
QUALITY ACCOUNTS – PROGRESS REPORT

SUMMARY REPORT**Purpose of the Report**

1. To advise Members of the recent Stakeholder event and meeting in respect of the local Foundation Trust Quality Accounts.

Summary

2. Members will recall that this year this Scrutiny Committee has decided to be more involved, at an early stage, with local Foundation Trusts Quality Accounts. This will enable Members to have a better understanding and knowledge of performance when asked to submit a commentary on the Quality Accounts at the end of the Municipal Year 2012/13.
3. As a result, Members have committed to attending the Stakeholder events hosted by Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) and established a Working Group with members of Darlington Link to receive quarterly performance reports from County Durham and Darlington NHS Foundation Trust.
4. This report brings to the Committee's attention, the information gathered and Members are asked to note the detailed information in preparation for its response to the Quality Accounts in April/May 2013.

Recommendations

5. It is recommended that:-
 - (a) That the briefing note from the Stakeholder event hosted by Tees Esk and Wear Valleys NHS Foundation Trust be noted.
 - (b) That the notes of the meeting held on 19th July 2012 in respect of County Durham and Darlington NHS Foundation Trust be noted.

Paul Wildsmith
Director of Resources

Background Papers

There were no background papers used in the preparation of this report.

Abbie Metcalfe : Extension 2365

S17 Crime and Disorder	This report has no implications for Crime and Disorder
Health and Well Being	This report has implications to the address Health and Well Being of residents of Darlington, through scrutinising the services provided by the NHS Trusts.
Carbon Impact	There are no issues which this report needs to address.
Diversity	There are no issues relating to diversity which this report needs to address.
Wards Affected	The impact of the report on any individual Ward is considered to be minimal.
Groups Affected	The impact of the report on any individual Group is considered to be minimal.
Budget and Policy Framework	This report does not represent a change to the budget and policy framework.
Key Decision	This is not a key decision.
Urgent Decision	This is not an urgent decision
One Darlington: Perfectly Placed	The report contributes to the delivery of the objectives of the Community Strategy in a number of ways through the involvement of local elected members contributing to the Healthy Darlington Theme Group.
Efficiency	The Work Programmes are integral to scrutinising and monitoring services efficiently (and effectively), however this report does not identify specific efficiency savings.

MAIN REPORT

Quality Accounts 2012/13

6. The Health Act 2009 requires Foundation Trusts to publish an Annual Quality Account Report.
7. The purpose of the Annual Report is for Trusts to assess quality across all of the healthcare services they offer by reporting information on annual performance and identifying areas for improvement during the forthcoming year and how they will be achieved and measured.
8. The priorities for improvement are divided into the three components of quality; safety, experience and effectiveness.
9. Overview and Scrutiny Committee's play an important role in development and providing assurance on Quality Accounts reports. The Health Act requires Trusts to send a copy of their report to be considered by their appropriate Overview and Scrutiny Committee.
10. In advance of the Trust's report being considered by Overview and Scrutiny Committees it is vital that the priority areas identified are considered and that discussion takes place. Comments or views from Overview and Scrutiny Committees should be reflected in the final report and involvement should be credited within the document.

Tees, Esk and Wear Valleys NHS Foundation Trust

11. TEVW hosted a stakeholder event on 16th July 2012 and the Democratic Officer – Health attended on behalf of this Scrutiny Committee. A summary of the event has been produced and is attached as **Appendix 1**.
12. Details of the next Stakeholder event will be circulated in due course and all Members are encouraged to attend.

County Durham and Darlington NHS Foundation Trust

13. Following a Lead Members discussion with Darlington LINK about Quality Accounts, it was agreed to form a Working Group to enable members to receive updates on performance information from the Foundation Trust in a timely manner and avoid duplication.
14. At the Working Group's first meeting held on 19th July 2012, members of the Group met with the Acting Director of Nursing and the Head of Communications and Marketing (notes of the meetings are attached as **Appendix 2**).
15. The Group received the first quarterly performance report from April – June 2012 reporting progress and development of the Quality Account period for 2012/03.
16. The Working Group's second meeting is scheduled to be held on Wednesday 14th November 2012 and all Members are encouraged to attend.

