CITY HOSPITALS SUNDERLAND NHS FOUNDATION TRUST

CLINICAL GOVERNANCE

BOARD OF DIRECTORS

NOVEMBER 2007

CLINICAL GOVERNANCE UPDATE

SUMMARY

The Infection Control Report (October 2006 – September 2007) summaries the measures that have taken place to reduce rates of MRSA and *C.difficile*, and provides a Saving Lives /The Health Act update.

The report on Incidents (Q1) April – June 2007 highlights a 15% increase in average reported incidents compared with the previous quarter, from an average 604 to 698 reported incidents per month. The report provides details of current work being undertaken to address the top 10 incident themes.

During this quarter a total of 33 clinical claims were received, all of which were related to patient care, the majority falling within four distinct categories: failure or delay in diagnosis, treatment, clinical negligence and failure to recognise complications. Work is currently underway to refine these claims categories.

The Patient Advice Service Report (Q1) April – June 2007 shows that 313 issues have been received for this quarter, a slight decrease of 19 from the previous period. The Division of Surgery shows a rise in PALs contacts, which include issues around cancellation of clinic appointments, delays in letters to be typed and incorrect referral processes being followed.

The Complaints Report (Q1) shows that 109 complaints were formally reported to the Trust, a slight decrease of 10 from the previous quarter. During this period 83% of complaints had been formally responded to within the 25 working days timescales.

As part of the Community Panel work programme for 2007/08, members have undertaken two important surveys: a review of the patient mealtime experience and an evaluation of the changes to hospital visiting times.

The results from the patient mealtime experience survey were generally positive and provide a sound basis for further improvements. For example, only 11% of patients experienced unnecessary interruptions whilst eating compared with 32% in 2004 and overall, 88% (111) of patients rated their meals between ‘good’ to ‘excellent’. However patients need to be offered a full menu with all choices available and staff need to remember to offer hand-washing facilities to patients prior to meals. The results of the visiting times survey showed that patients, visitors and staff feel that the Trust has achieved the right balance in moving from open visiting to set visiting times.

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 1 PATIENT SAFETY

1.1 Infection control Report October 2006 – September 2007

Surveillance of "alert organisms/conditions" continues to be a key factor in the prevention and control of infection within the Trust. Efforts have been made to reduce the number of patients presenting with *Methicillin resistant Staphylococcus aureus* bacteraemia (MRSA) and *Clostridium difficile* associated diarrhoea (CDAD). Mandatory surveillance of CDAD has now been extended to include patients from 2 years old as from 3rd April 2007.

1.1.1 Clostridium difficile associated diarrhoea (CDAD)

Table (a) Number of patients isolating CDAD

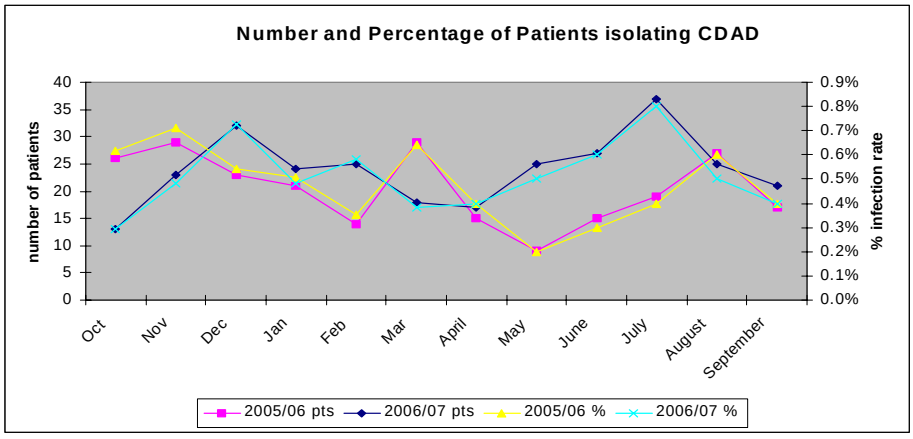
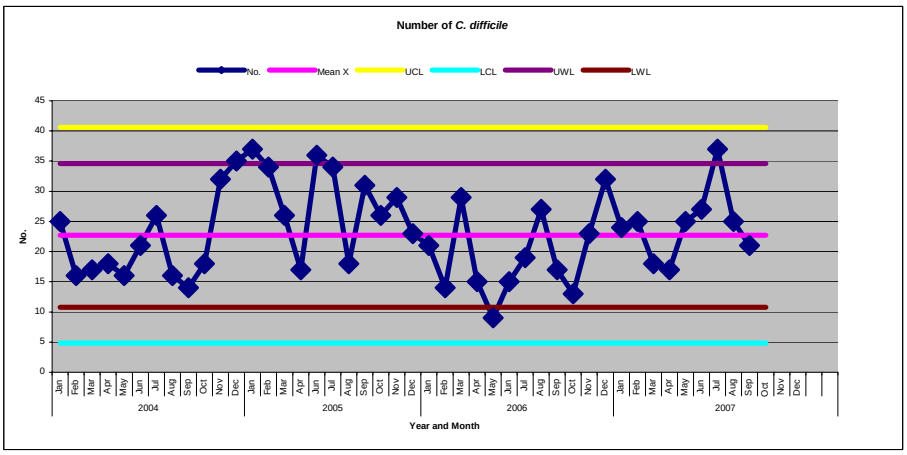


