

COUNTY DURHAM AND DARLINGTON NHS FOUNDATION TRUST
QUALITY ACCOUNTS

SUMMARY REPORT

Purpose of the Report

1. To provide the Committee with supporting information regarding Quality Accounts from County Durham and Darlington NHS Foundation Trust.

Summary

2. The purpose of the report is to provide the Committee with a list of priority areas to be included in County Durham and Darlington NHS Foundation Trust's 2012/13 Quality Accounts, so that comment can be given on the priority areas identified.
3. The Health Act 2009 requires the Trust to publish an annual Quality Account report. The purpose of the annual report is for the Trust to assess quality across all of the healthcare services they offer by reporting information on 2011/12 performance and identifying areas for improvement during the forthcoming year and how they will be achieved and measured.
4. Overview and Scrutiny Committee's play an important role in development and providing assurance on Quality Accounts reports. The Health Act requires the Trust to send a copy of their report to be considered by their appropriate Overview and Scrutiny Committee.
5. 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.
6. This year will be the first time that the priorities are set as a newly merged Trust. Last year the priorities were separated into acute and community but as the year has progressed it has become apparent that priorities for Quality Account span across all services and will show the importance of collaborative working.

Recommendations

7. That Members of the Overview and Scrutiny Committee note the content of this report

Diane Murphy
Acting Director of Nursing, County Durham and Darlington NHS Foundation Trust

Joanne Todd
Associate Director Patient Safety & Governance

S17 Crime and Disorder	This report has no implications for Crime & 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 Emissions	This report has no implications for Carbon Emissions.
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 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	There are no issues relating to Efficiency which this report needs to address.

MAIN REPORT

8. It is recommended that the priorities for improvement are divided into the three components of quality:

- Safety
- Experience
- Effectiveness

Priority	Rationale for choice	Measure
SAFETY		
Patient Falls	Targeted work commenced to reduce falls across the organisation. The trust has shown commitment to this work but need to show that reduction can continue and that it becomes embedded in everyday practice.	Monthly measure of patient falls that occur in inpatients across the organisation
Patient falls resulting in fractured neck of femur	To ensure continuation and consolidation of effective processes to reduce the incidence of injury	Monthly measure of falls resulting in fractured neck of femur and full review of all cases to ensure continuation of lessons learned
Healthcare Associated Infection MRSA bacteraemia (avoidable and unavoidable) Clostridium difficile	National and Board priority. Further improvement on current performance	Achieve reduction in line with target Antibiotic audits
Venous thromboembolism (VTE) assessment	Maintenance of current performance. To prepare for mandatory inclusion in next year's Quality Account	Maintain VTE assessment compliance at above 90% within inpatient beds in the organisation
VTE preventative treatment	To introduce measurement criteria and reporting of both mechanical and drug treatment for prevention of VTE	Audit of compliance with VTE prophylaxis and treatment
To ensure communication regarding risk of VTE to patients	To ensure communication pathway and education with patients	Audit of information given to patients regarding prevention
EXPERIENCE		
Nutrition and Hydration in hospital	CQC assessment critical of some observations made with regard to nutrition and hydration National attention To continue close monitoring as Trust priority	% completion of nutritional assessment % completion of food charts % completion of fluid balance charts Roll out of dementia collaborative work

End of life care	To improve the co-ordination of care for patients as they approach end of life To measure compliance with Liverpool Care pathway To ensure relevant staff are trained as appropriate in care of dying patients	To measure through audit the use of the Liverpool Care Pathway and the level of training for staff
Compassion and dignity for patients	Feature of complaints To improve understanding so that improvements can be made Area of national focus particularly in respect of elderly care	Patient stories from both the acute and community hospital settings to assess how safe their care was. Action plan implementation from findings
EFFECTIVENESS		
Reduction in Risk Adjusted Mortality (RAMI)	Part of NHS QUEST programme to review methods to reduce risk adjusted mortality to below 100 To closely monitor nationally introduced Standardised Hospital Mortality Index (SHMI) and take corrective action as necessary	To continue RAMI and run alongside SHMI mortality monthly measure Mortality audits
Discharge planning for patients with chronic obstructive pulmonary disease	To reduce length of stay To provide care closer to home To measure effectiveness of working between acute and community services	Readmission rates within 30 days of discharge from hospital Review of discharge care bundle
Compliance with stroke pathways	To monitor improvements following introduction of hyper acute stroke unit within the trust To provide assurance of the standard of care following the placement of hyperacute stroke services in the area to one site of the trust	% stroke patients assessed by stroke specialist % patients admitted to stroke unit Availability of stroke rehabilitation services following acute intervention

9. Overview and Scrutiny are asked to provide comments on the priority areas identified by 10 April 2012. This will allow for them to be considered and incorporated into the draft Quality Accounts report prior to release on 12 April 2012.
10. The draft copy of the Quality Accounts will be forwarded to Members on 13 April 2012 to allow for any comments or suggestions to be heard. The Committee are asked to respond on the content of the report.
11. Representatives from County Durham & Darlington NHS Foundation Trust will attend the Committee meeting on 17 April where the report will be considered.
12. Comments on the report are to be received by County Durham & Darlington NHS Foundation Trust on 12 May 2012 so that views can be incorporated into the final report