

Quality Accounts Summary

to the County Durham Adults Health and Wellbeing Overview
and Scrutiny Committee Meeting of 9th May 2022

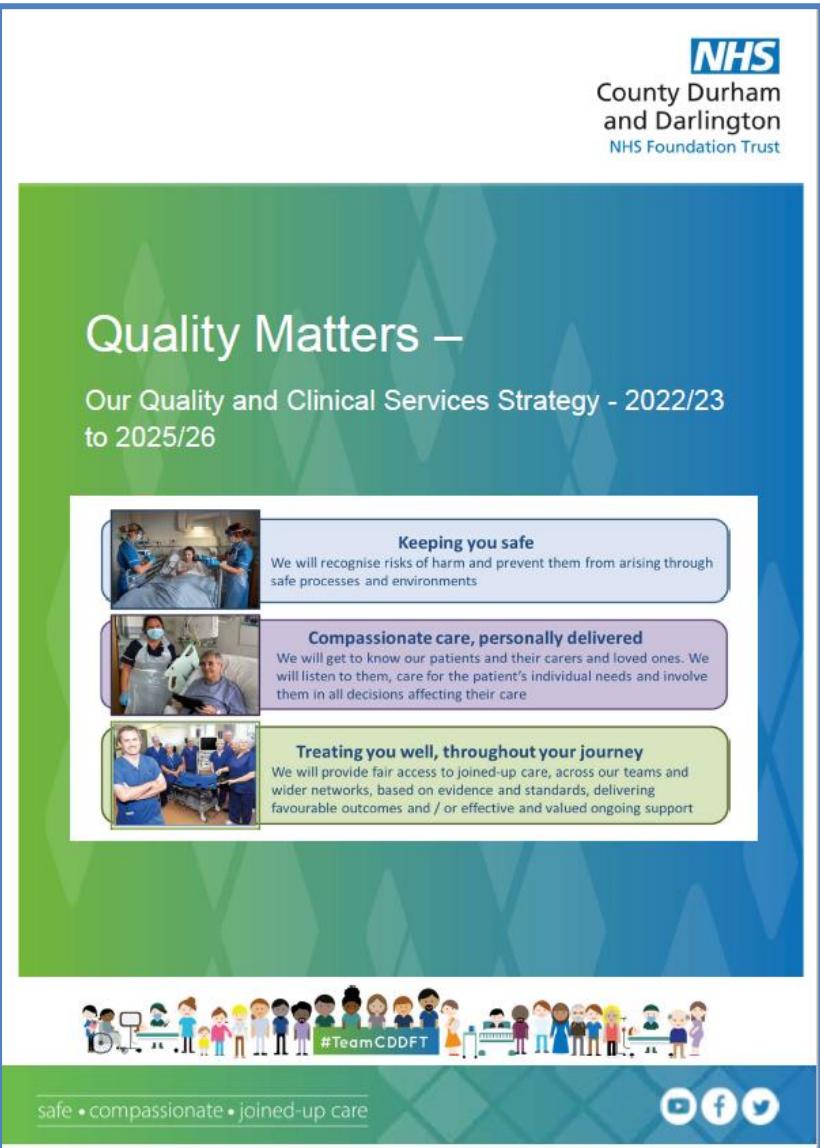
Prepared by Lisa Ward (ADN Patient Safety and Chief Nursing Information Officer) and Warren Edge
(Senior Associate Director of Assurance and Compliance)



Introduction

- Quality Matters – is our plan to support the achievement of our vision, **Right First Time, Every Time**, and is underpinned by our core values.
- We are currently refreshing the strategy through a wide programme of consultation.
- We set out interim improvement objectives for the current year, in our Quality Report for 2020/21
- The following slides, and presentation will provide an update on our progress against these objectives
- Your views on the strategy are welcome – we will shortly share the draft

safe • compassionate • joined-up care



The slide is titled 'Quality Matters – Our Quality and Clinical Services Strategy - 2022/23 to 2025/26'. It features three main pillars of quality:

- Keeping you safe**: We will recognise risks of harm and prevent them from arising through safe processes and environments.
- Compassionate care, personally delivered**: We will get to know our patients and their carers and loved ones. We will listen to them, care for the patient's individual needs and involve them in all decisions affecting their care.
- Treating you well, throughout your journey**: We will provide fair access to joined-up care, across our teams and wider networks, based on evidence and standards, delivering favourable outcomes and / or effective and valued ongoing support.

At the bottom, there is a row of diverse cartoon人物 icons representing the community, with the hashtag #TeamCDDFT. Social media icons for YouTube, Facebook, and Twitter are also present.

Introduction

- We will be publishing our draft Quality Accounts on 10th May 2022
- There are 30 days for stakeholder consultation
- We will publish the Quality Accounts by the 30th June deadline

Quality priorities for 2021/22 – summary position

Safety	Experience	Effectiveness
Local Quality Priorities for 2021/22		
Reduce the harm from inpatient falls	Nutrition and Hydration in Hospital	Mortality Reduction
Improve the care of patients with dementia	End of life and palliative care	Maternity Standards
Reduce harm from Health Care Associated Infections		Paediatric Care
Reduce harm from category 3 & 4 pressure ulcers		Excellence Reporting
Improve the timeliness of discharge summaries		
Improve management of patients identified with Sepsis		
Mandated measures for monitoring		
Rate of Patient Safety Incidents resulting in severe injury or death	Percentage of staff who would recommend the provider to friends and family	SHMI
Time spent in the Emergency Department	Responsiveness to patients personal needs	Patient Reported Outcome Measures

