

Southport & Ormskirk Hospital 
providing safe, clean and friendly care NHS Trust

Clinical Governance Annual Report

2007/2008

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Clinical Governance Annual Report 2007/2008

Introduction and purpose of this report

Clinical governance has remained a priority for the Trust throughout 2007/08 and a great deal has been achieved during the year. There was a period during 2007/2008 that staffing was very low within the Clinical Governance and Audit department due to maternity leave and also the Clinical Governance and Audit Manager left for a new post.

The Trust has received the award for being one of the 40 top performing Trusts in the country for the seventh year running. The annual independent programme is co-ordinated by CHKS, a leading hospital benchmarking company, who have developed health standards and indicators over the last eleven years of working with NHS hospitals. The Trust received this award thanks to the hard work and dedication of the staff whose commitment has helped to improve the quality of care provided to patients and the local health community. It demonstrates efficiency and consistently good performance. The Trust continues to use the information to review its performance, instigate audit and support the Consultant appraisal system.

The purpose of this report is to highlight the system of steps and procedures adopted by the Trust to ensure patients receive the highest possible quality of care in a safe and continuously improving environment. This report covers the period 1st April 2007 to 31st March 2008.

This report reflects on the main achievements under Clinical Audit and Governance and specifically highlights the work of the Clinical Governance Committee.

Clinical Governance Committee

Clinical governance is incorporated into the Integrated Governance structure which is responsible to the Deputy Chief Executive and the joint Medical Directors. The Clinical Governance Committee is a sub committee of the Trust Board and meets on a bi-monthly basis. In addition to a set agenda which covers standing items and items submitting to the committee for consideration, the Committee receives regular reports from the relevant sub committees, which are:

- The Surgical, Specialist and Support, Medical and Nursing Divisional Clinical Governance Committees
- The Evidence Based practice Committee
- The Interventional Procedures and New Equipment Training Committee
- The Drugs and Therapeutic Committee

During the period of this report the Clinical Governance Committee have:

- Considered recommendations from any new National Confidential Enquiry reports and implemented action plans where applicable.
- Received progress reports from the Divisional Clinical Governance Committees on all Confidential Enquiries relevant to the Trust.
- Monitored the process for implementing and monitoring NICE guidance within the Trust.
- Provided reports the Trust Board on the status of implementing NICE guidance.
- Ensured that the quality of clinical care within the Trust is continuously monitored and action plans are successfully carried forward to correct any deficiencies identified
- Received progress reports on CHKS action plans
- Received the Trust CHKS annual report highlighting changes to practice and improvements in performance for the financial year 2006/07
- Monitored the number of appraisals undertaken through information provided from the Consultant appraisal database.
- Received the Clinical Audit Forward plan which was approved by the Group Clinical Governance Committees.
- Approved the process for developing clinical guidelines for publication on the trust Intranet.

Standards for Better Health

For 2007/08 the Annual Health Check looked at evidence for the following seven domains:

- Safety
- Care, Environment and Amenities
- Clinical and Cost Effectiveness
- Governance
- Patient Focus
- Accessible and Responsive Care
- Public Health

The Trust utilises CIRIS software to register evidence to support compliance to the Core Standards. Led by the Risk Projects & Standards Manager, a working group is established and collates the evidence for the core standards with an impressive 1472 pieces of evidence registered on the CIRIS database at 31st March 08. Reports from the database were submitted to the Trust Board for review and to assure the Trust's declaration of compliance. Reports were also submitted to Overview and Scrutiny Committee for Sefton and Lancs, North West Strategic Health Authority, Patient and Public Involvement Group and Local Safeguarding Childrens Boards for both Sefton and Lancs.

National Institute for Health and Clinical Effectiveness (NICE)

The Trust has made excellent progress in developing systems and processes to support the implementation of NICE guidelines. Two systems have been developed, which are:

The Intranet NICE Monitoring Database - a viewing tool for Trust staff and colleagues in neighbouring PCTs.

