

PFLKS

Clin Gov Committee 2007



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**PAN LONDON REPORT FOR
CLINICAL GOVERNANCE COMMITTEE
MEETING 16TH APRIL 2007**

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Area Governance Structure

The **West Area** reviews its Clinical Governance strategy on a monthly basis at the West Area Business Meeting. This meeting is attended by the West AOMs, local Training and Education lead, representatives from Clinical Audit and Research department, representative from Safety and Risk Department and the Area Complaints team. Local governance matters are also discussed at respective complex reviews which involve the whole local management team. Matters that arise from both reviews that cannot be resolved are referred to relevant departments such as PALS and Safety and Risk for assistance and guidance.

Following discussion with local management teams it has been decided to make these a stand alone quarterly meeting with attendance by the relevant parties, and schedules are being rearranged to plan in an opening meeting early in the new financial year, to deal with current governance business and to scope out the future agenda.

The **East Area** continues to hold regular scheduled clinical governance meetings where the area management team and key stakeholders from within the Trust such as Learning and Development, PALS, legal services and others meet to discuss issues affecting patient care and the continued work to develop and enhance service delivery.

One such issue discussed at the last meeting was the number and type of instances during emergency calls where entry is forced to private premises by ambulance staff in the belief that an occupant is or may be in immediate risk of life. Currently there is no formal way, save for free text entry on the patient report form for this data to be recorded. This does not provide an accurate means of audit.

Following discussion at the area clinical governance forum, the next patient Report Form (PRF) revision will now include a tick box for crew staff to note when entry is forced to private premises in the above circumstances. This will allow for the electronic collation of data on such matters and improve our knowledge of this area of work.

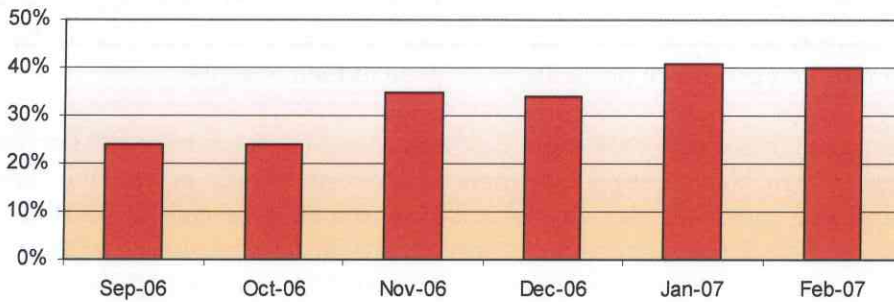
The **South Area** has not held a local governance meeting since the last Clinical Governance Committee, due to the temporary management arrangements in place following the departure of ADO Mike Boyne.

Clinical Performance Indicators

Performance continues to improve in CPI completion, reaching as high as 85% in some complexes. Other complexes still need to work harder to improve their CPI compliance, although there are usually mitigating factors, especially a lack of Team Leaders.

Compliance to protocols on the PRFs that are audited is 88% and reaches 91% on the most serious calls, including cardiac emergencies.

