

HEALTH AND HOUSING SCRUTINY COMMITTEE

Thursday, 16 January 2020

PRESENT – Councillors Bell (Chair), Donoghue, Heslop, Layton, Lee, McEwan, Newall and Wright

APOLOGIES – Councillor Clarke

ABSENT – Councillors Dr. Chou

ALSO IN ATTENDANCE – Councillors Todd (County Durham and Darlington NHS Foundation Trust), Gillian Curry (County Durham and Darlington Foundation Trust), Diane Lax (Healthwatch Darlington), Laura Kirkbride (Tees, Esk and Wear Valleys NHS Foundation Trusts) and Leanne McCrindle (Tees, Esk and Wear Valleys NHS Foundation Trusts)

OFFICERS IN ATTENDANCE – Hannah Fay (Democratic Officer)

HH42 DECLARATIONS OF INTEREST

There were no declarations of interest reported at the meeting.

HH43 COUNTY DURHAM AND DARLINGTON NHS FOUNDATION TRUST - QUALITY ACCOUNTS 2019/20

The Associate Director of Nursing (Patient Safety and Governance) submitted a report (previously circulated) to update Members on the progress against the agreed priorities for 2019/20 during the period of April 2019 to September 2019.

Members were advised that the Quality Accounts for County Durham and Darlington NHS Foundation Trust included indicators set by the Department for Health and local priorities agreed through consultation with staff, governors, local improvement networks, commissioners, health scrutiny committee and other key stakeholders.

SAFETY

Patient Falls

Members were advised that the number of falls had decreased and noted that there were 5.4 acute falls per 1000 bed days and 5.5 community falls per 1000 bed days. Members were pleased to note that the dedicated falls team was embedded and that quality improvement work continued.

It was confirmed that red zimmer frames had been introduced into key areas, and Members noted that lying/standing blood pressure had been built into the electronic observations tool.

Care of patients with dementia

Members welcomed the continued development and roll out of the dementia pathway

and monitoring of care for patients with dementia and were pleased to note that, although not fully recruited to, an enhanced care team was in place, providing support on wards where required.

It was reported that the dementia screening tool had been incorporated into the electronic nerve centre, removing the need for paper based assessments; and that this would be used to measure compliance once data was migrated at the end of the year.

The Trust continues to participate in the five year research project of dementia services within Durham and the study in the development of a good practice audit tool to assess patient care and services also continues.

Healthcare Associated Infection

MRSA Bacteraemia – The Trusts target is zero and it was reported that there had been one case reported between April and September 2019.

Clostridium difficile – The target for Clostridium difficile infection (CDI) is no more than 45 cases and the trust had reported 23 cases between April and September 2019.

Following a question by Members, it was confirmed that infection was not ward specific; and the changes to the reporting mechanism for CDI were outlined, with a whole system approach now in place.

Discussion ensued in respect of communication between GP practices in Darlington. Members were advised that GP's work closely with the microbiology services at Darlington Memorial Hospital (DMH) and the CCG infection control team attends all HCA infection meetings at the hospital.

Members queried the reason for the 3pm cut off for the submission of samples at GP practices, as this resulted in a number of repeat visits.

Pressure ulcers

Members noted that the Trust was striving for zero tolerance and that there had been four cases of grade 3/4 pressure ulcers reported between April and September 2019 where lapses in care were identified.

It was confirmed that all mattresses were pressure relieving and a number of pressure reducing mattresses were available.

It was confirmed that the Trust had a training programme in place, with Wound Resource Education Nurses (WRENS) within each department.

Discharge summaries

Members noted the target of 95% (of discharge letters sent within 24 hours of discharge) and were advised that the Trust was at 94 per cent. The work programme to improve timeliness of discharge summary completion continues.

The quality and timeliness of discharge summaries was built into training and summaries were completed via an electronic system, allowing for monitoring via monthly performance reviews.

Rate of patient safety incidents resulting in severe injury or death

National Reporting and Learning System (NRLS) showed that there had been a 38 per cent increase in incidents reported from October to March 2019 when compared to the same period in 2018, and that the Trust remained within the 50th percentile.

