

## HEALTH AND PARTNERSHIPS SCRUTINY COMMITTEE

6 December 2016

**PRESENT** – Councillor Newall (in the Chair); Councillors EA Richmond, S Richmond and J Taylor. (4)

**APOLOGIES** – Councillors Crichlow, Donoghue, Nutt, Regan, H Scott and Tostevin, Miriam Davidson, Director of Public Health, Sue Jacques and Gillian Curry, County Durham and Darlington Foundation Trust. (9)

**ALSO IN ATTENDANCE** –. (0)

**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).

**HP26. DECLARATIONS OF INTEREST** – There were no declarations of interest reported at the meeting.

**HP27. QUALITY ACCOUNTS – BRIEFING** - The Associate Director of Nursing (Patient Safety and Governance) updated Members on the progress for improvements against the agreed priorities for 2016/17 during the period April 2016 to September 2016.

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 the Trust had added its own priorities to the mandatory national set of priorities and feedback was specifically sought on the general layout of the information presented.

It was also stated 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.

A further Stakeholder event would be held during January/February and the Draft Quality Accounts would be available during March 2017

### **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 with falls remaining within national average

parameters. Supervision guidelines had been welcomed by staff and a patient information leaflet had been produced. Bed sensors and fall sensors had been introduced into elderly Wards and staff always assumed a patient had suffered a bumped head if a fall had not been witnessed and that neurological observations were undertaken in this circumstance. Sensory training, including specialist glasses to emphasis tunnel or blurred vision and inserts in shoes to represent bunions, continued in order to enhance staff perception of risk of falls.

Members welcomed the advice provided to patients including some drugs could cause dizziness and blood pressure can plummet when standing up so do not move for several seconds to allow stabilisation.

The use of crash mats, as hospital floors were not carpeted, and provision of low beds were standard if a fall risk was identified.

The Director of Nursing had reminded staff to adhere to Neurological regulations and a zero tolerance had come into force from 12 October 2016.

If necessary, prior to any discharge an Occupational Therapy Assessment was undertaken and a Community Pathway made available to patients involving the Falls Team and Community Nurses.

Members were pleased to note that the Associate Director of Nursing (Patient Safety and Governance) had full support from the Executive Team and that the Trust will continue to review all falls resulting in harm.

#### Care of Patients with Dementia

Members welcomed the Patient-led assessment of the care environment (PLACE) scores which were above average and the removal of floor signs which were seen as obstacles to dementia patients. It was highlighted that sometimes dementia patients only wanted a chat about days gone by and work was ongoing to accommodate this.

#### Healthcare Associated Infections

MRSA – The Trusts target is zero and it was reported that to date there had been three cases of MRSA reported due to a contaminated specimen, patient had MRSA when admitted and it remained when they were later tested, and a patients exposure points. 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 the Trust had reported eight cases so far and were aware that Winter was approaching, however, Members were pleased to note that the Trust was currently fourth best performing in the country

#### Pressure Ulcers

Members noted that the Trust was striving for zero tolerance however noted that there had been three Grade 3 and 4 pressure ulcers reported since April 2016.

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 hear that the Trust was at 93.7 per cent which was below the target of 95 per cent. The Trust representative advised Members that electronic systems within the Trust were not linked and information had to be printed. Work was ongoing to address this anomaly although it may take several years to achieve.

The Chair confirmed that Scrutiny had concerns around this priority and asked if an update could be provided for Members.

Committee was advised that the emphasis was now on assess to admit i.e. is a hospital or another service the better option for a patient's needs.

#### Rate of Patient Safety Incidents Resulting in Severe Injury or Death

National Reporting and Learning System (NRLS) shows the Trust remains within the 50 percentile of reporters of incidents and is expected to remain at this level.

#### Improve Management of Patients Identified with Sepsis

Members were pleased to learn that a new bundle had been developed; a baseline audit of performance was underway; and an e observations system was being upgraded, and expected to go live in mid-February 2017, to allow a trigger of patients who fall into the category of assessing for sepsis.

