



QUALITY ACCOUNT 2018/19

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Priority 1- To reduce all forms of healthcare associated infection (HCAI), we will quantify our success in this by:

- 10% year on year reduction of MSSA Bacteraemias.
- 50% reduction of E.Coli and other Gram negative bacteraemias by 2021.

Two
MRSA
bacteraemia
cases

64 cases of
hospital
acquired *C.
difficile*

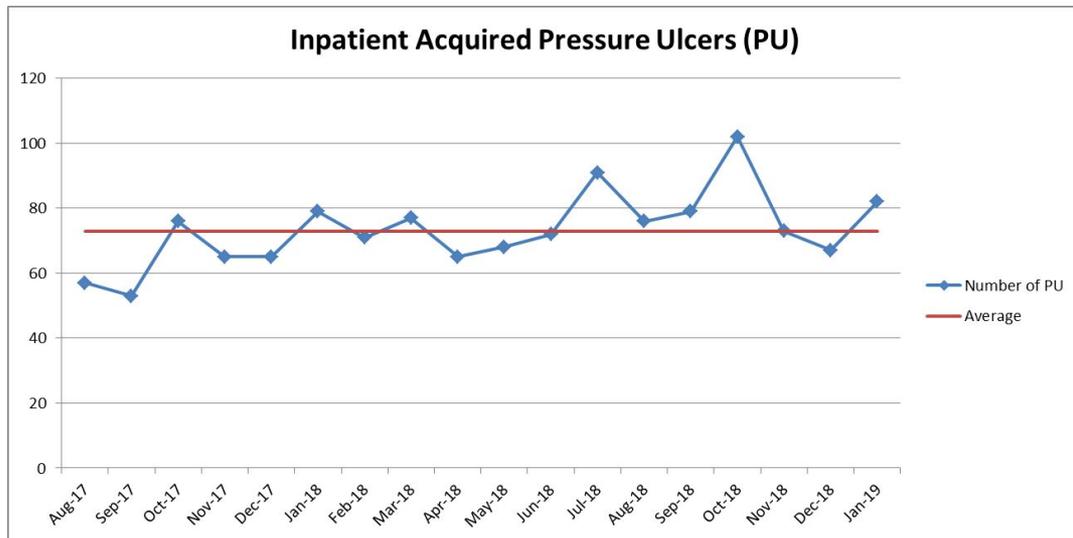
80 cases of
MSSA
bacteraemia

157 cases E.coli
77 cases Klebsiella
27 cases Pseudomas
bacteraemia

Figures as at end January 2019

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Priority 2 – To reduce inpatient acquired Pressure Ulcers (PU)



Year to date PU by Category (Apr – Jan 2019)	
Cat I	118
Cat II	657
Cat III	40
Cat IV	1

Quality improvement priority – targeted work with wards to reduce PU and Falls

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Priority 3

Management of Abnormal Results

- Abnormal results (red flag) to the requesting Consultant, viewable in Erecord message centre.
- Red flag messages can only be deleted by the Consultant. Action may have been taken by another member of the team and this will be viewable.
- Red flag messages will move with the patient through their admission journey.
- Red flag message in a Consultants inbox for more than a defined period (e.g. 5 days) it will automatically be forwarded for action to another team member.
- Ongoing discussions in relation to thresholds.
- Focus on IT implementation and development of reporting thresholds with a shared vision of how the abnormal diagnostic results system will operate and how it will look to users in parallel with the delivery of the GDE project.

Priority 4

Local Safety Standards for Invasive Procedures (LocSSIPs)

Template for Local Safety Standards for Invasive Procedures (LocSSIPs) based on National Safety Standards for Invasive Procedures (NatSSIPs)

This template has been produced as part of NHS Improvement's [National Safety Standards for Invasive Procedures \(NatSSIPs\)](#) initiative.

A number of organisations have indicated that a template would be useful to help them write their [LocSSIPs](#), however there is no requirement to use it if you have developed your own local template or would prefer to use a different approach.

We have also produced a template for [LocSSIPs](#) developed for specific procedures.



