

DURHAM COUNTY COUNCIL

At a Meeting of **Adults, Wellbeing and Health Overview and Scrutiny Committee** held in Council Chamber, County Hall, Durham on **Wednesday 27 April 2016 at 9.30 am**

Present:

Councillor J Robinson (Chairman)

Members of the Committee:

Councillors J Armstrong, P Crathorne, M Davinson, S Forster, K Hopper, E Huntington, J Lindsay, M Nicholls, A Savory and P Stradling

Co-opted Members:

Mrs R Hassoon and Dr L Murthy

1 Apologies

Apologies were received from Councillors R Bell, P Brookes, L Pounder and O Temple.

2 Substitute Members

There were no substitute members in attendance.

3 Declarations of Interest

There were no declarations of interest.

4 Any Items from Co-opted Members or Interested Parties

There were no items from Co-opted Members or Interested Parties.

5 NHS Foundation Trust 2015/16 Quality Accounts

The Committee noted a report of the Assistant Chief Executive which provided information on the proposed process for preparation of the 2015/16 Quality Accounts for :-

- Tees, Esk and Wear Valleys NHS Foundation Trust
- North East Ambulance Service NHS Foundation Trust
- County Durham and Darlington NHS Foundation Trust

The Committee received presentations from the following organisations, setting out their draft Quality Accounts priorities and inviting comment thereon (for copy of report and slides of all presentations see file of Minutes).

(i) Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV)

The Committee received a presentation from Sharon Pickering, Director of Planning and Performance, Tees, Esk and Wear Valleys NHS Trust, regarding their draft Quality Accounts for 2015/16.

The Chairman thanked Ms Pickering for her presentation and added his congratulations to the team on being recognised as the top Mental Health Trust.

Mrs R Hassoon raised a query regarding delays in discharging elderly patients and how the service ensured that patients were placed appropriately, upon discharge. In response S Pickering advised performance in this area varied with location. It was noted however that access to Care and Nursing Homes had often presented the Trust with challenges especially in more rural areas and this could lead to delays in discharge.

Regarding the CQC Mrs Hassoon further queried whether the 8 areas which had been reported as not performing well, had improved. S Pickering advised that some of the actions put in place by the CQC were a must with others being recommendations. Work, however was progressing well against those actions and recommendations and all were almost complete. She further advised the Trust would be setting up another round of self-inspection which would involve a 3 week programme of mock inspections. Results of which would be considered by the essential standards group.

Councillor Nicholls further added his congratulations to the team. Regarding the issue of falls, Councillor Nicholls asked what more could be done to determine where and how falls were taking place and how they could be better prevented. S Pickering advised that all patients suffering from a fall were inputted into a risk system which recorded in detail the level of harm caused to the patient and how that fall had occurred. This data was assessed and plans were put in place to reduce risk for that individual patient. This fall management plan had worked well and could be attributed to the reducing number of fall incidents.

Councillor Huntington noted that there had been a rise in unexpected deaths and asked whether any trends had been identified. In response S Pickering advised that in terms of mental health there were no identified trends, however nationally there had been a rise in those taking their own lives. The Trust would investigate each suicide case to determine whether anything in the patient's treatment had caused or contributed to the death. The service also relied upon sharing lessons learnt and ensuring that all staff were aware of the signs and prepared to act quickly to alert relevant persons or teams. In addition a regular bulletin was shared with staff which provided updates and information on this topic.

Further discussion ensued regarding suicide and monitoring vulnerable patients. S Pickering advised that patients receiving treatment for mental health illnesses received regular support via community teams or via crisis and home treatment. As part of these ongoing assessments the team would determine whether more intensive treatment or support was required and they could if felt appropriate, admit to a ward. It was noted however that it was important to ensure that patients did not become dependent upon the support offered from a hospital setting as this could prolong treatment/recovery.

Dr L Murthy added that he found the detail of the quality accounts very encouraging and congratulated the team. He further made reference to the smoke free campaign and added that although figures were included for in-patients, there was no data presented on staff smoking. In response S Pickering advised that the initiative had initially focused on in-patients however help had been put in place for staff smokers. A significant number of staff had been trained in smoking cessation however it was noted that there was no robust data available at this time.

