clinical governance review

West Suffolk Hospitals NHS Trust

OCTOBER 2002

COMMISSION FOR HEALTH IMPROVEMENT

Introduction

CONTENTS

A CIP catalogue record for this book is available from the British Library.

A Library of Congress CIP catalogue record has been applied for.

First published 2002

ISBN 0 11 703178 X

West Suffolk Hospitals NHS Trust (the trust) provides acute general hospital services to people across rural East Anglia living in and around Bury St Edmunds, Sudbury, Newmarket and Thetford. The trust's main site, West Suffolk Hospital, is the acute hospital in Bury St Edmunds (approximately 670 beds). There are also two community hospitals in Sudbury: St Leonard's (providing outpatients and x-ray services) and Walnuttree (providing care for older people and rehabilitation services). The trust runs outpatient clinics in Haverhill, Mildenhall, Newmarket, Stowmarket and Thetford.

This report by the Commission for Health Improvement (CHI) gives an independent assessment of how well the trust ensures high standards of care and what it is doing to continuously improve the quality of services.

For this report, CHI looked at clinical governance in three of the trust's acute services – trauma and orthopaedics (focusing on patients with a hip fracture), elderly medicine (focusing on patients who have had a stroke) and obstetrics and gynaecology (focusing on women referred by their GP with suspected cervical cancer). The review is part of a rolling programme of reviews of clinical governance in every NHS organisation in England and Wales.

Clinical governance is the system of steps and procedures adopted by the NHS to ensure that patients receive the highest possible quality of care, ensuring high standards, safety and improvement in patient services.

What is the purpose of the review?

CHI's clinical governance reviews set out to answer three questions:

1. what is it like to be a patient here?
2. how good are the trust's systems for safeguarding and improving the quality of care?
3. what is the capacity in the organisation for improving the patient's experience?

What is covered by a CHI review?

CHI's review assesses seven areas of clinical governance. The areas are:

1. patient involvement
2. risk management
3. clinical audit

4. staffing and management
5. education and training
6. clinical effectiveness
7. use of information

CHI's review also describes two further areas:

1. the patient experience
2. the trust's strategic capacity for developing and implementing clinical governance

An explanation of CHI's assessments

On the basis of the evidence collected, CHI's reviewers assess each component of clinical governance against a four point scale:

i little or no progress at strategic and planning levels or at operational level

ii a) worthwhile progress and development at strategic and planning level but not at operational level, OR

b) worthwhile progress and development at operational level but not at strategic and planning level OR

c) worthwhile progress and development at strategic and planning and at operational level, but not across the whole organisation

iii good strategic grasp and substantial implementation – alignment of activity and development across the strategic and planning levels and operational level of the trust

iv excellence – coordinated activity and development across the organisation and with partner organisations in the local health economy that is demonstrably leading to improvement. Clarity about the next stage of clinical governance development

What are CHI's conclusions about West Suffolk Hospitals NHS Trust?

What was the overall impression of the trust?

The trust has recently put into place appropriate structures and processes to support clinical governance. It needs to further embed the principles of clinical governance across all levels of the organisation.

The trust board has a clear vision and is committed to the development and implementation of the clinical governance agenda. The trust is continuing to review and improve the resources and support facilities available to staff to enable clinical governance processes to operate effectively.

What are CHI's conclusions based on its review of West Suffolk Hospitals NHS Trust?

Both the trust board and staff show a strong commitment to the delivery of high quality care for patients.

Whilst implementation of the clinical governance agenda is still at an early stage, the management team have responded positively to specific clinical governance issues.

The trust needs to clarify the roles and accountabilities of those staff responsible for the day to day management of the trust. Communication channels between the strategic and operational levels of the trust need to be improved.

What areas of notable practice were identified?

The trust has developed and implemented an 'early warning score' to help clinicians appropriately assess changing needs in the level of care for patients.

The trust has implemented a 'patient friend' scheme for patients undergoing cataract surgery. These are volunteers who provide support to patients during and after the surgical procedure.

What, if anything, did CHI find that the rest of the NHS can learn from?

The trust has established a 'pink book' which provides staff and GPs with updated clinical guidelines.

The trust has developed an electronic journal of evidence based practice and research carried out by clinicians which provides staff and GPs with updated clinical guidelines across the health community.

What are the key areas of action that the trust needs to address to improve its clinical governance systems?

CHI expects the trust to review all aspects of this report. Here we highlight areas where action is particularly important or urgent.

