DARLINGTON
Borough Council

Health and Housing Scrutiny Committee Agenda

10.00 am
Wednesday, 5 February 2025
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. County Durham and Darlington NHS Foundation Trust - Quality Accounts Update - January 2025 –
Report of the Senior Associate Director of Assurance and Compliance
(Pages 3 - 14)

Luke Swinhoe
Assistant Director Law and Governance

Tuesday, 28 January 2025

Town Hall
Darlington.

Membership
Councillors Baker, Beckett, Crudass, Holroyd, Johnson, Layton, Mahmud, Pease, Mrs Scott and Vacancy

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, Resources and Governance 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

DARLINGTON BOROUGH COUNCIL – HEALTH AND HOUSING OVERVIEW AND SCRUTINY COMMITTEE

QUALITY ACCOUNTS UPDATE – JANUARY 2025

County Durham and Darlington NHS Foundation Trust

Introduction

This paper sets out the Trust's progress against its Quality Accounts as at October 2024, to the end of Quarter 2, 2024/25. It has been reviewed by the Trust's Executive Quality Committee and the Board's Integrated Quality and Assurance Committee. The following ratings definitions have been used, and a trend arrow to show whether quality indicators are improving (upward arrow), getting worse (downward arrow) or have remained the same (horizontal arrow).

The commentary has been updated in red to indicate the latest position compared to the end of Quarter 2.

On track to deliver improvements expected over the life of the strategy		Broadly on track, with some consolidation of improvements needed	
Improvements have been made; however, there remains some further work needed during the four year-strategy period to meet the objective.		Off track, with remedial work needed	

Summary

The majority of the priorities (particularly for patient experience) are broadly on track and there is improvement over time for most. None have seen deterioration in performance. Where further work is needed for amber or red rated areas this is already well understood and documented through Executive Oversight and governance processes and is progressing and being reported on through the Quality Committee, SLT and IQAC.

Patient Safety Priorities

Priority	Key actions	Status update	Impact	Rating	Trend
Reducing harm from inpatient falls	Further development of the rapid review template to consider risks re FCP patients Work on a joint falls and fracture prevention strategy with partners Improve education and evaluate the policy re bed rails Improve the accessibility of falls information and resources	The Falls Team continues to provide targeted education and support to those wards and areas (including community hospitals with higher falls rates).A wide range of local quality improvement work remains in place. The Trust has implemented the actions relating to education and training from a national patient safety alert on bed rails. A repository of falls prevention and safe mobility resources is available to all staff via the intranet.	The reduction in falls on the acute sites, related to activity, has been sustained in the current year, as shown in the Appendix. Falls in community hospitals have not yet seen a similar reduction; however, the numbers and acuity of patients have increased compared to prior years. Update to latest position – falls on acute sites continue to show sustained reduction (all three sites). Winter pressures, resulting in more beds being open and higher patient acuity have seen slight increases in community hospitals, although most falls are no / low harm. The Richardson is subject to specific support from the Falls Team		↑

Priority	Key actions	Status update	Impact	Rating	Trend
Reducing harm from pressure ulcers	Ongoing education and rapid reviews of pressure ulcers, including quarterly thematic reviews of Level 2 pressure ulcers Update the mattress selection guide for community services	The Tissue Viability Team have continued to provide education and training on pressure ulcer risk assessment prevention and treatment, supported by a network of Wound Resource Education Nurses. The Waterlow risk assessment is being reviewed, a 'Train the Trainer' approach is being taken to the roll out of training in Aseptic Non-Touch Technique and the team are looking into having the competency mandated on ESR.	There has been one high grade pressure sore in the year to date. This is above the Trust's zero tolerance but an improvement on the previous year. Update to latest position - Number of pressure ulcers (Grade 2) are increasing but lapses in care identified from reviews are reducing, which is positive.		↑
Reducing harm from healthcare associated infections	Review and update of infection control policies Strengthening of rapid review and learning processes Programme of actions to reduce CPE risks, particularly at DMH Operational reset of IPC practice. Antimicrobial stewardship programme	The majority of infection control policies have been updated and current arrangements have been reviewed and evaluated using the national IPC Board Assurance Framework. IPCNs continue to support rapid learning from infection cases and the HCAI Reduction Group has been re-established. Local audits have been reinstated, in addition to the ward assurance audits and these have found gaps in compliance with some IPC controls, resulting in the operational refresh programme. The Trust has continued to be supported and advised by UKHSA and NHS experts with respect to CPE and has acted on this advice. Ward 52 was decanted and refurbished and similar works are being considered for other wards. A 'CPE ward' has been introduced. Antibiotic prescribing audits continue to take place, demonstrating reasonable compliance overall, and learning points have been shared.	The Trust is above trajectory for pseudomonas and MSSA and has reported three cases of MRSA against a zero tolerance. It is on trajectory for C-Diff and below it for klebsiella and e.coli. Rates per 1,000 bed days are, however, better than regional and national averages, as shown in the Appendix. CPE outbreaks continue at DMH but the numbers of positive cases are starting to reduce. Update to latest position - Latest data shows four MRSA cases reported in the year. The Trust is within trajectory for C-Diff and E.coli but above for other infection types. Other than for MRSA rates per 100,000 bed days benchmark reasonably well nationally and regionally. CPE outbreaks remain at DMH but the number has reduced to 3 open outbreaks with fewer patients affected. IPC measures such as waterless bathing remain in place.		↔
Improving recognition and acting on patient deterioration	Embed completion of risk assessments and compliance with policies on observations and escalation through the use of Cerner dashboards Further publicise Call for Concern Ensure compliance with relevant training programmes Roll out the related System Improvement Plan	Compliance with completion of timely risk assessments and observations, including observations for higher risk patients is monitored daily and monthly, showing a steadily improving trend. There is, however, a need to further embed compliance with timely nurse roundings and timely observations for patients with a NEWS above six. The Trust has appointed Martha's Rule nurses and signed up for the national roll out, building on the Call for Concern initiative. Quality Committee has signed off the SIP and is shortly to receive an update on the actions. Compliance with training programmes has improved as a result of a strong focus through the Q&P meetings and SLT, albeit that compliance is slightly	See the Appendix for examples of sustained improvement with respect to risk assessments and observations. Further work is being done to increase compliance with timely observations for patients with high NEWS scores in particular. Compliance with training programmes has improved as a result of a strong focus through the Q&P meetings and SLT, albeit that compliance is slightly below the 85% standard for a small number of life support and related courses. Latest position – the actions in the System Improvement Plan are being monitored by the Executive Quality Committee		↑