Tees Esk and Wear Valleys NHS Foundation Trust Quality Account Stakeholder Event
Monday 16 July 2012, Middlesbrough
Briefing Note

Introduction

The Director of Planning and Performance of Tees Esk Wear Valley Trust (TEWV) gave an introduction to this event and outlined the purpose of the Quality Account. The introduction of Quality Accounts arose following Lord Darzi' Report, making it mandatory for NHS organisations to produce not only financial accounts annually, to show how they are using resources, but show how the trust is meeting quality and its commitment and progression in quality. Lord Darzi was pushing up emphasis of quality of service. Lord Darzi defined quality through three elements:

- Patient Safety
- Patient Experience
- Clinical Effectiveness

The financial accounts look back over the year and reports how the trusts finance has been used over the year, whilst quality accounts look not only the year completed but the year up and coming. The content is determined by the Department of Health and Monitor.

The Director then outlined what the stakeholders had said in 2011/12:

- Stakeholders welcomed the early opportunity to examine key issues with the trust
- Felt involved in the process of review and prioritisation and support the quality priorities chosen
- Felt actively involved and engaged in the creation of a culture where the patient is at the centre of their care
- Felt the trust had been open and transparent in their approach
- Recognised the trusts commitment to sharing information in an open and honest way
- Recognised the trusts achievements and work the trust has done even if the priority is not met

Stakeholders had also fed in comments that were not so positive in 2011/12:

- The trust needs to be more specific on how research benefits patients /service users
- The trust should remove the jargon, shorten large bodies of text, and use more visual and diagrammatic methods to break up the texts to help hold the readers vision and attention
- Use footnotes for definitions
- Add more colour by using patient stories to support the information
- Ensure service users and carer's are involved in the planning and delivery of priorities in 2012/13

The Director outlined the objectives of the event, which were to focus on the forward look of the Quality Accounts priorities for 2013/14, allow the opportunity for stakeholders to share their experiences, views and concerns on the quality of the trusts service and have an opportunity for stakeholders to influence the quality priorities for 2013/14. The outcome of this event will be fed into the discussions at the Board.

Quality Priorities for 2012/13

Four priorities arose from the event held at Darlington Football Club last year. The priorities are:

- To undertake a comprehensive review of the Care Programming Approach (CPA), Care Co-ordination Process and Care Planning.
- To improve how the trust gains feedback from patients on their experience and improve the service and the feedback it receives, as the view previously held was to make this more routine based and have to act on feedback.
- To sustain an improvement in all transfers of care with standard work practices and improved communication between professionals implemented
- To develop broader liaison arrangements with Acute Trusts around physical health needs of mental health patients.

The stakeholders were then given an hour to have an open and frank discussion around concerns of the quality of service TEWV is providing and how it can be improved in areas of patient experience, clinical effectiveness and patient safety. The views would be collated into themes and be forwarded to the Board.

TEWV Internal Analysis

The Director of Nursing and Governance gave a presentation on patient safety, experience and compliance of legislation.

Patient Safety:

- That serious incidents resulting in deaths (i.e. suicide and homicide) have increased in 2011/12 with a spike in June 2011, following the expansion of services and the addition of 'deaths not in receipt of services' and again in April 2012.
- Increase focussed on patients within community service – death within in-patient services remain low

Currently TEWV are reporting death within 72 hours, whilst in the Yorkshire Trust, the death is recorded after been to Coroner's Court. When there is a death in this locality TEWV conducts serious untoward incident review.

The top five key themes pulled out of the Serious Untoward Review since April 2011 are:

- Risk management
- Significant history
- Communication (how to transfer information)
- Record keeping (important to keep record so when information is looked at by another person nothing is being missed)
- Care Programming Approach

Further Information of Patient Safety

- Violence and aggression towards staff continuous to be the greatest cause of incidents that cause harm with self-harm, violence and aggression towards patients and falls next.
- Practice changes have had significant impact on incidence of physical assaults by patients on staff and patients, with all incidents and harm half that of April 2011.
- Changes included new challenging behaviour pathway and patient record, standard work for the management of incidents and clinical review, improved post incident support,

improved specialist and general training, implementation of SBARD, improve monitoring, and safety walk rounds.

