

Darlington Health and Housing Scrutiny Committee – 19th January 2022

Quality Accounts Update

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safe • compassionate • joined-up care



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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 interim objectives
- We will shortly consult on the refreshed strategy



Our quality priorities for 2021/22

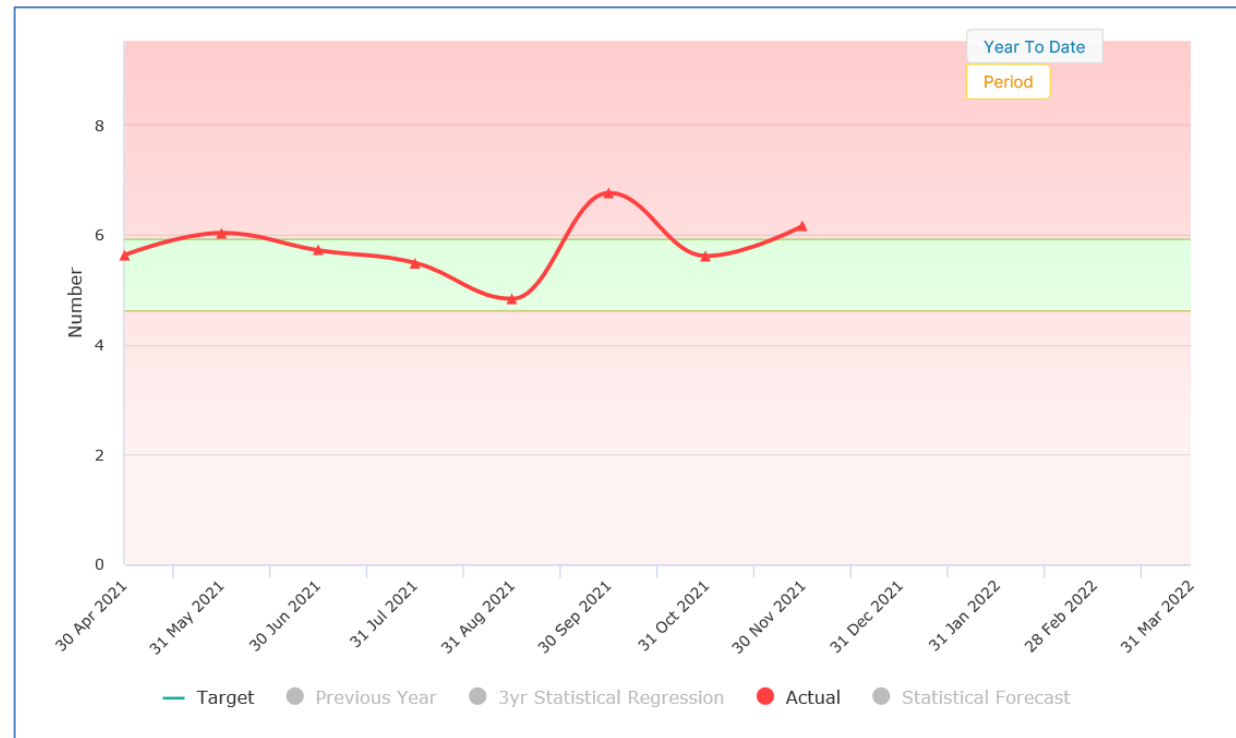
Safety	Experience	Effectiveness
Reduce the harm from inpatient falls	Nutrition and Hydration in Hospital	Mortality Reduction
Improve the care of patients with dementia	End of life and palliative care	Maternity Standards
Reduce harm from Health Care Associated Infections		Paediatric Care
Reduce harm from 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

Falls

- Our aim is to minimise the risk of falls and to reduce
- Falls per 1,000 bed days (rolling 12 month position) to 31st October:
 - 6.3 (Acute)
 - 7.1 (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 from all falls
- We are recruiting a Quality Improvement Senior Sister to lead improvement projects initially focusing on falls

