

Clinical Governance Monitoring / Clinical Indicator Report Q3 2005/06

Management Issues:

CG internal audit: Update on work undertaken in response to this report:

- i. the 'action spreadsheet' initiative, to ensure an adequate audit trail exists when progress against a task comes into question, has been implemented and is now a standard CG Committee (CGC) agenda item
- ii. the CGC terms of reference have been reviewed, revised and will be presented to the 20 January CGC meeting, for ratification
- iii. the remit, responsibilities, aims and objectives of the CGC Chair have been documented.

Other actions requiring wider consultation or with financial implications will follow.

Standards for Better Health:

Work is underway to update and consolidate the preliminary information received, preparing for the Final Declaration due to be submitted in April.

Overall responsibility for each of the Standards for Better Health domains has been allocated to individual Executive Directors. The Medical Director will oversee the progression of the standards that fall within domain 2 (Clinical and Cost Effectiveness) and the Director of Nursing, Midwifery, Quality and Risk takes domain 1 (Safety) and 4 (Patient Focus).

Groups required to monitor compliance and progress have also been identified. The CGC, sometimes with other named committees, is required to monitor compliance with certain aspects of domains 1, 2, 3 (Governance) and 4.

In domain 7 (Public Health), the Trust is supporting the primary care lead.

To ensure that CGC undertakes these tasks effectively, the following action will be taken twice yearly:

- i. the Chairman of any other committee identified as sharing monitoring duties alongside CGC, will be contacted by the CG core team to ascertain whether, in the view of that group
 - compliance has been maintained
 - there are any known threats to the maintenance of future compliance
- ii. members of CGC will be asked the same questions.

A sheet, setting out the Committee's areas of responsibility and indicating compliance and/or concerns has been prepared for the next CGC meeting.

CNST: The CG and Clinical Effectiveness (CE) staff have been supporting the CNST teams to ensure that the Trust is as well prepared as possible for the assessments. This is especially evident with respect to policies and guidelines. Preparatory work has included the ratification of new policies through the Clinical Governance Committee.

Monitoring:

Internal Reporting:

The core CG team continues to produce monthly CG monitoring reports for the Medical and Associate Medical Directors. One of our aims is to obtain consistency across the Trust by extracting as much data as possible from the Datix Risk

Management system. As use of Datix has become more widespread, less additional data collection is now necessary.

CG Half days:

The dedicated CG half-days are being used in a variety of different ways. Alongside this diversity and innovation, the Trust CG team is now required (e.g. for Standards for Better Health, CNST, the Board and internal audit) to ensure that there is adequate documentary evidence to demonstrate the depth and outcome of CG work being undertaken across the Trust. In pursuit of this objective a slightly more structured format for the CG sessions is being introduced.

CG Divisional Monitoring:

Quality / CG aspects, were first introduced into the quarterly divisional performance reviews in July 2004. Recently, divisional performance reviews have concentrated only on activity and finance and it has been agreed that the regular CG datasets ('packs'), together with any associated questions that arise, will be sent directly to divisional staff.

Contents of the CG 'pack' will include information about divisional:

- compliance with NICE guidance
- Litigation & Claims risk reporting
- regular CG monitoring data.
 - i. Complaints Handling: response within 20 days
 - ii. PALS contacts by main theme
 - iii. Infection control
 - iv. Blood Errors
 - v. Pressure Ulcer Incidence: on admission and acquired.

In order to ensure that data is as complete and reliable as possible, the packs will be distributed by the end of the month after the quarter ends.

An example of a pack (October '05 for Acute Medical Care) is given in Appendix 1.

Clinical Governance / Effectiveness activity:

The wider remit and developing role of the CG/CE team is illustrated by recent activity that includes working with colleagues from:

- other Trusts, participating in the MVH CG Interface Group, following the transfer of management responsibility for the MV Cancer Centre to E&N Herts. NHS Trust
- the National Patient Safety Agency, who have expressed interest in collaborating with us on the CG pack we have developed for the new foundation and second year curriculum for junior doctors in training
- Patient and Public Involvement, Chaplaincy and associated teams to ensure CG input to Care of the Dying and Bereavement work
- Human Resources, to ensure that recent Equality and Diversity requirements are included in relevant WHHT corporate policies.
- specialist nursing, to further enhance and improve the standards for monitoring and reporting e.g. Blood Errors and Tissue Viability
- a range of disciplines, working on monitoring guidelines for
 - data on drug prescribing, monitoring and errors is now readily available in both primary and secondary care
 - blood products (Appendix 3)
 - junior medical staff clinical audit projects include diabetic feet and Carpal Tunnel Syndrome (Appendix 1)