	Ambition achieved		Some but not all elements achieved		Ambition not met
--	-------------------	--	------------------------------------	--	------------------

Local Quality Priorities

2021-22 Performance



safe • compassionate • joined-up care

www.cddft.nhs.net



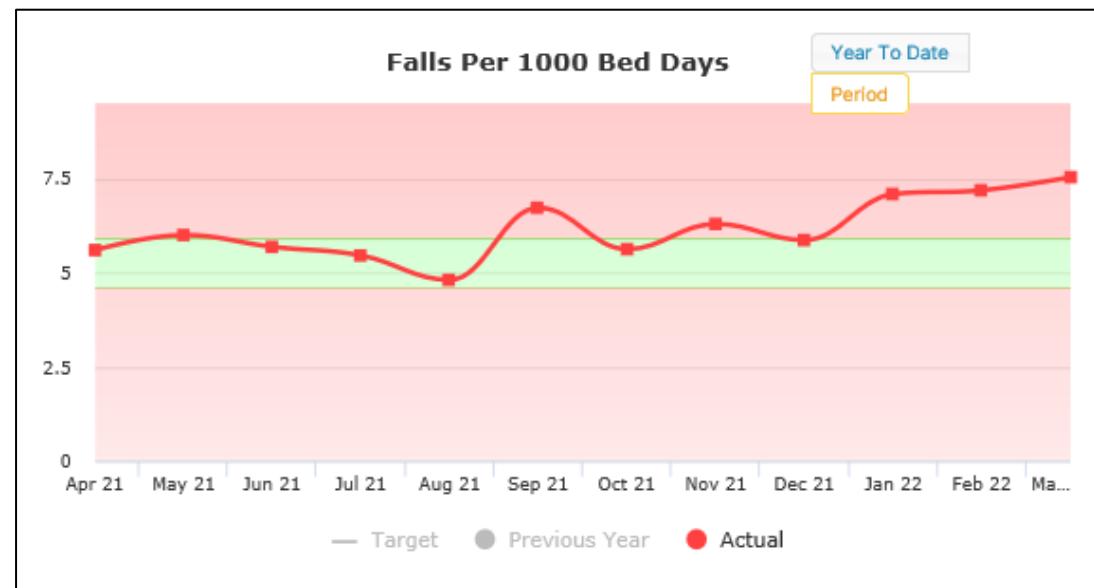
Falls



- Our aim is to minimise the risk of falls and to reduce harm
- Falls per 1,000 bed days (rolling 12 month position) to 31st March:
 - 6.4 (Acute)
 - 5.9 (Community)
- This compares to 6.8 and 8.0 respectively for the same period in 2020
- The new Falls Strategy has been agreed and published
- We have implemented a new Rapid Review and learning process for all falls resulting in harm
- The rate of falls with moderate or greater harm due to lapses in care has also reduced (9 for April 2020 to July 2021 compared to 2 for August 2021 to the year end). The time periods reflect the change from the previous investigation approach to our rapid review process
- Work is now focused on identifying meaningful baselines (from which to measure falls reduction) with targeted work and education

Trend graph – Falls per 1,000 bed days in 2021/22

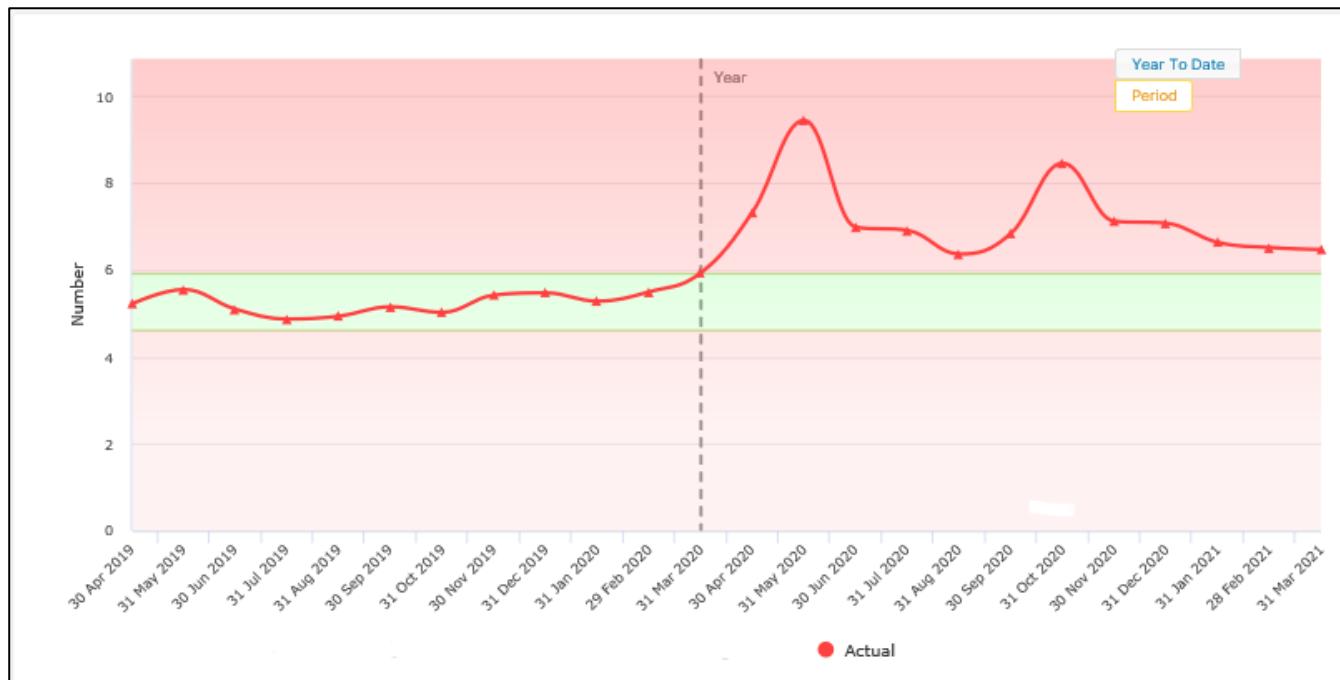
The 'green' zone represents normal variation based on pre-pandemic (2019/20) levels. The Trust was able to restore the trend in line with normal variation for much of the year. However, over the last three months we have seen an increase triggered by demand-led – including Covid-19 driven - pressures (which leads to move movement of patients and staff and a potentially greater risk of falls).



