

DURHAM COUNTY COUNCIL

At a Meeting of **Adults, Wellbeing and Health Overview and Scrutiny Committee** held in Council Chamber - County Hall, Durham on **Wednesday 9 May 2018 at 9.30 am**

Present:

Councillor J Robinson (Chairman)

Members of the Committee:

Councillors A Bainbridge, R Crute, G Darkes, M Davinson, J Grant, E Huntington, S Quinn, A Savory, H Smith and L Taylor

1 Apologies

Apologies for absence were received from Councillors J Chaplow, R Bell, P Crathorne, C Kay, K Liddell, L Mavin, A Patterson, A Reed, M Simmons, O Temple, Mrs B Carr and Mrs R Hassoon.

2 Substitute Members

There were no substitute members.

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 2017/18 Quality Accounts

The Committee noted a report of the Director of Transformation and Partnerships which provided information on the proposed process for preparation of the 2017/18 Quality Accounts for:

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

(for copy see file of Minutes).

The Principal Overview and Scrutiny Officer informed the Committee that the draft Quality Accounts had been circulated to members for the statutory 30 day consultation period. Deadlines for comments were 13 May 2018 for TEWV and 21 May 2018 for CDDFT and

NEAS. The responses would then be drafted and signed off in conjunction with the Chairman and reported back to committee on 6 July 2018.

The Committee received detailed presentations from each trust (for copy see file of Minutes).

Tees, Esk and Wear Valley NHS FT

The Head of Planning and Business Development and Deputy Director of Nursing highlighted the following:

- Purpose of the presentation
- Section 1 Chief Executive's introduction
- Section 2 Quality Priorities
- How did we do on 17/18 improvement priorities – 5 priorities with 37 actions, 2 of which were no completed by 31 March
- Preventable Deaths
- Transitions
- Statements of Assurance
- Performance against Quality Metrics
- Red Quality Metrics
- Forward Looking priorities for 18/19
- Care Planning
- Dual Diagnosis
- Other QA Information
- Next Steps

The Chairman commented that this was the tenth year for care planning and preventable deaths as priorities and asked why they were not right and asked if anything else had been identified. The Deputy Director of Nursing explained that there had been longstanding issues around care planning and although IT systems had been improved the bar kept being raised in terms of standards as the personalisation agenda and recovery had changed its focus. Overall the standards continued to rise each year.

Councillor Darkes was concerned that there were no deadlines related to any improvement plans and felt that they were absent of detail. The Head of Planning and Business Development explained that they did have plans and they would be open and honest when they came back to committee, however, in the meantime he could provide details to the committee.

The Chairman referred to suicide prevention and training and was advised that this was linked to lessons learnt from overall deaths.

The Chairman asked if there had been any improvements to the Crisis Centre further to previous concerns raised. He was advised that events had been held six months previously and aimed to help and improve the situation. The plans for next year would include discussions around this and stakeholders and carers would be asked if they had seen any improvements. If not then this would feature within the plan. It was recognised that Crisis Services should be good and members were encouraged to feedback any concerns they still had.

With reference to the governance arrangements, the Chairman said that there seemed to be a lack of children's mental health services and as the transitions service required further work he felt that it was important to address this.

The Head of Planning and Business Development explained that County Durham were fortunate that the CCG had invested well as services were under a lot of stress. With regards to transitions, there had been some cultural changes with staff listening to young people's stories and not being complacent. The panels were set up and there was a need to ensure that they were working well.

The Chairman asked if the take up on offers for out of pocket expenses with regards to the reconfiguration of dementia wards had been successful. This information would be sought and fed back to the committee.

Comparing the low level of safety experienced by patients to those having had a good experience, the Chairman was advised that safety was at the centre of all patients on a ward and a lot of work was ongoing to understand the reasons behind this. One of the reasons people did not feel safe was due to other patients on the ward that may be distressed and suffering from some mental health issues.

The Chairman referred to the reconfiguration of inpatient care at Roseberry Park and the effect on Lanchester Road, Sandwell Park and Auckland Park and asked how County Durham patients were getting access. The Head of Planning and Business Development explained that the issues at Roseberry Park had been very complex and some decisions were subject to impending court decisions. The building required significant works and the best was being done to manage the situation. There was an understanding the patients from East Durham did go there and the effect on these patients was being minimised. The Chairman referred to assurances given to the Committee by Sharon Pickering saying that she would supply out of Durham figures.

County Durham and Darlington NHS FT

The Associate Director of Nursing (Patient Safety & Governance) highlighted the following:-

- Safety Domain
 - Falls – patient falls and focus
 - Care of patients with Dementia
 - Healthcare Associated Infections – MRSA & CD
 - Pressure Ulcers – assessment
 - Incidents
 - Management of patients with Sepsis
 - Local Safety Standards
- Patient Experience Domain
 - Nutrition and Hydration
 - End of Life Care
 - Responding to Patients' Personal Needs – responsiveness
 - Staff Experience
- Clinical Effectiveness
 - Risk Adjusted Mortality

- Re-admission to hospital and timelines of assessment and treatment in Emergency Departments
- Maternity Standards
- Paediatric Care

The Chairman passed on the congratulations of the Committee for the outstanding rating for maternity services.

Councillor Darkes, referring to sepsis, said that he would like to see more details on the effectiveness and training aspect. The Associate Director of Nursing said that this information could be pulled together and forwarded to members of the committee. She informed him that a regional framework was used and if a patient hit trigger five they would be assessed and staff were trained to always think sepsis. Councillor Darkes commented that not all issues were being addressed by waiting until the fifth indicator to assess. The Associate Director of Nursing said that they used an aggregate score of 5 and if one trigger showed temperature, pulse, blood pressure abnormalities then this would be built into the nerve centre. This could be demonstrated and information would be circulated to the committee to that effect.