- Incidents of self-harm have dipped in Summer 2011 but has re-emerged as an issue in later 2011/12, but self-harm with injury has reduced.
- Improvements in response to this include, a thematic analysis to determine different types of incidents, literature review to determine evidence based practices, staff service users, carer focused groups and interactions/outcomes directory supported by audit.

Patient Experience:

The 10 quality indicators for patient experience outlined:

- Positive attitudes of staff
- Being treated with respect and dignity
- Being involved in and informed about decisions
- A high quality care environment
- Safety
- Activities
- Care and treatment including treatment options
- Access to services and appointments
- Staff knowledge and expertise
- Food

Examples of feedback:

- 3084 inpatients surveyed in 2011/12 – 169% increase on 2012/11
- 77% (paper surveys) and 80% (Dr Fosters) rated overall care ‘good’ to ‘excellent’,
- Issues for inpatient settings: lack of activities, food, medication side effects explained, information offered to carers
- Actions for inpatient settings : monthly service user led review of food, Xbox / Wii games consoles; new books, board games, subject to Quality Improvement system Review
- Issues for community settings, copy of care plan, although improved lacks, being user friendly, information should have been gone through with the patient before being sent in the post
- Issues from PALs / complaints perceived lack of support, ineffectiveness of treatment, disagree with diagnosis, lack of facilities, assessment / appointments
- Reassurance was placed that there will be a continuance to encourage patient involvement in own care and treatment and involvement of services. As for PALs / service user / carer ward visits there has been 59 ward visits in 2011/12 involving 165 patients, the key issues identified were information about medication, choice about care and treatment, information about conditions and involvement in care plans.
- In terms of the LINK report, the big issue for LINK was Crisis, improvement in communication, clearer referral criteria and ensure relapse plans were used. With primary care, issues were to improve mental health input with GP Practices, a single point of access to primary / secondary Mental Health Assessment and improve communication between GP’s and secondary care.

Clinical Effectiveness and Assurance:

There have been 197 completed clinical audits in 2011/12 and 20 so far in 2012/13, the key audits in 2012/13 are:

- 'Person Centred Pathway of Care for Challenging Behaviour in Children with Learning Disabilities' where the issues to address are variation in entry to pathways, variation in completion of assessment within 28 days and variation of completion in pathway.
- 'Clinical Audit of NICE Guideline 90 – Depression: Management of Depression in Primary and Secondary Care', from this audit the key issues are to ensure meeting all elements of assessment, care planning, sharing of information, appropriateness of interventions for specific levels of need.

Currently:

- There are 23 action plans for NICE Guidelines with 94 individual actions and only 1 action has not been delivered on time
- There is a need for a more systematic approach to monitoring the implementation and continued compliance with NICE Guidelines
- Significant increase in s136 activity since January 2009 as the trust opened 'places of safety' and awareness of Police increased

Further Information on Clinical Effectiveness and Assurance:

- In Safeguarding Adults there has been some improvement in processes but as alerts / contact increase year on years and in light of national agenda
- Need more work to improve consistency of decision making across the trust and ensure all staff have the most up to date training
- With Safeguarding Children; training has doubled over the last year, supervision for staff has been established, steady state of activity and support

The Director highlighted that the common theme throughout all elements of clinical effectiveness and assurance is engagement and involvement in all aspects of care and the development and improvement of services. This is re-iterated by 'No decision about me, without me' and 'Doing to and not doing with'.

Timescale

- Output from workshop to be fed in to the Quality Assurance Committee in September 2012.
- Output from Quality Assurance Committee to be fed into the Board at the start of October 2012.
- By the end of October 2012 the final priorities will be agreed.
- Plans should be developed in November 2012 to January 2013 period.
- A further Stakeholder Workshop will be held in February 2013 outlining how the trust will be meeting its priorities.
- Around March /April 2013 the Quality Accounts will be written.
- By June 2013 the Quality Accounts will be published.