Falls (continued)

Trend graph – 2019-2021 falls per 1,000 days

The graph below shows the prior year trends, with the green zone again representing normal pre-pandemic levels. The improvement in 2021/22, compared to 2020/21, is apparent if you compare the graph below with graph on the previous page.



Care of Patients with Dementia

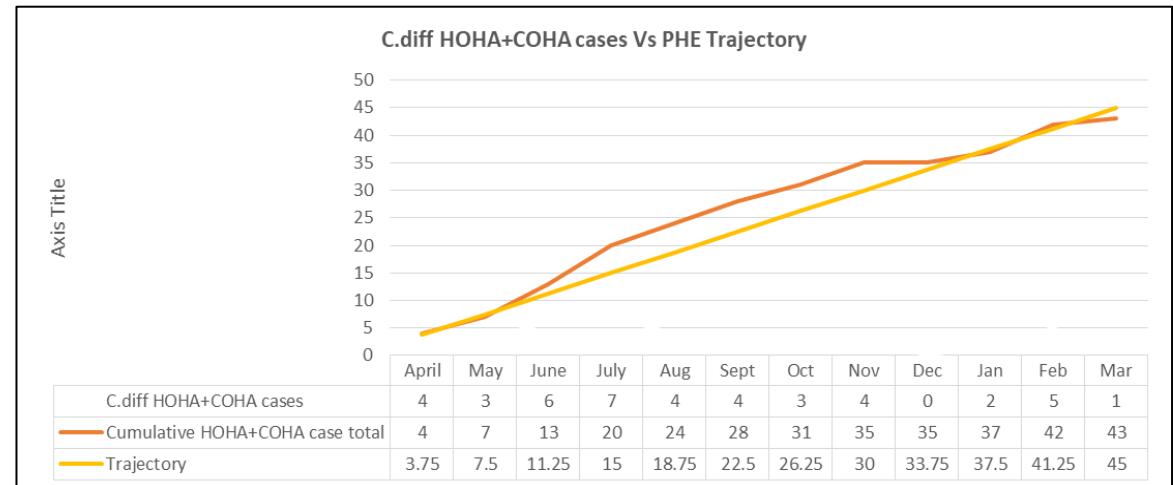


Aims	Progress
Re-launch the lead dementia nurse role	The role has been re-launched and continues to be reinforced through the quarterly newsletter (see below).
Strengthen the role of dementia link nurses	This work is ongoing (continual)
Re-launch John's Campaign, use of carer passports and 'This Is Me' documentation	All three have been re-launched through the Senior Nurses community and Senior Sister Away Days
Introduce a Dementia Care Newsletter for staff	A quarterly newsletter has been launched
To audit our environment and assess the extent to which it is dementia-friendly aligned to the development of frailty services	An audit tool has been developed and is in use. Results are shared with ward managers to inform action plans and developments or initiatives.

