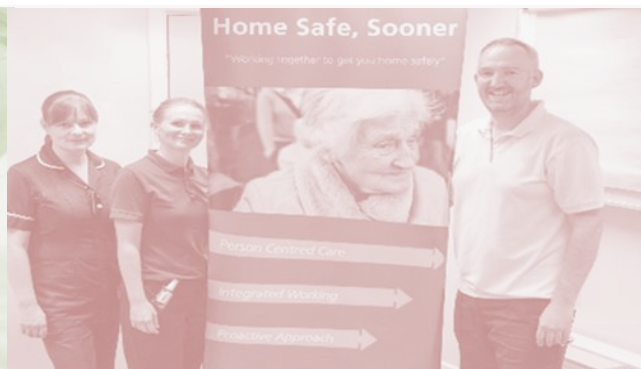
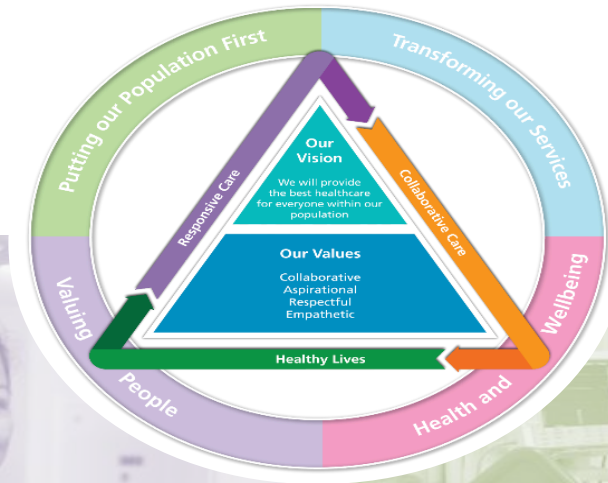


Quality Accounts 2023-24

Fiona McEvoy - Associate Director of Nursing, Effectiveness and Clinical standards

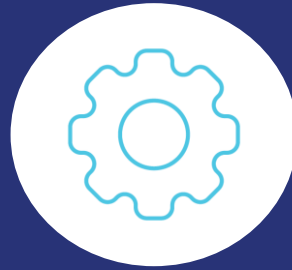
Rebecca Denton-Smith - Associate Director of Nursing, Clinical Safety and Deputy DIPC



Our four key principles



**Putting our
population first**



**Transforming
our services**

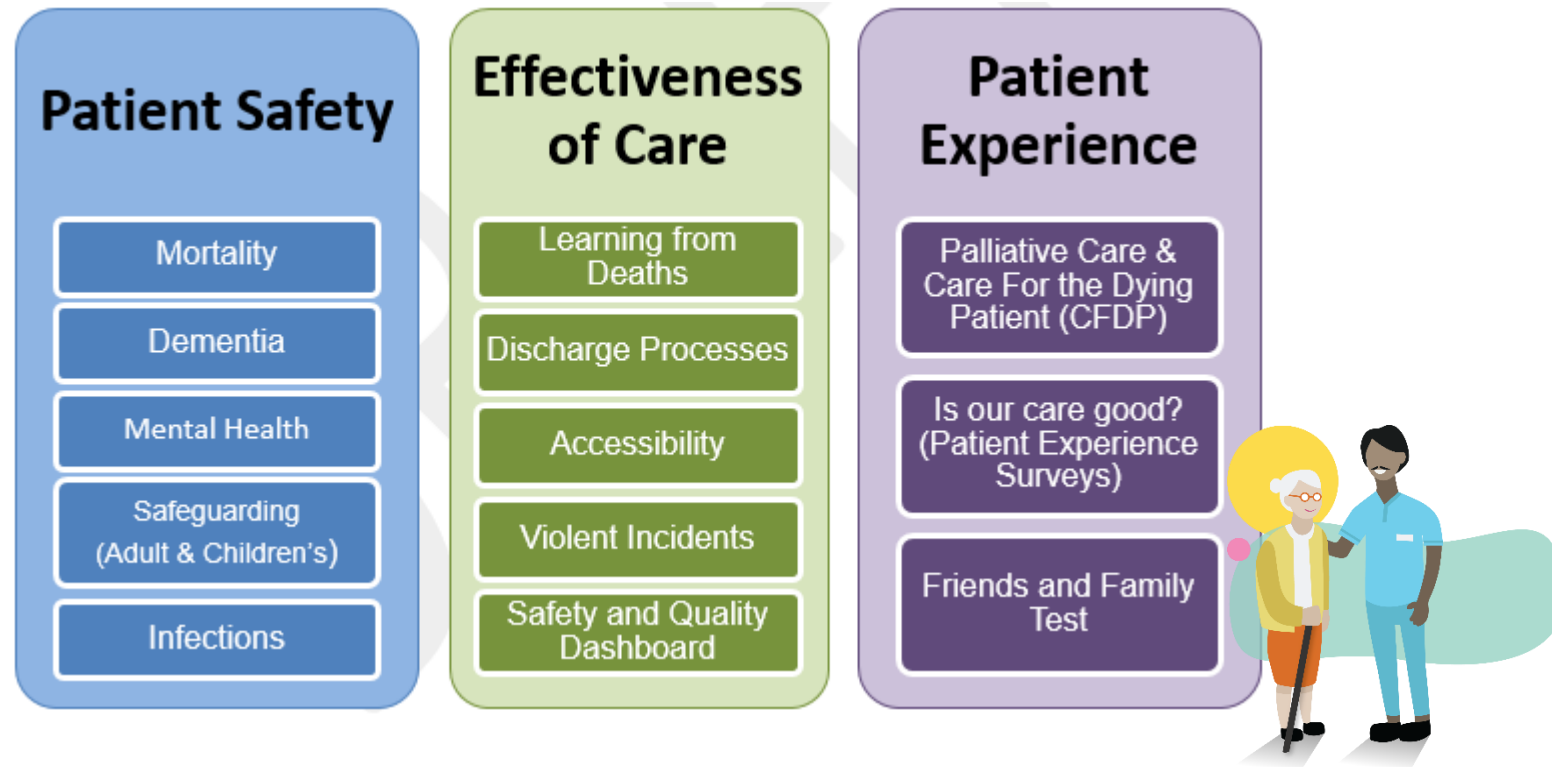


**Valuing
people**

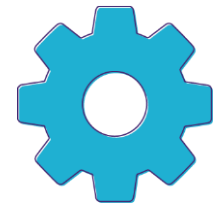


**Health and
wellbeing**

Quality Accounts Priorities 2023-24



Patient Safety



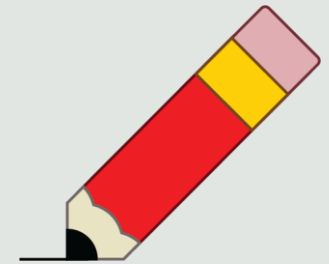
Mortality Indicators (HSMR and SHMI)

Hospital Standardised Mortality Ratio (HSMR) – In-Hospital mortalities
As of 1st April 2023 the Trust no longer reports on this indicator.