**1st Meeting Quality Accounts Briefing County Durham and Darlington Foundation Trust –
Quality Accounts Working Group
19 July 2012, 3pm, Committee Room 3**

Present:- Councillors Newall (in the Chair), S. Richmond, H. Scott and J. Taylor.
Darlington LINK:- Paul Bell and Andrea Goldie.

Apologies: - Councillors Donoghue, Macnab, Nutt, Regan and E. A. Richmond.

Officers: - Neneh Binning and Abbie Metcalfe, Democratic Services, Edmond Lovell, Associate Director of Marketing and Communications, Dianne Murphy, Acting Director of Nursing, County Durham and Darlington Foundation Trust.

Introduction

The Acting Director of Nursing submitted a report on the first quarterly report on progress and development of the Quality Account in the period April to June 2012. The Quality Account for this year includes the outcomes on last year indicators and sets out the indicators for 2012/13 and has now been published on the NHS Choices website. A Task and Finish Group within the Trust has been set up to monitor this piece of work and will report back at the end of the year.

The priorities for the coming year have been set some of the priorities are continued from the previous year in areas where the Trust wants to see continued improvement.

Priorities for improvement continue to be divided into three components of quality; these are patient safety, patient experience and effectiveness.

Patient Safety

Patient Falls

With patient falls, work has commenced to reduce patient falls and those resulting in fractured neck of femur across the organisation. The target was to reduce the monthly falls by 10% per 1000 inpatient beds. Furthermore a target was set to reduce falls resulting in fractured neck of the femur by 10% monthly, currently they have reduced this by 15% since last November.

Members queried how such areas are monitored, and Ms Murphy explained that the medical professionals are conducting verbal hourly rounding's to make sure patients are not experiencing problems. Ms Murphy stated that approximately there would be 30 patients on wards during the day so the risk is managed by staffing the ward with 8 Nurses. During the night, the risk is low, due to patients being asleep so the ward would be staffed with fewer nurses. These Nurses will complete hourly rounds and record the results for the next Nurse or medical professional seeing the patient.

Members queried if there was a leaflet on falls and asked if Ms Murphy could bring this to the next meeting. Ms Murphy agreed.

Healthcare Associated Infections

Healthcare Associated Infections has been made a National and Board priority, the target was to achieve reduction in no more than two MRSA post 48 hour bacteraemia, no more than 51 post 48 hour Clostridium difficile. In terms of MRSA, currently the figure stands at zero and with Clostridium difficile the Trust is on target.

Members requested more information on Healthcare Associated Infections, and Ms Murphy explained that an overarching Action Plan is in place and is reviewed weekly. When the MRSA has infected the blood stream Patients are screened and a programme of decolonisation takes place, these Patients are constantly reviewed. In order to control risk, the action plan is continuously refreshed. As for cleaning in such areas, sanitising standards are increased, this is

not because the standards are low, but the Trust pushes the standards higher by changing to more robust products, cleaning three times a day, in order to manage high risk areas.

Reference was made to the NORA Virus, which causes the winter vomiting which predominantly affects nursing wards and residential homes. The virus has not gone away due to the weather. With Clostridium Difficile, vomiting is not the usual symptom, therefore Patients provide a specimen in order to detect the level of Clostridium Difficile, in order to determine the appropriate treatment and management of the risk of Clostridium Difficile spreading.

Venous Thromboembolism assessment and treatment

The targets set for Venous Thromboembolism assessment and treatment was to maintain current performance and will be a mandatory inclusion in next year's quality accounts. The target is to maintain Venous Thromboembolism assessment compliance at above 90% within inpatient beds in the organisation quarterly and as of April 2012 the Trust are achieving 93%. The treatment target was to conduct audit compliance 100% quarterly and in May 2012, the Trust achieved 96.1%.

Discharge Summaries

In terms of discharge summaries the aim was to improve timeliness of discharge summaries completed and to support the request from Commissioners to include in the Quality Report. The target was to monitor compliance against Trust Effective Discharge Improvement Delivery Plan, quarterly by 95% by March 2012 and currently the Trust is on target.

