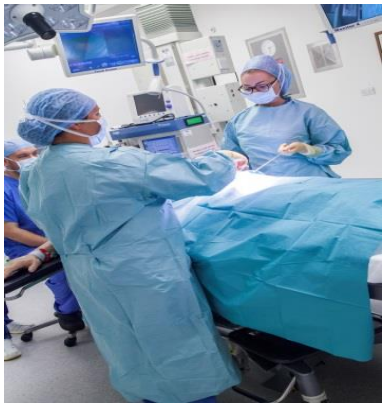
Integrated Quality and Learning Report
October 2019

NHS
Gateshead Health
NHS Foundation Trust



Overall Good		
	Safe	Good ●
	Effective	Good ●
	Caring	Outstanding ☆
	Responsive	Good ●
	Well-led	Good ●

Integrated Quality and Learning Report

Introduction and about SPC

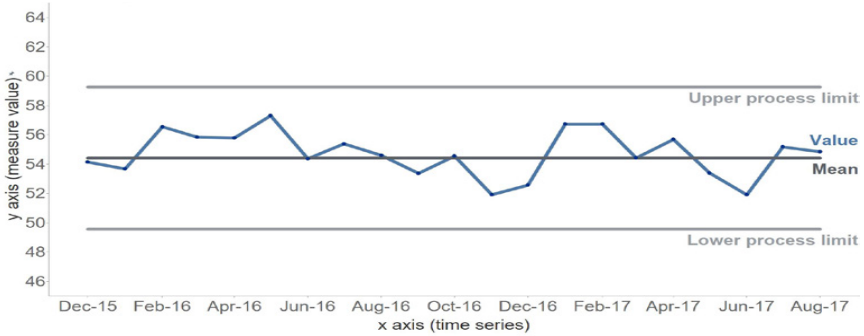
Gateshead Health NHS Foundation Trust

This report details quality indicators monitored by the Trust and also provides trust learning from these indicators. It is designed as an enhancement to replace the previous Trust Quality and Safety Dashboard and CLIP (Complaints, Litigation, Incidents, PALS).

Statistical process Control (SPC) has been used where appropriate to identify where situations may be improving or deteriorating.

Statistical process control (SPC) chart

This is an SPC chart. It's a time series line chart with three reference lines that help you appreciate variation in the data.



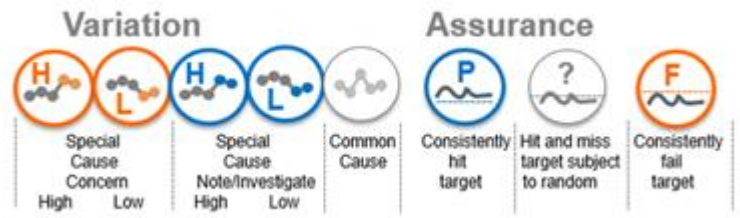
The reference lines are:

- centre reference line: the average line (often represented by the mean, sometimes the median)
- upper and lower reference lines: the process limits, also known as control limits.

You can expect approximately 99% of data points to fall within the process limits.

Key

The following symbols are used in this report to identify areas of special cause variation ,or where targets are consistently achieved, failed, or may be achieved / fail as a result of normal variation.



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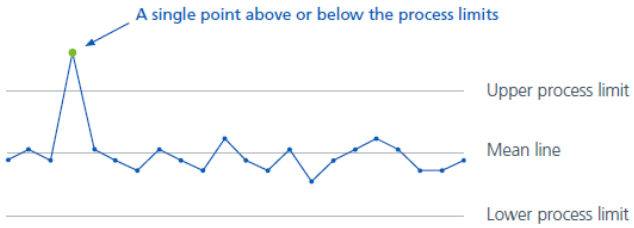
more about SPC

Gateshead Health NHS Foundation Trust

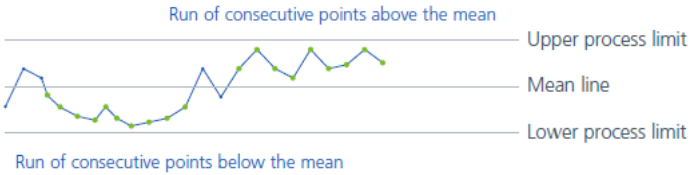
A single point outside the control limits

Whenever a data point falls outside a process limit (upper or lower) something unexpected has happened because we know that 99% of data should fall within the process limits.



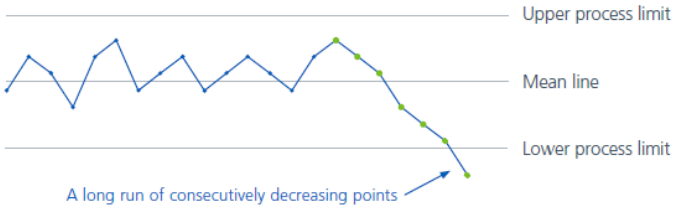
Consecutive points above or below the mean line

A run of values above or below the average (mean) line represents a trend that should not result from natural variation in the system.



Six consecutive points increasing or decreasing

A run of six or more values showing continuous increase or decrease is a sign that something unusual is happening in the system.



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Included this month

Gateshead Health NHS Foundation Trust

Please note that data in this report is accurate at the time of production. The severity and number of incidents may change due to additional information being available following investigation, meaning the severity may be re-categorised.

Safe	**5-16**	• Medication Errors • Health-Care Associated Infections • Falls • Pressure damage	• Safety Thermometer • Never Events • Serious Incidents (SIs) • Patient Safety Incidents • Emergency C-Section Rate • VTE Risk Assessment
Effective	**17-18**	• Mortality • HSMR • SHMI	
Caring	**19-20**	• Friends and Family Test	
Responsive	**21**	• Compliments • Informal Complaints • Formal Complaints	
Well-led	**23-23**	• Alcohol and Tobacco - Screening and Brief Advice	
	24-25	• Single Oversight Framework	

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Medication Reporting

Safe

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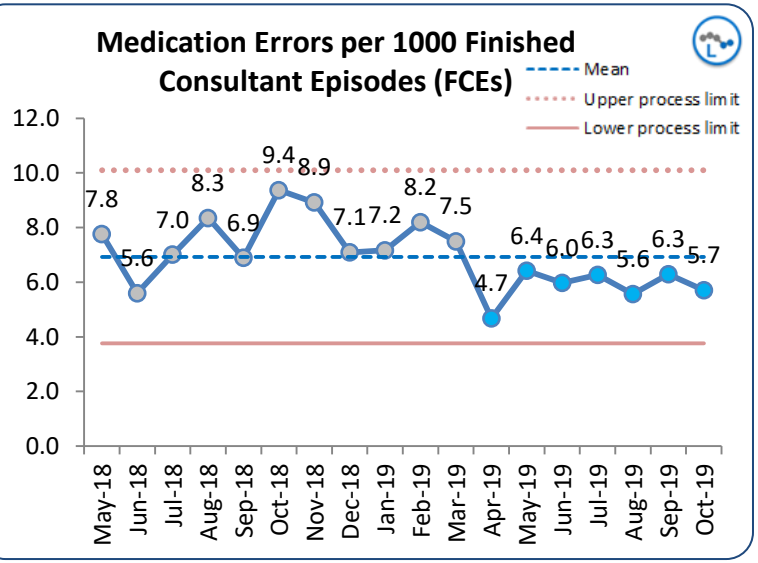
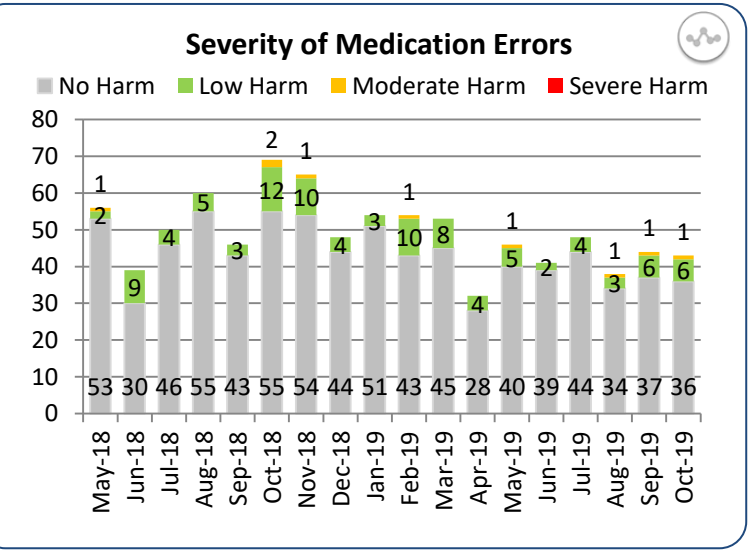
Datix Software for Patient Safety





Medication Errors

- A total of 43 medication errors were reported in October 2019.
- There was 1 moderate harm and 0 severe harm errors.
- Special cause variation (improvement) is observed in the medication error rate over the last 18 months.

Learning from Medication Errors

Medication incidents were spread across a large number of wards and departments with the top two areas being Ward 11 (Gastroenterology) and Pharmacy.

Key learning from medication incidents during October focuses on allergies:

- The incident resulting in moderate harm is currently being investigated: this involved the administration of an antibiotic to which the patient may have had an allergy to. The investigating team have been asked to bring their findings report to the Trust's SI panel for consideration of the level of harm caused by the incident once completed.
- There have been two incidents reported whereby patients have been prescribed medication to which they are allergic to and all staff responsible for prescribing/administering medication are reminded to check for drug allergies. Both incidents resulted in no harm to the patient.
- All staff are reminded to ensure that patients with known drug allergies are provided with the red allergy bracelets during their stay in hospital.

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Healthcare Associated Infections

NHS Gateshead Health NHS Foundation Trust

The trust objective of 40 *Clostridium difficile* infection cases for 2019/20 is set by NHS Improvement. It is set using two categories of CDI:
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 2 days of admission) when the patient has been an inpatient in the trust in the previous four weeks.