Members raised concern in respect of the 38 per cent increase in reported incidents. The Associate Director of Nursing (Patient Safety and Governance) detailed the different degrees of harm which ranged from near miss to death; that the increase related to near miss incidents and this was seen as a positive because it allows any emerging themes to be identified and reviewed; that these were reported six months in arrears via the NRLS, however the Trust closely monitored the live system and uploaded incidents to the national database within seventy two hours; and that any reported incidents greater than minor harm would be subjected to a Root Cause Analysis if appropriate.

Members requested up to date figures for rate of patient safety incidents.

Improve management of patients identified with sepsis

Members noted that the actions in place to maintain improvement in relation to management of sepsis were on track.

Discussion ensued in respect of the incidents of sepsis and the sepsis 6 pathway. Members requested further information in respect of the one hour target to administer anti-biotics to sepsis patients.

EXPERIENCE

Nutrition and Hydration in Hospital

Members were pleased to note that work continues in respect of menu development and nutritional analysis. It was reported that work continues within the Trust towards achieving International Dysphagia Diet Standardisation Initiative ward menus and nutritional products.

Members also noted that the Trust would be focussing on hydration, with consideration of how a patient's hydration status would be maintained and monitored; and work to explore alternative ways of measuring oral fluid intake at ward level.

End of life and palliative care

Members noted that the Trust had an effective strategy and measures for palliative care. Mandatory training for all staff continued to be delivered and actions from a postal questionnaire of bereaved relatives and Care of Dying Audit would be implemented.

It was reported that the Trust would work with the CCG and NEAS to agree a

comprehensive approach to personalised care planning.

Members noted the recent CQC inspection which rated End of life care services in the Trust to be outstanding.

Responsiveness to patients personal needs

Members noted that the results from the national services were not yet available, however results from the local survey show the Trust to be on track.

Percentage of staff who would recommend the trust to family or friends needing care

Members noted staff survey results were not yet available.

Percentage of staff experience harassment, bullying or abuse from staff in the last 12 months

Members noted staff survey results were not yet available.

Percentage of staff believing that the Trust provides equal opportunities for career progression or promotion

Members noted staff survey results were not yet available.

Friends and family test

Members were informed that response rates from April to July had improved.

EFFECTIVENESS

Hospital Standardised Mortality Ratio (HSMR) and Standardised Hospital Mortality Index (SHMI)

Members were advised that indicators were within the expected range and a trust mortality review process was in place.

Reduction in 28 day readmissions to hospital

Members noted that the goal was set at 12 per cent but the Trust were at 12.3 per cent readmission and were advised that this was monitored through monthly performance reviews and Board reporting.

To reduce length of time to assess and treat patients in Accident and Emergency department

Members were informed that the standard was 95 per cent however the Trust's four hour indicator remained below this. A review of escalation procedures was underway and monthly monitoring through performance reviews and Board reporting was in place.

Discussion ensued in respect of the wait time in Accident and Emergency at DMH. It was reported that in the month of December, an extra 100,000 patients attended accident and emergency departments in the region when compared to the same period in the previous year, and reference was made to the Help Us Help You campaign to support patients in choosing services appropriately. Members also noted that GP's had been working extended hours over the winter period which would alleviate pressures on Urgent Care and Accident and Emergency, however these appointments were not being filled.

Following a question, the Head of Communications and Charity advised Members of a recent audit undertaken which followed the patients pathway up to the point of treatment; that this would identify if the patients attendance at Accident and Emergency was appropriate; and Members highlighted the importance of Councillors as a mechanism for communicating key messages from health services to the residents of Darlington.

Patient reported outcome measures

Members noted that the results were not yet available.

Maternity Standards

Members noted that 12 week bookings, at 91.1 per cent and smoking in pregnancy at 15.2 per cent, were both on track whilst breastfeeding rates were 57.7 per cent, 3 per cent short of the target.

Paediatric Care

Members were pleased to note that a dedicated paediatric unit had opened adjacent to the Emergency Department at the Durham site.

Excellence reporting

Members noted that excellence reporting was embedded within Care Groups.

