

CITY HOSPITALS SUNDERLAND NHS FOUNDATION TRUST

CLINICAL GOVERNANCE

BOARD OF DIRECTORS

NOVEMBER 2008

CLINICAL GOVERNANCE UPDATE

SUMMARY

The National Sentinel Audit of Stroke has taken place on a two-year cycle since 1998 and is the leading national comparative audit for measuring changes in stroke services against the National Clinical Guidelines for Stroke. Participation in the latest round of the audit, the organisation of care, compares City Hospital's performance against peers in 8 separate domains. The results of the 2008 audit show a moderate spread of scores that have remained relatively static to those achieved in 2006. The audit identifies clear areas requiring improvement and these will be incorporated into an existing action plan, which is now overseen by the Clinical Governance Steering Group.

The results of the 2nd round of the national Payments by Results (PbR) Data Assurance Framework (Clinical Coding Audit) 2008/09 confirms the excellent standards of coding accuracy in the Trust. The audit examined the accuracy of coding in 300 Finished Consultant Episodes (FCEs), of which 100 were selected from the national area, Trauma and Orthopaedic. The results show that the number of episodes with errors, which would have changed the HRG, was 5 representing 1.7% of the total cases and an undercharging of the PCT of £858 (0.2%). In 2007/08 the national average HRG change rate was 9.4%. This is an impressive set of results.

City Hospitals took part in the first National Audit of Services for People with Multiple Sclerosis. The aim of the audit was to improve services for people affected by MS by comparing local service provision with national standards, and identifying any variations. The Trust compares favourably with the 6 key recommendations and sentinel marker contained in the NICE Clinical Guideline for MS.

The Patient Advice Service Report – Q4 (Jan – March 2008) shows that a total of 328 PALs issues have been received during the last quarter 07/08. For the full year period the total number of contacts is 1308, continuing the increasing trend over the past four years, 1158 in 2006/2007, 992 in 2005/06, and 891 in 2004/05. Analysis of the issues from the directorates and specialities show no obvious trends or themes.

INTRODUCTION

The Clinical Governance Update provides a summary of progress of Clinical Governance Development Plans that align to the domains of the healthcare standards. The report highlights progress and outcomes of governance activity under the relevant domains.

1. DOMAIN 2 CLINICAL EFFECTIVENESS

1.1 National Sentinel Audit of Stroke (6th Round) – Organisational Audit

The National Sentinel Audit of Stroke has taken place on a two-year cycle since 1998. Previous audits have shown widespread variations in the standards of stroke care across the country, but it is hoped that the recent National Stroke Strategy will help redress the balance. The aims of the audit are:

- To gauge progress against the National Clinical Guidelines for Stroke.
- To enable trusts to benchmark their stroke services nationally and regionally.
- To measure the rate of changes in stroke service organisation and quality of care for stroke patients since the National Audit Office Report.
- To measure the extent to which the recommendations made in the 2006 National Sentinel Audit have been implemented.

The organisational proforma has remained fairly constant over previous audits. However, as standards have changed and new areas are considered, the Intercollegiate Working Party have agreed some additional questions for this particular round.

Results - Organisational data

The table below shows CHS' performance compared to peers in 8 separate domains of the organisation of care. The score for each domain ranges from 0 -100 with 100 being the optimal score. The total organisational score is obtained by calculating the average of the 8 domain scores. National results are presented as percentages and site variation is summarised by the median and inter quartile range. The balance of questions for some of the domains has changed and therefore it is not possible to make direct comparisons to the 2006 results.

