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NHS Foundation Trust

Durham County Council Adults Wellbeing and Health Scrutiny Committee – 11th May 2023

Quality Accounts Update

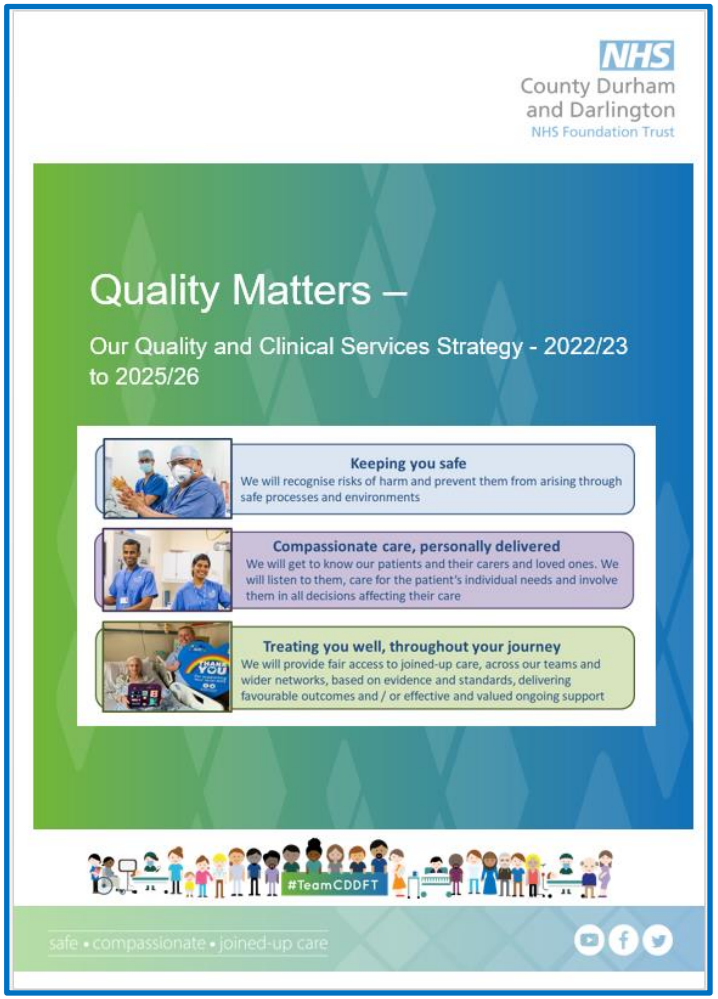
Warren Edge and Lisa Ward

Introduction

- Quality Matters – is our strategy to 2025/26 to support the achievement of our vision, **Right First Time, Every Time**, and is underpinned by our core values.

- Our priorities for 2022/23 reflected the priorities in the refreshed strategy and priorities brought forward from 2021/22 where there was further work required

- We have recruited and appointed a Quality Improvement Senior Sister to lead on sharing quality improvement work across teams and specific projects and aim to build on this approach



Summary - Safe

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Domain	Quality Priority	2022/23 rating	Headlines	Retain for 2023/24?
Safety	Falls	Amber	Falls in our acute hospitals reduced slightly on the prior year and are slightly below the benchmark from the last national audit five years ago, set against increasing patient acuity and comorbidities. The Falls Team have been reinvigorated and are providing updated education and training and supporting a range of quality improvement projects. Falls in community hospitals have, however, increased, linked to demand and acuity pressures.	✓
	Pressure ulcers (PU)	Amber	There has been one Grade 3 PU with a lapse in care in the year compared to our zero tolerance (subject to validation).	✓
	Healthcare Acquired Infections	Amber	We have reported one MRSA bacteraemia (exceeding our zero tolerance) and 61 C-Diff cases against our full-year threshold of 59. All cases are reviewed and learning implemented. All providers in the North East, except Gateshead have reported MRSA cases and the C-Diff trend is replicated in the region and nationally. Thresholds for other reportable infections have been met.	✓
	Maternity Services	Amber	The Trust implemented a Maternity Quality Improvement Framework, through which we have implemented many of the improvement actions contained in our action plan to respond to the Ockenden report. In line with the national direction we suspended the roll out of Continuity of Carer and have implemented a model to sustain acute and community services, with some continuity teams, following extensive consultation with staff. In line with regional and national picture, we continue to have vacancies and are actively recruiting to them and monitoring our staffing in the meantime.	✓
	Invasive procedures	Amber	All of the actions set out for 2022-23 have been taken. Compliance with all Local Safety Standards for Invasive Procedures has been audited, and improvement actions are being worked on.	✓
	Sepsis	Amber	New screening tools have been introduced for maternity, community and urgent care. However, provision of antibiotics in one hour in A&E remains a challenge.	✓