NatSSIP on which this LocSSIP is based:

Document control:

Author	
Version and review date	
Sign off by	

Aims of the LocSSIP and key factors for consideration:

Other relevant/related organisational policies or LocSSIPs:

Procedural LocSSIPs to which this generic LocSSIP is relevant:

LocSSIP details:

- Must contain all key elements of the [NatSSIP](#).
- May contain additional elements for implementation across the organisation
- Can be modified to suit local circumstances: document should note exceptions and deviations and should detail the areas in which these exceptions and deviations are permitted

Training requirements:

Documentation and audit processes:

- To include processes for feeding back information to organisation's [NatSSIPs](#) group

Development credits:



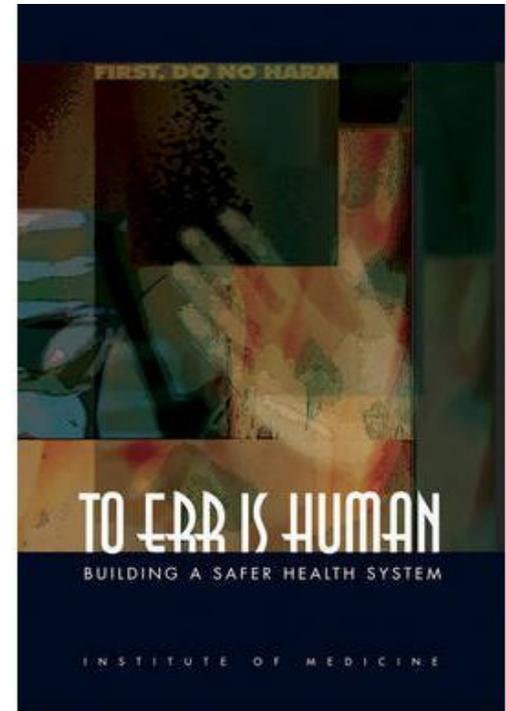
Details of patient involvement:

Priority 5

Human Factors Training

Human Factors Defined: The study of all the factors that influence the way in which people use machines, systems and processes in the right way and harder to make mistakes