2008 Audit - Domains		Lower scores	Intermediate scores	Higher scores	CHS
D1	Acute care organisation	37% scored 0-17	42% scored 33,50 or 67	21% scored 83 or 100	83
D2	Organisation of care	30% scored 0,14, 29 or 43	53% scored 57 or 71	17% scored 86 or 100	57
D3	Consultant physician time (previously called interdisciplinary services overall)	26% scored 0-63	49% scored 75 or 88	25% scored 100	63
D4	Interdisciplinary services (stroke unit)	25% scored 0-48	51% scored 49-66	25% scored 67-100	32
D5	TIA/neurovascular clinic	23% scored 0-42	47% scored 69-94	29% scored 100	88
D6	Continuing education	23% scored 0-42	51% scored 50-83	25% scored 100	83
D7	Team working	25% scored 0-81	6% scored 88 or 94	10% scored 100	88
D8	Communication with patients & carers	25% scored 6-52	49% scored 54-86	26% scored 87-100	24
Organisational audit total score		25% scored 15-61	50% scored 61-77	25% scored 78-95	65

Results against peers in the North East SHA

The table below (as an example of a number of comparative tables) highlights average estimated waiting times for CT and MRI scans, where Trusts have a neurovascular/TIA clinic. The total organisational score is an aggregated score across all domains. The best organised 25% of hospitals are in the upper quartile designated by the symbol , the least well organised hospitals for stroke care are in the lower quartile designated with the symbol  and the middle performing hospitals are represented by . The final score in the table is a comparison against the 2006 scores.

Site name (name of trust or hospital within a trust)	Average CT scan waiting time weekdays	Average CT scan waiting time weekends	Average MRI scan waiting time weekdays	Average MRI scan waiting time weekends	Neurovascular clinic	TIA service	Neurovascular clinic average waiting time	All high risk TIA patients seen and investigated within 24 hours	All low risk TIA patients seen and investigated within one week	Patient / carer views sought on service	Report produced within 12 months analysing patient / carer views	Overall position in 2008	Overall position in 2006
North East													
City Hospitals Sunderland NHS Foundation Trust	5-24 hours	5-24 hours	>48 hours	>48 hours	Yes	Yes	7	Yes	No	Yes	Yes		
County Durham and Darlington NHS Foundation Trust (Bishop Auckland General Hospital)	0-4 hours	5-24 hours	0-4 hours	>48 hours	Yes	Yes	7	Yes	Yes	Yes	No		
County Durham and Darlington NHS Foundation Trust (University Hospital North Durham)	5-24 hours	5-24 hours	>48 hours	>48 hours	Yes	Yes	5	Yes	Yes	Yes	No		
Gateshead Health NHS Foundation Trust	0-4 hours	5-24 hours	5-24 hours	>48 hours	Yes	Yes	13	No	No	Yes	No		
Newcastle upon Tyne Hospitals NHS Foundation Trust	5-24 hours	5-24 hours	25-48 hours	>48 hours	Yes	Yes	6	Yes	Yes	No	Yes		
North Tees and Hartlepool NHS Foundation Trust (University Hospital of Hartlepool)	5-24 hours	5-24 hours	>48 hours	>48 hours	Yes	Yes	3	No	Yes	Yes	Yes		
North Tees and Hartlepool NHS Foundation Trust (University Hospital of North Tees)	5-24 hours	5-24 hours	>48 hours	>48 hours	Yes	Yes	2	No	Yes	Yes	Yes		
Northumbria Healthcare NHS Foundation Trust (Hexham General Hospital)	5-24 hours	5-24 hours	25-48 hours	>48 hours	Yes	Yes	10	No	No	Yes	Yes		
Northumbria Healthcare NHS Foundation Trust (North Tyneside District General Hospital)	5-24 hours	5-24 hours	25-48 hours	>48 hours	Yes	Yes	5	No	No	Yes	Yes		
Northumbria Healthcare NHS Foundation Trust (Wansbeck General Hospital)	5-24 hours	5-24 hours	25-48 hours	>48 hours	Yes	Yes	10	No	No	Yes	Yes		
South Tees Hospitals NHS Trust (The James Cook University Hospital) in collaboration with MPCT and R&CPCT	0-4 hours	5-24 hours	5-24 hours	>48 hours	Yes	Yes	3	No	No	Yes	Yes		

Recommendations – overall

- All patients with acute stroke should be admitted directly to acute stroke unit equipped and staffed to be able to deliver high quality care.
- Thrombolysis should only be provided when all of the other components of acute stroke care are of a high quality.
- All hospitals managing stroke and TIA patients need to ensure they comply with the recommendations in the NICE Guidelines for Acute Stroke and TIA Imaging and the recently published document from the DH on Imaging after Stroke and TIA.
- Hospitals should rapidly rectify the situation of patients without stroke occupying beds on a stroke unit, while stroke patients are managed elsewhere.
- Stroke services should urgently review policies that exclude certain groups from admission to the stroke unit.