Priority	Key actions	Status update	Impact	Rating	Trend
		below the 85% standard for a small number of life support and related courses.	Compliance with observations and escalation quality metrics continues to improve over time.		
Reducing harm from sepsis	Ongoing focus on timeliness of screening, provision of antibiotics and taking of blood cultures, in our Emergency Departments.	A Task and Finish Group remains in place focusing on increasing rates for screening, provision of antibiotics and taking of blood cultures in the Emergency Departments. There are challenges with respect to the last two in times of heavy demand and where space is not available. The Trust is working through the roll out of the new NICE guidance on Sepsis.	The most recent manual audit results show improvement with 83% of patients being screened within the hour, 75% receiving timely antibiotics and 69% having blood cultures taken promptly. Whilst the position is improved, the Trust's ambition is for compliance over 90%. Latest position – the latest manual audit for the Emergency Department shows ongoing challenges with results being 82%, 65% and 60%. Work continues, however, to align the approach with the most recent NICE guidance, which requires antibiotics in one hour for the highest risk cases and in three hours (with a focus on identifying the origin of the sepsis) for others.		↑
Improving maternity services	Consolidate the leadership structure and recruit to further specialist roles Strengthen staff engagement Establish resilient staffing Progress towards reinstatement of the home birth service Develop quality governance structures and work towards full achievement of the safety actions in the maternity incentive scheme.	Appointments have been made to a number of specialist posts including a Governance and Risk Matron and Bereavement Midwife. The service obtained and used regional funding to invest in wellbeing and engagement events for the team and there is a very active programme of Board visits, with issues logged and followed up. The SCORE survey and engagement workshops have identified areas for further work, agreed with staff and on which staff are being regularly updated. A project plan is in place to reinstate the home birth service as resilience in community midwifery teams permits. Once newly-qualified staff are in post there will be around 12 remaining vacancies on the acute sites. Staffing resilience has improved through recruitment, retention and management controls such as the daily PIT meetings and weekly forecasting. Quality governance structures have been strengthened, as observed through reporting into the Maternity Safety Champions meetings. The Trust is progressing towards full achievement of the MIS safety actions, but has flagged a small number of risks which are the focus on ongoing work.	Only two specialist posts remain to be filled. Update: there are only nine vacancies in the service now. Board members continue to report that engagement and morale in the service are much improved. Concerns raised by staff are looked into and acted upon. The service is unlikely to be reinstated before December 2025 given the capacity and training required. Update: the Board continues to evaluate options to support women wishing to have a home birth in the meantime. Staffing resilience has improved as shown by fewer red flags and staffing incidents (see the Appendix), increase 1 to 1 care and coordinators largely remaining supernumerary Update: latest data shows they remain supernumerary over 95% of the time. Risks to MIS compliance are considerate moderate and are being actively addressed which is an improvement on the prior year when four actions were failed. Update: The Trust expects, subject to final		↑

Priority	Key actions	Status update	Impact	Rating	Trend
			validation and discussion with the LMNS to declare compliance with all 10 safety actions. The Trust remains in the national MSSP which is in the diagnostic phase. Update: Work is underway to implement the leading Birmingham Symptom-Specific Obstetric Triage System (BSOTS) in the first half of 2025		
Further roll out of LocSSIPs	Through the LocSSIP task and finish group establish controlled versions of all LocSSIPs, which are up to date and accessible to clinicians. Commence the development of LocSSIPs in EPR Re-audit compliance with the LocSSIPs.	The Task and Finish Group has established a definitive library of LocSSIPs on the intranet and has undertaken a campaign to promote and educate staff in their use through multiple channels. Work has commenced on development LocSSIPs in EPR; however, none are fully development at present.	The re-audit of compliance with LocSSIPs has only recently commenced, hence it is not possible to update on the impact of the actions taken to date. Update: LocSSIP documents are all in date except for two which are undergoing approval through governance meetings. The compliance audit is well underway and observation audits will be included in next year's clinical audit programme.		↑