Healthcare Acquired Infections

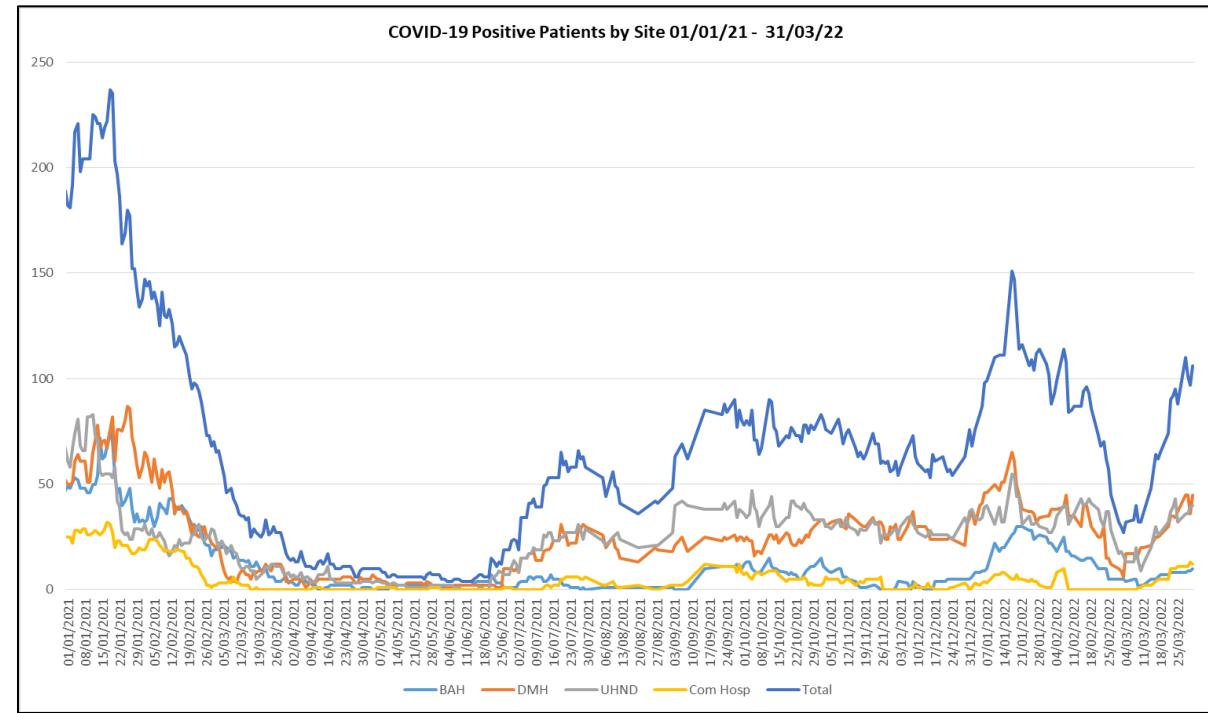


- We have reported **four** cases of MRSA against our zero tolerance.
- To 31st March, we reported **43** C-Difficile (C-diff) infections compared to the full-year threshold of **45** set by NHSE/I
- The monthly rate reduced after a mid-year blip following concentrated education from our IPC teams
- Other Trusts have experienced challenges in meeting C-Diff trajectories during the pandemic
- We have updated our blood culture policy in line with national guidance and provided face to face IPC training through 'topic of the month' sessions for front-line staff
- During the year NHSE/I set thresholds for the first time for gram negative infections. The Trust was below the threshold for e-coli but above it for Klebsiella and Pseudomonas



Healthcare Acquired Infections (Covid-19)

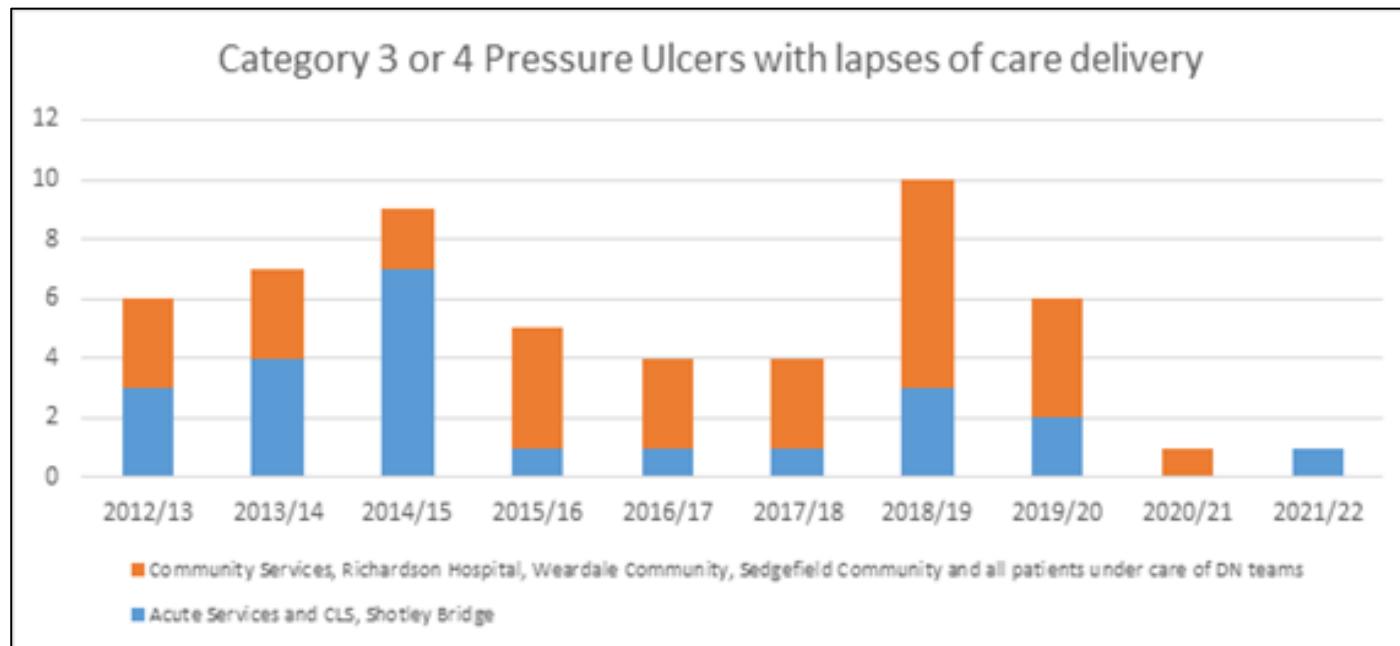
- The Quality Report for 2020/21 did not include any objectives or priorities for Covid-19 as the pattern and demands of further waves were not predictable at the time of preparation
- We have continued to operate, and use NHSE/I's assurance framework to validate, infection control practices in line with good practice recommendations
- We comply with all of NHSE/I's / UK Health Security Agency recommended practices
- We invited NHSE/I's Infection Control Lead to visit our sites to review our controls, following which we made improvements on ventilation / air filtration, primary prevention measures and maximising specialist IPC support to our front-line teams
- We are reviewing our estate to best manage isolation and or movement of patients.



