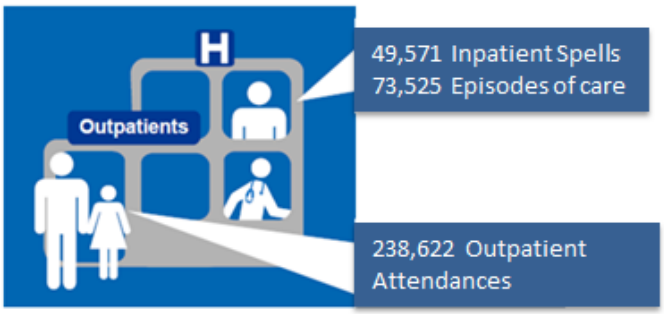
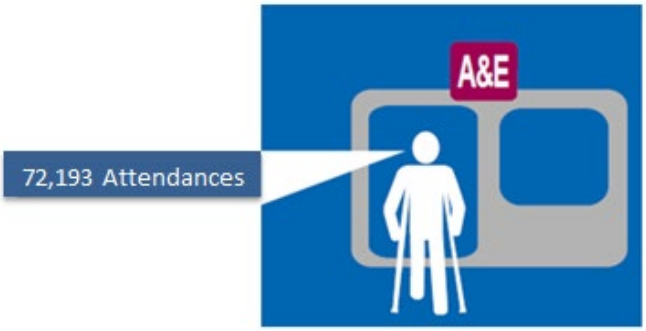
Gateshead Health
NHS Foundation Trust

Quality Account

Gateshead Health NHS Foundation Trust 2020/21

Gateshead Health NHS Foundation Trust at a glance…





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Part 1

Quality Account – Chief Executive's Statement

Statement on Quality from the Chief Executive

On behalf of the Trust Board and staff working at Gateshead Health NHS Foundation Trust, I am delighted to introduce you to our Quality Account for the year 2020/21, which is an excellent demonstration of the Trust's continuing commitment to provide safe and effective patient focused care. This Quality Account details the progress made against our two year objectives within the Quality Improvement Strategy launched in 2019, which has facilitated delivery of the highest standard of care possible, within a strong safety culture, an ethos of shared learning and continuous improvement.

Once again, we have had much to be proud of in terms of our achievements during the last 12 months. We have continued to make demonstrable improvements in quality and safety whilst facing significant operational challenges, not least our response to the COVID-19 pandemic. This has required an unprecedented response by the Trust and the wider NHS. Due to the professionalism, hard work and unfaltering dedication of our staff, the emphasis has remained on providing high quality care to our patients throughout the response and recovery phases of the pandemic. It goes without saying that some of the planned activities relating to the achievement of the quality priorities have been impacted by COVID-19, and therefore the priorities that remain partially delivered have been rolled over to 2021/22.

With regards to the quality priorities we set ourselves for 2020/21, we performed very well in our priority around the development and implementation of the nationally mandated Medical Examiner Service. In September 2020 the Medical Examiner service was launched across the organisation, which comprises five Medical Examiners and a Medical Examiner Officer. A key benefit of the service includes ensuring that the voices and experiences of carers and relatives are actively sought following the death of a loved one, in order to maximise learning, identify necessary actions and to improve on good practice.

One of our Patient Safety priorities was to continue to involve patients and families in patient safety, and the deployment of Family Liaison Officers to patients and/or their families involved in patient safety incidents and complex complaints has been another key success this year. The Trust has trained 40 members of staff as Family Liaison Officers, and they have successfully supported 69 patients and families since the inception of the service.

A specific quality priority relating to Patient Experience was to reinvigorate the Volunteers' service. During 2020/21 the Trust recruited 56 more volunteers for a number of important roles within the organisation. These included the Patient Experience Volunteers who supported patients to keep in touch with their relatives during the visiting restrictions of the pandemic in addition to keeping patients' company, reading to them, playing games etc, and the Response Volunteers whose responsibilities include collecting patient medication from pharmacy to support effective discharge and delivering chemotherapy medications to the Tranwell Unit to prevent any delays in patients' treatment.

I would like to end by thanking and commending all of our staff. Without their skill, loyalty and commitment we would not be able to achieve such high quality services. Their dedication and focus remains firmly on ensuring the very best outcomes for our patients.

To the best of my knowledge, the information within this document is accurate.

Signed Date: 10/06/2021

Mrs J Bilcliff
Acting Chief Executive

What is a Quality Account?

The NHS is required to be open and transparent about the quality of services provided to the public. As part of this process all NHS hospitals are required to publish a Quality Account (The Health Act 2009). Staff at the Trust can use the Quality Account to assess the quality of the care we provide. The public and patients can also view quality across NHS organisations by viewing the Quality Accounts on the NHS Choices website: www.nhs.uk.

The dual functions of a Quality Account are to:

- Summarise our performance and improvements against the quality priorities and objectives we set ourselves for 2020/21.
- Outline the quality priorities and objectives we set ourselves going forward for 2021/22.

Part 2

Quality Priorities

2. Priorities for Improvement

2.1 Reporting back on our progress in 2020/21

In our 2018/19 Quality Account we identified 12 quality improvement priorities that we would focus on in 2019/21. This section presents the progress we have made against these in 2020/21.

PATIENT EXPERIENCE:

Priority 1: We will ensure that patients, carers and the public have the best experience possible when they are receiving our care

- What did we say we would do?
- In 2019/20 we planned to reinvigorate our volunteers' service in order to release time to care for staff across the Trust acute and community. In 2020/21 we will spread the use of the NHS England 'Always Events®' methodology as a tool to understand what is important to patients, to ensure that it should always happen when patients are under our care

- Did we achieve this?
- During 2020/21 we achieved our aims to reinvigorate the volunteers' service. Our aims around the spread and utilisation of NHS England 'Always Events®' methodology was not achieved due to the difficulties created in engaging with patients within the Trust during the Covid-19. This will be reviewed throughout 2021/22.

- Progress during 2020/21:

Response Volunteers

The Trust 'Response Volunteers' programme is working extremely well. These Response Volunteers hold a mobile device called a Vocera and can be instantly contacted by staff across the Trust between 9am-5pm to provide support or assistance. Volunteer tasks are diverse and include supporting discharge and collecting medication from pharmacy to enable patients to be discharged quicker.

The programme will be fully evaluated during 2021/22 but current data suggests that it is meeting its aims to:

- Save clinical staff time by delivering take home prescriptions
- Create additional, flexible, support to staff on wards and in the emergency department
- Support frontline staff

Patient Experience Volunteers

The Trust secured £20k funding from NHS Improvement (NHSI) and launched a 'Patient Experience Volunteers' programme with the aim of enhancing patient experience and helping to alleviate winter pressures and the Covid-19 pandemic. Patient Experience Volunteer tasks could include supporting patients to keep in touch with their relatives and friends by the use of an iPad. If patients do not want to use the iPad, the volunteers will assist them to write an email or letter or help them to use their mobile telephone or text. The Patient Experience Volunteer is also a listening ear. Sitting with, talking and listening to patients makes a real difference.

Discharge Volunteers

The Trust secured a further £20k funding from NHSI and has begun to develop a 'Discharge Volunteers' programme. This will involve the recruitment of 30 volunteers to enhance the 'discharge to assess' model, developed as a response to Covid-19, which will involve the volunteers meeting with the patients whilst still on the hospital ward. The volunteers, deployed in twos, would provide pastoral support to the patient in the immediate period post discharge, whilst awaiting the package of care to be implemented by the local authority. The plan is that immediately following discharge from hospital, the volunteers will meet the patient at home, provide them with a rescue pack (hot drinks, snack etc), ensure that heating and electric is on and wait with the patient whilst waiting for any additional equipment to be delivered. The volunteers would continue to undertake a number of wellbeing checks via telephone or face to face, to ensure that the patient is managing being at home.

The value of this initiative for the patient and their relatives will be that they will feel supported and confident within a rapid discharge process. The volunteers will become a point of contact for the discharged patient and their relatives within the first week of discharge. By being in their own homes rather than in a hospital ward, there is less change of patients contracting nosocomial infection.

This will also help to enable the discharge to assess process, which is still in it's infancy, however is known to be best practice in terms of clinical effectiveness and patient experience. There will be benefits to patient flow and a resultant reduction in inpatient pressures within the Trust if discharge to assess is implemented effectively.

The initiative will be evaluated for its effectiveness; the measurements of which will be the numbers of rapid patient discharges facilitated, tracking of rapidly discharged patients and their readmission rates, patient and relative satisfaction with the discharge process and also of the volunteers input and support. The effectiveness of the initiative will also be monitored within a reduction in the numbers of incidents and complaints regarding the discharge process.

Volunteer Recruitment and Training

Advertisements for various volunteer roles within the Trust (including the 'Response Volunteers') are on the NHS Jobs website. 56 new volunteers have joined the Trust during 2020/2021. A streamline volunteer recruitment process is working well which includes a revised shorter application form.

All volunteers including chaplaincy volunteers now attend the Corporate Induction programme. In addition, a bespoke volunteer training programme has been developed. This includes dementia awareness, introduction to British Sign Language (BSL), conflict resolution, infection control awareness and nutrition awareness.

Impact of Covid-19 on volunteers' service

Covid-19 has impacted on the number of volunteers who are attending the Trust. This is due to the volunteer's personal preference as well as based on Trust Risk Assessments which have been completed by all volunteers. This has resulted in a significantly lower number of volunteers who are regularly on-site. The Trust remains in regular contact with those volunteers who are currently not on-site in the form of well-being telephone calls.

Co-design projects with the potential to become 'Always Events®'

The Trust was selected by NHS England, to take part in an Evidence Based Design project within the Same Day Emergency Care setting. The project used some of the 'Always Events®' principles particularly around co-design. Preliminary discussions have taken place with NHSE and the next step is to involve patients and staff within the areas.

➢ Evidence of achievement:

- ➢ £20k funding secured from NHSI to launch the Patient Experience Volunteers
- ➢ 56 new volunteers have joined the Trust between April 2020 and March 2021
- ➢ £20k funding secured from NHSI to develop a Discharge Volunteers Programme

➢ Next steps:

- ➢ Continue with volunteer recruitment to increase volunteer numbers
- ➢ Evaluate the Response Volunteer Programme, Patient Experience Volunteers Programme and Discharge Volunteers Programme once fully embedded to demonstrate their effectiveness.
- ➢ Develop further volunteer training based on individual role profiles.
- ➢ Roll out of in-house Always Events® Training Programme to a second cohort.
- ➢ Work with ward and community teams to progress their Always Event® based on their co-design data.

Priority 2: We will ensure that patients, carers and the public are engaged in our Quality Improvement work and that patient, carer and public involvement is embedded as business as usual across the organisation

➢ What did we say we would do?

- ➢ Build on our patient, carer and public involvement work to ensure their voice and contribution is included in all aspects of quality improvement and delivery of care.

➢ Did we achieve this?

- ➢ During 2020/21 we achieved our aims to build on our patient, carer and public involvement work.

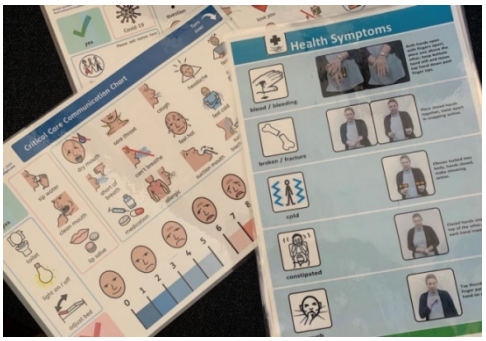
➢ Progress in 2020/21:

- ➢ Business Units have focussed on gathering patient and carer feedback and have used this data to inform a range of improvements in service areas.
- ➢ The Patient Experience team have supported Business Units with capturing in depth qualitative feedback from patients and carers in the form of patient stories which has led to service level action plans for improvement based on user voice.
- ➢ A Patient Involvement Forum was stood down during Covid-19 but this has utilised via email and post to ensure service developments are responsive to patient needs.
- ➢ Compliance with NICE guideline Supporting adult carers published January 2020 has been reviewed with areas of good practice highlighted including the use of Voices at end of life where the views of carers and loved ones are sought. Further information to support awareness of Carers is being developed.

Evidence of achievement:

- The Trust has representation (the Carers Lead within the Patient Experience Team) who attends the Gateshead Carers Partnership Board Meetings in order to share carer experience and build on good practice. There has been a reduction in the Trust Carer meetings associated with Covid-19 pressures however during Covid-19 regular communication and close working relationship with Gateshead Carers Association continued, including Carers week raising awareness of support for Carers and the important role they play.
- Patients have engaged with quality improvement work within breast screening, resulting in mobile vans being refurbished to ensure a one way system is in place to enhance new ways of working in light of Covid-19. Patient areas have been redesigned and as a result of a complaint, customer service training was given to staff.
- The Trust has worked collaboratively with NHS Elect with an Experience Based Co-Design Project to understand how patients felt at each stage of their journey through our Same Day Emergency Care Service and to identify areas for improvement to ensure patients have a positive experience. Patients experience questionnaires were completed by 28 service users and this was replicated with staff working in this area. Patients were able to use a variety of options to express their feelings at each stage of the journey. The results indicated that some further work is needed to understand what would improve our patient experience pre arrival and early in the admission process and this will be taken forward into 2021/22.
- In endoscopy and bowel screening, the department has passed Joint Advisory Group on Gastrointestinal Endoscopy (JAG) accreditation. JAG provide a framework of requirements to support the assessment of endoscopy services to ensure that they are intended both to support endoscopy services in delivering better person-centred care, and to be used to assess services for accreditation. We were commended for our good work in patient engagement such as with the implementation of a new procedure of nasal endoscopy which has been introduced following patient feedback which was better for the patient (more palatable) and produces better quality images.
- Within Outpatients, major changes have taken place with some services relocated to the Tranwell Unit and the new Windy Nook department. Feedback was sought from patients and their carers.
- Within the Community, each of the teams have a Patient, Service User Experience Champion ensuring a mix of professional and experience input at the Business Unit's Patient and Service Users Experience Group. The champions' role includes representing their team at the monthly meeting, sharing feedback from the meeting and being the facilitator in the team to ensure team based patient experience and involvement work is carried out. A comprehensive programme of work continues with monthly events across the business unit covering three areas of Patient Experience, Service Specific and Stakeholder Experience. An example of this was the gathering of patient stories within Speech and Language Team (SALT) with the aim to better understand what is working well and why and what isn't working as well and why and to co-design improvements with service users.
- Within Maternity, the team have worked closely with the Maternity Voices Partnership and implemented improvements. Maternity Notes is an online initiative which has been implemented and provides direct access to local and national information required for each woman's individual pregnancy journey. This allows women to access their notes securely at any time and promotes women to become more involved in their care.
- The Trust has implemented a series of patient experience initiatives in response to patient experience feedback gathered early in the Covid-19 pandemic to support patients and their families. These new initiatives included:

- Message to a Loved One – a scheme enabling patient's families and friends to send personal letters or photographs via the Patient Experience Team that were then delivered to the patient on a ward
- Dear Friend – a scheme where uplifting anonymous letters were sent into the Trust by members of our community and were delivered to a patient on a ward
- Development of a comprehensive 28 page communication book which includes useful symbols, sign language photographs, easy read imagery (as when staff wear a face mask this can prove problematic when communicating with those with a hearing or visual impairment and those who usually lip read or sign) as well as a two page laminated Covid-19 communication chart (available in 27 languages)



- Virtual visiting on all wards via 28 iPads (Skype and Facetime)
- Hospedia bedside systems (negotiated free access to services)
- Development of a patient clothes bank (with over 1000 items of clothes, pyjamas and underwear totalling, in excess of, £65k donated by retailers)
- A knitted heart initiative - one heart is given to the patient and a matching heart is sent to the family
- A trust wide memory box initiative, given to families of those who pass away in our care - this includes a beautiful wooden box filled with a variety of keepsake items including forget me not seeds, a crystal angel, a candle, hand/fingerprint kit (for undertakers to use if families request)

- Handwritten bereavement cards - these are for nurses to send to the families of those who pass away in their care
- Development of personalised laminated #HelloMyNameIs staff badges with a 'smiley' photograph to enhance person centred care

Next steps:

- Reinvigorate the Patient Involvement Forum internally and externally and facilitate these meetings.
- Continue to embed engagement and involvement with patients, carers and the public to ensure that this way of working is business as usual across the organisation.
- Move beyond capturing patient experience, feedback and engagement and co-design improvements with service users.

Priority 3: Improved experience for our mothers, babies and their families

➢ What did we say we would do?

- In 2019/20 we planned to offer access to the patient portal 'your care in our hands' to all mothers who book with us and begin the implementation of the Continuity of Carer model for a group of mothers. In 2020/21 we will continue to embed the model into practice.

➢ Did we achieve this?

- Access to mother's notes is now offered to all who want and can access this. Ongoing work is around the implementation of personalised care plans and co-production of these with the Maternity Voices Partnership (MVP) and the mothers themselves.
- We launched our first Horizon continuity of carer team and extended the pathway of care to include care during labour in September 2020.

➢ How we achieved it:

- We have developed and implemented one Continuity of Carer team in the areas where our poorest outcomes originate. We have audited this, and the findings are that 77% of our women living in the three lowest deciles as defined by the English Indices of Deprivation.
- The Patient Portal 'your care in your hands' was offered to all mothers who book with the Trust, with 84% of women accessing their maternity records digitally.
- We significantly improved our engagement via two routes; development of the Maternity Voices Partnership (MVP) and continued work to develop our social media impact.
- We are working from Community Hubs with a view to extend this in 2021.

Evidence of achievement:

- We have one Horizon team in place with a view to roll out a second team in September 2021. We have recruited to this and we have staff in place for continuity of carer caseloads.
- Between 1st September 2020 and 31st December 2020, the Horizon team attended, on average 81.48% of women in labour and were the only source of midwifery support throughout the woman's labour process
- Our development of the MVP has resulted in an increase in social media use, evidenced through our growing Facebook page.
- The MVP graphic produced for International Day of the Midwife in May was seen by over 11,300 people and has been shared 67 times. One of the benefits of having a public page is that these achievements get shared far and wide.
- Quarterly reports from MVP are provided to the Head of Midwifery.
- Funding for the project has been extended and secured until 2022.
- The MVP group has regular meetings and supports the midwives to develop the service with virtual meetings.
- Patient information - Smart leaflets now on maternity badger patient portal. The MVP is working on a number of leaflet improvements with the team and has completed one on induction of labour.