For the period 01/04/19 – 31/10/19 the trust has reported 25 healthcare associated CDI cases.
20 cases have been successfully presented for appeal, 5 cases were not presented for appeal following internal review; 0 cases have a review and possible appeal pending.
Therefore the trust currently has 5 cases held against the objective of 40.
October 2019 the trust reported 5 healthcare associated CDI – 3 HOHA and 2 COHA

Learning from Healthcare Associated Infections

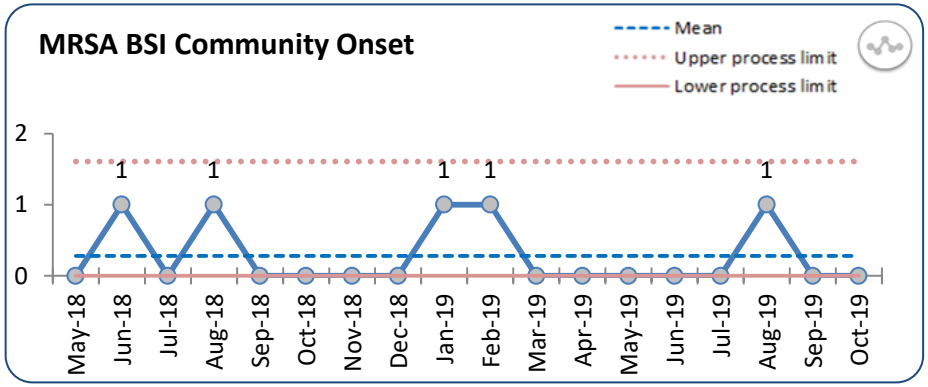
9 CDI cases were jointly reviewed with the CCG in October 2019 - 5 **HOHA** and 3**COHA.**

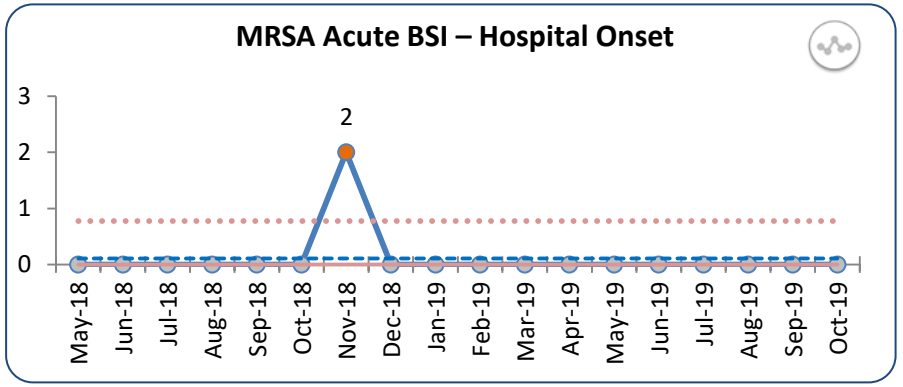
Following review , 5 cases were presented for appeal - 3HOHA and 1COHA – and CCG acknowledged ,that for these patients , all antibiotic prescribing, sample submission, documentation and ongoing management was appropriate and the appeals were upheld.

However following review, 3 cases were not presented for appeal as lapses in care identified.

2 cases were associated with a period of increased incidence (PII) of CDI on CCD. 28/10/19 a MDT meeting was convened to consider the management of the CDI PII on CCD. Both patients were identified , by ribotyping, to have infection caused by the same strain of *C diff,* indicative of cross infection, and the decision was not to present for appeal. Remedial actions taken included enhanced cleaning of CCD and suspending the use of hand sanitiser. Actions identified to prevent further cases included : the need for an additional hand wash basin at the entrance to CCD, creating additional isolation cubicles on CCD, the need to have access to hydrogen peroxide vapour (HPV) as an additional cleaning methodology, 1:1 hand hygiene training arranged for 97 staff associated with CCD - *Minutes of the meeting available if required.*

In the third instance , sample submission was deemed not appropriate – the sample submitted following bowel prep for colonoscopy - and not following guidance outlined in policy. Feedback to clinical area highlighted sample submission guidance and that IPC advice and support available if required.





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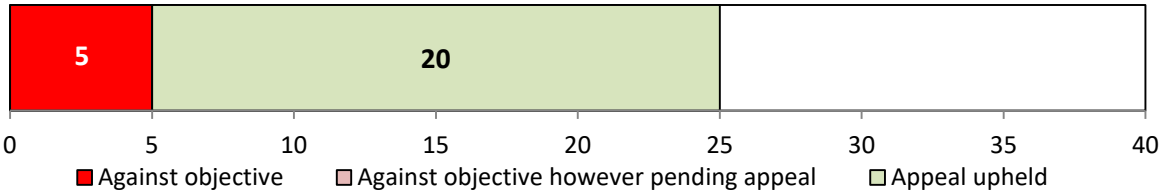
Healthcare Associated Infections

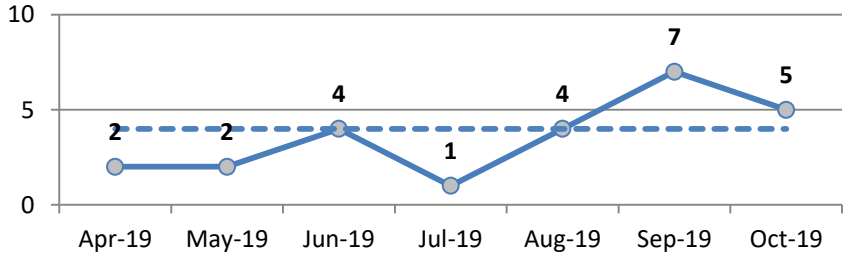
NHS Gateshead Health NHS Foundation Trust

Health Care Associated *C.diff* cases against objective

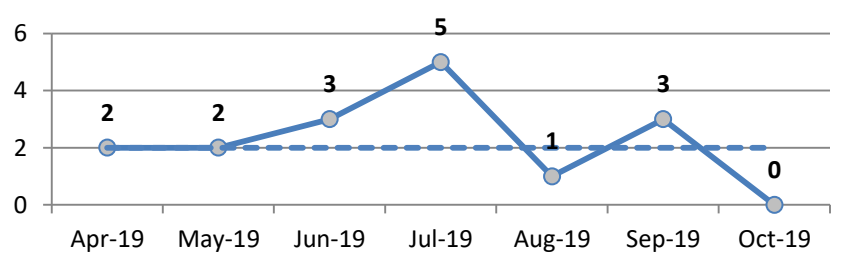


Variance from plan at October 2019
19 under objective

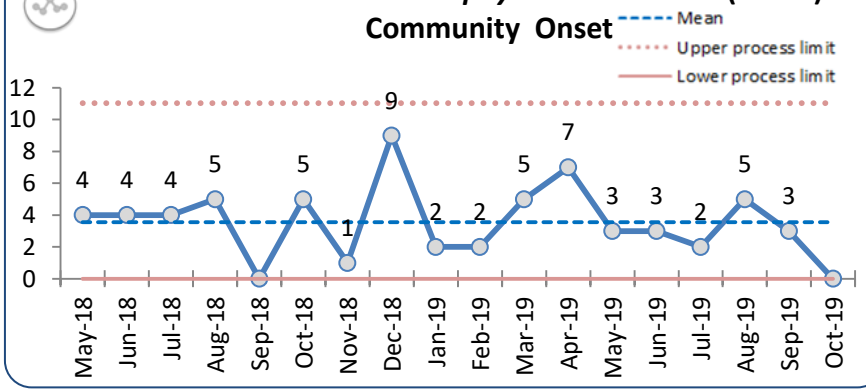
Healthcare Associated Clostridium difficile Infection (CDI)



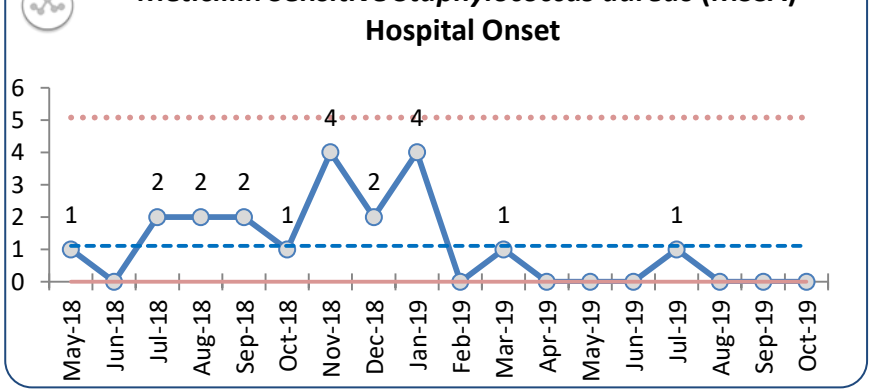
Indeterminate / Community Associated Clostridium difficile Infection (CDI)