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

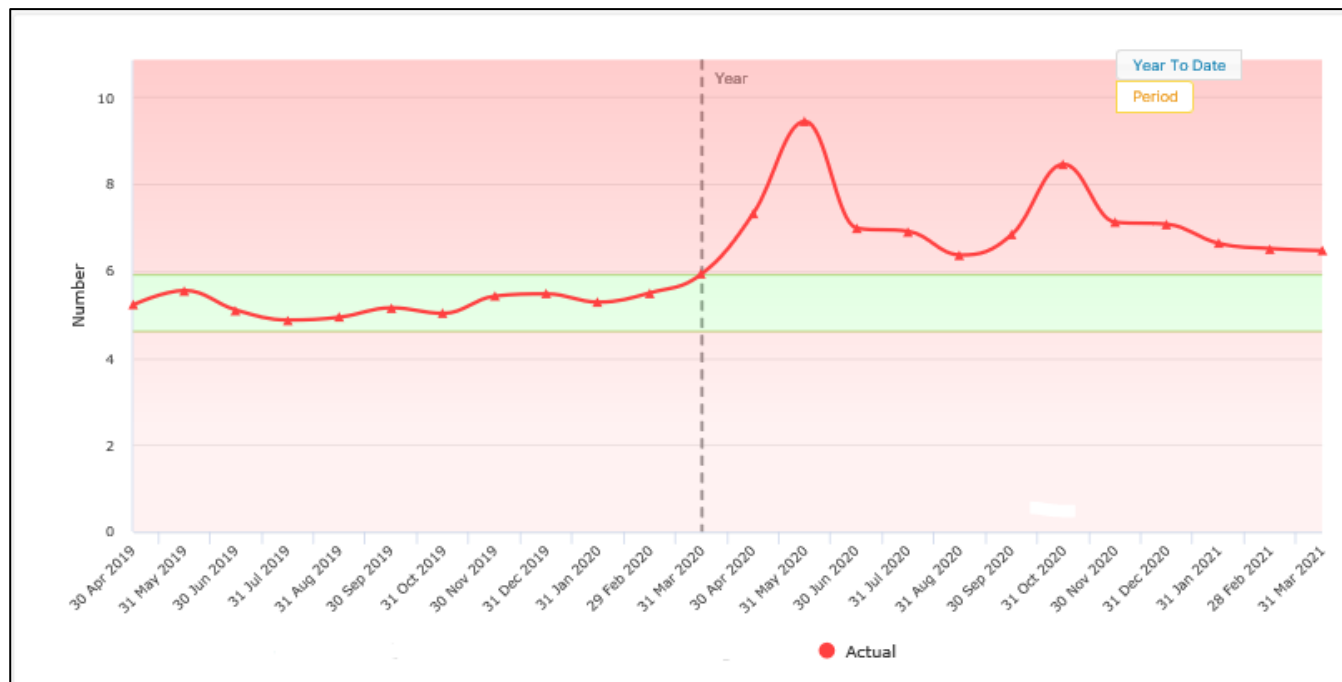
The 'green' zone represents normal variation based on pre-pandemic levels. We returned to this level for most of the year with Sept and November seeing numbers outside of the range.



Falls (continued)

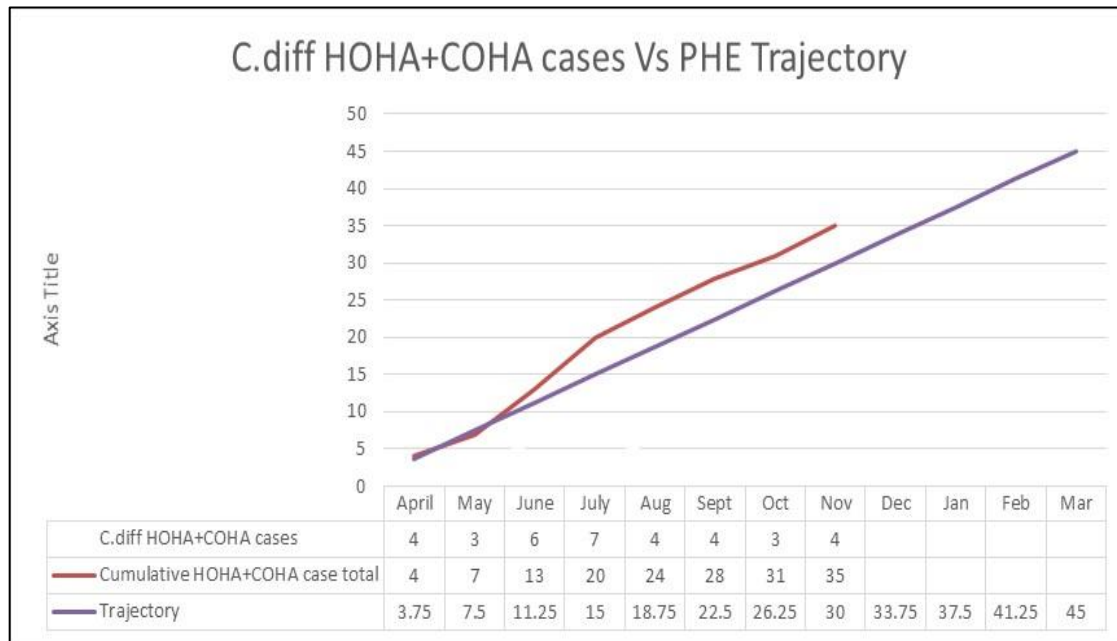
Trend graph – 2019-2021 falls per 1,000 days

