DARLINGTON
Borough Council

Health and Housing Scrutiny Committee Agenda

1.30 pm
Tuesday, 24 January 2023
Council Chamber, Town Hall, Darlington, DL1 5QT

Members of the Public are welcome to attend this Meeting.

1. Introduction/Attendance at Meeting

2. Declarations of Interest

3. Tees, Esk and Wear Valley NHS Foundation Trust - Quality Account Update – Presentation by Associate Director of Quality Governance, Compliance and Quality Data and Associate Director of Strategic Planning Programmes, Tees, Esk and Wear Valley NHS Foundation Trust
(Pages 3 - 14)

4. County Durham and Darlington NHS Foundation Trust - Quality Accounts Update – Presentation by Senior Associate Director of Assurance and Compliance and Associate Director of Nursing (Patient Safety), County Durham and Darlington NHS Foundation Trust
(Pages 15 - 34)

Luke Swinhoe
Assistant Director Law and Governance

Monday, 16 January 2023

Town Hall
Darlington.

Membership
Councillors Dr. Chou, Heslop, Layton, McEwan, Mills, Newall, Preston, Mrs H Scott, Sowerby and Wright

If you need this information in a different language or format or you have any other queries on this agenda please contact Hannah Miller, Democratic Officer, Operations Group, during normal office hours 8.30 a.m. to 4.45 p.m. Mondays to Thursdays and 8.30 a.m. to 4.15 p.m. Fridays email: hannah.miller@darlington.gov.uk or telephone 01325 405801

Quality Governance Team

Tees, Esk and Wear Valleys
NHS Foundation Trust

Darlington Health and Housing Scrutiny Committee

TEWV Quality Account update

Leanne McCrindle & Chris Lanigan

Associate Director of Quality Governance, Compliance and Quality Data / Associate Director of Strategic Planning Programmes

24 January 2023

Quality Account – the basics…

Tees, Esk and Wear Valleys NHS Foundation Trust

- Statutory document
- Covers the whole Trust area (Durham, Tees Valley, North Yorkshire, York)
- Covers all services (Adult mental health, Adult learning disability, older people's services, forensic services, Children and Young People's services – also both inpatient and community

- In the NHS "quality" has 3 parts
    1) Patient safety
    2) Patient experience
    3) Clinical Effectiveness (patient outcomes)

Quality Improvement Actions

Tees, Esk and Wear Valleys NHS Foundation Trust

- This year's Quality Account has 3 Improvement Actions:

1. Personalising care planning
2. Improving safety on wards
3. Implementing the new National Patient Safety Incident Framework

- These are underpinned by 17 actions
- 9 of the 16 actions (56%) are on track (**GREEN**) of which 4 are already fully complete
- 4 actions (25%) are off track but can be completed by the end of the financial year (**AMBER**)
- 3 actions (19%) are **RED** and cannot be completed in this financial year

Red Actions

a) Ensure all clinical staff are trained in our new DIALOG care planning system
b) Record all care plans on our new cito patient record system
c) Publish new policies and procedures in relation to care planning and new ways of working (linked to Community Mental Health Framework)

- These all relate to Care Planning
- This is because the new electronic patient record system that this requires has been subject to delay in implementation
- We have continued to train staff about how we will be doing care planning (the Dialog system) and rolling this out in paper form
- Multi-agency workshop being planned for Jan, Feb or March to work out how care planning will work within the new community mental health “hub” system that is being rolled our across TEWV’s area

Amber Actions (behind schedule but we can recover to finish by end March)

Tees, Esk and Wear Valleys NHS Foundation Trust

a) Update all service user and carer information resources about care planning

b) Have data collection and monitoring systems in place to assess the impact of our clinical interventions on the goals set out in service users' care plans

c) Focus on reducing patient-on-patient violence through exploring use of body cameras (pilot in 10 areas) and Oxevision (11 clinical areas)

d) Further embedding of the roll out of the two-part incident approval process across all areas of the Trust

On track, but not yet complete

Tees, Esk and Wear Valleys NHS Foundation Trust

a) Introduce improvements to care planning in Secure Inpatient Services

b) Continue to embed the Safe Wards initiative (an evidence-based tool to reduce violence and support a safe ward environment)

c) Continue to improve our Serious Incident Review process so that it is robust and utilises evidence-based tools and involves families to the level of their satisfaction

d) Provide updates for staff on the duty of candour to ensure all have a full understanding

e) Improve the quality and oversight of action plans

Complete

Tees, Esk and Wear Valleys NHS Foundation Trust

a) Review the information we have available from patient surveys, incidents and complaints from adult inpatient services to identify any new emerging themes that may help inform our programme of improvement work in this area

b) Introduce a triage process for incidents that have been categorised as moderate and serious harm to determine quickly the appropriate route for review

c) Develop the daily patient safety huddle to include service staff and subject matter experts (to ensure we can effectively review reported incidents in a timely way and where rapid reviews can be undertaken where appropriate that lead to immediate actions and improve safety)

d) Refresh the Terms of Reference for the Serious Incident Director Assurance Panels

