

## HEALTH AND PARTNERSHIPS SCRUTINY COMMITTEE

13 November 2014

**PRESENT** – Councillor Newall (in the Chair); Councillors Crichlow, Macnab and EA Richmond. (4)

**APOLOGIES** – Councillors Donohue, S Richmond, H Scott and J Taylor. (4)

**ALSO IN ATTENDANCE** –. ( )

**OFFICERS IN ATTENDANCE** – Karen Graves, Democratic Officer.

**EXTERNAL REPRESENTATIVES** – Joanne Todd, Associate Director of Nursing (Patient Safety and Governance) County Durham and Darlington Foundation Trust (CDDFT), Gail Linstead, Commissioning Manager, Darlington Clinical Commissioning Group and Andrea Goldie, Healthwatch Darlington.

**HP33. DECLARATIONS OF INTEREST** – There were no declarations of interest reported at the meeting.

**HP34. QUALITY ACCOUNTS – BRIEFING** - The Associate Director of Nursing (Patient Safety and Governance) submitted a report updating Members on the progress for improvements against the agreed priorities for 2014/15 during the period April 2014 to September 2014.

The submitted report highlighted that Quality Accounts were annual reports to the public from the providers of NHS healthcare about the quality of the services they deliver. Quality Accounts are prepared as a result of one of the recommendations of the Lord Dhazi Review which states :

‘For the first time we will systematically measure and publish information about the quality of care from the frontline up. Measures will include patients’ own views on the success of their treatment and the quality of their experiences. There will also be measures of safety and clinical outcomes. All registered healthcare providers working for, or on behalf of, the NHS will be required by law to publish ‘Quality Accounts’ just as they publish financial accounts.’

It was reported that quality was placed on the same level as finance therefore the name Quality Accounts and that the Trust was now in Year 5 of producing Accounts.

The submitted report outlined the priorities and position, where data was available, for 2014/15. The priorities were agreed through consultation with staff, Governors, Local Improvement Networks, Commissioners, Health Scrutiny Committees and other key stakeholders.

Members were advised that some of the priorities were continued from the previous year in areas where the Trust wanted continued improvement. Reference was also

made to a Quality Strategy which had been established to ensure that the three quality components of patient safety, patient experience and effectiveness were complied with. It was also stated that several mandated sections are now included in the Quality Accounts. As agreed, stroke data was excluded this year but members were assured that the Sentinel Stroke Survey was still undertaken by The Trust.

## **Patient Safety**

### **Patient Falls**

It was noted that this was a top priority for the Trust and a priority they are still struggling with. Rather than repeating the target of ten per cent reduction for avoidable falls resulting in injury the Trust was now changing focus. High/low beds are being purchased as standard when new purchases are made. These beds are deemed suitable for patients at risk of falls and those who have an identified risk prevention requirement for a low/floor bed frame.

It was further noted that there had been 34 falls during 2013/14 and similar numbers were predicted this year. Members were advised that the staff sensory training that had been introduced had received excellent feedback from staff.

Reference was made to cohorting, the practice of grouping patients together to confine their care to one area, to ensure patients could be watched closely, especially when several elderly patients who were all high risk of falls were together.

Members were also advised that the Trust was focussing on drugs administered to patients as this could also have an effect on balance and identifying fragility fractures to ensure that patients were on the correct pathway.

Members were pleased to note that the Trust will continue to review all falls.

### **Care of Patients with Dementia**

It was noted that Year 2 of the production and roll out of the dementia pathway was on track although the Lead Officer for this piece of work had now left the Trust and the position was vacant. Members were pleased to hear that the upgrade to the outpatient area at Darlington Memorial Hospital (DMH) had been completed and that work was continuing to ensure in patient areas were dementia friendly decorated and facilities were appropriate.

Discussion ensued on whether a patient realised they had early onset dementia, differing levels of dementia and delirium resembling dementia. It was also stated that dementia sufferers had issues with colour and treatment areas at DMH were a different colour, door frames were red and coloured plates were used at mealtimes.