The trust needs to:

- provide support, guidance and clear strategic intent to staff regarding the trust's aspirations for all components of clinical governance so that the principles of clinical governance become embedded across the organisation
- improve communication channels between the operational management and corporate levels of the organisation
- ensure that staff, members of the health community and the public are consulted on the development and delivery of services at all levels
- continue to collaborate and work towards improving relationships with health community partners. Further work should be done to establish improved communication links with partners outside the immediate locality to help in reducing delayed discharges
- continue to work with the rest of the health community and implement proposed plans to relocate and build a new hospital in Sudbury, as an alternative to the Walnuttree Hospital. In the interim, action should be taken to improve patient safety and privacy at the Walnuttree Hospital
- as a matter of urgency, implement the planned changes to incident reporting and coding, clarify how concerns over staffing levels should be reported and implement the trust policy on managing serious untoward incidents
- review the numbers and skill mix of nursing staff in the A&E department out of hours and ensure appropriate action is taken
- review nurse staffing levels and skill mix alongside patient dependency and workload. This should be carried out in all areas, with the trust acting on the findings
- continue to take action to review medical staffing establishments and workload needs across the organisation

What is it like to be a patient in West Suffolk Hospitals NHS Trust?

In this section we report what we observed and what patients said about their experiences, through surveys or directly to CHI. We also look at what the hospital's figures can tell patients about waiting times and outcomes of treatment.

A patient's experience of the NHS is partly concerned with whether the outcome of their treatment is as good as it could have been. Other aspects can be less important to the final outcome, but may be of great importance to patients and their relatives as their diagnosis and treatment progresses. For example: How long did patients have to wait to be seen or to be admitted for an operation? Were patients treated with respect? Was the ward or clinic clean?

What do the figures show about outcomes at the trust?

The trust's death rates are significantly lower than the average for England for both emergency and non emergency admissions.

Patients are less likely to be readmitted to the trust within four weeks of being discharged than patients at similar hospitals.

The Royal College of Physicians' guidelines state that patients admitted to hospital with a hip fracture should receive an operation within 24 hours of transfer to an orthopaedic specialist. The number of patients receiving an operation within one day at the trust has fallen from 87% in 1998/99 to 71% in 2001/02. The trust is currently carrying out an audit around hip fracture and should continue to try to establish why fewer patients admitted with a hip fracture are receiving an operation within 24 hours of being transferred to an orthopaedic ward.

CHI was informed that the lack of x-ray facilities in A&E and reduced radiography service out of hours may delay treatment to patients with a hip fracture. The trust should review the availability of out of hours x-ray services, with specific reference to patients admitted to A&E.

Are patients treated with dignity and respect?

CHI interviewed and observed staff that were committed to caring for patients.

Whilst there is evidence that patients are treated with dignity and respect by staff, CHI received some complaints from stakeholders and staff about the treatment of older patients on the wards and the lack of basic nursing care available to them. Concerns were raised about the lack of attention to patients' basic needs in terms of accessing the toilets and help with eating and drinking. CHI was informed that the trust has introduced 'essence of care' benchmarking to improve standards of basic care, most recently around nutrition. A pressure sore prevention initiative has also been undertaken across the trust. The trust should continue to take action to improve the level of basic nursing care available to patients.

CHI has concerns about the dignity of patients accessing the A&E department by ambulance. Trauma patients are brought to the department by ambulance through the same doors as minor injuries patients. Trolleys are wheeled through reception, past the waiting area. Staff place screens up whenever they are aware of a patient being admitted by ambulance, although stated that this was not always possible. The trust should review arrangements for patients entering A&E by ambulance.

The colposcopy clinic is located within the genitourinary medicine department (GUM). Whilst patients are treated as individuals with dignity and respect, the trust should keep this arrangement under review.

Can patients access the services they need?

Fewer outpatients are seen within four and thirteen weeks than is the case nationally. The trust also has a higher number of patients waiting between 12 and 17 months for inpatient treatment.

How good are the standards of cleanliness, food and facilities?

Most areas visited during the CHI review week were found to be clean. A recent inspection by the Patient Environment Action Team (PEAT) found both the Bury St Edmunds and Sudbury hospitals to be rated 'amber' (indicating an acceptable level of cleanliness). Some adverse comments were received from staff and stakeholders on the cleanliness and the availability of cleaners on wards at the Bury St Edmunds site.

The trust does not have enough storage space – CHI was informed of and observed toilet and bathroom areas in wards, stacked with equipment, mattresses and bedpans. The trust should review the availability of storage facilities across the organisation and make the necessary improvements.

The Walnuttree Hospital was built in the early nineteenth century and provides care for older people, rehabilitation and outpatient services. The nightingale wards are cramped and patients experience a lack of privacy. There is limited space to access beds in emergencies although CHI was informed that patients are assessed for transfer to the hospital to reduce any potential risks. The trust is aware of the problems at the site and has recently closed one ward because of inadequate nurse staffing levels. CHI has serious concerns over the outdated environment and infrastructure at Walnuttree Hospital. CHI understands that plans to rebuild the hospital are approaching agreement. In the interim, action should be taken to improve patient safety and privacy at the Walnutree Hospital.