Quality Metrics

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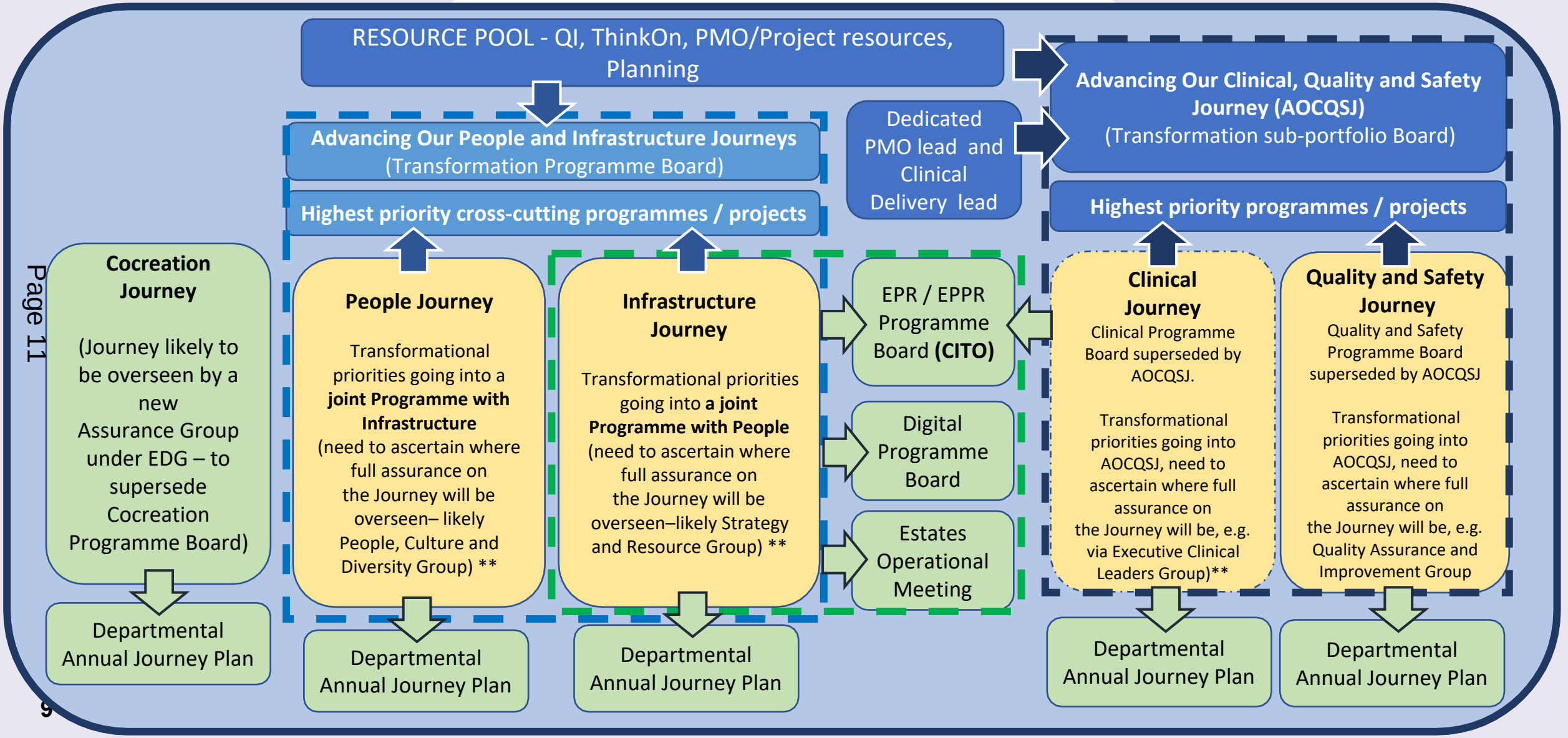
Tees, Esk and Wear Valleys
NHS Foundation Trust

Quality Metrics	Target	Whole Trust 20/21	Whole Trust Actual Q4 21/22	Whole Trust Actual 22/23 Q1	Whole Trust Actual 22/23 Q2
1) Percentage of patients who report 'yes, always' to the question 'Do you feel safe on the ward?'	88.00%	64.66%	64.37%	59.8%	58.4%
2) Number of incidents of falls (level 3 and above) per 1000 occupied bed days (OBDs) – for inpatients	0.35	0.13	0.07	0.23	0.23
3) Number of incidents of physical intervention/ restraint per 1000 occupied bed days	19.25	20.90	37.66	34.01%	33.84
4) Percentage of adults discharged from CCG-commissioned mental health inpatient services receive a follow-up within 72 hours	85%	*Previously reported indicator: (Existing percentage of patients on Care Programme Approach who were followed up within 72 hours after discharge from psychiatric inpatient care)*		91.69%	88.60%
5) Percentage of patients who reported their overall experience as very good or good	94.00%	93.21%	94.34%	91.8%	91.8%
6) Percentage of patients that report that staff treated them with dignity and respect	94.00%	86.77%	89.14%	87.3%	87.3%
7) The number of Medication Errors with a severity of moderate harm and above	2.5	-	-	1	4
8) Number of serious incidents reported on STEIS	-	-	-	34	32
9) Number of Complaints raised	-	-	-	779	668

