
QUALITY ACCOUNTS – PROGRESS REPORT

SUMMARY REPORT

Purpose of the Report

1. To advise Members of the recent Stakeholder event and meeting in respect of the local 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 2013/14.
3. As a result, Members have committed to attending the Stakeholder events hosted by Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) and County Durham and Darlington NHS Foundation Trust and established a Working Group with members of Healthwatch Darlington to receive six monthly performance reports from both Trusts.
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 2014.

Recommendations

5. It is recommended that:-
 - (a) That the notes of the meeting held on 10 October 2013 in respect of County Durham and Darlington NHS Foundation Trust be noted.
 - (b) That the notes of the meeting held on 22 November 2013 in respect of Tees, Esk and Wear Valleys 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 2013/14

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.

Working Group

11. A Working Group was established into 2012 and Members agreed to continue with the same format for 2013/14 but meet six monthly rather than quarterly as they did last year.
12. Representatives of Healthwatch Darlington are invited to attend meetings of the Working Group to enable representatives and Members to receive updates on performance information from the Foundation Trust in a timely manner and avoid duplication.

County Durham and Darlington NHS Foundation Trust

13. At the Working Group's first meeting held on 10th October 2013, Members of the Group met with the Associate Director of Nursing (Patient Safety and Governance) and the notes of the meetings are attached as **Appendix 1**.
14. The Group received the performance report from April – September 2013 reporting progress and development of the Quality Account period for 2013/14.
15. The next meeting of the Group will take place at 10.00am on Wednesday, 15th January 2014 in Committee Room 3.

Tees, Esk and Wear Valleys NHS Foundation Trust

16. At the Working Group's first meeting held on 22nd November 2013, Members of the Group met with the Corporate Strategy and Development Manager, Director of Planning and Performance and the Director of Nursing and Governance and the notes of the meetings are attached as **Appendix 2**.
17. The Group received the performance report for quarter 2 which updated Members against each of the four key quality priorities for 2013/14 identified in the Quality Accounts as well as performance against the agreed quality metrics, national targets and regulatory requirements, and mandatory indicators.
18. The next meeting of the Group will take place at 11.00am on Monday, 10th February 2014.

1st Meeting Quality Accounts Briefing County Durham and Darlington Foundation Trust – Quality Accounts Working Group
10 October 2013, at 9.30am Committee Room 3

Present:- Councillors J. Taylor (in the Chair), Macnab and H. Scott.

Darlington Health watch :- Andrea Goldie.

Apologies: - Councillors Donoghue and Newall.

Officers: - Joanne Todd, Associate Director of Nursing (Patient Safety and Governance) County Durham and Darlington NHS Foundation Trust and Abbie Metcalfe, Democratic Services.

Introduction

The Associate Director of Nursing (Patient Safety and Governance) submitted a report updating Members on the progress for improvements against the agreed priorities for the period April 2013 to September 2013.

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

Some of the priorities are continued from the previous year in areas where the Trust wants to see continued improvement. The submitted report also detailed newly introduced mandatory measures which will remain in place for 2013/14, in order to provide national Bench Marking.

Priorities for improvement continue to be divided into three components of quality; these are patient safety, patient experience and effectiveness.

Patient Safety

Patient Falls

It was noted that this was a top priority for the Trust and a priority they are still struggling with. The Trust are benchmarking against other Hospital Trusts in the Country, to exchange Good Practice and consider new ways of reducing the target, together with looking to NHS Quest for guidance, to measure against others. To date, the Trust have responded to negative press releases including nursing a patient on a mattress on the floor; updated the Falls Policy; included specific instruction on neurological observation if a falls occur which are unseen; developed the Falls Care Bundle Booklet following national criteria for risk of falling; developed a post falls checklist and introduced involving senior clinicians in following the falls check list, if a fall occurs in Hospital. It was noted that there were 38 falls during 2012/13 and currently there has been 14 reported since April 2013.

Members welcomed the introduction of the Falls Care Bundle and noted that as part of the bundle there were Individualised Care Round for High Risk Patients where up to hourly checks are carried out depending on the individual needs. Patients are actively assessed in relation to Pain, Position, Patient Needs and Possessions.

Members attention was drawn to the guidance for choosing the correct bed for patients (part of the Falls Care Bundle) and discussion ensued about the use of ultra-low beds which are often safer for patients who are assessed as likely to fall out of bed. It was noted that there was a current bed replacement programme operating at University Hospital of North Durham (UHND) and it was envisaged that some of the beds might be shared with Darlington Memorial Hospital (DMH) or that some of the beds being replaced might be transferred to DMH. There is also a Bed Rail Assessment Chart which assess whether patients require rails on their beds or not and whether having rails are more likely to cause harm when if patients try to climb over them. It was noted that the Post Falls Checklist has been improved and become more prescriptive.