- Development of seven-day rehabilitation services should be made a priority.
- Levels of nursing staff on acute stroke units needs to be increased to provide the intensity of supervision and care that patients require in the first day or two of their admission. This applies to acute stroke units not delivering thrombolysis as well as those that do.
- Social worker involvement as integral part of the stroke team is essential and should be mandatory for every stroke unit.
- Early supported discharge services should be made available for all patients.
- All services managing patients with TIA should have a system in place that is able to see and implement management plans in line with the recommendations in the National Stroke Strategy and the NICE Guidelines for Acute Stroke and TIA.

Conclusion

The results of the organisational section of the 2008 National Sentinel Audit of Stroke show a moderate spread of scores, but identify clear areas requiring improvement. The existing action plan will be updated to reflect the outcomes from the audit, which will be monitored by the Clinical Governance Steering Group. The results of the Sentinel Audit will also be discussed at various forums across the Trust by the stroke team. It is anticipated that improvements in the organisation of services will be seen in the next 12 months, as a result of planned increases in resources for stroke both within CHS and in the community.

1.2 PbR Data Assurance Framework (Clinical Coding Audit) 2008/09

Following a pilot during 2006/07, the Department of Health (DH) asked the Audit Commission to develop and manage an assurance framework for Payment by Results (PbR). This was confirmed within the Operating Framework for 2007/08 issued by the DH in December 2006. The Payment by Results (PbR) Data Assurance Framework is designed to support the improvement of data quality standards that underpins the accuracy of coding and costing under PbR. The assurance framework is now in its second year and is being delivered as part of PCT audits in 2008/09, and is a rolling programme of work developed, managed and delivered by the Audit Commission. It consists of:

- An independent, targeted external clinical coding programme covering all Acute Trusts in England, including Foundation Trusts, completed by qualified accredited clinical coders in line with NHS CfH Coding Audit Methodology v3.
- Development of benchmarking indicators to target audits and for wider use by PCT's and Trust's.
- Regular national briefings on issues emerging from both the coding audits and benchmarking indicators.

The report summarises the findings from the external audit carried out in August 2008.

Methodology

The audit was undertaken in August 2008 and covered 300 Finished Consultant Episodes (FCEs), of which 100 were selected from the national area, Trauma and Orthopaedic. The other 200 FCEs were selected based on the national benchmarking system and local agreement. The audit sample was selected randomly from FCEs completed during the period 1 January to 31 March 2008 for all Commissioners at the Trust and not limited to the host PCT.

Coding accuracy – Main findings

The main findings in the areas audited are shown below:

Area audited	Specialty/ Chapter/ HRG	% Procedures coded correctly		% Diagnoses coded correctly		% of episodes changing HRG	% of spells changing HRG
		Primary	Secondary	Primary	Secondary		
Theme	Trauma and Orthopaedic	95.3%	80.0%	98.0%	95.3%	2.0%	2.4%
Specialty	Ear, nose & throat	92.1%	84.9%	84.0%	96.4%	1.0%	1.0%
Chapter	Chapter L Urinary tract & male reproductive systems	100%	85.2%	97.1%	84.0%	1.4%	1.5%
HRG	A 28 Migraine Headache <70 w/o/cc	88.9%	90.0%	100%	100%	3.3%	0.0%
Overall		94.7%	84.4%	93.3%	92.4%	1.7%	1.5%

The number of episodes with errors which would have changed the HRG was 5 representing 1.7% of the total cases tested. An analysis of the identified errors, using NHS CfH methodology, suggests that coder error was the cause of the majority of the inaccuracies.

