



Chief Executive's Department  
Civic Centre  
HARTLEPOOL

5 February, 2015

Councillors Ainslie, C Akers-Belcher, S Akers-Belcher, Atkinson, Barclay, Beck, Brash, Clark, Cook, Cranney, Dawkins, Fleet, Gibbon, Griffin, Hall, Hargreaves, Hind, Jackson, James, Lauderdale, Lilley, Loynes, Martin-Wells, Dr. Morris, Payne, Richardson, Riddle, Robinson, Simmons, Sirs, Springer, Thomas and Thompson

Madam or Sir,

You are hereby summoned to attend a meeting of the EXTRAORDINARY COUNCIL to be held on MONDAY, 16 February, 2015 at 7.00 p.m. in the Civic Centre, Hartlepool to consider the subjects set out in the attached agenda.

Yours faithfully

D Stubbs  
Chief Executive

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# **EXTRAORDINARY COUNCIL AGENDA**



**Monday 16 February 2015**

**at 7.00 p.m.**

**in the Council Chamber,  
Civic Centre, Hartlepool.**

- (1) To receive apologies from absent Members;
- (2) To receive any declarations of interest from Members;
- (3) To deal with any business required by statute to be done before any other business;
- (4) To suspend Council Procedure Rules to the extent necessary to enable the meeting to follow the course set out below.

## **To discuss North Tees and Hartlepool NHS Foundation Trust Quality Accounts 2014/15**

- (i) To consider the report of the Statutory Scrutiny Officer
- (ii) Presentation by Barbara Carr, Associate Director of Nursing, Quality and Patient Experience, North Tees and Hartlepool NHS Foundation Trust.



**Report of:** Statutory Scrutiny Officer

**Subject:** NORTH TEES AND HARTLEPOOL NHS FOUNDATION TRUST – QUALITY ACCOUNTS 2014/15

## **1. PURPOSE OF REPORT**

### **1.1 To:**

- i) Introduce representatives from North Tees and Hartlepool NHS Foundation Trust who will be in attendance at today's meeting to assist and inform discussions in relation to the Trust's Quality Accounts for 2014/15; and
- ii) Seek views / comments from Full Council for inclusion in the Council's draft Third Party Declaration in relation to the Trust's Quality Account for 2014/15.

## **2. BACKGROUND INFORMATION**

- 2.1 The Health Act 2009 (Part 1/Chapter 2/Section 8) requires that all providers of NHS healthcare services produce an annual Quality Account, containing prescribed information relevant to the quality of the services they provide.
- 2.2 As part of the process for the development of these accounts, there is a legal requirement to involve Overview and Scrutiny Committees from each local authority in the formulation, and submission, of third party declarations. The North Tees and Hartlepool NHS Foundation Trust's Quality Account's have been considered annually by the Audit and Governance Committee (A&G), with initial consideration of the 2014/15 Quality Accounts by the Committee at its meeting on the 21<sup>st</sup> August 2014.
- 2.3 Following the transfer of statutory Health Scrutiny responsibilities from A&G to Full Council (with effect from the 24 November 2014), responsibility for the formulation of Hartlepool's Third Party Declaration, now rests with Full Council. On this basis, to assist Members in terms of views so far expressed, a copy of Minute No. 37 from the A&G meeting on the 21<sup>st</sup>

August 2014 is attached at **Appendix A**. In addition to this, in taking forward the formulation of the Council's draft Third Party Declaration, a presentation will be given at today's meeting by representatives from North Tees and Hartlepool NHS Foundation Trust (NTHFT), outlining details of:

- The key priorities of the Quality Accounts 2014/15 including:-
  - an explanation as to how the SHMI (Summary Hospital-level Mortality Indicator) and HSMR (Hospital standardized mortality ratio) statistics are calculated and what essentially they mean)
  - figures in relation the overall number of whistle blowing incidents
- The Quality Account Marketplace Event
- Timescales
- Lessons from previous years

2.4 The NTHFT representatives present will be available to provide clarification and assistance, as required, and in considering the information provided Council is asked to formulate views and comments for inclusion in the draft Third Party Declaration. The draft declaration will then be utilised in conjunction with the draft version of the NTHFT Quality Accounts (2014/15), timetabled for March 2015, to finalise the Council's Third Party Declaration.

2.5 Given the timescale for the development and submission of the declaration, following today's presentation approval is sought for the finalisation of the draft declaration to be delegated to the Statutory Scrutiny Officer in consultation with the Chair of Council.

