
QUALITY ACCOUNTS 2012/13

SUMMARY REPORT

Purpose of the Report

1. To present and approve the draft commentaries to be included in the local Foundation Trusts Quality Accounts 2012/13.

Summary

2. Members will recall that this year this Scrutiny Committee agreed to be more involved with the local Foundation Trusts Quality Accounts. This has enabled Members to have a better understanding and knowledge of performance when submitting a commentary on the Quality Accounts at the end of the Municipal Year 2012/13.
3. As a result, Members 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 draft commentaries for inclusion in the local Foundation Trusts Quality Accounts 2012/13.

Recommendations

5. It is recommended that:-
 - (a) the draft commentary for Tees Esk and Wear Valleys NHS Foundation Trust be approved and forwarded for inclusion in the Quality Accounts for 2012/13; and
 - (b) the draft commentary for County Durham and Darlington NHS Foundation Trust be approved and forwarded for inclusion in the Quality Accounts for 2012/13.

**Paul Wildsmith
Director of Resources**

Background Papers

- (i) Draft Quality Accounts 2012/12 Tees, Esk and Wear Valleys NHS Foundation Trust.
- (ii) Draft Quality Accounts 2012/13 County Durham and Darlington NHS Foundation Trust.

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. Members have attended both stakeholder events throughout the Municipal Year and, as a result, feel informed to be able to make the comments as attached at **Appendix 1**.

County Durham and Darlington NHS Foundation Trust

12. Members of this Scrutiny Committee and Darlington LINK established a working group to receive updates on performance information from the Foundation Trust in a timely manner and avoid duplication.
13. As a result of these meetings, Members feel informed and able to make the comments as attached at **Appendix 2**.



**Tees, Esk and Wear Valleys NHS Foundation Trust – Draft Quality Account
2012/13**

The Health and Partnerships Scrutiny Committee remit covers the Governance arrangements of the Trust and has the responsibility to comment on the Quality Accounts, in line with its Health Scrutiny Powers. The Adults and Housing Scrutiny Committee remit scrutinises the delivery and provision of mental health and learning disability services.

Members of the Health and Partnerships Scrutiny Committee have considered the draft Quality Account 2012/13 for Tees, Esk and Wear Valleys NHS Foundation Trust and attended both Stakeholder events over the past year. Members would like to acknowledge that the Stakeholder events are always well attended and informally structured to enable meaningful audience participation, with the opportunity for a free exchange of views.

In respect of the Quality Improvement Priorities for 2012/13, Members have the following comments to make:

To undertake a comprehensive review of the Care Programme Approach (CPA), care co-ordination process and care planning – Members welcome the reasoning for choosing this priority and have looked forward to receiving assurance of improvement to the quality of care through the Care Programme Approach. Members are delighted that the comprehensive review of the Care Programme Approach has been achieved. Members believe that the key findings of the review in relation to improving care planning and communications between staff, service users and carers will have a large impact on the future Quality Priorities 1 and 2 for 2013/14.

To improve how we gain feedback from patients on their experience and improve our services and the feedback we receive – Members are pleased this aim has been met and surpassed, and increased by up to 25%. Members are satisfied that the Trust has acknowledged that there are aspects of care that services users and carers have feedback through surveys that need to be improved, for example. Community Mental Health Services for Older People and welcome the commitment to improve ethos. Although, this priority has not been selected for 2013/14, Members note that a Patient Experience Team has been established reflecting the importance the Trust regards patient feedback.

To sustain an improvement in all transfers of care with standard work practices and improved communication between professionals implemented – Members welcome that the Trust has made positive achievement towards this aim and that overall compliance has been achieved, while acknowledging that compliance against individual standards is variable with some key areas for improvement. It was noted that after a six month period of implementation of the Action Plan, an audit would be undertaken to assess the improvement made.

To develop broader liaison arrangements with Acute Trusts around physical health needs of mental health patients – Members believe that liaison with Acute Trusts is key to improving the services for patients with mental health and or learning disability issues and also improving relationships with the Acute Trusts. We are delighted that two projects in County Durham and Tees have been fully implemented and will be evaluated during 2013/14.

Quality Improvement Priorities for 2013/14 are and Members have the following comments

Implement the recommendations of the Care Programme Approach Review relating to improving care planning – Members are pleased that this priority has arisen following the success of the Care Programme Approach Review and support its inclusion. Driving up quality of services is essential and Members welcome the high quality of care service users and carers could potentially receive and look forward to receiving update about its progress.

Implement the recommendations of the Care Programme Approach review relating to improving communications between patients and staff – Members again, acknowledge that this priority has arisen following the success of the Care Programme Approach Review and support its inclusion. Members believe all forms of communications to be valuable and involvement of service users and carers in discussing care plans will only be a benefit to improving service delivery.

