

HEALTH AND PARTNERSHIPS SCRUTINY COMMITTEE

16 December 2015

PRESENT – Councillor Newall (in the Chair); Councillors Donoghue, EA Richmond, S Richmond, H Scott and J Taylor. (6)

APOLOGIES – Councillors Crichlow, Nutt, Regan and Tostevin. (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).

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

HP39. QUALITY ACCOUNTS – BRIEFING - The Associate Director of Nursing (Patient Safety and Governance) gave a PowerPoint Presentation which updated Members on the progress for improvements against the agreed priorities for 2015/16.

The Trust's representative advised Members that there were three quality domains within the Quality Accounts, namely Patient Safety, Clinical Efficiency and Effectiveness and Patient Experience.

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 Quality Matters, the clinical quality and safety improvement strategy for the Trust and it was emphasised that Safety was both a national and local priority.

Patient Safety

Patient Falls

It was noted that this was again a top priority for the Trust and members were pleased to note that this ambition had been met. The Falls Group was still meeting; any falls underwent a Root Cause Analysis and Pharmacy Reviews were also being undertaken to ascertain if any medication had contributed to a fall. High/low beds were now used as standard in the Community and the Trust was hoping to have them by next year as they were being phased in when new beds were required and the staff sensory programme was continuing as this was a real help to staff.

Members noted that a new Falls Lead Officer had been appointed who had signed up to a regional approach to falls although this was in the early stages.

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

Care of Patients with Dementia

It was noted that development of the dementia pathway was an ongoing programme of work and a new Lead Nurse had been appointed to work on the Strategy. The environment was being reviewed by the introduction of coloured door frames, toilets and crockery to ensure it was dementia friendly and there would be real measurements next year to report.

Healthcare Associated Infections

MRSA – The Trusts target is zero and it was reported that as of April 2015 there had been one case of MRSA reported due to intravenous line care. Members were pleased that the Trust has a zero tolerance for MRSA even if the target had 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 19 and as of December 2015 there were 15 reported, which is reduction on last year's figures so far. Members were pleased to learn that the Trust held infection meetings to keep the focus high.

Pressure Ulcers

Members noted that the Trust was striving for zero tolerance however as of December 2015 there had been four Grade 3 and 4 pressure ulcers reported.

Members were informed that a education programme for healthcare assistants had been introduced to help improve recognition and high risk mattresses and blister prevention produces were being trialled.

Discharge Summaries

Members were concerned to note that the 24 hour electronic discharge letter with compliance had not been achieved and was now around 86.4 per cent against a target of 95 per cent. A Focus Group had been established to review discharge summaries and it was noted that whilst GP's operated a different system to the Trust, it was a national priority to have both systems aligned.

Rate of Patient Safety Incidents Resulting in Severe Injury or Death

Members were advised that the incident reporting system had been realigned to make it easier to use and the introduction of a Medical Director's Forum had led to increased report from medical staff.

Patient Experience

Nutrition and Hydration in Hospital

Members learnt that a new Ward Performance Framework had been established, a recently appointed Dietician had introduced calorific food and drinks and supplements

where required. It was also noted that the nutrition and hydration assessment and monitoring documents had been reviewed and re-launched to ensure that all elements were covered.

Members were pleased to note that a Red Tray system had also been introduced to ensure staff were aware of patients requiring help and dietary requirements and that meal times were protected to ensure medical procedures were not scheduled at this time.

End of Life Care

Members learnt that NICE had just published guidelines for the care of dying adults in the last days of life which covered the clinical care of adults (18 years and over) who are dying during the last 2 to 3 days of life. The Trust had not met this goal but improvements had been made and work was still in progress.

Members were informed that some patients were fully involved in their end of life care, some didn't want to know and some just want to go home. The Trust had encountered problems in recruiting Palliative Care Consultants and it was recognised that it was a real conversation skill to have the discussion with a patient.

Discussion ensued on Do Not Resuscitate (DNR) not always being the patients choice but it could be the clinician's opinion if it was felt that there was nothing to be done for the patient. Members were also advised that hospitals deal with the acute side of death whereas the community care could have managed the last six months of life.

Development of a Learning Disability Outreach Service

The target of this priority was to follow up all patients with a learning disability upon discharge into the community setting. Members learnt that the introduction of the Hospital Passport was working well as it was individualised to personal needs.

Responding 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 although it was still work in progress.

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

The information for this Priority was not available until February 2016.

Friends and Family Test

Members were pleased to note that this priority had improved on last year with good feedback being received, however, it was noted that the response rate was not good.

Clinical Effectiveness

Risk Adjusted Mortality Indicator (RAMI) and Standardised Hospital Mortality Index (SHMI)

Members were advised that this Priority was as expected. Weekly mortality meetings were held to investigate deaths, reviews were undertaken and there had been a lot learnt

Reduction in Re-Admissions 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. Members noted that the Trust was average nationally and that Community Matrons could help dependent upon the services available.

Emergency Department Indicators

Scrutiny was informed that time to initial assessment had not been met although time to treatment decision was better than expected. It was noted that the Safer Care Bundle was now in place for all staff.

Members were also informed that the Discharge Lounge had been re-opened and it was hoped Perfect Week would give some guidance as to whether this was to remain an option.

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, however, noted that this data was over a year old.

Members were informed that the main feedback from Stakeholder Events was that Priorities on Maternity and Paediatrics was required however a second stakeholder event would not be held as many stakeholders were consulted individually.

In relation to the format of the Quality Accounts it was noted that the stable priorities would be moved to an Appendix, although they would still be monitored, with more major priorities being in the body of the Quality Account.

RESOLVED – (a) That the report be noted.

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

(c) That the proposed new format for Quality Accounts reporting be noted and welcomed.