

# QUALITY ACCOUNT

## Overview of priorities for 2023/2024



Healthcare at its best  
with people at our heart

## 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 bacteraemia.
- 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.

172 cases of hospital  
acquired *C. difficile*  
infections

### Staphylococcus Aureus bacteraemias

2 cases MRSA  
99 cases MSSA

### Gram negative bacteraemias

227 cases *E. coli*  
142 cases Klebsiella  
51 cases Pseudomonas aeruginosa

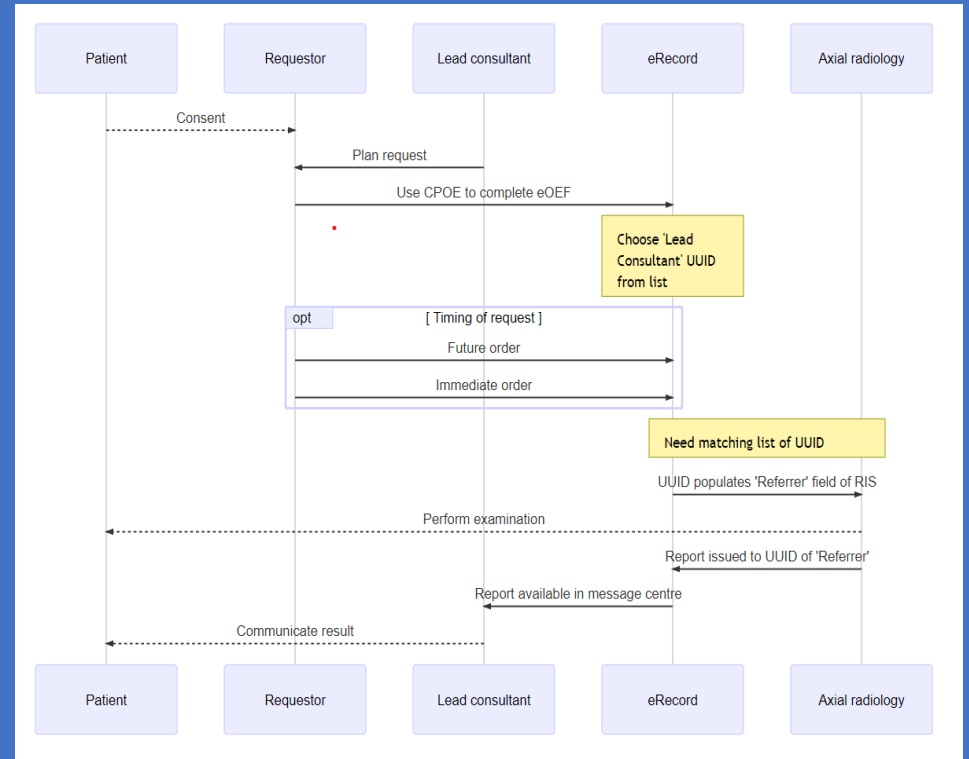
*Figures April 1<sup>st</sup> 2022 – March 31<sup>st</sup> 2023*



# Patient Safety

## Priority 2 - Management of Abnormal Results

- A list of 'lead consultants' has been defined and agreed through a collaborative effort between colleagues in IT, clinical informatics, laboratory medicine, radiology, and HR. Lead consultants are clinicians with patient responsibility, who should routinely be in receipt of electronic results for investigations (n=996 lead consultants in eRecord).
- Results relating to electronically requested radiology orders will now be sent back to the selected lead consultants' message centre inbox in eRecord, using the UUID as the unique identifier to facilitate communications between EHR and RIS.



# Clinical Effectiveness

## Priority 3 - Enhancing capability in Quality Improvement (QI)

- Recruitment of 10 improvement teams
- Recruited 25 improvement coaches to build capability and support teams.
- Adapted the IHI training programme and developed training materials with alignment to “What Matters to You?” and “The Newcastle Way”.
- Newcastle Improvement team members shadowed the IHI delivery in year two of Improvement Coach Programme and co-delivered Improvement Programme for Teams.
- Development of bitesize, enhanced induction and e-learning packages.