To improve the delivery of crisis services through implementation of the Crisis review's recommendations – Members are pleased that this priority has been chosen as they believe that effective Crisis Teams will result in reduced hospital admissions, a reduction of reliance on inpatient beds and ultimately result in efficiencies. Members hope that crisis support can be made available to adults over the age of 65 and look forward to receiving evaluation of County Durham and Darlington project which may influence future commissioning intentions. Although, Members do have concerns about the number of staff operating across a large geographical area and look forward to receiving innovative ways the Trust will achieve compliance.

To further improve clinical communication with GPs – Members welcome this priority and hope that communications can be improved between the Trust and GPs and wish the Trust every success in achieving this. It was noted that there is currently not a uniform approach taken to communicating with GPs and Members hoped that a standard way of communicating across the two organisations can be achieved.

Overall, Members welcome the opportunity to comment of the Trust's Quality Accounts and are pleased with the Trusts progress against the chosen priorities, in a challenging year for all NHS organisations. Members would like to receive six monthly reports on the progress being made, to enable them to provide a more detailed and valuable contribution to the Quality Accounts in the future and wish to continue to be invited to Stakeholders events.

Councillor Wendy Newall
Chair, Health and Partnerships Scrutiny Committee



**County Durham and Darlington NHS Foundation Trust – Draft Quality Account
2012/13**

Members of the Health and Partnerships Scrutiny Committee have considered the draft Quality Accounts 2012/13 for County Durham and Darlington NHS Foundation Trust. Members of the Scrutiny Committee committed to being involved, at an early stage with the Foundation Trusts Quality Accounts and therefore a Working Group was established with members of Darlington LINK to enable regular updates on performance information from the Foundation Trust to be received in a timely manner and avoid duplication.

Members believe this has enabled them to have a better understanding and more detailed knowledge of performance to evidence their commentary on this years Quality Accounts. Members maintain that this process has been successful and are certain that it has also benefited that Foundation Trust. Members wish to place on record their thanks to the Associate Director of Nursing (Patient Safety and Governance) for attendance at the quarterly meetings.

In respect of the Quality Improvement Priorities for 2012/13 Members have the following comments to make:-

Patient falls – Members were pleased with the inclusion of this priority given the work they undertook in respect of hip fractures and falls during scrutiny of Darlington Health Profile for 2011. However, Members are concerned that the number has not reduced and welcome the inclusion of this priority for 2013/14 and the continuing monitoring. We appreciate that falls awareness training has been included in essential training for Registered Nurses and the work that the Trust has undertaken in respects of specific areas where patients have fallen when in Hospital. Members understand the difficult issues with privacy and dignity when patients require the toilet and that many want to use it on their own and steps have been taken such as lowering the toilet roll holder and changing the flooring to assist in mitigating the risk of falls. Members suggest that the Trust explore the use of Assistive Technology and in particular pressure pads to alert staff when patients at risk of falling get out of bed.

Healthcare Associated Infections – Members are pleased that the Trust has achieved its goal in respect of MRSA post 48 hour bacteraemia and disappointed that the Clostridium Difficile post 48 hour priority was not achieved. Members acknowledge that every effort is being taken to continue to reduce the figures and that enhanced staff training in relation to hand hygiene for infection control is being carried out, although, regularly monitoring and spot checks would assist with this. Members believe that collaborative working with all NHS partners will ensure that all improvement techniques are applied consistently.

Venous Thromboembolism – Members welcome the continuing monitoring of this priority and its inclusion in the priorities for 2013/14.

Discharge Summaries – Members are concerned and disappointed that the Trust is well below achieving this target. Members would encourage discharge summaries to be sent electronically to set up fail safe systems to enable monitoring of receipt to be undertaken. Members would like assurance that the next steps will be undertaken as four months to make a 15% improvement is as tough a challenge. Members would welcome clarification of how realistic this time scale is and ask whether best practice from other Trusts is being considered. Members would also query whether discharge summaries include follow up appointments with District Nurses, wound change or whether someone has died. Members have anecdotal evidence where the current system hasn't worked and they would like to see some accountability. Do the CCG's have a role in monitoring receipt of discharge letters?

Patient Safety – Members accept work being undertaken in respect of patient safety and in light of the Francis Enquiry, Members believe that all patient safety incidents should be reported and this should be a high priority for the Trust. Staff should be encouraged to Whistle Blow and not be afraid too. From the information presented Members think clarification is needed to explain what it actually means in practice, whether it is this a true reflection? Members do however, welcome the next steps outlined and look forward to receiving regular reports on how these are progressing.

Patient Experience – Members welcome the inclusion of patient experience and hope it continues to be at the fore front of the Trusts mind. Although, Members are disappointed that there is little reference to any feedback from patients accessing community services and they would like to see this included next year.

Nutrition and Hydration – Members are disappointed that this priority has not been achieved and unfortunately reflects the anecdotal evidence all Members have heard. Members suggest that the next steps need to be more robust and would question what actions are in place to achieve these targets. The Quality Account appears to focus on catering and quality of food rather than whether patients are actually eating. Members have the following queries that they would welcome some clarification on; are staff serving food monitored and appropriately trained to give advice? Is the amount of food consumed recorded or monitored? People who require assistance are they included within this priority? Members have previously been encouraged by the operation of the red tray scheme why is this not highlighted as good practice within this priority?