Summary – Experience/ Effectiveness

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Domain	Quality Priority	2022/23 rating	Headlines	Retain for 2023/24?
Experience	Care of patients with additional needs	Amber	Good progress has been made with respect to specific training and specialist nursing support for patients with dementia, learning disabilities (LD) and – working with partners – for those with mental as well as physical health needs. A specific FFT has been introduced for patients with LD. We aim to recruit more dementia champions, increase the coverage of our training and embed practice developments.	✓
	Discharge	Amber	We have positive (above average) results from national inpatient surveys but continue to learn from Section 42 referrals and to work on optimising our discharge pathways to avoid delay.	✓
	End of life care	Amber	Our draft strategy is being consulted upon. Access to side rooms for privacy and dignity remains a challenge, especially given estates constraints at UHND. We are increasing capacity incrementally and educating teams to make best use of alternative accommodation (community hospitals) and to maintain privacy and dignity in bays.	✓
	Nutrition and Hydration	Amber	Audit results remain positive and we have introduced specific campaigns to monitor and maintain hydration. MUST assessments improved towards target but the new processes in our Electronic Patient Record system (Cerner) require further time to embed.	✓
Effectiveness	Mortality / Medical Examiners	Green	All national mortality indicators are in line with statistical parameters. Learning from death reviews continue to find less than 1% of cases which were potentially avoidable. Additional reviews covering deaths in low risk categories have found no issues and we are now starting to undertaker reviews of deaths where patients have waited for long periods in A&E and increasing our reviews of deaths involving patient with Learning Disabilities.	No
	Paediatrics	Amber	We have strengthened paediatric specialist nursing in the Children's A&E area at DMH and sustained 24/7 Paediatrics Assessment co-located with A&E at UHND. We are increasing our ward-based staffing to sustain 1:4 nursing to patient ratios and working closely with mental health and local authority partners to provide effective, evidence-based care to children and young adults needing mental health care as well as care for their physical health.	✓
	Excellence Reporting	Green	We continue to see increasing levels of excellence reporting year on year and have forums to share learning from excellence.	No

Summary – other points

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- The continuation of the priorities into 2023/23 is to be expected as these are priorities in our quality strategy and were agreed in consultation with stakeholders, patients and staff.
- We now have a companion Patient Safety Strategy (presently in draft), focusing on Insight, Involvement and Improvement.
- We would propose to add one further quality priority for 2023/24, to the continuation of those overleaf being the year one implementation of the patient safety strategy
- Although not a local priority, A&E performance is required to be reported on in our Quality Account as a national target. The Trust has, for the last quarter, seen and treated / admitted around 70 to 73% of patients attending A&E within four hours. This is, generally, slightly above the national average and broadly in line with the region, albeit one or two per cent below on occasion. We have achieved significant reductions in patients waiting over 12 hours in the department and in patients waiting 12 hours or more for a bed, from a decision to admit, as well as in ambulance handover delays. The changes reflect some reduction in demand but also a range of process improvements. The next priority is to maintain and improve performance around the time to assessment and time to treatment indicators.