Patient Experience

Ms Murphy informed Members on the targets and aims on improving patient experience.

Nutrition and Hydration

With Nutrition and Hydration this area has gained national attention and is closely monitored by the Trust. The aim in Acute Services is to screen Patients on admission at a target of 98% and weekly screenings at a target of 98%. In May the figure was 97%, the Trust is on its way to achieving its target. With Community Services the target was to screen at 95% as this area was identified as high risk during an audit and the Trust is currently awaiting data.

Ms Murphy further stated to Member's that the Trust screen patients on admission to assess nutritional risks. The Trust has committed £800,000 into Nursing at ward level to enable increased presence and supervision. 40-50 nurses are needed and there have been 180 applications. The Trust is currently assembling a shortlist, the deadline is currently set for September however there may be a chance that this will be pushed back to October.

End of Life Care

In terms of end of life care, the aim was to understand whether patients at end of life receive their care in preferred place and build on findings to provide this whether in acute or community setting as part of the NHS QUEST programme. The target was to ensure implementation of any actions identified on completion of the current national audit. An action plan from audit has been completed and monitoring actions are in the development stage.

Compassion and Dignity

For patients, this area was a feature of complaints and the Trust's aim was to improve understanding so that improvements could be made. Compassion and Dignity is also an area of national focus, especially in respect of elderly care. The target was when the Trust received patient stories from both the acute and community hospital settings the Trust would assess how safe their care was. Currently two patient stories have been completed and are to be presented to quality forums within the Trust.

Patient's families and carers are given the opportunity to share the Patients story in terms of end of life care with the Trust. Members asked how these stories are chosen, and Ms Murphy explained that they are voluntary, for instance, currently collected, one of the stories is about a father of a member of staff in a senior position, however the story is powerful as it is not about positives, the emphasis is on what the Trust has not got right and where the Trust can improve. The Chair asked how far can the stories be shared and Ms Murphy answered that they can be brought to this Working Group.

Mr Lovell, Associate Director of Marketing and Communications, asked if the stories were actively sought. Ms Murphy responded was the Trust does not actively seek people, so not focusing on certain areas, but are relying on people giving feedback there is also an element of judgement call as to whether the story can be shared within the Trust.

Members asked if LINK get involved with these stories. Andrea Goldie from Darlington LINK stated that LINK are also asking for personal stories rather than figures, as this would contribute to the Patient Advice and Liaison Service (PALS) report.

Mr Lovell asked how the LINK would share this information and Ms Goldie stated that it forms the report and findings of Task and Finish Groups, if the finding or concerns do not fit in with the task groups remit then the finding are passed on to an appropriate organisation or fed into the service itself.

Complaints relating to attitude of Staff

As for complaints relating to attitudes with staff, this has been a continued theme across the Complaints and Patient Advice and Liaison Service. The target was to reduce complaints where staff is the primary cause, with a target of 70. In the period of April and May this stood at 13 therefore the Trust is on target.

Ms Murphy also highlighted to Members that there is a zero tolerance with staff that do not display the right attitude to Patients; there is no excuse for poor attitude within the Trust.

Effectiveness

Risk Adjusted Mortality

In looking at reduction in Risk Adjusted Mortality, the reason explained for setting targets in this area, was to coincide with the NHS QUEST programme which is to review methods to reduce risk adjusted to mortality below 100. In April the figure was 97 and the Trust is on target.

In the area of discharge and planning for patients with Chronic Obstructive Pulmonary Disease, the aims are:

- to improve discharge communication and information
- to provide care closer to home
- to measure effectiveness of working relationship between acute and community services

The overall target for the Trust is to develop joint discharge protocol and review the discharge care bundle. Currently the protocols and data capture are being established.