CHI received some complaints about the availability and cost of car parking at the trust.

What did CHI find out about how care is organised at the trust?

Patients' discharge from hospital is delayed by the lack of residential placements and rehabilitation beds in and around Bury St Edmunds and the number of patients awaiting discharge to places outside the Bury area. In some cases this has led to patients remaining in hospital for longer than clinically required. The trust is continuing to work with health community partners to alleviate delayed discharge problems.

Such delays are further compounded because discharge planning begins at different times. CHI was informed that discharge planning often begins when a patient is medically fit, rather than on or before admission.

A high proportion of medical inpatients are located outside the clinical areas they would normally be treated in and scattered across the hospital (medical outliers). This is due to increasing demand for beds and a lack of medical beds across the hospital. Several staff felt that this hampered discharge planning and raised concerns about the quality of care received by these patients. Despite the existence of a policy for allocating medical outlier patients to clinical teams, some staff reported having difficulty keeping track of these patients. CHI was informed that on most wards, action has been taken to reduce

the number of different physicians visiting wards by allocating all medical outliers on any one ward (up to a maximum of 12 patients) to one named physician. A review of discharge planning should be undertaken across the organisation, including the organisation of care surrounding medical outlier patients.

The trust's day hospital provides occupational therapy for inpatients and outpatients. After the site was upgraded and restructured, the service was relocated to a small cramped room with no running water. The trust is in the process of restructuring the occupational therapy service and should continue to consult with staff to improve provision of these facilities.

Information on waiting times and access to other services such as NHS Direct is provided on television screens within the A&E department. This information is regularly updated. The department has a separate area for the treatment of children, with access to a playroom.

What is CHI's assessment of the trust's systems for patient, service user, carer and public involvement?

Patient involvement describes how patients can have a say in their own treatment and how they and patient organisations can have a say in the way that services are provided.

What is CHI's main assessment?

Implementation of the strategy for involving patients and carers is supported by directorate action plans although these are in the early stages of implementation. CHI found limited evidence of patient involvement across the trust.

CHI's assessment = ii (a)

What are CHI's key findings?

The trust has recently produced a strategy for involving patients and members of the public in treatment decisions and service development. The role of the patient and public partnerships and participation steering group is to support and monitor the implementation of the strategy and resultant action plan. This group reports directly to the clinical governance committee. A subgroup of the steering group analyses trends from complaints, PALS contacts, National Patient Surveys and clinical incident reports and monitors actions taken. This group reports directly to the steering group. The director of nursing and community relations is the trust board lead for public and patient involvement across the organisation.

CHI found implementation of the public and patient involvement action plan to be at an early phase. Although CHI was informed that directorates have produced initial action plans to implement the strategy for involving patients, these have yet to be rolled out across the organisation. The trust is aware of the need to embed the strategy at all levels of the organisation. Some evidence was available of patient involvement in service development such as the maternity liaison service committee, the West Anglia cancer network and community health council representation at trust board meetings and other committees. However, there were few examples of a systematic approach to collecting and analysing patients' views on services provided, even for those services that have developed relationships with local voluntary organisations. Where this work is carried out, it is reliant upon the skills and commitment of individual members of staff.

The trust has established a successful patient advice and liaison service (PALS) and was originally a pathfinder service. The PALS office is in the trust's main reception area. Two PALS officers provide support to patients, carers and relatives and a PALS technical support officer oversees patient information and web site development support. Most staff and some patients report being aware of the services available from PALS. The trust has recently undertaken a survey of patients and staff to evaluate the support provided by the service. Some concern was raised with CHI over the future financing of the service.

CHI found information leaflets for patients and carers available in clinical areas, with many produced in a standard format. The trust employs many volunteers across the trust, for example, some work in the maternity unit and some volunteers attend day surgery with patients undergoing cataract surgery. A comprehensive registration and induction process is undertaken by the trust's voluntary services manager.

Staff provided some examples of how patients and carers are consulted and involved in planning their individual care for example in obtaining consent and agreeing 'do not resuscitate' decisions. However, in some cases staff have taken consent for procedures they have not previously performed and not fully explained procedures to patients. CHI was informed that the trust is in the process of implementing a new consent policy in line with national guidelines.

Most staff are aware of the procedure for when a patient complains about a treatment or service. In addition, the chief executive commits time every week to meet with complainants.

What areas of patient involvement should the trust consider?

The trust should fully implement the strategy for patient and public involvement across all levels of the organisation.