The database uniquely provides on line information to neighbouring PCTs (accessible via the NHS net) and to Trust staff via the Intranet on the Trusts status for implementing relevant guidelines. The database has information on ALL NICE guidance issued to date and provides:

- Details on whether the guidelines are relevant to the Trust.
- The implementation status of the guideline (implemented, partially implemented or not implemented).
- A search facility for ease in finding guidance (guidance number or key words).
- Contact details for the Clinical Audit and Governance Department should staff need further information.

The S&O Internal Monitoring Database – a database which records details from clinical teams in relation to implementation status of relevant NICE guidelines

The internal database generates full reports for consideration and action by the relevant staff in each of the Divisions. A summary sheet is also submitted to the Clinical Governance Committee and to the Trust Board.

A NICE Implementation Group (NIG) has been developed to monitor progress of action plans from the reports and address areas of concern. The group consists of:

- Joint Medical Directors
- Clinical Audit and Governance Manager
- Pharmacy representative
- Risk Management representative

- Consultant representative
- Nursing representative
- Representatives from each of the Divisions

Use of Information - CHKS Benchmarking

For the seventh year running the Trust was named as one of the country's Top 40 Hospitals as assessed by the leading benchmarking company CHKS.. Data was collected for the calendar year 2007 against a variety of indicators and focused on clinical effectiveness, outcomes and efficiency.

The process for reviewing the Trusts data from CHKS has been developed throughout the year. A web-based tool called 'Signpost' has been introduced, which allows users to access up-to-date data at different levels via the Internet. The peer group was monitored on a regular basis and severity index checks by CHKS at specialty level confirm that the peer match is virtually identical. CHKS provide reports to the Trust in the following ways:

- Regular uploads to Signpost which allows the Trust to access timely data. Quarterly benchmarking reports.
- Annual Clinical Governance reports
- Bi-annual narratives recommending areas the Trust may wish to investigate.

An action plan is generated bi-annually to address areas recommended for review in the reports. The action plans also include areas where the Trusts performance shows a significant variance against the peer group in the benchmarking report. The action plans, which are facilitated by the Clinical Audit and Governance Team, are monitored by the Integrated Governance Core Team, whose members are:

- Deputy Chief Executive
- Joint Medical Directors
- Director of Nursing
- Senior Risk manager
- Clinical Audit and Governance Manager

Clinical Audit and Governance staff review all areas indicated in the reports to determine if any of the identified issues are potentially due to data quality or clinical practice. Clinical Directors are encouraged to assist in any reviews. Signpost is fully utilised by the Best Care Practice Group to review areas such as, day case rates, length of stay etc. Progress reports are submitted to the Clinical Governance Committee and to Trust Board via the Integrated Governance Report, which is submitted by the Deputy Chief Executive.

Consultant Appraisals

Progress reports on the number of appraisals undertaken are submitted to the Clinical Governance Committee on a regular basis. The Joint Medical Directors regularly review the data and reminders are sent to appraising Consultants if appraisal confirmation forms have not been received.

Confidential Enquiries and National Reports

The process for monitoring recommendations from confidential enquiries and national reports was developed during 2005/06. The Joint Medical Director informs the Clinical Governance Committee and Trust Board of any new Enquiries.

Clinical Audit

The main focus for clinical audit continues to be promoting multidisciplinary audit, dissemination of results and assurance of good practice/ implementation of change through the recommendation monitoring process.

The Clinical Audit database was developed to provide reports containing details of each clinical audit topic to the Divisional Clinical Governance Committees. The reports detail the outcomes, recommendations where applicable, and changes to practice.

A clinical audit forward plan was developed for 2008. Clinical teams were asked to submit their priorities for undertaking clinical audits taking into account national audits, NICE guidance, NSFs, re-audits, confidential enquiries, CHKS, claims/complaints etc. Audit programmes were submitted to the Divisional Clinical Governance Committees for approval in December 2007. Additional topics are submitted for approval on an ad hoc basis.

A breakdown can be found in Appendix B.