Financial impact on errors

The sample covered 300 FCEs. These episodes were then grouped to 275 spells with a total value of £405,281. Across all the areas where HRGs would change as a result of the coding, correction of the coding errors for the spells in the sample would lead to an increase in total payments due to the Trust. The level and mixture of errors between those reducing or increasing payments indicates that coder error rather than deliberate miscoding is at the root of the inaccuracies.

Area audited	Specialty/ Chapter/ HRG	% of episodes changing HRG	Pre Audit Payment	Post Audit Payment	Net change	% change
Theme	Trauma and Orthopaedic	2.0%	£179,825	£180,061	£236	0.1%
Specialty	Ear, nose and throat	1.0%	£109,584	£110,272	£688	0.6%
Chapter	Chapter L Urinary tract & male reproductive system	1.4%	£97,433	£97,367	-£66	-0.1%
HRG	HRG A 28 Headache or Migraine < 70 w/o cc	3.3%	£18,439	£18,439	£0	0.0%
Overall		1.7%	£405,281	£406,139	£858	0.2%

The number of episodes with errors, which would have changed the HRG, was 5 representing 1.7% of the total cases tested. This is below the findings from the audit undertaken in 2007/08, when the percentage of HRGs changing was 3%. The Trust compares favourably with the outcome from the national assurance framework audit

2007/08, which identified that the average HRG change rate was 9.4%. Compared with the national results from last year's audits this error rate places the Trust in the best performing 25% of trusts with the smallest amounts of HRGs being incorrect.

Conclusions

The standards of coding accuracy and the performance of the Coding Department was described as 'excellent', with no evidence of 'gaming'. The findings have been discussed with the PCT and an action plan agreed to reflect the coding issues and training requirements within the report. These were focused on:

- inconsistencies in the recording of relevant co-morbidities and cardiac conditions.
- instillation of mitomycin into bladder being recorded inconsistently.
- inconsistencies regarding the recording of the history of combined treatment chemotherapy and surgery.
- intravenous infusions being recorded as intravenous injections.
- omission of investigative procedures such as, computerised tomography scans, nasal packs and cautery of nose, and image intensifier control.

The majority of the issues have already been resolved whilst others are being addressed by the Clinical Coding Trainer. The action plan will be monitored by the joint CHS/PCT contracting group.

1.3 National Audit of Services of People with Multiple Sclerosis (June 2008)

People who suffer from Multiple Sclerosis (MS) face many challenges, often with a prolonged period of symptoms but no specific diagnosis. They often have an uncertain prognosis which can encompass anything from a relatively normal life to severe disability for years, loss of social roles such as work and parenting, loss of independence and many unpleasant symptoms. It is estimated that some ten million people in the UK are living with a neurological condition which has a significant impact upon their lives and they also account for 19% of hospital admissions.

In November 2003 the National Institute for Health and Clinical Excellence (NICE) recognised the need for improved NHS services for this patient group and provided national guidance on the management of MS. The guidance comprised six key recommendations and one sentinel marker of service quality for use by the NHS.

The overall aim of the audit was to improve services for people affected by MS with the objectives being:

- To quantify the differences between recommendations made in the NICE National Clinical Guidelines and actual service provision and to identify variations across England and Wales, through comparing data obtained from:
 - People responsible for governance of service provision (SHAs and ROs).
 - Health care commissioners (PCTs/LHBs).
 - Service providers (Acute Trusts).
 - People with MS needing and using services.
- To measure progress in the implementation of the Clinical Guideline for MS.

- To compare performance against relevant parts of the NSF for Long Term Conditions where possible.
- To develop further strategies to facilitate improvement of service delivery to people with MS.
- To increase awareness in the organisational level of the NHS of the NICE National Clinical Guideline for MS.

Methodology

The audit was carried out by the Clinical Evaluation and Effectiveness Unit of the Royal College of Physicians in collaboration with the MS Trust. It covered England and Wales and collected data concerning service provision from four different points of view to ensure that a comprehensive set of information was generated. Data was collected from:

- People with MS. (Total number 1300)
- Acute NHS hospital trusts as service providers (127)
- Primary Care Trusts (PCTs) and Local Health Boards (LHBs) as service commissioners. (140)
- Strategic Health Authority (SHAs) and Regional Offices (ROs) as service performance managers. (7)

Data from providers, commissioners and organisations was collected for the period January to February 2008 and their planned provision for the following twelve months. For people with MS the data related to their experiences over the preceding twelve months.

