

Darlington Borough Council – Health and Housing Overview and Scrutiny Committee

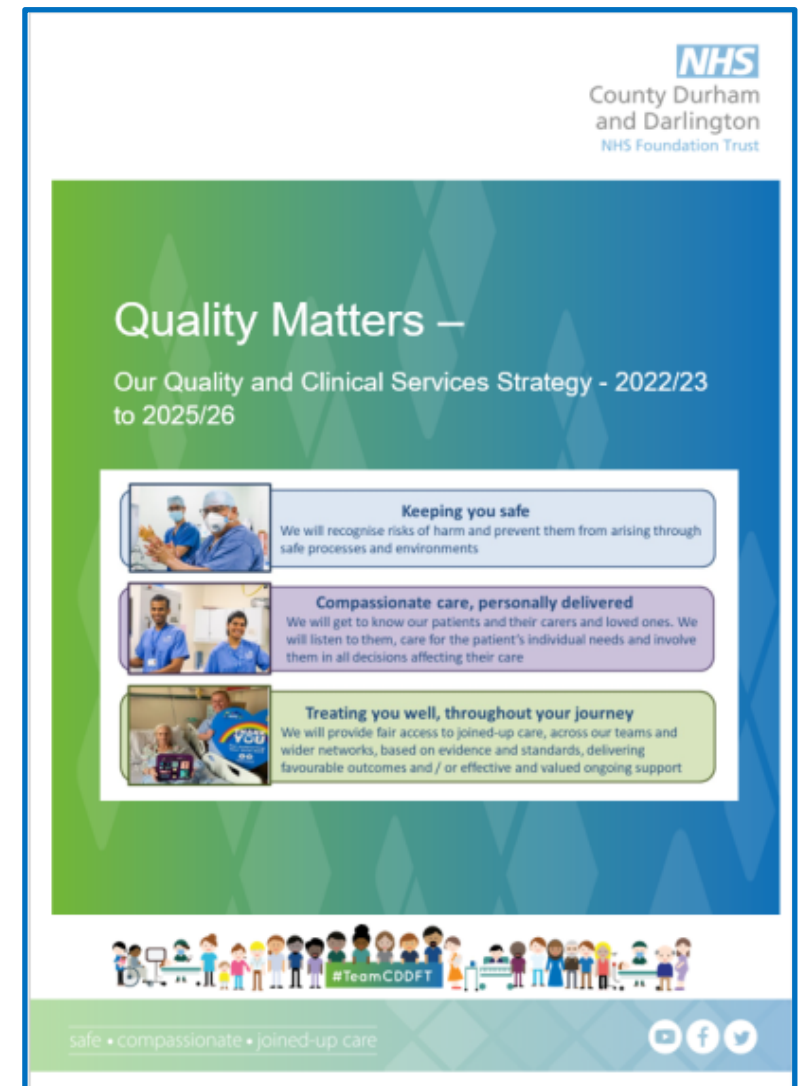
Quality Accounts 2025/25

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Introduction

- Quality Matters – is our strategy to 2025/26 .
- Our priorities for 2025/26 reflected the priorities in Quality Matters and priorities brought forward from 2024/25 where there was further work required
- Our Quality Accounts priorities were also set as we were launching our Breast Service review, which has remained a key focus throughout the current year.
- In the slides that follow, a ‘Red’ rating means we have not met our goal and Amber, that we have risks to be managed; and yellow that we continue to target further improvements.







- The Trust has reported significant issues with its Breast Service in previous years (up to early 2025) and there is a significant programme of work underway in respect of these.
- The accompanying paper sets out improvements in the service over the last year, to ensure that it operates in line with modern standards, with support from the Northern Cancer Alliance and regional partners, particularly Newcastle Hospitals
- The external governance review, commissioned by the Trust to help identify and learn wider lessons from the Breast Service issue has flagged issues with corporate and clinical governance, culture, leadership, management and support of doctors and management of insourcing and outsourcing that are being taken forward within a detailed improvement programme
- Undertakings have been agreed with NHS England in respect of the above improvements and CQC – having inspected Surgery, Community Services and Well-Led arrangements - have issued warning notices which, in effect, require us to accelerate some aspects of the improvement plan and / or actions set out in this presentation.




Summary - Safe

Priority	Rating	Trend	Overall summary note
Being a highly reliable organisation / rolling out or patient safety strategy			We have experienced delays in completing incident investigations and closing down incidents, and in implementing resulting system improvement plans, along with never events involving retained objects and wrong site surgery. We are recruiting two patient safety investigators and increasing our patient safety partners. Matrons have been released from supporting patient flow to focus on quality.
Reducing Falls and harm from falls			Falls in the acute sector (per 1,000 bed days) have reduced to around 5.3, which is within prior benchmarks. Falls per 1,000 bed days in community hospitals have increased; however, this reflects a change in the mix of patients at community sites and remains within SPC limits.
Minimising harm from pressure ulcers			We have moved away from a zero tolerance for Grade 3 and 4 pressure ulcers involving 'lapses in care' to focusing on embedding compliance with core practice. Audit results show compliance at around 90% overall with pockets requiring improvement. The audit results will allow us to agree improvement trajectories.
Reducing harm from healthcare associated infections			Positively, there has been a significant reduction in CPE outbreaks at DMH (one ward, at the present time). However, reportable infections, particularly C-Diff will breach NHSE-set thresholds and MRSA cases are well above our zero tolerance. Similar pressures are being seen regionally and nationally. Monthly audits of all fundamental practices take place, with focused work on departments needing improvement. Our IPC Nursing service is now seven days per week.