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 the previous graph, albeit the scale of previous Covid-19 waves also has an impact.



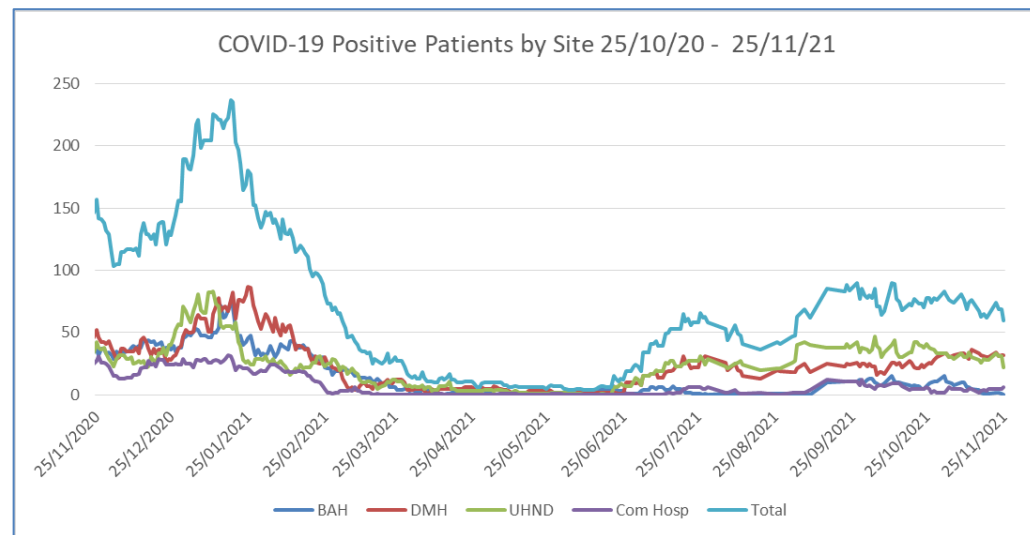
Healthcare Acquired Infections

- We have reported **four** cases of MRSA against our zero tolerance.
- To 31st December, we reported 35 C-Difficile infections compared to a trajectory of 34 based on the full-year threshold of 45 set by NHSE/I
- The monthly rate has reduced after a mid-year blip following concentrated education from our IPC teams
- Other Trusts have experienced similar challenges in meeting C-Diff trajectories during the pandemic
- We are updating our blood culture policy in line with national guidance and providing face to face IPC training through 'topic of the month' sessions for front-line staff



Healthcare Acquired Infections

- 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 invited NHSE/I's Infection Control Lead to visit our sites to review our controls
- We have five Task and Finish Groups leading work to continually enhance our controls in line with good practice, with key actions focusing on ventilation / filtration; reinforcing primary prevention measures; maximising support to front-line times from Infection Control / Microbiology specialist; reviewing our estate to best manage isolation and or movement of patients.



NB: Omicron has resulted in increases to well over 100 Covid-19 inpatients at the present time

Care of Patients with Dementia

Aims	Progress
Re-launch the lead dementia nurse role	Underway, but work needs to continue
Strengthen the role of dementia link nurses	Underway, but work needs to continue
Re-launch John's Campaign, use of carer passports and 'This Is Me' documentation	All three 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	This remains work in progress – PLACE visits stood down nationally for 2021/22

Pressures Ulcers

- 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
- We are on track to meet this ambition in the year to date.
- There has, however, been one serious incident involving another type of pressure damage which was the subject of rapid learning and action

Electronic Discharge Letters

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%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%

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.