➢ Next steps:

- Roll our second continuity of care team in September 2021.
- To continue to develop collaboration between the Trust and the MVP group.
- Continue to offer access to the patient portal 'your care in your hands' to all mothers who book with us.

- The MVP and Digital midwives are planning to update our Maternity website and Facebook page.

PATIENT SAFETY:

Priority 4: We will reduce avoidable harms in the Trust, by making our organisation more resilient to risks and acting on feedback from patients

and

Priority 5: We will promote a just, open and supportive learning culture across the organisation

➢ What did we say we would do?

- Continue to raise awareness across the Trust of how Human Factors and system issues impact upon patient safety.
- Develop a patient safety investigation training programme ensuring that the Trust keeps the patient at the centre of everything we do.
- Develop innovative ways to involve staff, patients and families in patient safety.
- In 2020/21 we will focus on Priority 5 by implementing and embedding the principles of a just and restorative culture across the organisation, adopting a Safety II (learning from when things go well) approach to patient safety within the organisation and aligning this work to the Freedom to Speak Up Guardian role

➢ Did we achieve this?

- We have achieved the majority of the objectives with Priority 4; however, Covid-19 caused disruption and postponement to some of the planned activities. Priority 5 relating to the development of a just culture, has also been carried over into 2021/22.

➢ How we achieved it:

- The Human Factors incident investigation reporting template is being further developed to ensure that it is suitable for a number of different types of patient safety incidents such as pressure damage, medication incidents and incidents involving infection prevention and control.
- There are four staff from the Patient Safety Team, the Pharmacy Department and the Maternity Department identified as Patient Safety Specialists to raise the profile of patient safety across the organisation; working in collaboration with staff from the Business Units to support the development of a patient safety culture, safety systems and improvement activity.
- The actions module of the patient safety incident reporting and investigation system Datix has been updated to mirror the human factors investigation template to enable the identification of themes and trends of lessons learned so that the organisation has oversight of the most frequently occurring human factors within patient safety investigations.
- Falls Champions have been identified in all clinical areas to support staff in the cascading of falls prevention training. Cascade training is provided for Falls Champions within the community setting.
- It has been recognised that a dedicated inpatient falls specialist would benefit the current support provided to inpatient areas around falls prevention work and address the compliance

rates of the national inpatient falls recommendations. A business case in currently being developed to support this post.

- The Falls Team has developed a number of different training approaches relating to falls prevention to provide evidence-based information to staff caring for patients who require enhanced care. This includes falls prevention training offered across the Trust on a bi-monthly basis; preceptorship training delivered to all newly qualified staff nurses and Allied Health Professional members on a twice-yearly basis; bespoke training sessions have been provided for the Mental Health Department and are also offered where a training need has been identified following a patient safety investigation.
- Falls training to care homes in the community has been provided when falls have been highlighted by the respective Community Nurse Practitioners.
- Utilisation of the electronic Nerve Centre system to support patient safety by developing a paper-free falls risk assessment to reduce the risk of missing patient information. An electronic module to ensure lying and standing blood pressure measurements are undertaken for all patients admitted to hospital is also being developed.
- A shorter training session for Human Factors patient safety incident investigations has been developed to include the involvement of the Family Liaison Officer (FLO) role within patient safety investigations and enable more frequent training to be delivered. Restrictions on group gatherings has affected the face-to-face delivery of these sessions however support has been offered to individual investigating teams to complete patient safety investigations using this approach.
- To ensure that the patient and their family is central to the patient safety investigation process, a further two cohorts of staff (15 in total) were trained as Family Liaison Officers in August and September 2020 and a further three sessions are booked for 2021-22.
- Collaboration between with the Patient Safety and Patient Experience teams is required to progress the Patient Safety Partnership initiative, working with volunteers and patient representatives. This is a key element of the NHS Patient Safety Strategy. However due to the Covid-19 pandemic, this has been suspended until 2022 and the organisation awaits further information from NHS England.
- In order to promote transparency and openness regarding patient safety incident investigations, the membership of the Trust's Serious Incident Review Panel has been broadened to include one of the Non-Executive Directors and also the Lead Medical Examiner.
- The Trust is participating in a national patient safety investigation programme which has been commissioned by NHS England called 'Investigating Well' as part of the implementation of the patient safety specialist role. One of the key principles of this training focuses on how to conduct patient safety investigations in a culture that is conducive to openness and learning. Patient/family involvement is recognised as essential and the training also encourages investigators to identify learning from when things have gone well and to ensure that the lessons learned are shared widely.

Evidence of achievement:

- The Community Nursing Team has developed a shortened patient safety incident investigation form to be used when an incident has been reported to identify whether a comprehensive Human Factors patient safety incident investigation is required. This has been shared at the Trust's Serious Incident Review Panel and is available for community nursing staff to use. There has been a delay in developing bespoke incident investigation report templates for medication and infection prevention and control however it is anticipated that this will be achieved by end of July 2021.

- Training staff in human factors investigation has been affected for a significant part of 2020-21. However individual training sessions and support has been provided to staff undertaking patient safety investigations.
- All incidents which have resulted in severe harm and death are investigated using the Human Factors approach. The Trust has shared the adapted patient safety investigation report template which has been designed for falls investigations with regional colleagues to support the human factors approach to patient safety investigations.
- FLOs are offered to support all patients and families who have been involved in a patient safety incident which has resulted in severe harm or death. This offer has also been extended to support families involved in a complex complaint as it has been identified that similar questions and issues are raised within these processes.

Next steps:

- Develop the reporting template to ensure its suitability for Pharmacy and Infection Prevention and Control to ensure investigations follow a standardised process.
- To undertake a bench-marking exercise against the forthcoming Patient Safety Incident Response Framework, to identify current themes of incidents and triangulate.
- To develop the existing Patient Safety and Quality dashboards to incorporate the common themes and trends of lessons learned.
- To deliver shorter but more frequent human factors training – incorporating the reporting requirements / timescales of the Strategic Executive Information System (StEIS) and the role of the FLO with serious incidents.
- To ensure all patients involved in serious incidents are supported by FLOs, further training will take place during 2020.
- Collaboration between with the Patient Safety and Patient Experience teams is required to progress the Patient Safety Partnership initiative, working with volunteers and patient representatives.
- Deliver falls prevention training to staff delivering enhanced care to patients.
- Explore with the Trust Board as to their vision of what a Just Culture is.
- Gain Board level support to implementing this OD approach.

Priority 6: Improve mortality reviews and embed the new medical examiner process, providing families, carers and staff with opportunities to both raise concerns and highlight examples of good practice and excellent care

What did we say we would do?

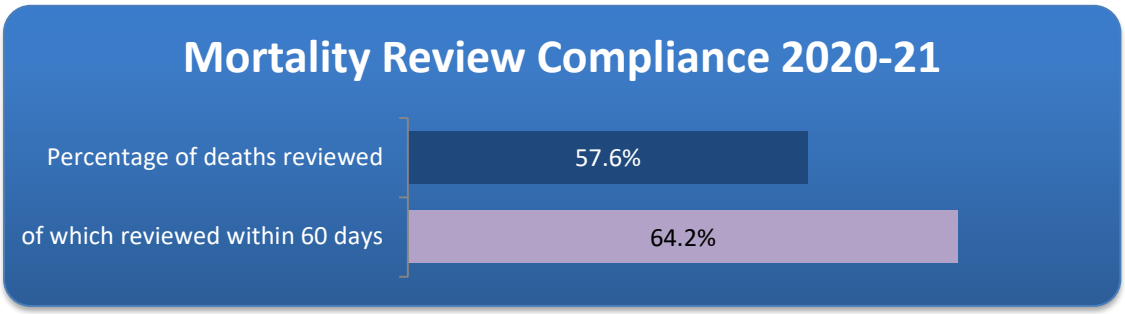
- We will improve mortality reviews and embed the new medical examiner process, providing families, carers and staff with opportunities to both raise concerns and highlight examples of good practice and excellent care.

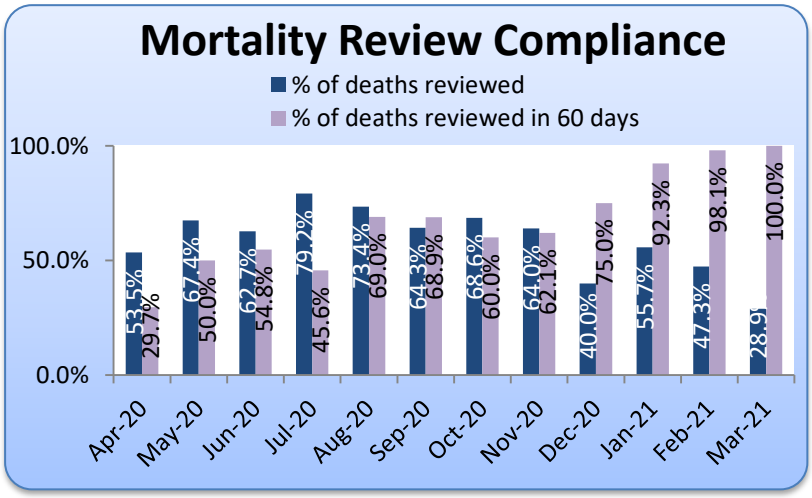
Did we achieve this?

- We successfully embedded the Medical Examiner Service in September 2020.
- The waves of the Covid-19 pandemic impacted on the number of mortality reviews taking place, therefore we did not achieve our aim of 80% of deaths being reviewed within 60 days of death.

Progress in 2020/21

- 57.6% of patient deaths received a level 1 review in 2020/21; of these 64.2% were undertaken within 60 days of death. This has decreased significantly from 79.9% in 2019/20 due to Covid-19 and resources being deployed into clinical areas.
- 69.2% of deaths have had a Level 2 review in line with the National Quality Board Guidance.
- 25% of random quality assurance checks have been undertaken on cases reviewed at Level 1
- A new and more robust process has been developed for reviewing Learning Disability deaths, a proforma has been developed adapted from the national Learning Disabilities Mortality Review (LeDeR) Programme. The Learning Disability Nurse is a member of the Mortality Council and has responsibility to review and present the relevant cases.
- As well as the regular Mortality Council, a further monthly Mortality Council dedicated to reviewing Covid-19 deaths was set up in May 2020, this will continue until all relevant deaths have been reviewed. The purpose of this is to identify any learning and actions required to inform operational decisions in the event of further waves of the pandemic. 89 deaths have been reviewed to date.
- Lessons learned and actions have been shared throughout the Trust – see section 2.4. Specific lessons learned are shared within the monthly Integrated Quality & Learning Report.
- No national alerts relating to mortality were received by the Trust in 2020/21.
- In September 2020, the Medical Examiner (ME) service commenced within the organisation. The service comprises a Lead ME, four MEs who are supported by a ME Officer. The ME service has now been running for eight months. The MEs review the deaths of all patients who die in the Trust and support the attending doctors to ensure they record an accurate cause of death. The benefits of the nationally mandated service have been:
    - Helping attending doctors understand the patient's illness, to ensure an accurate cause of death is recorded
    - Identifying when deaths need referring to the coroner, as the guidance has changed, and supporting attending doctors complete this process
    - Identifying when there is learning to be had from the family's experience, and feeding this back to the relevant medical teams
    - Giving the family an explanation of the illness and cause of death, and a chance to ask questions or raise concerns.
    - Identifying if there are areas of ongoing risk, and escalating this to aid learning
    - Identifying good practice and sharing this with the medical teams





- Next steps:
  - A quality improvement piece of work with relevant clinical staff will be carried out to ensure there is a robust process throughout the Trust to undertake level 1 mortality reviews
  - Ensure clinical staff have ownership of the reviews and are able to identify solutions to any themes identified
  - Following the first year of successful implementation of the service, an annual review will be undertaken involving the Medical Examiners and others who have had contact with the role, to assess what has gone well and to identify any areas for improvement.

Priority 7: To support the national ambition to halve the rates of still births maternal deaths, neonatal deaths and brain injuries

- What did we say we would do?
  - During 2020/21 we planned to implement and develop the Saving Babies Lives (SBL) Care Bundle version 2 and ensure compliance with the 10 Clinical Negligence Scheme for Trusts (CNST) Safety Actions Year 3. This is a scheme run by NHS Resolution (our Indemnifiers) that incentivises Trusts to improve the safety of maternity care. If Trusts can demonstrate they are

compliant with 10 maternity safety actions, they will be eligible for a 10% discount of their maternity premium.

- Ensure all stillbirths and neonatal deaths are reviewed using the perinatal mortality review tool.
- Report and investigate all infants who require therapeutic brain cooling. All of these cases will be reportable to HSIB. Ensure all learning is disseminated and shared.

Did we achieve this?

- We had a cluster of HSIB reportable cases which were full investigated and action plans shared with learning from the cases. All parents were involved.
- The service participated in an internal review of the quality and safety culture within the unit. The Covid-19 pandemic was challenging around some aspects of our training and monitoring for aspects of the CNST safety actions however our team have worked hard to ensure that we can declare compliance with all 10 Safety Actions by July 2021.
- We reviewed and changed our clinical guidelines in line with recommendations.
- We have fully implemented version 2 of the SBL care bundle which is a requirement of the CNST compliance.
- The Ockenden report was published in December 2020. The immediate and essential actions (IEA's) have been included into the action plan for implementation and monitoring via the Trust board.

Progress in 2020/21

- We fully implemented Saving Babies Lives (SBL) care bundle version 2 and are fully compliant with all elements of this. The Care Bundle brought together four key elements of care that are recognised as evidence based and/or key practice, which are reducing smoking in pregnancy, risk assessment for fetal growth restriction, raising awareness of reduced fetal movements and effective fetal monitoring during labour.
- We have reduced our term stillbirth rate with these interventions however our intervention rates have increased as a result which includes a higher caesarean section rate.
- A supportive action plan for improvement was developed and shared with all the teams and the Trust board.
- Senior leadership teams participating in OD and development programme to support the improvement programme and enable and facilitate a shared learning and safety culture.
- The Trust board have been fully supportive, and part of the recommendations have been around the improvement of the maternity estate which all the teams are now involved in to improve and develop the new plans.
- As part of the Ockenden requirements we have completed a full Birth rate plus review of midwifery staffing and this will be reported to the Board in June 21.
- This includes the development and updating of guidelines and practice to reflect the necessary changes frequency of ultrasound scans and antenatal appointments.
- Updated staff training in Sonography has been delivered.
- The revised CNST guidance was received in January 2020, however due to Covid-19 the scheme was paused in March 2020. The scheme was relaunched in August 2020 and we will be able to declare compliance in July 2021.
- The service has completed the NHS assurance and assessment tool and has developed an action plan to work towards full compliance.

Evidence of achievement:

- The service will submit evidence around Ockenden compliance to the NHS portal by 30.6.21. Trusts will have the evidence reviewed and assurance visits to be arranged by the regional and LMs teams.
- All sonographers have completed specialist training in measuring the blood flow between the mother and the baby during pregnancy, in compliance with SBL care bundle version 2, which in addition to the four elements of care in version 1, also focuses on fetal growth restriction.
- Smoking cessation referrals continue within the current restrictions. National guidance has paused carbon monoxide monitoring due to Covid-19, but we are now beginning to resume this risk assessment.
- 700 licenses were made available for pregnant women and their partners to enable them nine months of premium access to the Smoke Free app, featuring 24/7 access to National Centre for Smoking Cessation and Training (NCSCT) advisors.
- We will declare 100% compliance with the 10 CNST safety actions in 2021.

Next steps:

- CNST Safety Actions Year 4 will be launched in the Summer of 2021. The service will also be working towards the Ockenden review recommendations to ensure compliance with the seven Immediate and Essential Actions.
- New estate and development plans in early stages of progression.

CLINICAL EFFECTIVENESS:

Priority 8: Ensure robust processes are in place to set and deliver on the National Commissioning for Quality and Innovation (CQUIN) to ensure that our patients receive the best high quality and innovative service as possible

What did we say we would do?

We will ensure robust processes are in place to set and deliver on the National Commissioning for Quality and Innovation (CQUIN) to ensure that our patients receive the best high quality and innovative service as possible.

Did we achieve this?

The CQUIN scheme has remained suspended for the duration of 2020/21.

Priority 9: Research will be undertaken to ensure that we are providing the most beneficial and cost-effective care and treatment for our patients

What did we say we would do?

- Covid-19 is one the biggest public health challenges the world has had to face and research continues to play a key role in the fight against it by helping to develop treatments and vaccines to prevent and manage the spread of the virus. The focus will be on the aftermath of Covid-19 Long-COVID and the psychological impact of Covid-19.

- The Research and Development Department initially opened 17 Urgent Public Health (UPH) Covid-19 Research Studies within the Trust. These included ISARIC, RECOVERY and REMAP-CAP, core National UPH studies that the Trust is expected to prioritise and offer to every eligible patient with minimum of 60% of eligible patients being invited to participate in The RECOVERY Trial.
- A further two UPH Studies are currently in setup.

Did we achieve this?

- The UPH studies are on-going and recruitment now totals almost 2,000 participants. The studies are vital to generating the data needed for the Government and Chief Medical Officer to make informed decisions about the spread of Covid-19 and the long-term effects of Long-COVID and the implications for the Nation's long-term health.