5 specialties continue to undertake 'protected time' for audit meetings. Theatres and clinics are cancelled to enable teams to present and discuss their audit findings. Audit meetings are attended by medical staff and allied health professionals. Multidisciplinary audit meetings were scheduled between Anaesthetics and General Surgery and Anaesthetics and Obs and Gynae.

- An overview of Clinical Audit and Governance is a standing item on the induction programme, whilst detailed training was delivered to F1 and F2 junior doctors at the time of induction.

Dissemination of audit results

All audit results are presented at specialty audit meetings and summaries of the presentations are detailed in the minutes. Results for clinical teams/specialties that do not have protected time are presented at departmental meetings. Reports detailing outcomes and recommendations are also generated and submitted to the Divisional Clinical Governance committees on a quarterly basis. These reports are also posted onto the clinical audit website which is accessible via the Intranet.

The Divisional Clinical Governance Committees are fully involved with all aspects of the clinical audit programme including:

- Approving the Clinical Audit forward plan and additional topics throughout the year
- Receiving detailed progress reports of all activity including outcomes and recommendations undertaken by the specialties within the group.
- Receiving recommendation monitoring forms where barriers to change are reported. Details are discussed and noted, any risk details are added to the Trust risk register.

Grand Audit Presentation

The annual grand audit presentation took place in May 2007. Three excellent audits were presented in a condensed format in the Lecture Theatre using the video link facility. The event was advertised in team brief and by global email.

Invitations were also sent to ALL medical and managerial staff. Attendance at the event was excellent and the audience were asked to score the presentations on content, presentation style and delivery and audit findings, projects presented were:

Appropriateness of cannula placement, Lars Grimstvedt and Robert Laycock

Audit of the pattern of post-operative stay of forefoot surgery in the trust,
Dr.Kandeepan SHO/ Dr Corno SHO/ Mr. Zarugh SG
Consultants: Mr. Adam / Mr. Mohamed, Joint Audit by Orthopaedic Department /
Physiotherapy Department

Insulin & Statin Prescribing in Cardiac Chest Pain, Dr A Allan &
Dr A Youzgin, Specialist Registrar, Department of General Medicine

Reports from Sub-Committees

The four Divisions are Medical, Specialist and Support Services, Surgical and Nursing

The chair of each committee and agreed meeting arrangements are as follows:

Division	Chair	Meetings
Medical	Dr G Butcher, Medical Clinical Director	Every two months
Specialist and Support Services	Dr C Glass, Clinical Psychologist	Every two months
Surgical	Dr A Kent, Cons Anaesthetist	Quarterly
Nursing	L Yates – Director of Nursing	monthly

The chair of each committee is a member of the Clinical Governance Committee and attends to provide a progress report on issues arising within the Division. The chairs also provide feedback from the Clinical Governance Committee to the specialties within their Division via their Divisional Clinical Governance meetings.