West Area CPI Completion



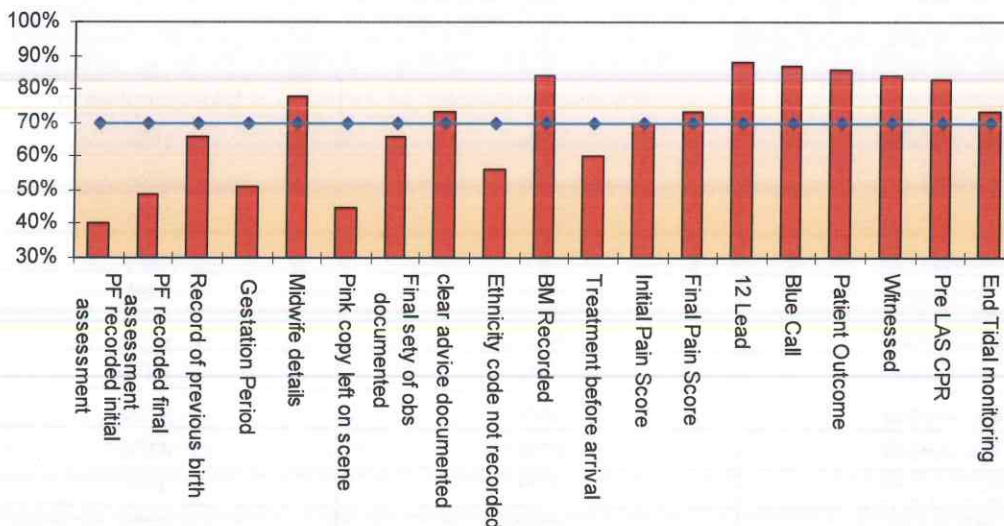
For the **West Area**, CPI Completion has seen a month by month increase from the April 06 position. The last six months reflected in the graph shows a rising trend to 40%. Lack of Team Leaders at some sites has prevented a more substantial increase on the monthly figures, but the introduction of appropriately trained Paramedics on restricted duties, has seen a marked improvement at these locations; notably, Isleworth (80% Feb) and Hillingdon (53% Feb).

Within the Area, Pinner, Camden and Fulham have on average seen the best month on month completion rates of circa 40-45%.

Clinical Audit has reported good compliance to the completion of the No Log Audit with only 20 days unaccountable across the West Area from 8/1/2007 to 25/2/07 (Last recorded figures available).

For the same period, planned feedback sessions were conducted between 72% (Camden) and 88% (Hanwell) of the schedules.

Aspects of Care



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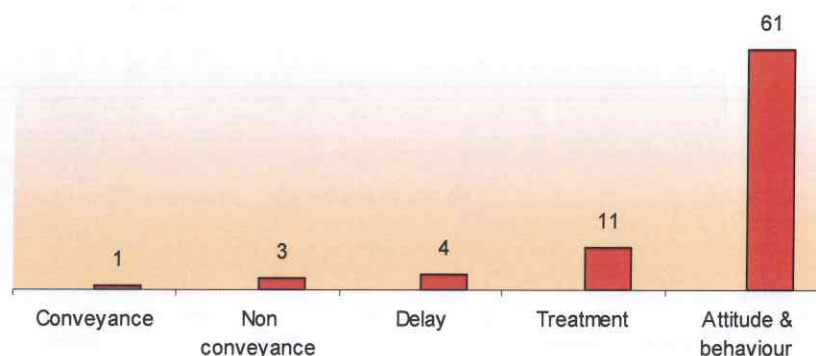
CPI	South Area Compliance	LAS Compliance
1 in 20 PRF Audit	92%	90%
Acute Coronary Syndrome	93%	91%
Cardiac Arrest	91%	90%
Difficulty in Breathing	89%	88%
Glycaemic Emergencies	96%	95%
Not conveyed	87%	85%
Obstetric Emergencies	89%	88%
Overall	90%	88%

Complaints

For the period from January to March the **West Area** recorded compliance of 100% against the 25 day mark for both January and February. March is currently circa 83%. Compliance for the year is at present 77% but should rise after the addition of the last two months.

Against a backdrop of 288,816 calls attended in the West in the last FY, the Area has received 82 complaints (48 written and 34 by telephone)¹. Analysis of these complaints is shown below:

West Complaints Apr06- Mar 07



For the year end, two complaints remain outstanding but are well progressed and awaiting outcomes. Over the new FY, work will be undertaken to address the relatively high incidence of complaints related to attitude and behaviour.

Of the outcome reports, positive action has taken place on a number of feedbacks. Of note is a Patient Specific Protocol being written by Fiona Moore in relation to a patient in the Isleworth Area. This will be followed up by an LAS News article to share best practice, with similar patients that crews may encounter.

A small number of outcomes have been referred for disciplinary hearings of which two members of staff resigned beforehand, and one staff member was dismissed.

