Adult Social Care and Health Select Committee

A meeting of Adult Social Care and Health Select Committee was held on Tuesday, 15th March, 2022.

Present: Cllr Clare Gamble (Chair), Cllr Ray Godwin, Cllr Lynn Hall, Cllr Eileen Johnson (sub for Cllr Evaline Cunningham) , Cllr Steve Matthews, Cllr Paul Weston

Officers: Ann Workman, Peter Otter (A&H); Gary Woods (MD)

Also in attendance: Keith Wheldon, Lesley Wharton (North Tees & Hartlepool NHS Foundation Trust); Colin Wilkinson (Healthwatch Stockton-on-Tees)

Apologies: Cllr Evaline Cunningham, Cllr Jacky Bright, Cllr Luke Frost, Cllr Mohammed Javed

ASH 70/21 Evacuation Procedure

The evacuation procedure was noted.

ASH 71/21 Declarations of Interest

There were no interests declared.

ASH 72/21 Minutes of meeting held on 15 February 2022

Consideration was given to the minutes from the Committee meeting held on the 15th February 2022.

A required amendment to an incorrect date under item 5 (Tees, Esk & Wear Valleys NHS Foundation Trust - Response to recent CQC inspection) was highlighted – within the 'AMH and PICU – Follow-Up Inspection Progress' sub-section (page 6), the third bullet-point should state May 2021 (not May 2022).

AGREED that the minutes of the meeting on the 15th February 2022 be approved as a correct record and signed by the Chair, subject to the identified minor amendment.

ASH 73/21 North Tees and Hartlepool NHS Foundation Trust - Quality Accounts 2021-2022

Representatives of North Tees and Hartlepool NHS Foundation Trust (NTHFT) were in attendance to provide their annual presentation to the Committee on the Trust's Quality Account. Led by the Business Intelligence Manager and supported by the Assistant Director of Nursing and Infection Prevention and Control (IPC), highlights and developments in relation to the Trust's performance over the course of 2021-2022 were outlined as follows:

• Members were reminded of the three key NHS priorities regarding quality, namely Patient Safety, Effectiveness of Care, and Patient Experience. Within these three main categories, NTHFT had several further Quality Account priorities, all of which would be detailed in the final published document. These included:

Patient Safety

• Mortality: Compared to 2020-2021, the measures for both in-hospital mortalities (Hospital Standardised Mortality Ratio (HSMR)) and in-hospital deaths plus those up to 30 days post-acute Trust discharge (Summary level Hospital Mortality Indicator (SHMI)) had decreased, and NTHFT continued to perform very well in comparison to other Trust's across the region and the country. These nationally benchmarked indicators looked at the same set of data (sub-sets of 56 diagnoses) in two different ways, though it was noted that the HSMR had further reduced to the high-80s since the presentation was submitted, and the SHMI did not count COVID-related deaths (as these were classified as an anomaly). With reference to the Trust's raw mortality (people dying in hospital) data, numbers had remained fairly static aside from December 2017 / January 2018 (bad winter) and December 2020 / January 2021 (COVID-impacted).

• Dementia: Reduced admissions as a result of the ongoing COVID-19 pandemic continues to cloud the picture in terms of dementia. Patients admitted to the Trust with a diagnosis of dementia / delirium usually come into hospital with an initial physical ailment and may not remain in hospital for a long period as the aim is to get individuals home, or discharged to another appropriate place, as soon as it is safe to do so. The Trust has a good screening process to identify those with this condition.

• Infection Control – C diff: The challenges around comparing year-on-year performance since the emergence of COVID-19 was highlighted, particularly as the Government did not set any targets for the two Clostridium difficile (C Difficile) measures (Hospital onset healthcare associated (HOHA) (cases that are detected in the hospital two or more days after admission) and Community onset healthcare associated (COHA) (cases that occur in the community, or within two days of admission, when the patient has been an inpatient in the Trust reporting the case in the previous four weeks)) in 2020-2021 due to low occupancy. That said, it was stated that the Trust was performing well in this area, and updated case numbers would be included in the draft Quality Account document.

