

**HEALTH AND PARTNERSHIPS SCRUTINY COMMITTEE**

13 December 2017

**PRESENT** – Councillor Newall (in the Chair); Councillors Copeland, Crichlow, Regan, EA Richmond, H Scott, J Taylor and Tostevin. (8)

**APOLOGIES** – Councillors Regan, H Scott and J Taylor; Miriam Davidson, Director of Public Health; Sue Jacques, County Durham and Darlington NHS Foundation Trust; and Michelle Thompson, Healthwatch Darlington. (6)

**ALSO IN ATTENDANCE** – Councillor S Richmond. (1)

**OFFICERS IN ATTENDANCE** – Karen Graves, Democratic Officer.

**EXTERNAL REPRESENTATIVES** – Joanne Todd, Associate Director of Nursing (Patient Safety and Governance) County Durham and Darlington NHS Foundation Trust (CDDFT).

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

**HP34. QUALITY ACCOUNTS – BRIEFING** - The Associate Director of Nursing (Patient Safety and Governance) updated Members on the progress for improvements against the agreed priorities for 2017/18 during the period April 2017 to September 2017 outlined in the Quality Accounts Briefing (previously circulated).

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 received on the general layout of the information presented had been positive

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 the changing population and differing health issues presenting such as cognitive impairment and more chronic conditions for older people.

**Patient Safety**

Patient Falls

Members were pleased to note that patient falls were again a top priority for the Trust. All falls were recorded on the Incident Management System into various categories, including serious harm and no harm, with an average total of around 1500 per month of

all incidents (not just falls) being reported. A full time new role of Falls Lead had been approved and a new initiative was being trialled with falls being split into five areas all of which had an impact on a patient, these included pharmacy and drugs, processing governance, mobility, risk management and cognitive impairment. Other trials within the Trust included the use of red Zimmer frames which gave a patient independence but also alerted staff to monitor movement as the red frame indicated a fall risk and the hanging of a red star above a patient's bed to indicate a fall risk.

Members were also pleased to note that the Trust was developing a falls strategy in consultation with NHS England and Commissioners.

It was also confirmed that the Falls Bundle was being updated to include basic eye sight questions as sight affected balance.

The use of crash mats, as hospital floors were not carpeted, and provision of low beds were standard if a fall risk was identified although in some instances cot sided beds were also utilised. If a person had a fall from bed Elk lifts were used if required as they provided the perfect position to protect the patient if an injury was sustained.

It was also confirmed that a decision to change low level beds back to standard, in preparation for a falls risk patient going home, was made by two registered people i.e. nurse and doctor or nurse and physio.

Members also welcomed the removal of 'hand washing' floor decals as some dementia patients saw them as an obstacle and would try to walk around or climb up them, resulting in a fall.

#### Care of Patients with Dementia

Members welcomed the continued development and roll out of the dementia pathway alongside monitoring of patients with dementia and in doing so recognised the challenges faced by The Trust. Members were pleased to note that in order to assist dementia patients door frames for toilets in hospital ward corridors were a bright colour and therefore easily recognisable, toilet seats were also brightly coloured and large clocks were in place and calendars had pictures of sunny and wintry days so the patient could identify the time of year in wards where patients with cognitive impairment were mainly managed.

Members were pleased that the Trust was investigating the implementation of a screening tool to the electronic hand held devices and that the passport was being introduced for all patients which identified their personal needs i.e. only eat in private and did not like lights being suddenly being switched on.

#### **Healthcare Associated Infections**

MRSA – The Trusts target is zero and it was reported that to date there had been three cases of MRSA reported since April 2016. Members were pleased that the Trust has a zero tolerance for MRSA and that work was ongoing to review practices including IV line care and aseptic techniques.

Clostridium Difficile (C –Diff) – The target for C-Diff is 19 and the Trust had reported 14 cases so far with one case held up at appeal with the CCG.

The Associate Director of Nursing (Patient Safety and Governance) reported that in relation to venous thromboembolism assessment the Trust was performing at above 95 per cent and it was intended to move this mandatory priority to the background part of the Quality Accounts.

#### Pressure Ulcers

Members noted that the Trust was striving for zero tolerance and that there had been no avoidable pressure ulcers in acute services within the last 16 months. Two avoidable grade 3/4 pressure ulcers had been reported in community services during the period, an improvement on the previous year.