Patient Experience Priorities

Priority	Key actions	Status update	Impact	Rating	Trend
Improving care for patients with additional needs – dementia	Roll out of good practice through the network of Dementia champions and incremental improvements in the environment in response to prior year PLACE scores	A PLACE group is now meeting quarterly to monitor the roll out of all PLACE-related actions including those relating to the Dementia environment. The Lead Dementia Nurse is continuing to focus on strengthening the network of Dementia and LD champions.	The 2024 PLACE assessments are yet to take place, which will allow improvements in the environment to be assessed. Update: PLACE visit outcomes awaited.		↔
Improving care for patients with additional needs – LD and Autism	Roll out of training to all staff Completion of mortality reviews for all LD/ Autism patients to support learning Seek to substantiate fixed term posts in the LD team on a permanent basis	The Executive, through the Quality Committee has committed to supporting the roll out of mandatory LD and Autism training to all staff, although this is not yet fully in place. Mortality reviews have taken place for all deaths of LD patients with learning shared widely, including through the Quality Committee. Business cases have been submitted to substantiate fixed term roles within the team.	The specialist LD nursing team continues to support patients during their admission and with outreach thereafter, although a significant increase in the number and acuity of patients with LD, and the number of mortality reviews required is putting pressure on their resources, hence the importance of the business case. Update: A visit from the regional LD network commended the Trust for its support to patients with LD and Autism, not just from the specialist teams but among front-line and diagnostic teams also		↔

Priority	Key actions	Status update	Impact	Rating	Trend
Improving care for patients with additional needs – Mental Health	Working through our Partnership Alliance with TEWV and others: • Reviewing and updating policies • Developing bespoke care plans for patients with mental ill health, needing physical health needs • Increasing awareness and understanding among our own staff, through training • Increasing compliance with the Mental Health Act	The Mental Health Alliance Board, which includes CDDFT, TEWV and others has overseen the set-up of working groups to roll out trauma-informed practice and review the approach to restraint and has overseen the development of joint care pathways for children and young people, and young people with eating disorders. Work on a joint adult care pathway will come next. There has also been further training and support provided by specialist teams, and a change in the approach, using Matrons, to improve compliance with the MHA.	As reported through IQAC there has been an improvement in patients being read their rights under the MHA over the last quarter, with fewer cases where reading of right was missed. There have been fewer challenging cases and incidents involving the care of children and young people than in the prior year. Update: TEWV continue to provide training in the MHA for staff and a schedule is in place for 2025/26.		↑
Support for and learning from cancer patients	Increasing understanding of the communication needs of veterans in relation to cancer Development of psychology support for cancer patients Expanding and increasing the use of the cancer experts by experience group	The first veterans' listening events have been held to understand their needs and experiences. Pump-priming funding has been used to provide a level of psychology support in the current year with a business case to be brought forward by December 2024 Cancer Services make use of the group and the Northern Cancer Voices group to understand service user views, supplemented by monthly 5x5 surveys and the national cancer patient survey and quality of life survey with patient views shared with each tumour group and action planning supported. Experts by experience have offered to support forthcoming clinical quality panel meetings.	Staff report that the events have been beneficial and have informed consideration of changes to how we communicate with and support access to services for veterans Development of the psychology support service is in the early stages and it is too early to comment on impact. The Trust's results in the recent national cancer patient survey were positive with five questions above average and only one (access to research opportunities – which is being worked on with Durham University) below.		↑
Minimising mixed sex breaches	Review of the mixed sex accommodation policy, informed by consultation with peers, improving how breaches are declared and reported in Ulysses and strengthening monitoring and escalation processes to seek to avoid breaches.	A working group was established under the leadership of the Deputy Director of Nursing to update the mixed sex accommodation policy, to review the tracking and declaration of mixed sex breach risks (including definitions) and escalation protocols. IQAC is due to receive a full update on this work in the next quarter.	As shown in the Appendix, the number of mixed sex breaches is much reduced over the last quarter. Update: despite increased operational pressures, mixed sex breaches have been avoided in the third quarter of the year.		↑
Providing patients with a good discharge	Further development of integrated working with local authorities and other partners, including the Transfer of Care Hub model Promote and embed our revised discharge policy Optimise how we act on daily discharge information for prompt discharge and to minimise any delays	Integrated working with local authorities continues to develop and discharge processes have been adapted to make good use of data from EPR to plan and manage discharges. The discharge policy has been revised.	Despite strong joint working with our two local authorities and improvements to processes, the numbers of patients without reasons to reside have not yet reduced significantly and the daily discharge profile has not moved significantly towards earlier in the day. The number of primary care concerns raised around discharge reduced by around a third (based on SIRMs reports) in the last quarter. Update: There continues to be a strong focus on learning from local authority and GP feedback on any issues around discharge. One of three quality improvement 'sprints' is focusing on increasing the numbers of early		↔