• Infection Control: Similar to the Clostridium difficile (C Difficile) measure, assessing 2021-2022 performance was difficult in light of the skewed 2020-2021 data. Targets were therefore based on 2019 objectives, and, to this end, the current statistics were broadly encouraging, with cases of E.coli (61) and Klebsiella (14) significantly below targets (117 and 24 respectively). Regarding MSSA, some of this year's cases were linked to intravenous lines which had prompted work around intravenous care, and the 12 Pseudomonas cases, exceeding the target of 11, was still a small number which often occurred in critical care patients and could be related to the length of stay in hospital, COVID-positivity, and / or moist environments (the Trust had done water testing to determine any root cause of infection).

• COVID-19 Infections and Deaths: Regarding COVID infections, the recent Omicron-variant outbreak had coincided with the third highest number of admissions (478 in January 2022) since the emergence of the virus, with 99 patients being COVID-positive as at the 27th January 2022 (compared to 216 on the 11th January 2021) – this had since reduced, with only 37 COVID-positive patients in hospital yesterday (14th March 2022).

The Trust had experienced 610 deaths associated to patients with a COVID-19 diagnosis since the start of the pandemic, the peak being January 2021 (123). Age profiles had shifted throughout – initially older people were dying, then younger people (following roll-out of the vaccine for older cohorts), then older people again. 43 COVID-related deaths were recorded by the Trust in February 2022.

Effectiveness of Care

• Accessibility: The Trust is committed to ensuring that the Accessible information standard is met, and all the services provided are able to make reasonable adjustments for those in need as required. Several examples of work around this agenda were noted, including continued efforts with the Trust's web developer to review and update the external website (and work with the Communications Team to develop an internal and external Accessibility website), the use of QR codes, implementation of virtual visiting, increased joint-working with the Trust's translation and interpreter provider, and a review of the Accessibility Meeting Terms of Reference. Learning from complaints was also key (e.g. access to facilities / parking availability, improved signage).

• Violent Incidents: The total number of violent incidents within the Trust for 2021-2022 (576) had increased compared to 2020-2021 (471) – 500 incidents were abuse of staff by patients, with 76 being recorded as abuse of staff by another person (family member / friend). In terms of specific events, the most significant increases had been seen in relation to concerns to do with personal safety (up 62), verbal abuse or disruption (up 38), and the need for use of control and restraint with patient (up 27). The Trust tries to advertise the need to treat staff with respect as much as it can.

Patient Experience

• Friends and Family Test (FFT): The response rate for the FFT continues to increase (most likely as a result of the text option previously adopted), with data from April 2021 to December 2021 stating that 92.35% of respondents rated the Trust as 'very good' or 'good' (compared with 91.99% in 2020-2021). All Ward Matrons regularly see feedback which is used to improve services and relay praise to staff.

• Complaints: Whilst the number of 'Stage 1 – Informal' complaints had increased in 2021-2022 (1,006) compared to 2020-2021 (823) and 2019-2020 (829), this was seen as a positive as it meant concerns were being resolved more quickly. It was similarly encouraging to observe the reduction of complaints reaching 'Stage 3 – Formal Response Letter'.

'Attitude of staff' had, for the first time, overtaken 'Communication – verbal / non-verbal’ as the highest complaint type theme. The Trust was undertaking work to unpick this (e.g. how much this was influenced by COVID-19, impact of staff exhaustion, changes in patient expectation versus the actual capacity to deliver).

• Compliments: Encouragingly, the Trust received significantly more compliments than complaints (3,330 of the former compared to 1,158 of the

latter) for April 2021 to January 2022, and there were likely to be more examples that were not recorded in the official statistics.

Concluding the presentation, the Quality Account timeline for 2021-2022 was noted, and Members were informed that the draft document would be circulated in early-April 2022. The deadline for publication of the final version (complete with the Committee's statement of assurance that would be drafted following receipt of the draft Quality Account document and forwarded to Members for comment) on the Trust website was currently the 30th June 2022.