Pressures Ulcers

Ambition
not met

- We have a zero tolerance for pressure ulcers resulting from lapses in care and our aim is to have no Category 3 or 4 pressure ulcers involving such lapses
- There has been only one Grade 3 ulcer involving lapses in care this year, and the trend graph below, shows our sustained year on year improvement; however, we did not meet our ambition. Any case is subject to detailed review by our Tissue Viability team and to remedial action planning, wider dissemination and education



Electronic Discharge Summaries



Dec-21

% EDL sent in 24 Hours

Care group	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21
Surgery	90.3%	90.3%	88.4%	86.8%	84.7%	84.2%	84.9%	85.3%	80.3%
Integrated Medical Specialties	94.2%	93.6%	94.8%	93.8%	93.7%	92.1%	91.2%	91.3%	88.6%
Family Health	80.8%	82.0%	83.2%	82.0%	82.4%	76.7%	81.5%	81.0%	71.8%
TRUST	91.8%	91.5%	91.7%	90.5%	90.0%	87.9%	88.1%	88.3%	84.3%
Target	95.0%								

Data to the end of March 2022 has been requested from our Information Services Department and will be included in the document published for consultation. Performance has, however, not met the 95% target over the course of the year.

Over the first half of the year, we maintained performance in line with prior years although not at the 95% target. This is despite all Care Groups monitoring the target each month. Very high activity levels exacerbated by Covid-19 have impacted on performance later in the year.

Each Care Group has a responsible lead manager to whom a weekly dataset is sent to enable them to identify variation and manage performance at specialty, consultant and ward level.

Our current “Work As One” improvement initiative (which has run from mid-December and is ongoing) focuses closely on all aspects of discharge including timeliness of communication to GPs. The Electronic Patient Record system, which we will roll out in 2022/23 will auto-populate the discharge summary with information captured on admission and during the patient’s stay, helping to improve the quality and completeness of information and to expedite the process of issuing summaries.

Care of Patients with Sepsis

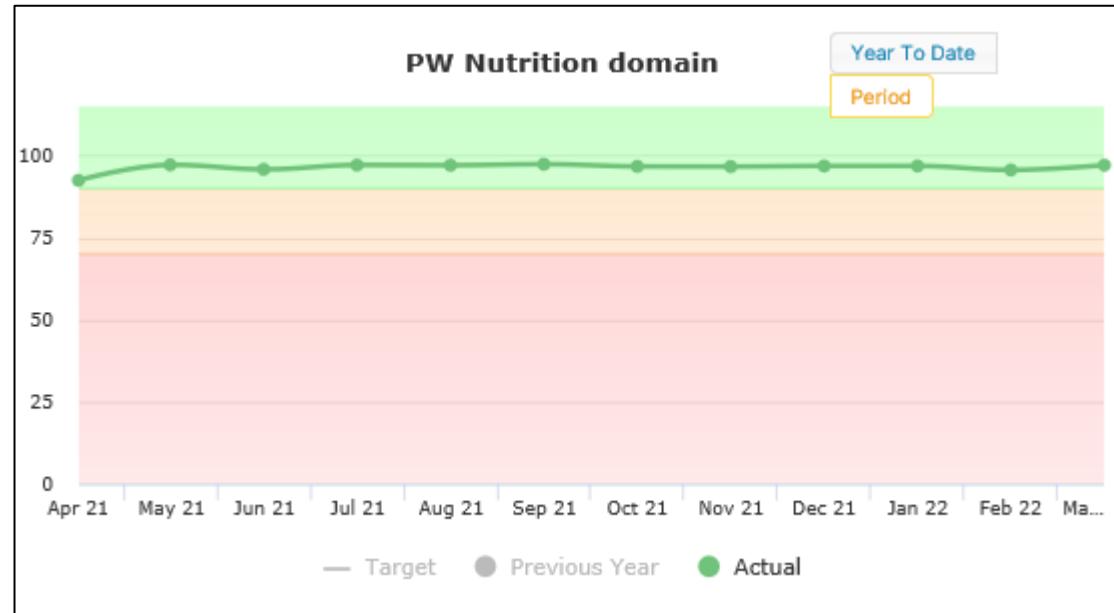


Aims	Progress
To ensure 100% screening of relevant patients for sepsis	The regional sepsis screening tool is now integrated within our nursing observations system (Nervecentre) for inpatients and in our A&E system (Symphony) for patients attending our A&E departments. All patients in these departments are therefore automatically screened for sepsis. Our maternity sepsis screening tool has been updated for learning from internal and external incidents and has been re-launched.
To improve the percentage of patients receiving antibiotics within 1 hour of diagnosis in the Emergency Department	Audits continue in our A&E Departments, however the time to administer antibiotics has not improved in 2021/22 – contributory factors include the availability of staff and rooms in times of high demand.
To improve staff awareness and processes to ensure prompt recognition and response.	A “Simulation Study Day” has been developed and three sessions delivered to date. A Patient Group Direction has been developed and is being piloted for sepsis of unknown origin
Lead Sepsis Nurse to be in post	A Lead Sepsis Nurse has been in post from 1 st June 2021

Nutrition and Hydration



- We have maintained high levels of compliance monitored through our Perfect Ward audit scores, over the year to date (well over 90%).
- We have reconstituted the Nutrition Steering Group and, in addition, the Deputy Director of Nursing and Dietetics teams, have provided focused support to any wards or teams not meeting the 90% (green) thresholds, resulting in improved consistency across all areas from mid-year
- The AKI nurse service is now well-embedded with high referrals. As AKI increases with Covid-19, we have not been able to compare like for like in evaluating the service but it is well-used and wards have benefited from the education / awareness provided