Priority	Key actions	Status update	Impact	Rating	Trend
			discharges in the day, with some early success where the approach has been trialled.		
Improving nutrition and hydration	Developing and rolling out plans for compliance with the NHS Food and Drink Strategy. Working with internal and external stakeholders to embed good nutrition practices Trust-wide. Continuing to learn from positive and negative feedback in relation to nutrition practices with Ulysses incident forms. Continuing to strive for high levels of compliance with nutrition screening and care planning.	The Dietetics Team have continued to support wards in embedding good practice and in driving improved compliance with nutrition risk assessment. They also support teams in learning from incidents. Point prevalence audits are now in place covering care planning including nutritional care plans.	Screening compliance is now well over 80% and compliance with screening within four hours is just over 80%. See the Appendix. Update: completion of nutrition risk assessments (MUST assessments) is over 90%, with 80% being completed in the four hour target.		↑
Continued improvement in end of life care	Focus intensively on recognition of dying in hospital in all palliative care teaching. Continue to explore ways to ensure more people have access to palliative care when they are dying. Explore solutions to the relative lack of single rooms and, as far as possible, ensuring appropriate access to private rooms for dignity	The Palliative Care Leads presented service improvements to IQAC flagging the need for more timely access to side rooms, and a desire to support staff to improve even further in recognising those in the last stages of life and in the appropriate use of Treatment Escalation Plans. Challenges in sharing information across IT systems were highlighted. The Deputy Nursing and Medical Directors offered assistance with respect to further training and awareness for medical and nursing staff and discussions are taking place with local hospices to explore arrangements whereby the Trust can help place patients into hospice beds where appropriate if rooms are not available on acute sites. IT issues are being worked through with the support of the Chief Information Officer.	The Trust's results for all domains in the National Audit of Care at the End of Life were with national averages and local audits shared with IQAC, and demonstrated improvements in compliance with aspects of care over time. Access to side rooms remains challenging, with around 50% of patients at end of life being unable to access rooms at UHND. Due to the number of patients needing isolation for infection control at DMH, this is now a greater challenge at that site also. Update; access to side rooms remains challenging. Work is being undertaken with local hospices to look at access to appropriate facilities when we are unable to provide side rooms on site.		↑

Effectiveness Priorities

Priority	Key actions	Status update	Impact	Rating	Trend
Reducing waiting times for urgent and emergency care	Actions are well-rehearsed through SLT and through OPAC and the Board and include: • Improving Patient Safety and Experience through Improved Flow • Funded winter planning initiatives to provide resilient alternatives to attendance to / treatment in ED and maintain flow • Ambulance Handover improvement plans	All actions are ongoing, and being overseen through weekly meetings between the UEC leadership team and Executive Director of Operations and the Quality and Performance Review meetings. SLT is updated on the schemes forming part of the Improving Flow programme each month.	Current performance on four hour waiting times is ahead of plan at 78% and there has been a significant improvement in performance for Type 1 attendances which is now above the national average. Over the long-term, time to initial assessment has also improved significantly. However, in times of pressure, the Trust suffers the second highest proportion of ambulance handover delays over 1 hour		↔

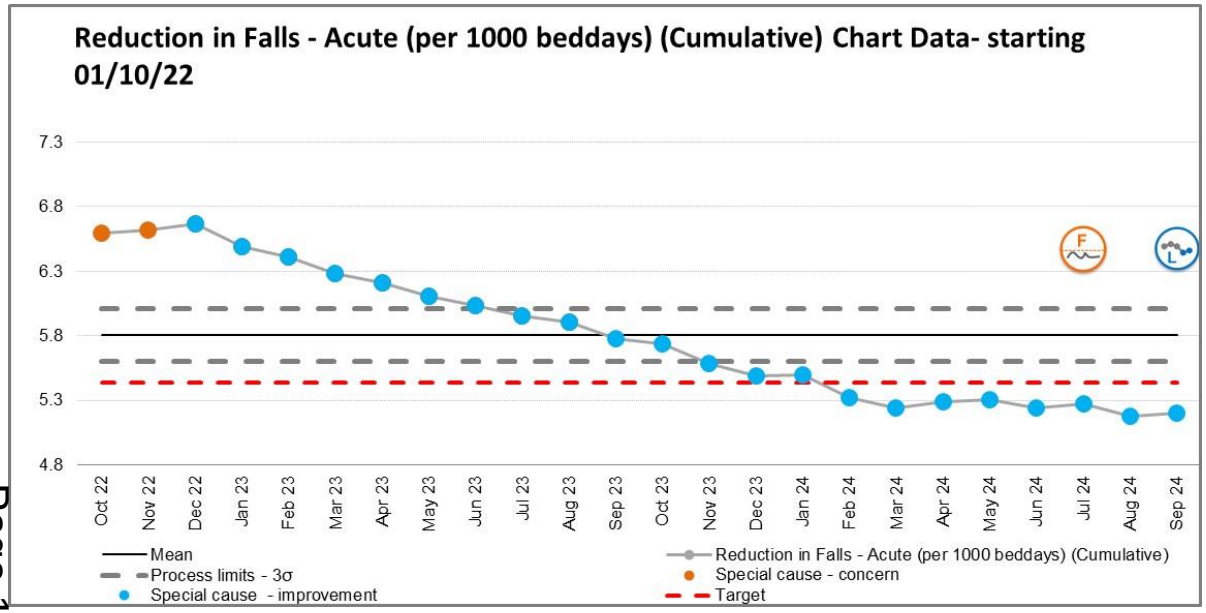
Priority	Key actions	Status update	Impact	Rating	Trend
	• Peer reviews with NSECH • Implementing any external recommendations from NHSE (general or specific)		(despite generally good average arrival to handover times) and there continue to be patients waiting over 12 hours for beds. The percentage of patients waiting over 12 hours in the department remains high at over 15% in the most recent month. The Trust has exceeded its plan and performed better than regional and national averages for 4 hour waits in November and December and – despite having 12 hour waits for beds – was in line with (or lower than) the region in December. Ambulance arrivals are up significantly on the prior year; however, the Trust is managing to see reduced handover delays (albeit some continue to exceed two and three hours). The biggest challenge – which is at the heart of our improving Patient Safety and Experience by Improved Patient Flow Programme – is in respect of patients spending over 12 hours in the department (17% in December, with 2% spending over 24 hours).		
Optimising patients for cancer treatment through prehabilitation	Undertake research with Durham University to evaluate the barriers and facilitators to participation in cancer prehabilitation, which aims to improve patient outcomes and experience. Increase the reach for the online prehabilitation programme, enabling patients to access high quality information and support at home/in their own time, prior to their treatment or surgery. The programme has been made available across the NE & NC via the NCA 'My Wellbeing Space' website. Provide evidence to sustain and further develop the current delivery model and move prehabilitation from project to business as usual	Collaborative research with the university is now underway. Efforts are being made to promote and provide access to high quality information through Trust and regional sources.	It is too early to assess the impact. Actions are progressing as expected in the early stages of work in this area. Update: as above.		⬌