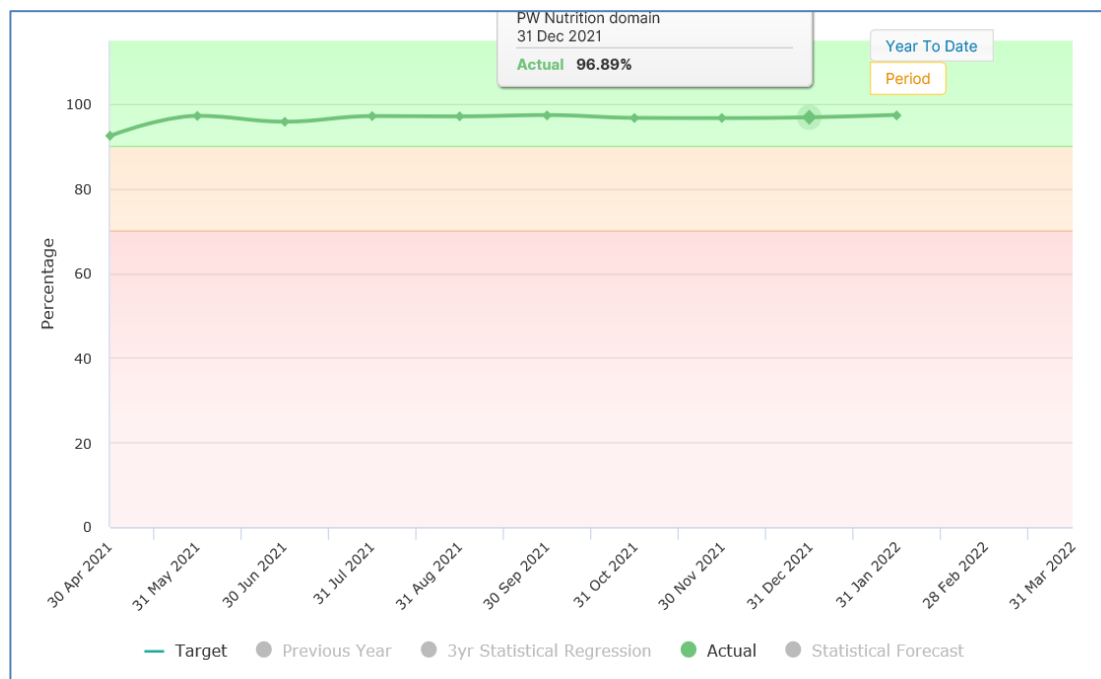
Our current “Work As One” improvement initiative (which has run from mid-December and is ongoing) focuses closely on all aspects of discharge including timeliness of communication to GPs.

Care of Patients with Sepsis

Aims	Progress
To improve the percentage of patients receiving antibiotics within 1 hour of diagnosis in the Emergency Department	Audits continue in ED however the time to antibiotics has not improved in 21/22
To improve staff awareness and processes to ensure prompt recognition and response.	Simulation Study Day Developed and three delivered to date. PGD Developed and in pilot for Sepsis of unknown origin.
Lead Sepsis Nurse to be in post	Sepsis Nurse in post 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
- We did not formally reconstitute the Nutrition Steering Group but the Deputy Director of Nursing and Dietetics teams, instead, 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 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)	R
Hospital Standardised Mortality Ratio (HSMR)	G
Copeland's Risk Adjusted Barometer (CRAB)	G
Completed mortality reviews – 1072 deaths reviewed from 2020/21, of which 7 (<1%) had evidence of lapses in care. Less than 0.5% for 202	G
North East Quality Observatory (NEQOS) Independent Review	G

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 for Darlington is within expected limits, but above it for Durham
- It has however, improved over the course of the year and reduced from 120 to 114.
- NEQOS have 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