Income and Expenditure

Clinical Audit & Gov for 2007/2008

£

Income

Joint PCT income

Total 149,84

Pay

Staffing 123,03

Total 123,03

Non pay

Stationery 2,132

Travel expenses

Computer consumables

Miscellaneous

Other

Total 7,245

Total income

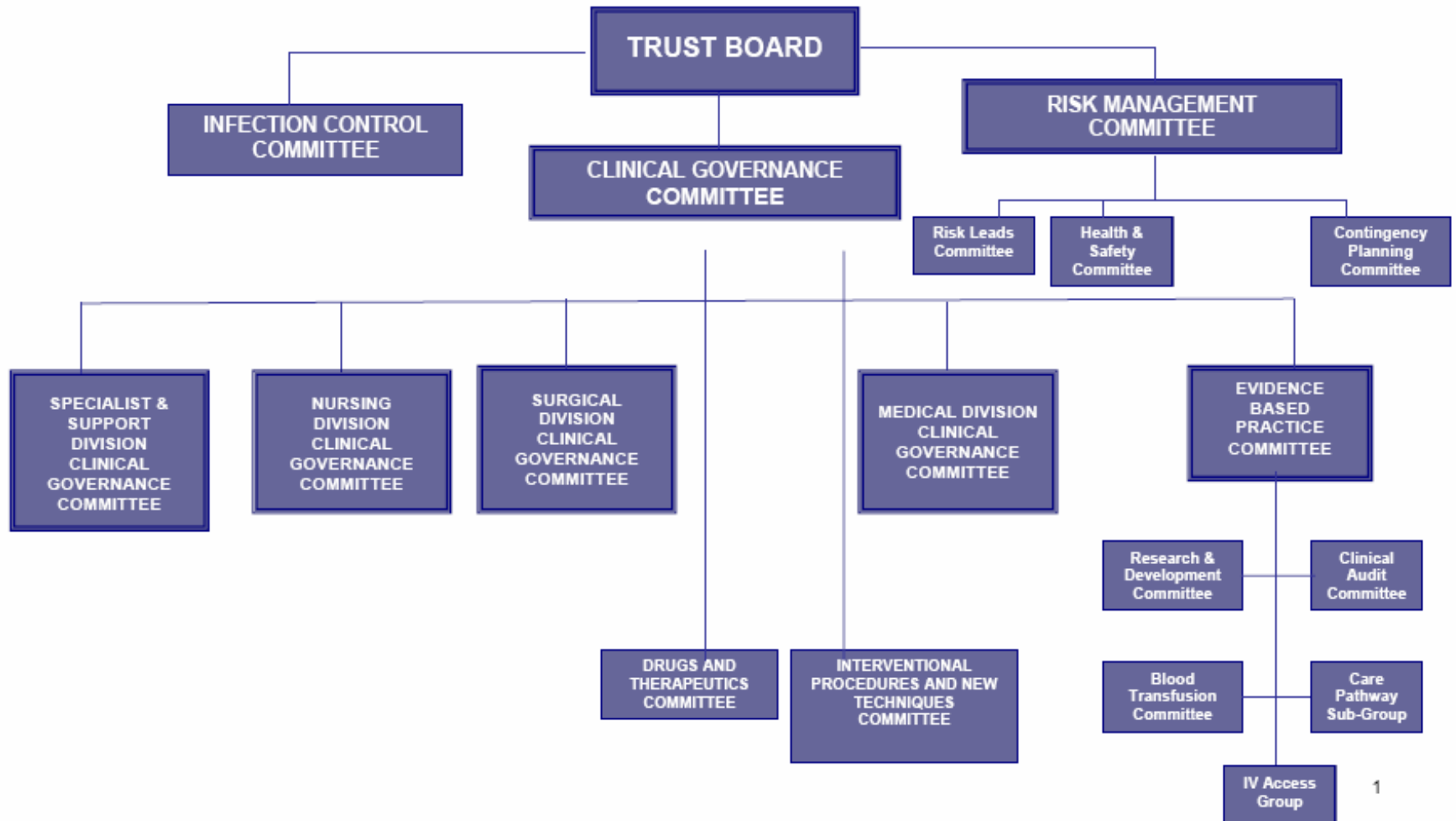
Total expenditure

Surplus/(Deficit)

Please note;