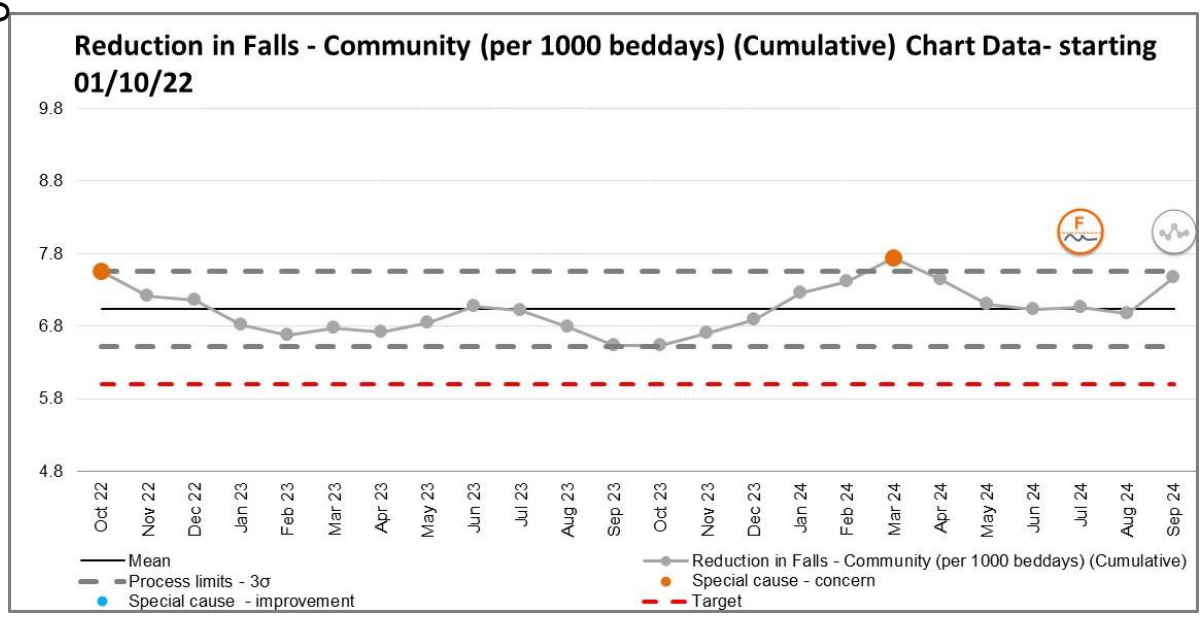
Warren Edge, Senior Associate Director of Assurance and Compliance

27th January 2025

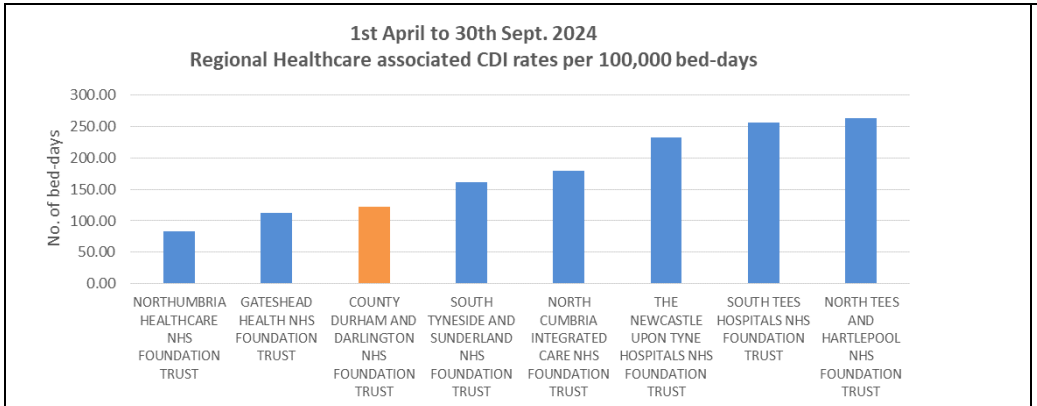
Appendix - Supporting evidence for impact