Maternity Standards

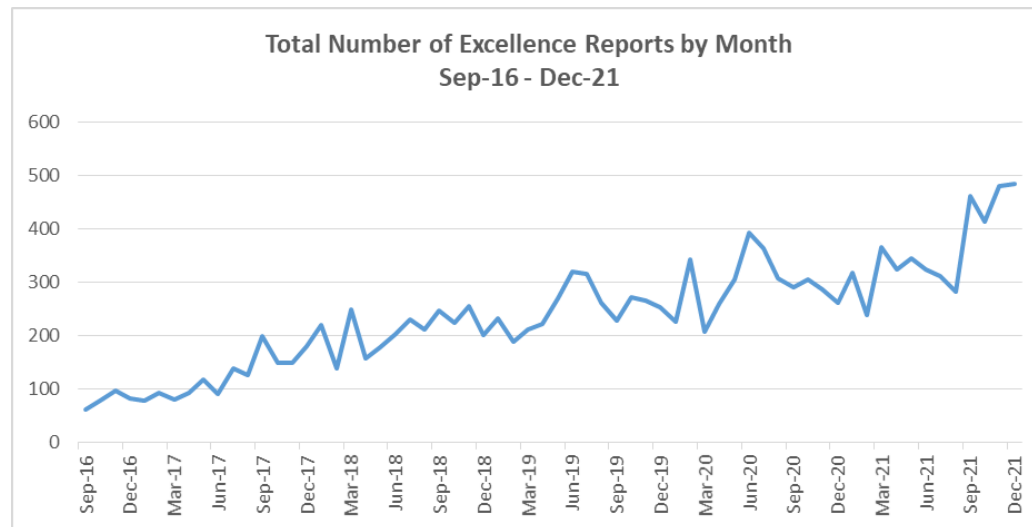
Aims	Progress
Appoint a fetal medicine consultant	Work-in progress
Strengthen the role of the Head of Midwifery	The role has been upgraded in line with Ockendon recommendations and reports to the Director of Nursing (in his capacity as Executive Maternity Safety Champion). There are bi-monthly meetings with the Non-Executive Champion.
Review staffing against standards and continue to strengthen it	Staffing has been 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.
Roll out of Phases 1 and 2 of the Continuity of Carer strategy	We have rolled out our 'Infinity (Continuity of Carer) programme to four teams, the closest to Darlington being at Bishop Auckland and Ferryhill. The programme was paused in November, for re-evaluation following feedback from staff and the need to maintain safe staffing in our acute services. National leads have visited the Trust and commended the approach.

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 is in the course of being appointed.
Explore a similar front of house facility at DMH	Estates constraints prevent us from establishing a similar facility at DMH; however, we have 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.
Work with local authorities and mental health trusts to strengthen services for children and young people with mental health issues	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.

Excellence Reporting

- 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)



A&E waiting times

As we have seen demand pressures in excess of 2019/20 levels for much of the year, with the added complexity of managing increasing attendances and admissions with Covid-19 we have seen deterioration in our performance against the four hour waiting times target over the year to date

At DMH, however, we have seen steady improvement in time taken to assess patients arriving into A&E.

There is a comprehensive programme of work within the Trust and across the system to optimise flow in A&E and our hospitals.

Four hour waits:

Month	April 21	May 21	June 21	July 21	Aug 21	Sept 21	Oct 21
Seen in < 4 hours	88.0%	83.9%	80.8%	74.5%	73.7%	71.5%	68.8%

Other indicators:

Standard	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21
DMH ED attends	5,514	5,617	5,871	5,624	5,571	5,569	5,587
DMH ED Time to Initial Assessment – within 15 minutes	3,670	3,274	3,019	3,841	4,051	3,997	4,137
DMH ED Time to Initial Assessment – % within 15 minutes	66.56%	58.29%	51.42%	68.30%	72.72%	71.77%	74.05%
DMH ED Patients spending more than 12 hours in A&E	22	64	88	172	270	402	520
Average time(mins) in DMH ED – Admitted patients	271	309	334	394	456	507	542
Average time(mins) in DMH ED – Non-admitted patients	164	170	178	200	208	234	241

Critical initiatives include our ongoing, internal ‘Work As One’ initiative (to optimise A&E, patient flow and discharge processes and work with NEAS and across the County Durham and Darlington system overseen by the LADB.

Other indicators

- **SHMI** – this has been covered through the earlier update on mortality
- **Staff recommendation of the Trust to Friends and Family** – this result comes from the NHS Staff Survey 2021, which have not yet been published
- **Responsiveness to personal needs** – from national datasets, not yet available. However, they draw on the CQC patient surveys. For the inpatient survey – recently published – the Trust was essentially in line with peer trusts and not scored worse for any question
- **PROMS** – data is awaited.

Thank you and any questions....