It was also noted that the Falls Policy and Care Bundle will be launched at the end of October 2013 and it is anticipated staff will welcome it. There is no current trend in patients' falls, as data is collected and eventually a trend may emerge.

Members expressed concerns about the initial assessments, for example, if patients are assessed on admission as low risk of falling but then develop an infection that might increase the risk of falling, is a further assessment carried out and how is it undertaken. Members also queried patients' family and or carers' involvement the assessment process and whether the patients' history is taken into account. Particular reference was made to the increasing numbers of vulnerable patients in hospital with complex needs including dementia and the additional care bundles that are required to ensure patients with dementia do not have avoidable falls within hospital.

- Agreed – that the Falls Lead from the Trust attend a meeting to speak to Members in details about Falls.

Care of Patients with Dementia

It was noted that improvements regarding the use of colours has been made. The Trust are still learning about what helps dementia patients and more work will be given to developing a dementia pathway this year. Healthwatch have been part of the preliminary work and undertaking visits to the Dementia cafes around Darlington. Members were supportive of GPs becoming involved in developing a Dementia pathway and suggested it was important to involve patients and carers too. It was explained that a basic Dementia tool was used and Members were interested in seeing a copy.

Healthcare Associated Infections

MRSA – The Trusts target is zero but already there has been one unavoidable case. There was a review underway of the case but early indications were that it was unavoidable due to the need for a Clinical intervention. 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 as unavoidable and explained why. The Trust strives to have zero target on avoidable case and so far are on target to achieve that.

Clostridium Difficile (C –Dif) – The target is 44 and currently stands at 14, which is reduction on last year's figures so far. An updated stool sampling guideline has been introduced and staff have reported that this is effective, which could account for the reduction in cases. Registered practitioners are being encouraged to make the decision as to whether a stool specimen is needed using the stool sampling guidance, and recording the rationale for their decision.

Venous Thromboembolism risk assessment

The Trust target is to maintain assessment at or above 95% and they are currently on target. It was noted that 95% is a Department of Health target. If a Hospital Acquired Blood Clot is discovered, a full route cause analysis would be carried out to ascertain why.

Pressure ulcers

Members were pleased that there has been an improvement on last year's target but so far there have been three cases. The Trust are striving for zero tolerance in avoidable cases and therefore a full review is undertaken for each case to ensure that any lessons identified are cascaded and monitored. This is being taken very seriously and if staff a pressure ulcer has resulted from care received, the Director of Nursing meets with the staff in question for an explanation.

Discharge Summaries

Members were pleased to note that there has been significant progress in achieving the 24 hour electronic discharge letter target, however were disappointed that the Trust have compliance around 85% against a September target of 95%. Members expressed concerns that inappropriate discharges were still occurring i.e. vulnerable patients at night.

Development of Discharge Guarantee

This is a National Standard and the Trust have made good progress to develop a discharge guarantee and transfer agreement. Members expressed an interest in this and requested more information. It was noted that patients can be discharged with a variety of care packages to enable them to go home and still receive care if necessary. Eg. A patient takes a turn for the worse and ends up back in Hospital within 48 hours of discharge, possibility of returning to the Ward and not back into the Emergency Department.

- Agreed – that an appropriate Officer attends a meeting to speak to Members about discharge, the use of discharge summaries and the discharge guarantee which is being developed.

Rate of patient safety incidents resulting in severe injury or death

To reduce the number of patient safety incidents resulting in severe injury or death is reported twice yearly and the next report is due in November 2013.

Patient Experience

Nutrition and Hydration

Members were pleased that Healthwatch have undertaken eight visits to two wards throughout the summer to talk to patients at meal times. An assessment of questions was underway and there would be a baseline assessment of the data carried out before moving forward. There are weekly live records checks undertaken with real time feedback to staff and compliance indicators continue to be monitored monthly. There was an on-going discussion around the rationale of using supplements.

End of Life Care

Members noted that the national guidance to phase out the use of Liverpool Care Pathway. The needs of patients are always recorded and can be addressed and reassessed if conditions deteriorate. Members welcomed that development of a workstream to consider end of life care and the crucial involvement of Palliative Care Consultants. There is a National Audit underway and the results were expected in December 2013 and would be shared with Members at the next meeting.