Meticillin Sensitive *Staphylococcus aureus* (MSSA) Community Onset



Meticillin Sensitive *Staphylococcus aureus* (MSSA) Hospital Onset



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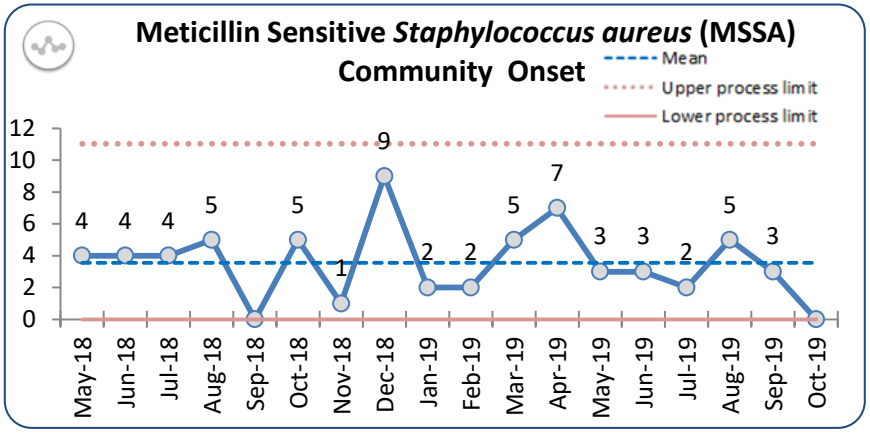
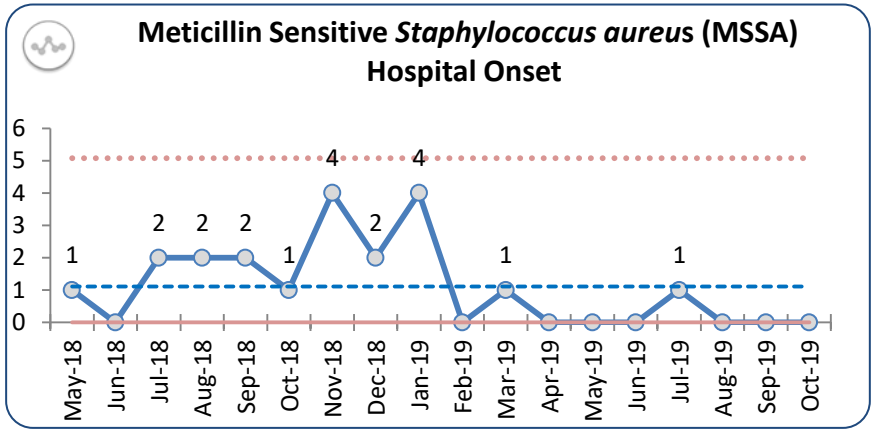
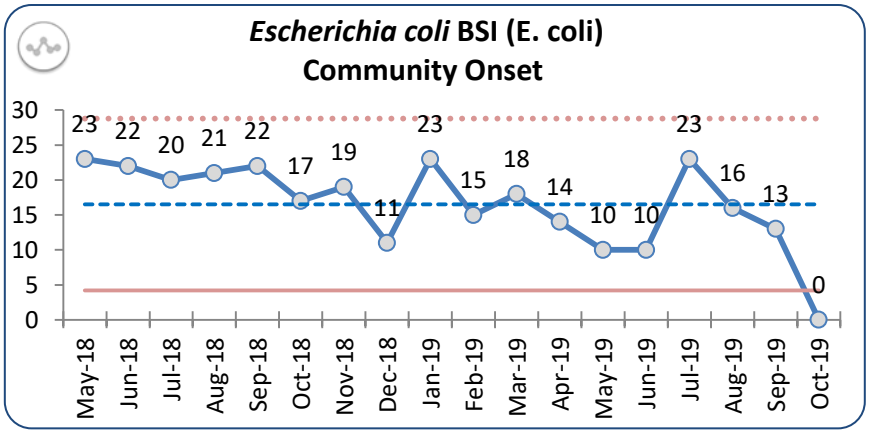
Healthcare Associated Infections

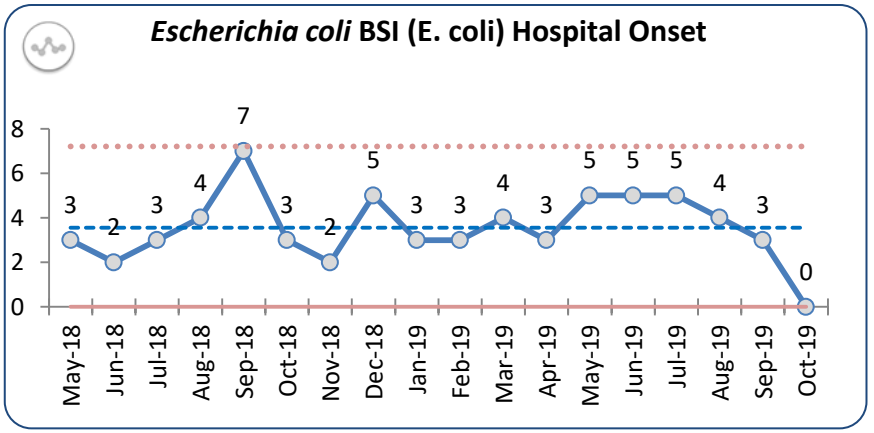
Gateshead Health NHS Foundation Trust

Safe









The Trust continues to promote infection prevention as a key element of its quality improvement approach and is committed to ensuring that appropriate resources are allocated for patient and staff safety.

Integrated Quality and Learning Report

Falls

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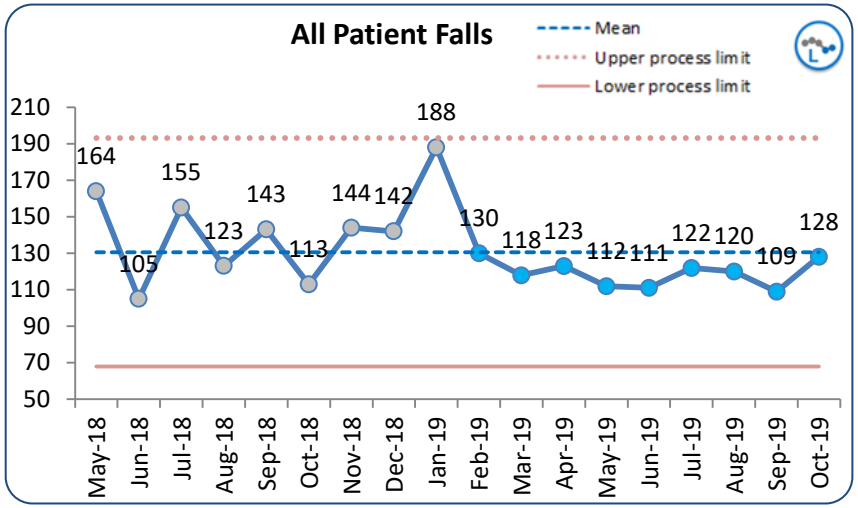
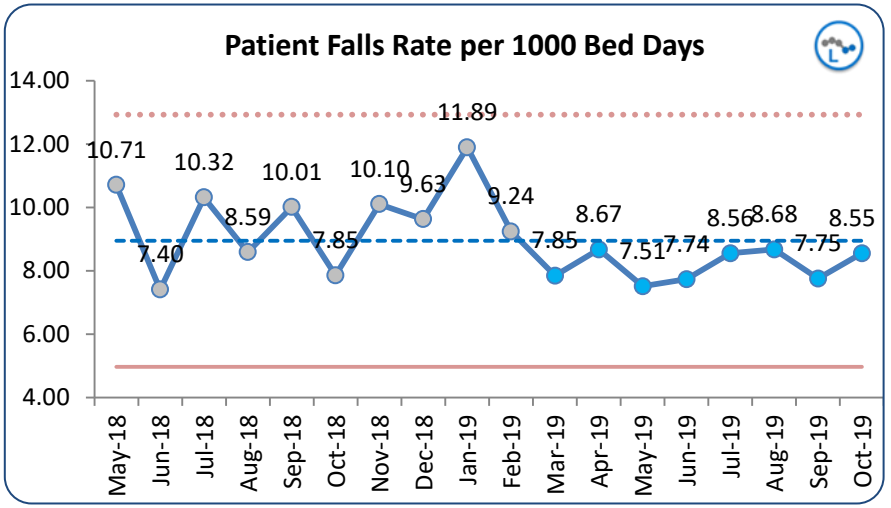
Datix Software for Patient Safety

Safe





Patient Falls

- October 2019 – 128 falls reported; 102 No harm; 20 low harm; 3 moderate harm; 3 severe harm.
- As with previous months, the majority of falls during October occurred on the Care of the Elderly (COTE) wards (Wards 22, 23 and 24) and also Ward 4.
- Two falls which resulted in moderate harm occurred on Ward 14 (General Surgery) and Ward 22 (COTE). Investigations are ongoing: both resulted in fractures to the wrist.
- All of the severe harm incidents resulted in patients sustaining a fracture to the neck of femur and investigations are ongoing. The fall on Ward 6 occurred overnight: this was an unwitnessed fall and the patient was not wearing slippers or a walking aid in close proximity.
- The fall assigned to ward 21 occurred in a post operative patient who had left the ward area and gone outside, where they had lost their balance and fallen: preliminary investigations have demonstrated that the patient had capacity to leave the ward.
- The fall on Ward 23 occurred in a male patient who had had multiple falls during his admission. His last fall prior to being diagnosed with a fractured neck of femur was in September – no fracture was seen on subsequent X Ray and he was placed on 1:1 observations whilst mobilising. The patient began to demonstrate pain in his left leg in October and a CT scan showed a fractured neck of left femur.
- Special cause variation demonstrating improvement is displayed for the number and rate of falls.

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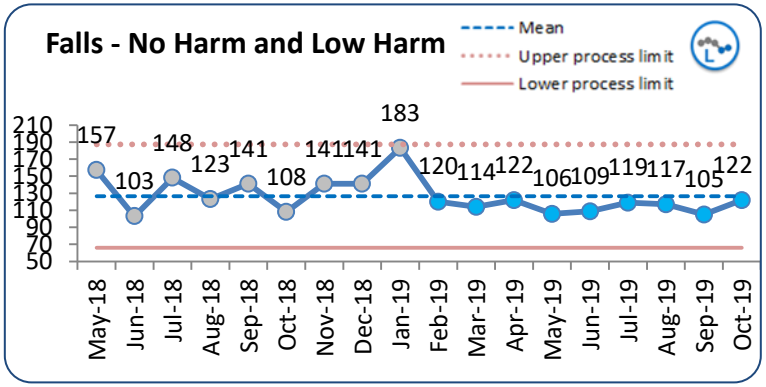
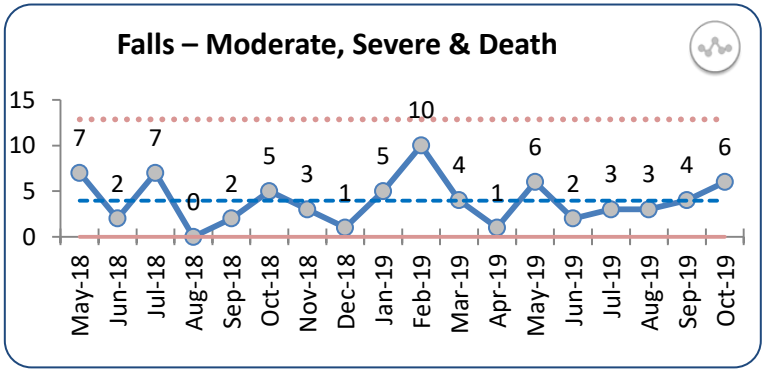
Falls

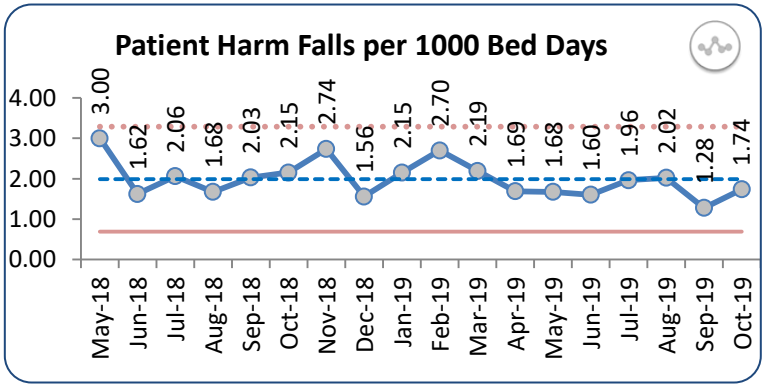
Gateshead Health NHS Foundation Trust

Datix Software for Patient Safety

Safe







Patient Falls

- Special cause variation for improvement observed for No harm and Low harm falls.

