

Statement from Adult Services and Health Select Committee, Stockton-on-Tees BC 2015-16 Quality Account

The Committee welcomes the opportunity to consider and comment on the quality of services at the Trust. The Committee has met twice with Trust representatives to consider the Quality priorities and overall performance in line with previous years. This year there has also been discussion on service changes and the CQC report, and there have been comprehensive responses to requests for information.

The Committee has previously reviewed the mortality indicators from the Trust and discussed the issue in some detail during 2014-15. The Committee was briefed on the actions taken, recognising the complexity of the issues involved. During 2015-16, the most recent figures for both HSMR and SHMI (the key indicators) were still above expected levels, and the SMHI data was the highest value in the country for three reporting periods.

However, during the period since the previous Quality Account, the overall trend has been positive with a reduction in the HSMR figures from the period April 2014 to March 2015 onwards. HSMR data for February 15 to January 16 showed a much improved figure compared to the data for December 14 to November 15. The latest SHMI figures were not available at the time of the Committee's review of the draft Quality Account, but it was noted that the Trust fully expected the same positive trend as with HSMR.

This is a key issue and the Committee supports its retention as a priority for 2016-17. This will enable stakeholders to continue to track the actions taken and the expected improvements in the data.

The Committee supports the other quality priorities for 2016-17, in particular the re-introduction of Infection Control as a priority for 2016-17. The 'target' number of cases of C.diff as originally set by Monitor is recognised as challenging, however there has been an increase in Trust-acquired cases.

Two issues were likely to have contributed to a rise in infections: lack of availability of the decant ward to undertake cleaning and fogging of a full ward, due to pressure on beds, and the difficulty in recruitment leading to increased use of temporary staff.

Members see the availability of a decant ward as being important, and were pleased to see that this should be available in 2016-17, with a contingency plan was in place to undertaken cleaning and fogging in occupied wards should the decant option not be available.

Members continue to see the process involved in an effective discharge from hospital as being crucial to patient experience and wellbeing. The continued focus on this as a priority is supported. The audit of discharge documentation did note a drop in recording of procedures and medication changes between 13-14 and 15-16. The Trust provided information outlining actions that would be taken, recognising the importance of the issues.

It is pleasing to see the ongoing work to reduce medication errors, and the improved national maternity survey results are welcome.

The Committee asked for further information relating to the staff survey results regarding experience of bullying or harassment (the results were slightly above but close to the national average), and continue to monitor the results relating to staff recommendation of the Trust as a

place to receive treatment (an improvement on previous years). In relation to Bullying and Harassment, the Trust outlined the work on the new Freedom to Speak policy.

During 2015-16, the Committee has undertaken a review of access to universal, community services for people with learning disabilities and/or autism. As part of this, Members considered how services were provided in healthcare settings, and the Committee was pleased to see the work undertaken by the Learning Disability Liaison Nurse. The priority of Safeguarding Adults with a Learning Disability therefore continues to be supported, and should see a continuing focus on this work.

A recommendation has been made in the Committee's report to undertake further work to ensure that learning disability status is effectively communicated between Primary and Secondary care, and the Council's Adult Services will contribute to this work. The Trust may also find it useful to consider the report as a whole.

The Quality Account summarises a range of safeguarding information, including the number of adult safeguarding referrals. It would be beneficial to include an explanation outlining that safeguarding responsibilities are aligned with local authority areas; any alerts that originate from a hospital would be recorded by the local authority where the hospital is based, and so may not relate to where the patient usually lives. It would also be useful to see figures reported 'per 100,000 people', where appropriate, to reflect the difference in the populations served by the Trust.

A key event this year was the publication of the CQC Inspection Report. The Committee recognised that the majority of individual services were rated as Good, however due to the overall rating of Requires Improvement the Committee explored the reasons for this with senior staff from the Trust. Following the inspection the Committee has been informed of the action plan and the monitoring process, and welcomes the transparent way in which the Trust has provided information on the report and actions taken, including on the website. The Committee noted that many of the issues highlighted in the inspection had been quickly resolved.

An important, longer term issue was the continued pressure on staffing, particularly nurses, and the number of temporary and agency staff being used. As noted this can impact on a range of issues including knowledge of procedures, and infection control. The recent recruitment of nurses from overseas should assist in this regard but such recruitment would not be a sustainable solution. It is clear that this is an issue across the health service in the region and a concerted effort will be necessary.

Whilst recognising that sections of the Quality Account are compulsory, we would again encourage the Trust to ensure the published version is as accessible as possible, including consideration of best practice, and that summary and easy-read versions are also produced.