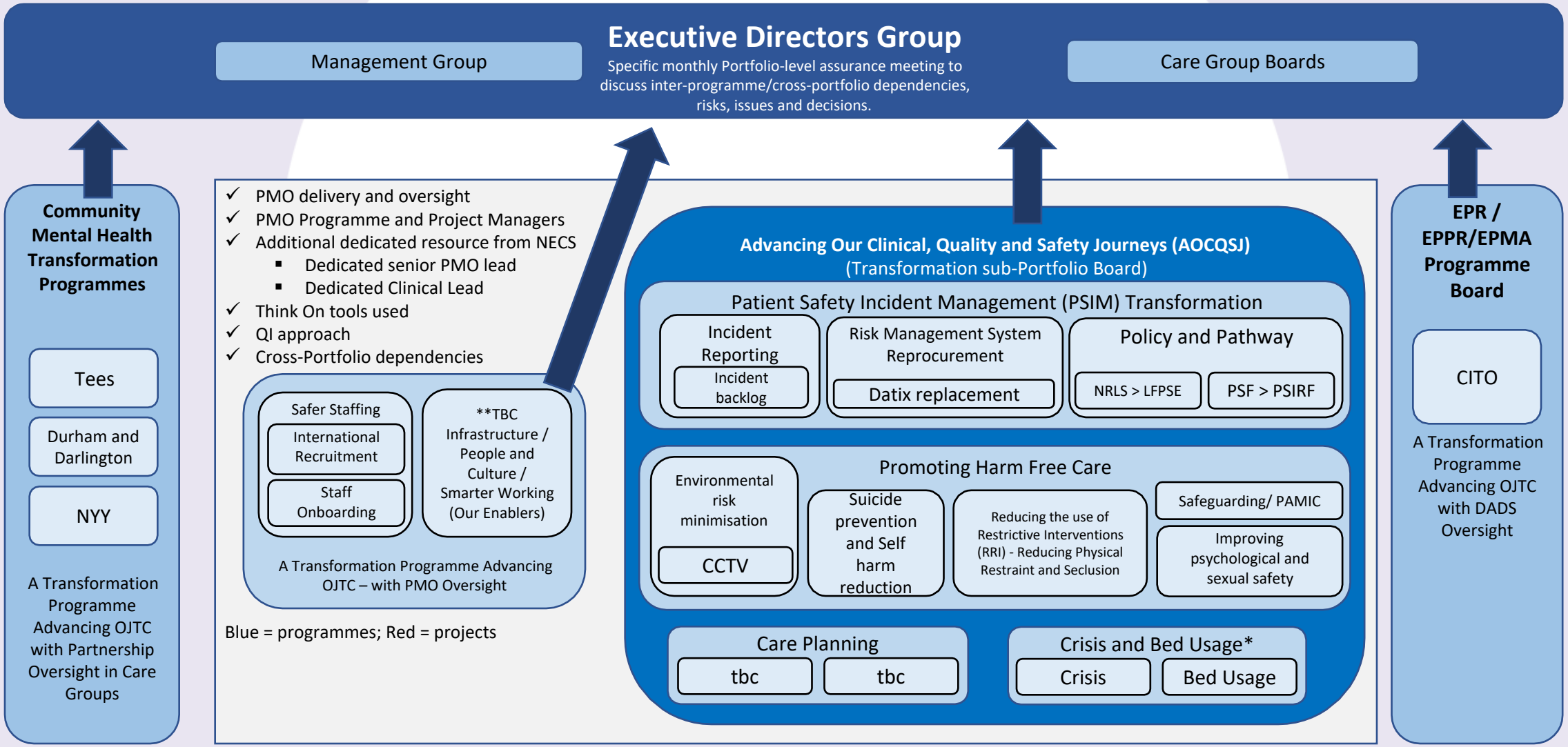
Our Quality and Safety Journey

Tees, Esk and Wear Valleys NHS Foundation Trust



Our Quality and Safety Journey

NHS
Tees, Esk and Wear Valleys
NHS Foundation Trust



Thank you

Leanne McCrindle & Chris Lanigan

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NHS
County Durham and Darlington
NHS Foundation Trust

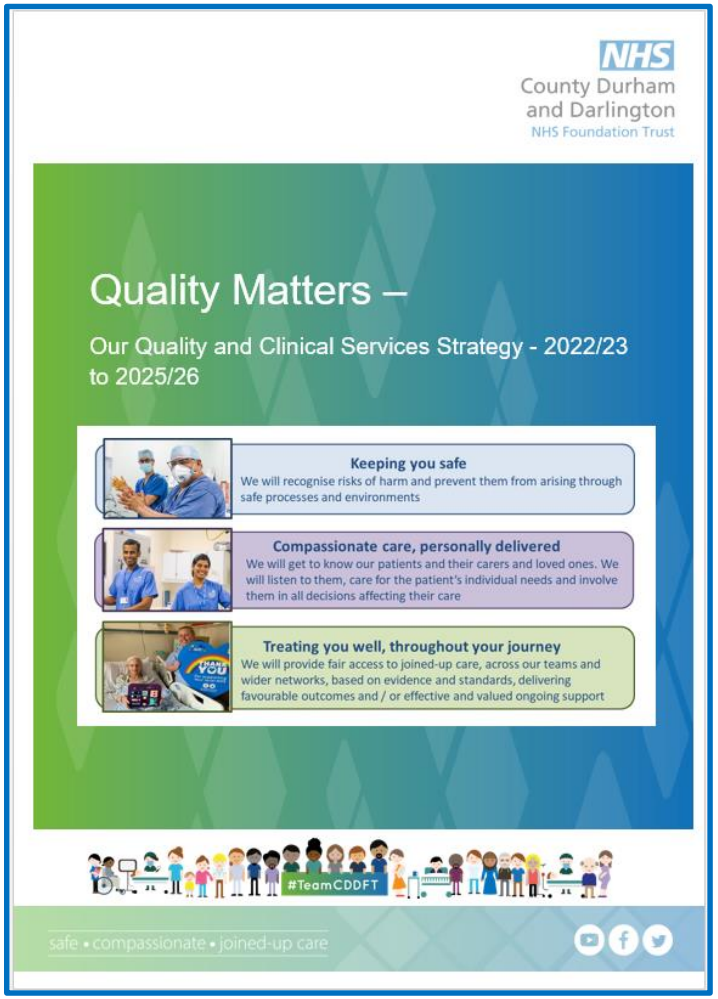
Darlington Health and Housing Scrutiny Committee – 24th January 2023

Quality Accounts Update

Lisa Ward and Warren Edge

Introduction

- Quality Matters – is our strategy to 2025/26 to support the achievement of our vision, **Right First Time, Every Time**, and is underpinned by our core values.
- Our priorities for 2022/23 reflected the priorities in the refreshed strategy and priorities brought forward from 2021/22 where there was further work required
- We have recruited and appointed a Quality Improvement Senior Sister to lead on sharing quality improvement work across teams and specific projects and aim to build on this approach