### **Healthcare Associated Infections**

MRSA – The Trusts target is zero but it was reported that there had already been three cases of MRSA reported, one was a wound infection, one urinary and the third a repeat specimen. Members were pleased that the Trust has a zero tolerance for MRSA even if

the target has not been achieved, it was important to be able to confirm any cases that were avoidable and explain why.

Clostridium Difficile (C –Diff) – The target for C-Diff is 27 and currently stands at 10, which is reduction on last year's figures so far. An updated stool sampling guideline has been introduced and staff reports indicate that this is effective, which could account for the reduction in cases. Members were pleased to learn that the Trust held the best position in the region and that the processes were working.

Venous Thromboembolism risk assessment (Prevention of blood clots)

The Trust target was to maintain assessment at or above 95% and Members were pleased to note that this has always been achieved. It was stated that this priority would possibly be taken out next year.

Pressure Ulcers

Members were disappointed to learn that there had been a drop in performance in this area with four hospital acquired and one community acquired pressure ulcer being identified. The Trust are striving for zero tolerance in avoidable cases and therefore a full review is undertaken with the Ward Staff and the Director of Nursing for each case to ensure that actions are in place and monitored.

Members were advised that there were various types of pressure ulcers which although some may seem superficial on the surface of the skin there can be deeper underlying problems. It was also reported that pressure reducing mattresses are provided as standard and the Trust would continue to monitor this Priority.

Discharge Summaries

Members were pleased to note that there has been significant progress in achieving the 24 hour electronic discharge letter with compliance now around 91 per cent against a target of 95 per cent.

The Chair raised concerns that it had become apparent from a recent Review of Medication in Care Homes that patients discharged to Care Homes did not always have the correct medication or indeed any medication at all. The Associate Director of Nursing (Patient Safety and Governance) advised Scrutiny that this should be reported to the Clinical Commissioning Group and be investigated through the Incident Reporting System.

Rate of Patient Safety Incidents Resulting in Severe Injury or Death

Members were advised that Care Groups continue to produce a quarterly report to monitor progress and the actions taken. It was pleasing to note that bulletins on the lessons learned are provided to all staff on a monthly basis.

Members were advised that in relation to the National Reporting and Learning System (NRLS) the Trust was in the bottom 25th percentile for reporting of incidents and that work was ongoing to understand and improve this position. It was stated that the Trust

was a Large Acute Trust and that NRLS had checked its categories. Work was ongoing to increase reporting and to check any hot spots within the Trust. It was noted that the Trust was trying to establish if the systems in place were user-friendly and that there were a lot of work streams underway to address the situation.

Members were concerned to note that two Never Events had been reported so far. There are 25 listed never Events and these are incidents that should never happen if processes are in place within an organisation. Approximately 1500 incidents are reported each month over a vast amount of categories from which trends can be identified and investigations undertaken. The Trust was keen to move out of the bottom 25 per cent of reporters by setting their own challenges.

## **Patient Experience**

### Nutrition and Hydration in Hospital

Members learnt that in order to achieve the target to enhance and improve monitoring of nutrition and hydration in hospital the MUST screening tool continued to identify people at risk. Ward based quality metrics had also been produced and had been launched alongside the updated nursing documentation at the beginning of this month. Members were pleased to learn that this would enable the Trust to undertake proper monitoring of this priority.

### End of Life Care

Members learnt that, in order to ensure that a patient benefits from palliative care both at the end of life and earlier in their illness, the Trust had now launched the principles of 'Deciding Right,' a regional approach that provided staff with the knowledge of the principles of end of life care. The work stream is ongoing and it was agreed that the relevant documentation would be circulated to Healthwatch and Health and Partnerships Scrutiny Members via the Democratic Officer.

Discussion ensued on the needs of the patient for end of life care and to have the correct referrals in place. Highly trained staff speak to many patients, some of whom are reluctant to discuss end of life care, to ensure the best possible care.