Evidence of achievement:

- The past year has delivered unprecedented challenges for all. Through the dark times, UK clinical research has provided the beacon of light.
- The UK Research and Development system's response to tackling Covid-19 has been remarkable. However, this effort has impacted on research in other areas and non-Covid-19 clinical research activity has declined over this period. Re-start of non-Covid-19 research has proved challenging for a number of reasons.
- This has the potential to have long-term and far-reaching impact for clinical research to support the UK's vibrant life sciences sector.
- The National Institute for Health Research (NIHR) Recovery, Resilience & Growth (RRG) Framework set a goal of 80% of studies that were paused during the first wave of the Covid-19 being restarted by 31st March 2021.
- The NIHR Restart Framework Assessment Tool remains a live document and since July 2020 a total of 36 studies have been able to re-open. 13 still remain on hold. 14 new non-Covid-19 related research studies have also opened.
- In many cases the research method needs to be amended to allow the paused studies to reopen, particularly with regard to patient contact, home visits and safety. Some of the paused studies also rely on support departments such as Radiology and Pathology and therefore may not be able to reopen until service restrictions are lifted.

Next steps:

- The Department of Health & Social Care (DHSC) sets out its bold vision: Saving and Improving Lives: The Future of UK Clinical Research Delivery.
- The ambition is to create a patient-centred, pro-innovation and digitally enabled clinical research environment, which empowers everyone across the NHS to participate in delivering research and ensures that patients from across the UK are supported to take part in research that is of relevance to them. The five key themes underpinning the vision are:

1. Clinical Research embedded into the NHS
2. Patient Centred Research
3. Streamlined, efficient and innovative research
4. Research enabled by data and digital tools
5. A sustainable and supported research workforce

The plan to makes this vision a reality includes seven identified areas for action:

The publication of the UK-wide vision will be followed by plans and strategies across the UK government and devolved administrations later this year, which will set out what we will deliver during 2021 to 2022.

Priority 10: Improve Clinical Audit: best practice and compliance to improve patient care and outcomes through systematic review of care and the implementation of changes and review alignment against Healthcare Quality Improvement Partnership (HQIP) Best Practice in Clinical Audit

➢ What did we say we would do?

- Achieve a 'significant assurance' outcome from next internal audit on clinical audit processes.
- Fully engage with the Getting It Right First Time (GIRFT) Programme.

Did we achieve this?

- The next internal audit on clinical audit processes has not yet been scheduled, therefore it is not possible to determine whether we have achieved this aim.
- Yes, we are fully engaged with the GIRFT Programme.

Progress in 2020/21

Clinical Audit activity:

- The gap analysis against HQIP's Best Practice in Clinical Audit identified that 'Partnership with other health and social care providers and commissioners' and 'Patients, patient representatives, stakeholders and Healthwatch involvement' were areas for improvement.
- The Clinical Audit Manager attended the established Patient Involvement Group in October 2019 and recruited two patients which were willing to give up their time to participate in audit activity within the organisation. This was suspended due to Covid-19 however will be revisited during 2021/22.
- Clinical Audit training sessions are available on a monthly basis and ad hoc for individuals and departments. Due to the COVID-19 pandemic, clinical audit training was suspended for the first six months of 2020/21; since then, 50 members of staff have undertaken clinical audit training.
- During 2020/21 participation in national clinical audits has increased to 85%, with the Trust participating in 29 out of the 34 national audits that are applicable. To ensure robust governance processes are in place for the participation in National Clinical Audits, the Clinical Audit Manager now meets on a quarterly basis with the local national audit leads to discuss progress within the audits and ensure that data submissions is going as expected and to offer assistance with any problems which may be expected during the year. This new process enables the team to deal with any unexpected issues as they arise rather than retrospectively at the end of the year. The process also includes challenge and scrutiny of the decisions made and agreed in relation to non-participation in National Clinical Audit being made at the Business Unit Level forum.
- The Clinical Audit Annual Programme 2020/21 consisted of 135 projects, 115 (85%) of these were registered and 50 (32%) were completed. Clinical Audit activity was impacted by the Covid-19 pandemic resulting in fewer audits being completed.

GIRFT activity:

- The GIRFT programme was suspended at the onset of the pandemic, however one deep dive visit did go ahead in May 2020, within the Gastroenterology Service. Good practice was highlighted as well as opportunities for improvement. This will be presented to the SafeCare/Risk & Patient Safety Council along with the completed action plan.
- The programme is gradually being reinstated with virtual 'Deep Dive' visits taking place in June and July 2021 for Pathology and Acute General Medicine. A further three are in the planning stage for Lung Cancer, Emergency Medicine and Neurology.
- Progress against action plans as a result of GIRFT visits are included within the newly developed Business Unit Quality Reports. One to one meetings with the leads have been held to discuss progress also.
- Quarterly GIRFT Progress reports are provided to the SafeCare/Risk & Patient Safety Council and the Quality Governance Committee.

- Next steps:
  - Continue to monitor national audit participation quarterly.
  - Continue to work with the GIRFT team to set up 'Deep Dive' visits.
  - Continue to provide clinical audit training.
  - Plan for National Clinical Audit Awareness Week in November 2021.

Priority 11: Implement a transitional care model and enable women to access their care records to improve outcomes for mother and baby

This priority has been amalgamated with 3 and 7.

Priority 12: Build a culture and environment that supports continuous health improvement through the contact we have with individuals using the Making Every Contact Count (MECC) platform

- What did we say we would do?
- Using the 'make every contact count' brief interventions approach, our aim was to advocate behaviour changes for better lifestyles simply by using the millions of day-to-day interactions that organisations and individuals have with other people, therefore we would promote choices for making positive changes to their physical and mental health and wellbeing and to introduce easier access to services for reducing smoking, alcohol intake, eat well, move more and live longer programme.

- Did we achieve this?
- Recognising that MECC is everyone's business and that our staff are uniquely placed to give health promotion information we developed the MECC Strategic Group with key stakeholders to oversee the approach across the organisation. The National Institute for Clinical and Health Excellence (NICE) Guidance and resources for MECC are incorporated into a Trust action plan. Covid-19 has also meant the opportunity to work with the MECC groups across Gateshead to deliver key health messages relating to Covid-19 regarding 'hands, space, face' and myth busting regarding the vaccination programme.

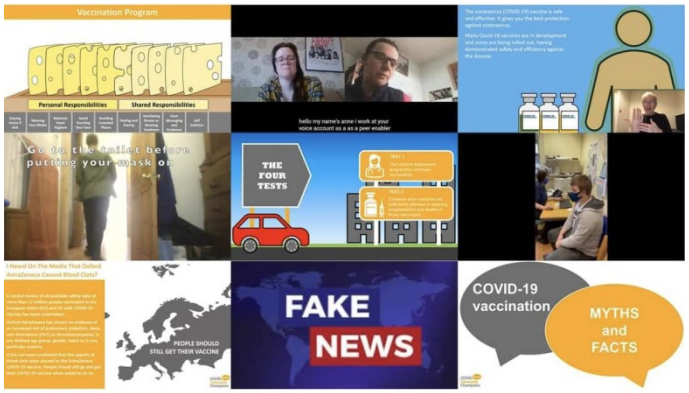
- How we achieved it:
- We identified a lead for MECC to plan, promote and coordinate plans for increasing this activity across the organisation.
- MECC training programs were developed for virtual delivery as well as face to face, covering a 'how to' conversation about smoking, alcohol intake and weight management. A number were also developed to support mental health and five ways to wellbeing. In response to the pandemic some Covid-19 specific sessions were developed with the key evidence based public health messages.
- We now have 47 stop smoking advisors across the organisation including community, midwives, ward staff, physiotherapists, occupational health, occupational therapists, pharmacists and outpatient staff.
- We have secured 45 carbon monoxide monitors which are now in use as part of the assessment process for referral for nicotine replacement therapy. To maintain our efforts in continuous

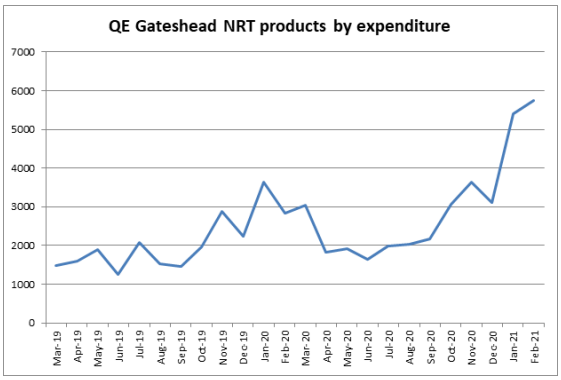
healthy messages, a text messaging service implemented for patients to support stopping smoking has won national recognition with the Health Service Journal and over 750,000 texts have been sent to patients.

- Further support and action has been achieved through the new development and introduction of the QE Facilities Pharmacy Stop Smoking Service available for both patients and staff. We have launched a selection of health promotion apps available for Trust accessible via iPad and smartphones.

Evidence of achievement:

- Our Gateshead MECC Covid-19 Community Champions have access to the most up to date and reliable information about Covid-19. They get first-hand information from Public Health professionals with what the latest evidence is telling us, what we think this means for individuals, their family, friends and communities, what we're learning and how we're going to respond. There are information videos which are in all different languages including sign language. We have been able to update the champions with what to do if you need to visit accident and emergency or an outpatient appointment.





Stop Smoking Services

Nicotine replacement therapy (NRT) is now available in OMNICEL (medication dispensing system) and there are patient group directives for staff to prescribe through electronic prescribing. The chart shows the increase in usage of NRT since the launch of the OMNICEL bundles in September 2019.

However, although we have a system in place in capturing smoking status, we still need to improve on referring the patients for stop smoking support, as only a quarter of the patients are referred for stop smoking support.

Indicator	2020/2021 Q1	2020/2021 Q2	2020/2021 Q3
% Inpatients with smoking status recorded	97.32%	98.28%	97.62%
% Inpatients with a smoking status of 'smoker'	16.43%	16.05%	13.74%
% Inpatient smokers offered stop smoking support referral	84.84%	89.28%	89.32%
% Inpatient smokers accepted stop smoking support referral	25.10%	26.79%	20.81%

Ruth Sharrock one of our respiratory consultants has been the face of a number of campaigns through FRESH northeast and has been on adverts on TV, social media and poster campaign. https://www.nhs.uk/better-health/quit-smoking/

Mental Health Awareness

A handbook which was published during the first wave of Covid-19 in April 2020 – the content remains very relevant and is available via the Trust Intranet.

Next steps:

- We are also working with the health and wellbeing team to ensure an integrated approach to ensure psychological wellbeing is addressed and also to support our mental health first aiders and mental health champions, in recognition of the impact of Covid-19 on the mental health of our patients as well as our staff.
- The MECC training modules are being relaunched and are available through the trust prospectus and bespoke sessions can be also be organised for individual departments and wards.
- The North East and North Cumbria Integrated Care System (NENC ICS) is developing a regional alcohol strategic approach which will be launched in July 2021 in reducing the number harms caused by high levels of alcohol consumption. MECC will play a part in this action plan.
- We are currently working with the ICS to look at how we can fund a stop smoking service based on the CURE Model.
    - All patients who are admitted to hospital are asked whether they smoke, and their response is recorded in the hospitals' electronic patients records.
    - All smokers are offered immediate NRT at the moment of admission to help alleviate the cravings for nicotine during that admission.
    - All smokers are offered specialist support through motivational interviewing and behavioral change support as well as access to additional evidence-based pharmacotherapy treatments for tobacco addiction.
    - All smokers are offered further appointments with a specialist team after discharge from hospital to continue their support.

MECC is key to ensuring we have staff confident to have conversations and signpost on both physical and mental health concerns with everyone across the organisation ensuring the people of Gateshead thrive.

2.2 Our Quality Priorities for Improvement 2021/22

The Covid-19 pandemic has impacted on the Trust's ability to achieve some aspects of the Quality Priorities that were previously set in 2019. We have therefore rolled some of these over into 2021/22.

PATIENT EXPERIENCE				
Quality Priority	**What will we do?**	**How will we do it?**	**Expected Outcome?**	**How will it be measured?**
We will ensure that we have effective ways of receiving feedback from our patients, their relatives and carers which will lead to demonstrable improvements in practice. (new priority)	We will review and revise the PALS and complaints processes	Undertake a Rapid Process Improvement Workshop (RPIW), with stakeholder involvement from staff, patients, relatives and carers to ensure the process is as streamlined as possible.	New Complaints Policy developed and implemented in consultation with key stakeholders Decrease in the time taken to respond to complaints Effective learning from complaints enabling decrease in the number of complaints on similar themes	Patient/relative/carer satisfaction at the end of complaints/PALS process Evidence of learning/change in practice from patient feedback Compliance with recommendations from PHSO etc in relation to responding to feedback
	We will re-establish a programme for collecting real-time patient feedback in clinical areas	Patient Experience Volunteers will support the Patient Experience team with the collection of feedback in a variety of ways; for example, using electronic handheld devices to record	Decrease in number of PALS and complaints as patients will have the opportunity much earlier to discuss concerns Support Identification for Business units of areas for	Regular reports will be developed highlighting the overall patient satisfaction and qualitative real-time feedback for Inpatient, Day Case, Outpatient and Community based care.

		feedback from patients, families and carers whilst they are within the hospital.	improvement based on patient, family and carer feedback	
We will ensure that patients, relatives and carers have the best experience possible when they are receiving our care. (priority carried over)	Following the success of the NHS England 'Always Events ®' collaboration in one pilot, we will spread the use of the methodology as a tool to understand what is important to patients.	Establish an 'Always Events®' training programme, with at least 20 members of staff trained We will identify 4 wards and departments to complete an 'Always Event®' project by March 2022 Using the 'Always Events®' toolkit and trained mentors, we will develop a training programme to build capacity for 'Always Events®' to be undertaken by individuals in their own areas	Patient and carers can expect consistently high standards of care in clinical areas based on co-designed pathways and initiatives	Numbers of staff trained in 'Always Events®' methodology A reduction in the number of concerns and complaints raised in the areas where 'Always Events®' projects have been implemented An increase in the number of compliments and appreciations received raised in the areas where 'Always Events®' projects have been implemented
We will ensure that patients, relatives and carers are engaged in our Quality Improvement work and that patients, relatives and carers involvement is embedded as business as usual	We will build on our patient, relative and carer involvement work to ensure their voice and contribution is included in all aspects of quality improvement and delivery of care.	Reinvigorate the Patient Involvement Forum by working collaboratively with external stakeholders such as Healthwatch, Gateshead Carers Association and Newcastle Gateshead CCG to recruit patients, relatives and	All quality improvement activity is informed by what matters to patients, relatives and carers	Evidence of patient engagement is clear in all quality improvement activity. Monthly patient experience reports shared with all business units. Monitoring of progress of the implementation of improvements which are a result of

across the organisation (priority carried over)		carers to the forum membership. Recruit patients to support informing initiatives across the organisation including review of the complaints process and the discharge volunteer's initiative. The patient experience team will regularly share with business unit's information related to patient feedback relevant to their area and trust wide and identify further support that the Patient experience team can provide to improve patient experience based on feedback		complaints and dissemination of this learning in a format such as a report form or a Lessons Learned Forum.

PATIENT SAFETY				
Quality Priority	**What will we do?**	**How will we do it?**	**Expected outcome**	**How will it be measured?**
We will ensure there is a positive safety culture within the organisation in which openness, fairness, accountability and learning from high levels of incident reporting is the norm (priorities carried over and merged)	We will implement the Patient Safety Incident Response Framework (PSIRF)	We will undertake a gap analysis to understand current skills, capability, and capacity within the organisation We will convene a Working Group by July 2021 to ensure that all relevant areas of the Trust are involved in the implementation programme Implement the principles of a Just and Restorative Culture	The Trust will have compassionate and effective systems in place to enable an optimal safety culture where incidents are reported, responded to, and learned from in a timely and effective way. Learning from incidents will be widely shared and used to improve practice	We will be required to provide NHSE and CCG with assurance regarding the progress made against the steps for implementation Staff survey results for 'those feeling safe to report patient safety incidents' improves from 75% to 80% and beyond
We will promote a just, open and restorative culture across the organisation (priority carried over)	We will implement and embed all principles of a just culture across the organisation	We will explore with the Trust Board about what a Just Culture is and gain Board level support to this OD approach As part of the People Portfolio Board, we will establish a Leadership and OD programme of which Just Culture will be a core strand of work The Trust's	Staff will be empowered to speak up and identify risks to safety without fear of punitive response which will facilitate better outcomes for patients	Monitoring of staff survey results and any other safety culture assessment tools

		Patient Safety Specialists will work with People and OD team to ensure the Just Culture guide (or equivalent) is formally adopted and built into the Trust's HR policies We will ensure the safety sections of our recently published NHS Staff Survey results are reviewed and discussed, and agree any actions needed to improve patient safety culture.		
We will ensure that our patient discharge processes are safe and effective. (New priority)	We will ensure that the principles and requirements of the recently published national discharge requirements are realised	The flow transformation programme will incorporate discharge as a key enabler and reporting against the 'right to reside' criteria realised and inform improvements	Patients will receive an effective and timely discharge from hospital and the transfer back to into the primary care will be safe and effective.	25% of discharges to take place before 12MD 85% Discharge letters to be completed within 24 hours 5% reduction in complaints relating to discharge processes The requirements of the national discharge policy have been met.

CLINICAL EFFECTIVENESS				
Quality Priority	**What will we do?**	**How will we do it?**	**Expected outcome**	**How will it be measured?**
We will ensure the care that we provide to our patients is consistent with recognised best practice, leading to improved outcomes for patient (New priority)	We will reinstate the falls collaborative to ensure falls can be prevented wherever possible	We will ensure that staff, particularly in high risk falls areas are appropriately knowledgeable in falls prevention We will ensure that appropriate preventative measures are taken in relation to inpatient falls Falls risk assessments are a significant part of our fundamentals of care on admission and transfer	Patient safety will improve, and preventable falls will be an exception	Training figures Reduction in harmful falls, reductions in Serious Incidents relating to falls, reduction in complaints relating in inpatient falls, reduction in inquests relating to falls
	We will reduce the number of Trust (hospital and community) acquired pressure damage by 10%	We will ensure that all patients will have appropriate skin inspections and assessments are accurately documented Re-introduction of the pressure damage collaborative and use a Quality Improvement approach with clinical staff Implement the 'React to Red'	Trust acquired pressure damage will reduce and we will see timely and accurate skin and pressure area assessments using validated tools and national grading criteria	Quarterly pressure damage audits Monthly reduction in both hospital and community acquired pressure damage on the Integrated Quality and Learning dashboard

		campaign to improve knowledge and care in community setting Introduce a new PUSH (Pressure Ulcer Safety Huddle) tool in all in-patient settings		
We will review and revise our level 1 mortality review process, providing families, carers and staff to identify themes for improvement and to highlight areas of good practice and excellent care (Part of priority carried forward)	We will ensure that at least 80% of patient deaths will have received a level 1 review within 60 days	A quality improvement piece of work with relevant clinical staff to ensure there is a robust process throughout the Trust to undertake level 1 mortality reviews Ensure clinical staff have ownership of the reviews and are able to identify solutions to any themes identified	Sharing learning from deaths ensure that there will be a reduction in the number of issues in the themes identified	Monthly performance report to Mortality & Morbidity Steering group Monthly business reports

2.3 Statements of Assurance from the Board

During 2020/21 the Gateshead Health NHS Foundation Trust provided and/or sub-contracted 31 relevant health services. The Gateshead Health NHS Foundation Trust has reviewed all the data available to them on the quality of care in 100% of these relevant health services. The income generated by the relevant health services reviewed in 2020/21 represents 100% of the total income generated from the provision of relevant health services by Gateshead Health NHS Foundation Trust for 2020/21.