Falls

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- The Falls Strategy has been revised.
- Falls per 1,000 bed days for 2022/23, compared to 2021/22 were:

	2021/22	2022/23
Acute/ General	6.4	6.3
Community	5.9	6.8

- The national benchmark for General Hospitals from the last falls audit (five years ago) was 6.6 to 6.8 with a lower rate for community hospitals.
- Patient acuity and comorbidities are increasing. This is a factor in the trend in community hospitals along with demand pressures.
- The Falls Team completes Rapid Reviews of falls within five days
- Questionnaires have been built into the Incident Reporting system to allow all falls to be assessed for lapses in care and improvement targets set based on falls with lapses in care. Most falls reviewed could not be predicted /prevented
- Documentation on wards has been updated to the latest falls care bundle
- There is ongoing education from the Falls team to all wards and teams, face to face.
- The recently appointed Quality Improvement Senior Sister and Patient Safety Matron are focusing on falls as a first priority and supporting improvement projects on wards in acute and community settings.
- We would be happy to share examples of the QI projects with the Committee during questions.

Healthcare Acquired Infections / Pressure Ulcers

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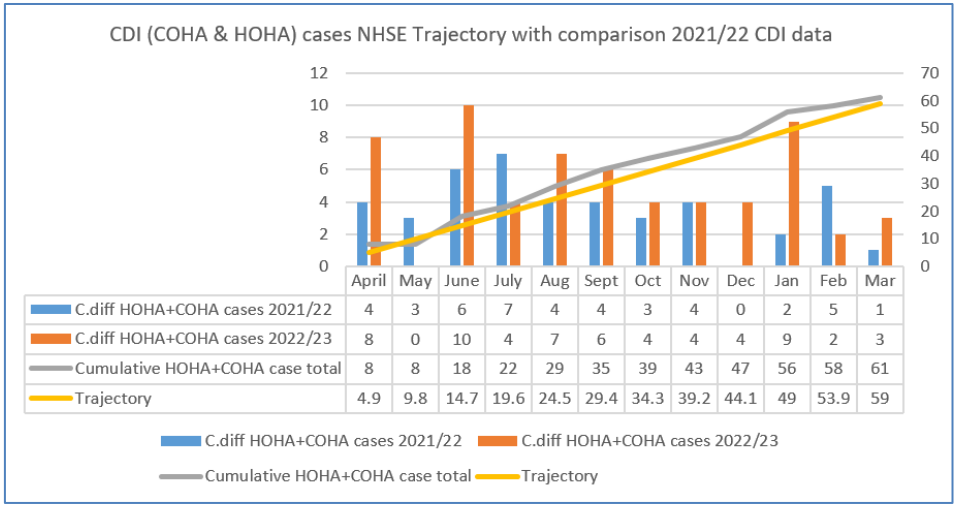
- There has been one MRSA bacteraemia infections reported in the year breaching our zero tolerance, albeit an ongoing year on year improvement. Investigation has found it to be potentially avoidable and learning is being promulgated.
- The Trust was had 61 C-Diff cases against our full year threshold of 59. This is a trend being seen nationally. All cases have been investigated and learning has been promulgated.
- All providers in the region, except Gateshead have reported MRSA cases and many have seen similar or greater increases in C-Diff cases in year.
- The Trust is above its internally set trajectory for MSSA infections but below national trajectories for Klebsiella, Pseudomonas and e-coli
- Monthly back to basics audits have been taking place to reinforce compliance with good infection control practice in all areas. These are being adapted to allow the IPC team to focus on supporting areas with challenges with most areas now covered every quarter.
- There has been only one Grade 3 pressure ulcer in the year to date (zero Grade 4 ulcers) where a lapse in care was identified.