The trust should provide guidance to directorates and clinical teams on the development of a systematic approach to involving patients and the public in service delivery and development.

The trust should take action to secure the long term future of the PALS service.

Urgent action should be taken to implement the new consent policy and to provide the necessary training and support for staff across the trust.

What is CHI's assessment of the trust's systems for risk management?

Risk management means having systems to understand, monitor and minimise the risks to patients and staff and to learn from mistakes.

What is CHI's main assessment?

The trust has recently redesigned its structures and processes for monitoring and minimising risks across the organisation but needs to ensure that the systems in place are managed effectively, monitored and consistently applied.

CHI's assessment = ii (c)

What are CHI's key findings?

The trust has recently agreed its risk management strategy and established a new subcommittee structure. Three committees are now responsible for risk management: the clinical governance committee oversees arrangements for managing clinical risk; the audit committee oversees internal control and assurance, particularly financial risk; and the organisational risk committee manages all areas of non clinical risk. All three committees report to the trust board. They are chaired by non executive directors and trust board representatives have joint membership of these committees.

The trust board receives a quarterly overview of all incidents reported. It is planned that the organisational risk committee and the clinical governance committee will receive quarterly trend analysis reports of incidents when enough data from the recently restructured reporting system becomes available. All directorates receive regular information on the incidents reported, broken down into types of incident, location and frequency.

The governance team supports directorates managing and administering the clinical and non clinical risk management system. This team is also responsible for supporting clinical audit and clinical effectiveness work.

Staff informed CHI that clinical risk assessments are undertaken at ward and departmental levels. The trust is planning to incorporate all identified risks within a comprehensive trust wide risk register.

The trust's incident reporting system has recently been restructured and the reporting form simplified. Staff are aware of the new reporting system and informed CHI that the forms are more user friendly. The member of staff reporting the incident codes it as red (major), amber or green (minor) according to its perceived severity. The forms are then passed to the staff member's line manager for checking. CHI was informed that incidents are not always graded appropriately. The trust has recently audited its incident reporting system within the medical directorate and intends to roll this process out across the organisation. It is the role of the governance team to monitor the consistency of coding.

Some staff reported that they do not receive feedback on incident reports. Concerns were also raised that lessons learnt from incidents are not always disseminated across the trust.

Despite the existence of a policy on the management of serious untoward incidents (SUIs), staff are unclear which incidents should be reported as SUIs to the strategic health authority. CHI has concerns that the trust is failing to manage, report and learn from these serious incidents appropriately.

The trust has taken action to prevent or control specific risks. It has employed a tissue viability nurse and two infection control nurses, developed the manual handling adviser role to reduce musculoskeletal injuries to staff and segregated and managed patients with methicillin resistant staphylococcus aureus (MRSA) on orthopaedic wards.

There was evidence of partnership working in the development of the risk strategy and the management and control of some individual clinical risks.

The trust has achieved level one accreditation in the clinical negligence scheme for trusts (CNST).

What areas of risk management should the trust consider?

It is important that the trust continues to work towards developing a comprehensive trust wide risk register and universal risk assessment system.

Urgent action should be taken to implement the planned changes to incident reporting and coding and to provide all staff with the necessary training.

The trust should provide all staff with regular feedback on incidents reported. The trust should consider ways of improving dissemination of the lessons learnt from the analysis of incident reports.

Urgent action should be taken to implement the trust policy on managing SUIs and to provide managers with the relevant training.

What is CHI's assessment of the trust's systems for clinical audit?

Clinical audit is the continual evaluation, measurement and improvement by health professionals of their work and the standards they are achieving.

What is CHI's main assessment?

Whilst some clinical audit is being carried out across the trust, CHI found limited evidence of a systematic approach to the development of audit programmes.

CHI's assessment = ii (b)

What are CHI's key findings?

In April 2001, the trust implemented new structures and processes to support clinical audit by merging the clinical audit department within the governance support department. One of the duties of this new department is to coordinate clinical audit programmes across clinical teams and assist teams in designing clinical audit and using standardised audit tools and reporting formats.

The clinical governance implementation group reports to the clinical governance committee and is responsible for overseeing clinical audit. Directorate general managers are represented on this group and each clinical team reports into the clinical governance implementation group. Some specialties also have dedicated staff to support governance activities. Clinical audit forms part of their responsibilities.

CHI found evidence of a limited strategic approach to the development of clinical audit. The trust does not have a clinical audit strategy, and only provides guidance to clinical teams for prioritising clinical audit programmes. Clinical audit projects generally arise as a response to emerging national priorities.

There is limited evidence of a systematic approach to the development of audit programmes at directorate level based upon risk management, complaints or other clinical governance activities. There is a significant reliance on the skills, commitment and enthusiasm of staff to develop and implement clinical audit programmes.