Results – for the delivery and organisation of services at CHS (against the 6 key recommendation and 1 sentinel marker)

1. Specialised services	CHS has a need for more provision of neurorehabilitation services. This has been discussed and will be included as a proposal in the 2008/09 Business Plan.
2. Rapid diagnosis	<p>CHS Access to neurological services is good and all referrals seen within 6 weeks, MRI all done well within 6 weeks of request, although reports may not be available within 6 weeks. NICE recommend that diagnosis be within 12 weeks and national audit results imply that 50% of people took longer than 20 weeks. Locally this is not likely to be the case, audit underway to assess compliance.</p> <p>Nationally just over 50% were given information about national support organisations after diagnosis and 60-67% given contact details about specialist neurologist/nurse. At CHS 100% get nurse follow up. MS Specialist Nurse leaflet currently being developed. Newly diagnosed patient information given at first nurse appointment, time scale is at patients' convenience.</p> <p>Nationally only 16% were given an opportunity to attend an educational course. At CHS all patients are given the opportunity to attend a newly diagnosed patient event running over 4 weeks biannually.</p>
3. Seamless service	Information sharing as per local policy at CHS. Strong links with social services and community staff facilitate communication as much as possible.

4. Involvement in clinical decisions	Nationally only 54% felt involved in clinical decisions. At CHS patients are involved in informed decision making, with process documented in the case note.
5. Sensitive but thorough assessment	Nationally 75% felt that their initial assessment was thorough and the same proportion felt it was sensitive. At CHS NICE guidance is adhered to and recorded in patient notes.
6. Self referral	Nationally 66% of people with MS felt able to refer themselves back to specialist neurology services, but only 30% felt it was possible to refer back to specialised neurological rehabilitation services. At CHS 100% with confirmed/secure diagnosis of MS can self refer to Specialist Nurse, and on SOS system 100% of treated patients can self refer to neurophysiotherapy.
Sentinel marker: Skin pressure ulcers	National figures show 6% of patients developed a skin pressure ulcer over the year prior to the audit. Although no definitive figures for MS patients, CHS Wound Care Guidelines provide a robust system of promoting, assessing, monitoring and management of the patient's skin integrity.

Results - overall nationally

Nationally, the headline findings from the audit are summarised below:

- Access to neurological rehabilitation is unacceptably low, with very limited commissioning and only slightly less limited actual provision.
- Access to Specialist Neurological Services is generally good.
- Time between initial referral and final diagnosis remains long.
- Patient involvement both in the planning of individual personal care and in service provision and development is very poor.
- Assessments are perceived by people with MS generally to be carried out in a sensitive and thorough manner.
- Integration of care between health and social services is felt to be poor.

Main recommendations

All NHS organisations who have involvement with people with MS should:

- Have one specific person or role responsible for services for people with long-term neurological conditions including Multiple Sclerosis.
- Involve people with MS in setting standards, in service, development and in commissioning.
- Have one specific person or role responsible for monitoring and reducing the rate of skin pressure ulceration.

Commissioning Organisations should:

- Commission specialist neurological rehabilitation services to enable every person with MS to have ready and rapid access to these services.

Acute Trusts/Provider Units should:

- Ensure that any person with MS in their care for whatever reason has timely access to an expert neurology service and an excellent neurological rehabilitation service.
- Ensure that health professionals engage people with multiple sclerosis fully in all clinical decisions.

- Give people with multiple sclerosis information about relevant local non-statutory services as well as national services.