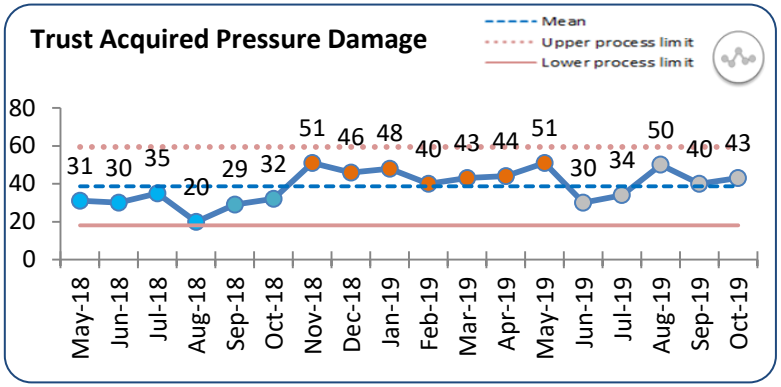
Learning from Patient Falls

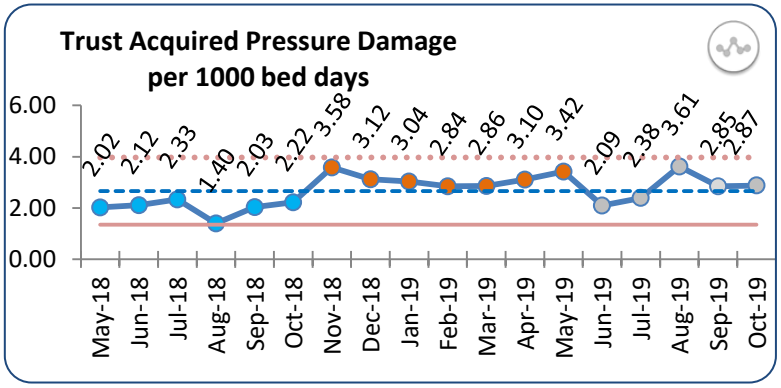
- There has been multidisciplinary team discussion regarding the implementation of Nerve Centre and how the falls risk assessment can be included; it is hoped that this will address the low compliance rate for recording lying and standing BP measurements once implemented.
- Members of the Falls Group are also looking at amending the current Falls Investigation template to bring this in line with the general Patient Safety Investigation template but to ensure relevant information relating to falls is included.
- The group is also keen to develop a rapid review proforma to facilitate timely data capture when a fall occurs and to ensure the investigative process is in proportion to the learning that can be identified and shared.
- Work is also in progress developing a post-falls assessment form which will enable timely documentation of actions and management by every member of the team coming into contact with the patient who has fallen.

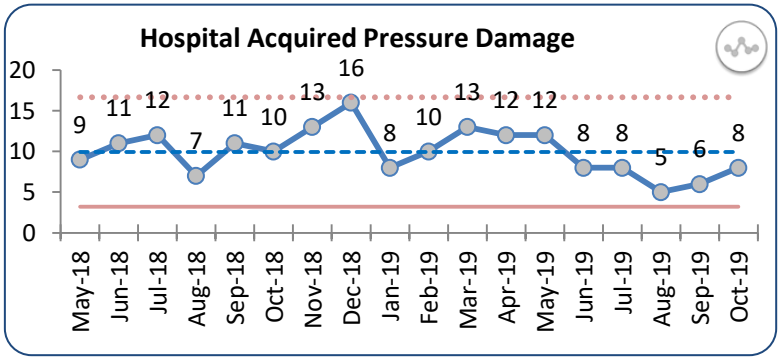
Integrated Quality and Learning Report

Trust & Hospital Acquired Pressure Damage

Safe







Trust Acquired Pressure Damage
(Category 2 and above including deterioration, unstageable and deep tissue injuries)
Please note that these figures include pressure damage acquired in both acute and community settings whilst under the care of the Trust. Common cause variation displayed from June 2019.

- 43 incidents of Trust acquired pressure damage were reported in October 2019.
    - 8 incidents observed in an acute setting
        - 4 x category 2
        - 2 x unstageable
        - 1 x deterioration to category 2
        - 1 deep tissue injury
    - 35 incidents observed in a community setting during Trust care
        - 22 x category 2
        - 8 x unstageable
        - 1 deep tissue injury
        - 1 x category 3
        - 2 x deterioration to category 3
        - 1 x deterioration to category 2

Pressure damage has been identified as an area for improvement as outlined in our QI Strategy. A pressure damage collaborative has been developed to look at system wide improvements.
Thematic analysis of the incidence of pressure damage by the Tissue Viability Team has identified the following themes:

- Head to toe skin inspection not being undertaken daily or at each D/N visit
- Lack of positional changes
- Incomplete documentation in wound assessment/measurement/dietary intake
- No formal assessment for mental capacity
- Variation in managing patients who are reluctant to follow advice given
- Lack of cameras in community
- Delays in reporting pressure damage incidents/and timely referrals to Tissue Viability Service
- Delays in the provision of dressing in community

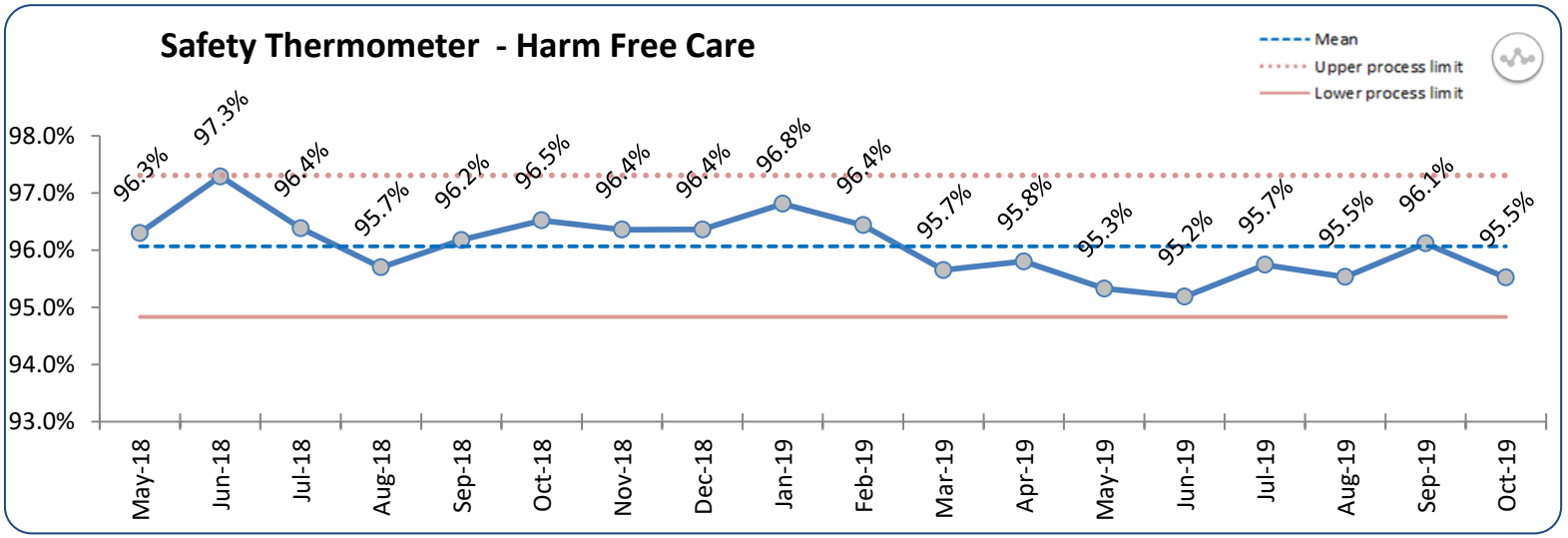
Integrated Quality and Learning Report

Safety Thermometer – Harm Free Care

Safe

The Safety Thermometer is a measurement tool for improvement that focuses on the four most commonly occurring harms in healthcare: pressure ulcers, falls, UTI (in patients with a catheter) and VTEs.

Data is collected through a point of care survey on a **single day each month** on 100% of patients across all NHS Trusts. This enables wards, teams and organisations to: understand the burden of particular harms at their organisation, measure improvement over time and connect frontline teams to the issues of harm, enabling immediate improvements to patient care.