Clinical Effectiveness:

The three main areas of CE monitoring work are concentrated on National Institute of Clinical Effectiveness (NICE), National Service Frameworks (NSFs) and National Confidential Enquiries (NCEs)

Monitoring compliance with NICE guidance is essential. Indication of the level of compliance is sought, from the relevant lead clinician(s), three months after the NICE publication date and detail of audit to provide the evidence of compliance is now requested.

NICE audit:

TA63 (Diabetes (type 2 – Glitazones): audit is in progress; preliminary results have already shown a reduced need for insulin.

The table below shows the current compliance position:

NICE Guidance Responses to end December 2005

Up to December 2005	Total NICE Guidance	Responses to our enquiry		Compliance (from our responses)			
			Links Only*	FULL	PAR-TIAL	NON-COMPLIA NCE	NOT APPLICABLE
Technology Appraisals	93 (2 obsolete)	80	3	37/80	14/80	7/80	22/80
Clinical Guidelines	38 (1 Guideline for info only)	33	4	13/33	10/33	1/33	8/33
Interventional Procedures	150	116	29	16/116	4/116	14/116	82/116

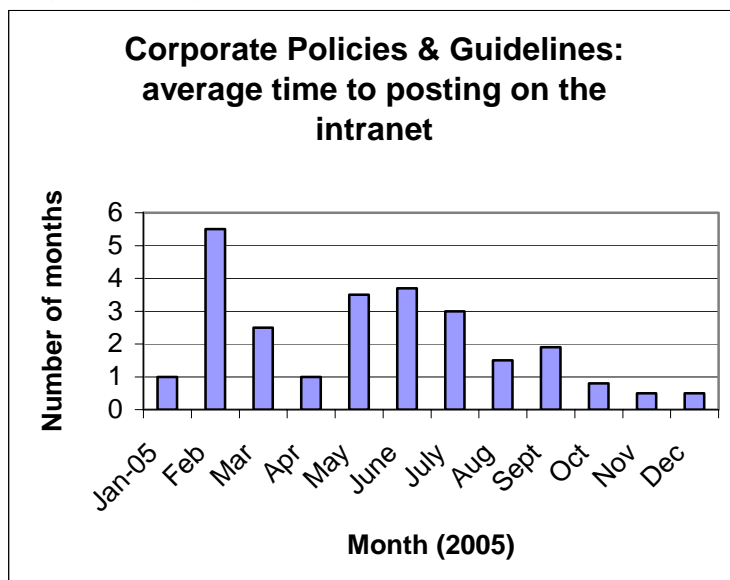
* New NICE Guidelines not requesting compliance yet

NICE guidance TA90 (Clopidogrel and dipyridamole for the prevention of occlusive vascular events) was felt to cross several areas. This has resulted, during Q3, in a proposal to establish a Cardiovascular Forum, driven by consultants (from cardiology, vascular surgery, care of the elderly/stroke services), with responsibility and interest in improving the service and meeting NICE/NSF guidance and targets. Representatives from other disciplines could be co-opted, when needed for specific pieces of work.

It has been suggested that the Forum could work on a variety of issues e.g.

- best prevention (lifestyle advice and support / evidence-based medication)
- pre-operative assessments (particularly relevant to Surgicentre development)
- co-ordinating a strategic plan
- integrating networks of care
- primary care / diagnostic interaction

ii. Corporate Policies and Guidelines: maintaining an efficient and effective system for producing, monitoring and disseminating corporate polices, guidelines and standing operating procedures.



The chart illustrates that the elapsed time between the completion of a corporate policy or guideline and the posting on the intranet, following ratification has reduced steadily during 2005. This has been achieved within the high-activity period preparing for CNST.

iii. Review of Medication Incidents

A report produced at the end of December, provided a review of medication incidents, using the Trust Datix data. During the period, a total of 258 incidents were logged either by ward / department where the incident occurred or by Pharmacy. Although the data only relates to the first 6 months of the year, it appears that drug errors have slightly reduced in comparison to previous years. Possible reasons for this reduction could be attributed to:

- ◆ improved risk management disciplines in all Divisions thereby reducing medication errors
- ◆ the withdrawal of Cancer Services, where incident reporting of medication errors was particularly high
- ◆ ward closures
- ◆ under reporting

Given the nature of a number of the errors, medication incident reports will be produced, considered and explored quarterly at the Nursing & Midwifery Strategy group meeting.