Table (b) Control chart showing patients isolating CDAD

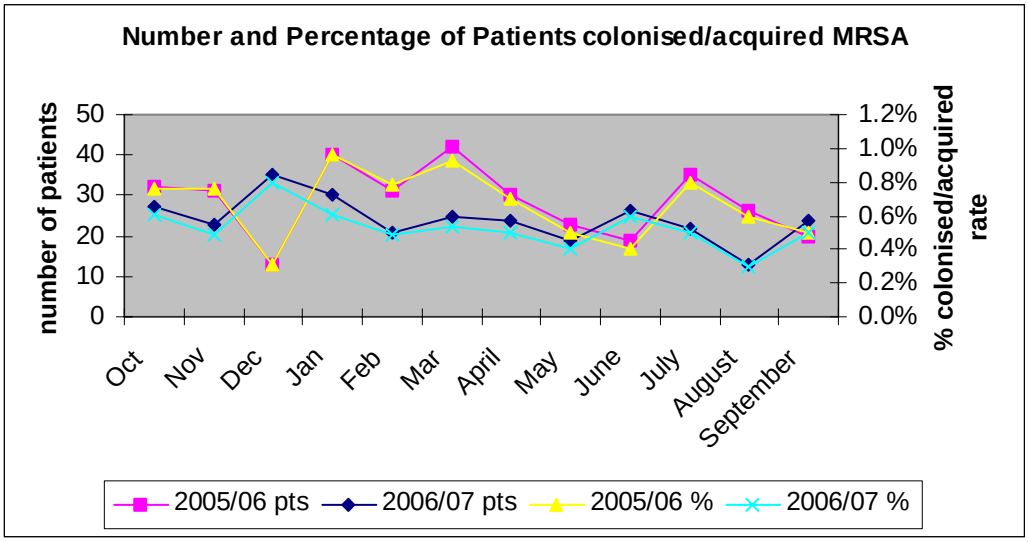


The process control chart (Table (b)) shows the number of patients presenting with CDAD peaking in December 2006 and again in July 2007. Numbers have now continued on a downward trend but number/rates remain higher than the previous year 2005/06.

Measures taken over the past 12 months to reduce the numbers of CDAD are: -

- The increase in the use of a chlorine-releasing agent Sodium dichloroisocyanurate (NaDCC) *(Chlorclean)* has been initiated. It is now used for routine daily cleaning of all horizontal surfaces in high-risk areas of the hospital and is currently being introduced Trust-wide for cleaning the environment.
- Constant enforcement of the need to adhere to strict hand washing practices using liquid soap and water. This is monitored by all wards and departments through monthly observational audit. Results are routinely shared at local clinical governance forums and actions noted.
- Ensuring isolation of symptomatic patients in single rooms until the patient has been asymptomatic for 48 hours.
- Monitoring of antibiotic prescribing by Clinical Microbiologists.
- Availability of information leaflet for patients on the hospital intranet.
- A Trust wide mattress audit undertaken by Infection Control and a Practice Development Nurse was completed in January 2007. A total of 648 mattresses were audited and 365 mattresses were replaced. It is now a minimum standard that each mattress is checked thoroughly for any evidence of contamination or damage after each patient's discharge by ward based staff and replaced when necessary.
- Continued collaborative working between the Infection Control Team and the Patient Access and Discharge Liaison Team to reduce the risk of transmission of Infection within the Trust. Integrated policies have been developed.
- Funding from the Strategic Health Authority for one year (July 2007) has been obtained to facilitate an infection control ward at SRH in which medical patients presenting with CDAD will be nursed until asymptomatic.
- Introduction of an Infection Control Risk Assessment tool (September 2007) to reduce the risk of transmission of infection.
- A bed washing machine is being installed at Sunderland Royal Hospital which will facilitate thorough cleaning of trolleys and sani-chairs.