### Development of a Learning Disabilities Guarantee

The target of this priority was to follow up all patients with a learning disability upon discharge into the community setting. Members learnt that monitoring of admission and readmission rates to enable recurring themes to be reported to partner agencies was underway and the outreach service which commenced in September 2013 would be fully implemented by January 2015. A bi-annual report is due to be submitted to the next meeting of the Quality and Healthcare Governance Committee.

### Responsiveness to Patients Personal Needs

This Priority measures an element of patient views that indicates the experience they have had and Members were pleased to note that improvements had been made in four out of five questions. From the results of the questionnaire the Trust were now able to

see where it needed to focus. Members noted that medication side effects scored below at 65 per cent with the target set at 67 per cent.

#### Percentage of Staff Who Would Recommend the Trust to Family and Friends Needing Care

The information for this Priority was not available at this time however it was reported that the Trust was not quite at the National Average however results last year showed improvement.

#### Friends and Family Test

Members were pleased to note that this priority had improved on last year and the new monitoring procedure brought the organisation to within average levels.

#### Effectiveness

#### Risk Adjusted Mortality Standardised Hospital Mortality Index

Members were pleased to note that work had been done around mortality to identify 'hotspots' and the Trust was working alongside regional colleagues. Following a rise in what seemed to be deaths related to asthma, the Trust undertook a review and discovered that although the patient had asthma this was not the actual cause of death. Members noted that predicted mortality can be affected by underlying conditions such as diabetes and liver failure. An example given was that a heart attack victim may have a better chance of survival than a heart attack victim with an underlying condition. The Trust had to ensure that a patient past history was available and work was ongoing around this work.

#### Reduction in Avoidable Readmissions to Hospital

It was acknowledged that this was a difficult target and that work continued to review the admission rate. Members noted that RIACT services were still the key service to deliver reduction and a review of the clinical strategy recognised this as an area where performance improvement was needed. The Trust acknowledged that this performance remained a key strand for improvement in the new strategy.

#### Reduction in the Length of Time to Assess and Treat Patients in the Accident and Emergency Department

Members were informed that a new way of working, Perform, was now in place and team members of staff 'huddled' throughout the day to help staff to streamline and focus on the management of the patient journey. The Trust acknowledged that the Better Care Fund and Multi-Care Teams would assist in meeting this Priority although it was accepted that there was a need to understand why people presented at the Accident and Emergency Department. Members were also informed that the footprint of the beds at Durham hospital had been changed to provide an increase in medical beds. The impact of this was currently being closely monitored.

Members expressed concerns that patients were not kept up to date on waiting times although accepted that things would be happening 'behind the scenes'. Members stated that to patients it sometimes appeared that staff were just standing around when they had been waiting for a long time to see a nurse or doctor and this led to patient frustration. Members were advised that there would be many teams on standby for differing reasons and that a crash team was always available to call on and be prepared when an ambulance radioed ahead.

Members suggested that the signage within the Department needed to be amended as the Emergency Care and Accident and Emergency waiting areas were combined. Although there were two sides to the waiting room there was no definition and patients only saw a vast waiting room with many patients

#### Patient Reported Outcome Measures

Members were informed that this priority related to the outcomes of patients operation and their state of health or improvement following surgery. It was noted that this data was over a year old and had not yet been ratified at national level.

Members were reminded of the Stakeholder Event due to be held on 28 November at Newton Aycliffe.

The Health Watch representative expressed concerns relating to patient waiting times in the Ophthalmology Department and equipment failure at the Bishop Auckland Breast Clinic.

Members duplicated concerns regarding the temporary move of the Breast Clinic especially the lack of information received from the Trust and the length of time the review was taking

**RESOLVED** – (a) That the report be noted.

(b) That the Associate Director be thanked for her attendance.

(c) That the End of Life Care documentation be circulated to Health Watch Darlington and Health and Partnerships Scrutiny Committee Members.