Appendix 1

Audit of one-stop clinics for diagnosis and decompression of Carpal Tunnel Syndrome

Carpal Tunnel Syndrome (CTS) is a common and painful condition both in the primary and secondary care. Diagnosis is essentially clinical and often requires confirmation with electrical tests (EMG). Patients who do not respond to conservative measures may require surgical decompression. Thus, patients may experience a number of waits of several months before surgery i.e., GP→ rheumatology, →EMG →orthopaedics → surgery.

A care plan for this condition and its treatment has been agreed with local GPs and orthopaedic surgeons to reduce two of these waits, i.e. rheumatology -> EMG and orthopaedics -> surgery.

The objectives of this audit were to observe whether guidelines are being followed and to determine the time and cost efficiency of setting up one stop clinics in rheumatology and orthopaedics.

Two of the trainees in Medicine and Rheumatology obtained medical records and data from hospital computer systems as part of their clinical audit training.

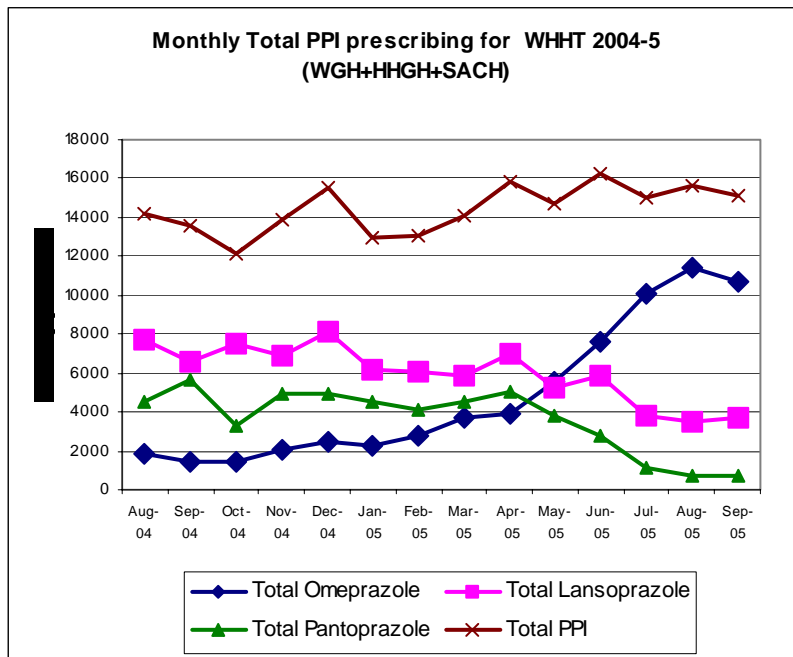
The first one stop clinic reduced the first two waits from 5-6 months to 2-3 months and the one stop surgical clinic from 9-11 months to 4-5 months. This is one of the first such clinics in the UK in which the surgeon operates electively on the same day as assessing the patients, with all current clinical and electrical supporting evidence to hand.