Staff reported that the governance support department provides limited support for staff to undertake clinical audit, although this situation should improve following the recent increases in resources within the support team. Training in clinical audit is provided when individual clinicians register their audit with the governance department, although few staff know about this training or have received it.

Some clinicians and directorates have implemented change as a result of audit, such as the introduction of dysphasia nurses on wards and introduction of the early warning scoring system used by junior doctors to establish how unwell patients are. Although staff present findings on audit within teams and directorates, there is no systematic approach to sharing results across the trust.

There is some evidence of multidisciplinary audits taking place within clinical teams and the trust reports that the number of clinical teams conducting multidisciplinary audit meetings in 2000/01 increased by 23%.

There is some evidence of clinical audits being undertaken at Walnuttree Hospital. CHI found limited evidence that audits are undertaken with health community partners and no evidence of patient involvement in clinical audit.

What areas of clinical audit should the trust consider?

The trust should monitor the level of increased support provided by the governance team to directorates for carrying out clinical audit.

The trust should encourage and guide directorates on the development of a systematic approach to planning audit programmes. Directorates should be encouraged to prioritise audit programmes from their own specialty based data including analysis of incidents, complaints and other clinical governance activities.

The trust should develop a systematic approach to sharing audit results across the organisation.

Action should be taken to promote the involvement of health community partners and patients in the design and implementation of clinical audit programmes.

What is CHI's assessment of the trust's systems for staffing and management?

Staffing and management covers the recruitment, management, and development of staff. It also includes the promotion of good working conditions and effective methods of working.

What is CHI's main assessment?

The trust has strategies in place for staffing and management. However, these are not yet fully embedded across the organisation.

CHI's assessment = ii (a)

What are CHI's key findings?

The trust has a human resources (HR) strategy which links the needs of trust staff with clinical governance issues, such as appraisals and education and training, and with national issues, such as Improving Working Lives targets.

The trust has a workforce plan. This considers the local working situation, forthcoming priorities and current and projected staffing establishments. The trust is appointing a second tranche of nurses from the Philippines and following completion of a nursing and midwifery staffing review, a more detailed analysis of nurse staffing levels on the elderly care and orthopaedic wards is being undertaken.

Several concerns were raised about the nurse staffing establishment on wards and the skill mix of nursing staff. CHI was informed that there is often a higher number of untrained than trained nurses on duty and regular use of bank and agency nurses on wards. The trust is aware of this situation and is taking the appropriate action.

CHI was informed that following an external review of medical staffing in the A&E department in April 2001, an action plan had been developed. Nurse staffing levels had been raised as part of the review and improvements made. Despite the actions taken by the trust, CHI is concerned about the low nurse staffing level out of hours in the department and the lack of awareness of the situation at a strategic level. Staff reported completing incident report forms to communicate their concerns about low nurse staffing levels. The trust was informed of CHI's concerns during the site visit and action is in the process of being taken.

Concerns were also raised about low numbers of medical staff in some clinical areas. This has led to increased responsibility and workload for junior doctors (particularly at night) and difficulties in complying with working hour limits. The trust states that it views this as an area of priority and has already taken action to gain approval for and appoint additional senior house officers and registrars.

CHI was also informed of problems in accessing the services of physiotherapists, occupational therapists and speech and language therapists as a result of low staffing levels in these areas, due to a national shortage.

CHI received several comments from nurses about their growing workload and low morale as a result of low staffing levels. Some ancillary staff made similar comments as a result of staff shortages, increased workload and contractual issues.

The trust has experienced staffing and performance related issues within the cellular pathology department. CHI was informed that since this time the trust has undertaken an investigation and implemented the appropriate actions.

In January 2002, the trust commissioned a study into the implementation of the appraisal process across the trust and the development of personal development plans. This revealed a variable approach to the implementation of the appraisal system and documenting of the process. CHI was informed that some staff have not had appraisals.

The trust is implementing an action plan to address the application of appraisals and personal development plans across all staff groups. The trust has implemented an appraisal system for senior medical staff and has piloted a 360 degree survey form which it plans to roll out across the trust.

Although knowledge of the trust's whistle blowing policy was variable, staff feel comfortable in reporting concerns about colleagues to their line managers. Some staff would take matters further if they felt the matter had not been adequately resolved.

CHI was impressed with the commitment shown to multidisciplinary team work across the organisation.

What areas of staffing and management should the trust consider?

Urgent action should be taken to review the numbers and skill mix of nursing staff in the A&E department out of hours and ensure appropriate action is taken.

A review of nurse staffing levels and skill mix alongside patient dependency and workload needs to be undertaken. This should be carried out in all areas with the trust acting on the findings.