Conclusions

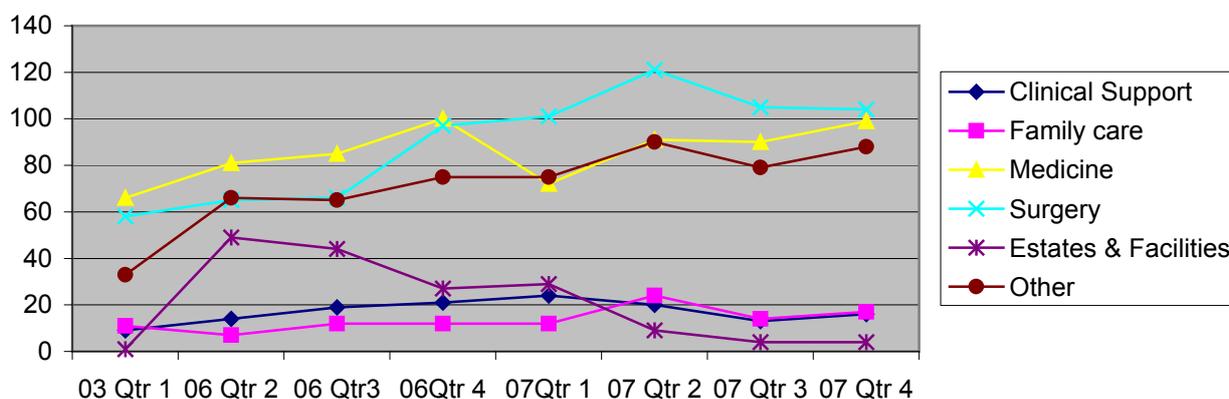
City Hospitals compares favourably with the 6 key recommendations and sentinel marker contained in the NICE Clinical Guideline for MS. Where deficits have been identified these have been incorporated into the Department Business Plan and will be monitored by the Directorate. The MS service will continue to monitor their practice in relation to National Guidelines and will also take part in further rounds of the National Audit of services for MS patients, the next one due in 2010.

2. DOMAIN 4 PATIENT FOCUS

2.1 Patient Advice Service Report – Q4 (Jan – March 2008)

A total of 328 PALs issues have been received during the last quarter 07/08. For the full year period the total number of PALs contacts is 1308, continuing the increasing trend over the past four years, 1158 contacts in 2006/2007, 992 in 2005/06, and 891 in 2004/05.

Division	Apr - June	July - Sept	Oct - Dec	Jan - March	Total
Clinical Support	24	20	13	16	73
Estates & Facilities	29	9	4	4	46
Family Care	12	24	14	17	67
Medicine	76	91	90	99	356
Not Applicable	77	90	79	88	334
Surgery	102	121	105	104	432
Total	320	355	305	328	1308



Issues - Emergency Care

- Emergency care issues that had shown an increase in the previous quarter have now reduced from 10 to 7.
- A&E issues have shown a slight increase towards the end of the year. In Qtr.4, 3 patients raised concerns regarding their care and 1 was unhappy at being redirected to their GP for treatment.
- Cardiology issues have increased by 33%, 12 issues relate to concerns with cancellations of out patient appointments and length of wait or delay in receiving follow up appointments. Two issues involved delays in tests and another 2 involved delays with letters to GPs.

Issues - Estates and Facilities

- Issues have continued to decrease mainly due to the stabilisation of the Choose and Book system, 2007/08 represents a 66% reduction from the previous year.

Issues - General Internal Medicine

- Thoracic medicine reduced to 4 (lowest figure for the year).
- Slight increase in renal issues, all were related to the PALs team supporting staff, e.g. aggressive behaviour of a patients relative, reluctance of patients to comply with treatment and some other patients had issues relating to DVLA.
- General Medicine – a slight increase on the previous year however the last two quarters are still well below figures for the earlier part of the year. PALs have supported staff in dealing with difficult patients / families, particularly concerning their discharge and return home.

Issues - Rehab & Elderly

The number of issues involving Elderly Care (17) is comparable to 2006/2007.

- PALS were involved in supporting relatives where the patient's circumstances had changed and additional assistance was required at home and in helping families consider alternative options.
- Two issues related to *Patientline* when patients had been transferred to other areas.
- A further 3 issues were related to the location of wards where patients had been 'boarded out' due to bed pressures.