Appendix 2

Clinical Effectiveness and Drug Usage

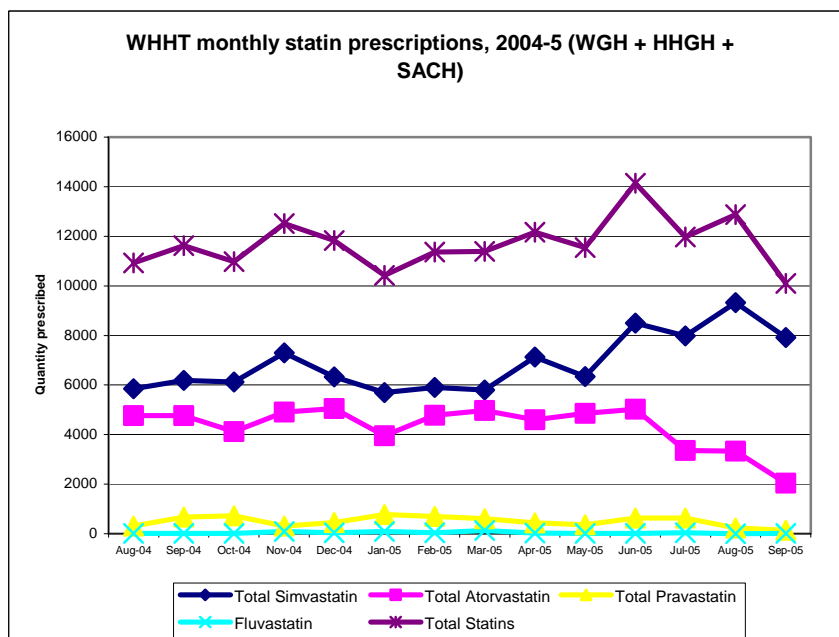
The following report, "WHHT Changes in Prescribing Patterns for Protein Pump Inhibitors (PPIs) and Statins" was produced in November 2005.

In April / May 2005, the West Herts Medicines Management Group produced agreed prescribing guidance for PPIs and Statins. This was the first time such agreement had been achieved across both primary and secondary care for these important conditions. The summarised guidance and results of prescribing, since their introduction are shown below. The greater use of first line drugs for these conditions shown in the graphs demonstrate the effectiveness of this initiative and the financial savings obtained.



PPIs:

Omeprazole to be first line PPI, Lansoprazole(as FasTabs) to be used only for patients with swallowing difficulties or with an NG tube in place. Pantoprazole should be used only for specific clinical indications or where intolerance or contraindications to the other preferred drugs exists.

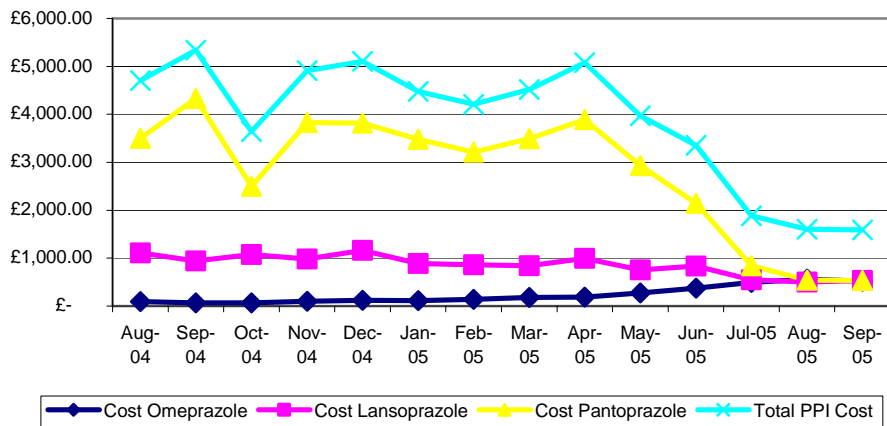


STATINS.

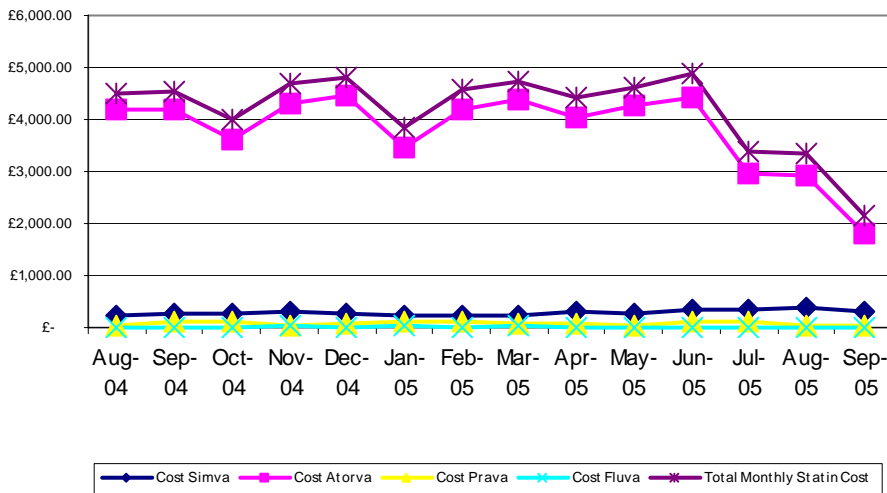
Simvastatin to be used as first choice statin. If LDL target levels (stated within the West Hertfordshire Lipid Guidelines) have not been achieved on 40 mg of Simvastatin and compliance is assured, patients should be switched to Atorvastatin.