HSMR – **95.41** (January 2022 to December 2022)
HSMR reporting in 2021-2022 Quality Accounts **87.81** (December 2020 to November 2021) a increase of **7.60** points.

Summary level Hospital Mortality Indicator (SHMI) –
In-Hospital Deaths and those up to 30 days post Acute Trust discharge

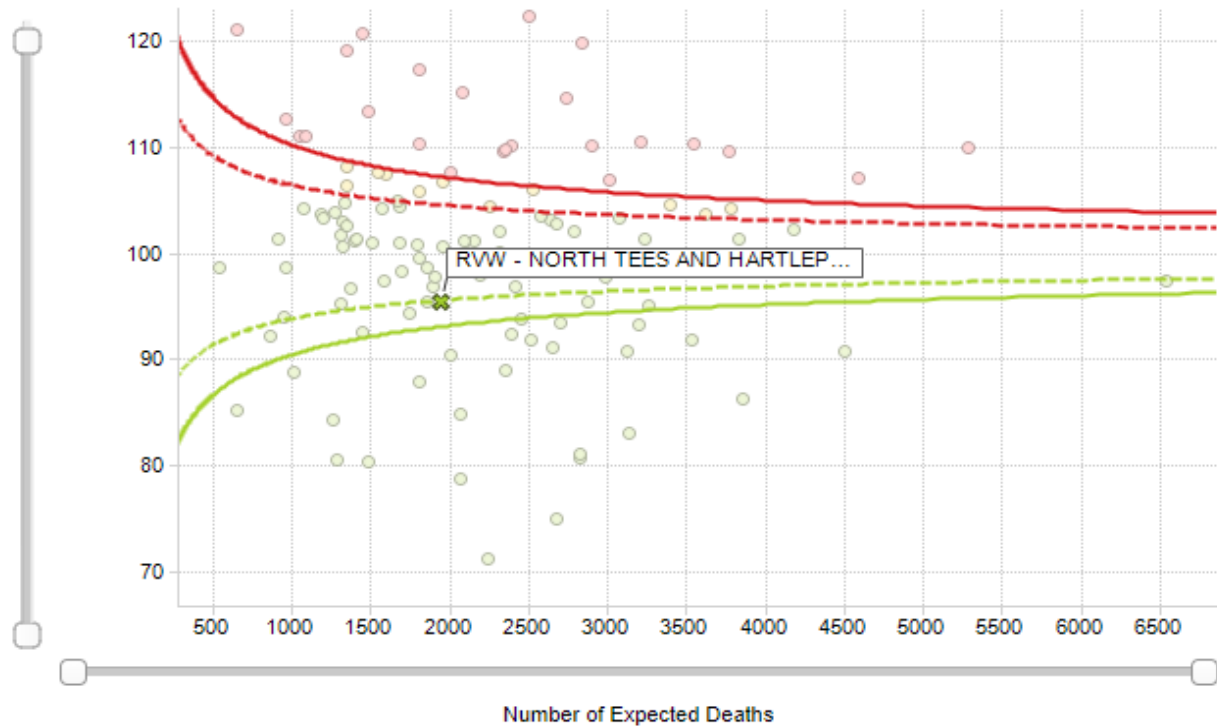
SHMI – **95.48** (September 2022 to August 2023)
SHMI reporting for **98.11** (September 2021 to August 2022) was 98.11 a decrease of **2.63** points.



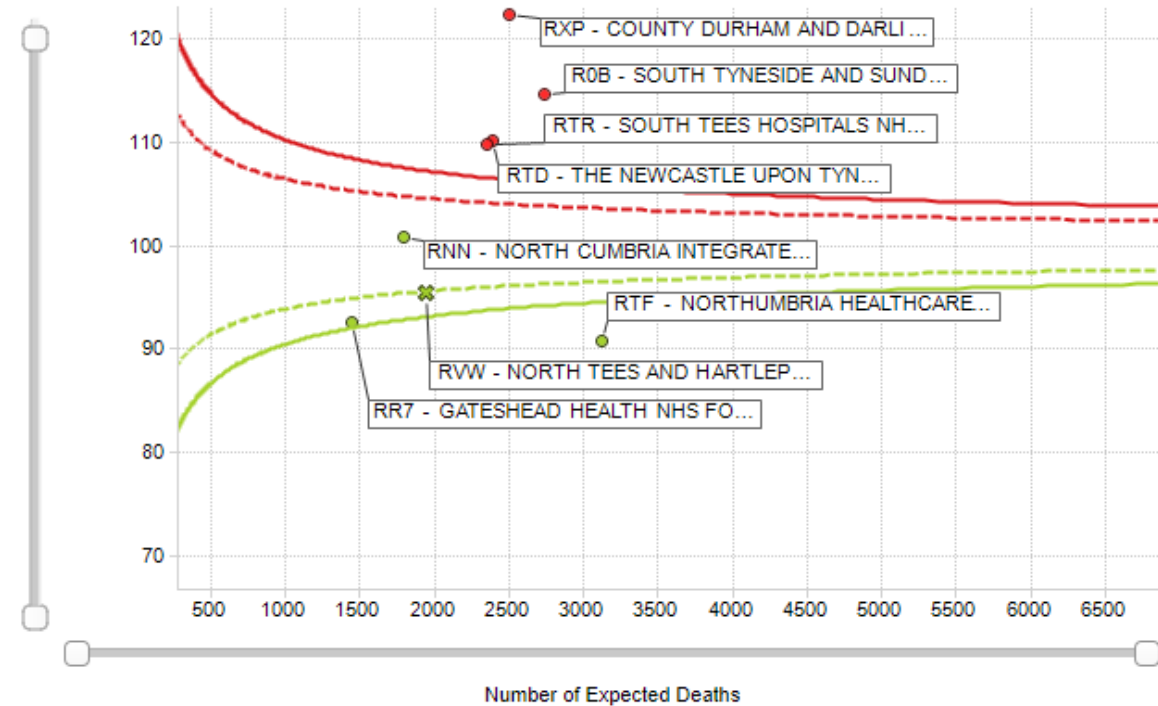
SHMI Indicator

Summary level Hospital Mortality Indicator (SHMI) –
In-Hospital Deaths and those up to 30 days post Acute Trust discharge