Members of the Adults and Housing Scrutiny Committee have recently undertaken a piece of work regarding nutrition in Care Homes and have seen an improvement in light of their visits. Will improvements be made within three months with this priority? If so, can Members receive an update? Members are aware that nutritional training is undertaken by staff in Care Homes. Is meaningful training undertaken by hospital staff? Members acknowledged that the Trust has a good reputation for high quality of food provision at Darlington Memorial Hospital and would encourage the Trust to procure locally sourced ingredients, where possible. Overall, Members are pleased this priority will continue into 2013/14 and hope that it will be achieved.

Members have recently scrutinised the Trusts Clinical Strategy and therefore are reassured and delighted that the priorities for **End of Life Care** and **Compassion and dignity for patients** have been achieved this year. In particular Members welcome gathering of patient stories and believe that they enhance to statistics presented.

Complaints relating to attitude of staff – Members note that there has been an increase in the number of complaints being reported. Members accept that complaints are investigated which often results in positive outcomes and changes in practices. Members would however, like to see a target be introduced around timely responses to complaints when received and the process for resolution. Members hope that complaints will remain on the Trusts agenda even though it has not been a quality priority for 2013/14.

Reduction in risk adjusted mortality – Members have had a lengthy discussion on this priority and are assured and pleased this priority has been achieved.

Discharge planning for patients with Chronic Obstructive Pulmonary Disease (COPD) – Members of this Scrutiny Committee have fairly recently undertaken a piece of work exploring the COPD pathway and feel assured that positive progress has been made and are pleased this priority has been achieved. Members also welcome the continuing monitoring of this priority and its inclusion in the priorities for 2013/14.

Compliance with stroke pathways – Following the centralisation of the Hyper Acute Stroke Unit at University Hospital North Durham Members believe that centralising the service has benefited the residents of Darlington. Members are delighted that this priority has been achieved and welcome the continuing monitoring of this priority and its inclusion in the priorities for 2013/14. However, Members would question why the target was set relatively low in the first instance and hope it will be set higher for 2013/14. Members do still have some concerns about inappropriate admissions to Darlington Memorial Hospital instead of the Hyper Acute Stroke Unit at Durham and the delay in the subsequent transfer. Members also have concerns about patients being discharged from the Stroke Rehabilitation Unit at Bishop Auckland General Hospital into the community with a lack of Community Occupational Therapists and the seemingly disjointed services. Members will undertake further scrutiny of this in due course.

Reduction in avoidable emergency readmissions to hospital – Members are disheartened that this priority has not been achieved, but are glad that the Trust's long term aim of focussing attention on emergency readmissions that may be avoidable is reduced to the national average within the next two years. Members appreciate that all the readmission avoidance schemes need to be evaluated to assess the effectiveness and are pleased that this priority will be included for 2013/14. Members believe that the

next steps are robust and will monitor progress closely. Members consider that improving communications, partnership working, pathways and integration of services will assist in reduction of avoidable admission to hospital. However, it was noted that post discharge support is key to patients not being readmitted to hospital and together with improved access to discharge summaries and community provision this could be achieved.

Reduction of the length of time to assess and treat patients in Accident and Emergency Departments – Members are pleased that work appears to be working towards achieving this priority and are confident that the co-location of Urgent Care Services within Darlington Memorial Hospital will assist in reducing all waiting times. Members will continue to monitor this closely. Members believe that communications and education of the public needs to be improved to ensure that people have adequate information to enable them to make an informed choice. The introduction of 111 has an impact on the levels of attendances at Accident and Emergency Department and Members hope that this will settle as the service beds in. Members hope that the work of the CCG regarding access to Primary Care will also impact on attendances at Accident and Emergency Departments.

To increase patient satisfaction as measured Patient Reported Outcome Measures – Members welcome the collection of patient data and information, and are pleased that the Trust are encouraging patient participation in all areas.

Quality Priorities for 2013/14

Members are pleased with the number of Priorities being carried over from 2012/13 and particularly welcome the newly included care of patients with dementia, pressure ulcers, Do Not Attempt to Resuscitate (DNAR) and development of a discharge guarantee and the development of a Learning Disabilities guarantee.

Conclusion

Overall, Members welcome the Quality Accounts and are pleased with the Trusts progress against the chosen priorities, in a challenging year for all NHS organisations. Moving forward, Members are particularly interested in unscheduled care and how the Trust intends to become a truly 24 hour, seven day service in both Hospitals and the community and are delighted with the Trusts commitment to this and will watch with interest how this will be achieved. Having gained a detailed understanding of the process of the Quality Accounts this year, Members would like to receive six monthly reports to monitor progress being made against the priorities during 2013/14.

Councillor Wendy Newall
Chair, Health and Partnerships Scrutiny Committee