	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
C.diff HOHA+COHA cases 2021/22	4	3	6	7	4	4	3	4	0	2	5	1
C.diff HOHA+COHA cases 2022/23	8	0	10	4	7	6	4	4	4	9	2	3
Cumulative HOHA+COHA case total	8	8	18	22	29	35	39	43	47	56	58	61
Trajectory	4.9	9.8	14.7	19.6	24.5	29.4	34.3	39.2	44.1	49	53.9	59

Maternity Services

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Aims	Progress
Birth Rate + staffing review	This independent review is underway and expected to conclude by 30th June 2023.
To progress in rolling out Continuity of Carer	This objective has been superseded by the last Ockenden report and national 'pause' to ensure that developments recognise the overriding need for safe staffing. We have engaged extensively with our teams and evaluated safe staffing and agreed a 'hybrid' model under which well-established "Infinity" teams have been retained in some locations but traditional acute and community teams have been maintained in most others. Due to staffing constraints, we continue to monitor these arrangements.
Ockenden Action Plans	The Trust has evaluated the safety of its maternity staffing in line with the national requirement (see below) and has continued to implement the required actions, taking account of feedback from a review by the Local Maternity and Neonatal System. All aspects of the maternity service are reviewed at bi-monthly safety champions meetings and the Integrated Quality and Assurance Committee. There has been an Executive-supported Maternity Quality Improvement Framework in place which has seen real improvements in quality, safety, screening and use of IT systems.
Staffing – recruitment and retention	There is a branded recruitment programme underway, which is seeing some success ("Work with a Team that Delivers More") and we have also been successful in trialling international recruitment. In keeping with maternity services regionally and nationally, there remain staffing pressures, with some impact on morale and retention. These are kept under review with the Executive. Our Workforce Experience Team is supporting the service with wide and meaningful staff engagement and in providing wellbeing support. Daily action planning meetings are held to agree actions to maintain safe staffing for our maternity services taking account of demand and acuity.

Preventing harm from invasive procedures

- No never events have occurred in the year.
- All Local Safety Standards for Invasive Procedures (LocSSIPs) have been reviewed and a single library of approved versions is in place on our intranet
- There is an overall policy in place for LocSSIPs and a monitoring process through our Clinical Standards and Therapeutics Committee and Integrated Quality and Assurance Committee.
- Audits of compliance have been undertaken, covering all LocSSIPs by 31st March 2023. Issues identified have been shared with the Medical Director and Care Group Directors to oversee improvement actions in the relevant clinical service teams. Most relate to ensuring full completion of certain fields and version control.
- One of our Digital Matrons is working with Clinical Leads to prioritise LocSSIPs to be built in our EPR system, with compliance to be driven by workflow functionality and mandatory fields.

Patient Deterioration

- We have increased class sizes for face to face training with respect to recognition and treatment of deterioration and gradually catching up after the pandemic.
- Our AKI and renal in-reach services have been subject to an interim evaluation, with clear benefits identified in terms of length of stay, improved specialist support to nursing staff and junior doctors, the patient experience, and adherence to NICE guidance and evidence-based standards. Further evidence is needed but the service is also expected to have contributed to improvements in mortality ratios and preventing unnecessary admissions to critical care.
- We have introduced an acute competency development pathway for registered nurses on our AMUs with further training in managing the deteriorating patient and to impart essential skills such as arterial blood gas interpretation, taking blood cultures and basic rhythm recognition.
- “Call for Concern” (see the poster) has also evaluated well, based on an initial review and we are committed to publicising the service more widely. There are examples where contact from relatives or friends has made a difference to the care of a patient and / or improved communication with the family
- Treatment Escalation Plans have been captured in our EPR system, as have pain scoring, risk assessment, care planning and staff alerts for patient deterioration. We are embedding the completion of patient risk assessments and response to alerts.