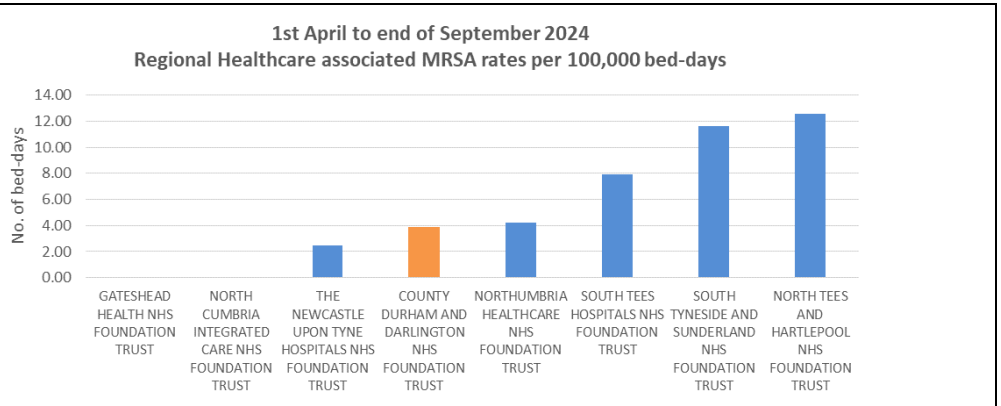
Falls

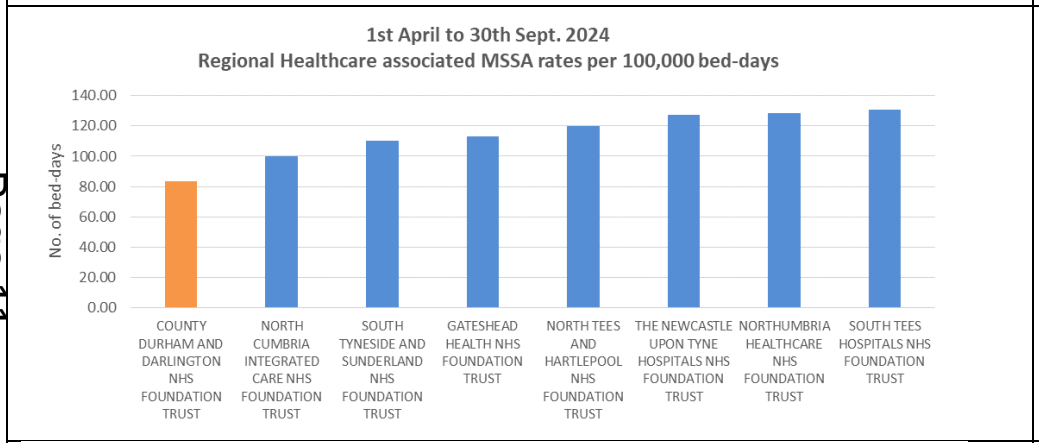


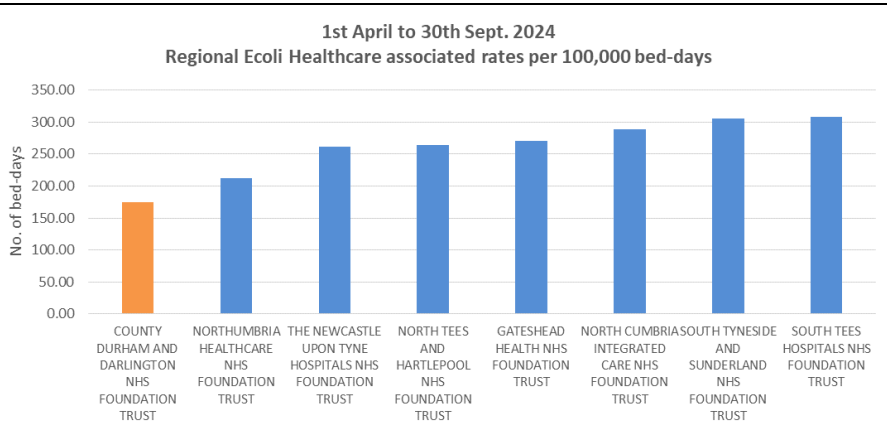


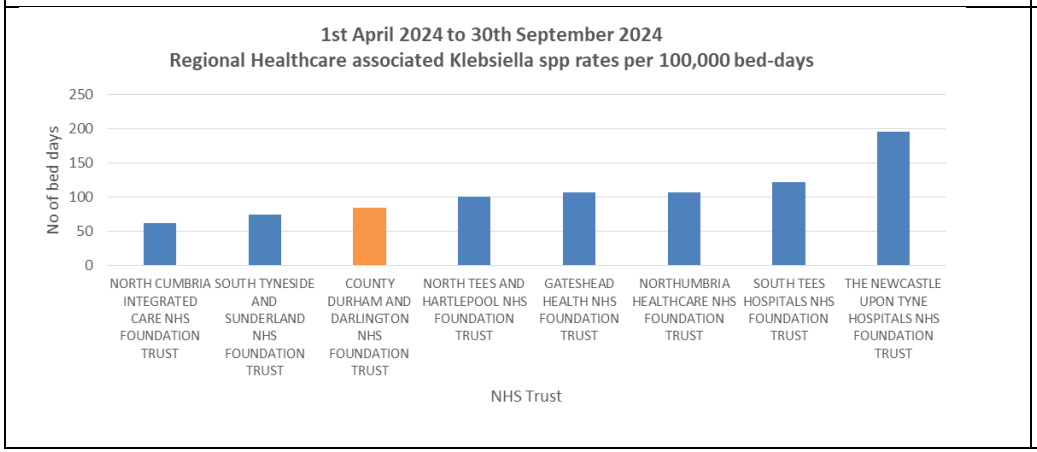