Participation in national clinical audits 2020/21

During 2020/21, 34 national clinical audits and four national confidential enquiries covered relevant health services provided by Gateshead Health NHS Foundation Trust.

During that period Gateshead Health NHS Foundation Trust participated in 85% of national clinical audits and 100% of national confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiries that Gateshead Health NHS Foundation Trust was eligible to participate in during 2020/21 are listed below.

The national clinical audits and national confidential enquiries that Gateshead Health NHS Foundation Trust participated in, and for which data collection was completed during 2020/1, are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

Participation in national clinical audits 2020/21

Audit title	Participating	% of cases submitted/number of cases submitted
National Pregnancy in Diabetes Audit	Yes	17 Cases Submitted – No Minimum Requirement
National Oesophago-gastric Cancer (NOGCA)	Yes	64 Cases Submitted – No Minimum Requirement
National Bowel Cancer Audit (NBOCA)	Yes	224 Cases Submitted – No Minimum Requirement
National Joint Registry (NJR)	Yes	236 Cases Submitted (not including Q4)– No Minimum Requirement
National Lung Cancer Audit (NLCA)	Yes	248 Cases Submitted – No Minimum Requirement
Neonatal Intensive and Special Care (NNAP)	Yes	100%
National Paediatric Diabetes Audit (NPDA)	Yes	123 Cases submitted – No Minimum Requirement
National Prostate Cancer Audit (NPCA)	Yes	78 Cases Submitted – No Minimum Requirement

Sentinel Stroke National Audit programme (SSNAP)	Yes	235 Cases Submitted - No Minimum Requirement
Case Mix Programme (CMP)	Yes	768 Cases Submitted - No Minimum Requirement
Elective Surgery (National PROMs Programme) Hips Knees	Yes	239 Cases, 58% submitted 50% required 260 Cases, 61% submitted 50% required
National Audit of Seizures and Epilepsies in Children and Young People (Epilepsy12)	Yes	63 Cases Submitted – No Minimum Requirement
National Audit of Inpatient Falls	Yes	10 Cases submitted – No minimum requirement
National Hip Fracture Database	Yes	339 Cases Submitted – No Minimum Requirement
National Audit of Cardiac Rhythm Management (CRM)	Yes	148 Cases Submitted – No Minimum Requirement
National Heart Failure Audit	Yes	180 Cases Submitted – No Minimum Requirement
Myocardial Ischaemia National Audit Project (MINAP)	Yes	306 Cases Submitted – No Minimum Requirement
National Audit of Breast Cancer in Older People (NABCOP)	Yes	44 Cases Submitted – No Minimum Requirement
Surgical Site Infection Surveillance Service	Yes	100%
National Diabetes Foot Care Audit	Yes	57 Cases Submitted – No Minimum Requirement
Trauma Audit & Research Network (TARN)	Yes	187(80%) Cases Submitted – 80% requirement
Fractured Neck of Femur (care in emergency departments)	Yes	107 Cases Submitted – No Minimum Requirement
Adult Asthma Secondary Care	Yes	82 Cases Submitted – No Minimum Requirement
Chronic Obstructive Pulmonary Disease (COPD) Secondary Care	Yes	627 Cases Submitted – No Minimum Requirement
Pulmonary rehabilitation- organisational and clinical audit	Yes	65 Cases Submitted – No Minimum Requirement
National Audit of Cardiac Rehabilitation	Yes	120 Cases Submitted – No Minimum Requirement

National Cardiac Arrest Audit (NCAA)	Yes	39 Cases Submitted – No Minimum Requirement
National Emergency Laparotomy Audit (NELA)	Yes	100%
National Early Inflammatory Arthritis Audit (NEIAA)	Yes	2 Cases Submitted due to staff shortages – No Minimum Requirement
National Core Diabetes Audit	No	Medway extraction not setup at present
Inflammatory Bowel Disease (IBD) Biological Therapies Audit	No	Benefits of the audit did not outweigh the cost to participate.
National Diabetes Audit - NaDIA-Harms	No	Lead opted not to participate as the programme is very time consuming.
Prescribing Observatory for Mental Health - Prescribing Clozapine	No	We cannot participate due to criteria of the audit (lack of patient numbers)
Prescribing Observatory for Mental Health - Prescribing valproate	No	We cannot participate due to criteria of the audit (lack of patient numbers)
National Diabetes Inpatient Audit (NaDIA)	Postponed	Due to Covid Pandemic
NAP7: Perioperative Cardiac Arrest	Postponed	Due to Covid Pandemic
Spotlight audit in memory services	Postponed	Due to Covid Pandemic
Pain in Children (care in emergency departments)	Extended	Due to Covid Pandemic

Participation in National Confidential Enquiries 2020/21

Enquiry	Participation	% of cases submitted
Maternal, Newborn and Infant Clinical Outcome Review Programme • Confidential Enquiry into stillbirths, neonatal deaths and serious neonatal morbidity • Perinatal Mortality Surveillance • Perinatal mortality and morbidity confidential enquiries (term intrapartum related neonatal deaths) • Confidential enquiry into serious maternal morbidity • Maternal mortality surveillance • Maternal morbidity and mortality confidential enquiries (cardiac (plus cardiac morbidity) early pregnancy deaths and pre-eclampsia)	Yes	100%
National Confidential Enquiry into Patient Outcome and Death – Dysphagia	Yes	Organisation questionnaire returned Study still open figures have not been finalised

National Confidential Enquiry into Patient Outcome and Death – Epilepsy	Yes	Study still open figures have not been finalised
Learning Disability Mortality Review Programme (LeDeR)	Yes	100%

The Trust utilises clinical audit as a process to embed clinical quality at all levels in the organisation and create a culture that is committed to learning and continuous organisational development. Learning from clinical audit activity is shared throughout the organisation.

The reports of 11 national clinical audits were reviewed by Gateshead Health NHS Foundation Trust in 2020/21 and Gateshead Health NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided:

National Joint Registry (NJR)

The Trust continues to contribute to the NJR. Data is entered regarding all hip, knee, ankle, elbow, and shoulder replacement operations, enabling the monitoring of the performance of joint replacement implants and the effectiveness of different types of surgery.

In 2014 the NJR introduced annual data completeness and quality audits for hip and knee cases, with the aim of improving data quality. For 2020/21 the data quality audit was extended to include ankle, elbow and shoulder cases. The Trust continues to contribute to these audits and achieved 100% compliance for the 2019/20 NJR Data Quality audit. The Trust has also been awarded as an NJR Quality Data Provider for 2019/20.

Action Points:

- Continue to ensure that robust systems are in place to guarantee that a Minimum Dataset form is generated for all eligible NJR procedures.

Sentinel Stroke National Audit Programme (SSNAP)

SSNAP considers 10 domains for stroke care, from hyper acute assessment and treatment, through to rehabilitation and discharge planning. Services are given an overall rating on a scale from category A (highest) to category E (lowest). The most recent results available are for the period October to December 2020. Overall, the SSNAP score for that period was B for patient centred care which rates the overall service received by patients and considers the service provided at the Royal Victoria Infirmary (RVI) and the Trust presented an aggregate score. This has been a downgrading from the A rating that we received in the previous quarter. The 'Team-Centred' results demonstrate mostly Bs and Ds - this is the data which relates solely to the time patients spend at QE and suggests need for improvement across the board - see Action Points for the plan to address this. Particular key areas where we consistently do not perform well are Speech and Language Therapy (SLT) and discharge processes. A lack of SLT resource is a known risk that was highlighted to the Trust in the recent Stroke Service review. Regarding Discharge Processes, the service consistently receives a D rating for this, despite scoring 100% in most indicators, since we do not have an Early Supported Discharge team.

Action points:

- The Trust carried out a pilot in 2020, as well as an audit jointly with the RVI, to gather evidence to make the case for an Early Supported Discharged Team to be commissioned - to continue to make this case.
- The stroke team have written a business case for more SLT provision, which is being escalated within the Medical Business Unit.
- Significant shortages in Community Stroke team provision - posts are being advertised
- Review impact of new unit: stroke inpatient care has recently moved to Jubilee Acute Stroke

Rehabilitation Unit, a unit designed by the multidisciplinary to maximise the opportunities for rehabilitation during the inpatient stay.

- During this period, the stroke ward was escalated to hold an additional 10 medical patients, which diluted the availability of therapy and nursing staff per patient - the new unit is a 20-bedded stroke ward, which reduces the risk of staff shortages during winter pressures affecting rehabilitation delivery.
- Continue to participate in this national project.

The Case Mix Programme (CMP)

The CMP is an audit of patient outcomes from adult and general critical care units (intensive care and combined intensive care/high dependency units) covering England, Wales and Northern Ireland. It is run by the Intensive Care Audit and Research Centre (ICNARC). Data is collected on all patients admitted to the Critical Care Unit. Data on various outcomes and process measures are then compared with the outcomes from other Critical Care Units in the UK.

In the past 12 months there have been a number of changes to CMP and in how critical care submits data:

- The introduction of a new web-based submission portal (Platform X), and real-time generation of data validation returns.
- Appointment of an ICNARC data clerk/ward clerk to improve quality and timeliness of CMP data submission and this has been very successful (although the Covid-19 pandemic resulted in a reduction in the time available to spend in the data clerk role).
- A significant increase in the frequency of data submission to allow CMP/ICNARC to monitor impact of Covid-19 pandemic on critical care.
- Publication of weekly reports on the demographics and outcomes of critically ill Covid-19 by ICNARC during the pandemic.
- Publication of unit-specific data for Covid-19 patients in critical care.
- Introduction of an additional "Covid-19 Process Audit" collecting data on therapies received by Covid-19 patients both prior to admission to critical care and during their critical care stay.

CMP/ICNARC continued to publish Quarterly Quality Reports (QQR) for each individual critical care unit. Our most recent QQR, including data up to the end of Q3 20/21 showed no areas of concern. The report showed improvement in delayed discharges, and good performance in a number of other areas including unit readmissions. Our mortality rates were in line with predicted rates.

Our Covid-19 specific data showed that our performance was in line or slightly better than national average, despite having sicker patients. This was very reassuring given the perception on the unit at times was very different to this.

Action points:

- Continue to collect and submit data to ICNARC/CMP.
- Continue to collect and submit data to the Covid-19 Process Audit.
- Ongoing education of ward clerks and nursing/medical staff regarding the correct entry of data, assisted by the ICNARC data clerk.
- Use the Quarterly Quality Reports to ensure timely identification of any areas of deterioration in performance and address these when they occur.
- Continue to share QQR and other CMP/ICNARC data with relevant teams within the Trust.

Elective Surgery (National PROMs Programme)

To meet the criteria for Best Practice Tariff (BPT) the average health gain a patient reports after surgery must not be significantly lower than the national average. During this period for hip replacement Gateshead data show that patients reported an average of one standard deviation above the national average.

For knee replacement Gateshead patients reported an average of two standard deviation above the national average.
Gateshead meet all criteria for BPT for Patient Reported Outcomes.
There has been a very positive increase patient reported health gain after hip and knee replacement in Gateshead. However, we continue to work with the North East Quality Observatory who analyse our PROMS data which assists us in identifying trends which effects our practice and patient pathway.

Action points

- Although we have met BPT in our participation rate, there has been a slight decrease since the previous year. We will need to identify reasons for this and improve participation rates.

National Hip Fracture Database

The database summary for performance in 2020 shows that we have continued to maintain very high standards of hip fracture care despite the limitations of the Covid-19 pandemic. We remain in the highest quartile nationally for many aspects of care including perioperative medical assessment, prompt surgery, physiotherapy assessment and the assessment of delirium and nutrition status. No aspects of our care lie within the lowest quartile. Our overall Best Practice Tariff (BPT) performance has fallen from 92% in 2019 to 86 % in 2020 however, all other trusts have been affected equally and we remain the best performing trust in terms of BPT in the North East and the fourth best nationally. We have seen specific improvement in our proportion of fractures sustained as an inpatient (7.9% to 3.3%) moving from the fourth to third quartile in this area.

Action Points:

- Our regular meetings to review all cases who fail BPT have not been easy during the last year and we're currently reviewing the frequency and structure of these meetings as we move forwards. We continue to complete a Datix for every such case so that learning points can be recorded and monitored. We also need to continue to review and monitor our proportion of patients sustaining inpatient pressure damage which has risen slightly over the last year.

National Heart Failure Audit

The number of cases submitted for 2020-2021 has reduced and is likely to be as a result of patients fear of coming into hospital at the beginning of the Covid-19 pandemic. Specialist heart failure input for patients admitted with heart failure has been proven to improve outcomes in reducing in-hospital and post hospital mortality and reducing re-admission with heart failure. Specialist follow up within two weeks of discharge is a measure that has been difficult to meet due to the backlog from Covid-19 and staffing shortage within the team. Heart failure input also needs to be stepped up front of house in order to avoid unnecessary admission to hospital.

Action points

- Business case accepted for specialist pharmacist in heart failure
- Plans to establish heart failure specialist nurse input into Same Day Emergency Care programme
- Plan to re-establish heart failure day unit providing ambulatory heart failure management
- Two week follow up target will be easier to meet when staffing back to full quota

- **Surgical Site Infection (SSI) Surveillance Service**

Although it is mandatory to submit one quarter data to public health England SSI database Gateshead submit a full year. However due to the Covid-19 pandemic and periods where we suspended elective surgery in 2020 and early 2021, we submitted July-September 2020, October –December 2020 and January –March 2021. These periods have all been reduced numbers due to Covid-19. Any patients who present with a surgical site infection within the 30 days from surgery are identified and their data is submitted to Public Health England database. We have not identified any surgery site

infections within this period.

Action points:

- We will continue to participate in the Getting It Right First Time (GIRFT) audit and continue to ensure that all protocols are followed to maintain a low rate of infections

National Diabetes Audits

Diabetes Foot Care (NDFA)

The number of new diabetic foot ulcers seen at Queen Elizabeth-Trinity increase year by year. The evidence suggests that in decompensated diabetic foot, early vascular opinion and possible intervention is associated with better outcomes. Therefore, there has been a lot of discussion around the vascular element of the multidisciplinary approach. Identified areas with room for improvement include: Referral Pathway to Vascular Services, Referral Pathway to Multidisciplinary Team (MDT), Communication between Podiatry Team and MDT team or members, Communication between MDT teams and an inpatient Podiatry Service.

Action points:

- Active dialogue between stakeholders including Newcastle and Gateshead Clinical Commissioning Group (ongoing): There was been a tremendous amount of work on the background towards Diabetic Foot Management Transformation regionally. From a Trust perspective, there is a clear pathway and establish communication channels with Vascular Team and easy referral to Vascular Clinic or MDT Newcastle Upon Tyne Hospitals. Also, there is access to extra Diabetic Foot Slots for urgent cases (three clinics each week). The Podiatry Team is extremely satisfied with the vascular support. We continue to expand the model in less urgent cases.
- Business case for inpatient Podiatry Service: This is an area that worth considering although with the Covid-19 pandemic pressures and the Podiatry delivering specialist service in the community it has been difficult to address last year. Current staffing levels are having a negative impact on this make it even more difficult now.
- Continue participating in the NDFA: lead from the team to be established.

Major Trauma Audit

The latest Trauma Audit & Research Network (TARN) report was published in April 2021 which includes data up to 31/12/2020. Case ascertainment was 56% in 2020 compared with 66 – 78% in 2019.

Action points:

- We will continue to work to improve case ascertainment with a view to achieve above 80%. The audit data is of limited value until that has been achieved. Actions have included the recruitment of additional nurses to the TARN input team. The aim of this is to provide a nurse for TARN input five days in each week.
- We are also working with the TARN administration team to establish if there are any deficiencies in our system used to screen for eligible patients.

National Cardiac Arrest Audit (NCAA)

The National Cardiac Arrest Audit (NCAA) is the national, clinical, comparative audit for in-hospital cardiac arrest. The purpose of NCAA is to promote local performance management through the provision of timely, validated comparative data to participating hospitals. Overall, there were 45 cardiac arrest calls during this period, of which data was submitted for 44. Whilst the data indicates that the outcomes are within the expected confidence intervals and standard deviations, we are consistently towards the outer limits of these.

Action points:

- Continue to collect and submit data to the NCAA
- Continue to share information from the reports at Rescuing the Deteriorating Patient Committee and via training sessions
- Interrogate defibrillator post cardiac arrest to see if there were any opportunities for learning (quality of Cardiopulmonary resuscitation (CPR), time off of the chest and time taken for rhythm recognition), where appropriate feedback to relevant staff

National Paediatric Diabetes Audit (NPDA)

The Trust's paediatric diabetes team have continued to offer best practice care and collect data for this audit throughout the Pandemic. Over the last year we have had the NPDA Patient Reported Experience Measure (PREM) survey report released from 2019 and the 2019-2020 NPDA report is still awaited (due to be published 10th June 2021). Our overall PREM score was 0.74 compared to 0.7 nationally (PREM summary poster attached).