- apply wherever humans work
- also known as Ergonomics

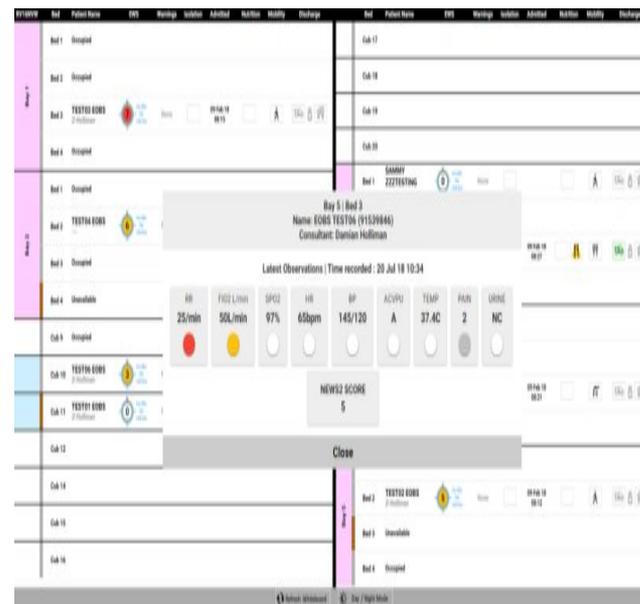


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Priority 6

Digital Enhancements to Care

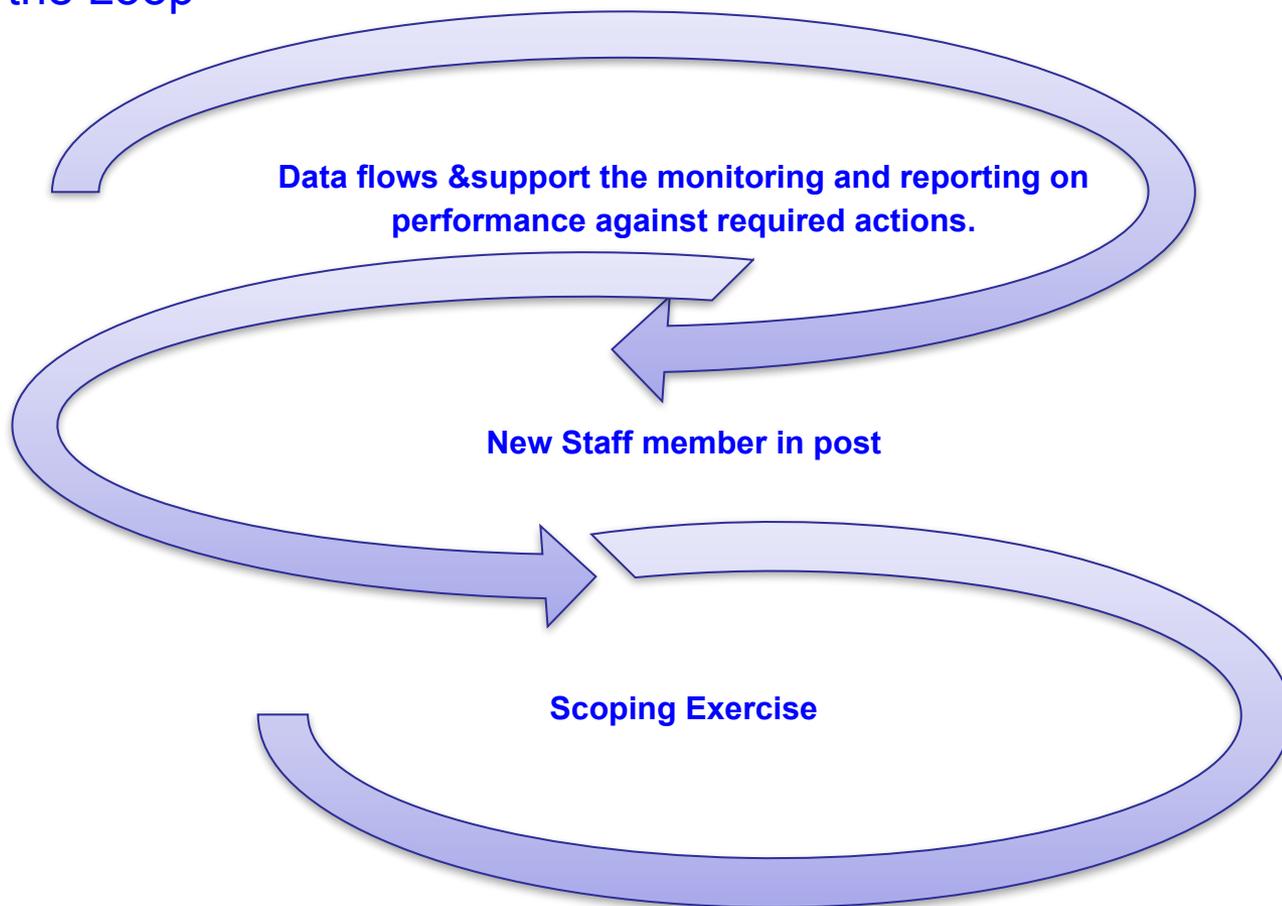
- E-Obs rolled out to 25 wards on the RVI site and 28 wards on the FH site.
- Plan to pilot in Childrens Services in January 2019.