#### Discharge Summaries

Members noted that the Trust was at 93.2 per cent which was below the target of 95 per cent completion within 24 hours. The Trust representative advised Members that a fall below 90 per cent during September was associated with the changeover of junior doctors in August and that a working group has been established to identify actions which would help the Trust make the final push to reach the 95 per cent target consistently.

#### 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 however it was the aim of the Trust to reach 75<sup>th</sup> percentile.

#### Improve Management of Patients Identified with Sepsis

Members welcomed the sepsis screening field on the Trust's Nervecentre system and noted that screening for various ailments was undertaken and if a patient scored five or above the system automatically asked if sepsis was present thereby ensuring that antibiotics were provided in a timely manner to prevent early death.

#### Duty of Candour

Members were pleased to note that compliance was currently 96 per cent and continued to be monitored via fortnightly Patient Safety Forum meetings. It was intended to move this mandatory priority to the background part of the Quality Accounts.

#### Local Safety Standards for Invasive Procedures (LOCSSIPS)

LOCSSIPS was a new indicator from the Stakeholder events and ensured full implementation of national guidance embedding Local Safety Standards into all areas conducting Invasive Procedures trust-wide. Members noted the procedures put in place to address LOCSSIPS and that the Trust was on track to meet this Priority.

## **Patient Experience**

### Nutrition and Hydration in Hospital

Members welcomed the aim to promote optimal nutrition for all patients with the introduction of a finger food menu and that a pilot was underway with Nervecentre to improve quality metrics for nutrition for all patients.

### End of Life Care

Members noted that the Trust now had an effective strategy and measures for palliative care and that the hospital chaplains were now available to capture the spiritual needs of all patients no matter what religion they practised.

### 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

It was reported that the Trust was in line with the national average, there had been some improvement and whilst the results were good there were few responses. A full staff survey had been undertaken and the results would be available during January 2018.

### Percentage of Staff Experiencing Harassment, Bullying or Abuse From Staff in the Last Twelve Months

This was a new mandatory measure and Members noted that the 2016 staff survey had shown that 84.5 per cent of staff had reported never had experience of harassment, bullying or abuse which is higher than the national average of 82.6 per cent.

### Percentage of Staff Believing that the Trust Provided Equal Opportunities for Career Progression or Promotion

Another new mandatory measure upon which the Trust scored 90 per cent for all staff compared to 87 per cent nationally.

### Friends and Family Test

Members noted the 61 per cent increase in Friends and Family response rates which remained high.

## **Clinical Effectiveness**

### Hospital Standardised Mortality Ratio (HSMR) 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 very challenging target and that collaborative work continued to review the admission rate. It was reported that a further re-admissions audit was planned for 2018/19.

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

Members were informed that the Trust had achieved its four hour targets in Quarters 1 and 2 resulting in a reduction of time wasted by ambulance crews for handover of patients. One of the main reasons was the introduction of Perfect Months and it was reported that Perfect December was currently underway.

#### 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. The data available was for 2016 and provisional figures showed a rise in the health gains for the Trust in both hip and knee replacement, with performance at or above the national average. However, while health gains in groin hernia's have improved year on year from 0.064 in 2014/15 to 0.075 in 2015/16, this is still below the national average of 0.088.

#### Maternity Standards

Members noted the ongoing work of the Trust to improve breastfeeding and reduce smoking in pregnancy and were pleased to hear that both UHND and DMH had undergone successful UNICEF UK Baby Friendly Initiative reaccreditation. CDDFT was still the exemplar Trust within the region in relation to smoking in pregnancy and the implementation of the BabyClear Initiative.

#### Paediatric Care

Members were advised that Paediatric Care was a new indicator following stakeholder events, work was ongoing as it was a key part of the emerging clinical strategy for Paediatrics; and front of house Paediatric Nurses were now in A & E.

Scrutiny Committee noted the Trust had continued to commit to the pledges made in October 2014 on the 'Sign up to Safety' campaign and aligned the priorities closely with the Quality Account. The following were 2017/18 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 informative report.

(c) That a copy of the new Falls Bundle be provided for all Members of this Scrutiny Committee.

(d) That a further visit to observe Nervecentre be arranged for all Members of Scrutiny Committee.