

THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST

COUNCIL OF GOVERNORS

QUALITY OF PATIENT EXPERIENCE WORKING GROUP

1. INTRODUCTION

The inaugural meeting of the group was held on 6th July 2010. In common with the other working groups, an update was received on the membership of the group and a report on the nominations for the Chair of the group (1 by the deadline). Confirmation of the Chair will be announced at the Council of Governors meeting.

2. ROLE, OBJECTIVES AND SCOPE

A briefing was received and it was noted that while this was the largest group, it had the most to address, as “quality” was very broad in scope, ranging from the Quality Account to feedback from patients and visitors.

3. HEALTHCARE ASSOCIATED INFECTION

- Month 2 report received, giving an overview of MRSA bacteraemias, Clostridium difficile, progress with the ward accreditation programme and any other key infection prevention and control matters
- Recent national media coverage had focused on absolute numbers of C. difficile cases, making the Trust appear an outlier in comparison with smaller hospitals but the latter did not have the volume or casemix of the Trust. The figure per thousand bed-days put the Trust in the middle of the pack
- The 2009/10 target for C. difficile had been achieved but there had not been as much as progress as some other Trusts saw, so a new focus had been brought to bear on antibiotic prescribing, hand hygiene and specimen collection and testing
- Factors for MRSA were noted to be different and there had been substantial efforts to address these over the past two years, with significant success. Similar efforts will now be required for C. difficile
- Noted that there was now a two-stage test for C. difficile, which reduced the number of false positives.

4. MONTH 2 QUALITY REPORT

- Presentation received. The Quality report had evolved over the past 18 months from original pilot work by the Trust with Monitor and 7 other

Foundation Trusts. Three domains were included: i) patient safety; ii) outcomes; iii) patient experience

- Slips, trips and falls highlighted as a significant issue. The Trust was learning from other places and the new strategy including a teaching programme, new patient assessment process, and implementation plan. However, experience elsewhere suggested that it would be 2-3 years before a significant reduction was seen
- Needlestick and sharps injuries were not increasing but at present neither were they decreasing and new disposal measures were being trialled
- Other patient safety indicators in the Quality Report included wrong-site surgery, medication incidents, radiation incidents, number of legal claims (noted to be few for the size of the Trust), reportable Serious Untoward Incidents and the Hospital Standardised Mortality Ratio.

5. PATIENT EXPERIENCE

- Briefing received on the different methods of obtaining data on patient experience of Trust services
- Options being reviewed for “real time” patient feedback, including use of a touch-screen survey
- Relevance and timeliness of data were key. Automation could help but the asking the right questions would be fundamental and there was clearly a role for the working group in this arena.

6. ACTION PLAN

To be developed but would include e.g. the visiting programme, inputs to patient feedback, further refinement of the Quality Report.