1. CHKS of 42,264 has been excluded

Appendix A: Clinical Governance Structure

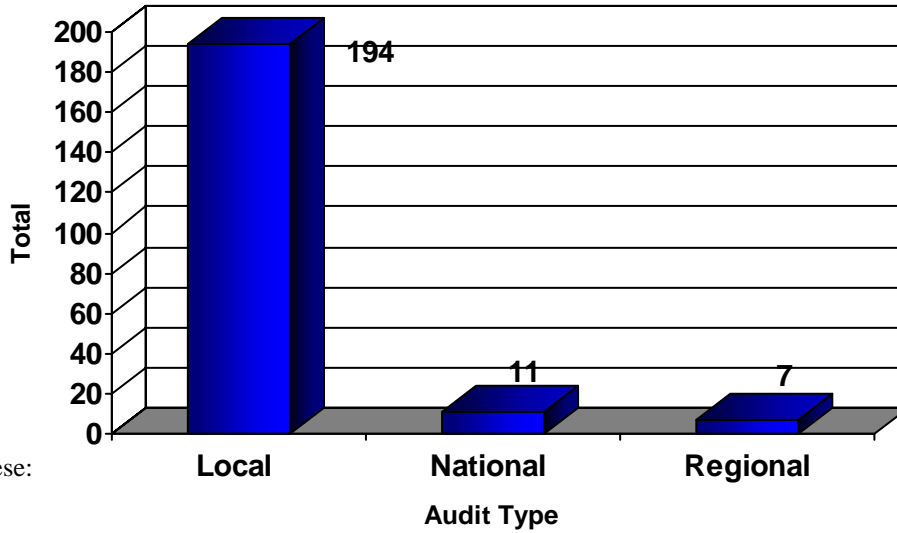


APPENDIX B

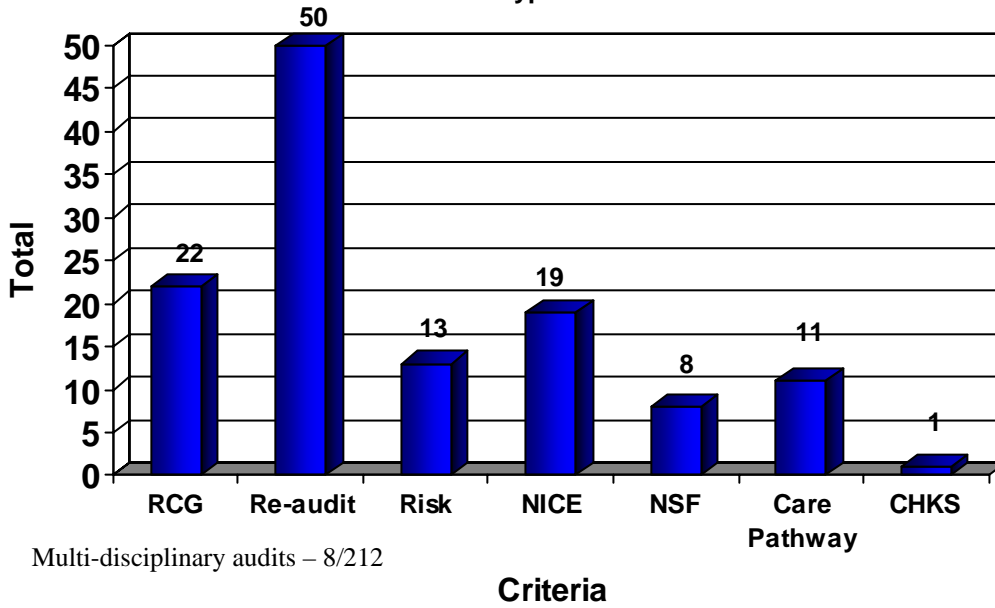
Clinical Audit Analysis – 07/08

Audit projects that have been carried out by each division during the year 1st April 2007 – 31st March 2008 total 212, some of which remain in progress.

Type of audit:

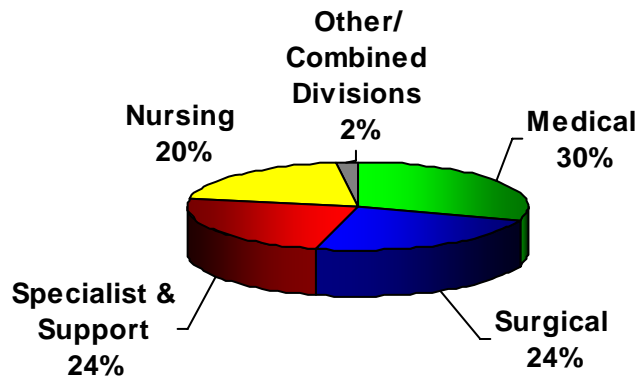


Of these:



- Multi-disciplinary audits – 8/212
- PCT involvement – 2/212
- Patient involvement – 15/212