Safety Thermometer – Harm Free Care

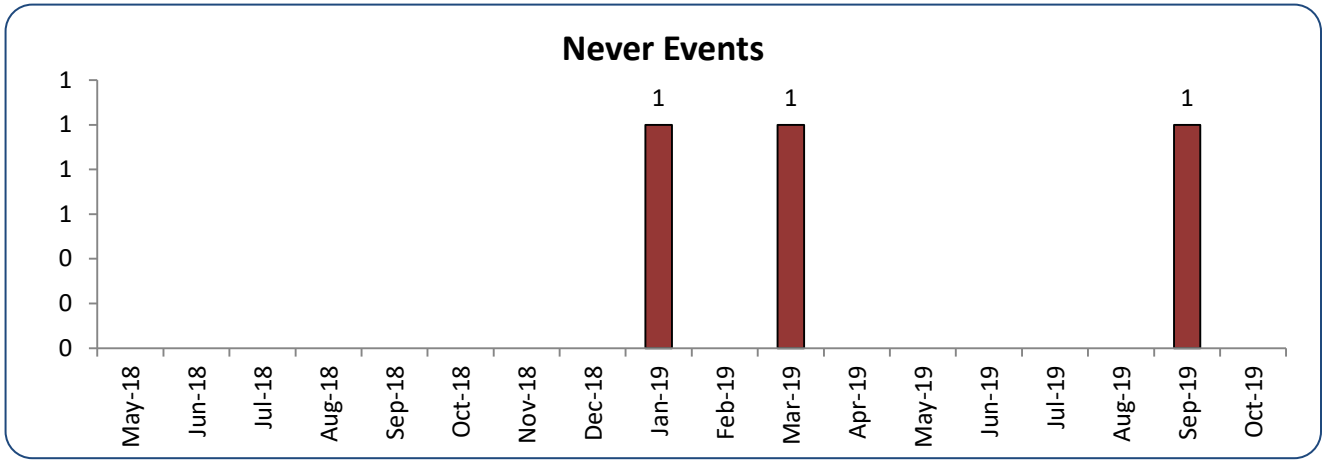
- The Trust continues to demonstrate harm free care in excess of 95%.
- Common cause variation in harm free care is currently displayed however the indicator is close to triggering as a result of successive number of points below the mean.
- 15 new harms were identified during the October survey of 759 patients.
    - 5 Pressure damage.
    - 7 Falls with harm.
    - 3 Catheter and UTI.
    - 0 VTEs.

Integrated Quality and Learning Report

Never Events

Safe

Never Events are defined as Serious Incidents that are wholly preventable because guidance or safety recommendations that provide strong systemic protective barriers are available at a national level and should have been implemented by all healthcare providers.
The Trust operates a zero tolerance approach to Never Events. When Never Events occur a comprehensive investigation is undertaken to identify learning and implement appropriate actions.



Never Events

- September 2019 – Overdose of methotrexate for non-cancer treatment (Moderate Harm)
- March 2019 - Wrong Patient for treatment/procedure (Low Harm)
- January 2019 - Incorrect Site for Surgery (Low Harm)

- One Never Event was reported in September (see description above). A patient prescribed methotrexate which was charted as being given by Staff Nurse A. The following day, the patient told Staff Nurse A that he had not had the medication and as Staff Nurse A could not recall administering it, despite it being signed for, it was given the following day without it being re-prescribed. The patient had baseline observations recorded and their condition was closely monitored; they have since made a full recovery. This incident has been reported to CQC,CCG and NHSI and a rapid review of the incident has been completed by the business unit and full investigation report will be presented at SI Review Panel.

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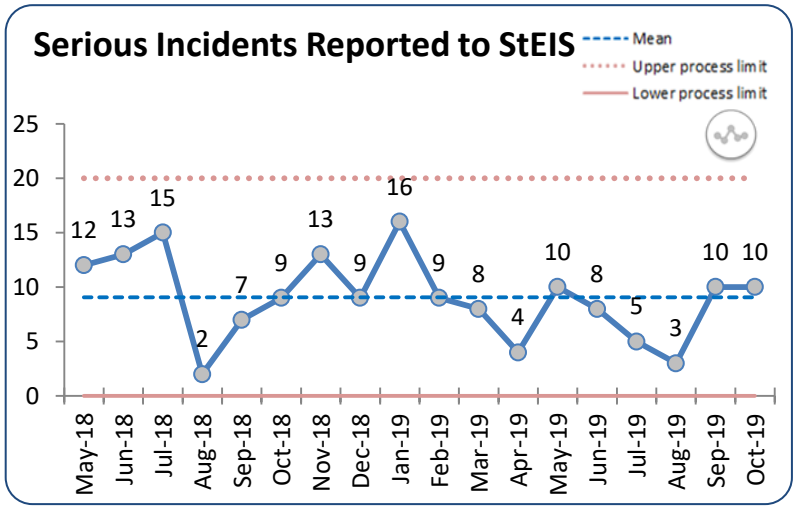
Serious Incidents

Safe

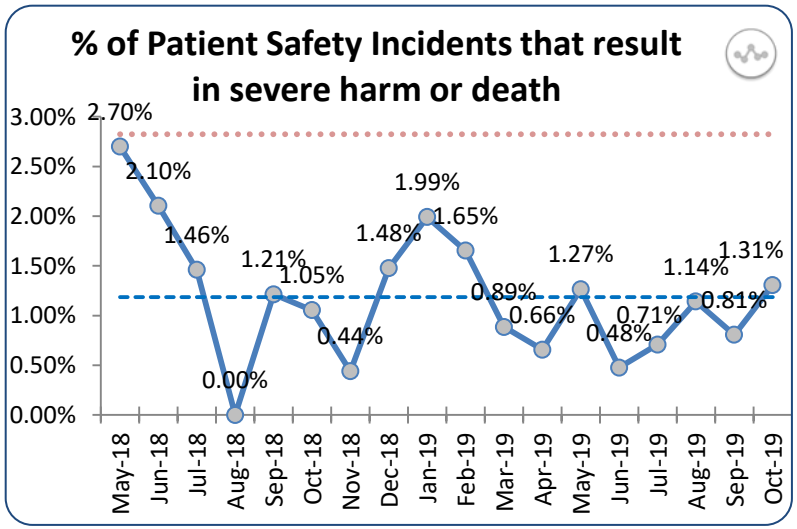


A review of the Serious Incident process was undertaken in March 2018, outcomes from this review introduced a new panel structure to ensure appropriate consideration to all information received.

Serious Incidents Reported to StEIS

10 serious incidents were reported in October 2019:

- 3 x Severe harm falls
- 2 x Test results - failure / delay in acting upon
- 2 x patient collapse (non-fall)
- 1 x Delay in transfer
- 1 x deterioration to pressure damage category 3 during Trust care
- 1 x patient injury during the course of operation



Learning from SI Review Panel during October

Documentation - Following a number of incidents, the SI panel identified issues in relation to the standard of patient documentation across the organisation. Recommendations were; Medical Director to work with medical staff across the clinical business units to improve the detail and accuracy of documentation within the patient records .

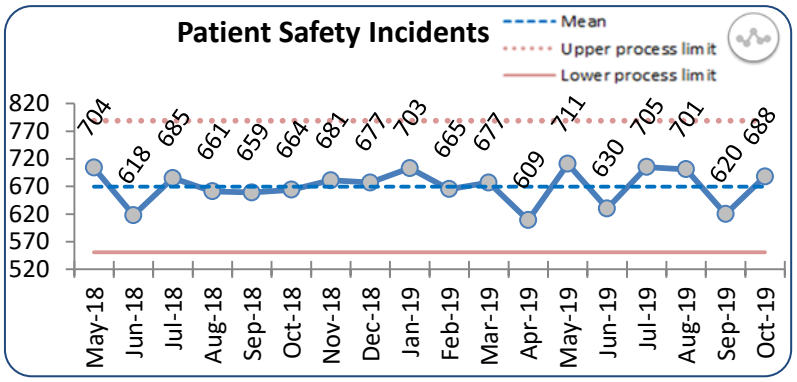
A number of lessons were identified following an investigation into the management of a patient , under the care of the Rheumatology service (and was taking Baricitinib) who had an elective left total hip replacement, subsequent development of infection; recommendations/actions -

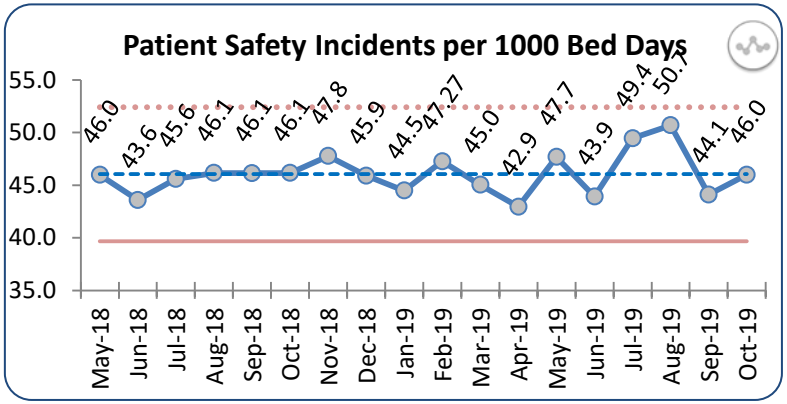
- Awareness being raised regarding the local guidance 'Prevention and Management of Infection in Patients with Autoimmune Rheumatic Disease.
- Clear instructions to be documented at pre-assessment regarding patients on immunosuppressive drugs to highlight the need for rapid response in the event of deterioration.
- Awareness of support for T&O teams provided by the Orthogeriatrician based on ward 14a.

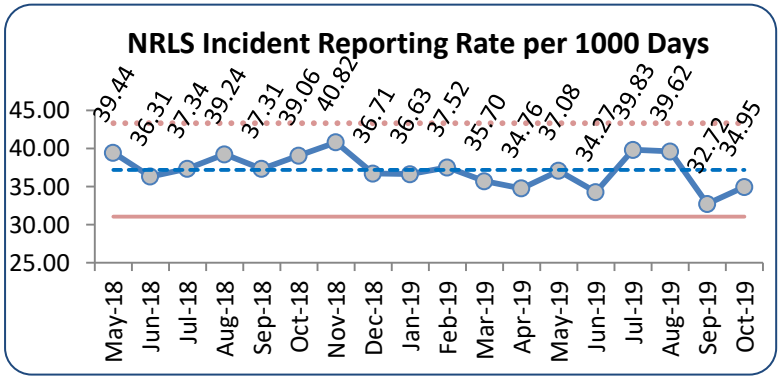
Integrated Quality and Learning Report

Patient Safety Incidents

Safe







Patient Safety Culture

The NRLS (National Reporting & Learning System) incident reported rate was 34.95 incidents per 1000 bed days in October 2019.