The **East Area** has managed complaints well. A weekly update is provided by the Investigations Officer and the status/progress of cases is discussed at ADO/team meetings

¹ This equates to 0.03% of all incidents attended.

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South Area:

Month	Total received	Total resolved 20/25 days	%
APR '06	6	3	50
MAY '06	6	4	67
JUN '06	4	3	75
JUL '06	4	3	75
AUG '06	7	6	86
SEP '06	6	5	83
OCT '06	7	6	86
NOV '06	5	2	40
DEC '06	2	2	100
JAN '07	5	4	80
FEB '07	4	3	75
MAR '07			
YTD	56	41	73

Frequent Clients

In the **West Area** there has been no change since the last governance report. Local complexes have appointed representatives to assist in the frequent caller initiative. Unfortunately this has been slow to realise any benefits due to the preparatory work required by the local lead and constraints around available time due to performance recovery efforts. It was considered important that this initiative is re-launched, and the intention is to now invite Gary Bassett to re-present the initiative at the next West Area Clinical Governance meeting.

East Area complexes are addressing this issue at PCT meetings to explore other ways to assist those who persistently use ambulance and hospital services inappropriately. Various meetings within the area have supported the idea that those assigned to light duties could work on identifying frequent clients and working with local authorities to find alternative, more relevant, ways to assist them.

The East has supported the work of the PALS team in this area of work by seconding some staff on restricted duties to assist with the identification and administrative work associated with regular or frequent callers.

South Area: No further action taken since last meeting due to REAP 3 status.

Clinical Development of Staff

Five staff from the **West Area** have been successful in obtaining a place on the Advanced 12 lead ECG Course run externally by the City University.

Fulham Training will be launching the e-Learning site for courses being run from July onwards. Staff will have to pre register, but will be able to access on-line projects to assist in learning development.

Hanwell Station has produced a FRU rota that incorporates not only Ambulance shifts, but also provides for a built in training day to facilitate local and specific staff development needs.

Friern Barnet are still proceeding with 'drop in' training days where the Complex Trainer will run through any training related need.

The Practice Learning Manager has produced local bulletins in support of the aspects of care shortfalls, which will assist in identifying commonly made PRF documentation errors.

Serious Untoward Incidents (SUI's)

Outcomes from serious untoward incident investigations continue to be implemented across the Trust ensuring that identified risks or causative factors are mitigated appropriately. SUI control groups focus the investigating officer and ensure that recommendations are implemented in a timely fashion.

The Oliver Ladwa SUI investigation was recently completed. The inquest for the case is to be heard later this month where it is expected that the Trust will receive some media interest in relation to the incident. The recommendations following the investigation are being actioned and changes to the management arrangements for educational visits Trust wide have been introduced.

For the reporting period of this document, there were no SUI's in the **West Area**.

There are currently no active SUI's within the **East Area**. In recent months there have been two incidents that have attracted external interest. Those being the case of Kayleigh Macilwraith-Christie and Shadi El-Bhnasawy. Both these incidents occurred in the Islington area.

As a result, the local AOM has engaged fully with the families of the deceased and local councillors and Member of Parliament to ensure factual reporting of the actions taken by the Trust. These matters are likely to feature in a "Tonight with Trevor McDonald" programme to be aired on ITV this month. Local staff have been appraised of investigation outcomes and kept informed of progress in each case.

In addition, there have been three adverse delay matters in the Romford area reported in the local media through February. These resulted from poor ambulance availability due to financial constraints and high sickness absence as reported to the Trust Board on 27th March 2007.

There are currently no active SUIs within the **South Area**.

Rest Breaks

The implementation of the Trust wide rest break policy has resulted in circa 70% of ambulances and 90% of fast response units receiving a rest break during their shift. A review of the policy was undertaken in late February and addressed some of the concerns raised following its implementation in December 2006..

For the **West Area**, following discussion with Management Information, it is not possible to produce a breakdown of Rest Breaks percentages for this report. All that currently can be shown is whether a crew has had a break. Management Information have been requested to develop a system that can report % of rest breaks given so that comparisons across Areas can be conducted.