Our quality priorities for 2022/23

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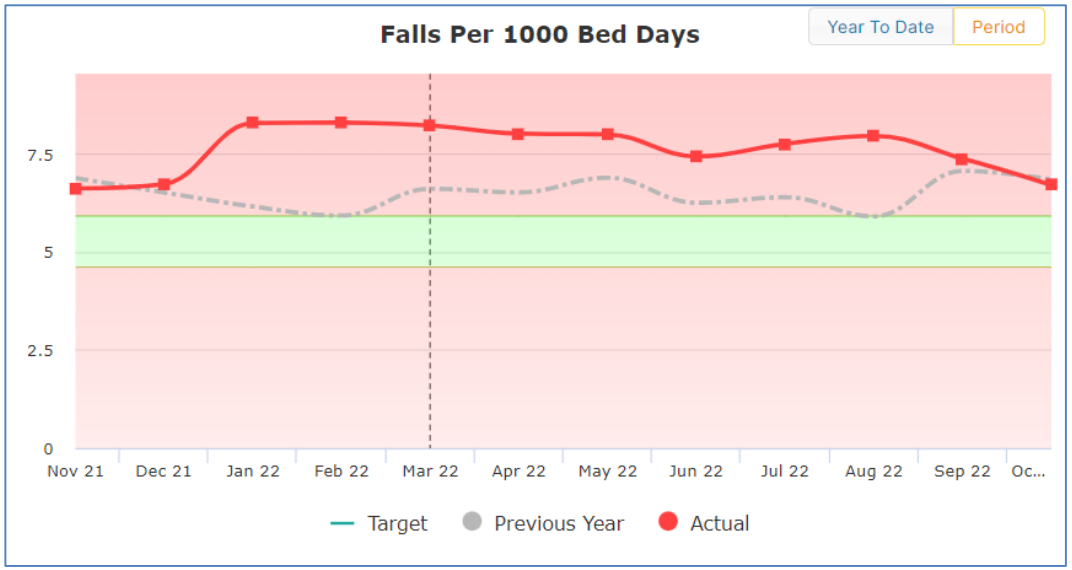
Safety	Experience	Effectiveness
Quality Strategy Priorities		
Reduce the harm from inpatient falls	Provide a positive experience for those in our care whose with additional needs including patients with dementia, learning disabilities, autism and mental health support needs	Reduce waiting times in A&E covering: Time to assess, Time to treat, Total time in the department
Reduce incidence of, and harm, from Health Care Associated Infections	Ensure a positive patient experience through the discharge process	
Maintain zero tolerance of Grade 3 & Grade 4 pressure ulcers		
Maternity Standards including Ockenden recommendations		
Embed safe practice for invasive procedures: LocSSIPs		
Embed prompt recognition and action on signs of patient deterioration		
Retained priorities for 2022/23: work ongoing		
Improve the timeliness of administration of antibiotics for patients with suspected sepsis	End of life care: palliative care strategy, ensuring appropriate access to private rooms for dignity	Improving access to paediatric specialist services
	Continued improvement of nutrition including assessment and provision for specific needs	Increasing excellence reporting
		Learning from Deaths (in particular the roll out of Medical Examiners reviews)

Falls

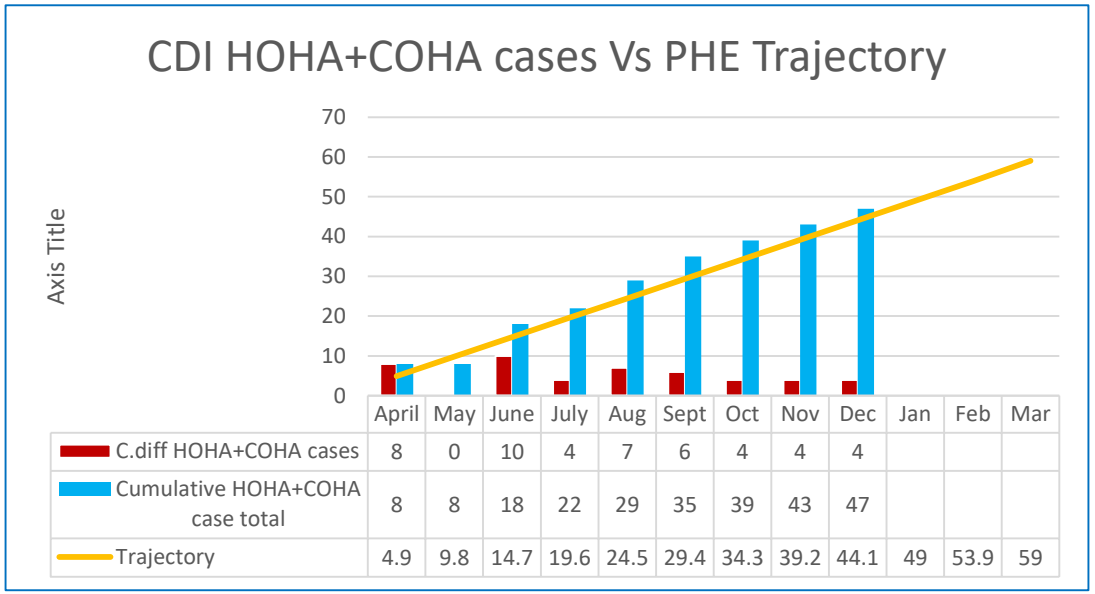
- Falls Strategy 2021 to 2024 remains in place
- Falls per 1,000 bed days remain above pre-pandemic norms (the green zone in the graph), albeit that quality improvement work has seen a recent improvement in the trend
- The Falls Team completes Rapid Reviews of falls within five days
- Most of the falls reviewed could not be predicted or prevented and the increase is considered a function of acuity
- Questionnaires have been built into the Incident Reporting system to allow all falls to be assessed for lapses in care and improvement targets set based on falls with lapses in care
- Documentation on wards has been updated to the latest falls care bundle
- There is ongoing education from the Falls team to all wards and teams, face to face.
- The recently appointed Quality Improvement Senior Sister is focusing on supporting and disseminating quality improvement projects on falls as a first priority



Healthcare Acquired Infections / Pressure Ulcers

County Durham and Darlington NHS Foundation Trust

- There have been **zero** MRSA bacteraemia infections reported in the year to date in line with our zero tolerance
- The Trust is marginally above trajectory for C-Diff infections. This is a trend being seen nationally and regionally (where the Trust still benchmarks well). There is considered to be a Covid-19 link but this requires further research.
- The Trust is above its internally set trajectory for MSSA infections but below national trajectories for Klebsiella, Pseudomonas and e-coli
- Monthly back to basics audits have been taking place to reinforce compliance with good infection control practice in all areas. These are being adapted to allow the IPC team to focus on supporting areas with challenges.
- There has been only one Grade 3 pressure ulcer in the year to date (zero Grade 4 ulcers) where a lapse in care was identified.