The trust should continue to take action to review medical staffing establishments and workload needs across the organisation.

Action should be taken to clarify and disseminate the appropriate procedure for staff to report concerns about low staffing levels.

The trust should continue to implement appraisals for all staff.

What is CHI's assessment of the trust's systems for education and training?

Education and training covers the support available to enable staff to be competent in doing their jobs, whilst developing their skills and the degree to which staff are up to date with developments in their field.

What is CHI's main assessment?

The trust has developed effective strategies and structures to identify and direct education programmes and opportunities. Staff have access to training programmes and facilities. It needs to improve the production of personal development plans and education planning at directorate level across the trust.

CHI's assessment = ii (c)

What are CHI's key findings?

The trust has a well developed education strategy and has established clear lines of responsibility for education, training and continuing professional development. Coordination of the management and delivery of professional development and training is shared amongst the medical director, director of nursing and director of HR.

The education coordinating group comprises a multidisciplinary group of senior trust staff aimed at promoting and coordinating joint learning and implementing the objectives outlined in the education strategy.

Each directorate is responsible for identifying priorities and ensuring needs are met. CHI found that educational needs at directorate level are not always assessed in relation to other clinical governance activities such as training identified from personnel development plans, incident reporting and outcomes of clinical audits.

The trust provides a broad range of in house training opportunities. It has also developed several links with external organisations to provide education and training. For example, the trust is part of the 'inter trust group', providing access to courses and conferences for health and social care staff across Suffolk. The Cambridge graduate medical course has recently been based at the trust providing a four year course open to graduates from other disciplines, using palm top computers to maintain contact with clinical tutors. The trust also provides access to a range of higher education courses at Suffolk College for nurses, midwives and allied health professionals. Joint training between the A&E department and the East Anglian Ambulance NHS Trust is also undertaken at the trust.

Staff have access to a learning resource centre which has online facilities for literature searches and a link to the librarian. Staff use the library and its wide range of facilities.

Plans are in place to build a new education centre aimed at developing shared resources and multiprofessional group learning. Staff are enthusiastic about the proposed centre.

Staff reported that the trust is supportive of education and training opportunities provided both in house and externally, although a few comments were received over difficulties in accessing training opportunities due to staff shortages. Limited evidence of multidisciplinary training is available, although the plans to build the new education centre aim to improve this situation.

The trust provides a two day mandatory corporate induction programme which includes fire, manual handling, health and safety, violence, information technology and resuscitation training. Access to this course is monitored and staff are updated annually.

Some evidence was provided of appraisals being used to produce personal development plans. The trust views the identification of personal and departmental training needs as a priority area for improvement.

What areas of education and training should the trust consider?

Action should be taken to implement a systematic approach to the development of directorate education plans.

Action should be taken to improve access to multidisciplinary training programmes.

The trust should ensure that staff appraisals are consistently used to identify training needs through the development of personal development plans.

What is CHI's assessment of the trust's systems for clinical effectiveness?

Clinical effectiveness means the degree to which the organisation is ensuring that 'best practice', based on evidence of effectiveness where such evidence exists, is used.

What is CHI's main assessment?

Whilst the trust has made progress in developing and implementing clinical guidelines and integrated care pathways in response to national requirements, it needs to promote a more integrated and locally determined clinical effectiveness programme.

CHI's assessment = ii (a)

What are CHI's key findings?

The board level lead for clinical effectiveness programmes is the medical director. The trust has a research governance committee which peer reviews and approves research. The trust has agreed a research and development strategy. The governance support team provides support for clinical effectiveness at directorate level whilst the research and development manager is the point of contact for staff seeking trust approval for intended research.

The trust manages and quality assures the development of guidelines through its 'pink book' committee. This committee brings together representatives from the trust, the community and primary care. It reviews guidelines and aims to ensure they are all evidence based, that researched sources are clearly outlined and that eventually all guidelines are audited.

All guidelines are published in the 'pink book' on the internet and are available to both staff and GPs. Templates and checklists have been developed to guide authors producing guidelines. Both staff and professionals working in the health community find the 'pink book' accessible and user friendly.

CHI found some evidence that clinical teams have used and implemented evidence based practice and that this work is multidisciplinary. Most examples of evidence based practice relate to national initiatives and agendas set by external organisations and institutions rather than local requirements and needs. The trust is aware that it needs to promote the development of guidelines based on operational and evidence based requirements of clinical teams.

CHI has concerns about the implementation of guidelines and integrated care pathways for those patients in beds on other wards (medical outlier patients).

Evidence was available that health community partners are involved in developing clinical guidelines and integrated care pathways. Some requests were made for the trust to commit to a more community based approach towards implementing the national service framework (NSF) for older people.