Locally some stations have evidence of crews delaying returning to station to avoid rest breaks. Local complex teams are addressing these people with the support of Staff Side representatives.

The issue of Rest Breaks with the **East Area** has been discussed at ADO/Team meetings, Area Business Meetings and North East and East Central Staff Side meetings. Many points have been raised which were put forward for inclusion in the service wide review on 20

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Jason Killens and Martin Flaherty at the end of March. The area is also reviewing all family friendly rotas to ensure these remain fit for purpose.

It is expected that the majority of rota amendments required to achieve the desired outcome in this high impact change will have taken place within the East Area by the end of May. There remains some difficulties in two complexes but progress, in partnership with staff side, is ongoing and we remain confident that a satisfactory outcome will be achieved.

Changes to shift rotas within the **South Area** are noted below together with their target implementation date. Some station rotas do not require changes as they already provide the required shift times.

GREENWICH

- L303 proposed change form 07/19 to 06/18
- N401 PROPOSED ACHANGE FROM 01/19 TO 0630/1830

BARNEHURST

- Woolwich whole new rota proposed with 0600 and 0700 start times

DEPTFORD

- Rotherhithe new rota implemented 19 March '07; up for review June '07 where new changeover times will be introduced

OVAL

- new staff rota under negotiation to mitigate 1400 & 1900 changeover problem

WATERLOO

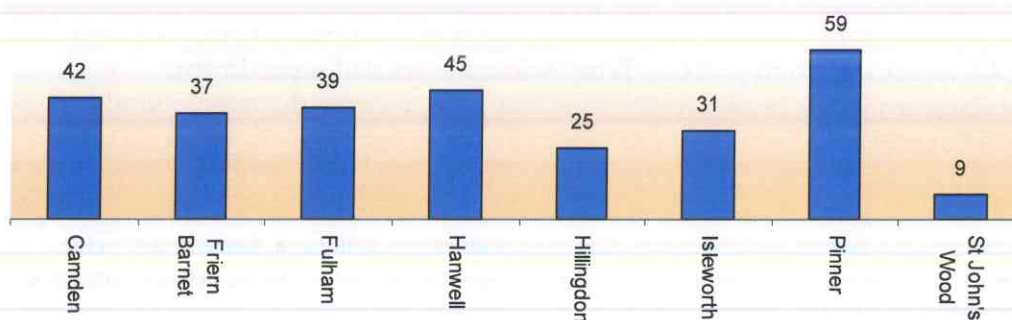
- N303 proposed change from 19/07 to 18/06
- CS21 proposed change from 19/07 to 18/06
- F102 proposed change from 07/19 to 0630/1830

Defib Card Downloads

Accurate data to assess compliance with data download has not been available across the Trust for the reporting period of this report.

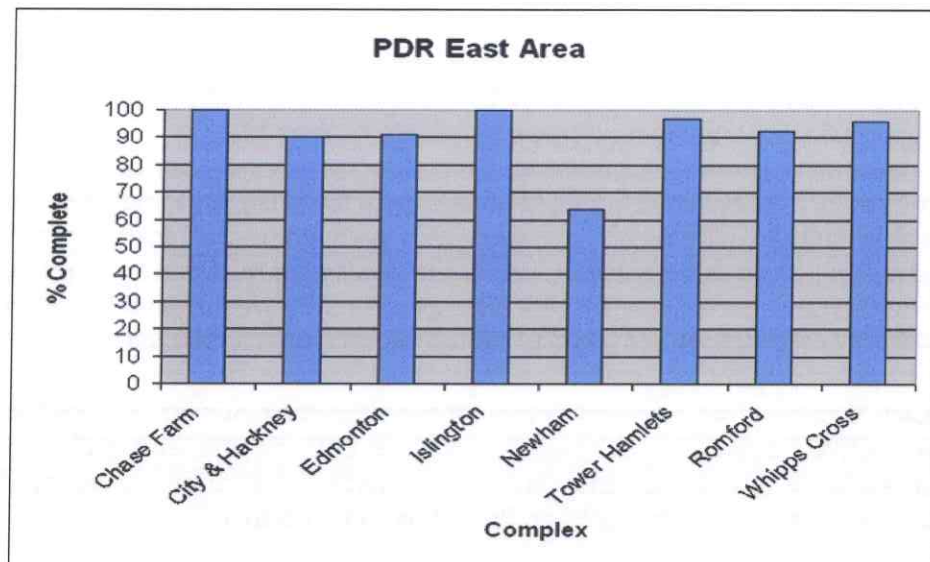
In total, in the **West Area**, Clinical Audit received 287 data cards in respect of Cardiac Arrests undertaken in the West area. It is not possible at this time to compare the data with the actual amount of arrests attended. However the ADO reports that it is the intention to include this in future reports, thereby allowing a percentage of the cards received against arrests treated to be obtained.