SHMI – 95.48 (September 2022 to August 2023)



National Range – 71.26 to 122.20

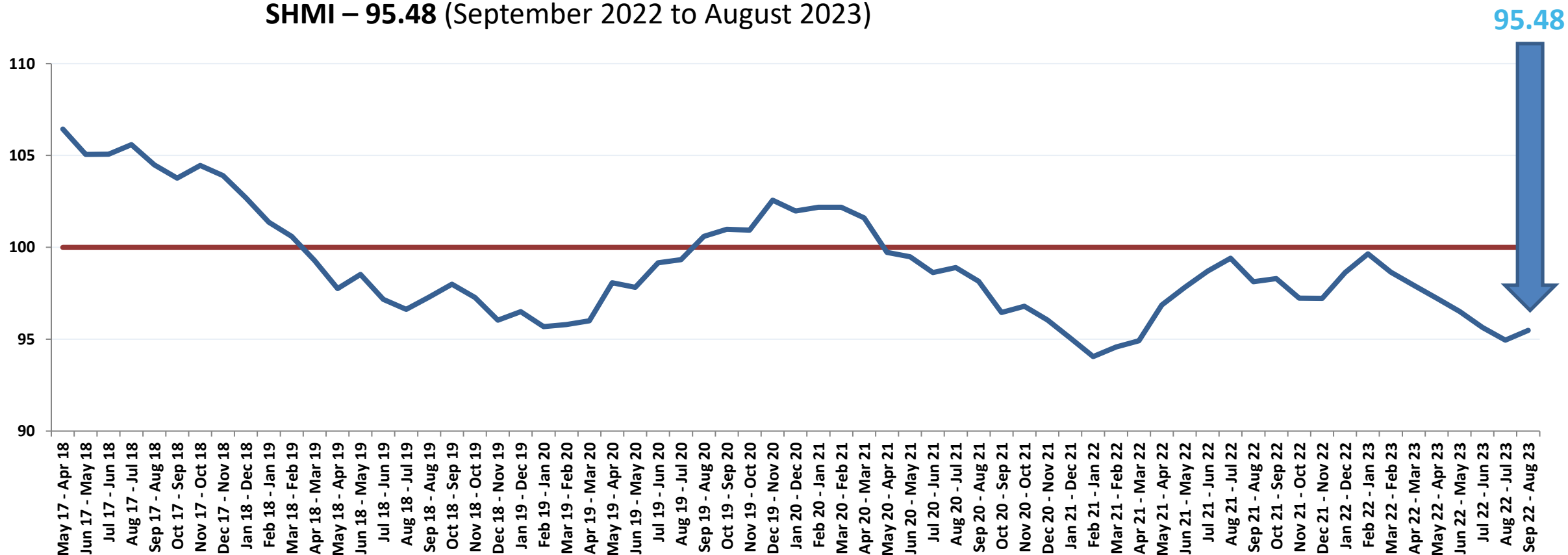


Regional Range – 90.85 to 122.20

SHMI Indicator

Summary level Hospital Mortality Indicator (SHMI) –
In-Hospital Deaths and those up to 30 days post Acute Trust discharge

SHMI – 95.48 (September 2022 to August 2023)

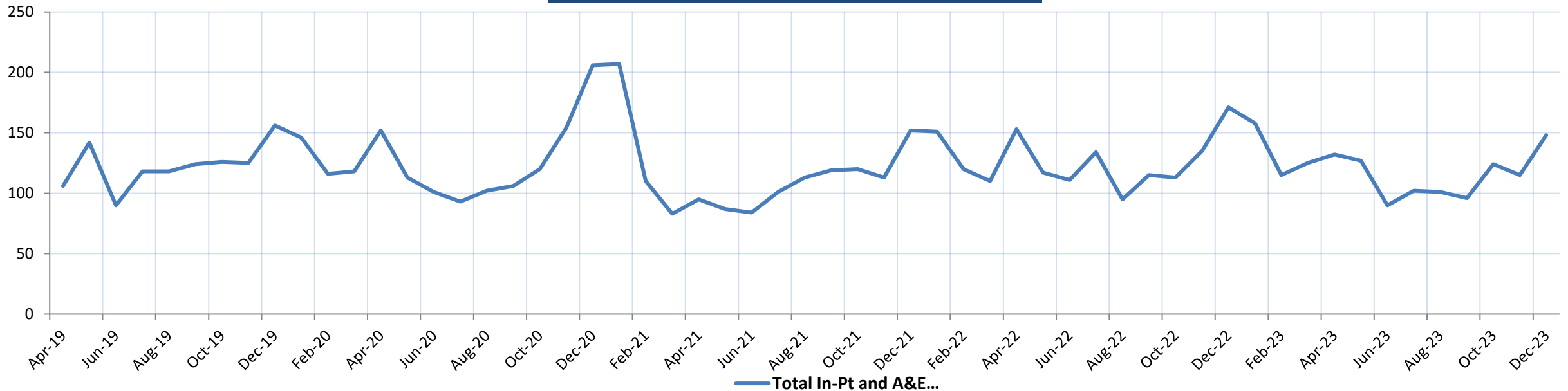


Trust Raw Mortality

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2015/16	119	124	103	92	99	119	95	124	134	134	135	142
2016/17	142	131	123	119	107	97	132	119	144	155	136	136
2017/18	126	128	103	104	105	120	121	129	182	194	138	163
2018/19	135	104	102	114	92	108	139	134	132	149	132	113
2019/20	106	142	90	118	117	124	126	125	157	146	116	118
2020/21	152	113	101	93	102	106	120	154	206	207	110	83
2021/22	95	87	84	100	113	112	120	113	152	151	120	110
2022/23	153	117	111	134	95	115	113	135	171	158	116	125
2023/24	132	127	90	102	101	96	124	115	148			

	Apr to Dec
2015/16	1009
2016/17	1114
2017/18	1118
2018/19	1060
2019/20	1105
2020/21	1147
2021/22	976
2022/23	1144
2023/24	1035