	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
C.diff HOHA+COHA cases	8	0	10	4	7	6	4	4	4			
Cumulative HOHA+COHA case total	8	8	18	22	29	35	39	43	47			
Trajectory	4.9	9.8	14.7	19.6	24.5	29.4	34.3	39.2	44.1	49	53.9	59

Maternity Services

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Aims	Progress
Birth Rate + staffing review	This independent review is underway and expected to conclude by 31st March 2023.
To progress in rolling out Continuity of Carer	This objective has been superseded by the last Ockenden report and national 'pause' to ensure that developments recognise the overriding need for safe staffing. We have engaged extensively with our teams and evaluated safe staffing and agreed a 'hybrid' model under which well-established "Infinity" teams have been retained in some locations but traditional acute and community teams have been maintained in most others.
Ockenden Action Plans	The Trust has evaluated the safety of its maternity staffing in line with the national requirement (see below) and has continued to implement the required actions, taking account of feedback from a review by the Local Maternity and Neonatal System. All aspects of the maternity service are reviewed at bi-monthly safety champions meetings and the Integrated Quality and Assurance Committee. There has been an Executive-supported Maternity Quality Improvement Framework in place which has seen real improvements in quality, safety, screening and use of IT systems.
Staffing – recruitment and retention	There is a branded recruitment programme underway, which is seeing some success ("Work with a Team that Delivers More") and we have also been successful in trialling international recruitment. In keeping with maternity services regionally and nationally, there remain staffing pressures, with some impact on morale and retention. Our Workforce Experience Team is supporting the service with wide and meaningful staff engagement and in providing wellbeing support. Daily action planning meetings are held to agree actions to maintain safe staffing for our maternity services taking account of demand and acuity.

Preventing harm from invasive procedures

- No never events have occurred in the year.
- All Local Safety Standards for Invasive Procedures (LocSSIPs) have been reviewed and a single library of approved versions is in place on our intranet
- There is an overall policy in place for LocSSIPs and a monitoring process through our Clinical Standards and Therapeutics Committee and Integrated Quality and Assurance Committee.
- Audits of compliance are well underway and compliance for all LocSSIPs will be audited by the year end.
- One of our Digital Matrons is working with Clinical Leads to prioritise LocSSIPs to be built in our EPR system, with compliance to be driven by workflow functionality and mandatory fields.

Patient Deterioration

- We have increased class sizes for face to face training with respect to recognition and treatment of deterioration and gradually catching up after the pandemic.
- Our AKI and renal in-reach services have been subject to an interim evaluation, with clear benefits identified in terms of length of stay, improved specialist support to nursing staff and junior doctors, the patient experience, and adherence to NICE guidance and evidence-based standards. Further evidence is needed but the service is also expected to have contributed to improvements in mortality ratios and preventing unnecessary admissions to critical care.

  We have introduced an acute competency development pathway for registered nurses on our AMUs with further training in managing the deteriorating patient and to impart essential skills such as arterial blood gas interpretation, taking blood cultures and basic rhythm recognition.
- "Call for Concern" (see the poster) has also evaluated well, based on an initial review and we are committed to publicising the service more widely. There are examples where contact from relatives or friends has made a difference to the care of a patient and / or improved communication with the family
- Treatment Escalation Plans have been captured in our EPR system

Care of Patients with Sepsis

Area	Progress
Accident and Emergency Services	Patient Group Directions (PGD) have been rolled out alongside a Nurse-led Pathway. These cover the 'Sepsis Six' and enable a senior nurse to give a first dose of antibiotics (IV Tazocin) whilst the patient is awaiting clinical review. Use of the PGD has, however, been limited because in most cases there appears to be an underlying origin known, which discounts using the PGD. Work is on-going with the Sepsis Lead Nurse/Clinical Teams to consider the options available to optimise antibiotic delivery in the Emergency Departments.
Maternity Services	The Early Detection Lead Nurse has been working closely with Maternity Services to review the current Sepsis tool which is now in line with NICE and UK Sepsis Trust recommendations.
Urgent Care and Community Services	The Sepsis Tool for Community Patients and Urgent Care Centres has been implemented across Urgent Care and Community teams at CDDFT. The tool is now live in Systmone, with an overall aim to prompt early identification and response to Sepsis. In addition to this the tool prompts the team to consider whether hospital admission could be avoided for those patients where escalation of care may not be appropriate.

Additional needs

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Aims	Progress
Dementia	• Over 90% of staff have completed the required training in dementia awareness (over 95% for Tier 1) • Sensory training has been reintroduced since September 2022 and completed by 142 staff. • Enhanced care training has been completed by 112 staff. • We are reinvigorating recruitment of Dementia Champions on each ward, post pandemic and have signed up the Dementia Friendly Hospital Charter • Dementia assessments have been built into EPR.
Learning Disabilities (LD)	• There is a well-embedded pathway involving flagging of any patient (who consents to flagging) with a learning disability to the specialist LD nurses who then support risk assessment and agreement of reasonable adjustments. • Staff are encouraged to use the Hospital Passport and 'Coming Into Hospital' packs and contact details for the LD team are shared with carers. • Each patient staying more than five days is reassessed at Day 5 by an MDT team including the LD nurses • Patients are followed up after discharge, by telephone and in person if considered appropriate through our LD outreach service. • Mandatory training in LD and Autism is being introduced for all our staff. Packages have been developed and are ready to deploy. • We have a specific friends and family test for LD patients and their families / carers in an easy read format
Patients with mental health needs as well as physical ill-health	• A Partnership Alliance and Operational Group are in place with TEWV and local authorities to plan services and agree joint are plans where appropriate • On site Psychiatric Liaison Teams are in place, in close proximity to our A&E Departments. • Joint work on good practice guides is taking place, with TEWV, to ensure relevant elements relating to an acute environment area are enacted.

Discharge

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- We are updating our approach to include learning from all previous Work As One and 'Perfect Week' exercises, building on our Next Step Home approach.
- We work closely with local authority partners to support early discharge using trusted assessment and time to think beds
- We have seen positive feedback (4 of the Top 5 questions for the Trust in the 2021 CQC national inpatient survey, where we were above average concerned discharge)
- We have seen fewer Section 42 safeguarding concerns raised and have a joint meeting with the local authority safeguarding team which has proved very positive.
- We continue to work on facilitating discharge earlier in the day for patients
- Following our EPR launch we are working on residual issues with discharge letters.