Defib Data Downloads Apr 06 - Mar 07



Some FR2 defibrillators within **East Area** have been reprogrammed as part of a trial to assess the outcomes of different CPR protocols. This pilot remains in its early stages and there is limited data is available to assess effectiveness thus far.

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It has been noted that operational staff in the **South Area** have expressed that they would like more support to undertake external courses. The table below shows the total number of outstanding PDRs by station in the South Area.

Complex	Remaining PDRs Op Staff	Teamleaders	DSO's	
Barnehurst	0	0	0	
Bromley	11 (4 LTS & 7 ECP's)	0	0	
Greenwich	1	0	0	
Deptford	0	1	3	
Waterloo	25 (incl substantive staff) all will be done by 1st May	1	2	
Oval	3 (new staff)	0	1	
New Malden	1	0	0	
Wimbledon	1	0	0	
Croydon	4 (LTS)	0	0	
St Helier	3(1 Maternity, 1 CTA, 1 only Fri late shifts)	0	0	

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In the **West Area** overshoes are now in use across the Area. Local AOMs have also liaised with their respective local Mosques to raise awareness of this addition.

The **East Area** have reported that they have recognised the difficulty of communicating with all mosques in the East Area to inform them that ambulance staff will not remove their footwear due to Health & Safety reasons but will wear overshoes. The overshoes are to be kept on board the vehicles to supplement the supplies held at local Mosques.

Some Mosques have been visited but in boroughs with a high density such as Newham this has proved difficult due to the resource intensity that this would require and the pressures of other work in recent months.

There is no update for the **South Area** since the last meeting.

Patient Safety Issues

There are a number of recurrent themes that emerge across the operational areas of the Trust in relation to the perceived risks to patients. These are being addressed in varying forums but are noted in more detail below by each area.

In the **East Area** aspects of care that receive poor compliance or are below service wide average receive scrutiny at complex performance reviews and the monthly area business meeting. Here Team Leaders and the complex training officer explore the aspects of care causing concern for their specific complex. The areas of concern are then conveyed to frontline staff during individual feedback sessions.

Recent concern has surrounded non conveyed patients and the appropriateness of clinical assessment and decision making to come to the view that it is safe to leave a patient at home. Other aspects of care that receive regular review include obstetric emergencies.

The area has also highlighted cross contamination or infection as a risk to patients. Whilst we have introduced an all encompassing infection control policy in recent years and run a hand washing awareness campaign within the last twelve months, the risk remains. The East Area will be including this in its complex monthly clinical themes this year to further increase awareness and encourage compliance.

Occasional misdiagnosis and less than effective clinical assessment have been identified in the **West Area** as risks to patients. Regular feedback is provided to frontline staff during PRF compliance feedback sessions to ensure that staff remain aware of the associated risks.

'Attitude and behaviour' complaints are of concern within the Area. Whilst the total number is not disproportionate to other areas, this type of complaint suggests a general risk to patients through complacency or a perceived lack of concern for patient welfare of the attending crews.

At the time of writing no matters of concern have been highlighted from the **South Area**.