Patients whose cholesterol levels have not reached target on 40 to 80 mg of Atorvastatin should probably be referred to a specialist lipid clinic.

WHHT: Changes in total monthly PPI costs 2004-5
(annualised saving: £36.3K)

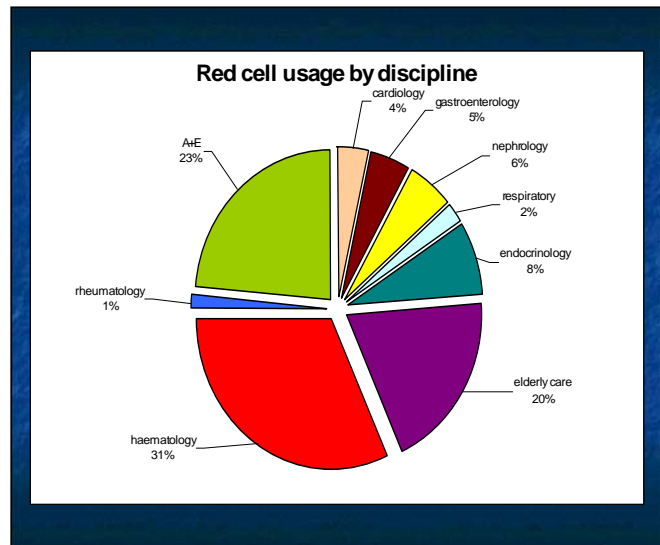
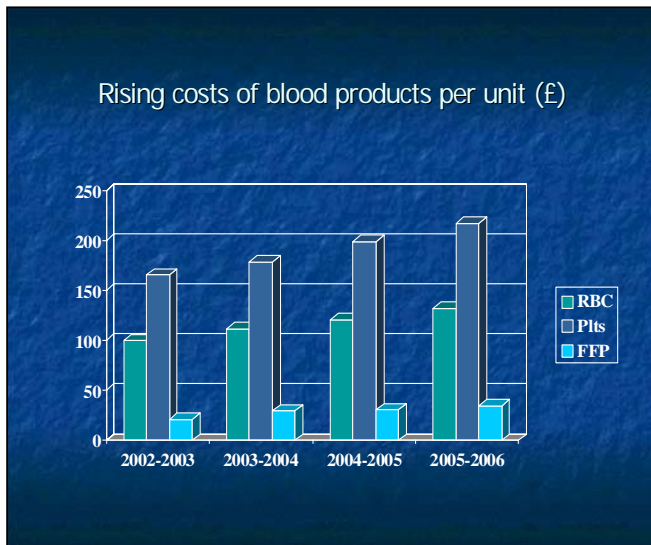


WHHT: Total Spend on Statins 2004-5
(Annualised saving = £20.4K)



Appendix 3

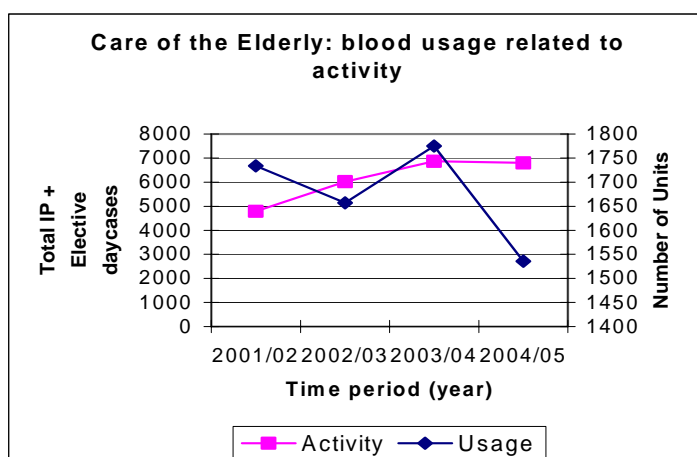
Approaches to the reduction of Usage of Blood Products in WHHT



The Haematology Department, in the Medical Division, developed and promoted guidelines for the use of blood products in order to promote good clinical practice and reduce inappropriate treatment. This was in the setting of an ageing population, increasingly complexity of treatments, fewer options for alternatives to allogeneic red cells in chronic anaemia, little good data on the application of transfusion thresholds and increasing costs (see chart above).

