

QUALITY ACCOUNT

2021/2022

Overview 2021-22 and our priorities for 2022-23



Healthcare at its best
with people at our heart

Purpose of Session

- Current position in relation to the Pandemic
- Update on progress against Quality Account Priorities 2021/22
- Discuss and provide any feedback on the proposed Quality Account priorities for 2022/23

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How we identify Quality Priorities

- National Benchmarking
- Local and national audit
- National priorities
- Analysis of incidents & complaints
- Feedback from national and local patient surveys

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Patient Safety

Priority 1 - Reducing Healthcare Associated Infections(HCAIs) – focusing on COVID-19, Methicillin-Sensitive Staphylococcus Aureus (MSSA) / Gram negative Blood Stream Infections (*GNBSI*) / *C. difficile* infections:

- Prevent transmission and HCAI COVID-19 in patients and staff.
- Internal 10% year on year reduction of MSSA bacteraemias.
- National ambition to reduce *GNBSI* with an internal aim of 10% year on year reduction.
- Sustain a reduction in *C. difficile* infections in line with national trajectory.

157 cases of hospital
acquired *C. difficile*
infections

Staphylococcus Aureus bacteraemias

0 case MRSA
97 cases MSSA

Gram negative bacteraemias

187 cases *E. coli*
138 cases Klebsiella
39 cases Pseudomonas aeruginosa

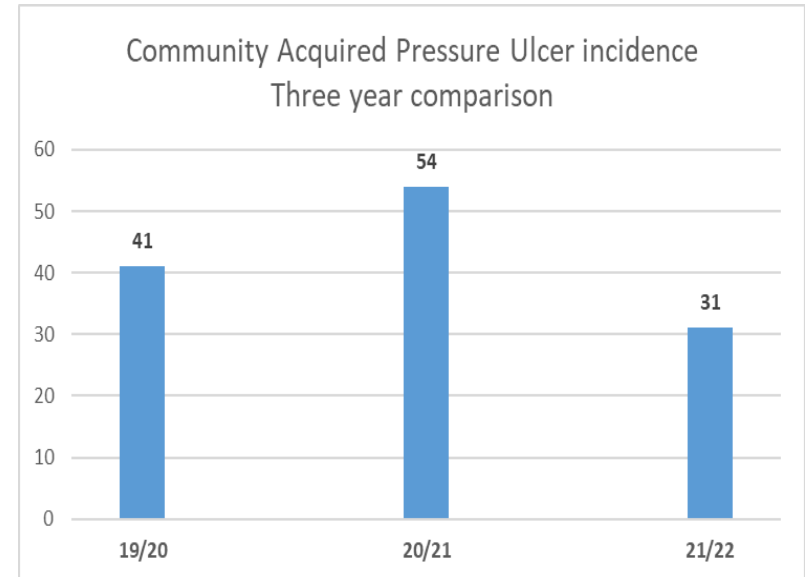
Figures April 1st 2021 – February 28th 2022



Patient Safety

Priority 2 – Pressure Ulcer Reduction – Community Acquired Pressure Damage whilst under care of our District Nursing Teams

- Significantly reduced Community acquired PU damage (specifically PU graded category II,III,IV)
- Development of dashboards which allowed community teams to have a visual aid of where pressure ulcers are occurring.
- Undertook quality improvement work on targeted localities who report the highest number and rate of pressure damage.
- Increased the visibility and support provided by the Tissue Viability team to frontline clinical staff to assist in the prevention of pressure ulcers.
- Ensure we have a skilled and educated workforce with a sound knowledge base of prevention of pressure ulcers and quality improvement methodology.



Patient Safety

Priority 3 - Management of Abnormal Results

- Appointed a clinical lead for the management of abnormal results & Reviewed Trust Investigation processes.
- Entered into a development partnership with 3M to use their “Follow-Up Finder” artificial intelligence technology to highlight the need for follow-up investigations indicated in free-text reports, and develop this functionality to identify gaps in the closed loop from requesting a test to taking appropriate actions for patient care, using the Trust’s Clinical Data Warehouse and Document Store.
- Until the viewer is fully tested and implemented, paper results will be produced as currently, ensuring at each stage that we are improving patient safety.



Clinical Effectiveness

Priority 4 – Modified Early Obstetrics Warning Score (MEOWS)

- Create IT solution for identification of a pregnant/recently pregnant woman outside Women's services.
- IT development of an electronic MEOWS system to replace NEWS/PEWS for this group of women.
- The IT solution is now ready to proceed to the testing phase prior to go live.



Clinical Effectiveness

Priority 5 - Enhancing capability in Quality Improvement (QI)

- 15-20 improvement teams, involving 83 staff, each focused on a piece of improvement work on the IHI 'Improvement for Teams' Programme.
- 30 coaches to support teams with their improvement work on the IHI 'Improvement Coach' programme.
- 30 senior leaders on the IHI 'Leading for Improvement' programme to provide the senior support for the improvement teams to effectively progress their improvement work.
- An evaluation framework has been developed utilising 'A Framework to Guide Evaluations of QI Capacity Building' (Mery et al, 2017). Evaluation started July 2021 and will run throughout the duration of the IHI capability-building programmes.



Patient Experience

Priority 6 – Mental Health in Young People

MDT Mental Health Strategy Group established, meet monthly, joined by CNTW bi-monthly.

Investment identified by We Can Talk Project.

Online We Can Talk Training well utilised by staff.

Parent information leaflets .

Improved communications with colleagues at CNTW and collaborative work ongoing.

Policy for Detaining Patients under the Mental Health Act now includes under 18 years

Evidence of involving patients and parents to learn from experience.

Ongoing review of environment in Paediatric Emergency to create a 'Safe space'.

Reciprocal Training arrangement between GNCH and CNTW

Evidence of a very effective MDT Support Hub including CNTW staff ahead of referral.



Patient Experience

Priority 7 - Reasonable adjustments for patients with suspected, or know learning disability

- Mortality reviews for patients with a Learning Disability who die whilst in Trust care are timely.
- Pathways continue to be developed for adult patients requiring MRI/CT under sedation.
- Learning Disability flags are visible for adults and children with a learning disability.
- Learning Disability Liaison team to commence bi-monthly forums Trustwide to share learning and examples of good practise.
- Organisation registered for Improvement Standards 2021/22.
- Review of pathways and e-learning to determine if any adaptations required.
- Work ongoing in conjunction with North East and Cumbria Learning Disability Network and Great North Children Hospital (GNCH) anaesthetics to incorporate theatre attendance within passport for Children & Young People (CYP).
- Review the role of 'Champion' commenced with a view to incorporating Autism.
- Collaborative work with University of Northumbria for development of simulation training.
- STOMP and STAMP project work resumed.
- Trust committed to 'Weigh to Go' and seek accreditation.
- Diamond Standards to be launched in March 2022



2022/23 Proposed Quality Priorities:

Patient Safety

- Reducing Infection – with a focus on Gram negative blood stream Infections
- Management of Abnormal Results

Clinical Effectiveness

- Enhancing capability in QI
- Identify Deterioration in pregnant women (MAU/MEOWS)
- Trust-wide Day Surgery Initiative

Patient Experience

- Ensure reasonable adjustments are made for patients with suspected or known Learning Disability and Learning Difficulty
- Improve services for children and young people with mental health issues.