Raw Inpatient & ED Mortality Trend since Apr 19

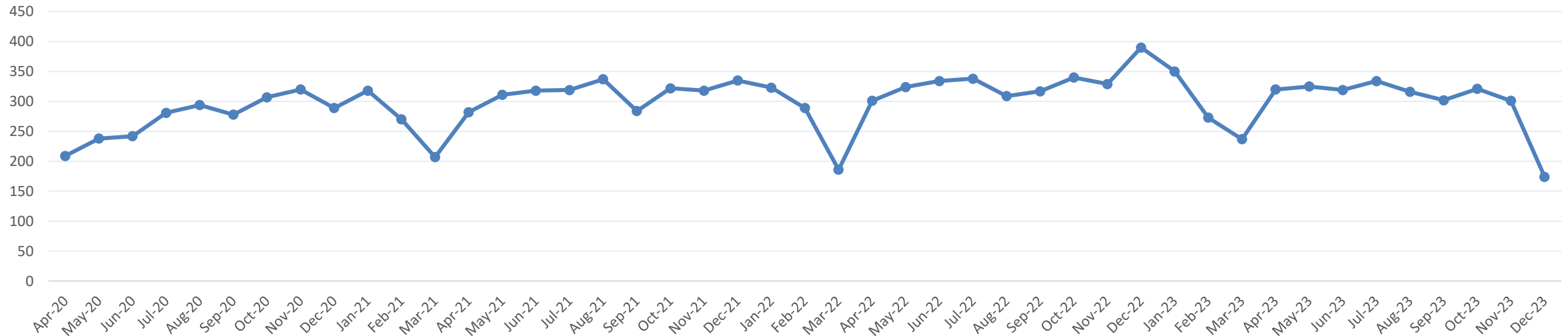


Dementia

The challenges the Trust faces regarding patients admitted with a diagnosis of Dementia/Delirium.

Period	April	May	June	July	August	September	October	November	December	January	February	March	Apr to Dec
2021-22	282	311	318	319	337	284	322	318	335	323	289	186	2,826
2022-23	301	324	334	338	309	317	340	329	390	350	273	237	2,982
2023-24	320	325	319	334	316	302	321	301	174				2,712

Patients admitted with a diagnosis of Dementia/Delirium



Infection Control – C diff

The following demonstrates the total number of *Healthcare Associated* infections during 2023-2024 compared with 2022-2023.

- Hospital onset healthcare associated (HOHA): cases that are detected in the hospital two or more days after admission
- Community onset healthcare associated (COHA): cases that occur in the community (or within two days of admission) when the patient has been an inpatient in the trust reporting the case in the previous four weeks.

Infection Type	2022-23	2023-24	Year on Year
*Clostridium difficile (C Difficile) HOHA – Hospital onset Healthcare Associated	23	34	+11
*Clostridium difficile (C Difficile) COHA – Community onset Healthcare Associated	12	17	+5

Data is for April to December for both financial years

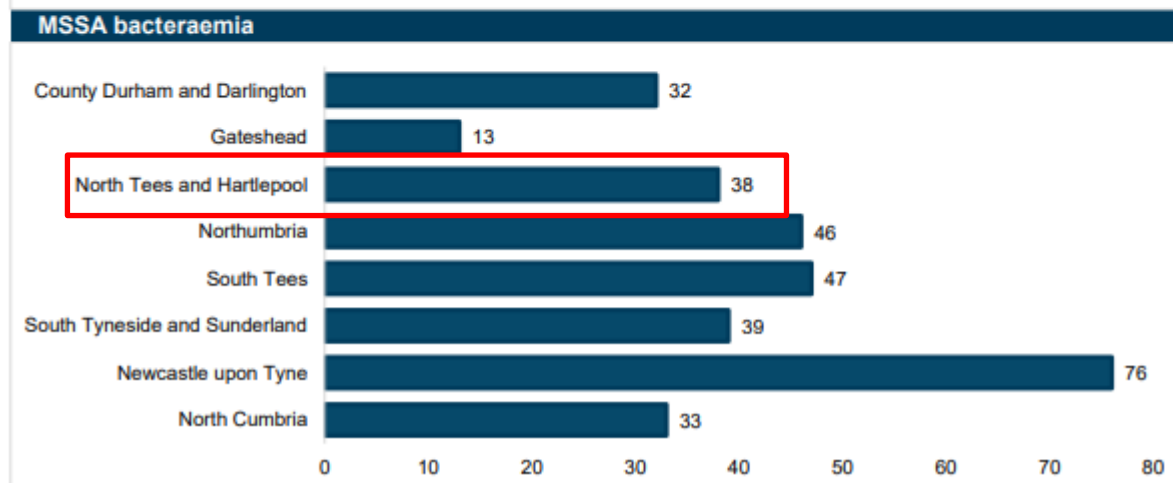
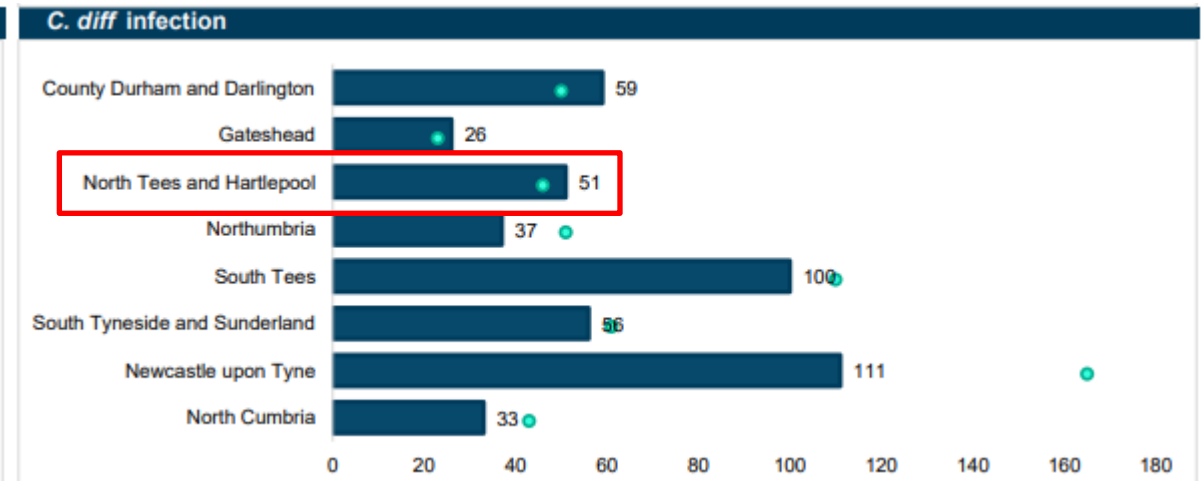
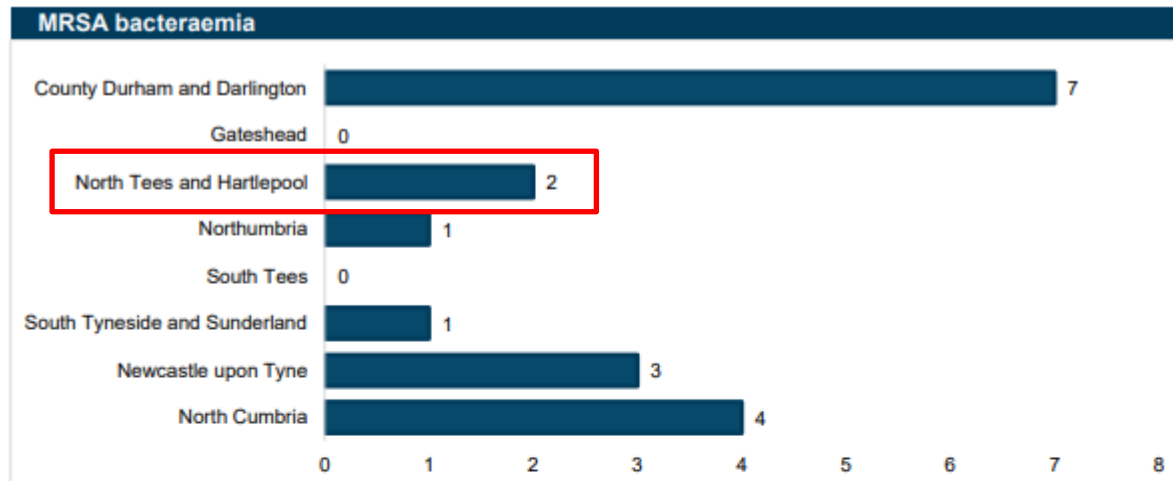
Infection Control