Compliance with Stroke Pathways

In looking at compliance with stroke pathways, the Trust aims to monitor improvements following the introduction of Hyper Acute Stroke Service Unit within the Trust. Furthermore the Trust aims to provide assurance of the standard of care following the placement of Hyper Acute Stroke Service to one site of the Trust. There are a number of targets in this are:

- A Target of 92% by March 2013 was set for the percentage of Stroke patients to be assessed by a stroke specialist, when assessed in April the Trust was at 100% therefore the Trust has exceeded its target
- A target of 70% for stroke patients admitted to stroke unit within 4 hours, currently this stands at 88%, therefore the Trust has exceeded its target.
- Patients eligible for thrombolysis the target is set for 100%, the Trust is currently on target
- A target of 50% had been set for stroke patients to be brain scanned within one hour, the Trust is currently at 58%, so currently exceeded its target
- Stroke patients with CT scan within 24 hours, target set at 70%, the Trust is on target
- A target of 65% had been set for higher risk TIA to be treated within 24 hours, the Trust is on target

Reduction in avoidable readmissions to hospital

In avoiding re-admissions to hospitals, the Trusts aim is to:

- Improve patient experience post discharge
- Ensure appropriate pathways of care
- Support delivery of the national policy
- To ensure patient receive continuously, better planned care and support for self-care

The overall target is 10% reduction of avoidable re-admissions by March 2013. Currently the Trust is awaiting data. Ms Murphy explained that this area has been challenging as the Trust have put in services and are working with Nursing Homes and places of high risks. The community team specifically is working together with high risk homes. Work is on-going to identify high risk patients, as some may come to the hospitals 30-40 times a year and are not all physically ill. The Trust is commissioning specific care packages and is working on care plans which are encouraging departments to work together. There is recognition of the incentives to improve this area, i.e. patient's quality, financial penalties, effect on quality of service. However data collection is needed in order to assess how the Trust is performing.

Reducing the Length of Time to assess and treat Patients in Accident and Emergency

Work has been underway to reduce the length of time in assessing and treating patients in the Accident and Emergency department, the following targets have set in this area:

- For unplanned re attendance to be no more than 5% and those who have left without being seen, to be no more than 5%. This target has been achieved.
- Four hour waits to be no more than 95%, and time to initial assessment be no more than 15 minutes. The Trust is currently on target.
- Time to treatment decision no more than 60 minutes, the Trust is on target.

Members asked for clarification on hospital admissions and when are the busy periods. Ms Murphy explained that winter periods are expected to be busy and summer is generally injuries from activities. The winter period can be slips, trips and falls, heart problems, chest infections and respiratory problems enhanced by the cold weather. However the weather is only one factor. Members queried how patients with Mental Health problems are affected with waiting times in Accident and Emergency department, as there are concerns that they are waiting longer. Ms Murphy stated that Mental Health Patients are assessed in the same way as all patients; they will only be seen quickly if they are a suicide risk. These patients are triaged based on their symptoms, if there is a need for referral, the crisis team will be contacted. The Crisis Team have good relationships with the hospital staff, if the crisis team cannot get to the hospital rapidly then the patient will remain in the hospital until the team arrives. The Crisis Team is run by Tees Esk and Wear Valley (TEWV) NHS Foundation Trust. The team have recently attained huge investment in resources so changes and improvements are expected on how the team supports the acute service.

Darlington LINK asked if there are figures for the number that are falling in the gaps of the four hours waiting period in waiting for crisis teams. Ms Murphy said that this can be provided. LINK stated that they will be having a meeting with the crisis manager shortly.

Ms Murphy stated that on-going data is being collected and will be reported to the next County Durham and Darlington Foundation Trust Board meeting. Once formally signed off at the Board, these will then be captured in future reports and recommended that this report be accepted by the Committee as the first quarterly report for the Quality Account data.

Agreed :-

- a) That the report be noted;
- b) That officers be thanked for their attendance;
- c) That patients stories be brought to the group and shared;
- d) That the Patient Falls leaflet be shared with the group;
- e) That the figures for Mental Health patient waiting be shared with the group;
- f) That the next meeting be held on 14th November 2012 at 10am in Committee Room 1;
and
- g) That the notes be submitted to Health and Partnership Scrutiny Committee for approval.