Patient Safety Incidents

- 688 patient safety incidents were reported in October 2019
- The top 5 incident types are listed below:
  - Pressure damage (204) **NB:** all pressure damage (Trust and community) all categories
  - Patient Falls (128)
  - Communication failure (43)
  - Medication (43)
  - Discharge or transfer issue (34)

Learning from Patient Safety Incidents

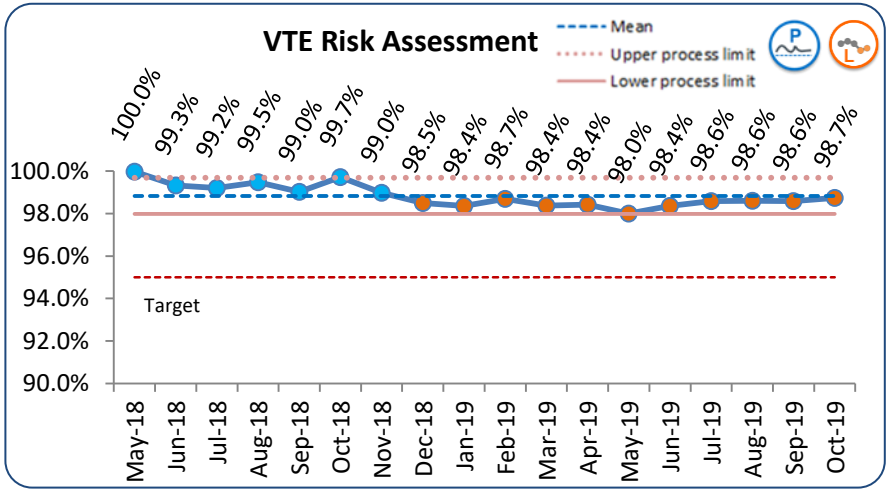
Analysis of incidents generated from Primary Care have identified that patient correspondence was sent to the incorrect GP. All staff are reminded to confirm with the patient/relative the details of their current GP to ensure correspondence is forwarded on to the correct health professional.

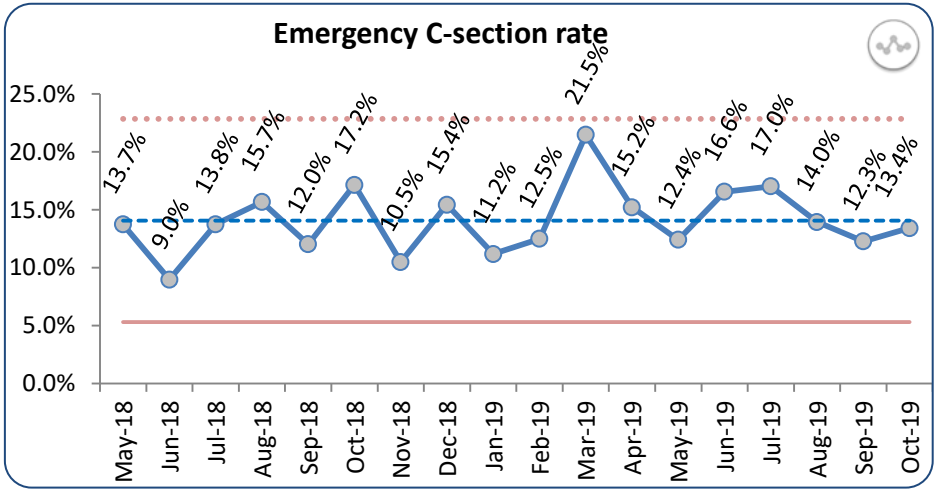
All staff should be assured that reporting incidents is a positive process. The purpose of reporting is to ensure processes and practices are being adhered to, embed a just culture and to ensure best possible outcomes for patients.

Integrated Quality and Learning Report

Safe – Other Incidents

Safe





VTE Risk Assessment

- 95% target achieved.
- October VTE risk assessment was 98.7%
- The Trust consistently achieves the 95% target with variation between 98.0% and 100%.
- The Trusts is in the top quartile of Trusts when compared nationally.
- Special cause variation displayed within the last nine months below the mean compliance, although above national average we have relaunched a multi health professional VTE Steering Group which met 7th November 2019 to undertake a full review of national guidance, current practice, audit and training and education for the organisation. The VTE Steering Group will agree an action plan which will be monitored via the Morbidity and Mortality Steering Group.

Emergency Caesarean-section rate

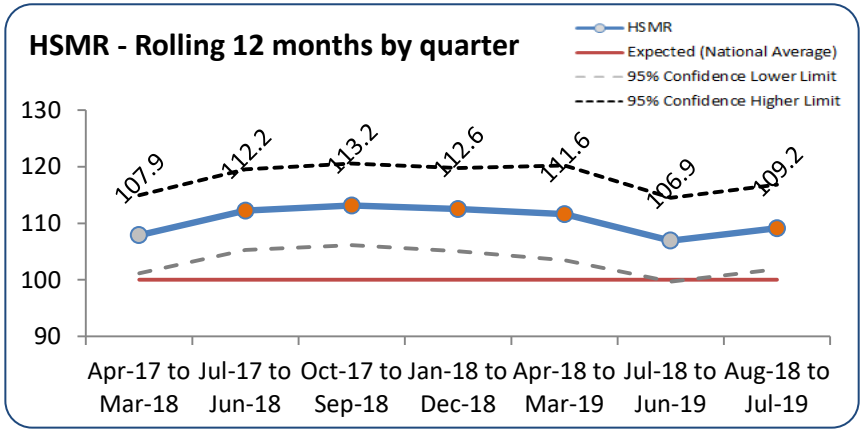
- October 2019 – 13.4% and displaying common cause variation.

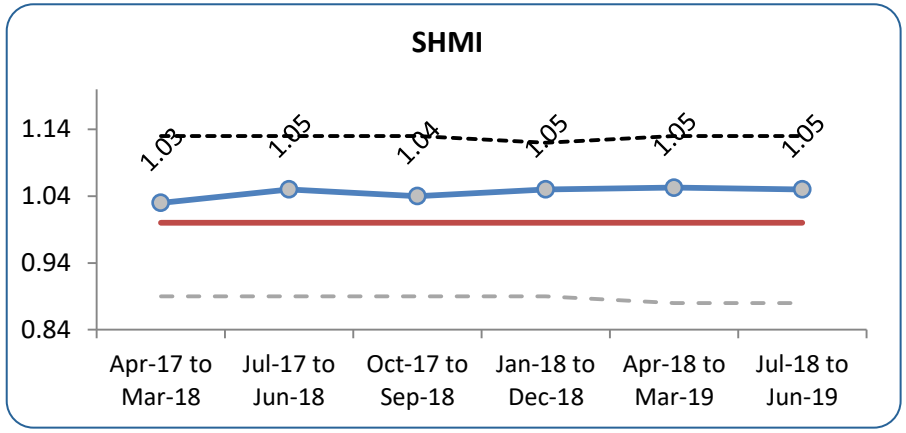
Integrated Quality and Learning Report

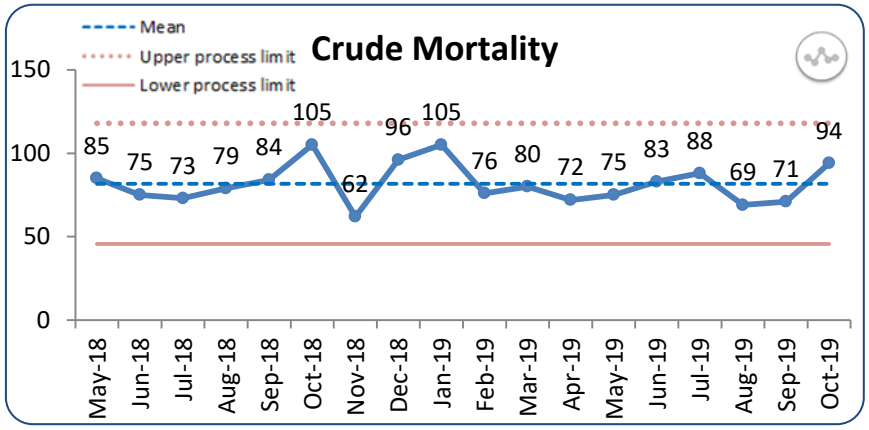
Gateshead Health NHS Foundation Trust

Effective

Mortality







Mortality Review

Period: October 2018 to September 2019

	Deaths in period	Deaths reviewed	%
All Deaths	1025	833	81.3%
Learning Disability Deaths	5	5	100.0%

Hogan 1	Hogan 2	Hogan 3	Hogan 4	Hogan 5	Hogan 6
98.0%	1.4%	0.4%	0.2%	0.0%	0.0%
100.0%	0.0%	0.0%	0.0%	0.0%	0.0%

- HSMR – For the most recent 12 months the Trust is demonstrating more deaths than expected.
- SHMI – The Trust has consecutive scores of over the England Average (1) and has a banding of 'As Expected'. The SHMI does not adjust for palliative care coding.
- Crude mortality for inpatient deaths is displaying common cause variation.
- Mortality review compliance is 81.3% of deaths reviewed; 98.0% Definitely not preventable.
- All Learning Disability deaths reviewed; 100% definitely not preventable.

Integrated Quality and Learning Report

Learning From Deaths

Gateshead Health NHS Foundation Trust

Effective

Learning from Mortality Council – October 2019

Case One

Level 1 review outcome – Hogan 3 and NCEPOD 6 **Mortality Council Level 2 review outcome –** awaiting outcome of Serious Incident Investigation before scoring can be completed

Reason for referral to Mortality Council – Hogan 3 and referral from Level 1 review

Patient admitted with abdominal pain, nausea, weight loss, and a background of gallstone cholecystitis., on warfarin for Atrial Fibrillation.

Outcome:

The clerking document was signed off by a doctor, but no blood test results were written in the clerking proforma. No evidence found that the admission blood tests, sent from A&E were reviewed by the admitting doctor. ICE shows that three days prior to admission the INR had been raised. Also noted on admission INR raised. This blood result was not signed off in ICE until three days post admission. 24hr post admission patient's normal dose of warfarin was prescribed. No evidence found that the INR result had been seen before warfarin was prescribed. Two days later the INR was measured again and the result have was 6.8 (raised significantly). Warfarin was stopped and patient given Vitamin K. following morning patient deteriorated rapidly with headache and was transferred to ITU. CT head identified a very large subdural haemorrhage with gross mass effect. The appearances suggested bleeding over 24 hours.

Action: Communication sent to all doctors to remind them:

- Blood results obtained as part of the admission process must be written on page 12 in the Admission Clerking Document.
- Senior review (Consultant or Registrar level) should be written on Page 13 of the admission document. A structured approach aims to improve clarity about the assessment and plan.
- Warfarin should be prescribed only after first checking for a recent INR result.
- All test results that are reviewed, and actioned, should be "filed" in the ICE system to ensure we know that results have been seen.
- Further review of case necessary post completion of the SI investigation. Hogan and NCEPOD scores to be decided once completed.