Top five scores for CDDFT:

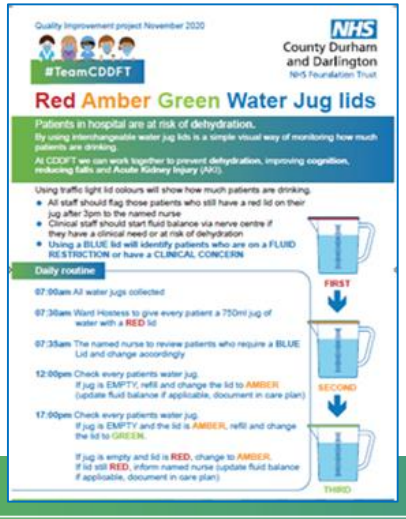
Survey Section	Question	CDDFT Result (0-10)	Trust Average (0-10)
Leaving hospital	Q46: After leaving hospital, did you get enough support from health or social care services to you recover or manage your condition?	7.0	6.5
Leaving hospital	Q42: Before you left hospital, did you know what would happen next with your care?	7.2	6.8
Leaving hospital	Q37: Did hospital staff discuss with you whether you would need any additional equipment in your home, or any changes to your home, after leaving the hospital?	8.9	8.7
Leaving hospital	Q44: Did hospital staff discuss with you whether you may need any further health or social care services after leaving hospital?	8.6	8.5

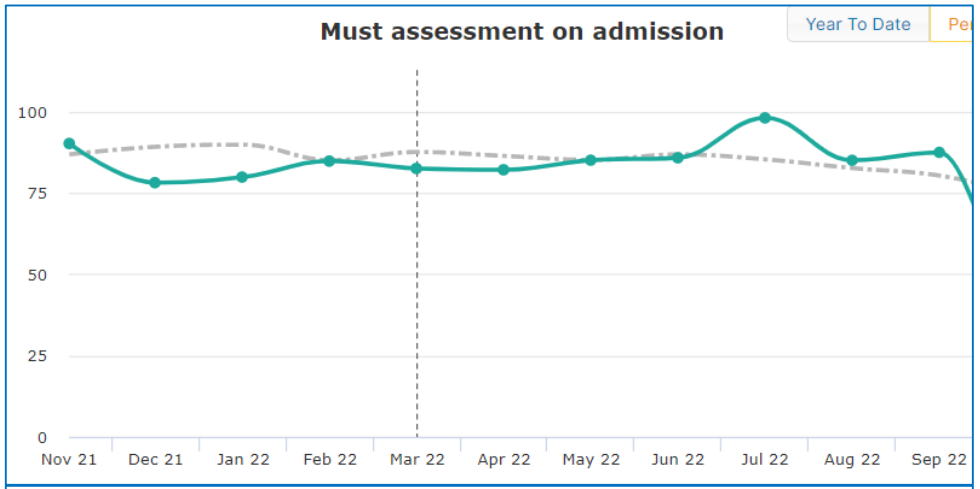
End of Life / Palliative Care

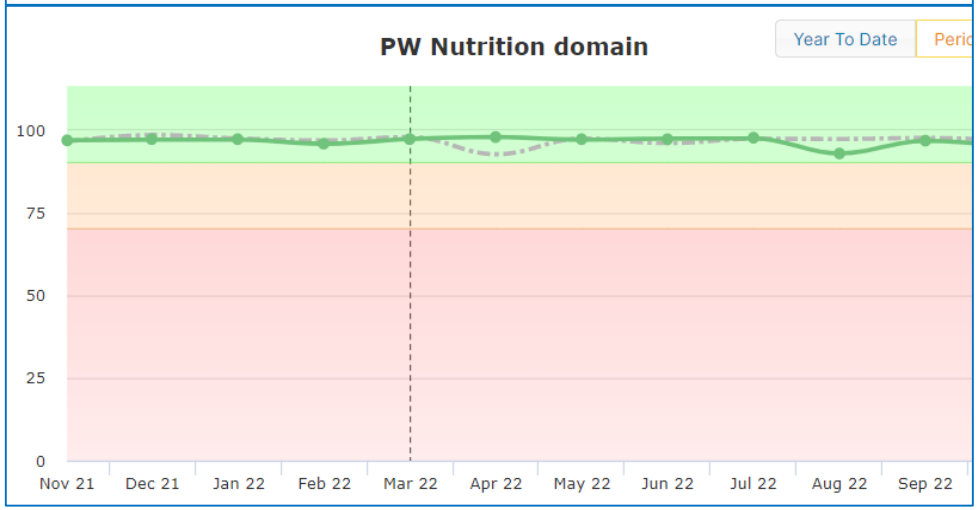
Aims	Progress
Development of an end of life care strategy	There is a Draft End of Life Care Strategy in circulation for comment from a wide range of stakeholders. It sets out ambitions to: • Treat all patients as individuals • Provide each patient with far access to care • Ensure maximum wellbeing and comfort • Ensure that care is coordinated • Ensuring that all our staff are prepared and equipped to provide care those in their last stages of life
Access to side rooms	The constraints of the estate at UHND continue to result – at a time of high demand from respiratory and other infections – in some patients not being able to have the privacy and dignity of a side room at the end of their life. We make use of community hospitals where appropriate and are reviewing opportunities to increase side rooms across the Trust's estate. Audits have shown that access to side rooms at DMH is much better. Education is provided to staff on ways to maintain the privacy and dignity of end of life care patients within the wider hospital footprint where side rooms are not available.

Nutrition and Hydration

- Compliance with nutrition measures covered by wards audits (the “PW Nutrition Domain”) remains high at over 90% and rated green
- Dietetics have supported the wards in maintaining and improving compliance with completion of MUST assessments within four hours of admission. The graph to the right covers all care groups. On our medical wards, compliance ranged from 88% to 96% between April and September, with most wards regularly scoring over 90%.
- The available data since October requires validation due to the launch of our new EPR system.
- A range of quality improvement projects have been undertaken to support awareness of, and compliance with good hydration.







Mortality / Learning from Deaths

Measure / source of assurance	RAG
Summary Hospital Mortality Indicator (SHMI)	
Hospital Standardised Mortality Ratio (HSMR)	
Copeland's Risk Adjusted Barometer (CRAB)	
Completed mortality reviews	

HSMR measures, effectively in-hospital deaths

SHMI also includes deaths out of hospital within 30 days. The Trust is a national outlier for this indicator.