1.1.2 Methicillin resistant Staphylococcus aureus (MRSA)



The overall numbers of new patients reported as having hospital acquisition /colonisation with MRSA indicates an overall decrease in number for 2006/007 when compared with the previous year. Peaks in numbers have occurred in December 2006 and June and September 2007. No specific reason has been identified for this increase in numbers.

1.1.3 Saving Lives /The Health Act update

- Continued participation in the NPSA Clean*your*hands Campaign, promoting the use of alcohol hand rub to decontaminate hands at the "point of use".
- The usage of Alcohol Hand rub continues to be monitored as an indicator of adherence to the hand hygiene policy.
- Implementation of a rolling programme of audit, which includes Personal Protective Equipment, Disinfectants and Safe disposal of Clinical Waste (including Sharps). Each ward and department also performs a 'practice review audit' of Hand Hygiene. Audit results are discussed at local clinical governance meetings.
- Routine audits of aseptic technique, peripheral line insertion and central line insertion. Results are disseminated to Clinical Governance Leads, Ward/Dpt Managers, Matrons, PDNs and BMs for any necessary action to be taken.
- Promotion of Root Cause Analysis (RCA). Matrons and the Infection Control Doctor have been responsible for completion of RCA investigations. Presentation of outcomes are given to the Chief Executive by relevant members of the Directorate.
- Surveillance of urinary catheter use commenced in pilot areas (D41, D43 and D47).
- A policy that has been developed addressing the movement and transfer of patients between wards and departments in the Trust and implemented 3rd September 2007.
- Written guidance produced and a presentation provided to Business Managers to emphasise the need for adequate guidance on decontamination of medical devices to be obtained prior to purchase, hire or accept on loan of a medical device.
- Education:
    a) Continued provision of Infection Control education at Trust Mandatory training sessions for all disciplines of staff. This covers the standard precautions, hand hygiene, correct use of personal protective clothing, safe disposal of clinical waste (including sharps) and Disinfectant Policy.
    b) Members of the Infection Control Nursing Team and PDNs have worked together to deliver joint training sessions to address standardisation of aseptic technique (March 2007).To date this has been attended by nursing and allied health professionals but there is as yet no record of medical staff attendance

1.1.4 Viral Gastro-enteritis Outbreaks

30/12/2006 –10/01/2007 (D40 care of the Elderly Medicine)
11 patients and 2 staff members presented with symptoms during this period on one care of the elderly ward. The causative organism was identified as *Norovirus*. During this period the Infection Control Team monitored the situation and implemented precautions regarding the movement of patients and staff. Working in close liaison with the Bed Management Team to minimise the risk of the spread of the virus and to optimise bed usage. The Health Protection Unit was made aware of the restrictions placed on the 27-bedded ward and daily contact maintained via telephone.

30/06/2007-09/07/2007 (F62-Care of the Elderly Medicine)
2 patients (1 male and 1 female) and 2 staff members presented with symptoms consistent with viral gastro-enteritis. There was no microbiological verification to confirm causative organism. Restrictions on movement of patients and staff were set in place and the Bed Management Team and Health Protection Agency were made aware and worked with the Infection Control Team to prevent the transmission of the suspected viral gastroenteritis. Total number of patients presenting with symptoms in this period was 7 plus 2 members of staff. Restrictions resulted in 2 female and 2 male beds being out of use for this period.

1.2 Incident Report, Q1 April – June 2007

Ongoing efforts to raise awareness of incident reporting appear to be working. The level of incidents reported has increased by 15.5% this quarter with an average 698 incidents reported per month compared to an average 604 reported during Q4 2006/07.

