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.

Figures as at end January 2019
Priority 2 – To reduce inpatient acquired Pressure Ulcers (PU)

Year to date PU by Category (Apr – Jan 2019)

<table>
<thead>
<tr>
<th>Category</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cat I</td>
<td>118</td>
</tr>
<tr>
<td>Cat II</td>
<td>657</td>
</tr>
<tr>
<td>Cat III</td>
<td>40</td>
</tr>
<tr>
<td>Cat IV</td>
<td>1</td>
</tr>
</tbody>
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Quality improvement priority – targeted work with wards to reduce PU and Falls
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)**

<table>
<thead>
<tr>
<th><strong>Template for Local Safety Standards for Invasive Procedures (LocSSIPs) based on National Safety Standards for Invasive Procedures (NatSSIPs)</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>This template has been produced as part of NHS Improvement's National Safety Standards for Invasive Procedures (NatSSIPs) initiative.</td>
</tr>
<tr>
<td>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.</td>
</tr>
<tr>
<td>We have also produced a template for LocSSIPs developed for specific procedures.</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>LocSSIP details:</strong></th>
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</thead>
<tbody>
<tr>
<td>Must contain all key elements of the NatSSIP</td>
</tr>
<tr>
<td>May contain additional elements for implementation across the organisation</td>
</tr>
<tr>
<td>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</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Training requirements:</strong></th>
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<table>
<thead>
<tr>
<th><strong>Documentation and audit processes:</strong></th>
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</thead>
<tbody>
<tr>
<td>To include processes for feedback information to organisation's NatSSIPs group</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Development credits:</strong></th>
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</table>

<table>
<thead>
<tr>
<th><strong>Details of patient involvement:</strong></th>
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Priority 5
Human Factors Training

Human Factors Defined: The study of all the factors that make it easier to do the work 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.
Priority 7
Closing the Loop

Data flows & support the monitoring and reporting on performance against required actions.

New Staff member in post

Scoping Exercise

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Priority 8

Deciding Right

• Baseline survey
• Audit of acute admissions
• Increased Consultant presence on Older Peoples Medicine
• Awareness programmes
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
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’.

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

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

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