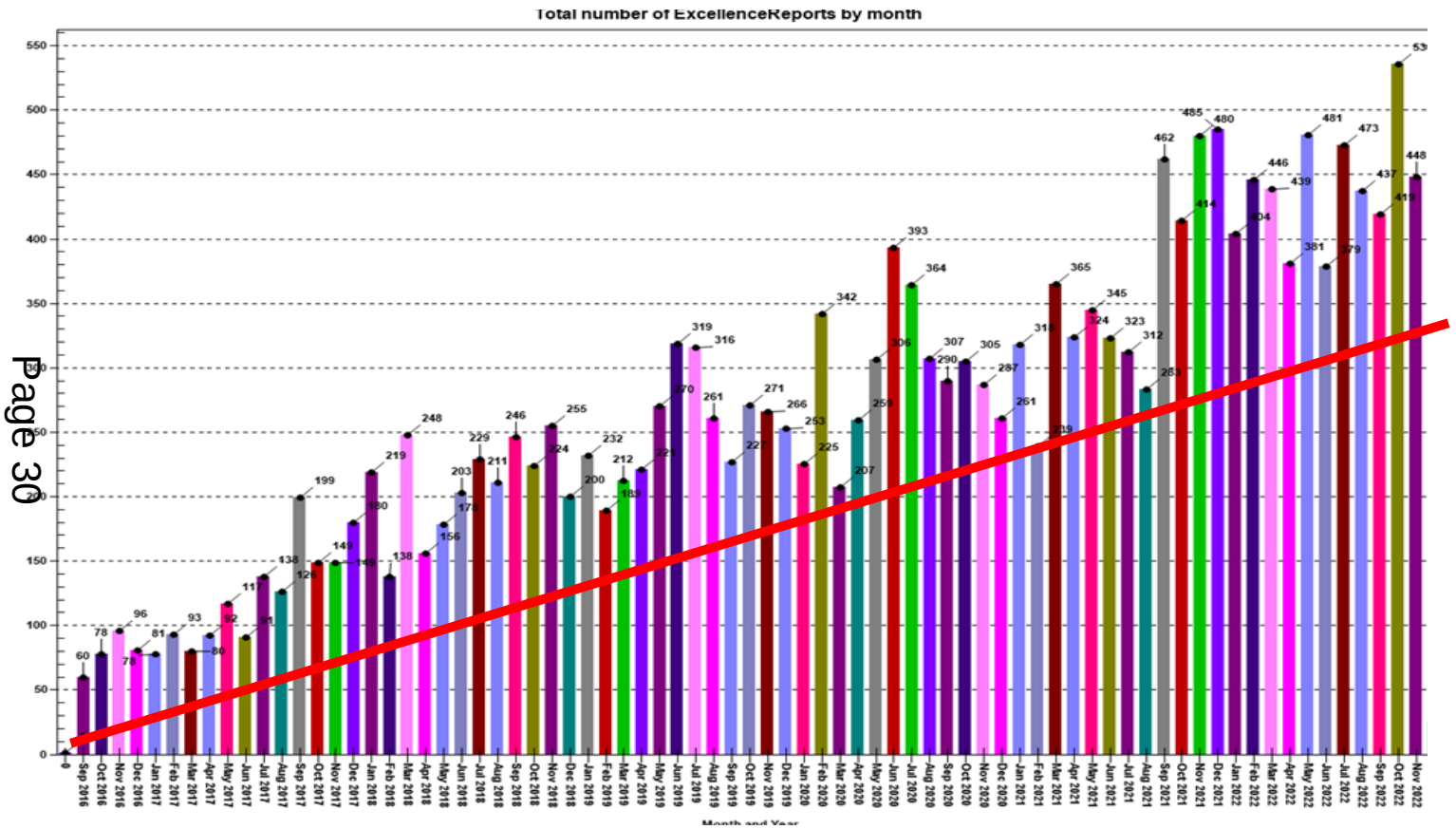
Comments

- All indicators are in line with expectations with less than one per cent of reviews completed for 2021/22 pointing to any evidence that a death may have been preventable.
- SHMI remains within statistical parameters helped by our AKI service and EPR includes functionality to increase the depth of coding resulting in more accurate data going forwards
- The Board was advised in September 2022 that there were 8 medical examiners in post with two more appointed to start late in September 2022. The service was fully embedded at DMH at that time, and is now fully staffed at UHND. Some 870 deaths were independently examined between April 2021 and July 2022. There is a good relationship with the Coroner already in place.

Paediatrics

- We have sustained 24/7 opening for the front of house Paediatric Assessment Area at Durham
- We have recruited specialist nursing staff to meet the RCPCH standards for the Paediatric A&E area at DMH, with recent appointments starting this quarter
- Further investments in specialist paediatric and neonatal staff have been agreed and are being recruited
- We are also increasing our ward based staff to ensure a 1:4 nursing ratio given the acuity and needs of our patients e.g. respiratory viruses and mental health needs
- We have established a Partnership Alliance Group, and an operational group with TEWV and local authority partners to jointly plan and coordinate care for children and young people with mental health needs. The operational group looks after care planning and mitigation of risks
- We are reviewing our ligature risk assessments for paediatric wards with support from TEWV
- We are working with the support of the regional Paediatrics Network with respect to the changes we are making to our services

Excellence Reporting



The red line shows the positive year on year trend

The increasing numbers of reports are shared with staff through a bulletin and a number of “walls of awesomeness” in key locations around the Trust.

A&E waiting times

Four hour waits:

Other than in the EPR go live month of October (when 65% of patients were seen in 4 hours), performance has fluctuated from 69% to 74.5% over the year to date. This does not include urgent care activity from primary care hubs and relevant telephone activity, which qualify under the criteria and have been included post October. Together this additional activity increases performance by around 3% to 5% each month.

Performance is around the national average and slightly below the regional average. The national planning requirement for 2023/24 is 76%. It is a product of increases in patient acuity, ongoing high levels of Covid-19 activity for much of the year and tightening of access to social care beds, impacting on discharge, particularly in North Yorkshire where staffing issues exist.