1.2.1 Key Themes

Top Ten Key Themes	2006/07				2007/08
	Q1	Q2	Q3	Q4	Q1
Slips, Trips and Falls	606	625	671	627	570
Documentation	188	220	164	156	200
Treatment	178	184	106	66	61
Equipment	122	111	105	99	98
Violence	110	120	101	93	121
Medication	108	105	85	109	127
Communication	81	97	88	61	90
Procedures and protocols	78	126	113	104	152
Sharps Injury	57	52	49	50	40
Tissue Viability	57	119	82	84	111
	1585	**1759**	**1564**	**1449**	**1538**

Slips, Trips and Falls - work continues to reduce the number of slips, trips and falls wherever possible and several methods are being used to raise awareness, including the introduction of a new safety newsletter, a poster campaign and new teaching & educational sessions. The Trust is also reviewing its bed rail policy in light of recent changes in national guidance from the National Patient Safety Agency (NPSA).

Documentation - further increases in the number of record keeping errors and missing records have been noted this quarter, this has been most marked in Obstetrics with increasing problems regarding retrieval from off site storage facilities.

Medication - there has been an increase in reporting of medication related incidents that is believed to be due to heightened awareness among staff following a recent Serious Untoward Incident (SUI) involving medication.

Communication - There has been a marked increase in communication issues reported this quarter, the two most notable themes are in relation to interdepartmental communication in Obstetrics with regard to booking of scans and cross-directorate issues regarding theatre delays due to non availability of staff and equipment. Both areas are being dealt with internally.

Procedures and protocols - incidents relating to procedures and protocols have shown a further increase this quarter. Examples include problems with sterilisation procedures and equipment for decontamination of scopes in theatres. The Theatre Directorate has now resolved these issues. There has been a rise in the number of incidents relating to surgical instruments having to be returned for further sterilisation. This has been flagged with the manager for TSSU services.

There has also been a rise in incidents relating to items being found in the laundry process and three incidents relating to the incorrect bagging of soiled laundry. Several needle stick

/ sharps injuries have occurred as a result of incorrect disposal with sharp items being placed in laundry bags. The Facilities Directorate are continuing to work at tracing, wherever possible, the origin of all foreign material found in the foul wash.

Tissue viability - work continues to raise awareness on the importance of reporting all incidents of pressure ulcers. This information is used to determine the number of patients admitted from the community with pressure ulcers, and the number and location of hospital acquired pressure ulcers.

Control of infection - staff are being encouraged to ensure that control of infection issues are reported in order that resources and education can be targeted appropriately. Work is also underway to determine the best way of capturing incidences when it is not possible to provide side rooms or isolation facilities for patients identified as clinically requiring them.

1.2.2 Reporting Trends by Directorate

Good levels of reporting continue to be noted in Rehabilitation and Elderly Medicine, Emergency Medicine, Theatres and General Internal Medicine.

The previous increase in the number of incidents reported from Trauma and Orthopaedics due to administration issues, in particular the availability of documentation in clinics, has decreased as work to clear the administrative backlog is complete.

Increases are noted in Obstetrics with regard to administration of clinics and documentation. In addition issues relating to the reconfiguration of Ward D47 has resulted in significant numbers of incident forms from both Urology and Gynaecology, and Matrons and Managers are currently working to address these issues. In Theatres the increasing trend relating to the availability of equipment continues, and in addition delays in starting theatre lists due to availability of staff are noted.

The previous increase in incidents from Head and Neck outpatient areas, relating to availability of medical records, booking in processes and appointment letters has not shown any improvement. Radiology has shown a slight increase relating to the booking of ultrasound lists in the antenatal clinic.

The previously noted increase in the number of reports received from consultant medical staff continues across the Trust and levels of reporting are increasing from both specialist registrars and junior medical staff. Work continues to encourage further increases in reporting from all levels of medical staff.

2. DOMAIN 4 PATIENT FOCUS

2.1 <u>Claims Report, Q1 April – June 2007</u>

During Q1 2007/08 a total of 33 claims were received directly relating to patient care, the majority falling within four distinct categories:

- Failure or delay in diagnosis (11)
- Treatment (9)
- Clinical Negligence (4)
- Failure to recognise complications (3)

Work is currently underway to ensure that claims are attributed to the most appropriate category rather than generalising to broad categories such as treatment or clinical negligence. It is recognised however, that not all claims can be so easily categorised, particularly if there are multiple allegations.