Summary:

- the usage of red cells in the medical and Care of the Elderly units has been reducing by more than the national average over the past 3 years, except in haematology where usage is unchanged
- any potential savings have been offset by the increasing costs of blood products



For the first time, we have started to look at blood usage against activity levels at a specialty level. The data is not yet complete, but there are some encouraging early indications.

In December, there was significant wastage in Pathology due to a freezer failure in the lab at HHGH. A new freezer has been offered as a similar event happened about 18 months ago.

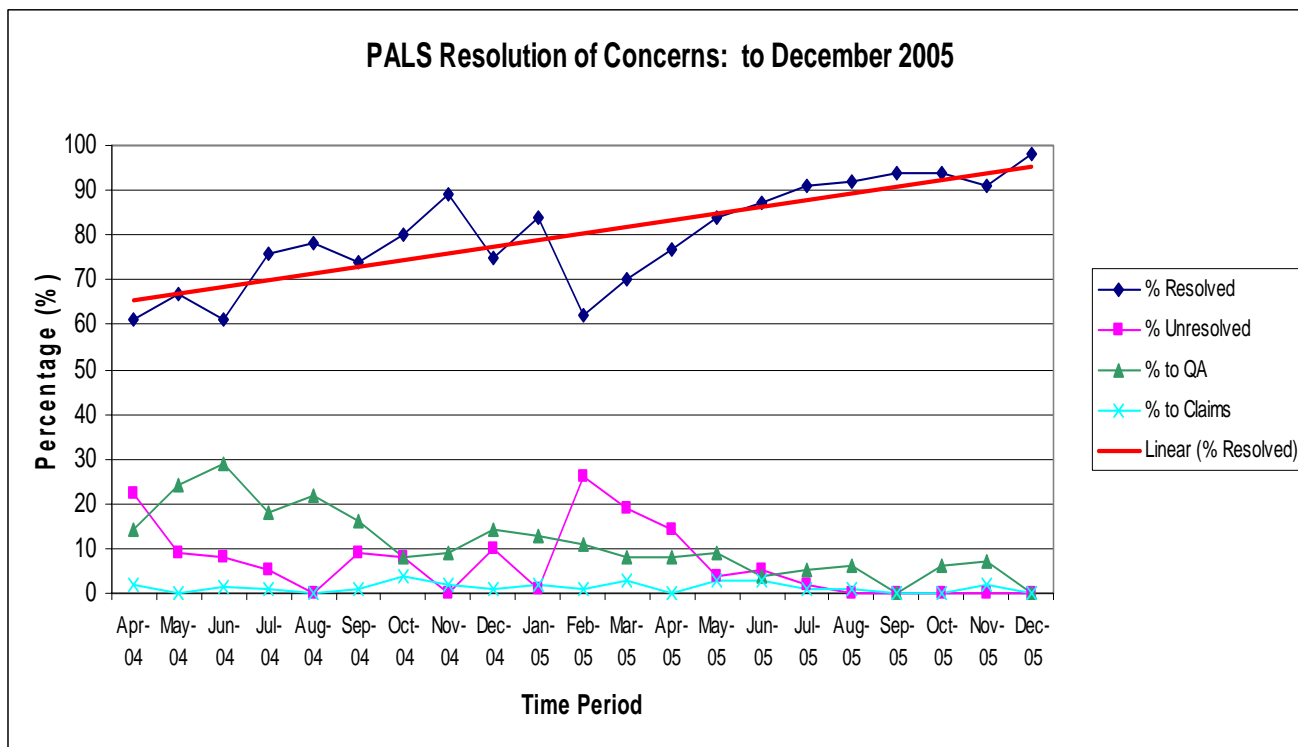
Appendix 4

CG Monitoring Data

Concerns and Complaints

Patient satisfaction is a high priority within WHHT. We are constantly striving to improve our performance, but recent innovations, as detailed in the previous report have only had partial impact. The new process has reduced the number of formal complaints by 50%, but the level of compliance has not yet improved. WHHT performance against the formal CHI Quality Assurance Indicators was in the 'Below Average' category in both October and November.