## Clinical Effectiveness

**Priority 4a** –Introduction of a formal triage process on the Maternity Assessment Unit (MAU) in order to improve the recognition of the deteriorating pregnant or recently pregnant woman

In July 2021, there was a successful bid for the, ‘Formal Introduction of Triage on Maternity Assessment Unit (MAU) .Significant improvements have been made to MAU:

- Triage documentation used on MAU that was developed with staff feedback as part of PDSA cycles.
- Opening of a new ‘Maternity Day- care Unit’ with improved facilities at the end of ward 41. Not yet fully functional due to staffing challenges.
- Consultant Obstetrician presence (80% of the time) on MAU 1-5pm.
- A reduction in waiting times achieved through CAT (competency assessment tools) for midwives to undertake speculum examination in women < 37 weeks implemented
- An automated telephone on MAU is planned and will reduce the number of phone calls, so that MAU staff can focus on patients. This is due to start imminently .
- Planning to use BUSOTS (Birmingham Triage system) which is embedded in BadgerNet.
- Matron specifically for MAU (staffing review) approved - to be appointed.



## Clinical Effectiveness

### Priority 4b– Modified Early Obstetrics Warning Score (MEOWS)

- A digital solution has been added to admission (all Newcastle Hospitals) documentation that identifies if a patient is pregnant or has been pregnant within 42 day (6 weeks). This will enable staff to identify all patients that are outside maternity areas, allowing them to select the correct Maternity Early Warning Score Chart as appropriate.
- A digital maternity chart has been developed. This has been recoded into the computer language called .NET (implementation has been delayed –awaiting accurate testing of the digital maternity chart and code before it can be released). Once tested this would need to be realised in all inpatient areas using eObs in both Adult and Paediatric areas within the Trust with adequate communication.



# Clinical Effectiveness

## Priority 5– Trust-wide Day Surgery Initiative

- Surgical Assessment – One referral route in, streamlined booking & scheduling process & implemented for Day Treatment Centre (DTC). Weekly DTC Booking & Scheduling Meeting with Directorates focussing on 6-4-2 approach and actions.
- Pre-Op Assessment – new PAC delivery model to create additional capacity, low risk pathway HCAs ( 80 new slots per month), telephone PAC Clinic (50% increase in capacity), direct access for surgical clinic patients who require booking following attendance at Surgical Assessment Unit.
- 6-4-2 Model - which is a way of managing theatre resources in a more robust way, optimising theatre resources, e.g. staff agree leave six weeks in advance, surgical lists four weeks before and double-check plans two weeks ahead. Completed initial gap analysis of current theatre planning model in Directorates; Urology, Surgery & MSK. Trust agreement to pilot Care Co-ordination System (CCS) in Urology, which will significantly support implementation of 6-4-2 theatre model.



# 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.

Evidence of involving patients and parents to learn from experience.

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

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 known learning disability

- Investment into Learning Disability Liaison team and change in skill mix “Walkers”.
- E-learning Diamond Standard training launched
- Autism awareness training sessions to be delivered to clinical staff.
- Role of Champions’ being refreshed.
- Collaborative Regional Work – “Was Not Brought/Autism Strategy”.
- Participate in NENC Learning Disability Network pilots for;
  - 'Passport' app
  - Reasonable adjustment posters with QR code
  - Implementation of Care Bags



## 2023/24 Proposed Quality Priorities:

### Patient Safety

- Reducing Infection – with a focus on Gram negative blood stream Infections
- Management of Abnormal Results
- National Patient Safety Strategy & Incident Response

### Clinical Effectiveness

- Identify Deterioration in pregnant women
  - a. MAU
  - b. MEOVS
- Best Interest Decisions/Mental Capacity Assessment and Deprivation of Liberty – Liberty Protection Safeguards

### Patient Experience

- Ensure reasonable adjustments in place for patients with suspected or known Learning Disability and patients who are autistic.
- Improve services in ED for children ,young people and Adults with mental health issues
- Embed a consistent approach to transition young people from Child to Adult Services.



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