2.1.1 Specialties

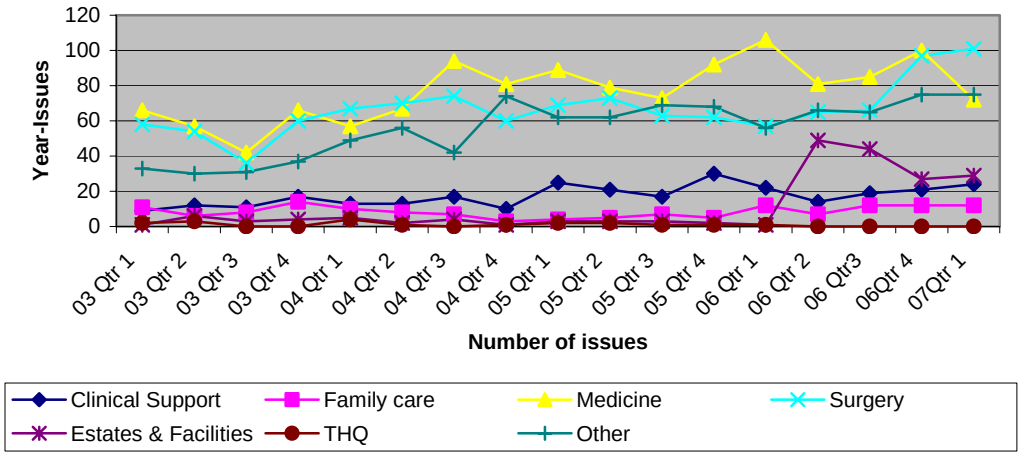
Claims are allocated to the appropriate speciality in which the allegations are made. However, as only one speciality can be allocated to each claim, the main speciality involved is attributed for recording purposes.

Specialty	Category	Q4 2006/07	Q1 2007/08
A&E	Treatment	0	1
Cardiology	Failure to act on abnormal results	0	1
	Medication error	0	1
Chiropody	Failure or delay in diagnosis	0	1
ENT	Failure or delay in diagnosis	0	1
General Medicine	Treatment	1	1
General Surgery	Failure or delay in diagnosis	1	3
	Clinical Negligence	0	2
	Treatment	1	1
	Intra-operative problems	0	1
Haematology	Treatment	0	1
Neurology	Failure or delay in diagnosis	0	1
Obstetrics	Failure to recognise complications	0	2
	Clinical Negligence	0	1
	Failure carry adequate post op observations	0	1
	Treatment	1	1
	Failure or delay in diagnosis	1	1
	Failure to adequately apply forceps	0	1
	Perineal tear 1,2,3 degree	0	1
	Failure to monitor labour	1	0
Ophthalmology	Treatment	0	1
Orthopaedic Surgery	Treatment	5	3
	Failure or delay in diagnosis	0	3
	Clinical Negligence	0	1
	Failure to recognise complications	0	1
Rheumatology	Failure or delay in diagnosis	0	1

Obstetrics (8), Orthopaedic Surgery (8), and General Surgery (7) incurred the majority of claims. These are areas that are considered high-risk specialties by the NHSLA (National Health Service Litigation Authority) and it is anticipated that the majority of claims will continue to arise from these specialties.

2.2 Patient Advice Service Report, Q1 April – June 2007

A total of 313 PALs contacts have been made during the first quarter of 2007, a decrease from the previous quarter of 19 (332). The table below shows the movement of recorded PALs contacts covering the periods Q1 2003 to Q1 2007.



Within the Division of Surgery, the number of contacts has risen this quarter. The nature of the issues include, cancellation of clinic appointments, delays in follow up appointments and receiving appointments for scan results, delays caused by letters waiting to be typed, incorrect referral processes being followed, and delays in further treatment and scans. Action has been taken by the relevant speciality teams to resolve these areas.