Infection Control

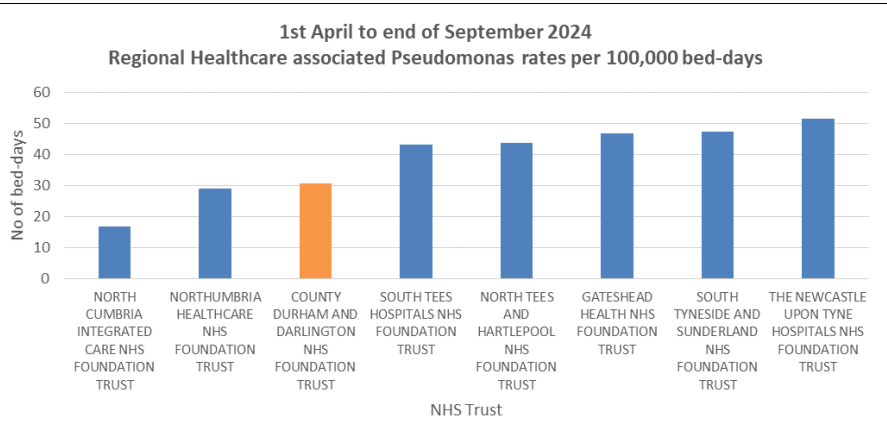




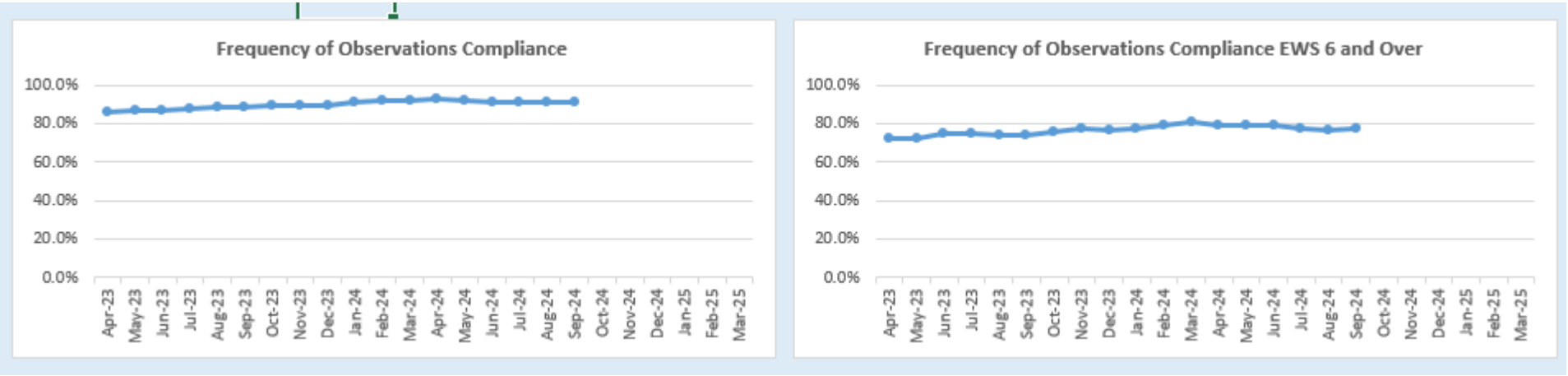




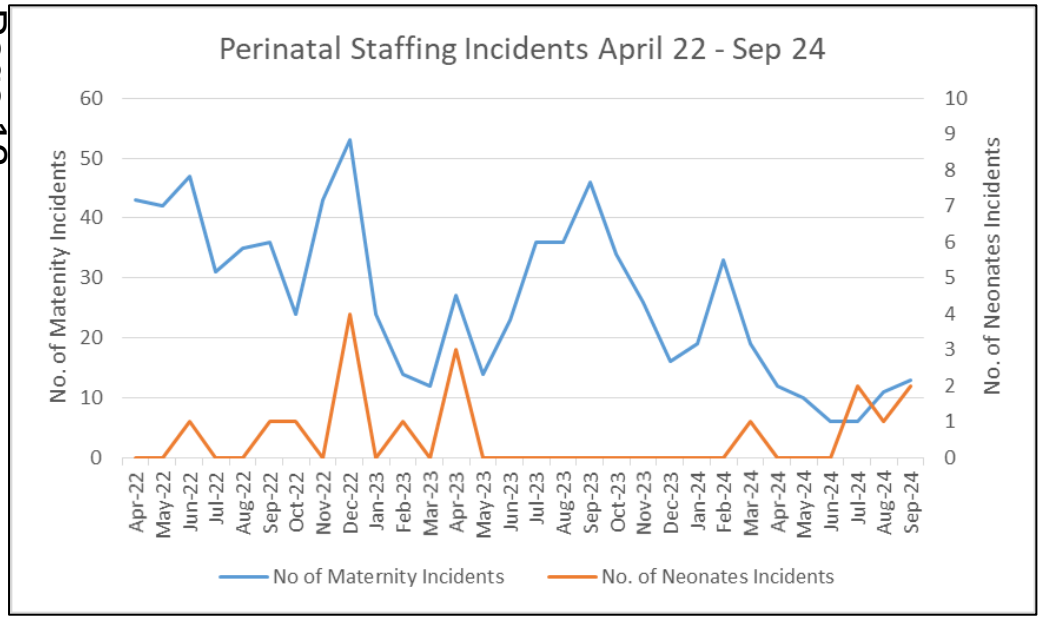




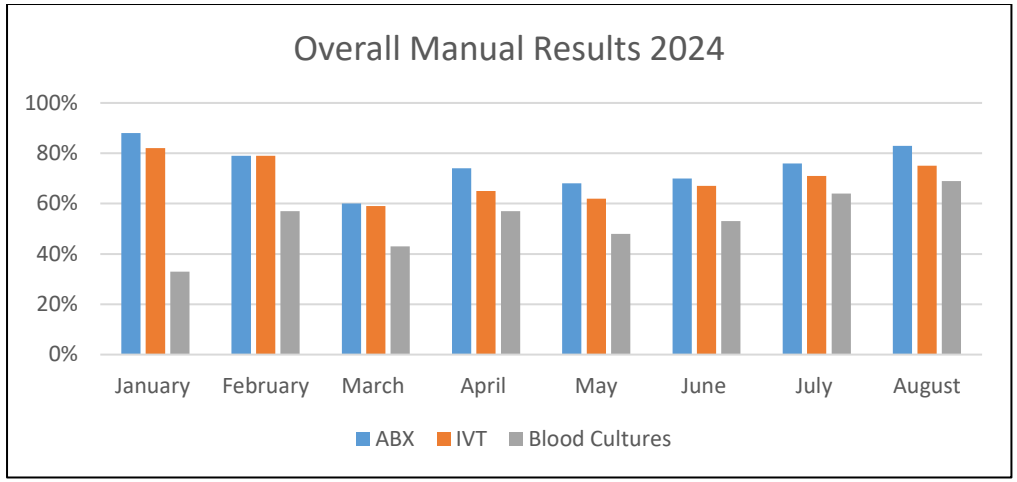
