

## HEALTH AND HOUSING SCRUTINY COMMITTEE

Wednesday, 19 January 2022

**PLEASE NOTE THAT THIS WAS NOT A FORMALLY CONSTITUTED MEETING, AND THAT THIS IS A 'NOTE' OF THE INFORMAL MEETING THAT TOOK PLACE.**

**PRESENT** – Councillors , Bartch, Heslop, Layton, Lee and Newall

**APOLOGIES** – Councillors Bell, McEwan and Wright

**ABSENT** – Councillor Dr. Chou

**ALSO IN ATTENDANCE** – Jennifer Illingworth (Tees, Esk and Wear Valley NHS Foundation Trust), Lisa Ward (County Durham and Darlington NHS Foundation Trust), Warren Edge (County Durham and Darlington NHS Foundation Trust), Dr Chris Lanigan (Tees, Esk and Wear Valleys NHS Foundation Trust), Avril Lowery (Tees, Esk and Wear Valley NHS Foundation Trust) and Laura Kirkbride (Tees, Esk and Wear Valleys NHS Foundation Trusts)

**OFFICERS IN ATTENDANCE** – Hannah Miller (Democratic Officer)

### NOTE

In the absence of the Chair and Vice Chair at the commencement of the meeting, Councillor Newall took the chair for this meeting only.

### DECLARATIONS OF INTEREST

There were no declarations of interest reported at the meeting.

### COUNTY DURHAM AND DARLINGTON NHS FOUNDATION TRUST - QUALITY ACCOUNTS 2021/22

The Associate Director of Nursing (Patient Safety and Governance) and Senior Associate Director of Assurance and Compliance gave a presentation updating Members on the progress against the interim improvement objectives for 2021/22.

Members were advised that the quality strategy, Quality Matters, was being refreshed through a wide programme of consultation; that a number of interim improvement objectives were put in place for 2021/22; and details were provided on the progress against the interim improvement objectives for 2021/22, where data was available.

### Falls

Members were advised that the number of acute falls had decreased when compared to the same period in 2020; and noted that there were 6.3 acute falls per 1000 bed days and there were 7.1 community falls per 1000 bed days.

Members were pleased to note the publication of a new Falls Strategy; that a new Rapid Review and learning process from all falls had been implemented; and that recruitment was

underway for a Quality Improvement Senior Sister that would lead improvement projects, initially focussing on falls.

### **Healthcare Acquired Infections**

MRSA Bacteraemia – The Trusts target is zero and it was reported that there had been four cases reported to 31 December 2021.

Clostridium difficile – The target for Clostridium difficile infection (CDI) is no more than 45 cases and the trust had reported 35 cases up to 31 December 2021.

Members were informed that the blood culture policy was being updated in line with national guidance; that face to face Infection Prevention and Control training through 'topic of the month' sessions was being provided for front-line staff; that NHSE/IT's Infection Control Lead had visited the Trusts sites to review controls; and five Task and Finish Groups were in place and leading work to continually enhance the Trusts controls in line with good practice.

### **Care of Patients with Dementia**

Members were informed of the ongoing work, including the re-launch of the lead dementia role and work to strengthen the role of dementia link nurses. Members were pleased to note the re-launch of John's Campaign, use of carer passports and 'This Is Me' documentation and the introduction of a quarterly Dementia Care Newsletter for staff.

### **Pressure Ulcers**

Members noted the Trusts zero tolerance for pressure ulcers resulting from lapses in care and the aim to have no Category 3/4 pressure ulcers and were pleased to note that the Trust was on track to meet the ambition.

### **Electronic Discharge Letters**

Members noted the target of 95 per cent and were advised that during the first half of the year the Trust maintained performance in line with previous years, however this was not at the target; and that demand pressures in the second half of the year had impacted on performance. We were informed that the 'Work As One' initiative continued with a close focus on all aspects of discharge.

### **Care of Patients with Sepsis**

Members were informed of the aim to improve the percentage of patients receiving antibiotics within 1 hour of diagnosis in the Emergency Department (ED) and the challenges in light of the increased demands on the ED.

Members noted the delivery of simulation study days to improve staff awareness and processes and the development of a Patient Group Directive which was being piloted in the ED in Darlington. A Lead Sepsis Nurse had been appointed and details were provided of the new sepsis 6 screening tool as part of the new electronic patient record system.

## **Nutrition and Hydration**

Members noted that work continues to promote optimal nutrition and hydration for all patients. It was reported that high levels of compliance had been maintained; that focused support was provided to any wards or teams not meeting the 90% thresholds; and the Acute Kidney Injury nurse was well embedded.

## **End of Life and Palliative Care**

Members noted that the Trust had engaged with partners to develop the Tees-wide palliative care strategy; work was ongoing in relation to recognition of dying in hospital; and care after death documentation had been reviewed and a checklist developed and rolled out to all teams.

