

## HEALTH AND HOUSING SCRUTINY COMMITTEE

Wednesday, 13 January 2021

**PRESENT** – Councillors Donoghue (Chair), Heslop, Layton, Lee, McEwan, Newall, Tostevin and Wright

**APOLOGIES** – Councillor Bell

**ABSENT** – Councillor Dr. Chou

**ALSO IN ATTENDANCE** – Councillor K Nicholson

**OFFICERS IN ATTENDANCE** – Todd (Associate Director of Nursing (Patient Safety and Governance)), Gillian Curry (Head of Communications & Charity) and Hannah Fay (Democratic Officer)

### HH44 DECLARATIONS OF INTEREST

Councillor McEwan declared an interest as a Lay Member for Darlington Primary Care Network; and Councillor Tostevin declared an interest as a Member of the Board of Governors for County Durham and Darlington NHS Foundation Trust.

### HH45 COUNTY DURHAM AND DARLINGTON NHS FOUNDATION TRUST QUALITY ACCOUNTS 2020/2021

The Associate Director of Nursing (Patient Safety and Governance) submitted a report (previously circulated) to update Members on the progress against the agreed priorities for 2020/21 during the period of April 2020 to September 2020.

Members were advised that the Quality Accounts for County Durham and Darlington NHS Foundation Trust included indicators set by the Department for Health and local priorities agreed through consultation with staff, governors, local improvement networks, commissioners, health scrutiny committee and other key stakeholders.

### SAFETY

#### Patient Falls

Members were advised that the number of acute falls had increased and noted that there were 6.52 acute falls per 1000 bed days which was over the threshold of 5.7 per 1000 bed days; and there were 7.36 community falls per 1000 bed days which was under the threshold of 8 per 1000 bed days.

Following a question by members it was confirmed that a falls assessment is undertaken for patients admitted to hospital which reviews a number of elements including the likelihood of the patient getting out of bed and suitability of bed rails; and that beds can be lowered if required.

Members were pleased to note that red zimmer frames had been introduced into key areas, and Members noted that the Falls Strategy for the next 3 years was in

development to be launched in April 2021.

Members requested that a breakdown of acute falls into different scenarios be included in future Quality Accounts.

### **Care of patients with dementia**

Members welcomed the continued development and roll out of a dementia pathway and monitoring of care for patients with dementia and were pleased to note that an enhanced care team was in place, providing support on wards where required.

### **Healthcare Associated Infection**

MRSA Bacteraemia – The Trusts target is zero and it was reported that there had been one case reported between April and September 2020.

Clostridium difficile – The target for Clostridium difficile infection (CDI) is no more than 44 cases and the trust had reported 27 cases between April and September 2020.

### **Pressure Ulcers**

Members noted that the Trust was striving for zero tolerance and that there had been no cases of grade 3/4 pressure ulcers reported between April and September 2020 that were unavoidable.

Members were advised that COVID-19 was thought to be impacting on skin integrity of those patients that were unwell; the tissue viability team were providing education regarding the prevention of pressure ulcers and pressure relieving equipment in acute and community settings were available; and following a question by Members it was confirmed that pressure damage was monitored closely regardless of COVID-19.

### **Discharge Summaries**

Members noted the target of 95 per cent and were advised that the Trust was at 90 per cent between April and September 2020. The work programme to improve timeliness of discharge summary completion continues.

### **Rate of patient safety incidents resulting in severe injury or death**

National Reporting and Learning System (NRLS) showed that there had been a 3 per cent increase of incidents reported from October 2019 to March 2020 when compared to April to September 2019 and that CDDFT was still higher than the regional average of 48.8 incidents per 1000 bed days, with 50.1 incidents per 1000 bed days.

### **Improve management of patients identified with sepsis**

Members noted that the actions in place to maintain improvement in relation to management of patients with sepsis were on track. The regional screening tool was integrated into electronic systems within the Trust and all patients within CDDFT were automatically screened for sepsis.