End of Life / Palliative Care



Aims	Progress
Work with stakeholders to refresh the palliative care strategy to 2025	We have engaged with partners re: the Tees-wide Strategy development. The Trust's strategy has been delayed by pandemic priorities
Focus intensively on recognition of dying in hospital to enhance care	This is ongoing work. It has been built into Trust-wide training Recognition of dying from Covid-19 – so as to prompt effective communication with patients' families and appropriate care planning - was very good (90% of all deaths, based on audit data) .
Explore solutions to the lack of single rooms	We audit access to single rooms. Access to single rooms for patients who are dying is good in DMH (88%) but remains more of a challenge at Durham due to the constraints of the estate.
Review care after death documentation and develop a checklist that will remain with the case notes for this element of care	This documentation has been reviewed and the checklist developed and rolled out to all teams

Mortality / Learning from Deaths



Measure / source of assurance	RAG
Summary Hospital Mortality Indicator (SHMI) – currently 109.8 (within expected range)	Green
Hospital Standardised Mortality Ratio (HSMR) – 93 and within expected range	Green
Copeland's Risk Adjusted Barometer (CRAB)	Green
Completed mortality reviews – 1,179 deaths reviewed from 2020/21, of which 10 (<1%) had evidence of lapses in care. There is a time lag in deaths being available for review. To January 2022, 182 reviews had been completed in 2021/22 with similar trends.	Green
North East Quality Observatory (NEQOS) Independent Review	Green

HSMR measures, effectively, in-hospital deaths

SHMI also includes deaths out of hospital within 30 days. The Trust is a national outlier for this indicator.

Comments

- SHMI was outside statistical limits for part of the year but is now within the expected range
- The NEQOS Lead presented to the Trust Board on the impact of Covid-19 on SHMI (and its reliability) in the North East. There are two other Trusts in the region with similar trends.
- They advised that more assurance should be taken from the Trust's own reviews and alternative measures and they have commended the Trust's processes as being in line with good practice.
- The Mortality Committee, Clinical Effectiveness Committee and the Board monitor trends closely every quarter including learning and actions
- There are still some challenges re capturing all comorbidities; however, the EPR system being rolled out in 2022/23 will better support this. The position is already improving following the appointment of clinical champions

Maternity Standards



Aims	Progress
Appoint a fetal medicine consultant	Fetal Medicine Consultants are in place at both acute sites and a Fetal Wellbeing Lead Nurse has been appointed.
Strengthen the role of the Head of Midwifery	The role has been upgraded in line with Ockenden recommendations and reports to the Director of Nursing (in his capacity as Executive Maternity Safety Champion). There are bi-monthly meetings with the Maternity Safety Champions, supplemented by site visits and channels for regular meetings with staff.
Review staffing against standards and continue to strengthen it	<p>Staffing ratios meet “birth rate” plus standards (based on establishments). The Trust aims to staff its acute sites in line with the recommended staffing ratios for tertiary centres given the needs of the women it looks after. In practice, staffing has needed to be kept under continual review due to sickness absence, maternity leave and the impact of the pandemic (in common with other Trusts). We have secured national funding to recruit beyond current vacancies to support resilience.</p> <p>Staffing is measured against acuity four times daily and action taken to maintain safe labour ward staffing. We have a business case in progress to increase staffing for neonatal care including Baby Support Workers, in line with BAPM standards. Prior to the latest Ockenden Inquiry Report we had already implemented controls to ensure that we only progressed to the next stage of the Infinity programme if safe staffing could be maintained in all areas.</p>
Roll out of Phases 1 and 2 of the Continuity of Carer strategy	We have rolled out our ‘Infinity (Continuity of Carer) programme to six teams. National leads have visited the Trust and commended the approach. We are, however, taking stock of staffing across all our acute and community midwifery services to ensure that it remains safe prior to moving to each planned stage of the programme (now recognised as the right approach following the second report from the Ockenden Inquiry).

