

HEALTH AND HOUSING SCRUTINY COMMITTEE

Tuesday, 24 January 2023

PRESENT – Councillors Newall (Chair), Heslop, Layton and Mrs H Scott

APOLOGIES – Councillor McEwan and Wright

ABSENT – Councillors Dr. Chou, Mills, Preston and Sowerby

ALSO IN ATTENDANCE – Warren Edge (County Durham and Darlington NHS Foundation Trust), Lisa Ward (County Durham and Darlington NHS Foundation Trust), Dr Chris Lanigan (Tees, Esk and Wear Valleys NHS Foundation Trust) and Leanne McCrindle (Tees, Esk and Wear Valleys NHS Foundation Trusts)

OFFICERS IN ATTENDANCE – Penny Spring (Director of Public Health) and Hannah Miller (Democratic Officer)

HH40 DECLARATIONS OF INTEREST

There were no declarations of interest reported at the meeting.

HH41 TEES, ESK AND WEAR VALLEY NHS FOUNDATION TRUST - QUALITY ACCOUNT UPDATE

The Associate Director of Quality Governance, Compliance and Quality Data and Associate Director of Strategic Planning Programmes, Tees, Esk and Wear Valley NHS Foundation Trust gave a presentation outlining the progress made on the Quality improvement actions and quality metrics for 2022/23.

It was reported that the Quality Account had 3 improvement actions, Personalising care planning, improving safety on wards and implementing the new National Patient Safety Incident Framework; that of the 16 actions that underpinned the improvement actions, 9 were on track with 4 fully complete, whilst 4 were off track but due to be completed by the end of the financial year (amber) and 3 were red and would not be completed in this financial year.

Members were informed that the red actions related to Care Planning; that due to the delay in implementation of the new electronic patient record system, these would not be completed; that the system was due to be implemented by 1 July 2023 and a robust Quality Assurance programme which showed improvements in the metrics relating to the quality of care plans.

Members noted the amber actions and particular discussion ensued regarding the use of body cameras and Oxevision and their associated benefits.

In relation to the actions on track but not yet complete, Members noted that work continued to improve the Trust's Serious Incident Review process and Members were informed of the Trust's intention to procure a new risk management system that would enable all incidents to be captured in one place. Members also noted the completed actions.

The presentation outlined the details of performance against the quality metrics for Quarter 1 and Quarter 2, of which two were reporting Green at Quarter 2, those being Metric 2 - Number of incidents of falls (level 3 and above) per 1000 occupied bed days (OBDs) –for inpatients and Metric 4 - Percentage of adults discharged from CCG-commissioned mental health inpatient services receive a follow up within 72 hours; and that five quality metrics were reporting Red.

Members were informed that ward occupancy had caused significant pressure on wards however a range of actions had been undertaken by the Trust to address staffing issues, this included a restructure and a government led recruitment programme with Kerala, India.

Members raised concern regarding performance against the quality metrics and were informed that the Trust's targets were significantly higher than other organisations and that some metrics, whilst reporting as red, were positive. Reference was also made to the Trusts quality and safety journey.

RESOLVED – (a) That the Associate Director of Quality Governance, Compliance and Quality Data and Associate Director of Strategic Planning Programmes, Tees, Esk and Wear Valley NHS Foundation Trust be thanked for their informative presentation.

(b) That the Trust's progress against the quality improvement actions be noted.

(c) That Members concerns regarding the Trust's performance against the quality metrics and ongoing challenges be noted.

HH42 COUNTY DURHAM AND DARLINGTON NHS FOUNDATION TRUST - QUALITY ACCOUNTS UPDATE

The Associate Director of Nursing (Patient Safety and Governance) and Senior Associate Director of Assurance and Compliance gave a presentation (previously circulated, providing Members with an update on the Quality Accounts.

It was reported that the Trust's refreshed strategy 'Quality Matters' supported the achievements of the Trust's vision, Right First Time, Every Time; the priorities for 2022/23 reflected the priorities in the strategy; and the quality priorities for 2022/23 were outlined.

Falls

It was reported that falls per 1,000 bed days remained above pre-pandemic norms however a recent improvement had been seen as a result of recent quality improvement work; and that rapid reviews of falls were completed within 5 days.