The following demonstrates the total number of Healthcare Associated infections during 2023-2024 compared with 2022-2023.

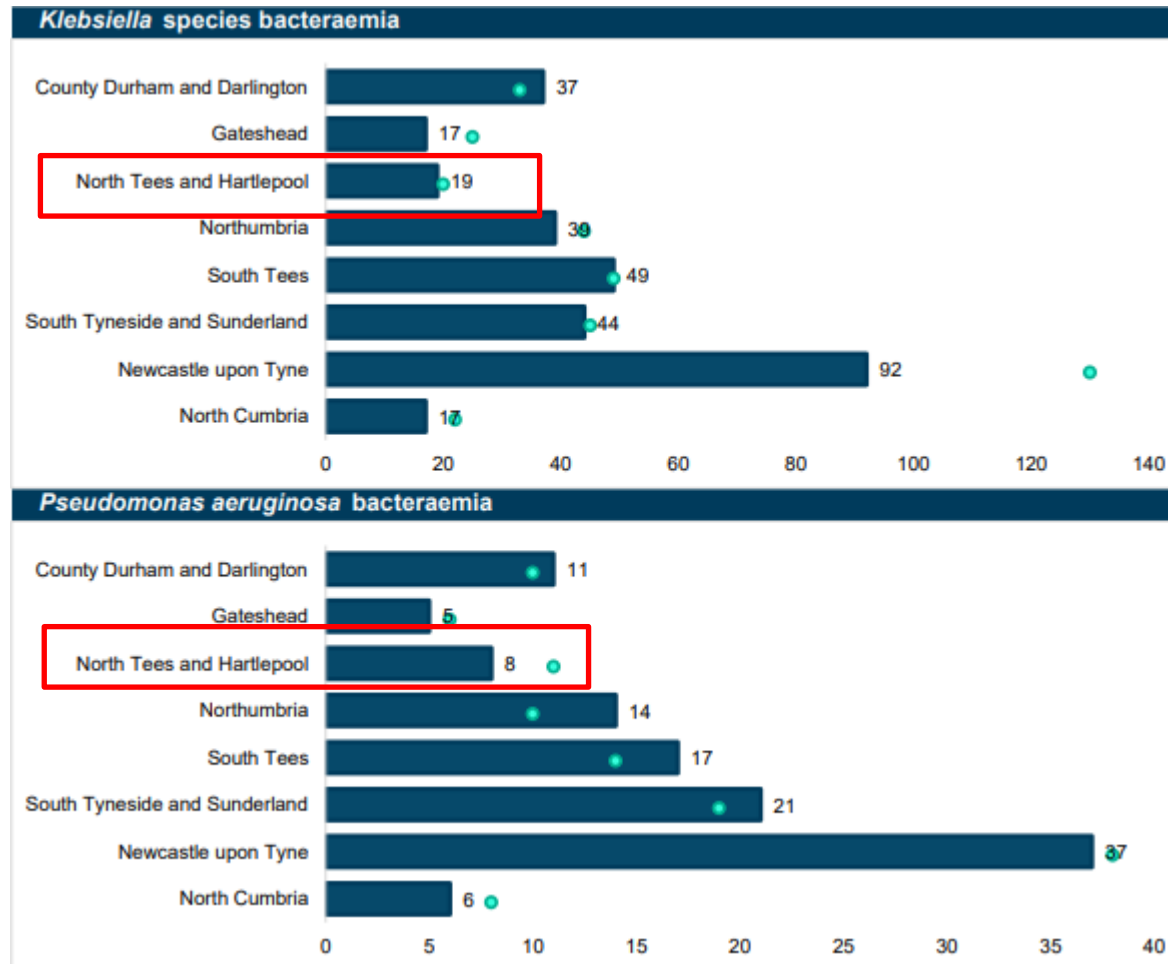
Infection Type	2022-23	2023-24	Year on Year
Methicillin-Resistant Staphylococcus Aureus (MRSA) bacteraemia	1	2	+1
Methicillin-Sensitive Staphylococcus Aureus (MSSA)	29	37	+8
Escherichia coli (E.coli)	63	68	+5
Klebsiella species (Kleb sp) bacteraemia	20	18	-2
Pseudomonas aeruginosa (Ps a) bacteraemia	12	8	-4
CAUTI	165	136	-29