### 3. RECOMMENDATIONS

3.1 That Council:-

- (i) Consider the presentation, seeking clarification on any issues from the representatives from North Tees and Hartlepool NHS Foundation Trust present at today's meeting; and
- (ii) Formulate comments on the information presented at today's meeting, which will be used to contribute to the formulation of the third party declaration.
- (iii) Delegate finalisation of the draft declaration to the Statutory Scrutiny Officer in consultation with the Chair of Council.

#### Contact Officer:

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## **BACKGROUND PAPERS**

The following background paper was used in the preparation of this report:-

- (a) Minutes of the meetings of the Audit and Governance Committee held on 21 August 2014
- (b) The Health Act 2009 (Part 1, Chapter 2, Section 8)



Appendix A

**MINUTE NUMBER 37 - AUDIT AND GOVERNANCE COMMITTEE - 21 AUGUST 2014**

**37. NORTH TEES AND HARTLEPOOL NHS FOUNDATION TRUST – QUALITY ACCOUNT 2014/15**

Barbara Carr and Keith Wheldon from North Tees and Hartlepool NHS Foundation Trust were present at the meeting and presented the main outcomes from the Trust's 2013/14 Quality Account and identified the key priorities for 2014/15.

A new indicator was being added to the 2014/15 Quality Account; Mortality. The Trust has decided to add Mortality to the list of Key priorities in 2014-2015 for patient safety. The Trust has been highlighted as an outlier for SHMI (Summary Hospital-level Mortality Indicator ) and HSMR (Hospital standardized mortality ratio), therefore it was right to keep at the forefront the these mortality rates whilst keeping a balanced view on the quality of patient care

The Trust may have high HSMR and SHMI values but was currently working hard to reduce these. However, the Trusts Crude Mortality Rate for HSMR was within the best 25% in the country. This difference demonstrated that statistics did not, on their own, provide the full story, so the Trust was taking a balanced approach undertaking weekly mortality reviews.

The presentation went on to outline the performance for the remaining key priorities for 2013/14 and the initial targets for 2014/15. These covered –

Patient safety – Mortality (new); Dementia Care; Safeguarding adults (learning disabilities and sensory loss); and infection control - Clostridium Difficile.

Effectiveness of care – Discharge processes – information, medication and Safe and Warm; and Nursing dashboard.

Patient Experience – End of life pathways and Family Voice; Is Our care Good (patient surveys); and Friends and family Recommendation.

The Chair thanked the Trust representatives for their presentation and congratulated the Trust on the continued improvements. Members questioned the SHMI (Summary Hospital-level Mortality Indicator) and HSMR (Hospital standardized mortality ratio) statistics particularly on how they were calculated and what essentially they meant and what was considered good and bad. The Trust representatives undertook to send a brief description to be circulated to Members.

Members asked if Clostridium Difficile was the only infection monitored through the Quality Account. The Trust representative's indicated that

all infections were monitored including MRSA and the new anti-biotic resistant infections. C-Difficile was specifically monitored as it was a measure the Trust failed some years ago. The target was also set by Monitor rather than the Trust.

A Member commented that they had recently had to attend the A&E unit at North Tees Hospital and had been asked to use the token system to indicate their experience of the A&E unit as part of the patient feedback. It hadn't been clear what was to be done so the Member had asked a member of staff only to be told they were too busy to explain. The Trust representative gave an unreserved apology and stated that was not what was expected of staff.

The Chair raised the issue of whistle blowing and if it was possible to have some statistics around staff whistle blowing and highlighting concerns within the organisation. The Trust representative stated that she would be able to share numbers at a future meeting but not the specific details. The Chair also suggested that it may be useful to see some of the ward statistical information collected on the nursing dashboard when making decisions on treatment through the Choose and Book System. The Trust representative stated that the Trust would look at a potential way of sharing such information.

Members noted that the Trust had started to use an independent parking control company on its site car parks and asked how the Trust would be monitoring its operation to ensure patients and visitors were not being unnecessarily penalised. The Trust representative stated that the Assistant Director of Estates met with the parking company on a regular basis to look at penalties and ensure they were not being given to volunteers for example.

## Recommended

- (i) That the Trust's representatives be thanked for their informative presentation and responses to Members questions.
- (ii) That figures in relation the overall number of whistle blowing incidents be presented to a future meeting of the Committee.
- (iii) That a brief explanation be circulated to Members as to how the SHMI (Summary Hospital-level Mortality Indicator) and HSMR (Hospital standardized mortality ratio) statistics are calculated and what essentially they mean.