2.2.1 Type of issues raised with PALs

Type of issue raised	2006/07					2007/08	
	Apr - June	July - Sept	Oct - Dec	Jan - Mar	Total	Apr - June	Total
Admission, discharge and transfer arrangements	15	10	18	10	**53**	19	**19**
Aids and appliances, equipment, premises (including access)	3	6	3	7	**19**	5	**5**
All aspects of clinical treatment	61	55	63	67	**246**	53	**53**
Appointments delay/cancellation (inpatients)	3	6	6	8	**23**	14	**14**
Appointments delay/cancellation (outpatients)	34	26	26	47	**133**	53	**53**
Attitude of staff	13	15	6	6	**40**	5	**5**
Communication/information to patients (written and oral)	19	19	23	11	**72**	19	**19**
Complaints handling	0	0	0	0	**0**	1	**1**
Consent to treatment	0	1	0	0	**1**	0	**0**
Failure to follow agreed procedures	2	40	46	22	**110**	20	**20**
Hotel services (including food)	9	5	3	2	**19**	10	**10**
Mortuary and post mortem arrangements	0	0	0	0	**0**	0	**0**
Other	80	81	89	140	**390**	98	**98**
Patients' privacy and dignity	1	1	1	0	**3**	0	**0**
Patients property and expenses	3	4	4	7	**18**	3	**3**
Patients status, discrimination (e.g. Race, gender, age)	1	0	0	0	**1**	0	**0**
Personal records (including medical and/or complaints)	1	5	1	1	**8**	5	**5**
Policy and Commercial decisions of Trust	0	0	0	1	**1**	1	**1**
Transport (ambulances and other)	8	8	2	3	**21**	7	**7**
Totals	**253**	**282**	**291**	**332**	**1158**	**313**	**313**

2.2.2 Examples of PALs outcomes

- Following a meeting with Parkinson's Disease patients, improvements have been made to ensure that they receive important medications on time. Changes in practice have also been made to ensure that medication is not compromised for patients who need to be fasted for clinical procedures.
- A patient's carer has been in discussion with PALs regarding her husband who had an unusual form of Parkinson's Disease. Concerns were raised about aspects of communication whilst her husband was an inpatient. PALs facilitated a number of meetings with both community and hospital Matrons who made a number of changes in practice. A further meeting was held with the Consultant Neurologist and an action plan has been prepared.
- A patient's wife has agreed that her husband's experience may be used in training sessions within the Trust to help improve aspects of care and treatment.
- PALs have met a number of distressed relatives of recently deceased patients and have been able to put their minds at rest as to the events that took place leading up to the loss of their loved one.
- PALs are working with medical, nursing, and learning disability staff to ensure a well co-ordinated approach for a patient unable to give consent to treatment who is in need of surgery.

2.3 Complaints Report, Q1 April – June 2007

During Quarter 1, there were a total of 109 formal complaints received, which is a decrease of 10 from the previous quarter. Overall, 83% of complaints had been formally responded to within the 25 working days timescales.

2.3.1 Comparison of main themes from previous quarter

Category for major themes	No of Complaints Q4 06/07	No of Complaints Q1 07/08	Variance
Dissatisfaction with Clinical care/outcome of surgery	32	34	+2
Cancellations/Delays	30	29	-1
Nursing Care	21	16	-5
Attitude of staff	11	8	-3
Communication/Information	11	10	-1
Environment	3	4	+1
Dissatisfied with Discharge	3	8	+5

2.3.2 Breakdown of dissatisfaction with clinical care/outcome of surgery category

Clinical care/outcome of surgery issue	No of complaints Q4 2006/07	Number of complaints Q1 2007/08	Variance from previous quarter
Dissatisfaction with outcome of Clinical care/All aspects of clinical care	6	7	+1
Dissatisfaction with outcome of Surgery	4	5	+1
Failure to make diagnosis	13	13	0
Lack of Medical Care	6	4	-2
Lack of Care Other	1	1	0
Lack of Attention to Patients Needs	1	0	-1
Clarification of medical care	1	2	+1

2.4 Survey of Patient Mealtime Experience – Community Panel

Members of the Community Panel undertook a survey of the patient mealtime experience during April 2007, as part of their work programme for 2007/08. The Panel interviewed 127 patients from a cross section of wards in the Trust, and focused on four key aspects:

- Patient menu and choice
- Preparation of the mealtime environment
- Issues around the actual mealtime
- Following mealtime

Overall, the results were generally positive and provide a sound basis for further improvements. For example, only 11% of patients experienced unnecessary interruptions whilst eating compared with 32% in 2004. This highlights the success of the protected mealtime initiative. In total, 88% (111) of patients surveyed rated the meals they received between 'good' to 'excellent'. However patients need to be offered a full menu with all choices available and staff should ensure that patients are offered hand-washing facilities prior to meals.