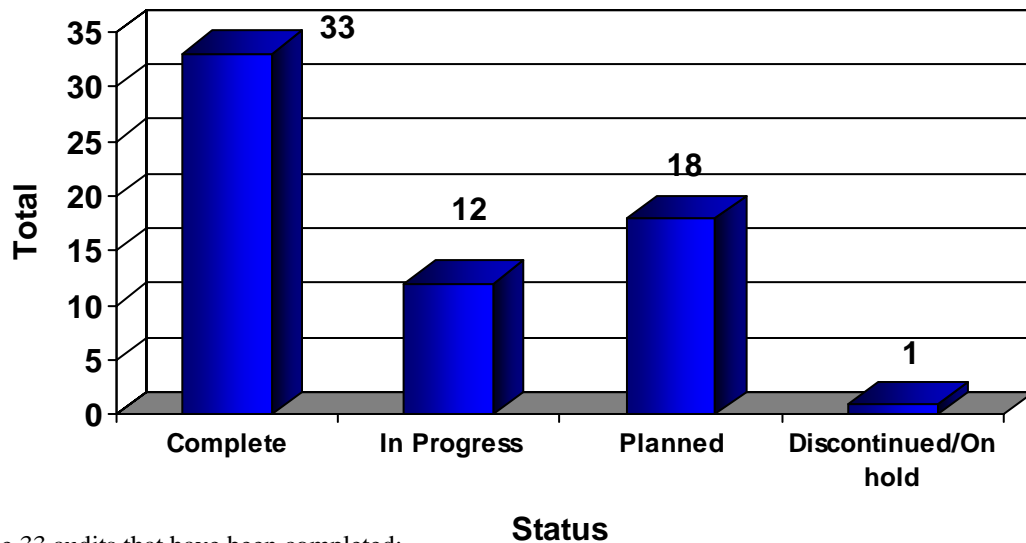
Activity for each division:



Breakdown for each clinical service group:

Medical Division:

64 audits have been undertaken by the specialities within the medical division.

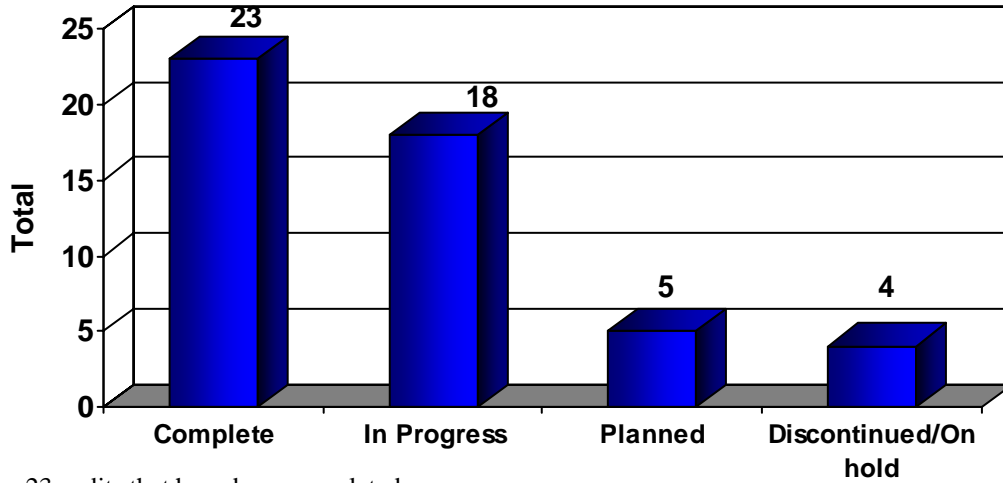


Of the 33 audits that have been completed:

- 19 have resulted with a change in practice
- 14 audits showed that no change was required.

Surgical Division:

50 audits have been undertaken by the specialities within the surgical division.