To review education and knowledge around the use of 'Do Not Attempt Resuscitation' document

The appropriate communication and decision making of DNACPR remains a high priority for the organisation. The Trust have taken strong steps to provide assurance to patients that clinical staff are being supportive in their decision making around this subject. This includes 1:1 discussions relating to the use of CPR of all cardiac arrests that occur on patients who have significant underlying chronic diseases that would render CPR being a futile act. This conversation is designed as a reflective process to improve CPR decisions for future patients. A DNACPR e-learning programme is currently being developed to provide scenario based education for clinical staff around the complexities of DNACPR decisions. There are pilots being undertaken with the bid to launch the training fully in January 2014.

Development of a learning disabilities guarantee

This has been achieved and representatives from vulnerable groups have suggested a similar tool would be useful for dementia patients. Members also discussed the use of patient passports and how successful and positively they have been received. It was noted that the Mental Health Network have also discussed the use of patient passports.

Responsiveness to patient personal needs

The patient experience questions have shown improvement in four of the five indicators since the previous quarter. This has shown an improvement from quarter one.

Percentage of staff who would recommend the Trust to family and friends needing care

The information will be available from the National staff survey in early 2014. Members were interested in the listening events that the Trust had arranged for staff and the Executive Team. It was noted that a further event would take place in 2014, but comments received included work pressures, the increase in the volumes of patients entering hospital and the little time available to spend with patients. Reference was made to the introduction of the electronic incident reporting form, which staff has found difficult to adjust too. The time taken for staff to input into the system was longer than completing the form by hand and therefore the figures in the number of incidents reported had reduced. A change in the system has been introduced and this will hopefully improve the situation.

Effectiveness

Risk Adjusted Mortality Standardised Hospital Mortality Index

It was noted that the Care Groups have introduced quarterly meetings to highlight any issues. The Trust would ultimately like to review every single unexpected death but at present this was not possible. However, in the event of unexpected deaths of children or babies a serious case review would be undertaken. Members were pleased to note

that there are limited numbers of deaths in the community and that the majority occur in acute settings. It was noted that the North East Observatory System was developing a standardised audit tool which the Trust would look to access.

Compliance with Stroke Pathways

Members were pleased to note that all stroke indicators are above the threshold for compliance.

Reduction in avoidable readmissions to hospital

It was acknowledged that this was a difficult target and that work continues to review the admission rate and improvements would continue to monitor patient experience and appropriate pathways of care. The Trust still experience pressures in relation to maintaining 95% of patients being seen within four hours and a 60 minute review target.

To reduce the Length of Time to assess and treat Patients in Accident and Emergency

It was noted that the ECIST Team have been contacted by the Trust and will consider the health economy and review areas for improvement.

Patient reported outcome measures

It was noted that information was not yet available and that the information is always six months behind when produced.

Agreed : -

- a) That the report be noted;
- b) That the Associate Director be thanked for their attendance;
- c) That an additional meeting be arranged to discuss in detail the priorities relating to falls and patient discharge; and
- d) That the notes be submitted to Health and Partnership Scrutiny Committee for approval.

**1st Meeting Quality Accounts Briefing Tees, Esk and Wear Valley NHS Foundation
Trust – Quality Accounts Working Group
22nd November 2013, at 11am Committee Room 3**

Present:- Councillors Newall (in the Chair), Macnab, E. A. Richmond, S. Richmond, H. Scott and J. Taylor.

Apologies: - Representatives from Healthwatch.

Officers: - Andrew Kennedy, Corporate Strategy and Development Manager, Sharon Pickering, Director of Planning and Performance, Chris Stanbury, Director of Nursing and Governance and Abbie Metcalfe, Democratic Services.

Introduction

The Director of Planning and Performance shared a report submitted to the Council of Governors entitled Quality Accounts 2013/14, Quarter 2 Performance Report which updated Members on progress against each of the four key quality priorities for 2013/14 identified in the Quality Accounts as well as performance against the agreed quality metrics, national targets and regulatory requirements, and mandatory indicators.

The Director of Planning and Performance and Director of Nursing and Governance jointly presented a powerpoint presentation which focused on notable improvements from Quality Accounts from 2012/13 to the present; areas of concern with quality priorities and metrics at Quarter 2 for 2013/14 and how the Trust could improve its involvement of stakeholders in the Quality Accounts process.

Members attention was drawn to the actions from 2012/13 quality priorities reported as not completed in the Quality Accounts for 2012/13.

- Embedded the patient experience electronic feedback system across Children and Young People (CYP) inpatient services and Adult Learning Disabilities (LD) services. It was noted that was being rolled out and in CYP community and CYP LD services by the end of Quarter 4 of 2013/14.
- Re-audits of transfers of care following initial audit and service improvement. Work was underway during 2012/13 and is due to be completed in Quarter 3 2013/14.
- Formal evaluation of liaison services with Acute Trusts completed and shared with commissioners. This action has been completed and showed positive impact.