Menu and choice	**Yes**	**No**	**N/R**
Is there a menu available?	87 (69%)	32 (25%)	8 (6%)
Were you given a choice of menu?	92 (72%)	25 (20%)	10 (8%)
Was there sufficient choice?	65 (52%)	40 (31%)	22 (17%)
Were all of the items available?	48 (38%)	57 (45%)	22 (17%)
Preparing for mealtime	**Yes**	**No**	**N/R**
Were you offered hand-washing facilities?	69 (54%)	54 (43%)	4 (3%)
Was the bedside table clean and tidy?	98 (78%)	12 (9%)	17 (13%)

	Yes	**No**	**N/A**	**N/R**
Were you helped into an appropriate position?	31 (24%)	9 (7%)	80 (63%)	7 (6%)
	Yes	**No**	**Not sure**	**N/R**
Did the staff wear aprons?	95 (75%)	2 (2%)	8 (6%)	22 (17%)

The meal time	**Yes**	**No**	**N/R**
Did you have to wait for your meal?	11 (9%)	103 (81%)	13 (10%)
Was each course served separately?	91 (72%)	12 (9%)	24 (19%)
Was modified crockery available?	11 (9%)	1 (1%)	115 (90%)
Anyone interrupt you whilst eating?	14 (11%)	100 (79%)	13 (10%)
If you wanted assistance with eating, did this happen?	61 (48%)	19 (15%)	47 (37%)
Were you given sufficient time to eat your meal?	112 (88%)	4 (3%)	11 (9%)

	Too hot	**Just right**	**Ward**	**Cold**
What was the temperature of 'hot' meals like?	4 (3%)	96 (75%)	21 (17%)	6 (5%)

Following meal times	**Yes**	**No**	**N/R**
Was the bedside table cleaned after meals?	111 (88%)	8 (6%)	8 (6%)
Was any food brought in by family or friends?	53 (42%)	65 (51%)	9 (7%)

	Yes	**No**	**Not sure**	**N/R**
Plates removed quickly from the bedside table?	109 (86%)	4 (3%)	6 (5%)	8 (6%)
	Yes	**No**	**N/A**	**N/R**
Were you offered a change of nightwear if soiled?	15 (12%)	0	112 (88%)	0

The results of the survey were presented to the Nutritional Strategy Group by members of the Community Panel. Areas for improvement are to be taken forward through the Matrons and nutritional link nurse system.

2.5 Survey of Hospital Visiting Times – Community Panel

In September 2005, the Trust introduced revised visiting arrangements in response to renewed concerns about unrestricted visiting and the difficulties they presented in trying to tackle hospital infection and improve overall standards of ward cleanliness. The changes followed extensive consultation with patients, visitors, staff and discussion with Board of Governors and the Community Panel.

In the absence of any formal evaluation of the change, the Community Panel agreed to undertake a Trust-wide survey during June 2007. In total, 162 interviews were undertaken, and included patients (73), visitors (28), and staff (61). Two simple questions were asked; opinion on current visiting times and views about preferred number of visitors allowed at the bedside.

Outcomes – opinion on current visiting times

- Overall, the majority of patients, visitors and staff (137/162 or 85%) were happy with the current visiting times.
- Similar levels of support was found across each group, i.e. patients (86%), visitors (86%) and staff (82%)

Outcomes – preference on numbers of visitors

- Over two-thirds of those asked (111/162 or 70%) thought that two or three visitors should be the maximum number around the bedside.
- Of those interviewed, the preferred number of visitors was two (60/162 – 37%), followed by three (52/162 – 325). Only 16 people (9%) preferred unlimited numbers.

The results of the survey showed that patients, visitors and staff feel that the Trust has achieved the right balance in moving from open visiting to set visiting times. However, discretion will continue to play an important part in response to individual visiting requests.