## **Mortality/ Learning from Deaths**

It was reported that the Summary Hospital Mortality Indicator (SHMI) was within expected limits for Darlington; that COVID-19 had impacted on the reliability of the SHMI; and that assurance could be taken from the mortality reviews undertaken by the Trust, which showed of the 1072 deaths reviewed in 2020/21, less than 1 per cent had evidence of lapses in care.

## **Maternity Standards**

It was reported that work was in progress to appoint a fetal medicine consultant; the Head of Midwifery role had been upgraded, reporting directly to the Director of Nursing; staffing was under continual review and national funding had been secured to recruit beyond current vacancies and support resilience; and the Continuity of Carer programme had been rolled out to four teams.

## **Paediatrics**

Members noted that the Paediatric Assessment Area at UHND was now open 24/7; acknowledged that due to estate constraints a similar facility could not be established in Darlington Memorial Hospital (DMH), however the complement of children's nurses in A&E at DMH had been increased and training in paediatric competencies had been established for all nursing staff working that area; and a formal Partnership Alliance had been established to strengthen services for children and young people with mental health issues.

## **Excellence Reporting**

Members noted that reporting of excellence in the organisation was promoted via a quarterly Trust-wide bulletin and that excellence reporting was now tied in with patient compliments.

## **A&E Waiting times**

Members noted the performance trends for Emergency Department and 4 hour wait performance over the period April to October 2021. Members were disappointed to note the deterioration in performance against the 4 hour wait but acknowledged the improvements in

time to initial assessment.

Discussion ensued regarding work being undertaken to address concerns and complaints regarding wait times in the ED, with reference made to the impact of patients not being able to access GP appointments. Members were assured that a comprehensive work programme was in place to optimise flow in the department and the hospital, ensuring patients were as safe as possible and in receipt of a good experience; an A and E system delivery group was in place to review at all aspects of the department; and in relation to ED attendance, the #doyourbitcampaign which was in place, aimed to raise awareness of the first routes people should take for urgent medical advice and treatment; and Members were informed that a number actions were in place to ensure the best use of the GP supported urgent care centre.

Members acknowledged progress against the priorities and the contribution from staff in the Trust, in a particularly challenging year.

**IT WAS AGREED** – (a) That the Associate Director of Nursing (Patient Safety and Governance) and Senior Associate Director of Assurance and Compliance be thanked for their informative presentation.

(b) That Members be provided with figures and trends for sepsis cases.

(c) That a visit to observe the sepsis screening tool be arranged for Members of this Scrutiny Committee.

(d) That this Scrutiny Committee receives an update at the next meeting regarding the programme of work in place to address A and E wait times.

#### **TEES, ESK AND WEAR VALLEY NHS FOUNDATION TRUST - QUALITY ACCOUNTS 2021/22**

The Director of Quality Governance, Director of Operations, Durham and Darlington and Associate Director of Strategic Planning and Programmes, Tees, Esk and Wear Valley NHS Foundation Trust gave a presentation outlining the progress made on the Quality Account improvement metrics and priorities for 2021/22.

Members were advised that the three quality improvement priorities for 2021/22, Care Planning, Safer Care and Compassionate Care, were supported by 50 actions, 36 of which had been achieved and 14 had not been achieved.

It was reported that Care Planning was a key priority area which was overseen by the Project Management Board; and a number of actions under this priority had been extended to quarter 4 due to staff deployment as a response to COVID-19. Reference was made to the new framework, dialogue; that this would be aligned to the new patient record system, cito that was due to go live in Autumn 2022; and that the work undertaken as part of this priority would be delivered to this timeline.

Members were advised of the work undertaken as part of the Safer Care priority with reference made to the focus on organisational learning including the implementation of patient safety briefings, a learning library containing 'learning lessons from serious incidents' and a weekly lessons learned bulletin.

Details were provided of the work being undertaken as part of the patient safety campaign; and Members noted that whilst the family conference was not held due to covid and business continuity pressures, work was undertaken with patients and carers focusing on the serious incident process, with an action plan produced.

In relation to the Compassionate Care priority Members noted that a revised policy for managing informal concerns and complaints was due to go live in quarter 4; and bespoke empathy training had been delivered to the complaints team to help develop an empathetic approach.

The presentation provided information in relation to the nine quality metrics as at 31 December 2021, of which three of were reporting Green, those being Metric 2 - number of incidents of falls (level 3 and above) per 1000 occupied bed days (OBDs) –for inpatients, Metric 4 - Existing percentage of patients on Care Programme Approach who were followed up within 72 hours after discharge from psychiatric inpatient care and Metric 5 - Percentage of Quality Account audits completed; and that six quality metrics were reporting Red.