Members were provided with details of zonal nursing and welcomed the improvements being seen as a result.

Healthcare Acquired Infections/Pressure Ulcers

MRSA Bacteraemia – The Trusts target is zero and it was reported that there had been zero

cases reported to date.

It was reported that the Trust was marginally above trajectory for Clostridium difficile infection (CDI), which was also being seen nationally and regionally; and the Trust was also above its internally set trajectory for MSSA infections but below national trajectories for Klebsiella, Pseudomonas and e-coli.

Members noted that there had been one Grade 3 pressure ulcer from a lapse in care in the year to date and there had been no Category 4 pressure ulcers.

Maternity Services

Members were provided with details of the aims and progress to date. Particular discussion ensued regarding staffing of maternity services; Members noted the branded recruitment programme being undertaken and international recruitment. Members were assured that daily action planning meetings were being held to maintain safe staffing.

Preventing harm from invasive procedures

It was reported that there had been no never events; that all Local Safety Standards for Invasive Procedures (LocSSIPs) had been reviewed, an overall policy was in place and compliance would be audited by the end of the year; and the LocSSIPs were being prioritised to be built into the EPR system.

Patient Deterioration

It was reported that training for recognition and treatment of deterioration had been reinvigorated; an acute competency development pathway had been introduced for registered nurses; and reference was made to the 'Call for Concern' initiative, Members noted that there were examples where contact had been found to make a difference to the care of patients and improved communication with the family.

Care of Patients with Sepsis

Members noted the three areas of focus for care of patients with sepsis and the progress made to date. Particular reference was made to the Sepsis Tool and the next steps to include in the Electronic Patient Record (EPR).

Additional needs

Details were provided of the progress made in relation to patients with additional needs, including reinvigorating recruitment of Dementia Champions on each ward, the introduction of mandatory training in learning disabilities and autism for all staff, and joint working for patients with mental health needs as well as physical ill-health.

Discharge

It was reported that the Trust worked closely with local authority partners to support early discharge; and Members were pleased to note the positive feedback in the 2021 CQC national inpatient survey and that the Trust had seen fewer Section 42 safeguarding concerns.

Members raised concern regarding discharge letters and following a question regarding minimising delays, Members were assured that the system issue relating to discharge letters was being addressed and that the EPR enabled any barriers impacting on the discharge of

patients, to be identified and addressed.

End of Life/ Palliative Care

Members noted that a draft End of Life Strategy had been developed and was out for consultation with stakeholders; and that education was being provided to staff regarding privacy and dignity of end of life care patients.

Nutrition and Hydration

It was reported that compliance with nutrition measures remained high at over 90 per cent; that dietetics provided support to wards to ensure compliance was maintained and improved through the completion of MUST assessments within four hours of admission; and reference was made to the Drip or Drink and Red Amber Green Water Jug lids campaigns.

Mortality/ Learning from Deaths

Members noted that all indicators were in line with expectations; that eight medical examiners were in post as of September 2022, with the service fully embedded in Darlington Memorial Hospital; and 870 deaths had been independently examined between the period April 2021 and July 2022.

Paediatrics

Details were provided of the progress made in relation to paediatrics and particular reference was made to the recruitment of specialised nursing staff for the paediatric Accident and Emergency area in Darlington Memorial Hospital and that further investment in specialist paediatric and neonatal staff had been agreed.

Excellence Reporting

Members noted that the Trust had seen an increasing number of reports year on year; and the reports were shared with staff via a bulletin and 'walls of awesomeness' in key locations around the Trust.

A&E Waiting times

It was reported that performance in relation to four hour wait times had fluctuated throughout the year; that performance was similar to the national average and slightly below the regional average; and that the requirement for 2023/24 had been set at 76 per cent, taking into account a number of factors including increased patient acuity and ongoing high levels of Covid-19.

Members also noted that the number of patients being assessed within 15 minutes had decreased from 76 per cent in 2021/22 to 73 per cent; and there had been an increase of 2 to 3 per cent of those waiting over 12 hours when compared to the previous year.

Details were provided of the actions being undertaken to address A&E wait times; and discussion ensued regarding the appropriateness of patients presenting at A&E.

RESOLVED – (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 the progress against the Trust's priorities be noted.