*Data is for April to December for both financial years

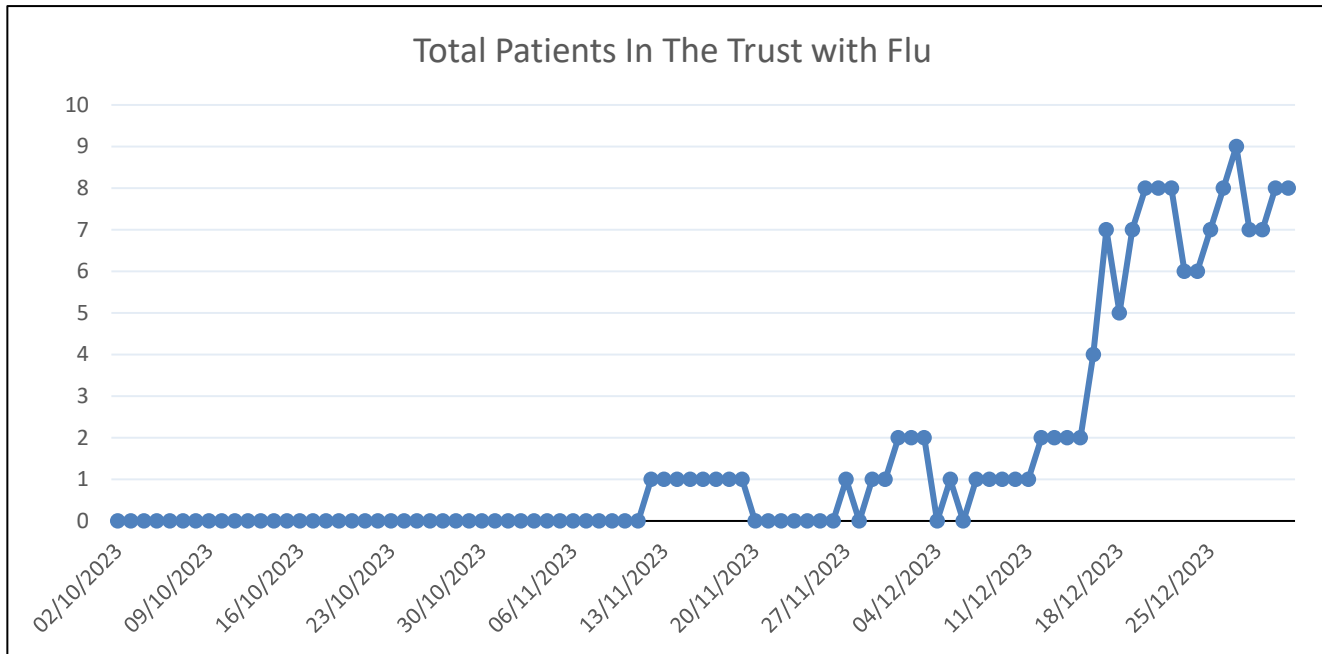
Healthcare associated infection by organisation



Healthcare associated infection by organisation



2023-2024 Flu Cases



On the 31 December 2023 there were **8** patients in the Trust with Flu.

The single day with the highest number of Flu admissions was the 27 December 2023 with 3.

Between 2 October 2023 to 31 December 2023 there have been **zero** cases in ITU with flu.

As of this presentation, there are **6** (ITU: 1, Other ward: 5) Flu cases in the Trust

Effectiveness of care



Accessibility

The trust is committed to ensuring that the Accessible information standard is met and all of the services we provide are able to make reasonable adjustments for those in need as required.

Developments and improvements 2023/2024:

The Trust updated webpage was launched during 2023 to make it as accessible as possible (with the exclusion of some older PDF documents). It is possible for users to make the webpage more accessible by use their browser to:

- Change colours, contrast levels and fonts
 - Zoom in up to 300% without the text spilling off the screen
 - Navigate most of the website using just a keyboard
 - Access the website on desktop, mobile or tablet devices
 - Navigate most of the website using speech recognition software
 - Listen to most of the website using a screen reader
- The Trust contracted language service provider continues to provide virtual training sessions to Trust staff to give guidance on best practice when working with an interpreter. This improves staff awareness in relation to communication barriers and increases confidence in accessing interpreting services.
 - Accessibility Champions meet regularly to receive training to support patients.
 - The Patient and Carer Experience Council now dedicates 4 meetings a year to receive updates from Care Groups to share examples of good practice and reasonable adjustments when meeting patient's accessible needs.

Accessibility

The trust is committed to ensuring that the Accessible information standard is met and all of the services we provide are able to make reasonable adjustments for those in need as required.

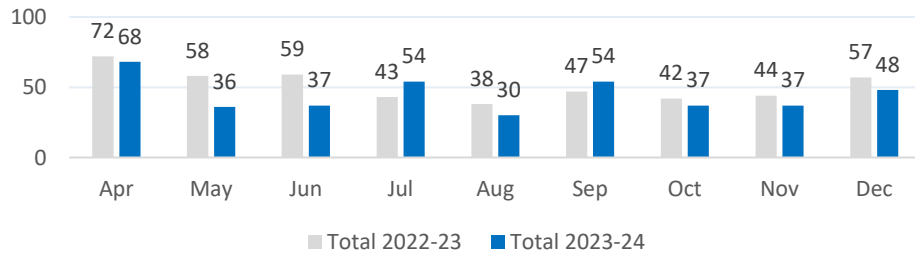
- The priority remedial work from the DDA access audit undertaken on North Tees, Hartlepool and Peterlee Hospital sites has been identified and will improve site accessibility.
- PLACE (patient-led assessment of the care environment) audits are in place. Members of the Healthcare User Group are an integral part of the audit process.
- The complaint process review, in line with the Parliamentary and Health Service Ombudsman's Complaint Standards Framework, is complete. The revised process is focused on identifying the issues and outcomes requested. It ensures equal access when raising a concern, complaint or providing feedback with a focus on quicker resolution. Patients and relatives are able to receive complaint feedback via email, telephone, meeting or a written response depending on their preference.
- A Co-production and Lived Experience Lead has been appointed. The objectives of the role are:
 - Implementation of the Patient, Public and People with Lived Experience Steering Group (PPPPE) strategy and promote accessibility standards across the Trust.
 - Support clinical teams and staff with the PPPPE work.
 - Promote good working relationships with our people and community.
 - Embed good practice and a strong culture of co-production.

The principles of the role are to increase shared decision making, equality, diversity, reciprocity, patient and carer involvement and accessibility.

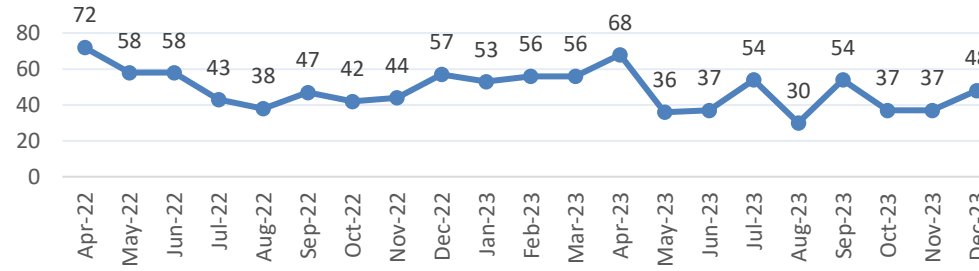
Violent Incidents

The following demonstrates the total number of Violent Incidents the Trust received during 2023-2024 compared with 2022-2023.