In relation to Metric 1- Percentage of patients who report 'yes, always' to the question 'Do you feel safe on the ward?', it was reported that whilst still below the Trust target of 88 per cent, Durham and Darlington were performing better than the Trust overall.

In relation to Metric 2 - Number of incidents of falls (level 3 and above) per 1000 occupied bed days (OBDs) for inpatients, Members noted that this target was being met. It was reported that there had been one Level 3 fall; and Members were informed of a pilot due to begin in mental health services for older people of Circadian Lighting which was designed to reduce stress and falls.

In relation to Metric 3 - Number of incidents of physical intervention/ restraint per 1000 occupied bed days, Members noted that Durham and Darlington's position was above the target of 19.25 and the reasons for the performance were outlined.

In relation to Metric 6 - Patients occupying a bed over 90 days, Members noted that the target of 61 days or less had not been met and work was being undertaken with mental health services for older people to facilitate discharges.

In relation to Metric 7 – Percentage of patients who reported their overall experience as excellent or good, Metric 8 – Percentage of patients that report that staff treated them with dignity and respect and Metric 9 – Percentage of patients that would recommend our service to friends and family if they needed similar care or treatment, Members noted that whilst the target of 94 per cent had not been met, the metrics were improving and were performing close to the target.

Members were advised that a Quality Programme Group was in place, and were developing ideas for the 2022/23 priorities for improvement; discussions were ongoing regarding an engagement event to agree the priorities; and details were provided of the timeline for the draft Quality Account document.

Members entered into a discussion regarding the derivation of the targets and acknowledged the Trusts progress against the priorities, in a particularly challenging year.

**IT WAS AGREED** – That the Director of Quality Governance, Director of Operations, Durham and Darlington and Associate Director of Strategic Planning and Programmes, Tees, Esk and Wear Valley NHS Foundation Trust be thanked for their informative update.

**COUNTY DURHAM AND DARLINGTON ADULT MENTAL HEALTH REHABILITATION AND RECOVERY SERVICES - REPROVISION OF PRIMROSE LODGE, CHESTER LE STREET INPATIENT SERVICE**

The Director of Mental Health & Learning Disability, Durham Tees Valley Partnership and Director of Operations County Durham and Darlington , Tees, Esk and Wear Valley NHS Foundation Trust submitted a report (previously circulated) requesting that Members note the proposal to reprovide the inpatient rehabilitation and recovery unit from Primrose Lodge, Chester le Street to Shildon with a reduction from 15 to eight beds.

The submitted report stated that Primrose Lodge was a 15-bed stand-alone rehabilitation and recovery unit in Chester le Street and was leased from the Local Authority; that the service was commissioned for Darlington and County Durham residents; and the unit delivered supportive interventions to service users with often complex mental health needs.

Reference was made to Willow Ward, a 15 bed high dependency rehabilitation and recovery unit at West Park Hospital which provided support to more complex service users; and members noted the investment of £500k into the community rehabilitation team which would enable the expansion of the existing community service and offer more comprehensive support to a wider number of service users.

Members were informed that an options appraisal to identify the optimum model for community bed-based rehabilitation services had been carried out, which identified relocation to Shildon to be the preferred option. Details were provided of issues associated with Primrose Lodge; this building was deemed not fit for purpose as a modern mental health facility, requiring significant investment to address environmental limitations and safety risks associated with ligature points on the unit; and Members were provided with details of the TEWV owned vacant unit at Shildon.

Members noted that the Shildon unit would provide eight beds, which was a seven bed reduction based on the current provision, however access to the 15 rehabilitation beds at Willow Ward would remain unchanged; reference was made to the demand for inpatient provision, and the factors which had affected bed occupancy at Primrose Lodge; and that a reduction from 15 to eight beds was achievable, based on demand modelling work undertaken as part of the recent investment requirements for the development of the community service expansion.

Details were provided of the risk log and mitigation plan; that three improvement events had taken place to improve the rehabilitation service pathway, ensuring that pathways were needs led and individualised to support transition into community living; the new staffing model was outlined; and details provided in respect of access to community services and relocation of the workforce.

Members were informed of the range of engagement activities undertaken with stakeholders and were provided with the timescale for the reprovion of the inpatient unit, with the work required to move to Shildon anticipated to be completed by the end of March 2022.

Members were advised that an Implementation group would be established in January 2022, meeting fortnightly to review each patient and monitor progress towards discharge and to ensure a planned and safe transition to the new unit; and the group would oversee and determine the timing of the phased bed reductions.

**IT WAS AGREED** – (a) That the proposal to reprovide the inpatient rehabilitation and recovery unit form Primrose Lodge, Chester le Street to Shildon with a reduction from 15 to 8 beds, be noted.

(b) That an update be provided at a future meeting of this Scrutiny Committee on the outcome of the further targeted engagement process.