Patient Deterioration



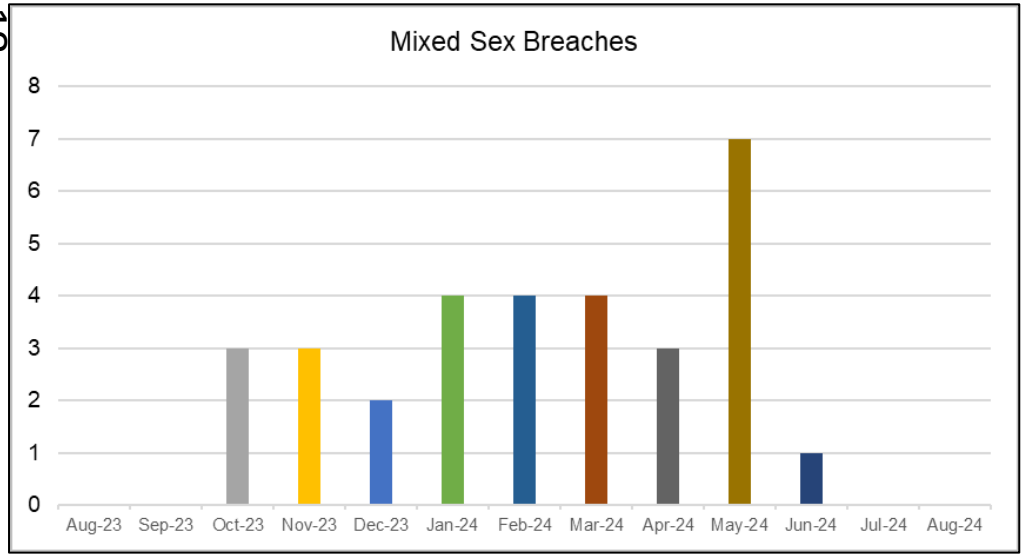
Maternity Services



Sepsis



Mixed sex breaches



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