Real time data is collected and reviewed locally by the diabetes team and the North East and North Cumbria Regional Children and Young People's Diabetes Network. We have submitted data on 123 patients to the NPDA 2020-21. This is a summary of the submitted data of the care provided during the last audit year during the Covid-19 pandemic: 121 of these patients had Type 1 diabetes; 55% are on insulin pump therapy; 45% are on an intensive multiple daily injection regime; 37% are on Continuous Glucose Monitoring (CGM) with alarms; 100% of patients had a HbA1C; 86.2% had a BMI; 94.7% had their thyroid function; 88% had a blood pressure; 94% had a urinary albumin; 92% had their feet examined; 4% had retinal screening; 96.8% had a psychological assessment; 37/121 young people required psychology support; 7% had additional dietetic input; 9/13 newly diagnosed patients had dietetic support with carbohydrate counting; 95.7% were recommended influenza immunisation; 97.8% were given sick day rules advice. The mean HbA1C was 68mmol/mol (median 64mmol/mol.) This has increased since 2018-19 report when the mean was 67.5mmol/mol and the median was 63mmol/l. This stasis will have been contributed to by the lack of psychology support for January 2019 - September 2019 plus the lack of dietetic support from November 2019 - to date and the effect of the pandemic. The national recommendation is for a target HbA1C of 48mmol/mol.

We have participated in the RCPCH Quality improvement Collaborative initially focussing on "Improving the long-term health outcomes of Children and Young People (CYP) using technology" by supporting optimal use of diabetes tech particularly Freestyle Libre by home downloading and online education and clinic wide use of the Digibete app.

Action Points:

- To continue to support Children and Young People (CYP) and their families and carers to improve or maintain optimal glucose levels measured by HbA1C or Time in Range to ensure CYP have the best possible health outcomes and life chances.
- A new dietitian was appointed by the trust to the diabetes team at the end of 2020 and is being supported with specialist training for paediatric diabetes, but the allocated time is not currently meeting the need or recommended national standards as per the trust 2012 and 2015 business cases.
- We are proactively encouraging and facilitating retinal screening in all our eligible young people with diabetes.
- To ensure that diabetes Multidisciplinary Team (MDT) members are supported to access the appropriate training to enable safe and expert support for patients using diabetes technology.
- To continue to work across multi agencies to support the significant number of CYP requiring local authority support, mental health/MDT psychology services and /or safeguarding.
- To continue to improve education for CYP and their carers/ families and school staff to enable them to use new technology and ensure CYP with diabetes are fully included in all aspects of

school life and achieve their full potential.

- We have had trust support, regional funding and diabetes team training to provide the DEAPP education programme to ensure standardised quality assured and nationally approved training for all new patients and their family/ carer from diagnosis, this is starting to be implemented from May 2021.
- We are about to embark on a poverty proofing assessment and education for the diabetes team, this will support equitable care provision and is the first time a health service has been poverty proofed.
- Ongoing review of the transition pathway and working with the adult service to develop a business case for the implementation of a dedicated young person (19-25 years) clinic within adult services with adult dietetic provision; a dedicated Young Person's Adolescent Diabetes Support Nurse (ADSN); psychology provision; to facilitate access to age appropriate education programmes for those with Type 1 & Type 2 Diabetes; to improve engagement - as complex needs prevent regular clinic attendance and potentially results in Did Not Attends (DNAs) and effectively early discharge from the adult service.

The reports of eight local clinical audits were reviewed by Gateshead Health NHS Foundation Trust in 2020/21 and Gateshead Health NHS Foundation Trust intends to take actions to improve the quality of healthcare provided. Below are examples from across the Trust that demonstrate some of the actions taken to improve the quality of our services:

Business Unit	Speciality	Actions identified
Surgery	Trauma & Orthopaedics	**The Impact of COVID-19 pandemic on Orthopaedic Trauma Workload in QEH** **National: The Covid-19 Emergency Related Trauma and orthopaedics (COVERT).** This audit showed far fewer trauma cases and acute referrals during the Covid-19 pandemic, Older population, Higher American Society of Anaesthesiologists (ASA) grades as a result, more males patients than females. Increased proportion of neck of femur (NOF) fractures during the pandemic, however they are still around the same incidence as before Covid-19 pandemic (2019). Slight increase in infection rates, accounted by reduced minor trauma. Fewer sporting injuries, increased proportion in falls from standing height. Significant drop of ORIF (Open Reduction and Internal Fixation) practice, more Hemi-arthroplasty procedures, more consultant performed, with fewer trainees. No significant correlation between Covid-19 infection, social distance and lockdown with postoperative complications. In conclusion patients requiring treatment can expect the same results (not more at risk during the pandemic), no more complications/mortality related to our treatment. Although there was a reduced trauma workload departmental pandemic practice measures worked effectively. Actions: A re-audit will be undertaken to ensure standards are continually maintained.
Surgery	Trauma & Orthopaedics	**Eye dose re audit of orthopaedic surgeon and surgical assistant undertaking procedures in theatre involving fluoroscopy.** To

		determine if eye dose received by a named orthopaedic surgeon and surgical assistant requires monitoring on a permanent, regular or occasional basis to ensure compliance with Ionising Radiation Regulations (IRR17) dose constraints. Audit results indicated that eye doses recorded for both orthopaedic surgeon and assistant were considered by Radiation Protection Advisor not to be significant enough to require continuous lens monitoring. Actions: An annual re-audit will be undertaken.
Surgery	Orthopaedics	**Trauma Group and Save (G+S) Audit.** This is a re-audit to assess whether group and save samples are being taken appropriately for trauma patients. The result showed 19/46 (41%) patients definitely needed G+S. Of these 6/46 (13%) patients attended theatre with inadequate G+S. Pre-op bloods often taken by Accident & Emergency/junior staff. Samples can be rejected without the operating team realising. Actions: Operating surgeon should review bloods themselves and ensure that there are adequate samples. This is included in all junior doctor training with an emphasis on which samples are necessary and their importance.
Surgery	Maternity	**An audit of documentation of operative vaginal deliveries.** The aim of the audit was to assess the extent to which electronic documentation of operative vaginal deliveries complies with recommendations in Royal College of Obstetrics and Gynaecology (RCOG) Green-top Guideline No. 26. The audit indicated good compliance with documentation of indication for operative vaginal delivery, on examination findings and episiotomy and perineal repair (96-100%). Low compliance for documentation of post-natal management plan following operative vaginal delivery (27%) and documentation of counselling given (33%), Compliance should be 100%. Actions: Alert clinicians to existence of post-natal management plan proforma within Badger and perhaps linking this to the operative vaginal delivery proforma as there is high levels of compliance in the use of these. Audits findings have been presented internally and reminded staff for the need to document post-natal management plan following operative vaginal delivery and documentation of all counselling given and the availability of a proforma on the badger system.
Medicine	Stroke	**Venous thromboembolism (VTE) prophylaxis in stroke.** This audit is looking to see if patients admitted to ward 4 stroke unit, with a diagnosis of a new acute stroke have had their VTE prophylaxis reviewed and started on appropriate treatment. VTE prophylaxis was reviewed in 81% of admissions. However, there was no clear documentation for 15% of the patients.

		There is room to improve documentation of VTE prophylaxis in stroke admissions. The risk of VTE related complications is very high in stroke admissions. Actions: Improved documentation will help prevent complications and improve clinical outcome. Amendments have been made to the stroke transfer proforma, VTE prophylaxis has now been added to the consultant review section in order to ensure timely assessment on admission.
Community	Psychiatric Team	**Audit of treatment offered for patients suffering clinical moderate depressive episode**. A sample of 11 patients active on Community Mental Health Nurse (CMHN) caseload – All with severe depressive episode and psychology involvement was reviewed. The NICE guidelines stipulate "High Intensity" therapy for patients with severe depression and from the scope of data this standard is met. Patients are offered high intensive therapies both as part of treatment and recovery in their own home, also during admission to a mental health hospital. There is a collective approach (Low intensity therapy) for patients with mild to moderate depression, offered by the Community Psychiatric Nurse (CPN) using basic therapy skills. Psychology training is held regularly for CPN nurses to enhance skills in both Cognitive Behavioural Therapy (CBT) and interpersonal therapies on an ongoing basis. 5 P's formulations (presenting problem, predisposing factors, precipitating factors, perpetuating factors, protective/positive factors) are held monthly for CPN nurses and this can better identify whether a patient may benefit from clinical psychological intervention. Patients admitted to an inpatient ward all have a 5 P's formulation complete. Clinical psychology service is an integrated part of Community Mental Health Team (CMHT) multidisciplinary team (MDT) meetings and this allows psychology staff to identify patients who would benefit from high intensity psychology intervention and for this to be discussed with CPNs, Old Age Psychiatry (OAP) and Occupational Therapy (OT). Actions: To undertake this audit on an annual basis
Nursing & Midwifery	Safeguarding	**Cause for Concerns completed by staff when children attend unscheduled care settings at Queen Elizabeth Hospital.** This audit was undertaken to determine whether a Children's Cause for Concern and a Child Protection Information Sharing (CP-IS) check was completed for children in the care of Gateshead Local Authority who attended unscheduled care settings within Gateshead Health NHS Foundation Trust. As per trust policy a Cause for Concern / Datix was completed for all the children who attended in the given time period. A CP-IS notification was not sent to the Local Authority for one child and this required investigation by the Admin Management within the department.

		Actions: We have shared the findings of the audit with the Named Nurse Safeguarding Children and Safeguarding Children Team and Admin and Nursing Managers responsible for the Emergency Care Centre. Safeguarding Team will continue to raise awareness with staff of the importance of completing CP-IS check and Cause for Concern / Datix for all Looked After Children who attend unscheduled care settings. A further audit to be completed in July 2021.
Nursing & Midwifery	Safeguarding	**Quality of Looked After Children Review Health Assessments Completed by School Nurses, Health Visitors and Looked After Children's Nurses –Gateshead.** The aim of the audit was to assess whether the quality of health assessments for Gateshead Looked After Children meets the national standard. Identify any areas of good practice, any learning opportunities or service improvements required. Health assessments were of good quality and some areas for improvement were identified and addressed. None of the health assessments had evidence that children were seen alone either because the assessment was by telephone or the child was too young. Actions: We will continue to audit on an annual basis to ensure high standards are maintained.

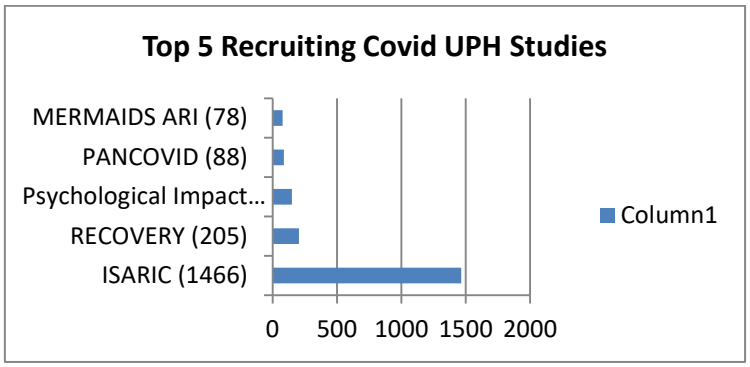
Participation in clinical research

The number of patients receiving NHS services provided or sub-contracted by Gateshead Health NHS Foundation Trust in 2020/21 that were recruited during that period to participate in research approved by the Health Research Authority (HRA) was 1,902.

The Trust continues to demonstrate its commitment to improving the quality of care it offers and making its contribution to wider health improvement.

By the end of March 2020 the majority of normal research projects had been put on hold for the duration of the Pandemic and the Trust was expected to participate in Covid-19 Urgent Public Health (UPH) research, which was prioritised to gather the necessary clinical evidence to inform national policy and enable new diagnostic tests, treatments and vaccines to be developed and tested for COVID-19.

Gateshead Health NHS Foundation Trust is currently involved in 17 Urgent Public Health Covid-19 research studies.



In January 2021 the **MERMAIDS ARI** Team became the second highest recruiting site in the whole of the UK. The NENC CRN worked with the recruiting Team with the aim to share their best practice recruiting methods within the Region.

ISARIC were the top recruiting site for the NENC CRN Region as the Trust recorded 100% of all eligible patients onto the ISARIC database (a mammoth task undertaken by the whole of the Research Team).

Due to the hard work, innovative ways of working and pure effort of the R&D Team, by the end of March 2021 Gateshead Health NHS Foundation Trust was the fourth highest recruiting Trust for UPH studies in the Region. No mean feat for what is now the smallest Trust in the Region.

Use of the Commissioning for Quality and Innovation Framework (CQUIN)

A proportion of Gateshead Health NHS Foundation Trust income in 2020/21 was conditional on achieving quality improvement and innovation goals agreed between Gateshead Health NHS Foundation Trust and any person or body they entered into a contract, agreement or arrangement with for the provision of relevant health services, through the Commissioning for Quality and Innovation payment framework.

A monetary total of £0 of the Trust's income in 2020/21 was conditional upon achieving quality improvement and innovation goals due to their suspension as part of the 2020-21 NHS Covid-19 funding regime. The Trust was paid a total of £2,565,309 for achieving the quality improvement and innovation goals for 2019/20.

Registration with the Care Quality Commission (CQC)

Gateshead Health NHS Foundation Trust is required to register with the Care Quality Commission and its current registration status is registered without conditions.

The Care Quality Commission has not taken enforcement action against Gateshead Health NHS Foundation Trust during 2020/21.

Gateshead Health NHS Foundation Trust has not participated in any special reviews or investigations by the Care Quality Commission during the reporting period.

There were no unannounced inspections by the CQC and no Mental Health Act (1983) Monitoring visits throughout 2020/21.

Data Quality

Gateshead Health NHS Foundation Trust recognises that it is essential for an organisation to have good quality information to facilitate effective delivery of patient care and this is essential if improvements in the quality of care are to be made.

Gateshead Health NHS Foundation Trust submitted records during 2020/21 to the Secondary Uses Service (SUS) for inclusion in the Hospital Episode Statistics which are included in the latest published data. The percentage of records in the published data is shown in the table below:

Which included the patient's valid NHS Number was:	Trust %	National %
Percentage for admitted patient care*	99.8%	99.5%
Percentage for outpatient care*	99.6%	99.7%
Percentage for accident and emergency care†	99.1%	97.9%

Which included the patient's valid General Medical Practice Code was:	Trust %	National %
Percentage for admitted patient care*	99.0%	99.5%
Percentage for outpatient care*	99.6%	99.7%
Percentage for accident and emergency care†	99.3%	98.8%

* SUS+ Data Quality Dashboard - Based on the April-20 to March-21 - SUS+ data at the Month 12 inclusion date

†ECDS DQ Dashboard from Wednesday 1st April 2020 up to and including Tuesday 11th May 2021

Information Governance Toolkit

Gateshead Health NHS Foundation Trust's Information Governance Assessment Report overall score for 2020/21 graded as – data not yet available

Standards of Clinical Coding

Gateshead Health NHS Foundation Trust was not subject to the Payment by Results clinical coding audit during 2020/21 by the Audit Commission.

Gateshead Health NHS Foundation Trust will be taking the following actions to improve data quality:

- A full review of the Data Quality Strategy Group, to ensure it includes key staff from all specialities, to highlight and drive continual improvement.
- Continual development of our Data Quality Metrics to ensure all appropriate indicators are covered and aligned to national and local quality indicators.
- Continue with daily batch tracing to ensure the patient demographic data held on our Patient Administration System (PAS) matches the data held nationally.
- Robotic automation software has been purchased which will automate and validate where appropriate manual processes which will increase data quality
- Circulate weekly patient level reports to allow the clinical services to fully validate 18 week and cancer pathways. A real time dashboard for 18 weeks validation has been developed with the services which no longer require them to wait until reports are circulated.
- Spot check audits to randomly select patients and correlate their health record information with that held on electronic systems.

- Continue to work with the admin leads throughout the Trust to promote and implement data quality policies and procedures to ensure that data quality becomes an integral part of the Trust's operational processes.

2.4 Learning from Deaths

During 2020/21, there were 1221 patient deaths within Gateshead Health NHS Foundation Trust. This comprised the following number of deaths which occurred in each quarter of that reporting period:

- 323 in the first quarter;
- 221 in the second quarter;
- 328 in the third quarter;
- 349 in the fourth quarter.

* Seasonal increases in mortality are seen each winter in England and Wales. The pattern of deaths was affected in by COVID-19 in 2020-21

By mid-April 2021, 703 case record reviews and 103 investigations have been carried out in relation to 1221 of the deaths included above.

In 57 cases a death was subjected to both a case record review and an investigation. The number of deaths in each quarter for which a case record review or an investigation was carried out was:

- 191 in the first quarter;
- 160 in the second quarter;
- 193 in the third quarter;
- 159 in the fourth quarter.

Two deaths representing 0.28% of the patient deaths during the reporting period is judged to be more likely than not to have been due to problems in the care provided to the patient.
In relation to each quarter, this consisted of:

- 0 representing 0% for the first quarter;
- 1 representing 0.45% for the second quarter;
- 1 representing 0.30% for the third quarter;
- 0 representing 0% for the fourth quarter;

These numbers have been estimated using the Trust's 'Reviewing and Learning from Deaths' policy. Reviewed cases are graded using the Hogan preventability score and National Confidential Enquiry into Patient Outcome and Death (NCEPOD) overall care score following case note review by the consultant led team that was responsible for the patient at the time of death.

Summary of learning/Description of Actions:

- A small group was set up to look at the documentation and communication processes for decisions made with regards to DNACPRs. A practice guide has subsequently been developed and is available to staff within the Covid-19 section of the intranet.
- There is an ongoing piece of work within the Trust around discharge; the learning from the Mortality Council has been fed into this. In order to triangulate all patient feedback in relation to discharge, a review of complaints and PALs issues received in relation to discharge is to be undertaken over the last 12 months to identify any further, along with the results of the National Inpatient Survey from the last two years, as it is evident from these results that elements of the discharge process require improvement.