The clinical governance committee considers all new documents received by the trust including guidance from the National Institute of Clinical Excellence (NICE) and NSFs. The trust has recently set up a database to register receipt of NICE guidance. Directorates are responsible for the implementation of clinical effectiveness programmes. CHI found some evidence that NICE guidelines are discussed at directorate level. However, the trust recognises that it needs to ensure that audit requirements for NICE guidance and NSFs are prioritised and monitored across clinical teams.

Staff have good access to computers and online information on research results including an electronic version of the 'pink book.' The library provides a wide range of journals and books as well as training in advanced literature searching and critical appraisal skills.

What areas of clinical effectiveness should the trust consider?

The trust should promote the development and implementation of evidence based practice at operational levels of the organisation.

Action should be taken to monitor the implementation of guidelines and protocols for medical outlier patients.

The trust should continue to work with health community partners to improve coordination, development and implementation of the requirements of the NSF for older people.

What is CHI's assessment of the trust's systems for using information?

Using information covers the systems the trust has in place to collect and interpret clinical information and to use it to monitor, plan and improve the quality of patient care.

What is CHI's main assessment?

Good progress has been made in the development of a strategy on the use of information and evidence was available to show how resources and information sources are actively used to improve the quality of patient care across the trust.

CHI's assessment = iii

What are CHI's key findings?

The trust has an up to date information management and technology strategy (IM&T), which identifies information required to support clinical governance. Production of this strategy has benefited from input from external stakeholders and multidisciplinary staff representation on the IM&T strategy group.

There are computers on wards and outpatient clinics and staff have good access to the internet and intranet. The trust internet site is user friendly and informative and the intranet provides information on trust protocols, access to evidence based medicine and clinical guidelines. These guidelines can also be accessed by GPs.

The trust has made good progress in developing and implementing various information systems. These include a teleconferencing system which has enabled extensive multidisciplinary team working on cancer across the region. The picture archiving communication system (PACS) provides digital x-ray images to all wards and clinical areas; access to electronic pathology results is also provided.

The trust is at an early stage of development of the electronic patient record. The trust has developed electronic pathology links with 16 GP practices across West Suffolk. Under the national programme, work is currently being undertaken to overcome software delays to enable all practices in the area to receive electronic results.

The trust board and clinical governance committees receive regular benchmarking information and activity reports. Directorates and clinical teams receive monthly activity and waiting list information, although a few staff do not have access to such data.

The trust has used information in some situations to improve practice and the quality of patient care, for example, the establishment of the stroke unit and coordination of stroke services across the trust.

Most staff are satisfied with the organisation and availability of patients' medical records, although some concerns were raised over misfiling of records.

The Caldicott guardian is the medical director. Although many staff do not know of the Caldicott requirements, most staff are aware of the need to protect patient confidentiality when handling patient records, discussing diagnoses and treatments with patients and accessing computer files. All staff have individual user passwords for accessing computers.

Most staff have received some training in information management systems. The trust provides an IT training room for this purpose and has recently increased staff numbers in the IT department to improve the level of support available.

What areas of using information should the trust consider?

The trust should continue to work in partnership with the rest of the health community to develop electronic links with GPs and implement the electronic patient record.

Action should be taken to ensure that all clinical team members have access to relevant activity based information.

What is the trust's strategic capacity for improvement?

Strategic capacity is the ability within the trust to monitor and improve the quality of patient care.

What is CHI's main assessment?

The organisation has recently changed its clinical governance structures and is committed to implementing the clinical governance agenda. The trust needs to further improve its communication channels between operational and strategic levels and to collaborate fully with staff, patients and health community partners in service development and delivery.

What are CHI's key findings?

The trust has recently put into place appropriate structures and resources to support clinical governance. The newly appointed chief executive has a clear vision of the direction the trust should take in the development and implementation of clinical governance and has been instrumental in taking the actions required to improve the quality of patient care provided by the organisation.

Most staff feel that executive and non executive members of the trust board are visible within the trust and approachable. Some of the non executive directors have recently undertaken a 'back to the floor' exercise where they work with members of staff for half a day to gain an understanding of the demands and pressures faced at operational level.

Implementation of the clinical governance agenda is still at an early stage of development. In the past, the trust appears to have focused more on providing quality patient care as directed by the requirements of the national performance targets, rather than establishing the structures necessary for implementing clinical governance and taking a broader view of its own priorities.