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Care of Patients with Sepsis

Area	Progress
Accident and Emergency Services	Patient Group Directions (PGD) have been rolled out alongside a Nurse-led Pathway. These cover the 'Sepsis Six' and enable a senior nurse to give a first dose of antibiotics (IV Tazocin) whilst the patient is awaiting clinical review. Use of the PGD has, however, been limited because in most cases there appears to be an underlying origin known, which discounts using the PGD. Work is on-going with the Sepsis Lead Nurse/Clinical Teams to consider the options available to optimise antibiotic delivery in the Emergency Departments.
Maternity Services	The Early Detection Lead Nurse has been working closely with Maternity Services to review the current Sepsis tool which is now in line with NICE and UK Sepsis Trust recommendations.
Urgent Care and Community Services	The Sepsis Tool for Community Patients and Urgent Care Centres has been implemented across Urgent Care and Community teams at CDDFT. The tool is now live in Systmone, with an overall aim to prompt early identification and response to Sepsis. In addition to this the tool prompts the team to consider whether hospital admission could be avoided for those patients where escalation of care may not be appropriate.

Additional needs

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Aims	Progress
Dementia	• Over 90% of staff have completed the required training in dementia awareness (over 95% for Tier 1) • Sensory training has been reintroduced since September 2022 and completed by 142 staff. • Enhanced care training has been completed by 112 staff. • We are reinvigorating recruitment of Dementia Champions on each ward, post pandemic and have signed up the Dementia Friendly Hospital Charter • Dementia assessments have been built into EPR.
Learning Disabilities (LD)	• There is a well-embedded pathway involving flagging of any patient (who consents to flagging) with a learning disability to the specialist LD nurses who then support risk assessment and agreement of reasonable adjustments. • Staff are encouraged to use the Hospital Passport and 'Coming Into Hospital' packs and contact details for the LD team are shared with carers. • Each patient staying more than five days is reassessed at Day 5 by an MDT team including the LD nurses • Patients are followed up after discharge, by telephone and in person if considered appropriate through our LD outreach service. • Further training in LD and Autism is being introduced for all our staff. Packages have been developed and are ready to deploy. • We have a specific friends and family test for LD patients and their families / carers in an easy read format
Patients with mental health needs as well as physical ill-health	• A Partnership Alliance and Operational Group are in place with TEWV and local authorities to plan services and agree joint are plans where appropriate • On site Psychiatric Liaison Teams are in place, in close proximity to our A&E Departments. • Joint work on good practice guides is taking place, with TEWV, to ensure relevant elements relating to an acute environment area are enacted.

Discharge

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- We are updating our approach to include learning from all previous Work As One and 'Perfect Week' exercises, building on our Next Step Home approach.
- We work closely with local authority partners to support early discharge using trusted assessment and time to think beds
- We have seen positive feedback (4 of the Top 5 questions for the Trust in the 2021 CQC national inpatient survey, where we were above average concerned discharge)
- We have seen fewer Section 42 safeguarding concerns in recent months raised and there is thematic work undertaken between the Safeguarding teams and Discharge Facilitators / Coordinators to embed any learning arising
- We continue to work on facilitating discharge earlier in the day for patients

Top five scores for CDDFT:

Survey Section	Question	CDDFT Result (0-10)	Trust Average (0-10)
Leaving hospital	Q46: After leaving hospital, did you get enough support from health or social care services to you recover or manage your condition?	7.0	6.5
Leaving hospital	Q42: Before you left hospital, did you know what would happen next with your care?	7.2	6.8
Leaving hospital	Q37: Did hospital staff discuss with you whether you would need any additional equipment in your home, or any changes to your home, after leaving the hospital?	8.9	8.7
Leaving hospital	Q44: Did hospital staff discuss with you whether you may need any further health or social care services after leaving hospital?	8.6	8.5