- A process has been developed to review hospital acquired Covid-19 deaths. All 'definite' hospital acquired Covid-19 infections will be automatically referred to the Mortality Council for review. 'Community onset' 'indeterminate' and 'probable' will be reviewed should there be any issues identified at either Medical Examiner review or Level 1 review. As this relies on the outcome of the Level 1 review an increase in compliance in this area is a priority.
- Discharge leaflets produced for patients going home with either a positive or pending Covid-19 results.
- A discharge checklist has been drafted for patients either with a Covid-19 positive result or pending a result, this ensures that all necessary checks will take place prior to discharge. This is currently pending approval.
- Discussions have taken place with new Learning Disability Nurse, a proforma based on LeDeR best practice will be introduced as from April 2021. This will ensure that all learning opportunities and good practice can be identified. The patient notes will be reviewed by the Learning Disability Nurse prior to the Mortality Council and key points added to the existing templates used by the Mortality Council to capture all sources of data about the patient.
- Reviewing of blood results in the Emergency Department added to the Risk Register.
- A Fluid and Electrolyte Balance Task and Finish Group has been set up to improve awareness of early correction of imbalances. The guidelines have been updated with the help of the intensive care team and pharmacists.

Assessment of the Impact:

- There has been significant improvement in the quality of DNACPR completion forms as well as Death certification forms. All certification is routed through the medical examiners' office in order to allow clarity and uniformity.
- Covid outbreaks were noted in certain wards in the early stages of the pandemic and these were closed off immediately and patients transferred to specific areas of isolation.
- Fluid and electrolyte replacement awareness has improved especially for juniors and front-line workers. Discussions are underway to include this as part of Nerve centre to ensure timely and evidenced management.

217 case record reviews and 53 investigations were completed after 1st April 2020 which related to deaths which took place before the start of the reporting period. 0 representing 0% of the patient deaths before the reporting period are judged to be more likely than not to have been due to problems in the care provided to the patient.

This number has been estimated using the Trusts 'Reviewing and Learning from Deaths' policy. Reviewed cases are graded using the Hogan preventability score and NCEPOD overall care score following case note review by the consultant led team that was responsible for the patient at the time of death.

2.5 Seven Day Hospital Services

The Trust has fully implemented priority standards five (access to diagnostics) and six (access to consultant directed interventions) from the 10 clinical standards as identified via the seven day hospital services NHS England recommendations.

For clinical standard eight (ongoing review) at the time of last review we had 100% compliance for those requiring twice daily review. We have increased our consultant cover on Care of the Elderly wards at the weekends and were above 90% compliance for once daily review for patients in during weekdays (96%) but below 90% for weekends (83-87%) (April 2018, Seven Day Self-Assessment Tool).

For clinical standard two (specialty consultant review within 14 hours) we were 76% compliant (April 2018) across all seven days. We have identified arrival of patients between 4-8pm as a problem area. We introduced an extra twilight registrar shift to improve flow (August 2018) and held a week long improvement event in March 2019 to look at flow in the Emergency Admissions area. We have introduced a seven day frailty front of house assessment to reduce admission and plan discharge. There is ongoing system work within Gateshead to look at frailty across all parts of the health and social care sector with which we are fully engaged.

The Covid-19 pandemic delayed further work around this agenda and we had to temporarily adapt our ways of working considerably during this time. As we come out of the pandemic we are looking at our model of care, especially around non-elective care, and this may affect compliance with the standards as set in the original NHSE recommendations

We had moved to the Board assurance approach for assessing compliance with the seven days standards and presented the first (test) template to the Board in January 2019. We have incorporated aspects of the seven day audit work (standards two & eight) into our ongoing regular notes audit (from February 2019) and will assess if this gives us the required data to give assurance around performance. This audit work has also been suspended during the Covid-19 pandemic and will be reassessed as we recover from the pandemic and revise our model of care.

2.6 Freedom to Speak Up

As a result of Sir Robert Francis QC's follow up report to his Mid Staffs Report, all NHS Trusts are required to have a Freedom to Speak Up Guardian (FTSUG). Gateshead Health NHS Foundation Trust is committed to achieving the highest possible standards/duty of care and the highest possible ethical standards in public life and in all of its practices. We are committed to promoting an open and transparent culture to ensure that all members of staff feel safe and confident to speak up. The FTSUG is employed by the Trust but is independent and works alongside Trust leadership teams to support this goal. Moving forward the FTSUG, will report directly to the Board, rather than Board sub committees as well as continuing to report to the National Guardian Office on a quarterly basis. Our FTSUG supports the delivery of the Trust's corporate strategy and vision as encapsulated in our ICORE values. As well as via the FTSUG, staff may also raise concerns with their trade union or professional organisations as per our Freedom to Speak Up Policy. When concerns are raised via the FTSUG, the Guardian commissions an investigation and feeds back outcomes and learning to the person who has spoken up. The FTSUG is actively engaged in profile raising and education in relation to this role. The FTSUG now reports directly to the Chief Executive and has regular meetings with the Director of People and OD and the NED responsible for FTSU.

2.7 NHS Doctors and dentists in training – annual report on rota gaps and the plan for improvement to reduce these gaps

The Trust Board via the Human Resources Committee receives quarterly reports from the Guardian of Safe Working summarising identified issues, themes and trends. The exception report data are scrutinised by the Medical Workforce Group with representation from all business units and actions to support areas and reduce risk/incident levels identified on a quarterly basis. These actions are escalated to the Human Resources Committee by exception when it is deemed necessary due to difficulty in reaching local resolution.

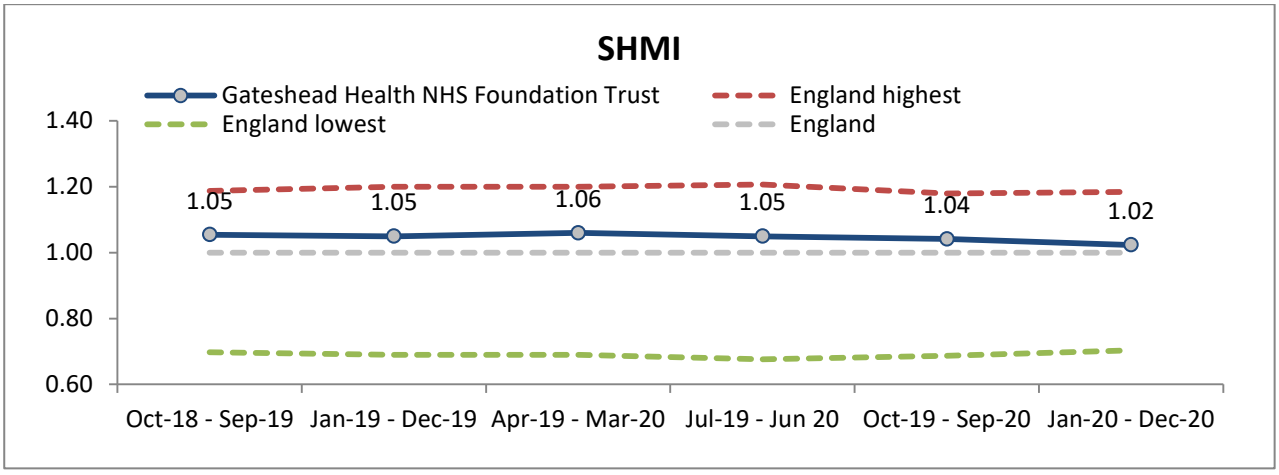
The Trust Board via the Human Resources Committee receives an annual report from the Guardian of Safe Working which includes a consolidated report on rota gaps and actions taken by the Medical Workforce Group. This report is provided to the Local Negotiating Committee (LNC) by the Guardian of Safe Working and the LNC representation at the Medical Workforce Group.

2.8 Mandated Core Quality Indicators

(a) SHMI (Summary Hospital-level Mortality Indicator)

SHMI	Oct-18 - Sep-19	Jan-19 - Dec-19	Apr-19 - Mar-20	Jul-19 - Jun 20	Oct-19 - Sep-20	Jan-20 - Dec-20
Gateshead Health NHS Foundation Trust	1.05	1.05	1.06	1.05	1.04	1.02
England highest	1.19	1.20	1.20	1.21	1.18	1.18
England lowest	0.70	0.69	0.69	0.68	0.69	0.70
Banding	2	2	2	2	2	2

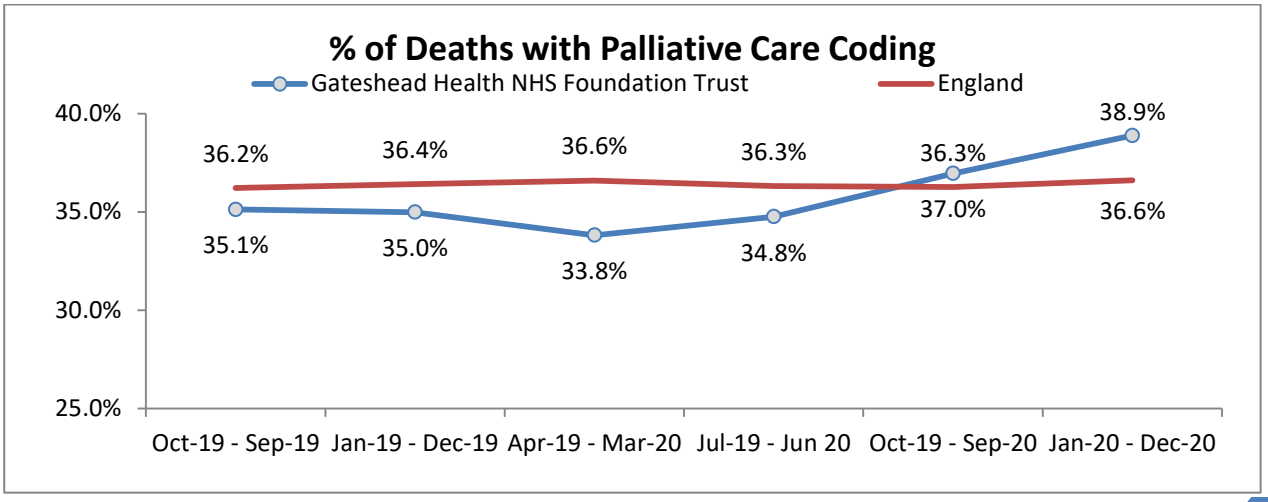
Source: www.digital.nhs.uk/SHMI



(b) The percentage of patient deaths with Palliative Care coded at either diagnosis or specialty level

% Deaths with palliative coding	Oct-19 - Sep-19	Jan-19 - Dec-19	Apr-19 - Mar-20	Jul-19 - Jun 20	Oct-19 - Sep-20	Jan-20 - Dec-20
Gateshead Health NHS Foundation Trust	35.1%	35.0%	33.8%	34.8%	37.0%	38.9%
England highest	58.7%	59.8%	58.3%	60.2%	60.1%	61.4%
England lowest	12.0%	9.9%	8.8%	8.9%	8.6%	7.7%
England	36.2%	36.4%	36.6%	36.3%	36.3%	36.6%

Source: www.digital.nhs.uk/SHMI



Gateshead Health NHS Foundation Trust considers that this data is as described for the following reasons:

- The Summary Hospital-level Mortality Indicator (SHMI) reports death rates (mortality) at a Trust level across the NHS in England and is regarded as the national standard for monitoring of mortality. For all of the SHMI calculations since October 2011, mortality for the Trust is described as being 'as expected'. The Trust reviews its SHMI monthly at the Mortality and Morbidity Steering group.

Gateshead Health NHS Foundation Trust has taken the following actions to improve the indicator and percentage in (a) and (b), and so the quality of its services, by:

- The Trust continues to review cases for individual diagnosis groups where the SHMI demonstrates more deaths than expected or an alert is triggered for a diagnosis group. The Trusts mortality review process can be used to review the Hogan preventability score & NCEPOD quality of care score and interrogate the narrative from the review to identify specific learning or learning themes.
- The Trust reviews the clinical coding for alerting diagnosis groups to determine whether the appropriate diagnosis was assigned and to refine the coding where appropriate.
- The Trust continues to review palliative care coding and to ensure palliative care is recorded for all cases where this is appropriate and has seen the level of palliative care increase over the last 12 months

Patients on Care Programme Approach (CPA) who were followed up within seven days after discharge from psychiatric inpatient care

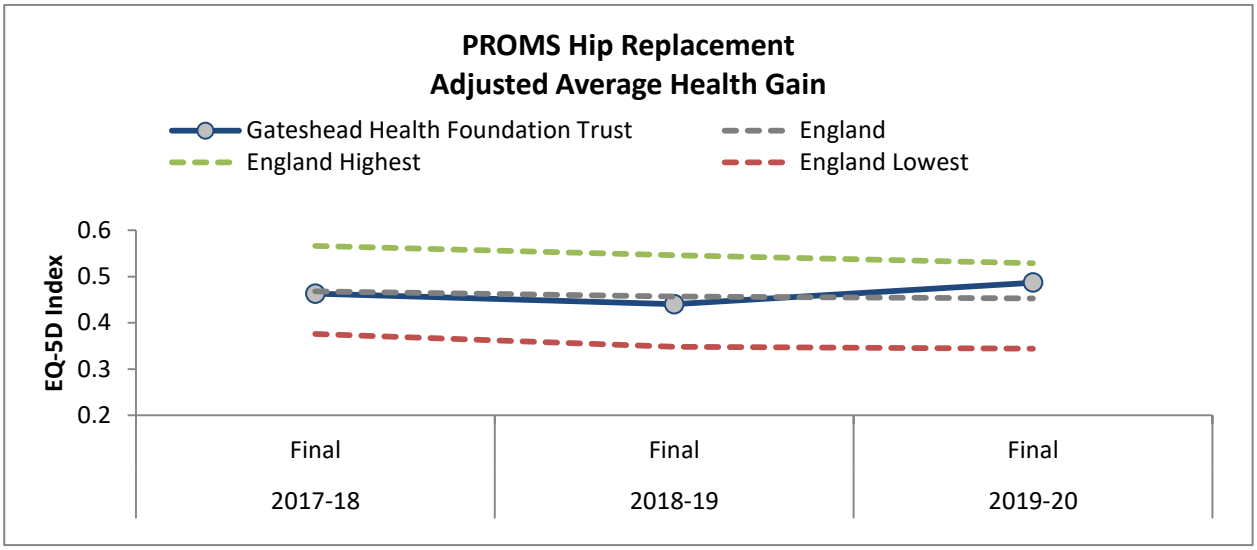
In March 2020, the collection was suspended due to the coronavirus illness (COVID-19) and the need to release capacity across the NHS to support the response. This indicator is not included as a result of the suspension.

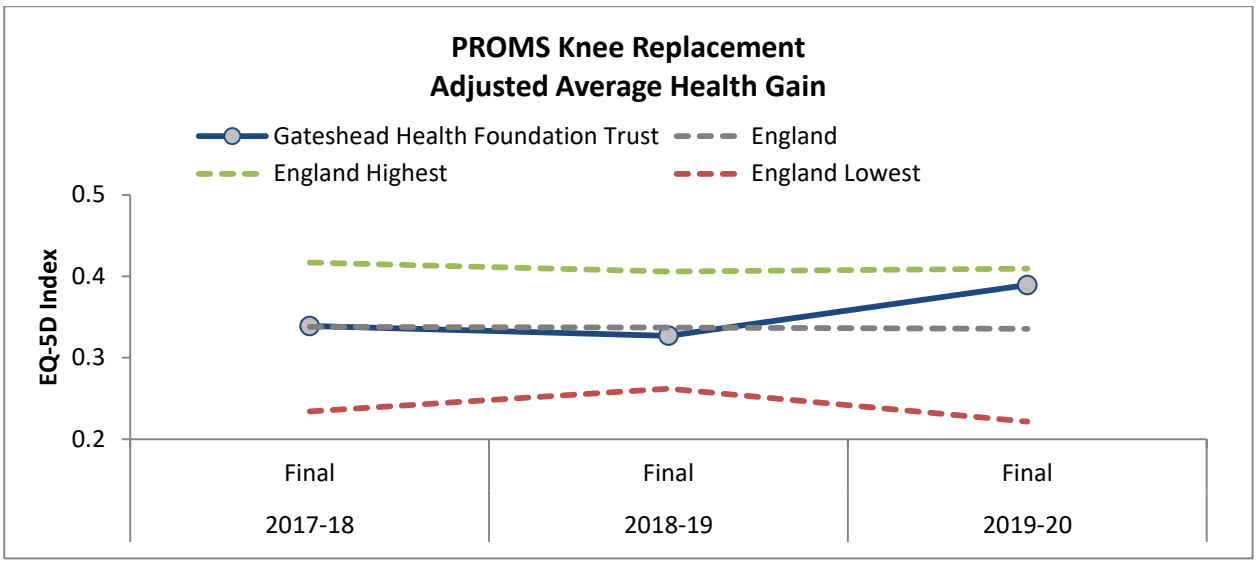
PROMs (Patient Reported Outcome Measures) for Hip Replacement and Knee Replacement:

Hip Replacement Adjusted average health gain EQ-5D index	2017-18 Final	2018-19 Final	2019-20 Final
Gateshead Health Foundation Trust	0.463	0.440	0.487
England	0.468	0.457	0.453
England Highest	0.566	0.546	0.529
England Lowest	0.376	0.348	0.344

Knee Replacement Adjusted average health gain EQ-5D index	2017-18 Final	2018-19 Final	2019-20 Final
Gateshead Health Foundation Trust	0.339	0.327	0.389
England	0.338	0.337	0.335
England Highest	0.417	0.406	0.409
England Lowest	0.234	0.262	0.221

Source: https://digital.nhs.uk/data-and-information/data-tools-and-services/data-services/patient-reported-outcome-measures-proms





Gateshead Health NHS Foundation Trust considers that the outcome scores are as described for the following reasons:

- The Trust performance for PROMS score in 2019/20 has increased for both hips and knees which shows a significant improvement for the Trust and also goes ahead of the national trend, with both hips and knees heading towards the higher end of performance within England.

Gateshead Health NHS Foundation Trust has taken the following actions to improve these outcome scores, and so the quality of its services, by:

- Data has been shared and discussed in the regional Orthopaedic Alliance group as part of a Getting it Right First Time (GIRFT) review across all regional providers.
- The trust is an integral part of the newly formed North East and North Cumbria orthopaedic alliance as part of the pandemic recovery programme and is working within this group to achieve

a centrally agreed shared data set for the group to develop shared learning and reductions in unwarranted variation.