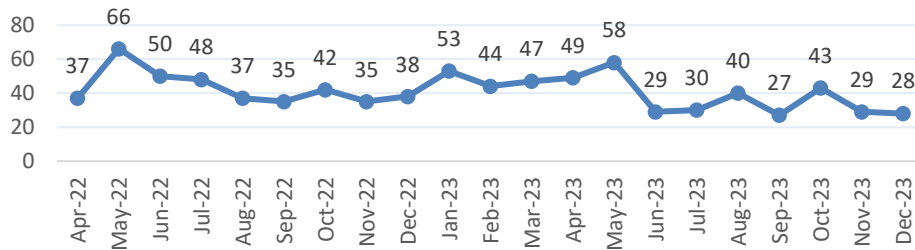
Violent Incidents since April 2023



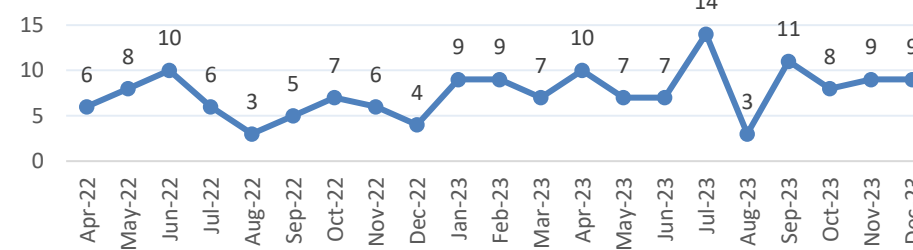
Violent Incidents since April 2022



Abuse of staff by Patients since April 2022



Abuse of staff by Other person since April 2022



Reporting Period	Total	Abuse of staff by patients	Abuse of staff by other person
Apr - Dec 2022-23	460	405	55
Apr - Dec 2023-24	401	323	78

Data is for Apr to Dec for both financial years

Violent Incidents - events

Adverse event	2022-23	2023-24	Difference
Assault etc with a weapon	4	5	1
Concerns to do with personal safety	40	12	-28
Disruptive, aggressive behaviour – other	42	71	29
Inappropriate behaviour and/or personal comments	18	28	10
Need for use of control and restraint with patient	21	78	57
Physical abuse, assault or violence – Malicious	7	25	18
Physical Abuse, assault or violence – unintentional	105	58	-47
Racial	4	5	1
Sexual	0	5	5
Verbal abuse or disruption	219	114	-105
Total	460	401	-59

Data is for Apr to Dec for both financial years

Patient experience



Friends and Family Test (FFT)



Data from April 2023 to December 2023

Total Responses	Month									
	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sep 23	Oct 23	Nov 23	Dec 23	
FFT Response										
Very Good	1,547	1,778	1,858	1,878	2,079	1,906	1,975	1,918	1,251	
Good	294	342	339	318	360	358	360	349	241	
Neither Good nor Poor	57	73	79	86	81	85	83	81	71	
Poor	32	46	42	38	32	44	41	47	35	
Very Poor	35	34	39	51	53	46	42	34	37	
Don't know	12	10	13	11	13	18	13	7	14	
Total	1,977	2,283	2,370	2,382	2,618	2,457	2,514	2,436	1,649	

April 2023 to December 2023

Very Good/Good % **92.58%**

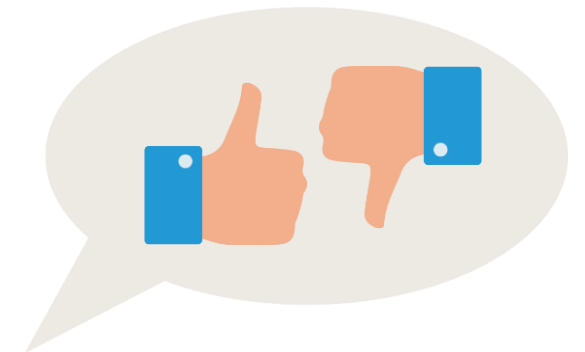
Very Poor/Poor % **3.52%**

Complaints

The following demonstrates the total number of **Complaints** the Trust received during 2023-2024 compared with 2022-2023 and 2021-2022.

Complaint Type	*2021-22	*2022-23	*2023-24	2022-23 v 2023-24
Stage 1 - Informal	1,006	1,161	1,039	-122
Stage 2 - Formal (meeting)	67	68	86	+18
Stage 3 - Formal Response Letter	85	82	61	-21
Total	1,158	1,311	1,186	

Data is for April to December for all financial years



Complaints

The following demonstrates the top 10 number of Complaints types so far for April to December.

Sub-subject (primary)	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Total
Attitude of staff	5	18	13	9	12	15	7	12	8	122
Length of time to be given apt	5	9	11	9	14	12	20	8	13	108
Treatment and procedure delays	9	8	12	13	13	14	7	12	7	103
Care and compassion	4	7	2	7	9	6	12	6	9	76
Delay to diagnosis	4	2	5	10	12	12	8	6	6	74
Communication - Verbal	0	2	1	0	8	8	6	17	6	61
Communication - verbal / non verbal	27	18	4	4	0	0	0	0	0	53
Competence of staff member	3	6	3	10	9	5	5	4	2	50
Outpatient cancellation	6	7	8	8	3	1	7	6	1	50
Failure to monitor	5	3	4	4	10	3	5	5	2	47

Sub-subject (primary)	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Total
Attitude of staff	15	15	13	11	11	15	10	12	9	111
Delay to diagnosis	8	11	9	12	6	14	23	14	13	110
Communication - Verbal	6	7	16	15	6	14	10	13	14	101
Length of time to be given apt	7	6	16	17	16	15	6	8	8	99
Care and compassion	9	9	8	3	14	15	8	12	8	86
Treatment and procedure delays	6	8	10	7	6	5	10	6	6	64
Communication - Written	3	8	10	2	2	7	11	6	9	58
Discharge arrangements	3	7	8	9	8	7	3	6	2	53
Outpatient cancellation	7	7	1	14	4	11	4	2	3	53
Failure to monitor	7	4	5	8	6	6	3	3	8	50