End of Life / Palliative Care

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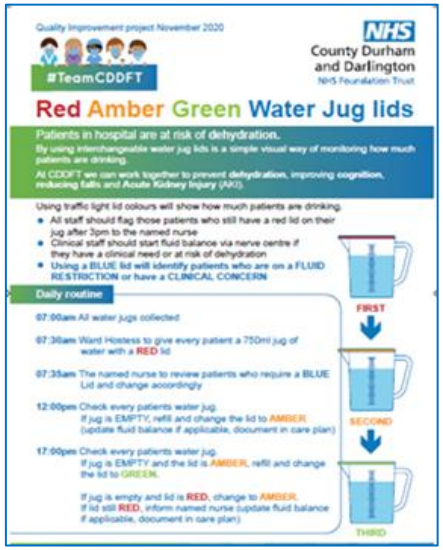
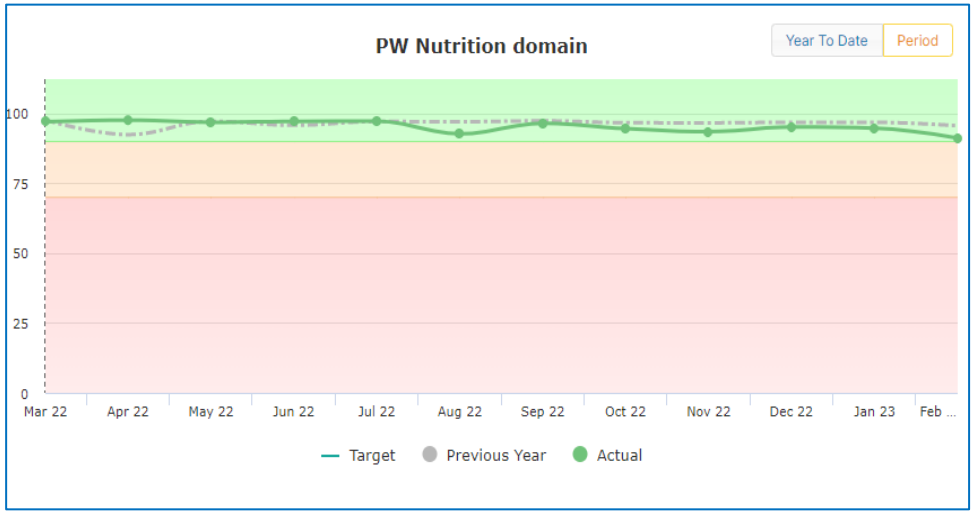
Aims	Progress
Development of an end of life care strategy	There is a Draft End of Life Care Strategy in circulation for comment from a wide range of stakeholders. It sets out ambitions to: • Treat all patients as individuals • Provide each patient with fair access to care • Ensure maximum wellbeing and comfort • Ensure that care is coordinated • Ensure that all our staff are prepared and equipped to provide care those in their last stages of life
Access to side rooms	The constraints of the estate at UHND continue to result – at a time of high demand from respiratory and other infections – in some patients not being able to have the privacy and dignity of a side room at the end of their life. We make use of community hospitals where appropriate and are reviewing opportunities to increase side rooms across the Trust's estate, including incremental increases as we extend, or develop new, wards. Audits have shown that access to side rooms is more of a challenge at UHND. Education is provided to staff on ways to maintain the privacy and dignity of end of life care patients within the wider hospital footprint where side rooms are not available.

Nutrition and Hydration

- Compliance with nutrition measures covered by wards audits (the “PW Nutrition Domain”) remains high at over 90% and rated green
- Dietetics have supported the wards in maintaining and improving compliance with completion of MUST assessments within four hours of admission. The graph to the right covers all care groups. On our medical wards, compliance ranged from 88% to 96% between April and September, with most wards regularly scoring over 90%. There has been a dip since the implementation of Cerner as for all risk assessments with intensive education and training now being provided on wards to embed their use.





A range of quality improvement projects have been undertaken to support awareness of, and compliance with good hydration. Examples are noted to the left.

Mortality / Learning from Deaths

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Measure / source of assurance	RAG
Summary Hospital Mortality Indicator (SHMI)	
Hospital Standardised Mortality Ratio (HSMR)	
Copeland's Risk Adjusted Barometer (CRAB)	
Completed mortality reviews	

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.

