

THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST

MEMBERS COUNCIL

ANNUAL HEALTHCHECK 2007/2008

1. OVERVIEW

Governors are pleased to report that the Trust is fully compliant across all 24 core standards except one. This is Infection Control where over the full 12 months, against a target of 37, the number of patients with MRSA bacteraemia projects to 58 (or 0.001/10,000 bed days). However the good news is that this is 22% better than last year.

This is a very good performance and Governors congratulate all members of staff from the Chief Executive to the most junior receptionist and porter. Everyone should feel proud.

Yet no one is complacent. For 58 people it will be 58 too many. That's why the Trust remains committed to improving year on year not only where it has missed a target but across the board. To this end, there are several initiatives in place both to improve infection control ultimately to zero, but also to improve in other areas. A selection of these is described later in this report.

2. CLOSTRIDIUM DIFFICILE

The Trust takes this, the other major threat which must be reported, very seriously. While numbers are unacceptably high amongst the most vulnerable patients, those aged over 65, they are 14% below trajectory over the 10 months through January (441 v 510). This is due to a sharp reduction in the second half of 2007. (Monthly average April/July 65 cases - August/January 30 cases)

3. PROJECTS to IMPROVE PATIENT SERVICES (PIPS)

1 **Infection Control.**

- Understanding causes. Because the Trust screens almost all patients on admission, it has found that 57% of those with an infection had it present upon admission. Even allowing for readmissions, this means that a significant number, possibly the majority will have acquired the infection while still in the community. The Trust's Infection Control Team has therefore invited referring PCTs and neighbouring hospital Trusts to take part in a Task Force, whose remit will be to find out how patients first contract MRSA in the community, and then how to prevent it. They will start by examining the two peaks (31% of cases presented in August/September, and 28% in Internal Medicine). Separately, an analysis of hospital acquired cases shows similar peaks (again 50% presenting in August/September, and 44% in either Care for the Elderly or Surgery). The Infection Control Team will be reanalysing these cases.

- Monitoring on-the-ground hand-washing arrangements. It matters little how good a strategy or plan is if its execution is flawed. Put differently poor execution can kill a brilliant idea. A small panel of Governors will therefore be ‘making like patients’ (in the commercial world it’s called a ‘store check’). They will look at how the hand-washing instructions are actually handled on each ward or clinic. Their objective will be to make these arrangements consistent and ‘excellent’ across the Trust
- Creating ownership and accountability As they became more involved in this field over the year, Governors felt there was an opportunity to rekindle more of the sense of pride and ownership with its deeply rooted commitment to practicing ‘best practice’ which was the hallmark of a true leader, the classic ‘Ward Sister’ This is the sort of cultural change, which is wholly consistent with the Foundation principle, characterised as it is by the right to choose. This means that staff must understand that to survive, they must earn the right to be chosen by giving patients healthcare at its very best coupled with the sort of personal care and commitment which ensures that patients are completely satisfied with the way they are treated while in the Trust’s care, whatever the outcome. This is what true leadership and commitment is all about.

2 Children’s meals

Up until recently children were offered the adult menu. It so happened that a friend (and constituent) of a Public Governor, whose son has Leukaemia complained that she was forever taking him food. He simply didn’t like what the hospital provided. In addition a side-effect of his medication was a sore mouth. He therefore wouldn’t drink the only juice offered – orange. A working team of nurses, nutritionists, children, parents and the Governor went back to basics with the result that now there is a totally ‘bespoke children’s a la carte menu’. It is tasty (the children say so), nutritious (the dieticians ditto), affordable (so the manager says). It includes apple juice, thick ‘smoothie’ yoghurts (with thick straws), and is presented on child oriented (and part child designed) menu cards. The team remains active to ensure standards are maintained

3 Children’s Safety

There is no evidence to suggest that children are more or less likely to contract MRSA than adults. But there is a risk that children might accidentally swallow the hand washing gel when sited as it is in an adult ward. Yet it is still essential that everyone, children included, washes their hands. There are two approaches, a) The gel will be placed near the sinks where staff can see what’s happening more easily. Some sinks may be moveable to make seeing the children even easier. b) There is a rigorous toy-washing policy in place.

4 Corporate governance

Although not a core standard, a critical ingredient of a successful Foundation Trust will be how well Governors perform both individually and as a body but particularly how well Governors and Directors work together. To this end, here in Newcastle, Governors have done a root and branch review of what they must do to be successful.

Whilst action plans have yet to be defined, the critical issues which must be addressed have been identified. These can be summarised as follows:

- how can we optimise the way Directors and Governors work together?
- how can Governors contribute effectively to the Trust's Business Planning?
- how can we ensure good two-way communications between Trust and Stakeholders?
- how can we maximise the involvement of all stakeholders but particularly of the public?
- how should the Governors' ambassadorial role operate in practice?
- how can we ensure that Governors are properly 'trained' and briefed?
- how can we make best use of the wide range of Governors' skills?
- how can we optimise the way Governors work, both individually and as a Council?

One of the immediate outcomes is that Governors will become more formally and closely involved with the Infection Control Team, bringing outside perspective and skills.

On behalf of both Governors and Directors, we respectfully submit this report. While we believe we have made progress, we accept we have fallen short.

"Es irrt der mensch, so lang er strebt" (Man will err while yet he strives) (Goethe)

This makes us even more determined to make even more progress in the year to come.

Maurice Harvey
Public Governor
14th March 2008