The PALS team continues to resolve a high percentage of concerns referred.



Essence of Care (Corporate Nursing)

It is evident that the principles of Essence of Care (EoC) benchmarking have been positively embraced by the organisation. The challenge ahead is to involve an even broader range of health care professionals in improving the provision through continued shared learning. By also actively involving patients and carers in progressing and implementing these standards we will continue to build on delivering the high standards of care that our patients expect and should receive. A recently published EoC 6-monthly report on progress against the nine benchmarks covering fundamental aspects of acute care was published in November.

Infection Control

Externally reported *MRSA Bacteraemia*: the running total of MRSA bacteraemias for WHHT is above target.

Internally reported *MRSA*:

It is evident that the burden/numbers of MRSA is overall greater at WGH than HHGH but this information will be of greater value if considered in conjunction with the number of in-patient admissions by site, each month.

During the last seven-month period, numbers have high-lighted the constant demand on side-rooms/cohort isolation facilities internally. Approximately

- 52% of MRSA patients were already known to be colonised with MRSA on their hospital admission.
- 16% of patients are believed to have acquired their MRSA in WHHT during their admission while
- 30% of patients were found to have MRSA during their in-patient stay but
 - the place and time of acquisition is uncertain
 - their MRSA is not considered to have been WHHT acquired on that admission
 - nor were the patients known to have been previously positive in this Trust.

Clostridium difficile :

C.diff diarrhoea continues to remain more of a clinical issue in medicine and elderly care and more so on the WGH site. The incidence of *Clostridium difficile* diarrhoea appears to have been greatest in months April and May, with the lowest number of isolates being reported in the month of November.

A fairly gradual fall/reduction in the total numbers of internal isolates has been noted between Quarter 1 and 3:

231 isolates reported in Quarter 1

162 isolates reported in Quarter 2

132 isolates reported in Quarter 3

Research Governance Update

On 1st April 2005, the Research & Development (R&D) departments from East & North Hertfordshire NHS Trust (E&N) and West Hertfordshire Hospitals NHS Trust (WHHT) merged to become Hertfordshire Hospitals R & D Consortium. A new structure is now in place to deliver systems to ensure that all research is managed in accordance with local and national guidelines, in particular the DH Research Governance Framework. The department aims to be responsive to the needs of researchers on all sites throughout the Trusts, and has offices on hospital 4 sites, at Hemel, Mount Vernon, Watford and the Lister. The process for approval of research has been standardised and is beginning to work well. The websites and intranet sites have been linked and a common newsletter will be produced three times per year.

A new strategy has been produced and work has commenced to

- promote high quality R & D
- encourage collaboration
- combine complementary strengths at a local level and
- respond to changes that impact on our research portfolio.

A new research governance policy has been endorsed by the R & D Steering Group and is now in the process of being ratified in both Trusts. Standard Operating Procedures (SOPs) covering all aspects of the research process are being produced, with five already in place.

The DH requires our research activity to be arranged in coherent, strategic programmes: there are currently 9 of these as shown below:

Cancer - phase I/II

Prof G Rustin

Cancer - radiobiology

Prof P Hoskin

Cancer - RCT's

Dr A Makris/ Dr M Harrison

Cancer - supportive oncology
Renal
Urothelial Malignancy
PS&B - skin cancer
PS&B – tissue engineering
Rheumatology

Dr J Maher
Prof K Farrington
Prof McNicholas
Mr R Grover
Mr A Grobbellaar
Dr A Young

There are discussions underway to establish 'Patient Experience and Public Involvement', a joint (with E&N) nursing and midwifery research programme, led by Prof. Sally Kendall from the University of Hertfordshire (UoH). A collaboration with UoH for the development of a Clinical Trials Unit is under consideration.

In dermatology, a research grant for investigating Malignant Melanoma diagnosis, has been awarded in collaboration with the UoH.

Feedback from the WHHT 2005 Annual R&D report has been received which was very positive;

"The Trust has provided a good Annual Report has an impressive number of Cancer programmes with a numberrated strongly. We were impressed with these programmes"

Other areas rated as strong are the two Plastic Surgery and Burns programmes and the Renal programme based at the Lister Hospital.