Comments and questions from the Committee were raised throughout and began with a reflection on the stated mortality indicators data. Members highlighted the subtle terminology differences in relation to deaths 'from' COVID-19 compared to those 'with' the virus, and asked how far it could be determined that individuals in the latter group would likely have died due to their other illness / ailment, regardless of being COVID-positive. It was acknowledged that unpicking such cases was extremely difficult and that the published Office for National Statistics (ONS) data was based on death certificates which used the term 'within 28 days of a positive test'. The Committee felt that, in time, more would be uncovered about the true impact of COVID on overall mortality.

The Committee queried if the improvements in mortality indicators were a result of better care or more robust documentation (as highlighted in previous Quality Account presentations). The Trust considered both elements to be a factor in the positive direction of travel since the issues it had several years ago around mortality rates, when previous poor coding was, in many cases, underplaying how sick people were when being admitted to hospital. Whilst the Trust had also done a significant amount of work to improve care, it was noted that a focus on ensuring patients spend their last days in their preferred place had an inevitable impact on these figures too. Back at the height of its mortality rates, NTHFT tried to learn from other better-performing Trust's – Members suggested that some of the other Trust's across the region may now want to consider approaching NTHFT to learn from them.

Discussion ensued around the rates of admitted patients with dementia / delirium which had decreased over the last few years, principally as a result of reduced admissions due to COVID-19 (though Members were reminded that the 2021-2022 data was up to November 2021, therefore a further four months of information was still to be factored-in). In response to a query regarding the future management of dementia admissions, particularly in light of an oft-referred aging society and increasing local population, assurance was given that the Trust had good processes in place to identify dementia (which included specialist staff on wards), and was building capacity to manage a potential increase in cases (the Dementia Champions role was also highlighted).

Continuing the theme of dementia, it was confirmed that NTHFT were still supported by Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) in efforts to identify and care for patients with this condition. NTHFT had also allowed visitors throughout the pandemic for those eligible patients as part of the 'John's Campaign' (for the right of people with dementia to be supported by their family carers). Responding to a query around partnerships with hospices, the Trust stated that it had a Palliative Care Nurse and had good relationships

with (and had provided support to) both Butterwick House and Alice House. More individuals had been discharged to the latter following the former's lack of adult inpatient capacity in recent times.

The Committee reflected on the welcome progress made in relation to Clostridium difficile (C Difficile), an infection that was a significant issue in the early-2000s. The Trust's own internal data indicated that the majority of these cases involved those aged 70+, many of whom had also been COVID-positive (though no link was clear).

Responding to a query in relation to the stated changes in age profiles for COVID-19 deaths since the pandemic emerged, the Trust felt this was predominantly down to the roll-out of vaccinations which saw more younger people being admitted to hospital once older people received their jabs. Those previously in the Intensive Care Unit (ICU) were mostly unvaccinated individuals (currently there was no-one in ICU with COVID), though the Trust was starting to see the older demographic coming into hospital again. Members asked if the Trust had enough ventilators, and were informed that all available equipment was utilised, including apparatus in other areas of the hospital outside the ICU. More ventilators were desired (though trained staff were required in order to use them), but there were now other, non-invasive, ways to treat the virus which allows people to be looked after outside the ICU (the Committee acknowledged and praised the Trust's role in understanding and developing treatments).

Further questions regarding COVID-19 followed, including comparisons with deaths related to flu, and long-COVID. In terms of the former, direct comparisons with flu was difficult, not least because of testing regime differences and asymptomatic COVID cases. As for the latter, Members heard about the developing NTHFT long-COVID service, a clinic with consultants / physios which the Trust would provide further details on after this meeting.