Compliments

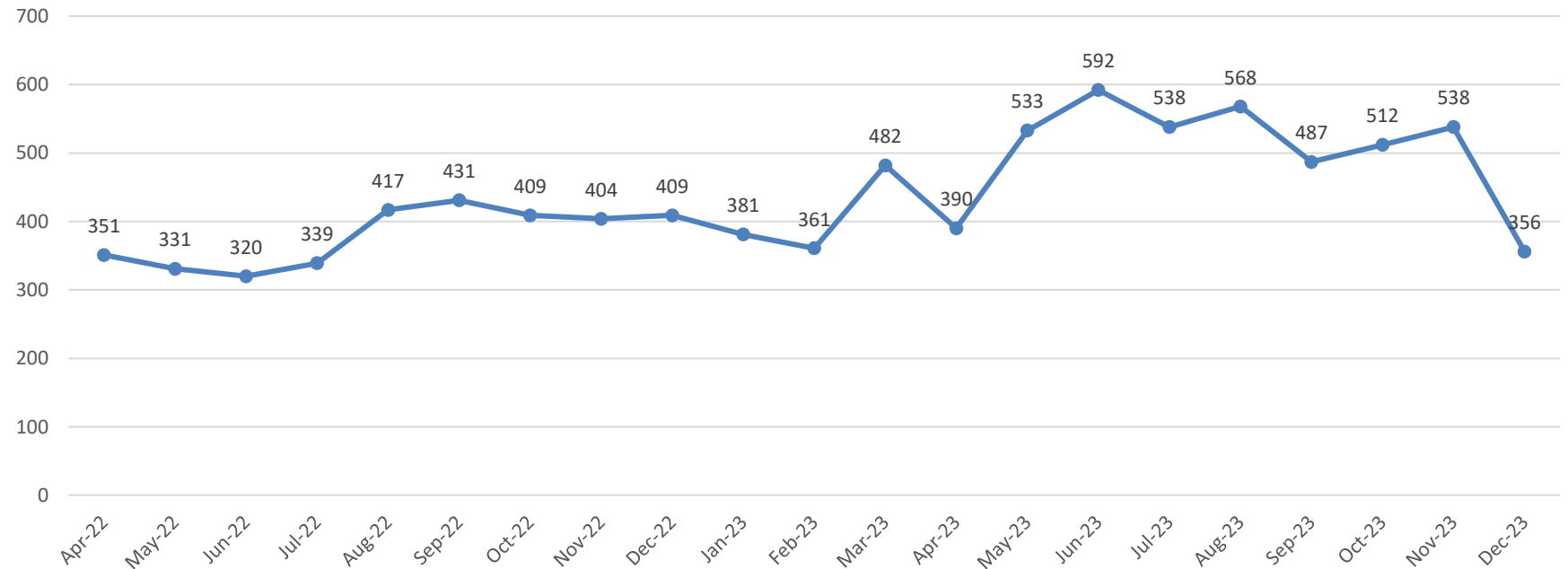
The following demonstrates the total Compliments received so far for April 2023 to December 2023 compared to April 2022 to December 2022.

Total Apr to Dec

2022-23 **3,411**

2023-24 **4,514**

Compliments since April 2022



Maternity



National safer care recommendations

- Maternity Incentive Scheme year 5
 - Current monitoring period
 - 10 Safety Actions – nominated leads
 - Governance process
 - On track for compliance
- Ockenden Immediate & Essential Actions
 - 7 IEAS
 - Governance process
 - Insights visit led by ICB with peer review
 - On track for compliance

Maternity and Neonatal Three year Delivery Plan



Community Midwifery services

- External review
- Engagement sessions with staff
- Triangulated local intelligence: complaints and compliments
- Community hubs
- Engaged with MNVP

Maternity and neonatal Voice partnership

22/23 Workplan

Expanding the team

Co-production charter

Supporting communities in need

Communication development

Areas of Good Practice

- Bereavement pathway
- PNA & PMA development across perinatal service
- Introduction of Badgernet
- Implementation of maternity preceptorship programme
- Visit from Jess Read and Tracey Cooper
- Resources: CTG machines
- Post discharge neonatal feeding support
- BFI accreditation
- Recruitment and retention
- QI and research

2024-25 Priorities



Our approach to Quality



Strategic plan

Improving together

Patient Quality Strategy 2023 - 2026



Patient Quality

Strategic Aim

Putting our population first

Strategic Objective

To deliver patient care that is safe, effective and person-centred.

We will achieve this by:

- Maximising the things that go right, minimising the things that go wrong
- Delivering good outcomes based on the best available evidence
- Care is shaped by what matters to people

Priorities

Deliver Safe Care

- No preventable deaths and delivering harm-free care
- Ensure staff feel secure in raising concerns
- Right skills, right place

Deliver Informed Care

- Improve outcomes through learning
- Learning from death, learning for life
- Evidencing compliance with fundamental standards of care

Deliver People-centred Care – “It starts with me”

- Proactively seek feedback
- Involve people at every stage
- Provide services that are accessible and inclusive for all (dementia, LD and autism, Mental Health)

How we will measure

- National/local survey results
- Compliance with fundamental standards
- Hospital Standard Mortality Ratio (HSMR/SHMI)
- National and local audit
- Structured Judgment Reviews
- Vacancies/turnover
- Training compliance
- Compliance with mandated surveillance of Infection Prevention control (IPC)
- Compliance with Clinical Negligence Scheme for Trusts (CNST)
- Internal and external accreditation performance (JAG, GIRFT, CQUIN)
- Compliance with Parliamentary and Health Service Ombudsman (PHSO)
- Learning from external partners

The results we want to achieve (Metrics/KPIs)

- No preventable deaths
- 10% reduction in the number of medication incidents
- 10% increase in harm-free care
- 20% increase in staff feeling secure raising concerns
- Increase training to have 30 Family Liaison Officers
- 25% reduction in Nursing, Midwifery and AHP vacancies
- 20% increase in response rates for FFT returns
- 50% increase audits evidencing improved outcomes
- Increase number of Patient Safety Partners and Patient Experience Partners
- 100% compliance with CNST

Enabling Strategic Plans

- Nursing, Midwifery and AHP Workforce
- Patient Safety
- Patient Experience
- Effectiveness and Clinical Standards
- Digital
- Quality and Shared Governance
- Leadership
- People Strategy
- Quality Improvement
- Risk Management
- Research and Development
- Population health
- Health and Wellbeing

Quality improvement priorities 24/25

Maximising the things that go right, minimizing the things that go wrong	Delivering good outcomes based on best available evidence	Care is shaped by what matters to people
We will publish and implement the Trust PSERP	We will improve clinical quality through robust audit programmes against NICE guidance	We will proactively seek patient feedback and support patients and families through difficult circumstances
We will continue to develop a culture of safety where the focus is on learning, ensuring the right people with the right skills are involved at each and every level	We will continue to benchmark, learn and improve from national improvement programmes such as GIRFT and CQUIN	We will respond compassionately and implement improvements as a result of learning

2023-24 Timeline

- Engagement process between February 2024 to March 2024
- 2023-2024 document finalised end of April 2024
- Document sent to Stakeholders to produce their 3rd party statements in May 2024
- 3rd Party Statements back by end of May 2024
- The 2023-24 Quality Accounts to be published on the Trust website by 30 June 2024 deadline



Thank you