Case Two

Level 1 review outcome – Hogan 4 and NCEPOD 6 **Mortality Council Level 2 review outcome –** Hogan 4 and NCEPOD 4

Reason for referral to Mortality Council – Patient came in acutely unwell and scheduled for procedure on an elective list – required vascular input during surgery subsequent death within 30 days of elective surgery and referral from Level 1 review

Outcome/Lessons learned:

- identified lack of knowledge regarding pathway for vascular input from Freeman Hospital led to a delay.
- very high risk surgery, panel debate regarding appropriateness for surgery at Gateshead or Freeman Hospital
- consent form could have included more detail, risks in relation to haemorrhage, blood transfusion or death and were not documented

Action:

Process to communicate with vascular on call team at Freeman Hospital has now been clarified and process is in place. Parking – Freeman on call team to be informed to park outside A&E and they will escorted to theatres reduce any delay.

Obtain a second opinion from an orthopaedic surgeon regarding the surgery

Feedback to Orthopaedic Clinical Lead issues with consent form and operation notes being filled in retrospective in relation to consent and information given to patient.

Integrated Quality and Learning Report

The NHS Friends and Family Test
See how we did in October 2019

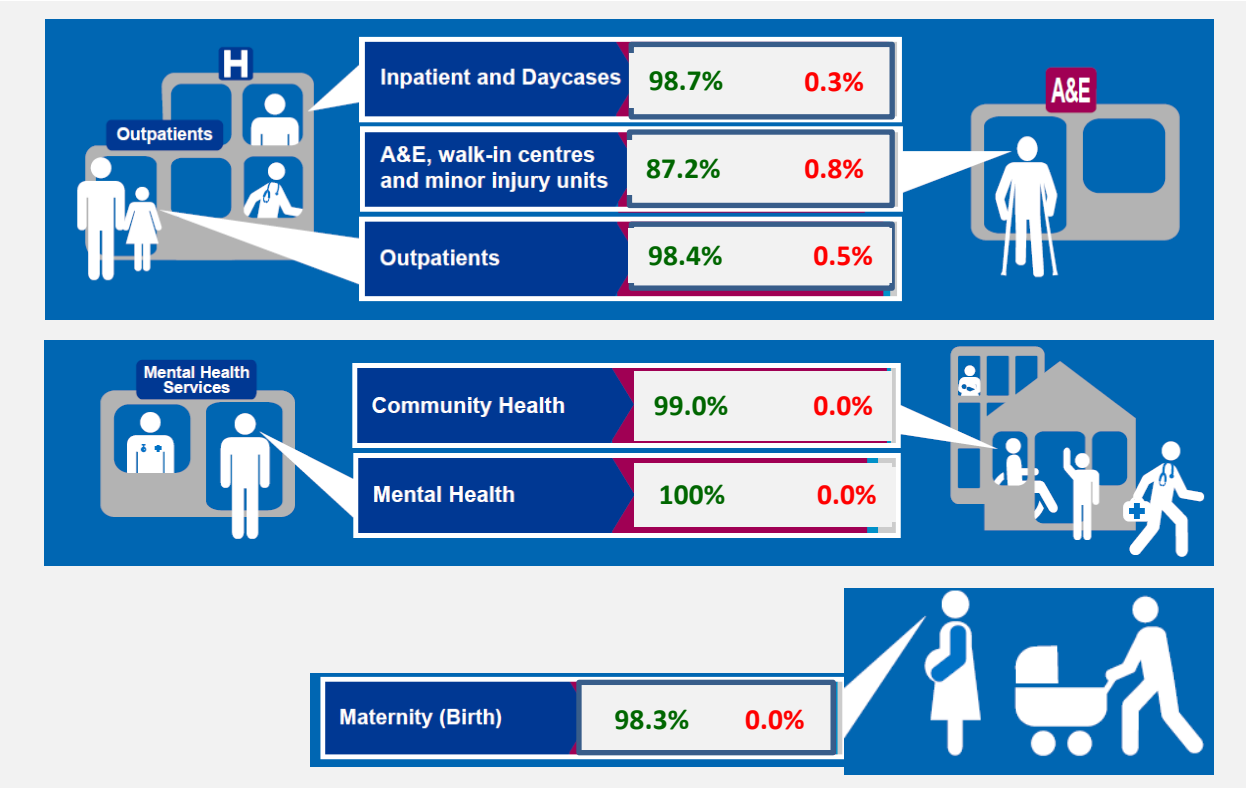
Caring

NHS Gateshead Health NHS Foundation Trust

The Friends & Family Test

In October 2019 the Trust received 3,327 responses. 93.7% of patients would recommend the services to friends and family.

The following numbers show the proportion of people that would recommend or not recommend these services to a friend or family member if they needed similar care or treatment.



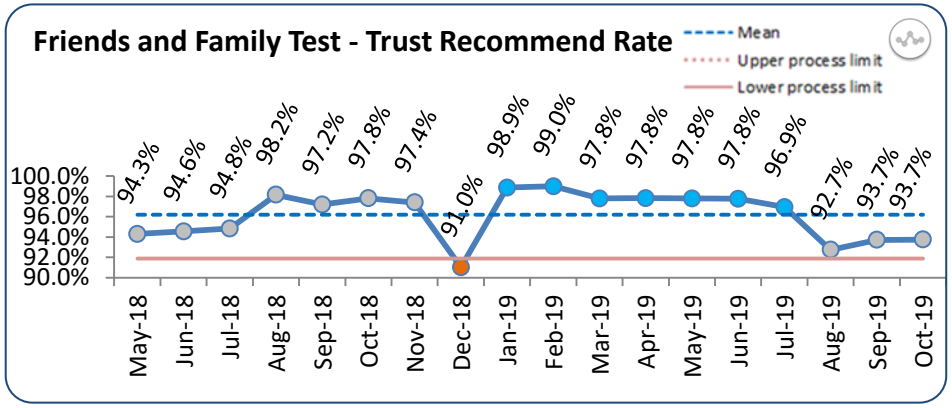
Key
Green - % Recommend
Red - % Not Recommend

Integrated Quality and Learning Report

NHS Friends and Family Test- Trust Recommend Rate

Gateshead Health NHS Foundation Trust

Caring



F&FT Trust Recommend Rate

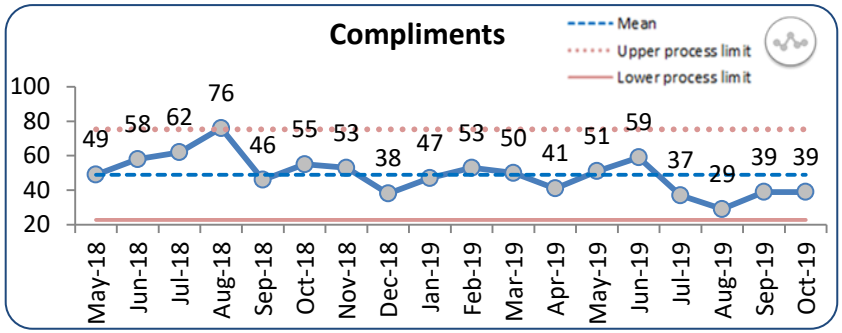
- The friends and family test recommend rate for October was 93.7%.
- A&E received a relatively low response rate for a third month however the recent results are within normal variation.
- The dip in the Trust recommend rate is a result of the dip in the A&E recommend rate.

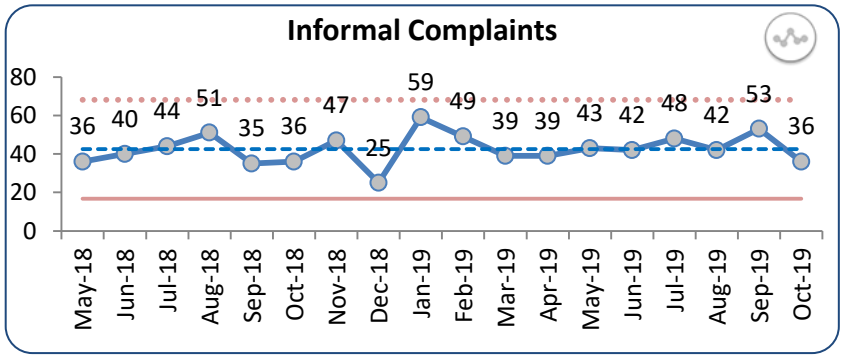
	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19
Inpatient and Daycases	98.4%	98.0%	98.4%	99.2%	98.4%	98.3%	99.2%	98.6%	99.1%	99.1%	99.2%	98.5%	98.6%	99.3%	98.0%	97.5%	98.3%	98.7%
A&E, walk in centres, and minor injuries unit	89.5%	91.1%	90.9%	96.9%	95.7%	96.9%	95.3%	85.2%	99.4%	99.0%	96.8%	96.8%	96.9%	97.0%	95.9%	87.6%	88.4%	87.2%
Outpatients	95.6%	96.7%	97.4%	97.9%	97.2%	98.6%	98.4%	97.4%	96.7%	98.8%	98.7%	98.7%	99.2%	97.1%	98.1%	94.7%	97.6%	98.4%
Community Health	97.5%	97.2%	98.9%	100.0%	98.0%	99.4%	98.3%	98.5%	96.8%	98.7%	98.5%	98.1%	97.7%	93.8%	98.0%	100.0%	100.0%	100.0%
Mental Health	100.0%	97.5%	94.6%	96.7%	100.0%	100.0%	100.0%	100.0%	99.2%	98.9%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Maternity (Birth)	96.0%	100.0%	100.0%	98.5%	96.7%	98.6%	100.0%	97.7%	97.8%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	98.3%
Trust	94.3%	94.6%	94.8%	98.2%	97.2%	97.8%	97.4%	91.0%	98.9%	99.0%	97.8%	97.8%	97.8%	97.8%	96.9%	92.7%	93.7%	93.7%

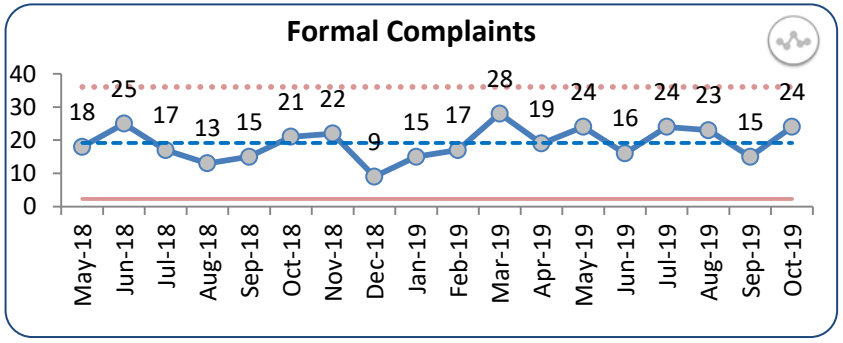
Integrated Quality and Learning Report

Learning From Compliments and Complaints

Responsive







Learning from Compliments and Complaints

Compliments

- 39 compliments were reported in October 2019.