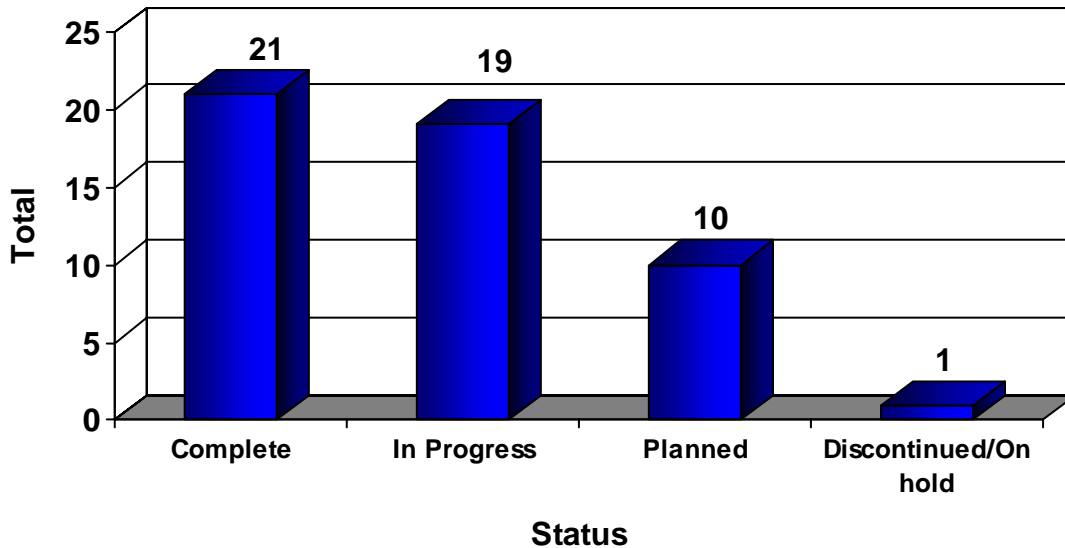
Of the 23 audits that have been completed:

Status

- 10 have resulted with a change in practice
- 13 audits showed that no change was required.

Specialist & Support Division:

51 audits have been undertaken by the specialities within the specialist & support division.

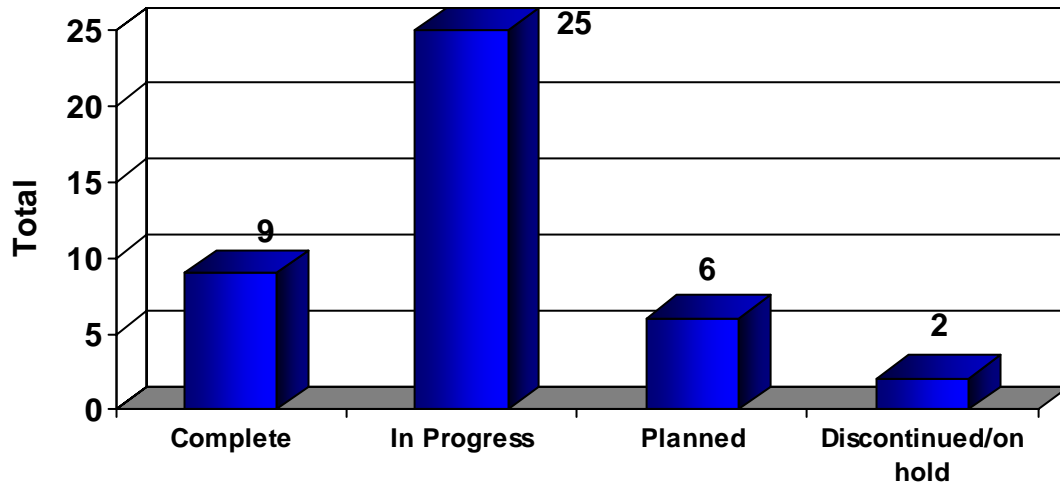


Of the 21 audits that have been completed:

- 14 audits have resulted with a change in practice
- 7 audits showed that no change was required.

Director of Nursing Division:

42 audits have been undertaken by the specialities within the nursing division.



Of the 9 audits that have been completed:

Status

- 2 audits have resulted with a change in practice
- 7 audits showed that no change was required.

Other/Combined Division

3 of the 5 audits were completed. 1 of these resulted in changes to practice.

One audit, the Annual Health Record Content Audit was relevant across all divisions.