## **EXPERIENCE**

### **Nutrition and Hydration in Hospital**

Members noted that work continues to promote optimal nutrition and hydration for all patients. It was reported that quality metrics had been introduced, providing a monitoring tool to audit compliance with nutritional standards and that work continued with catering on hospital menu development and nutritional analysis.

### **End of life and palliative care**

Members noted that the Trust had an effective strategy and measures for palliative care.

Members also noted the recent CQC inspection which rated End of life care services in the Trust to be outstanding

### **Responsiveness to patients personal needs**

Members noted that the results from the national survey were not yet available.

### **Percentage of staff who would recommend the trust to family or friends needing care**

Members noted staff survey results were not yet available as this was reported annually.

### **Percentage of staff experience harassment, bullying or abuse from staff in the last 12 months**

Members noted staff survey results were not yet available as this was reported annually

### **Percentage of staff believing that the trust provides equal opportunities for career progression or promotion**

Members noted staff survey results were not yet available as this was reported annually.

### **Friends and Family Test**

Members noted that the new electronic version of Friends and Family test was due to be rolled out from September 2020; that due to COVID-19 the campaign was stood down nationally however the campaign was going to be relaunched.

## **EFFECTIVENESS**

### **Hospital Standardised Mortality Ratio (HSMR) and Standardised Hospital Mortality Index (SHMI)**

Members noted that the HSMR was below the national average however the SHMI

was higher than expected. A review undertaken on the SHMI identified depth of coding and acute kidney injury as the reason for the higher than expected figure; and that a review of coding was underway and acute kidney injury nurses were now in post.

It was reported that a Mortality Reduction Committee was now in place; the Trust adhered to the “Learning from Deaths” policy; and mortality reviews and patient safety incidents were triangulated to establish any learning.

### **Reduction in 28 day readmission to hospital**

Members noted that the ambition for 2020/21 was 11 per cent and the work to implement effective and safe discharges continued.

Members requested a breakdown of readmission rates into most and least prevalent sectors.

### **To reduce length of time to assess and treat patients in Accident and Emergency department**

Members noted the performance trends for Emergency Department, Urgent Care attends and 4 hour wait performance over the period of March to December 2020.

It was reported that the Emergency Departments at Darlington Memorial Hospital and UHND operated with separate covid and noncovid streams, supported by staff re-deployed from other services.

Members were pleased to note that during the COVID period, Darlington Memorial Hospital achieved the 4 hour wait standard of 95% every month between May – July 2020; whilst total reportable performance (including Type 3 Urgent Care) exceeded the 95% standard every month between April-July 2020.

Following a question, the Head of Communications and Charity advised Members that due to the increase currently seen in inappropriate visits, campaign materials and social media messages had been shared to address this; and Members highlighted the importance of Councillors as a mechanism for communicating key messages from health services to the residents of Darlington.

### **Patient reported outcome measures**

Members noted that the results were not yet available.

### **Maternity standards**

Members noted that monitoring for maintenance and improvement in relation to 12 week bookings, breastfeeding and smoking at delivery continued and these were all on track.

### **Paediatric care**

Members were pleased to note that a dedicated paediatric unit had opened adjacent to emergency department and that paediatric pathway work stream continued.

## **Excellence reporting**

Members noted that excellence reporting was embedded within care groups and that monthly reports were produced and shared.

Members also discussed one never event that had been reported between April and September 2020 and the actions taken.

Following a question by Members in respect of figures for vacancy rates and staff sickness levels, Members were advised that these were monitored daily by a Gold Command meeting and that a health and well-being hub had been established to support staff.

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

(b) That the Associate Director of Nursing (Patient Safety and Governance) be thanks for her informative report.

(c) That the Members be provided with:

- (i) Breakdown of acute falls into different scenarios;
- (ii) Breakdown of readmission rates into most and least prevalent sectors;  
and
- (iii) Figures for vacancy rates and staff sickness levels