

BRIEFING NOTE

TO: HEALTH SCRUTINY AND PERFORMANCE SUB-PANEL

DATE: 28 April 2009

RE: Summary of Performance Information received by the panel during the 2008/09 municipal year

Purpose

To summarise the performance information received by the panel during the current municipal year and use in conjunction with evidence given in items 6 to inform the content of the panel's third party commentary for the Healthcare Commission.

Performance monitoring items

During the panel meeting of 10 September 2008, the following performance information was scrutinised:

16/09 Hospital Infections

The panel were informed that a total of 5 MRSA cases had been reported in the first 4 months of 2008/09 an increase on the previous year. However all specimens were now obtained within 48 hours of admission which indicated that the bacteraemia was not acquired within the hospital.

C-Diff rates had seen a rise in the first quarter of 2008/09. Analysis conducted on patients with C-Diff indicated that the nature of the infection is changing. Investigations have revealed that a percentage of patients have samples taken within 48 hours of admission and are, therefore, being admitted with the infection.

The acquisition of infection within the community was not in the hospitals control. However the hospital was joint working with pharmacists and General Practitioners with regards to antibiotic prescribing. Meetings also took place with representatives within the PCT to discuss infection Prevention and Control within the whole health economy.

The panel were informed that at present it was not possible to screen every patient coming into the hospital, although many are, such as A&E intakes. It was expected that by March 2009 every patient coming into the hospital would be screened for infection.

During the panel meeting of 17 November 2008, the following performance information was scrutinised:

30/08 a) Teaching Primary Care Trust (tPCT) Complaints

Members considered complaints to the tPCT during the period 1 July – 30 September 2008.

Yvette Sheward explained that it was not always appropriate for all potential complaints to be dealt with by formal processes; however, all potential complaints were logged for monitoring purposes.

b) Walsall Hospital NHS Trust Complaints

Members considered complaints received by Walsall Hospital during July – September 2008.

Mike Browne informed members that 78 complaints had been received during this quarter. The top five areas for complaints were quality of clinical/medical care, staff attitude/behaviour, appointments, unhappy with general care, waiting times.

c) Ambulance response times

During the panel meeting of 26 January 2009, the following performance information was scrutinised:

39/08 a) Hospital Acquired Infections

Mike Browne reported that MRSA figures at the hospital had increased which meant that this years target on MRSA infection rates would be unachievable. Similar rates of MRSA infections were being experienced across the West Midlands. To reduce figures below those currently being experienced would probably require the development of new interventions.

Mike Browne explained that figures for Clostridium Difficile (C-Diff) had significantly improved during September-December 2008. In the last 18 months Walsall was the second best performer in the region behind Burton.

b) tPCT complaints

Complaints for the PCT had reduced during the last quarter, with 32 complaints being logged.

c) Hospital complaints

Mike Browne explained that the majority of complaints from the hospital concerned quality of clinical/medical care, staff attitude/behaviour, appointments, unhappy with general care, waiting times.

- Complaints against staff were spread so no specific issues had been identified
- None of the complaints related to life threatening matters
- There were no vexatious complainants
- Thousands of patients were treated during the quarter under consideration
- The number of complaints was broadly similar when compared to other quarters
- Complaints were essential if improved services were to be provided in the future

d) West Midlands Ambulance Response Times

Paul Baylis reported that ambulance response times for November and December had been below target. He explained that the Midlands had experienced the coldest December for 30 years which had resulted in increased demand for ambulance services. Response times for January were nearer the expected standards. An action plan had been developed to improve the Walsall ambulance response times by March 2009.

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