Issues - Surgery and Urology

15 issues were raised relating to urology, quarter 4 was the lowest number received during 2007-08. These included;

- One patient failed to receive an appointment.
- Another patient's appointment arrived after the appointment had taken place.
- Two patients were concerned at the delay with follow appointments to receive results.
- Two patients were anxious about the length of wait for procedures.

Trends

Issues by type of issue raised	2006-2007					2007-2008				
	Apr - June	July - Sept	Oct - Dec	Jan - Mar	Total	Apr - June	July - Sept	Oct - Dec	Jan - Mar	Total
Admission, discharge and transfer arrangements	15	10	18	10	53	19	18	11	22	70
Aids and appliances, equipment, premises (including access)	3	6	3	7	19	5	3	4	5	17
All aspects of clinical treatment	61	55	63	67	246	55	58	41	42	196
Appointments delay/cancellation (inpatients)	3	6	6	8	23	14	9	15	17	55
Appointments delay/cancellation (outpatients)	34	26	26	47	133	54	53	45	53	205
Attitude of staff	13	15	6	6	40	5	15	19	10	49
Communication/information to patients (written and oral)	19	19	23	11	72	21	23	19	11	74
Complaints handling	0	0	0	0	0	1	0	1	0	2
Consent to treatment	0	1	0	0	1	0		0	0	0
Failure to follow agreed procedures	2	40	46	22	110	20	15	9	5	49
Hotel services (including food)	9	5	3	2	19	10	7	3	0	20
Mortuary and post mortem arrangements	0	0	0	0	0	0	0	0	0	0
Independent sector services purchased by Trusts	0	0	0	0	0	0	2	0	0	2
Other	80	81	89	140	390	100	137	128	153	518
Patients' privacy and dignity	1	1	1	0	3	0	2	1	0	3

Issues by type of issue raised	2006-2007					2007-2008				
	Apr - June	July - Sept	Oct - Dec	Jan - Mar	Total	Apr - June	July - Sept	Oct - Dec	Jan - Mar	Total
Patients property and expenses	3	4	4	7	18	3	4	4	2	13
Patients status, discrimination (e.g. Race, gender, age)	1	0	0	0	1	0	0	0	0	0
Personal records (including medical and/or complaints)	1	5	1	1	8	5	2	2	3	12
Policy and Commercial decisions of Trust	0	0	0	1	1	1	2	0	0	3
Transport (ambulances and other)	8	8	2	3	21	7	5	3	5	20
Totals	253	282	291	332	1158	320	355	305	328	1308

Examples of Pals Outcomes

- Following concern from a family and some members of staff in relation to the breaking of bad news to patients with terminal illness, the Regional Tutor has raised this with the CHS Foundation Programme Tutor. The Trust standards will be reinforced with all medical staff and trainees.
- A number of concerns have been raised with PALs following the Northern Cancer Treatment Centre's (NCTC) decision that Sunderland Upper GI cancer patients will be required to attend Newcastle for their treatment. The Medical Director will take these issues forward.
- PALs have also continued to support a number of patients with learning disabilities and are working closely with the Learning Disabilities Link Nurse to improve the patients experience whilst in hospital.

Volunteers

- A Blessing of Hands service was held in the Chaplaincy, followed by tea and hosted by the Chairman as a "thank you" to City Hospitals Volunteers for all their time and hard work in enhancing patient care.
- Dhanuka Perera was presented with the Mayors Award earlier this month in recognition of his voluntary work at City Hospitals. Dhanuka has also been appointed as regional chairperson with 'V Inspired' (who have replaced what was formerly known as Millennium Volunteers).
- The Friends of CHS Niall Quinn T-Bar have also been presented with a group award for their services.
- Doris Jones and Mary Fisher were also recognised for their length of service. Having attended a WI meeting and heard the hospital was looking to recruit new volunteers, they have now decided its time to retire and have over 40 years service between them.

3. RECOMMENDATIONS

Directors are asked to note the content of this report and comment accordingly.

Les Boobis
Medical Director

Carol S Scholes
Executive Director Nursing & Quality,
Divisional Director of Medicine