Referring to falls, Councillor Darkes went on to ask if there was any correlation between the figures and the staff availability. The Associate Director of Nursing assured him that this was not the case and they carried out a deep dive into all falls that resulted in significant harm. She added that when patients were on wards with multiple beds, a fall might occur when one patient tried to help another. Where this was a risk one to one supervision was discussed.

In regards to staff shortages, the Chairman asked if people were being employed and if staff were being transferred from other wards. The Associate Director of Nursing explained that there were first responders in a hospital setting that would make themselves available at times of real pressure. This was built into the nerve centre and helped to focus on patient flows and delayed transfers of care.

The Chairman asked if there were any plans for nurses to go out in ambulances and would they only respond in the hospital environment. He was informed that there were no plans for nurses to go out with ambulance crews.

Councillor Smith referred to paediatric care and the plans to establish consultant paediatric clinics in GP surgeries and commented that this used to be done 20 years ago when she was in the profession. She asked if there were sufficient staff available and if there was room in the job plans and the demand from GPs. The Associate Director of Nursing explained that this would be an advisory service so that GPs could seek the service of a paediatrician and where they could buddy up when a child had been in hospital.

The Chairman sought assurance about A&E performance due to the impact of performance targets. The Associate Director of Nursing said that the plans to increase staff would continue but she would gather further information to circulate to the Committee.

The Chairman asked how many days of planned surgery had been cancelled due to the recent winter pressures. The Associate Director of Nursing said that this had impacted on all organisations but she would send the answers to the Committee following the meeting. The Principal Overview and Scrutiny Officer added that the question sought assurances in the delays to elective surgery did not then go on to become emergency admissions. He said that local members had expressed concerns around planned elective care and the knock on effect of the impact of delays. The Associate Director of Nursing said that the cancellations would be carried out on a risk basis and those patients needing surgery would have had it and some of the delays would have been to accommodate emergency patients.

Referring to the CQC rating of requiring improvement, the Chairman asked when the committee would receive assurances that the next time the trust were inspected they would not receive this rating, and was advised that there was an action plan included in the quality accounts.

North East Ambulance Service NHS FT

The Deputy Director of Quality and Safety highlighted the following:-

- Priority 1: Early recognition of sepsis
 - Why, on track to achieve, we want to do more and why this
- Priority 2: Cardiac Arrest
 - What we are doing, partially achieved, we want to do more
- Priority 3: Long waits
 - Why this, partially achieved, we want to do more
- Priority 4: Safeguarding referrals
 - Why this, what we are doing, partially achieved, we want to do more
- Quality Strategy 2017-2020
- Quality Priorities 2018/19
- Improving the care of patients with mental health needs

In addition, Mark Cotton, Assistant Director of Communications and Engagement, NEAS referred to a previous question posed by the committee in March asking for a trend on job cycle times over the last two decades. Information was shown as far back as 2006 and the average monthly job cycle time by incident was highlighted on a chart showing the times across the NEAS area and County Durham. The job cycle time by incident in 2006 was 52 minutes which had doubled to 1 hour and 43 minutes in 2018. He explained that there were a number of reasons for the increase including the complexity of patients with more than one condition and that the skills of the ambulance crews had changed. There was also an increase in journey times as crews had to travel to specialist centres when there were changes to A&E, for example to closure of Hartlepool A&E.

The Chairman asked if the 40% target for sepsis could be made more stretching and was advised that this would be implemented.

The Chairman thanked Mr Cotton for information on the last slide of the presentation and said that this would be used in future arguments when service propose changes regarding transport.

Mr Cotton responded that this was a long standing issue and they needed to work closely with the commissioners about having the right resources. They were thinking about how to work better with other trusts, for example, mental health and how the ambulance service could play a key role without letting pressures build up.

Councillors Darkes asked where the plans were to reduce the job cycle times and was informed that there was not necessary to reduce this as it was reflective of how the service had changed. Mr Cotton added that this should not be confused with the response times as this was about ensuring the right resources were available to meet demand. Not all patients needed to go to hospital and could be referred to alternative pathways or treat on scene.

The Chairman referred to the increase in the staff compliment in our area by 121 however as there was only funding for 84 he asked how the additional funds would be found. Mr Cotton said that this was part of ongoing discussions with the commissioners. He added that they had invested additional funds over the last 12 months and that the vacancy rate had come down. As new standards were introduced as part of the Spring review the service were assessing what they required going forward.

Referring to the many services changing in the region the Chairman expressed concerns that NEAS were not involved in all discussions. Mr Cotton said that this had been raised to ensure that they were involved but assured the committee that they were involved in any big geographical projects. He commented that the small changes did impact on the service. The relocation of services or reconfiguration of services over a period of time did have an impact on the service.

The Principal Overview and Scrutiny Officer advised that formal responses would be signed off in conjunction with the Chairman and reported back to committee on 6 July 2018. He would include the comments made at this meeting about performance and service issues and the priorities moving forward.

Resolved:

- (i) That the report be received and noted;
- (ii) That comments on the information provided within the presentations made by Tees Esk and Wear Valleys NHS Foundation Trust; County Durham and Darlington NHS Foundation Trust and North East Ambulance Service NHS Foundation Trust as well as their respective Quality Account documents be noted;
- (iii) That the submission of the Committee's formal response to the Quality Accounts be delegated to the Chair and Vice Chair of the Adults Wellbeing and Health Committee in view of the short timescales within which the Committee has to respond;
- (iv) That a further report detailing the formal responses to the Quality Accounts be submitted to the Committee's meeting scheduled for 6 July 2018.