#### Duty of Candour

Members were advised that this was a new indicator and would be monitored for continued compliance via fortnightly Patient Safety Forum meetings.

### **Patient Experience**

#### Nutrition and Hydration in Hospital

Members were advised that staff needed to ensure correct use of the nutrition tool and use n/a where appropriate and that staff had more difficulties with the concept of finger foods than the patients.

#### End of Life Care

Members were concerned to note that the Trust was having difficulty employing Palliative Care Consultants although the Acute Intervention Team of Nurses had received intensive training and had shadowed medical staff ready to 'go live' over Christmas and New Year. The Trust want patients approaching the end of life to receive high quality care and have a comfortable experience and this team will also

review patients who are approaching the end of their life to ensure that all interventions were in place.

The Chair referred to a Joint piece of work to be undertaken around EOL in dementia patients with Adults and Housing Scrutiny Committee before June 2017. The Trust representative advised that the Lead for EOL was Lucy Nicholson, who would be willing to attend any future meetings.

#### Learning Disabilities

Members were pleased to note that this goal was now embedded with the organisation.

#### Responding to Patients Personal Needs

Members were pleased to note that improvement goals continued to be monitored and actions were in place to address any identified issues.

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

The information for this Priority was not available.

#### Friends and Family Test

Members noted the proposal to increase Friends and Family response rates which remained high.

### **Clinical Effectiveness**

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

Members were advised that this Priority was as expected. Weekly mortality reviews were held to investigate deaths and actions highlighted were monitored through Care Group Integrated Governance Reports. The Trust continues to benchmark locally and nationally with organisations of a similar size and type.

#### Reduction in 28 Day Re-Admissions to Hospital

It was acknowledged that this was a difficult target and that collaborative work continued to review the admission rate. Members felt that this priority had links with adult social care and domiciliary care and the Trust representative believed this was a system problem and not an individual issue.

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

Members were informed that emergency care was currently being transformed and that it was a regional agreement that ambulances do not divert but retain their own patients as far as possible. North East Escalation Plan (NEEP) had six levels, 1 was a working

day and 6 a potential service failure and within the Emergency Department NEEP 5 had been introduced and if that level was reached the top level managers of the Trust would attend and make decision to ensure patient flow.

### 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 stressed that there was an increased focus on varicose veins, hips and knees although this data was currently unavailable.

### Maternity Standards

Following feedback from Stakeholder Events this Priority had been added to monitor compliance with key indicators in relation to breastfeeding, smoking in pregnancy and 12 week booking. Members were informed that a huge Action Plan had been produced, scrutinised by NHS England and Commissioners, and was work in progress. The Care Quality Commission had inspected maternity services and more information would be available in March 2017.

The Chair expressed concerns that Scrutiny had been misinformed and sought assurance that improvements had been made following the York Review. The Trust representative advised that the Action Plan was a live document, covered both Darlington Memorial Hospital and University Hospital North Durham and pulled together all issues within the service.

A further priority added following Stakeholder Events was Paediatric Care which was currently a working pathway with further information being made available at the Stakeholder event scheduled for January/February 2017.

Scrutiny Committee noted the Trust had embarked on the 'Sign up to Safety' campaign and aligned the priorities closely with the Quality Account. The following were 2016/17 priorities for The Trust :-

- **Put safety first** – A commitment to reduce avoidable harm in the NHS by half and make goals and plans developed locally public, in particular, reducing sepsis, providing safe staffing levels, introducing e-observations and a review of the serious incident levels;
- **Continually learn** – Ensure the organisation is more resilient to risks, by acting on feedback from patients and constantly measuring and monitoring how safe services are;
- **Honesty** – Be transparent with people about progress to tackle patient safety issues and support staff to be candid with patients and their families if something goes wrong;
- **Collaborate** – Take a leading role in supporting local collaborative learning, so that improvements are made across all of the local services that patients use;

and

- **Support** – Help people understand why things go wrong and how to put them right. Ensure staff are given the time and support to improve and celebrate progress.

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

(b) That the Associate Director of Nursing (Patient Safety and Governance) be thanked for her attendance.