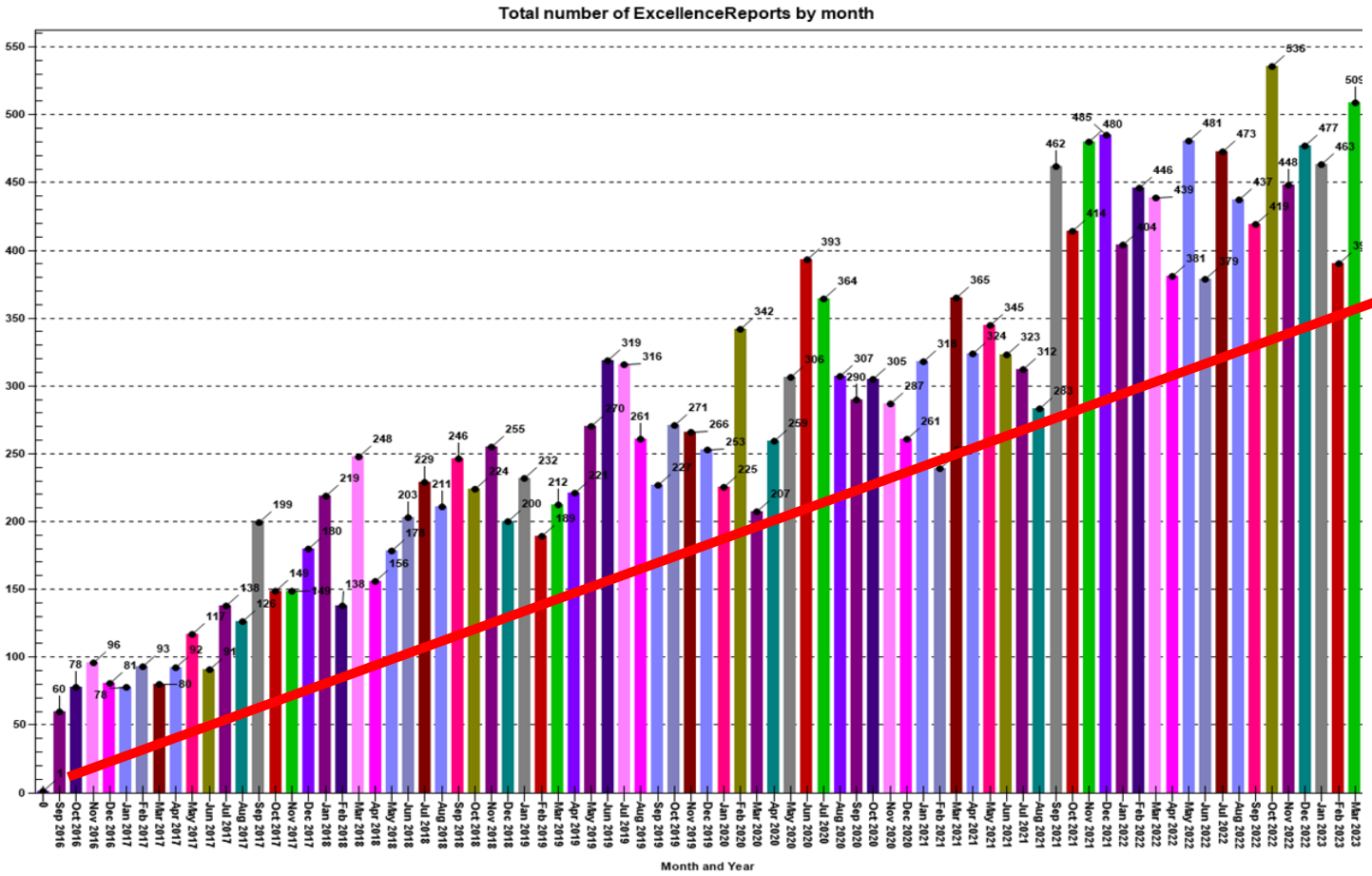
Comments

- All indicators are in line with expectations with less than one per cent of reviews completed for 2021/22 and 2022/23 pointing to any evidence that a death may have been preventable.
- SHMI remains within statistical parameters helped by our AKI service and Cerner includes functionality to increase the depth of coding resulting in more accurate data going forwards
- The Medical Examiner service is now fully staffed and fully embedded at DMH with UHND close to that stage. There is a good relationship with the Coroner already in place. Pilots are underway with respect to the community based medical examiner service and a business case will be brought forward to request further investment. The community element is dependent on the sign up of GPs to ME roles.

Paediatrics

- We have sustained 24/7 opening for the front of house Paediatric Assessment Area at Durham
- We have recruited additional specialist nursing staff in line with our aim to meet the RCPCH standards for the Paediatric A&E area at DMH.
- Further investments in specialist paediatric and neonatal staff have been agreed and are being recruited to
- We are also increasing our ward based staff to ensure a 1:4 nursing ratio given the acuity and needs of our patients e.g. respiratory viruses and mental health needs
- We have established a Partnership Alliance Group, and an operational group with TEWV and local authority partners to jointly plan and coordinate care for children and young people with mental health needs. The operational group looks after care planning and mitigation of risks
- We have reviewed our ligature risk assessments for paediatric wards with support from TEWV and are implementing actions arising.
- We are working with the support of the regional Paediatrics Network with respect to the changes we are making to our services

Excellence Reporting



The red line shows the positive year on year trend

The increasing numbers of reports are shared with staff through a bulletin and a number of “walls of awesomeness” in key locations around the Trust.

A&E waiting times

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A&E performance is required to be reported on in our Quality Account as a national target. The Trust has, for the last quarter, seen and treated around 70 to 73% of patients attending A&E within four hours. This is, generally, slightly above the national average and broadly in line with the region, albeit one or two per cent below on occasion.