Emergency Readmissions within 30 Days

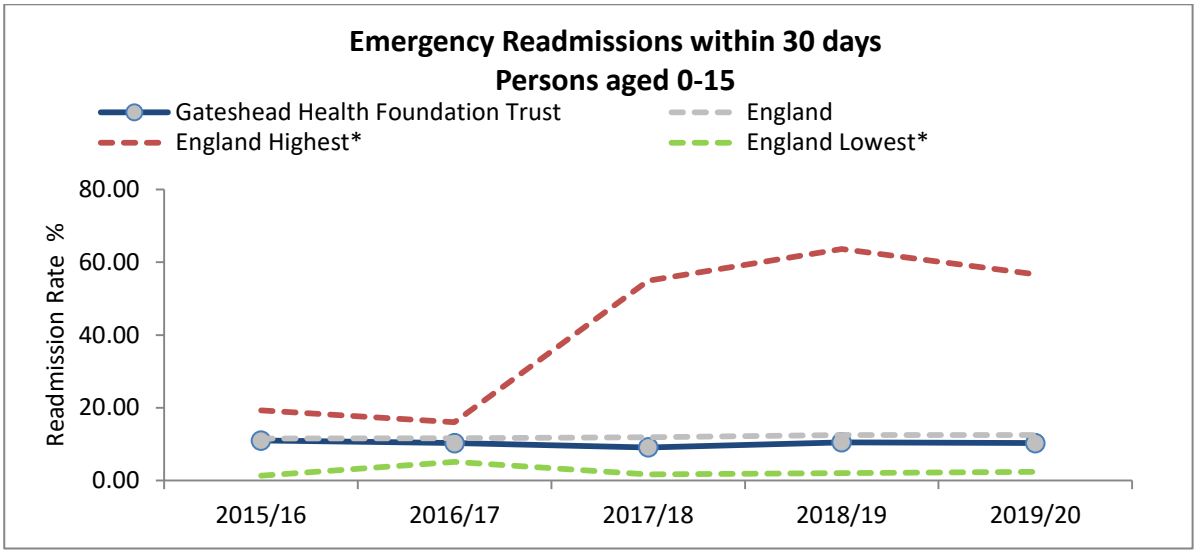
- Aged 0 – 15yrs

Emergency readmissions within 30 days of discharge from hospital Persons aged 0-15	2015/16	2016/17	2017/18	2018/19	2019/20
Gateshead Health Foundation Trust	11.00	10.30	9.10	10.50	10.30
Banding	W	B5	B1	B5	B5
England	11.5	11.6	11.9	12.5	12.5
England Highest*	19.3	16	54.9	63.6	56.7
England Lowest*	1.3	5.1	1.7	2.0	2.4

B1 = Significantly lower than the national average at the 99.8% level

B5 = Significantly lower than the national average at the 95% level but not at the 99.8% level

W = National average lies within expected variation (95% confidence interval)
*excluding caution in interpretation of data records. Numbers of patients discharged too small for meaningful comparisons (i.e. below 200).



Gateshead Health NHS Foundation Trust considers that the data is as described for the following reasons:

- Emergency readmission rates have broadly remained static over the last five years, tracking 'Significantly lower' than the national average in each of the last four years.

Gateshead Health NHS Foundation Trust has taken the following actions to improve these outcomes, and the quality of its services, by:

- The Trust will continue to monitor performance and undertake further investigations/actions should the situation change.

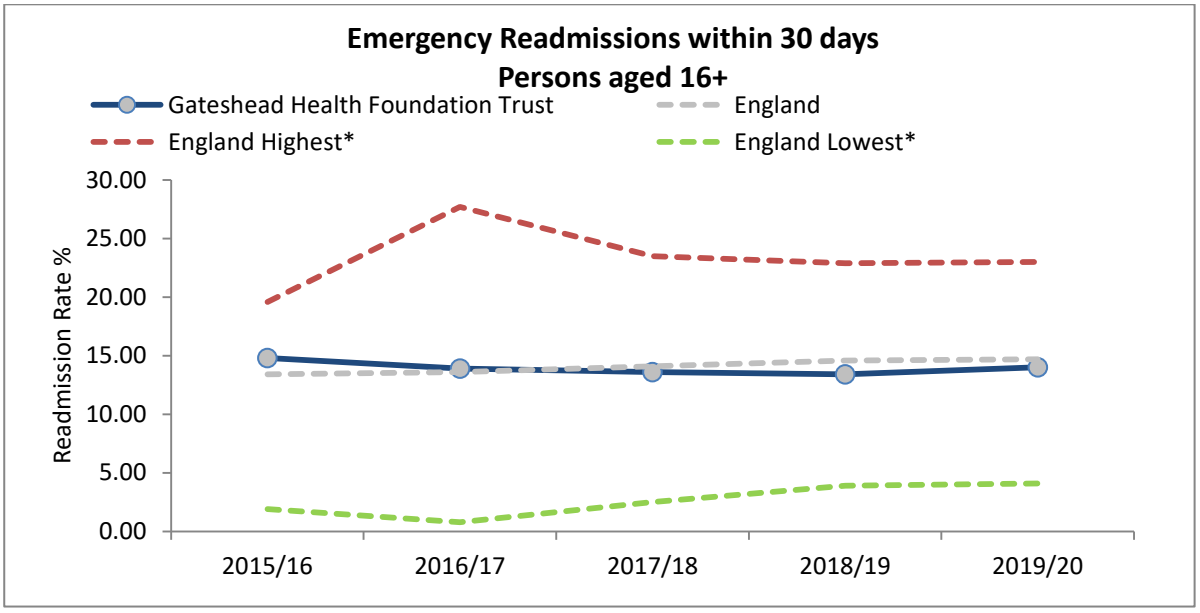
- Aged 16 years or over

Emergency readmissions within 30 days of discharge from hospital Persons aged 16+	2015/16	2016/17	2017/18	2018/19	2019/20
Gateshead Health Foundation Trust	14.80	13.90	13.60	13.40	14.00
Banding	A1	W	W	B1	B5
England	13.4	13.6	14.1	14.6	14.7
England Highest*	19.6	27.7	23.5	22.9	23
England Lowest*	1.9	0.8	2.5	3.9	4.1

A1 = Significantly higher than the national average at the 99.8% level.

A5 = Significantly higher than the national average at the 95% level but not at the 99.8% level

W = National average lies within expected variation (95% confidence interval)
*excluding caution in interpretation of data records. Numbers of patients discharged too small for meaningful comparisons (i.e. below 200).



Gateshead Health NHS Foundation Trust considers that the data is as described for the following reasons:

- Emergency readmission rates have broadly remained static over the last five years despite increasing levels of urgent & emergency care activity throughout the Trust during this period, as well as tracking 'Significantly lower' than the national average in each of the last two years. We believe this reflects positive outcomes in the various actions and initiatives listed below.

Gateshead Health NHS Foundation Trust has taken the following actions to improve these outcomes, and the quality of its services, by:

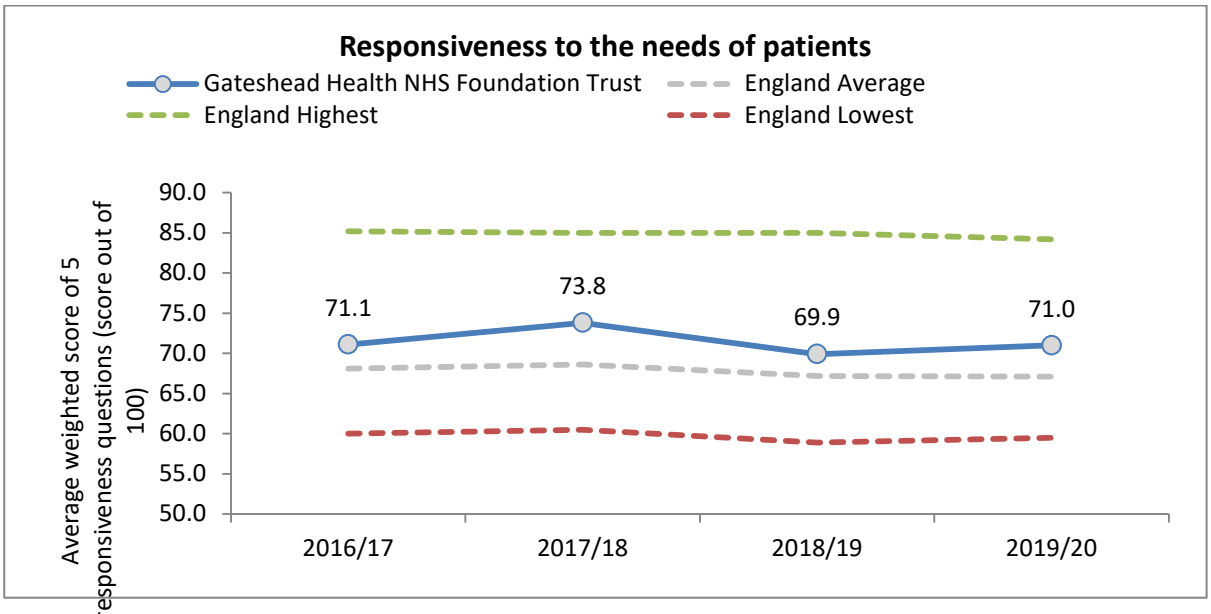
- Local monitoring of readmissions by ward and speciality to ensure that there is oversight of outlying areas.

- Reviews of readmissions that highlight failed / inappropriate discharges to better understand where practices can be improved and help ensure lessoned are learned.
- Business Case currently in development to roll out role of Discharge Coordinators across the Trust. This role will improve robustness around discharge arrangements for patients and more robustly ensure patients' needs are met on discharge.
- The Trust is investing in a new Same Day Emergency Care (SDEC) Unit, which will primarily focus on reducing patient admissions into hospital.

Trust's responsiveness to the personal needs of its patients

Responsiveness to the personal needs of patients	2016/17	2017/18	2018/19	2019/20
Gateshead Health NHS Foundation Trust	71.1	73.8	69.9	71.0
England Average	68.1	68.6	67.2	67.1
England Highest	85.2	85.0	85.0	84.2
England Lowest	60.0	60.5	58.9	59.5

Source: https://digital.nhs.uk/data-and-information/areas-of-interest/hospital-care/quality-accounts



Gateshead Health NHS Foundation Trust considers that this data is as described for the following reason:

- The data supplied by NHS Digital and is consistent with internal data reviewed on a monthly basis of patient feedback of their experience.

The Gateshead Health NHS Foundation Trust has taken the following actions to improve these percentages, and so the quality of its services, by:

- Continuing to encourage patients and carers in taking part in robust multi-disciplinary care discussions where the patient can discuss their individual needs as an inpatient.
- Continuing to collect feedback from patients, carers and relatives through a variety of different sources including the Friends and Family Test, service level patient experience questionnaires as

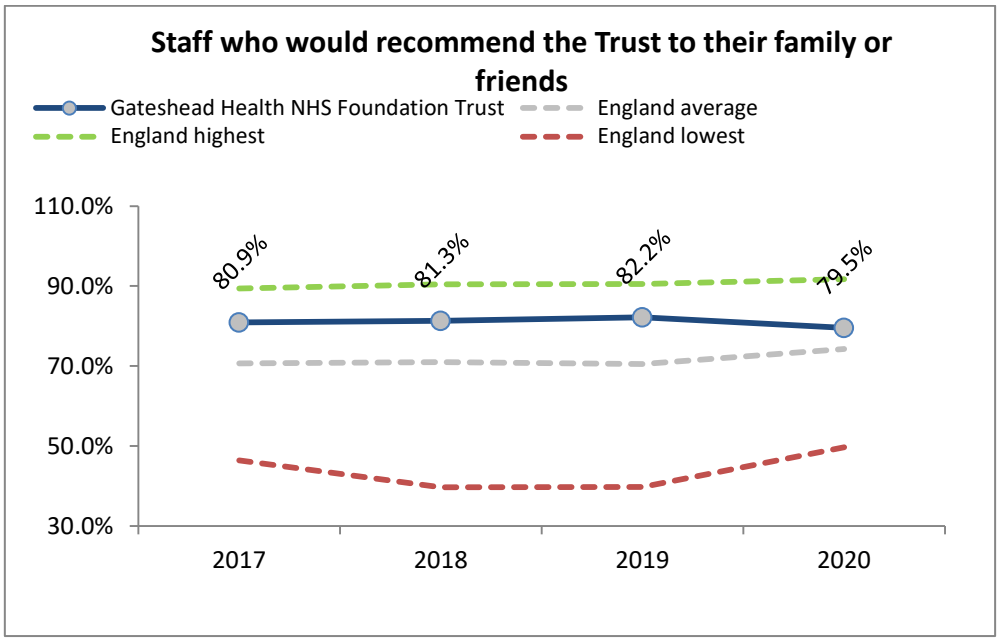
well as a through the collection of patient stories by the Patient Experience Team which has led to service level action plans for improvement.

- The Patient Involvement Forum was stood down during Covid-19 but this has utilised email and post to ensure service developments are responsive to patient needs.
- We continue to closely monitor our patient experience reporting and include these measures as part of the compliance monitoring again the Trust's Quality Improvement Strategy and the Patient, Public and Carer Involvement and Experience Strategy 2018-2021 and these are monitored through the Patient Public Carer Involvement and Experience Group and the SafeCare Council.
- Within the Patient Experience Team, a Rapid Process Improvement Workshop (RPIW) has commenced in response to complainant feedback and the new Parliamentary and Health Service Ombudsman (PHSO) which are being piloted in sites across the UK. The aim is to provide a quicker, simpler and more streamlined complaint handling service, with a strong focus on early resolution by empowered and well-trained staff. There will also be a strong emphasis on senior leaders regularly reviewing what learning can be taken from complaints, and how this learning should be used to improve services.
- Implementing a series of Business Unit level improvements following patient engagement and involvement demonstrating our responsiveness to individual needs. This includes the refurbishment and redesign of mobile vans within Breast Screening to ensure a one way system was in place as well as within endoscopy and bowel screening, achieving Joint Advisory Group on Gastrointestinal Endoscopy (JAG) accreditation. A comprehensive programme of engagement and involvement work continues within the community, utilising patient stories to drive service change. Our existing Well Led Walk About and 15 Steps Challenge have been revised and looking forward, our 15 Steps Challenge will ensure a focus is placed upon those with protected characteristics. Following the results of the National Inpatient Survey, we intend to continue work around patient discharge.

Percentage of staff employed by, or under contract to the Trust who would recommend the Trust as a provider of care to their family or friends

Staff who would recommend the Trust to their family or friends	2017	2018	2019	2020
Gateshead Health NHS Foundation Trust	80.9%	81.3%	82.2%	79.5%
England highest	89.4%	90.4%	90.5%	91.7%
England lowest	46.4%	39.7%	39.8%	49.7%
England average	70.7%	71.0%	70.5%	74.3%

Source:www.nhsstaffsurveys.com



The Gateshead Health NHS Foundation Trust considers that these percentages are as described for the following reasons:

- Gateshead Health NHS Foundation Trust is consistently well regarded by our staff as a place for their family/friends to receive care, and this has continued in 2018. We believe this is because of multiple factors, and not least because we have a loyal, compassionate and proud workforce who continuously live our values of innovation, care, openness, respect and engagement

The Gateshead Health NHS Foundation Trust has taken the following actions to improve these percentages, and so the quality of its services, by:

Continuing to promote the Trust's Vision and Values, which place the patient at the centre of everything we do.

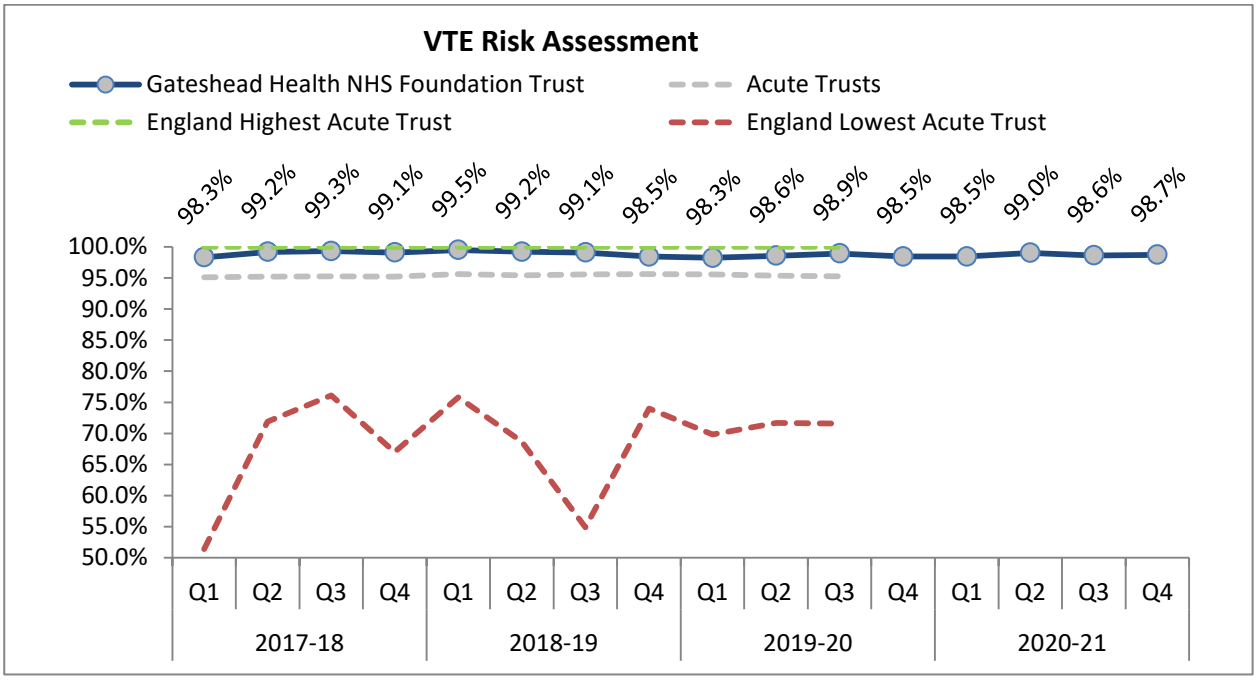
- Embedding the Vision and Values into recruitment, induction, training and appraisals, to ensure all staff, regardless of their role contribute directly or indirectly to patient care.
- Progress the national NHS people plan work to ensure staff look after each other and foster a culture of inclusion and belonging, as well as action to grow and train our workforce, and work together differently to deliver patient care.
- Recognising the high standards of care delivered by staff through our 'You're a Star' programme and Star Awards ceremony.