The Director explained the four Quality Priorities for 2013/14, as follows:-

- *Priority 1:* Implement recommendations of Care Programme Approach (CPA) review relating to improving care planning.
- *Priority 2:* Implement recommendations of CPA review relating to improving communications between patients and staff
- *Priority 3:* To improve the delivery of crisis services through implementation of the Crisis review's recommendations
- *Priority 4:* To further improve clinical communication with GPs

It was also reported that priorities 1, 2 and 4 are areas of concerns but priority 3 is on target. For priorities 1 and 2, implementing the recommendations of the CPA review relating to improving care planning and communications between patients and staff has been challenging.

The implementation plan was due to be developed by Quarter 1 in 2013/14 but this has been delayed and would be finalised by end November 2013. The delay in finalising plan was due to a delay in recruiting a project manager, who has now been appointed. Immediate actions for 2013/14 are as follows:

- A new patient information folder to be sent to every service user on CPA (joint project with adult social care).
- Structured folder to include copy of care plan, new CPA information leaflet, appointment information, community team and contact information, mental health / service fact sheet, recovery diary.

To implement recommendations of CPA review at Specialty and Team level from Quarter 1 in 2014/15 to Quarter 2 in 2015/16, running consistently with other Trust Programmes, on the following themes:-

- To improve communication & involvement of service users and carers in all aspects of CPA;
- To develop standard processes for all aspects of CPA and non CPA;
- To ensure CPA processes and documentation fulfil mandatory requirements;
- To ensure CPA supports MH Act and standard work is developed regarding s117 after care;
- To develop a capable, competent and compassionate workforce to implement CPA;
- To produce a revised Trust / multi-agency CPA policy;

For priority 4, to further improve clinical communication with GPs, the planned standard discharge letter template would be agreed and piloted on PARIS by Quarter 2 in 2013/14 and then implemented Trust-wide by Quarter 3 in 2013/14. It was explained that delays means that the template will not be implemented until 2014/15.

- Developing a single discharge letter template was delayed due to problems configuring the letter with the new CPA and non CPA documentation and old CPA documentation. Due to be completed Quarter 3 in 2013/14.
- Technical challenges with the electronic solution on PARIS and a preferred solution will be identified and presented to CCGs by Quarter 4 in 2013/14 and implemented in 2014/15.

Members acknowledged that there challenges working with GPs and that there were Governance issues that needed to be explored and assurances given.

Also highlighted were the areas of concerns for quality Metrics 2013/14

- Number of unexpected deaths classed as a serious incident per 10,000 open cases – In Quarter 2 in 2013/14 there were 16 unexpected deaths compared to the expected number of unexpected deaths of <12(60 in total). If this trend were to continue the rate of unexpected deaths per 10,000 open cases to be 14.28 against an expected rate of < 12.

Members queried whether suicide was included within this metric and discussion ensued on methods of suicides, impulsive nature of those who successful commit suicide, a reduction based on positive interventions and work being undertaken by voluntary organisations to support people considering suicide as they see no other way of solving their problem.

- Patient falls per 1,000 admissions – For 2013/14, it was expected 42.87 per 1,000 admissions (252 in total) against a target of <31.04 (180 in total). The target based on a continuation of improvement from 2011/12 to 2012/13.

Members acknowledged that the Trust have developed a good falls pathway which other Foundation Trusts have used as Good Practice. The falls pathway has also been implements for Learning Disability in 2012/13 and in the Community in 2013/14. This has resulted in an increased awareness and reporting of patient falls. It was noted that CCTV footage is used to monitor where falls occur, whether patients need help eating and when they need to eat and risks associated with their pattern of living. Members discussed the use of colour (for dementia patients), hip protectors, sensor systems and pictorial information.

- Number of patient safety incidents reported within the Trust – The number of patient safety incidents reported within the Trust at Quarter 2 was 1,605 against a target of > 1,810. This is slight decrease on Quarter 1 of 1,680. The expected number at Quarter 4 is now 6,570 against an annual target of 7,241. The annual target was chosen as this is the mean for all mental Health Trusts in England.

Members noted that incidents were monitored with commissioners and there was emphasis on low reporting rates and high risk categories. There was continuous staff awareness of reporting patient safety incidents including near misses and a web based reporting systems have also been introduced, which took a while to implement.

Members were reminded of the timescale of the Quality Accounts for 2013/14 and discussion ensued about calling a Special meeting of the Scrutiny Committee to consider the Trusts draft Quality Accounts and approve the Committees commentary.

Agreed:-

- a) That the report and presentation be noted;
- b) That the Directors and Corporate Strategy and Development Manager be thanked for their attendance; and
- c) That the notes be submitted to Health and Partnership Scrutiny Committee for approval.