Turning to the accessibility agenda, the Committee drew attention to the continued limitations on visiting hospitals (in contrast to care homes which were now more open). The Trust explained the reasons for the ongoing restrictions, principally as historical outbreaks of infection within hospitals had been linked to visitors. That said, NTHFT was now allowing two visitors per patient via the established appointment system (in addition to the 'John's Campaign' free access and continuation of virtual visiting), a mechanism which may strengthen communications between staff and visitors whilst on the ward. Ultimately, the Trust needed to feel confident that the numbers of people being allowed on-site was appropriate, especially since COVID-positive cases were starting to increase again. In other related matters, Members were pleased to hear of the involvement of people with disabilities in the development of accessibility measures, particularly in relation to on-site parking.

As in previous years, the Committee expressed shock and disgust at the level of violent incidents towards staff. Whilst the increase in numbers was perhaps understandable given the rise in admissions compared to the previous year, there was simply no excuse for such behaviour. The Trust confirmed that a judgement was made as to whether an incident was reported to the police (if something was considered 'malicious', advice would be sought before contacting the local Force), but that cases were reported to Trust security personnel who logged cases internally. Several Member comments followed,

including the impact of more uniformed security staff to deter inappropriate actions by those coming into hospital, the need to avoid underestimating verbal abuse (which can seriously effect those on the receiving end), the importance of a zero-tolerance approach from health bodies, and the lack of support from higher authorities (i.e. judiciary) when trying to address poor behaviour. The Committee did, however, request an update on what the Trust was doing to address the large increase in 'concerns to do with personal safety'.

Members welcomed the positive results from the Friends and Family Test (FFT), a survey which should not be underestimated as it cannot be manipulated to give a more favourable impression of performance. Continuing to ensure as many people as possible (including carers) provided feedback was an important tool in gauging satisfaction levels amongst those accessing services.

Assessing the types of complaints received by the Trust led Members to consider if the increasing challenges in the ability of health and care organisations to get the right people (those who view such roles as a vocation as opposed to a job) into these sectors may be having an impact here. It was stated that the top two complaint types (attitude of staff and communication – verbal / non-verbal) could sometimes involve cases which owed much to perception (i.e. how comments were received by the patient / family / friend) as opposed to any negative inference / intent.

The NTHFT representatives present were thanked for addressing the Committee and Members looked forward to receiving the draft Quality Account document in the near future. Assurance was given that this would include more details on two further issues raised – cancellations in relation to cancer procedures and catheter-induced infections (an area which the Committee had raised concerns about in previous Quality Account considerations).

AGREED that:

1) The update on performance and development of the North Tees and Hartlepool NHS Foundation Trust Quality Account be noted, and the requests for further information be submitted by the Trust.

2) A statement of assurance be prepared and submitted to the Trust, with final approval delegated to the Chair and Vice-Chair

ASH 74/21 Minutes of the Health and Wellbeing Board

Consideration was given to the minutes of the Health and Wellbeing Board from the meetings in November 2021 and January 2022.

AGREED that the minutes of the Health and Wellbeing Board from the meetings in November 2021 and January 2022 be noted.

ASH 75/21 Work Programmes 2021-2022 & 2022-2023

Consideration was given to the Committee's current Work Programme, as well as the initial scheduling for the early part of the next municipal year

(2022-2023).

Members were reminded of next week's (Tuesday 22nd March 2022) additional Committee meeting to decide upon the Council motion in relation to Tees, Esk and Wear Valleys NHS Foundation Trust. The first meeting of the next municipal year would take place on the 12th April 2022 where the draft final report for the Day Opportunities for Adults review and the draft scope and plan for the Committee's next review, Care at Home, would be presented for approval. The first progress update regarding the agreed actions following the previously completed Hospital Discharge (Phase 2 – discharge to an individual's own home) review would also be considered.

Recent email correspondence circulated to the Committee in relation to a forthcoming Tees Valley Health Summit on the 31st March 2022 was highlighted – Members could register their interest in attending this virtual session via the flyer attached.

AGREED that the Adult Social Care and Health Select Committee Work Programmes for 2021-2022 and 2022-2023 be noted.

ASH 76/21 **Chair's Update**

The Chair had no further updates.