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Priority 7

Closing the Loop

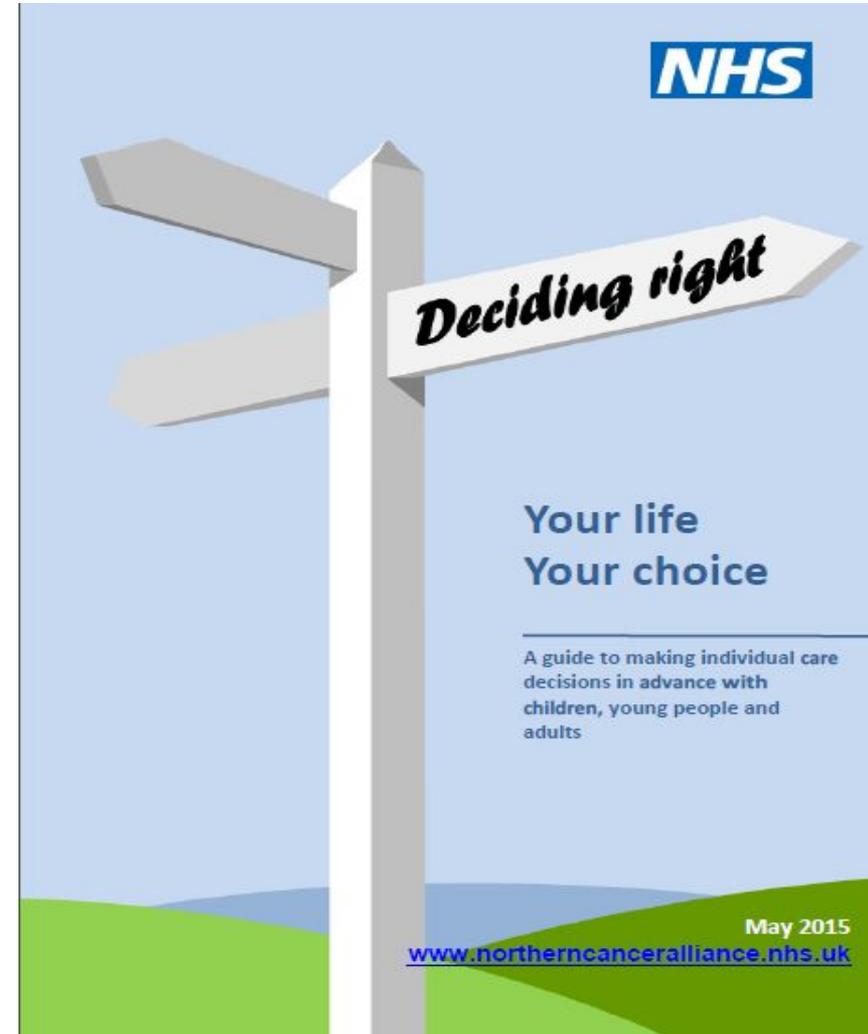


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Priority 8

Deciding Right

- Baseline survey
- Audit of acute admissions
- Increased Consultant presence on Older Peoples Medicine
- Awareness programmes



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Priority 9

Enhancing Patient and Public Involvement in Quality Improvement

Community Advisory Panel



APEX (Advisors on Patient Experience)

- includes offering feedback and patient insights to QI projects
- volunteer workforces who have also been invited to attend APEX and feedback on projects and specific role profiles have been created to support this responsibility

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Priority 10

Improving the experience of vulnerable patients

Joint Newcastle upon Tyne Hospitals Trust & Mental Health Trust Governance group, 'Newcastle Upon Tyne Hospitals NHS Foundation Trust (NuTH) & Northumberland, Tyne and Wear NHS Foundation Trust (NTW) combined Quality forum'.

Improving the experience of vulnerable Patients

A joint Trust working group with cross Trust representation
-looking at record sharing between the Mental Health Trust and Newcastle Hospitals.
-reviewed and updated the 'In-Patient Enhanced Care Observation Policy'

Service Level Agreement has been formally agreed with the Mental Health Trust

Exploring options for improving staff accessibility to Liaison Psychiatry referral information and referral forms.

Staff training is being explored in order to raise awareness of mental health conditions for all levels of staff working in the Trust



2019/20 Proposed Quality Priorities:

Patient Safety

- Reducing Infection
- Pressure Ulcer Reduction
- Management of Abnormal Results

Clinical Effectiveness

- Alignment of Quality & Clinical Effectiveness – SAMM (Systems for Action Management and Monitoring)
- Enhancing capability in QI

Patient Experience

- Deciding Right
- Implementation of “Treat as one”
- Ensure reasonable adjustments are made for patients with suspected or known LD