It is worth noting that the 2023/24 planning target is for Trusts to see and treat / admit at least 76% of patients in four hours by March 2024. We are assured that, given our starting position and with the developments planned for the coming year, such as expansion of Same Day Emergency Care at UHND, we can meet this expectation.

We have also achieved significant reductions in patients waiting over 12 hours in the department and in patients waiting 12 hours or more for a bed, from a decision to admit, as well as in ambulance handover delays. The changes reflect some reduction in demand but also a range of process improvements. The next priority is to maintain and improve performance around the time to assessment and time to treatment indicators.

The Trust was asked to present, regionally, on the improvements made in respect of ambulance handover times and 12 hour waits for beds.

Around 62% of patients were assessed within 15 minutes of arrival in the department, in February and March 2023.

A&E waiting times – actions and developments

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- We have doubled the size of the ambulance handover bay at DMH, which now takes 8 patients compared to 4.
- We have fully established Ward 33 as an operational ward, increasing the resilience of our bed base, with further increases in capacity planned for early in 2023/24
- We have recruited paediatric specialist nurses to meet the Royal College of Paediatrics and Child Health recommendations for our A&E at DMH and staff will commence in post over this quarter
- We have fully embedded our Same Day Emergency Care service (as an alternative to A&E for suitable patients) at DMH and increased the number of patients using it.
- We have put additional staff (one Registered Nurse and one HCA) into the waiting rooms to monitor patients and have safety checklists and checklists to ensure patients get food and drink whilst waiting
- We have extended in-reach into the department from acute care physicians given patients can be waiting longer
- We continue to work proactively with, and are supported by, our local authorities to address challenges with access to beds in the community or domiciliary care.
- We have agreed, and are rolling out, additional investments in middle grade and junior doctors in our A&E Departments.
- We are working on investing in seven day services to ensure all patients receive a medical review every day. Implementation is expected to be incremental, however, given dependence on funding and the recruitment market this will take some time.

Any questions?

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