample and 830 were eligible. The initial mailing was sent out at the end of August with 2 subsequent reminders. 373 questionnaires were returned completed, giving a response rate of 44.9% (National average response rate: 41.9%). Site-specific data will again be shown in the final Picker report.

Picker Institute Europe has an on-line reporting system (with survey information accessible to the PPI Manager 24 hours a day). Up-to-date information will be fed to the Trust Board, the Executive Team, Associate Medical Directors, Divisional Clinical Directors and Managers as soon as it is received. The Picker Institute Europe will also present to the Trust Board on request.

A series of National Survey Groups will be held within the Trust, presenting the final data and an action plan will be formulated. Improved mechanisms for the future dissemination of survey data, both internally and externally have been proposed. The Patients' Panel and the Acute PPI Forum are represented at the feedback groups.

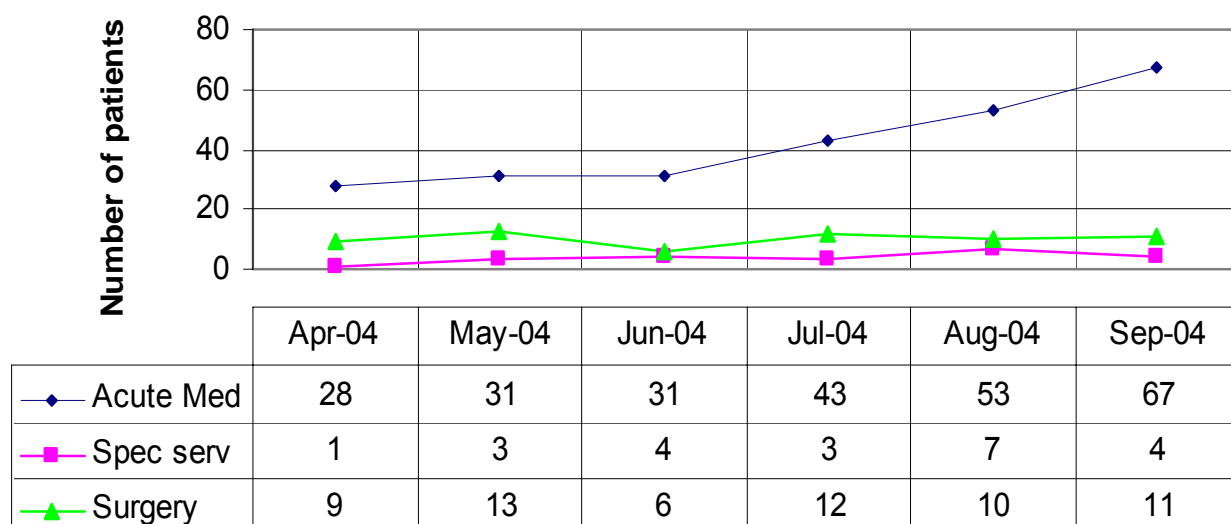
Privacy & Dignity (P & D)

A local tool to review practice in wards / departments across the Trust was developed based on the National Essence of Care Benchmarks. More than 30 areas made returns in April 2004 identifying over 230 examples of good practice to share. An equivalent number of action points indicated where improvement could result from simple changes. Although the exercise was nurse-led, many areas managed to involve other members of the care team (e.g. physios, OTs, doctors, the Chaplain, ward clerks) in their discussions and a number of wards extended this to patients and / or visitors.

The Site-based Comparison Groups continue to meet and are currently utilising the information identified in the above exercise to develop a tool to enable to gain the views of patients and carers.

Tissue Viability

Number of Patients with pressure ulcers on admission: Q1 and Q2 2004



The chart above demonstrates a significant rise in the number of patients admitted with pressure ulcers suggesting that the wards involved had a vulnerable caseload of patients during this period. A large proportion of the rise was related to one external source identified by WHHT and appropriate action was taken.