Complaints

- 36 Informal complaints were received in October 2019.
- 24 formal complaints were received in October 2019.
- Common cause variation is displayed.

The top three themes identified in complaints were:

- Clinical Treatment - patient/family perceptions of poor medical care
- Communications - verbal
- Appointment delays / cancellations

Business Units where formal complaints were received were:

- Emergency Care (5) Trauma & Orthopaedics (4) Paediatrics (3)
- General Surgery (3) Therapy Services (2) Planned Care (1) Respiratory (1)
- Care of the Elderly (1) Obstetrics (1) Gynaecology (1) Acute Medicine (1)
- Locality Teams (1)

A summary of a patient story and the learning and improvement work which came from this during the month of October.

Description: Concerns relating to breast screening appointment.

Lessons learned: As a direct result of the patient's feedback, the Matron for out-patient areas immediately arranged for signage to be posted on the doors to patient clinic areas, reminding all staff of the need to ensure that they enter the clinic rooms with the required level of professionalism so as to ensure a positive patient experience. A reminder to all staff working in the clinics was also shared by the Breast Care Nurse Consultant to ensure that the privacy curtains within the clinic rooms are also used to provide patients with an additional level of privacy should the door be opened.

Integrated Quality and Learning Report

15 Steps Challenge

Gateshead Health NHS Foundation Trust

Well-led

15 Steps Challenge Departments visited in October 2019: Ward 4

Welcoming	Safe	Caring and Involving	Well organised and calm
Is the area welcoming? What is the atmosphere like? What are the interactions between staff and patients like? Is there visible information useful information for staff?	Does the ward appear to think safety is important? What tells you about the quality of care here? How are medicines managed on the ward? What have I noticed that builds my confidence? What makes me less confident?	How have staff made you feel? What can I understand about patient experience on this ward? How is dignity and privacy being respected? How are staff interacting with patients? Is good team working in place?	Is the area welcoming? What is the atmosphere like? What are the interactions between staff and patients like? Is there visible information useful information for staff?
Positive • The Ward was very clean, tidy, calm and peaceful • The 15 Steps Challenge Team were made to feel welcome • The team fed back that they would feel comfortable for their loved ones to be cared for on Ward 4 and to be left there **Recommended** There were no recommendations made	**Positive** • Hand gels were available and full • A member of the team commented on the thorough work of the domestic staff • Clearly safety was paramount on the ward • Several information boards: Dementia Action Comments Tree Once Chance to Get it Right Proud to be a Nurse **Recommended** There were no recommendations made	**Positive** • Afternoon tea is held every Tuesday afternoon • Fluids and fruit were being encouraged • Telephone interaction was overhead with the staff member described as being helpful, kind and open. • 'Caring for You' board displayed in a readable way **Recommended** There were no recommendations made	**Positive** • There was easy access to patient information • A large multidisciplinary team board detailing all patients including risk assessments • Electronic boards appeared to be up to date and showed evidence of co-ordination between different departments **Recommended** There were no recommendations made

Integrated Quality and Learning Report

National Acute & Community CQUIN 2019/20

Gateshead Health NHS Foundation Trust

Well-led

Alcohol and Tobacco Screening

Description	Payment levels	Q1 performance	Q2 performance	Annual value
CCG3a - 80% of inpatients admitted to an inpatient ward for at least one night that are screened for both smoking and alcohol use.	40%-80%	77%	79%	£158,400
CCG3b - 90% of identified smokers given brief advice	50%-90%	91%	82%	£158,400
CCG3c - 90% of patients identified as 'drinking above' low risk levels, given brief advice or offered a specialist referral	50%-90%	63%	59%	£158,400

Currently smoking status is collected on the GP handover form while alcohol screening is captured on the Base Ward Assessment. The alcohol screening compliance audit is undertaken by the alcohol nurses and the smoking screening compliance is extracted from electronic reports from the GP Handover form. This presents challenges to the audit in determining where patients have received both smoking and alcohol screening.

- Nicotine Replacement Therapy bundles have been implemented by Pharmacy in JAC for admitted patients with more staff able to prescribe this.
- Information from the DEFINE show increased uptake of NRT in recent months.
- The introduction of an automated text messaging smoking support system post discharge, to date in excess of 600 messages have been sent.
- 45 CO monitors have been obtained by the Trust and are to be used in; Pre-assessment, A&E, Outpatients, Respiratory Ward and Maternity.
- 754 staff have attended brief advice training with further monthly dates planned/47 staff have been trained as 'stop smoking advisers' with a further two training dates in September for staff.

The Trust became a Smokefree site on 1st September 2019. Smokefree signage and tannoys to be installed, awaiting date from supplier.

Brief advice is provided by the alcohol nurses however out of hours admissions are not fully covered and therefore it is not always possible to provide this intervention. The previous 12 months for this CQUIN also proved challenging and scored low due patients admitted out of hour's/ weekends (note; this year the team provide some weekend cover). With the implementation of Nervecentre it is anticipated that the information will be captured on assessment and introduce/provide brief intervention advice at this point.

Integrated Quality and Learning Report

Single Oversight Framework

Gateshead Health NHS Foundation Trust

Model Hospital

The report below is the most recent Single Oversight Framework - Quality of Care report for the Trust produced by NHS Improvement - Model Hospital

Report Date: 6th November 2019

Single Oversight Framework	Data Period		Trust Value	Performance Band Description	Peer median	National median
Single Oversight Framework segment	Aug-19		1 - Maximum Autonomy			
CQC Inspection Ratings (Latest at reporting date)						
CQC Inspection Rating: Overall	Aug-19		Good			
CQC Inspection Rating: Caring	Aug-19		Outstanding			
CQC Inspection Rating: Effective	Aug-19		Good			
CQC Inspection Rating: Responsive	Aug-19		Good			
CQC Inspection Rating: Safe	Aug-19		Good			
CQC Inspection Rating: Well-Led	Aug-19		Good			
Friends and Family Test scores						
Staff Friends and Family Test % Recommended - Care	Q1 2019/20		89.6%	In quartile 4 - Highest 25%	80.7%	79.9%
A&E Scores from Friends and Family Test - % positive	Aug-19		87.6%	In quartile 3 - Mid High 25%	87.7%	87.2%
Inpatient Scores from Friends and Family Test - % positive	Aug-19		97.5%	In quartile 4 - Highest 25%	97.0%	96.2%
Maternity Scores from Friends and Family Test - % positive	Aug-19		98.0%	In quartile 3 - Mid-High 25%	98.2%	97.5%
Community Scores from Friends and Family Test -question 2 Birth % positive	Aug-19		100.0%	In quartile 3 - Mid-High 25%	100.0%	98.4%
Organisational Health						
CQC Inpatient Survey	Sep-17		8.5	In quartile 4 - Highest 25%	8.2	8.1
Caring						
Written Complaints Rate	Q1 2019-20		14.56	In quartile 1 - Lowest 25%	17.03	24.35
Safe						
Central Alerting System - Patient Safety Alerts not completed by deadline	Oct-19		4	In quartile 4 - Highest 25%	0	N/A
Never events	Dec-19		1	In quartile - Lowest 25%	1	1
Emergency c-section rate	Jul-19		15.47%	In quartile 2 - Mid-High 25%	15.66%	16.58%
VTE Risk Assessment	Q1 2019/20		98.26%	In quartile 4 - Highest 25%	95.97%	95.92%
Clostridium Difficile - infection rate	To Mar 2019		11.11	In quartile 2 - Mid-High 25%	11.19	11.11
MRSA bacteraemias	To Apr 2019		1.11	In quartile 3 - Mid-High 25%	0.42	0.58
Escherichia coli (E. coli) bacteraemia bloodstream infection (BSI)	Apr-19		149	In quartile 4 - Highest 25%	140	129
Meticillin-sensitive staphylococcus aureus (MSSA) rates to quality indicators	Apr-19		9	In quartile 2 - Mid-High 25%	10	9
Safe					**Peer median**	**Benchmark value**
Clostridium Difficile - variance from plan	Mar-19		-1.0	Below the benchmark	0.0	0.0
Effective					**Peer median**	**Benchmark value**
Summary Hospital Mortality Indicator (SHMI)	Jul-19		1.04	Above the benchmark	N/A	1.00

Integrated Quality and Learning Report

Single Oversight Framework

Gateshead Health NHS Foundation Trust

Model Hospital

The Model Hospital uses colour to indicate a trust's performance relative to a national median or other benchmark. Different colours represent quartiles of the national data set or your trust's position on a red-amber-green scale. For some metrics a relatively low value, putting the trust into Quartile 1, would indicate a weak performance, but for other metrics a low value can indicate a strong performance. The colour coding helps you understand whether low values should be interpreted as weak or strong.

	Green	Either • Lowest quartile, where low represents best productivity • Highest quartile, where high represents best productivity • Performance better than benchmark, in a chart using a red-amber-green scale
	Amber/green	Either • Mid-low quartile, where low represents best productivity • Mid-high quartile, where high represents best productivity
	Amber/red	Either • Mid-high quartile, where low represents best productivity • Mid-low quartile, where high represents best productivity
	Amber	Performance approaching benchmark, in a chart using a red-amber-green scale
	Red	Either • Highest quartile, where low represents best productivity • Lowest quartile, where high represents best productivity • Performance below benchmark, in a chart using a red-amber-green scale
	Blue	We have not judged whether a high or low quartile is more desirable.