Other indicators:

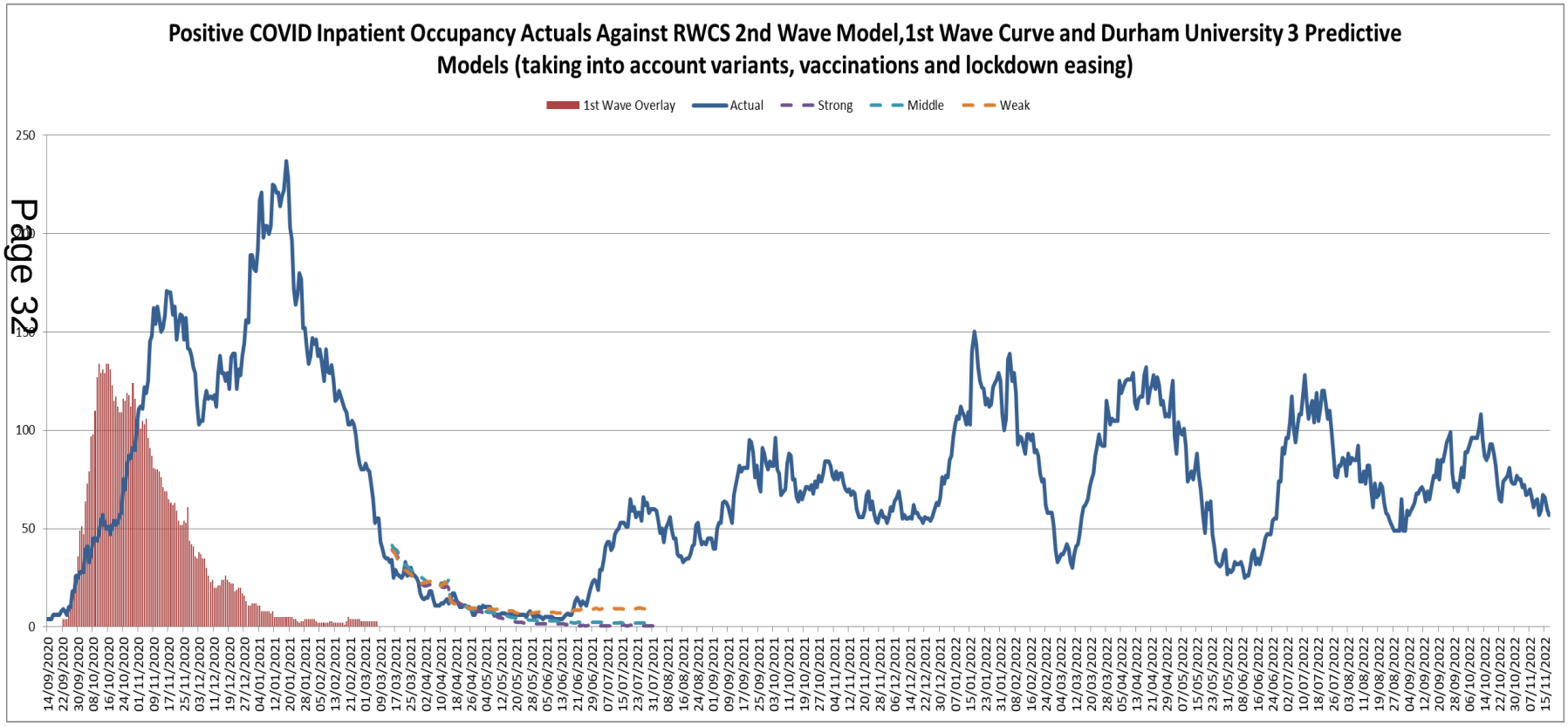
Standard / Month:	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22
DMH ED attends	5,454	5,841	5,675	5,686	5,264	5,187	5,380
DMH ED Time to Initial Assessment – within 15 minutes	3,938	4,472	4,097	3,924	3,747	3,425	1,397
DMH ED Time to Initial Assessment – % within 15 minutes	**72.20%**	**76.56%**	**72.19%**	**69.01%**	**71.18%**	**66.03%**	**25.97%**
DMH ED Patients spending more than 12 hours in A&E	659	394	595	445	583	456	886
% DMH ED Patients spending more than 12 hours in A&E	12.1%	6.7%	10.5%	7.8%	11.1%	8.8%	16.5%
DMH ED patients spending 12hr+ in A&E Not Admitted	178	126	187	111	120	55	527
% DMH ED patients spending 12hr+ in A&E that were Not Admitted	27.0%	32.0%	31.4%	24.9%	20.6%	12.1%	59.5%
Average time(mins) in DMH ED – Admitted patients	560	443	496	496	555	575	698
Average time(mins) in DMH ED – Non-admitted patients	259	230	275	267	282	256	388

There has been a slight fall off in the numbers being assessed in 15 minutes (average of 73% to 76% in 2021/22). October data was taken just after EPR go live and is not reliable. There has also been an increase of 2 to 3% (on average) for those in the department over 12 hours compared to the prior year.

A&E waiting times – Covid-19 impact

County Durham and Darlington NHS Foundation Trust

We were told to plan for summer 2021 levels of activity (50 to 55 cases) but, in reality, numbers have been much higher.



A&E waiting times – actions and developments

County Durham and Darlington NHS Foundation Trust

- We have doubled the size of the ambulance handover bay at DMH, which now takes 8 patients compared to 4.
- We have fully established Ward 33 as an operational ward, increasing the resilience of our bed base, with further increases in capacity planned for early in 2023/24
- We have recruited paediatric specialist nurses to meet the Royal College of Paediatrics and Child Health recommendations for our A&E at DMH and staff will commence in post over this quarter
- We have fully embedded our Same Day Emergency Care service (as an alternative to A&E for suitable patients) at DMH and increased the number of patients using it.
- We have put additional staff (one Registered Nurse and one HCA) into the waiting rooms to monitor patients and have safety checklists and checklists to ensure patients get food and drink whilst waiting
- We have extended in-reach into the department from acute care physicians given patients can be waiting longer
- We continue to work proactively with, and are supported by, our local authorities to address challenges with access to beds in the community or domiciliary care.
- We have agreed, and are rolling out, additional investments in middle grade and junior doctors in our A&E Departments.
- We are working on investing in seven day services to ensure all patients receive a medical review every two years. Implementation is expected to be incremental, however, given dependence on funding and the recruitment market.

Any questions?