2.6 Stroke Patient Survey (Stroke Medicine)

In June 2007 a patient survey was undertaken by the Clinical Governance Department on behalf of the Stroke Team. Patients were selected by the Data Repository system using the ICD10 codes, I61, I63 and I64, for patients who had experienced a stroke in the previous six months. The survey included 122 patients. In total, 72 questionnaires were returned and 66 were used in the analysis (53%). A selection of results are outlined below:

Admission to Hospital

- 85% (56) of patients thought that their stroke was diagnosed quickly enough, with 88% (58) stating they were admitted to hospital quickly enough.
- 77% (51) said they were on the Stroke Unit for most of their hospital stay.

Hospital Doctors

- 60% (39) stated that when they had important questions to ask a doctor, they always got answers that they could understand, with a further 10% (7) stating this was the case sometimes.

- 86% (57) had confidence and trust in the doctors treating them. However, 9% (6) said doctors always talked in front of them as if they weren't there and a further 23% (15) said this happened sometimes.
- 71% (47) and 15% (10) respectively felt all/most of the doctors knew enough about the treatment of stroke.

Nursing Staff

- 65% (43) said that when they had important questions, they always got answers they could understand.
- 89% (59) had confidence in the nursing staff treating them, with 65% (43) and 20% (13) respectively stating that always or nearly always/sometimes enough nursing staff on duty to care for them.
- 47% (31) and 32% (21) felt that all or most of the nurses knew enough about the treatment of stroke.

Care and Treatment in Hospital

- 59% (39) said they were definitely involved in decisions about their care and treatment, while another 23% (16) said this was the case to some extent. Unfortunately 9% (6) said this was not the case.
- 52% (34) agreed that their stroke diagnosis was discussed with them completely and 17% (11) said this was the case to some extent.
- When asked if a member of their family or someone close to them wanted to talk to staff, 59% (39) said they had the opportunity to do so. A further 26% (17) said this was the case to some extent.
- The majority of patients responded positively when asked if they received help with eating meals, washing and dressing, their mobility and emotional issues.

Leaving Hospital

- 53% (35) said they were told who to contact if they were worried about their condition when they got home. However, 27% (18) said they were not.
- Only 29% (19) said they were given information about voluntary and support groups, with 21% (14) saying they were not given information but would like it.
- The majority of patients said that all of the services they needed when they left hospital were arranged for them.
- The majority of patients felt that their GP was given all of the information about the treatment or advice they had received while they were in hospital.

Recommendations

The survey results have being discussed by the Stroke Team and also presented at the clinical governance meetings for Care of the Elderly and Neurology. The results will also be used to inform the Stroke Action Plan following the National Sentinel Audit of Stoke 2006. A copy of the Action Plan will be presented to Executive Board in November 2007.

2.7 <u>Launch of NHS Choices</u>

NHS Choices is new a web-based service using latest technology to provide a unique 'one stop shop' of easily accessible information. The initiative aims to make authoritative and high quality health information much simpler for patients, the public and health

professionals to use. NHS Choices will break new ground using interactive and multi-media technology to reach the vast majority of patients, not just those who are most internet-aware.

NHS Choices draws on the skill and experience of many health and social care information resources including nhs.uk, NHS Direct, the Healthcare Commission, the National Electronic Library for Health, the Information Centre, and links to other reputable health and social care organisations. Material will be presented in a variety of formats, including up-to-date and easy-to-use, printable guides to services, which will include local details. Other formats will include televisual material, which can be burned to DVD or audio programmes for individuals or for local broadcast. This will extend the reach of the information beyond those familiar with computers or the internet.

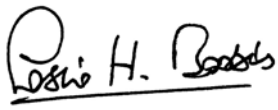
Within the new site there is also an initiative where patients can post feedback on the hospital treatment and care they have received. A series of questions give patients, relatives, carers and friends (or staff) the opportunity to rate the service on a scale from Poor to Excellent. NHS Choices will also publish all comments as long as they meet moderation rules and there is a request that this opportunity is used responsibly.

Some of the initial features of NHS Choices are:

- A comprehensive information resource about health and healthcare including authoritative, comparative data on the standards and availability of hospital services,
- Profiles and searchable directories of hospital services,
- Detailed guides to living with a range of long-term conditions, building in expert opinions from both professionals and patients,
- Information that will help the well to stay fit and assist those who are unwell to manage their condition,
- Opportunity for patients to make comments on hospital services,
- Easy to understand multi-media guides on the most common elective procedures.

3. RECOMMENDATIONS

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



Les Boobis
Medical Director

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