Summary - Safe

Priority	Rating	Trend	Overall summary note
Improving maternity services			Staffing is now in line with Birth Rate Plus (albeit some new appointees are still in training). We are maintaining 1 to 1 care and supernumerary status for our coordinators and expect to declare full compliance with the safety actions in the national maternity incentive scheme.
Minimising harm from invasive procedures			We have improved version control and control over stock management but have not yet developed LocSSIPs in our EPR system. Whilst audits have shown slight improvements in compliance, there remain gaps in most areas, and we have experienced never events when LocSSIPs have not been followed. A Task and Finish Group is in place to lead remedial work.
Recognising and acting on patient deterioration, including sepsis			Compliance with completion of patient risk assessments and taking of observations, measured in our EPR system, is relatively strong. We have continued to roll out Martha's Rule building on our Call for Concern initiative. However, timely taking of further observations for patients with high early warning scores and escalation in line with protocol, require significant reinforcement. Sepsis screening is strong, but we continue to need to focus on improving timeliness re: taking of blood cultures and antibiotic treatment. Improvement actions are tied to our response to CQC inspections.
Ensuring prompt and effective patient follow up			Previously included in Quality Accounts with issues (at the time) relating to Ophthalmology addressed. We have, however, found gaps in follow up records in EPR for a number of services. Typically, these relate to administration but are being systematically followed up to identify any actual cases of missed follow up.



Summary – Experience

Priority	Rating	Trend	Overall summary note
Improving services for patients with additional needs			We continue to strengthen joint working with TEWV, both at the strategic and operational level. Our LD services and approach have been commended by the regional network, whilst patient stories have identified important areas for further improvement that have been, or are being, acted on. We are rolling out Oliver McGowan training and developing further training on personalised approaches to care. Our network of LD and Dementia champions allows Trust-wide practice to be shared with local teams.
Improving patients' experience of discharge			The change in rating reflects a shift in our ambition with respect to enabling patients to go home earlier in the day (where we are working with the national GIRFT Further Faster Programme). We continue to work well with social services, using a trusted assessment model and to monitor and learn from Section 42 referrals.
Improving the experience of patients with cancer			<p>We have:</p> <ul style="list-style-type: none"> • Developed resources and shared these regionally to support engagement with cancer services by veterans • Continued to engage patients through our 'experts by experience group' • Started to develop a psycho-oncology service. <p>Our current focus is on developing plans by tumour group to respond to the national survey and on making the case for longer-term investment in the psycho-oncology service.</p>

Summary – Experience

Priority	Rating	Trend	Overall summary note
Improving how we engage with patients and families and understand their experience in our care			We are increasing the number of patient safety partners, building patient experience into our breast service response and have recruited volunteers for patient councils. Engagement at service levels remains variable. We need to improve our responsiveness to, and learning from complaints, and patient surveys.
Improving the experience of patients at end of life			We continue to strengthen capacity in the service and the support of the palliative care service to mainstream services. We have strengthened monitoring of access to side rooms, but this remains a challenge. We continue to develop a new End of Life Care strategy.
Maintaining single sex accommodation			We have continued to closely monitor adherence to current NHS rules through our site management meetings and processes.
Improving nutrition and hydration			Over the life of the strategy, we have increased compliance with completion of nutritional risk assessments for patients to around 90% or more. There remain some areas of risk, which are subject to ongoing work, relating to placement of nasogastric tubes and compliance with fluid balance monitoring, which are subject to a system improvement plan.

Summary – Outcomes

Priority	Rating	Trend	Overall summary note
A&E waiting times			<p>We continue to meet national ambitions with respect to the A&E waiting times standard (4 hours) and have maintained improvements in ambulance handover times – other than at times of surge – and seen some reduction in patients spending 12 or more hours in the department. The last of these is, however, an area where we need to go much further, supported by the national GIRFT Further Faster Programme and the Finance and Performance Committee has requested Executive Directors to set out the actions needed to drive further improvement.</p> <p>The Urgent and Emergency Care Service is rated Good by CQC.</p>
Cancer Patients – Increasing uptake in Prehabilitation (helping patients be ready for surgery)			<p>Cancer Services have commenced roll out initiatives such as prehabilitation in line with regional pilots and reviewed pathways in line with best practice guidelines. There remains a need to substantiate cancer care coordinators, and the Breast Service Review has highlighted the need to review the workings of MDTs. At the present time there are pressures on waiting times because of the issues in the Breast Service, demand and capacity pressures in Dermatology and some challenges with pathways in Colorectal, all of which have bespoke action plans.</p>

The accompanying paper provides more detail on longer term aims in the strategy including reducing long waits and strengthening community and frailty services.

Resetting our Quality Strategy

- We will be resetting our quality strategy moving forwards
- This may be done on an interim basis to allow a full review of clinical services
- Sustaining improvements in the Breast Service and undertaking the improvement actions from the Aubrey Report will be an essential focus.