CHI has concerns that the present clinical governance systems may not effectively highlight areas of potential and serious concern, for example the low staffing levels on wards. This is in part due to a lack of clarity over lines of accountability and the roles and responsibilities of senior members of the trust. This has been exacerbated by a lack of effective communication between the managers at departmental levels and trust board level and a lack of clarity over the use and monitoring of the incident reporting system. The chief executive has recently attempted to clarify management roles. However, the trust needs to do further work in this area, as a matter of urgency.

CHI found that staff at operational level have a limited understanding of the clinical governance processes and structures in place to support them. The trust needs to take a more proactive approach to ensure that the principles of clinical governance are understood, embedded and integrated at all levels of the organisation. The trust views this as a matter of priority.

The trust has developed relationships with health community partners to monitor, plan and improve the quality of patient care, including joint initiatives to tackle capacity related and service planning issues. Some partners believe these relationships could be further developed, more open and better informed, and the trust recognises it needs to establish these links, particularly with the newly formed primary care trusts (PCTs).

The trust communicates corporate priorities for clinical governance across the organisation via the weekly 'green sheet', directorate governance meetings and the trust's internet and intranet sites. However, staff raised concerns about the lack of effective consultation regarding changes to services, for example, over plans to relocate the emergency admissions unit.

Although the trust has established good working relationships with the community health council, there is limited evidence that the general public or stakeholders are involved in decision making at a corporate, planning or operational level. In circumstances where focus groups have been established, it is felt that decisions are made first and brought to the groups for endorsement rather than consultation and discussion.

Further information

The CHI clinical governance review took place between June and August 2002.

This report sets out the main findings and areas for action from the review. The trust has been given a detailed summary of the evidence on which these findings are based.

The trust will produce an action plan that will be available from West Suffolk Hospitals NHS Trust, Hardwick Lane, Bury St Edmunds, Suffolk, IP33 2QZ or from the CHI web site. The trust's implementation of the action plan will be monitored.

CHI review team:

Stephen Bennett
Director of Pharmacy
Trafford Healthcare NHS Trust

Joe Edge (lay reviewer)
Freelance Inspector and Adviser in education

Jack Haldane (lay reviewer)
Retired

Dawn Johnston
General Manager/Head of Midwifery
Dartford & Gravesham NHS Trust

Alan Rich
Consultant Surgeon and Associate Post Graduate Dean
City Hospitals Sunderland NHS Trust and University of Newcastle

John Thomas
Chief Executive
Blackburn, Hyndburn & Ribble Valley Health Care NHS Trust

The CHI review manager was Anna Ferrant.

Further details of CHI's work are available from:

Commission for Health Improvement
Finsbury Tower
103-105 Bunhill Row
EC1Y 8TG
020 7448 9200

www.chi.nhs.uk

Acknowledgements:

CHI should like to express its thanks for the help that it received during its review from patients, stakeholders, and trust staff.

CHI would like to thank staff of West Suffolk Hospitals NHS Trust, patients and members of the public who gave time to speak to the review team and who provided information. Within the trust, CHI would particularly like to thank:

John Parkes, Chief Executive

Dr Kwee Matheson, Medical Director

Nichole Day, Director of Nursing and Community Relations

Jacqui Grimwood, Facilities Project Manager and coordinator for the CHI review

CHI should like to make clear that responsibility for the content of the report and its conclusions is CHI's alone.

Printed in the United Kingdom by The Stationery Office
10/02 779960 19585

Commission for Health Improvement
Finsbury Tower
103–105 Bunhill Row
London EC1Y 8TG

Telephone: 020 7448 9200
Fax: 020 7448 9222
Text phone: 020 7448 9292
Web: www.chi.nhs.uk

Published by TSO (The Stationery Office) and available from:
Online
www.tso.co.uk/bookshop
Mail, Telephone, Fax & E-mail
TSO
PO Box 29, Norwich, NR3 1GN
Telephone orders/General enquiries: 0870 600 5522
Fax orders: 0870 600 5533
E-mail: book.orders@tso.co.uk
Textphone 0870 240 3701
TSO Shops
123 Kingsway, London, WC2B 6PQ
020 7242 6393 Fax 020 7242 6394
68-69 Bull Street, Birmingham B4 6AD
0121 236 9696 Fax 0121 236 9699
9-21 Princess Street, Manchester M60 8AS
0161 834 7201 Fax 0161 833 0634
16 Arthur Street, Belfast BT1 4GD
028 9023 8451 Fax 028 9023 5401
18-19 High Street, Cardiff CF10 1PT
029 2039 5548 Fax 029 2038 4347
71 Lothian Road, Edinburgh EH3 9AZ
0870 606 5566 Fax 0870 606 5588
TSO Accredited Agents
(see Yellow Pages)
and through good booksellers

www.tso.co.uk

ISBN 0-11-703178-X
9 780117 031784

West Suffolk Hospitals NHS Trust – October 2002