

QUALITY ACCOUNTS – PROGRESS REPORT

SUMMARY REPORT**Purpose of the Report**

1. To advise Members of the recent meeting in respect of County Durham and Darlington NHS 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 the notes of the meeting held on 14th November 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.

County Durham and Darlington NHS Foundation Trust

11. 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.
12. The Working Groups first meeting was held on Wednesday, 19th July 2012 and the notes of that meeting was approved by this Committee at the August meeting.
13. At the Working Group's second meeting held on 14th November 2012, members of the Group met with the Director of Nursing and the Associate Director of Nursing Patient Safety and Governance and notes of the meetings are attached as **Appendix 1**.
14. The Group received the second quarterly performance report from April – September 2012 reporting progress and development of the Quality Account period for 2012/03.
15. The Working Group's final meeting is scheduled to be held on Wednesday 13th March 2013 and all Members are encouraged to attend.

**2nd Meeting Quality Accounts Briefing County Durham and Darlington
Foundation Trust – Quality Accounts Working Group
14th November 2012, 10 am, Committee Room 1**

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

Apologies: - Councillor Macnab

Officers: - Neneh Binning, Democratic Services, Joanne Todd, Associate Director of Nursing Patient Safety and Governance, Mike Wright, Director of Nursing, County Durham and Darlington NHS Foundation Trust (CDDFT).

Introduction

The Associate Director of Nursing submitted a report on the second quarterly report on progress and development of the Quality Account for the period 2012/13. The Quality Account priorities for this year were explained at the meeting. Members were informed that some of the priorities follow on from previous years in areas where CDDFT want 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

Work is on-going to reduce patient falls and falls resulting in fractured neck of femur across the organisation, to ensure continuation and consolidation of effective processes to reduce the incidence of injury. The target was to reduce the monthly falls by 10% per 1000 inpatient beds. This target has been met with cumulative monthly monitoring.

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. There have been no reported cases that are attributable to the Trust this year.

Venous Thromboembolism assessment and treatment

The targets set for Venous Thromboembolism assessment and treatment was to maintain current performance in line with mandatory inclusion in next year's quality accounts. The Trust is on target, maintaining Venous Thromboembolism assessment compliance at above 90%.

Discharge Summaries

In terms of discharge summaries the Target is to improve timeliness of discharge summaries being completed and to support the request from Commissioners to include in the Quality Report. Compliance was to be monitored against the Trust's Effective Discharge Improvement Delivery Plan, the Trust aims to reach 95% by March 2013, and have stretched this target over the remainder of the year.

Patient Experience

Nutrition and Hydration

With Nutrition and Hydration this area has national attention and is 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%. Further targets have been set to have an appropriate care plan and referral to dietician at 98%, monitoring food intake and supplementary drinks at 95% and referral to an appropriate team at 98%. Within Community Services screening identification has been set at 95% which was identified as high risk through audit.

End of Life Care

The Trust aims to establish whether patients at end of life receive their care in preferred place. Education packages are in place and have been delivered to staff. The use of the end of life pathway has been reviewed and a drive on ensuring that communication is appropriate when planning the care for these patients is underway.

Compassion and Dignity

For patients, this area was a feature of complaints and the Trust's aim was to improve understanding so that improvements to services could be made. Compassion and Dignity is also an area of national focus, especially in respect of elderly care. The Trust will assess how safe the care and feedback is from patient stories from both the acute and community hospital settings. Members were informed that the introduction of patient stories was a new initiative and feedback will be given in a separate report.

Complaints relating to attitude of Staff

The target is to reduce complaints where staff are the primary cause, at a target of 70%. Members were informed that the Trust did not see a decrease last year so this area will continue to be monitored.

Effectiveness

Risk Adjusted Mortality

Risk adjusted mortality has consistently remained below 100. An enhanced programme of audit into mortality is in the early stages of implementation and a quarterly report from the Care Groups will be submitted to Quality and Healthcare Governance Committee from December 2012.

Discharge and planning - Chronic Obstructive Pulmonary Disease (COPD)

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.

LINK questioned the Trust in relation to pathways surrounding COPD and voiced concerns with the discharge process. The Associate Director of Nursing explained that with COPD they do have respiratory support a team, focusing on the discharge element. This team offers support in the community and can save admissions to hospitals. The Director of Nursing emphasised that with COPD, the ethos is to support the provision of care closer to home.

In relation to discharge in general the Director of Nursing, emphasised that he is keen to develop a discharge pledge combined with pre-determined set of standards, for when the patient goes home or to transfer to the right care effectively.

The Director of Nursing emphasised the importance of patient and carers to be made aware what to expect from medical professionals in relation to their care. Patients will be able to obtain a copy of the Care Plan and details of services to support them. Such disclosure by the Trust will be auditable.

LINK emphasised that GP's should be notified when a patient leaves the hospital and put forward concerns of delays in this information passing. The Director of Nursing informed that the Trust have set themselves an improvement structure to make sure they work with GPs in making sure reports are received and read.

The Director of Nursing further highlighted that attention is being paid to the quality of the report as the Trust recognises the transfer of care as a risk to patients.

Compliance with Stroke Pathways

Members were informed that this area was consistently compliant with the criteria set for monitoring this service. There was a dip in June relating to brain scans received within one hour of treatment for eligible patients, however this back on track now.

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 stands as a 10% reduction of avoidable re-admissions by March 2013.

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 been 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%
- Four hour waits to be no more than 95%, and time to initial assessment be no more than 15 minutes.
- Time to treatment decision no more than 60 minutes.

The Target were not met in April and May but have been consistently above 95% since then.

Mandatory measures have been set, however the data flows for the mandatory indicators are being established and will be available as benchmarking data for comparison with other organisations. Members were informed that this was the first year that Quality Accounts have included mandatory benchmarking data.

Members were informed that the following areas were undergoing targeted action plans; patient falls resulting in fractured neck of femur, clostridium difficile, screening and referral practices for patients at risk of under nutrition, and readmissions within 28 days following patient discharge.

The Committee previously asked for feedback on the Crisis Team. The Associate Director explained that over the period April to September 2012, 15% of patients waited longer than four hours to be seen by the crisis team. However, patients who are referred to the crisis team need to be cognitively aware and medically fit for assessment so this percentage may not be a true reflection of delays in the system.

Actions have already taken place with regards to the Crisis Team and were detailed in the report.

Agreed : -

- a) That the report be noted and accepted as the second quarterly reports on Quality Accounts;
- b) That Officers be thanked for their attendance;
- c) That patients stories be brought to the group and shared at the next meeting;
- d) That links and information on COPD be forwarded to the Democratic Officer of Health;
- e) That the notes be submitted to Health and Partnership Scrutiny Committee for approval.