Members also discussed the two Never Events that had been reported since April 2019 and the actions taken.

The Associate Director of Nursing (Patient Safety and Governance) advised Members that the newly formed Learning Disability standards would be included in the Quality Accounts for the 2020/21 period.

RESOLVED – (a) That the report be noted.

(b) That the Associate Director of Nursing (Patient Safety and Governance) be thanks for her informative report.

(c) That the Members be provided with:

- (i) Up to date figures for rate of patient safety incidents;

- (ii) Figures for sepsis one hour antibiotic treatment targets; and
- (iii) Details of Trust media campaign information as and when available.

HH44 TEES, ESK AND WEAR VALLEY NHS FOUNDATION TRUST - QUALITY ACCOUNT UPDATE QUARTER 2

The Head of Planning and Business Development submitted a report (previously circulated) to provide Members with an update against each of the five key quality improvement priorities for 2019/20, including performance against the agreed quality metrics up to 30 September 2019.

Members were advised that the five quality improvement priorities for 2019/20 were supported by 56 actions, 49 of which (88 per cent) were either completed or on track; the seven actions that were behind schedule and were due to be completed by Christmas had been delayed further, however the Durham and Darlington Crisis team hub was now live.

It was also reported that four of the ten quality metrics were reporting Green and six were reporting Red; three of the Red metrics had shown significant improvement from quarter 1 to quarter 2, whilst the other three metrics remained static.

The submitted report provided information in relation to those six red quality metrics which were Metric 1 – Percentage of patients who report ‘yes, always’ to the question ‘Do you feel safe on the ward?’; Metric 3 – Number of incidents of physical intervention/restraint per 1000 occupied bed days; Metric 6b - Average length of stay for patients in Mental Health Services for Older People Assessment and Treatment wards; 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.

In relation to Metric 1 it was reported that whilst still below the Trust target of 88 per cent, this metric had seen a significant improvement from 65.59 per cent in Q1 to 79.17 per cent in Q2.

In relation to Metric 3 it was reported that the Trusts position had also seen a significant improvement, from 38.18 per cent in Q1 to 31.03 per cent in Q2, and that all three geographic localities had seen significant reductions, however this was still above target.

With regard to Metric 6b it was reported that the target was not being met, however Q2 had seen an improvement in length of stay which was 5 days better than in Q1.

In relation to the patient experience Metrics 7, 8 and 9, these had remained static with small quarter to quarter fluctuations however developments within TEVV’s business plan would hopefully lead to sustained improvements for these metrics.

Discussion ensued on the priorities for next year’s Quality Account, with particular reference made to the priority ‘Improving Child to Adult service transitions’. Members

were advised of a review of serious incidents in relation to transitions was underway, incorporating historic data from 2016; and were assured that all transition actions were reporting green.

In relation to the priority 'Reducing preventable deaths it was reported that regionally there had been an increase in suicides and work was being undertaken to prevent this, including early intervention and support; and a review of urgent care, involving multi-agencies, was ongoing.

Members raised concern in respect of cuts to counselling services and were advised that the Urgent Care work stream would be looking at the introduction of the safe haven model; a national trailblazer programme to provide mental health support in schools and colleges had been launched and a bid for Darlington would be submitted in the next round; and Members requested details of the waiting times for Talking Changes.

Following a question, discussion ensued in respect of the safeguards in place for those staffing the Crisis Hub; Members were assured that staff had received specialist clinical training; that onsite support would be provided by Registered Nurses and senior clinical staff; and an update in respect of dual diagnosis would be provided at the Stakeholder Event.

Following a question, Members were notified of the Darlington Living Well Directory, a service that provides information and signposting to a wide range of services, activities and organisations in Darlington.

Members noted that the Trust's Draft Quality Accounts would be presented to TEWV's Quality Account Stakeholder event at Scotch Corner on 4 February 2020.

RESOLVED – (a) That the report be noted.

(b) – That the Head of Quality Governance and Compliance and Planning and Business Development Manager be thanked for their informative update.

(c) That the Members be provided with:

- (i) Talking Changes wait times; and
- (ii) Details of the Living Well Directory