A further query was raised regarding delays in issuing 44 Coroner verdicts and it was asked whether there was any update on this. S Pickering advised that although she had no further information to report, full detail would be included within the final report. She further added for clarification that patient deaths were investigated immediately, which meant in some cases before the coroner's verdict had been issued.

(ii) North East Ambulance Service NHS FT (NEAS)

The Committee received a presentation from Maureen Gordon, Head of Clinical and Patient Safety, North East Ambulance Service, regarding their draft Quality Accounts for 2015/16.

The Chairman thanked Ms Gordon for her presentation.

Councillor Forster asked whether counselling was available for ambulance staff as she was aware that this was an extremely stressful job. In response M Gordon advised that each station had access to an Emergency Care Leader who was responsible for their own staff and available for immediate support. In addition the Mind Blue Light campaign, which was specifically aimed at emergency service staff to consider about their own mental health, had been in place since 2015.

Councillor Forster also added that she wanted to congratulate the team on the services work with end of life patients.

Councillor Savoury added that although the priorities and performance data were encouraging, there was no data available relating to response times and asked that an update be provided. In response M Gordon advised that response times were a priority for the NEAS regardless of the clinical priorities as detailed within the report. Further discussion ensued regarding the topic and it was noted that early indications showed that April had seen a performance improvement in response times to emergency calls.

Dr L Murthy raised a point regarding handover times at accident and emergency and whether the NEAS were engaging with the Trust to improve turnaround times. M Gordon reported that NEAS were very aware of turnaround times and the issue was high on both the Trust and NEAS's agenda.

Dr Murthy further commented that it would be interesting to learn what impact stakeholder engagement had on outcomes and how effective any suggestions made had been. Ms M Gordon advised that collaborative work was extremely important, as was stakeholder input in setting the priorities for the coming year.

(iii) County Durham and Darlington NHS Foundation Trust (CDDFT)

The Committee received a presentation from Joanne Todd, Interim Director of Nursing, County Durham and Darlington NHS Foundation Trust, regarding their draft Quality Accounts for 2015/16.

The Chairman thanked Ms Todd for her presentation.

Mrs Hassoon raised a query regarding discharge letters being forwarded to GP's. Ms Todd advised that performance in this area had improved year on year, with letters being aimed to be sent electronically within 24 hours of discharge. Performance in relation to this area was at around 95%, however there was still an element of human error in producing and sending letters. Councillor Lindsay also commented that he would like to see the content of discharge letters written in plain english as often codes / clinical terminology were used and this could be confusing and unclear to many patients. It was noted that work was ongoing to align all systems by 2020 in order to allow easier access to patient information across all services.

Councillor Forster in referencing turnaround times at hospitals between ambulance and hospital staff asked whether it would be possible to have a handover area with dedicated staff. She further in referencing a recent personal experience asked why all patients attending A&E were required to have a cannula fitted.

Ms Todd thanked Councillor Forster for her suggestion acknowledging that it was indeed a logical one, however many patients attending were A&E extremely sick and staff required appropriate facilities, equipment and resources in order to meet that patient's needs. It was noted however that work was ongoing to improve this area of the customer experience. She further advised that a Chaser role had been introduced into Accident and Emergency and this was considered a critical role in ensuring patients were treated as quickly and as efficiently as possible. Regarding the issue of the use of cannula's in A&E, Ms Todd advised that this was not normal procedure and she would personally look into this further.

Further discussion took place regarding the friends and family test and it was noted that a full explanation and analysis of feedback would be provided in the final report. It was noted that this test was also to be rolled out to out-patient and maternity wards.

In conclusion the Principal Overview and Scrutiny Officer advised that any further comments that members wished to make on the draft quality accounts could be forwarded to him and a draft response would be reported to Committee at the special meeting on 9 May 2016.

Resolved:-

- (i) That the report be received and noted.
- (ii) That any further comments in respect of the draft Quality Account documents be made to the Principal Overview and Scrutiny Officer by the given deadlines.
- (iii) That a further report detailing the responses be brought to the special meeting of the Committee on 9 May 2016.