Paediatrics

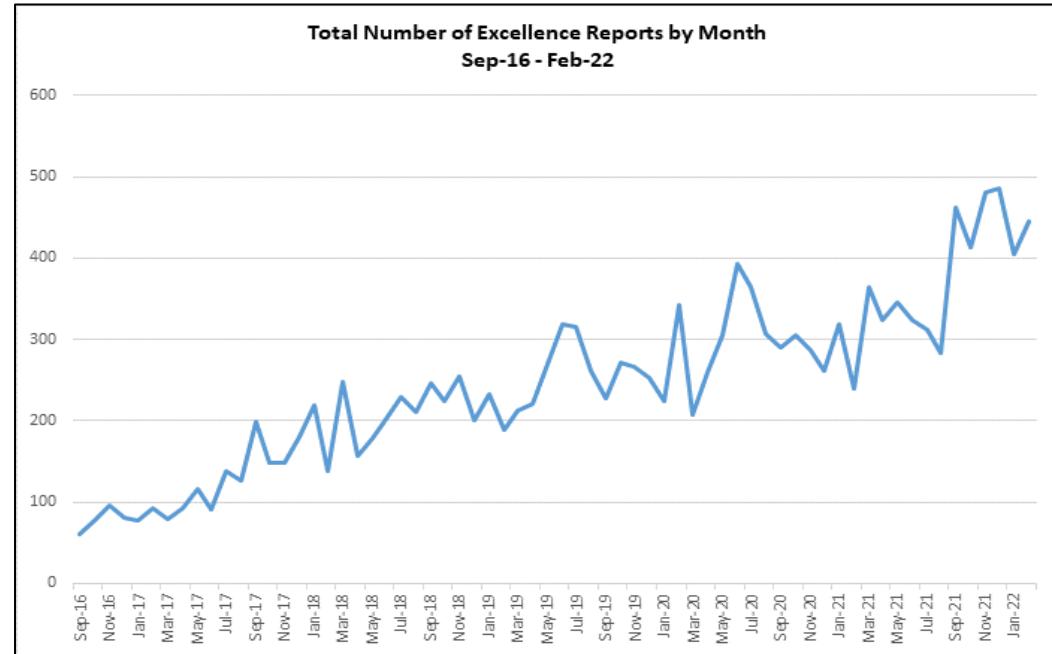


Aims	Progress
Increase the operating hours of the Paediatric Assessment Area (PAA) at UHND	The PAA has been opened 24/7. A dual trained member of medical staff has been appointed.
Explore a similar front of house facility at DMH	<p>A dedicated paediatric emergency unit opened at Darlington Memorial Hospital in September 2021. It includes a triage room, treatment rooms that have been decorated with colourful murals, and a paediatric resuscitation room. The unit also features a sensory room that has been designed for patients who are particularly sensitive to noise and lights or could benefit from a very relaxing, calming space. This provides a more age-appropriate and calm environment that is separate from the adult emergency department.</p> <p>We have also increased our complement of children's nurses in A&E at DMH and established training in paediatric competencies for all nursing staff working that area. We have a dual-trained member of medical staff at both sites.</p>
Work with local authorities and mental health trusts to strengthen services for children and young people with mental health issues	<p>A formal Partnership Alliance has been established, comprising all parties, with joint working agreements including close working between clinical teams on care plans for these patients. A joint care pathway has been developed with TEWV for patients with eating disorders which includes the integration of an eating disorders nurse being present on the daily ward round on both inpatient paediatric wards to ensure a seamless and holistic approach to care and timely discharge, followed by an intensive support package in the community. There is also a Partnership Dietician hosted by TEWV to support meal planning and provide specialist input throughout the care pathway.</p>

Excellence Reporting

Ambition
partly met

- Our aim is to continue to embed learning from excellence within the Trust, increasing reporting and sharing examples of excellence.
- We promote the reporting of excellence in the organisation via a quarterly Trust-wide bulletin, to both celebrate and learn from it. The number of members in the group has recently increased, and its remit has evolved to include Appreciative Inquiry and some patient stories.
- We now tie excellence reporting in with patient compliments (which is reflected in the trend in the chart).
- This does, however, mask a reduction in staff to staff excellence reports and we have therefore amended the way that staff report in the system so those reports can be tracked separately. We have promoted the need to celebrate colleagues through excellence reporting as outlined above.
- We are seeking to purchase the patient compliments module for the Ulysses system so that compliments from patients can be captured separately.



Proposed Priorities 2022/23



safe • compassionate • joined-up care

www.cddft.nhs.net



Patient Safety: 2022/23 Proposed Priorities

A. Priorities aligned to Quality Strategy 2022/23 to 2025/25

- Reducing harm from patient falls
- Reducing the incidence of, and harm, from healthcare acquired infections
- Maintaining our zero tolerance of Grade 3 and 4 pressure ulcers
- Meeting Maternity Safety standards including implementation of recommendations from the Ockenden Inquiry and the safe roll out of Continuity of Carer teams
- Embedding safe practice for invasive procedures, inside and outside of theatres
- Embedding prompt recognition and action on signs of patient deterioration

B. Retained priorities for 2022/23 as work on-going

- Improving the timeliness of administration of antibiotics for patients with suspected sepsis

Patient Experience: 2022/23 Proposed Priorities

A. Priorities aligned to Quality Strategy 2022/23 to 2025/25

- Providing a positive experience in our care for those with additional needs, including patients with dementia, learning disabilities, autism and mental health support needs
- Ensuring a positive patient experience through the discharge process (covering timeliness, the quality of communication during planning and discharge and the quality of information and support)

B. Retained priorities for 2022/23 as work on-going

- **End of life care:**
 - Development and commencement of roll out of our palliative care strategy
 - Ensuring appropriate access to private rooms for dignity
- *Continued improvement of nutrition including assessment and provision for specific needs (under discussion)*

Clinical Effectiveness: 2022/23 Proposed Priorities

A. Priorities aligned to Quality Strategy 2022/23 to 2025/25

- Reducing waiting times in A&E covering:
 - Time to assessment
 - Time to treatment
 - Total time in the department
- The Quality Strategy includes a number of other objectives aligned to national initiatives e.g. the national cancer services strategy, community diagnostic centres, virtual wards, reducing health inequalities and clearing long waiting backlogs. We will report on each of these in Section 3 of the Quality Account for 2022/23.

B. Retained priorities for 2022/23 as work on-going

- Improving access to paediatric specialist services
- Increasing excellence reporting
- Learning from Deaths (in particular the roll out of Medical Examiners reviews)

