

ACTION5 Patients Charter Returns

There was considerable discussion about Trust performance on the standard of a maximum 30 minute wait in Outpatient clinics. Mr McKinlay was concerned that performance in some areas was effectively planned failure. The Committee agreed that there were a number of factors involved, but that the issue was organisational in nature and should be addressed. Mr Ross commented that improvement had been achieved in his previous post and that he would see performance on this standard as a huge priority.

HR

6 Complaints and Compliments

The report was accepted. The breakdown of complaints did not reveal any significant pattern of repeats. Mr Ross drew attention to the new guidance from the NHS Management Executive and recommended an early Trust Board seminar on the changes required. He was taking the item to the GOED meeting.

7. Trust Annual Clinical Audit Report

Dr Bullmore introduced the report and made a number of comments:

- there was a problem in getting information for the report as there was no central coordination of audit.
- key information was included on each study, about contact points, whether the work was uni or multi-disciplinary and the point reached in the audit cycle.
- an audit form had been developed to document the justification for the audit and the audit focus.
- narrative on each project had not been included as the subsequent report would have been large and unwieldy.
- most audit was begun to an internal concern of some sort.

She was concerned that a significant amount of audit work was undertaken with little or no financial/staff support as in community services.

She was also keen for wider liaison to develop across specialities, region and even nationally. Greater use could be made of the Research and Development Unit, the library and the Patient Survey Unit. Over 40% of studies used some computer system but MDI had proved of limited value as an audit tool.

10% of the studies presented had recorded an intention to publish results.

The Trust Clinical Audit Group had evolved and was moving from a medical to a clinical multidisciplinary model looking at a cycle of developing standards, assessment of practice, change of practice and re-audit.

Dr Bullmore had written to clinical directors asking for 2-3 performance standards which could be monitored regularly. There had not been a significant response so far.