Nationally Mandated Indicators of most interest to the Committee



A&E waiting times

Standard	Month:	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
DMH ED attends		5,514	5,617	5,871	5,624	5,571	5,569	5,588	5,217	5,148	5,257	4,883	6,056
DMH ED Time to Initial Assessment – within 15 minutes		3,670	3,274	3,019	3,841	4,051	4,072	4,211	4,145	3,975	3,975	3,706	4,585
DMH ED Time to Initial Assessment – % within 15 minutes		66.56%	58.29%	51.42%	68.30%	72.72%	73.12%	75.36%	79.45%	77.21%	75.61%	75.90%	75.71%
DMH ED Patients spending more than 12 hours in A&E		22	64	88	172	270	402	520	492	393	489	424	339
% DMH ED Patients spending more than 12 hours in A&E		0.4%	1.1%	1.5%	3.1%	4.8%	7.2%	9.3%	9.4%	7.6%	9.3%	8.7%	5.6%
Average time(mins) in DMH ED – Admitted patients		271	309	334	394	456	507	542	535	484	513	490	417
Average time(mins) in DMH ED – Non-admitted patients		164	170	178	200	208	234	241	231	236	236	244	225
UHND ED attends		6,728	7,280	7,420	7,040	6,773	6,704	6,901	6,618	6,218	6,406	6,047	7,041
UHND ED Time to Initial Assessment – within 15 minutes		5,113	4,741	4,454	3,937	3,877	3,524	3,599	4,280	4,003	4,193	3,520	4,846
UHND ED Time to Initial Assessment – % within 15 minutes		76.00%	65.12%	60.03%	55.92%	57.24%	52.57%	52.15%	64.67%	64.38%	65.45%	58.21%	68.83%
UHND ED Patients spending more than 12 hours in A&E		56	87	160	232	396	536	692	605	598	511	657	393
% UHND ED Patients spending more than 12 hours in A&E		0.8%	1.2%	2.2%	3.3%	5.8%	8.0%	10.0%	9.1%	9.6%	8.0%	10.9%	5.6%
Average time(mins) in UHND ED – Admitted patients		299	332	398	436	508	556	616	583	570	553	612	480
Average time(mins) in UHND ED – Non-admitted patients		185	204	214	242	250	269	287	286	287	270	302	256

As the table shows, the trend over the year as a whole – at both sites – has been to improve the percentage of patients being assessed in 15 minutes. There was, however, an increase over the winter months in patients waiting more than 12 hours in the department, which has now started to reduce, an improvement mirrored in February and March with respect to reduced overall waiting times, ambulance handover times and 12 hour waits for beds.

The percentage of patients seen and treated in four hours has, over the year, fluctuated between an average of 84% for the first quarter and 68% at its lowest. The reasons are multi-factorial, including very high attendances (compared to pre-pandemic levels) at certain times of year, delays introduced into the pathway by Covid-19 (increased testing and screening, increased demand on isolation rooms and the need to regularly adjust the bed base between ring-fenced Covid-19 beds and other beds, both of which lead to a need to move more patients and delays in freeing up beds). Covid-related absence is a further factor, as is the size of the A&E facility at Durham, which treats more than double the number of patients it was built for and – as has been validated by analysis through the Local A&E Delivery Board – a shortfall of beds compared to demand.

A&E waiting times - commentary

It is important to note the following:

- Patients waiting 12 hours for beds are usually in their own rooms and there are checklists in place to ensure that they are kept safe and given food and water
- The Trust's Integrated Quality and Assurance Committee has regularly reviewed the adoption of CQC's "Patient First" recommendations, which cover A&E and patient flow.

The Board has made a £23m investment into A&E and related services to: increase medical and nursing staffing; enhance same day emergency care (SDEC) at DMH; and to implement Front of House frailty services and a sub-acute elderly care pathway. All of these investments were designed to support improvements in A&E performance and patient flow. At UHND, discussions continue to identify and implement a robust model for 24/7 urgent care, as the Urgent Treatment Centre is only commissioned overnight and on Saturdays and Sundays and the Primary Care Hub on site does not fulfil the same function. We are also expanding our SDEC facilities at UHND, as we have done at DMH, by late summer.

Regionally, the Integrated Care System has identified the Trust's plan to develop a new Emergency Care Centre at UHND as one of the two highest priorities in its bid for funding from national programmes and the Trust is keen to move forward with this as soon as it is able to. We also have plans to open a further ward at UHND by the autumn, from our own capital funds.

During the winter, we took the following actions, many of which remain in place:

- Opened all escalation beds in our winter plan several months early and repurposed some elective capacity to support additional medical escalation beds being opened.
- Recruited sufficient staff to open up Ward 33 at DMH earlier than planned for 25 additional escalation beds
- Increased the numbers of domestic staff to support enhanced cleaning
- Increased medical staffing at weekends, both for Physician of the Day reviews, seven day cover in some services and junior doctor cover to clerk admissions to the acute medical unit on Saturdays)
- Increased radiology sessions over the weekend
- Employed external staff to support ambulance handover and provide additional ambulance transport
- Extended the Paediatric Assessment Area opening hours to 24/7
- Increased frailty assessment / support at the front door and increased access to therapies staff

Other indicators – nationally mandated

- **Rate of Patient Safety Incidents resulting in severe injury or death:** This remains below the national average based on the latest available data. The Trust is an early adopter for the national patient safety strategy and is updating its processes in line with best practice, as well as revisiting its 'Highly Reliable' organisation campaign, which was paused during the pandemic.
- **SHMI** – this has been covered through the earlier update on mortality and is now within the expected range
- **Staff recommendation of the Trust to Friends and Family** – this result comes from the NHS Staff Survey 2021. The Trust scored **60%** compared to a national average of **67%**. **Nationally, the position deteriorated (average fall of 7.5% compared to a lower drop off of 6% for CDDFT)**. The Trust has a comprehensive 'People Matter' strategy in place, and is reviewing the findings and adapting the engagement elements of the strategy accordingly.
- **Responsiveness to personal needs** – from national datasets which draw on the CQC patient surveys. For the inpatient survey, the Trust was essentially in line with peer trusts and not scored worse for any question
- **Patient-Reported Outcome Measures** – the latest data shows the Trust in line with others for hip replacement indicators, but slightly below average with respect to knee replacements. The underlying reasons are being investigated and detail will be included in the published draft Quality Accounts.

Thank you and any questions....