Percentage of patients who were admitted to hospital and who were risk assessed for venous thromboembolism

Year	Quarter	Gateshead Health NHS Foundation Trust	England Highest Acute Trust	England Lowest Acute Trust	Acute Trusts
2017-18	Q1	98.3%	100.0%	51.4%	95.1%
	Q2	99.2%	100.0%	71.9%	95.2%
	Q3	99.3%	100.0%	76.1%	95.3%
	Q4	99.1%	100.0%	67.0%	95.2%
2018-19	Q1	99.5%	100.0%	75.8%	95.6%
	Q2	99.2%	100.0%	68.7%	95.4%

	Q3	99.1%	100.0%	54.9%	95.6%
	Q4	98.5%	100.0%	74.0%	95.6%
2019-20	Q1	98.3%	100.0%	69.8%	95.6%
	Q2	98.6%	100.0%	71.7%	95.4%
	Q3	98.9%	100.0%	71.6%	95.3%
	Q4	98.5%	Collection suspended to release capacity to manage COVID-19		
2020-21	Q1	98.5%			
	Q2	99.0%			
	Q3	98.6%			
	Q4	98.7%			

https://improvement.nhs.uk/resources/vte/



The Gateshead Health NHS Foundation Trust considers that these percentages are as described for the following reasons:

- Gateshead Health NHS Foundation Trust Compliance with DVT risk assessment has reached 95% in all areas of the hospital which use the JAC prescribing site and reassurance have been gained regarding robust assessment in Critical Care which use a paper documentation. A customised area has been set up on Datix in order to report cases of Hospital Acquired Thrombosis

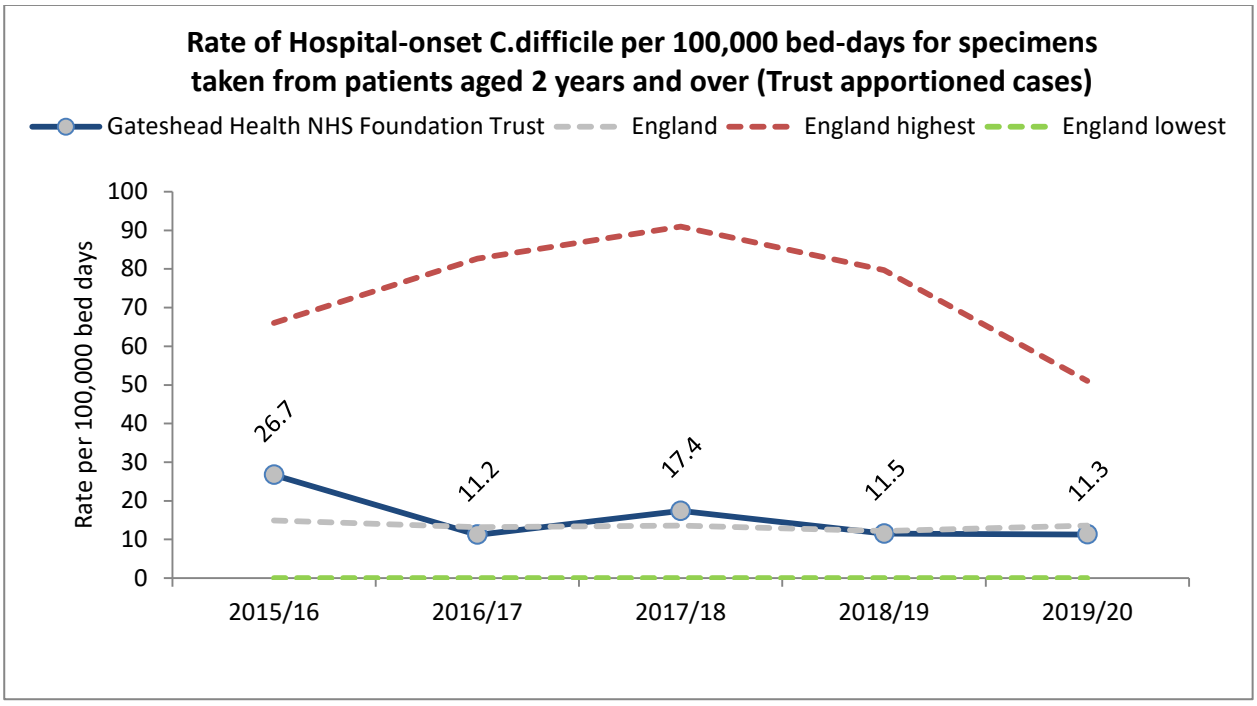
The Gateshead Health NHS Foundation Trust intends to take the following actions to improve these percentages, and so the quality of its services, by:

- A Venous Thromboembolism Committee meet regularly to update all guidelines and raise awareness of deep vein thrombosis and pulmonary embolism and the impact on health. Education of junior doctors and nursing staff have been commenced with regular sessions in the Clinical Leads Nursing meeting and Safecare meetings. The intranet has been updated with these guidelines and an e-learning module for this has been set up with the help of the Practice and Development Team.
- All new NICE guidelines are monitored on a monthly basis and the relevant updates sent to the respective teams

The rate per 100,000 bed days of cases of *Clostridium difficile* infection (CDI) reported within the Trust amongst patients aged 2 or over

Rate of Hospital-onset C.difficile per 100,000 bed-days for specimens taken from patients aged 2 years and over (Trust apportioned cases)	2015/16	2016/17	2017/18	2018/19	2019/20
Gateshead Health NHS Foundation Trust	26.7	11.2	17.4	11.5	11.3
England highest	66	82.7	91.0	79.7	51.0
England lowest	0.0	0.0	0.0	0.0	0.0
England	14.9	13.2	13.6	12.2	13.6

Source:https://www.gov.uk/government/statistics/clostridium-difficile-infection-annual-data



Gateshead Health NHS Foundation Trust considers that these percentages are as described for the following reasons:

- Clostridium difficile infection (CDI) remains an unpleasant, and potentially severe or even fatal, infection that occurs mainly in elderly and other vulnerable patient groups, especially those who have been exposed to antibiotic treatment. Reduction of CDI continues to present a key challenge to patient safety across the Trust, therefore ensuring preventative measures and reducing infection is very important to the high quality of patient care we deliver.
- GHNFT reports Healthcare associated CDI cases to PHE via the national data capture system against the following categories:
    - Hospital onset healthcare associated (HOHA): cases that are detected in the hospital 2 or more days after admission (where day of admission is day 1)
    - 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 reporting the case in the previous 4 weeks.
- CDI objectives for 2020/21 were not published by NHS improvement. To ensure continued performance improvement, the IPC team set a 2020/21 local objective to reduce the incidence of

healthcare associated CDI by one case (consistent with previous national improvement objective setting) at thirty-nine (39) cases.

- Nationally the financial sanctions for CDI have been removed and the 'appeals' process no longer in use, and the expectation that organisations will perform local review of cases.
- For 2020/21 GHNFT reported forty (40) cases of healthcare associated CDI. Thirty-one (31) hospital onset healthcare associated, and nine (9) community onset healthcare associated cases. Although not achieving the internal objective of 39 cases it represented an actual reduction of five (5) cases from 2019/20
- A focused and zero tolerance approach to all avoidable healthcare-associated infections continue to support reduction of CDI in line with national guidance.

Gateshead Health NHS Foundation Trust has taken the following actions to improve these percentages, and so the quality of its services by using the following approaches:

- Local multidisciplinary CDI Root Cause Analysis meetings are arranged for all healthcare associated cases. Cases are reviewed and good practice/lessons learnt can be identified. The learning is then linked, if appropriate, to the key themes of sample submission, antimicrobial prescribing, documentation, patient management and human factors.
- Where there is an increased incidence of CDI associated with a particular clinical area, a multidisciplinary meeting will review all the cases collectively, consider if any cross infection may have occurred then formulate and enable an action plan to address any shortcomings identified.
- Ribotyping of Hospital-onset positive CDI cases is arranged with the *Clostridium difficile* Ribotyping Network (CDRN) to determine if cross infection has taken place within clinical areas when there is an increase in incidence of CDI.
- The Trust works closely in partnership with the Newcastle Gateshead Clinical Commissioning Group, and other regional Foundation Trusts, to review lessons learned and share good practice from CDI cases.
- Bespoke CDI education support has been provided to both secondary and primary care sectors across Gateshead.
- The Diarrhoea Assessment Management Pathway (DAMP) tool provides guidance for clinical staff managing those patients experiencing loose stools, and will be assimilated into the suite of electronic documents available on Nerve Centre
- Enhanced personal protective equipment is worn when caring for patients with suspected infective diarrhoea.
- Patients are risk assessed and prioritised, ensuring those patients requiring a level of isolation are identified.
- To enhance antimicrobial stewardship Trust guidelines are developed to reflect the national five year AMR strategy.
- Polymerase chain reaction (PCR) testing continues to be used to enhance the testing regimen of samples.

The number and rate of patient safety incidents reported within the Trust and the number and percentage of such patient safety incidents that resulted in severe harm or death

Patient Safety Incidents per 1,000 bed days	Oct 18 – Mar 19		Apr 19 – Sep 19		Oct 2019 - Mar 2020	
Organisation	Gateshead Health NHS Foundation Trust	Acute (non-specialist) Organisations	Gateshead Health NHS Foundation Trust	Acute (non-specialist) Organisations	Gateshead Health NHS Foundation Trust	Acute (non-specialist) Organisations
Total number of incidents occurring	3,366	765,221	3,111	815,852	2,929	838,722
Rate of all incidents per 1,000 bed days	38.8	N/A	37.0	N/A	34.8	N/A
Number of incidents resulting in Severe harm or Death	41	2,458	27	2,524	19	2,536
Percentage of total incidents that resulted in Severe harm or Death	1.22%	0.32%	0.87%	0.31%	0.23%	0.30%

Source: www.improvement.nhs.uk/resources/organisation-patient-safety-incident-reports-data/

The Gateshead Health NHS Foundation Trust considers that these percentages are as described for the following reasons:

- The table above demonstrates a slight decrease in the overall reporting of patient safety incidents to the NRLS in the second half of 2019-2020; the exception to this decrease has been observed in the increased reporting rate of incidents which have been graded as causing low harm.
- It is suggested that the adjustments made to undertaking elective work and the overall reduction in direct patient contacts towards the end of March 2020 may partially explain the reason for the decrease as the Trust prepared to respond to the first wave of Covid-19 infection.
- A further explanation for the decrease in reporting rates may be deducted from reviewing the incident categories which have fallen under the severity of causing moderate harm and above. This has identified a significant decrease in the number of reported incidents relating to Category 3 and Category 4 pressure damage with only one incident reported as causing severe harm within the latest time period being presented.
- This decrease in the reporting rate of this category of incident and corresponding decrease in the number of incidents graded as causing moderate harm and above was first observed following the implementation of revised national guidance in April 2019 (issued by NHS Improvement). This advised providers to amend the definition and measurement of pressure ulcers to record pressure damage as 'unstageable' or 'deep tissue injury' if the wound bed was not visible. Prior to this revised guidance being issued, this damage would have been graded as Category 3 or Category 4 and reported as moderate harm or severe harm on the patient safety incident reporting system.
- Unstageable damage is managed by the Tissue Viability Team who monitors the wound until categorisation is possible.
- Further analysis of the patient safety data for the time period being reviewed has demonstrated that a number of patient safety incidents were upgraded following discussion / presentation at the Trust Serious Incident Review Panel however as these were initially reported as causing moderate harm or below, they have not been included within the data being presented.

The Gateshead Health NHS Foundation Trust has taken the following actions to improve these percentages, and so the quality of its services:

- The current training format is to be amended to incorporate the new standards for patient safety investigations along with the current statutory reporting requirements and Family Liaison Officer involvement.
- Supporting the implementation of the NHS Patient Safety Strategy 'short to medium term priorities' which have been identified to address key work programmes including improving the quality of incident reporting; implementation of the new Patient Safety Incident Response Framework (PSIRF) and implementation of the Framework for Involving Patients in Patient Safety. Leads have been identified and assessment is underway.
- To complete a 'deep dive' of the current process of managing unstageable pressure damage and to implement key findings from this to maximise the learning identified when reviewing patient safety incidents that have resulted in pressure damage.
- Providing further Family Liaison Officer training to a broad range of staff from a number of disciplines across the organisation over the next twelve months in order to support patients and families who are involved in a patient safety incident investigation.

Part 3

Review of Quality Performance

3. Review of quality performance

‡ denotes that this indicator is governed by standard national definitions

2020/21 has been a successful year in relation to the three domains of quality:

- Patient Safety
- Clinical Effectiveness
- Patient Experience

The following sections provide details on the Trust's performance on a range of quality indicators. The indicators themselves have been extracted from NHS nationally mandated indicators, and locally determined measures. Trust performance is measured against a mixture of locally and nationally agreed targets. The key below provides an explanation of the colour coding used within the data tables.

	Target achieved
	Although the target was not achieved, it shows either an improvement on previous year or performance is above the national benchmark
	Target not achieved but action plans are in place

Where applicable, benchmarking has been applied to the indicators using a range of data sources which are detailed in the relevant sections. The Trust recognises that benchmarking is an important tool that allows the reader to place the Trust performance into context against national and local performance. Where benchmarking has not been possible due to timing and availability of data, the Trust will continue to work with external agencies to develop these in the coming year.

3.1 PATIENT SAFETY

‡*Outcomes of Trust Wide MaPSaF Patient Safety Culture Assessment:*

2015/2016	2016/2017	2017/2018	2018/19	2019/20	2020/21
No Assessment Due	No Assessment Due	No Assessment Due	Pro-Active	No Assessment Due	No Assessment Due

Reducing Harm from Deterioration:

Safe Reliable care	2018-19	2019-20	2020-21	Target
HSMR	107.7	115.0	107.3*	<100
SHMI Period	Apr-18 to Mar-19	Apr-19 to Mar-20	Jan-20 to Dec-20	
SHMI	1.05	1.06	1.0	<=1
SHMI Banding	As Expected	As Expected	As Expected	As expected or lower than expected

SHMI - Percentage of provider spells with palliative care coding (contextual indicator)	2.0%	2.3%	2.6%	N/A
Crude mortality rate taken from CDS	1.62%	1.73%	2.32%	<1.99%
Number of calls to the CRASH team	118	143	113	N/A
Of the calls to the arrest team what percentage were actual cardiac arrests	45.8%	45.5%	38.1%	N/A
Cardiac arrest rate (number of cardiac arrests per 1000 bed days)	0.31	0.52	0.83	N/A
Hospital Acquired Pressure Damage (grade 2 and above)	130	105	115	Year on year Reduction
Community Acquired Pressure Damage (grade 2 and above)	1312	1462	1565	N/A
Number of Patient Slips, Trips and Falls	1656	1519	1415	N/A
Rate of Falls per 1000 bed days	9.38	8.70	10.36	Reduction (<8.5)
Number of Patient Slips, Trips and Falls Resulting in Harm	385	329	318	N/A
Rate of Harm Falls per 1000 bed days	2.18	1.89	2.33	Reduction (Less than <2.25)
Falls Change	4.8% Increase	13.3% reduction	23.2% Increase	Reduction (Less than <2.25)
Ratio of Harm to No Harm Falls (i.e. what percentage of falls resulted in Harm being caused to the patient)	23.2%	21.7%	22.5%	Year on Year reduction

*HSMR figures are April 2020 to February 2021

Reducing Avoidable Harm:

Reducing Avoidable Harm		2018-19	2019-20	2020-21	Target
Medication Errors	No Harm	562	440	529	N/A
	Minimal Harm	73	63	75	N/A
	Moderate Harm	7	5	4	<8
	Severe	0	1	2	0
	Total	642	509	611	N/A
Never Events		4	4	2	0
Patient Incidents per 1,000 bed days		45.60	44.66	46.52	N/A
Rate of patient safety incidents resulting in severe harm or death per 100 admissions		0.17	0.11	0.19	N/A

Source: Trust incident reporting system Datix

Infection Prevention and Control:

Infection Prevention & Control	2018-19	2019-20	2020-21	2020-21 Objective††
MRSA bacteraemia apportioned to acute trust post 48hrs	2*	1	0	0
MRSA bacteraemia rate per 100,000 bed days	**1.14***	**0.57**	**0**	0
NB: *Clostridium difficile* Infections (CDI) post 72hr cases	**20†**	**45^**	**40**	**<=39**
Clostridium difficile Infections (CDI) rate per 100,000 bed days	**11.24†**	**25.65**	**29.28**	**-**

*During 2018/19 the Trust reported two (2) MRSA bacteraemia.
The Trust had successfully achieved 1,016 Hospital-onset MRSA BSI free days up to October 2018 and celebrated continuing to maintain the national aspiration until November when two hospital-onset positive blood culture samples were reported.
All Investigations were implemented in line with revised guidance followed by a post infection review (PIR). Both cases were allocated to the Trust however upheld as unavoidable with appropriate lessons learned and shared.

^2019-20. 28 Clostridium difficile cases have been successfully presented for appeal with 9 cases currently awaiting joint review meetings, therefore the trust currently has 17 cases held against the identified ambition of 40 cases.

†During 2018/19 the Trust has reported twenty (20) CDI cases; exceeding its objective by two (2) cases and reporting a rate of 11.24 per 100k bed days. However following review and successful appeals the Trust reports only three (3) cases against the quality premium and seventeen (17) cases with no lapses in care. 2018/19 has proved to be a successful year for improving patient safety by reducing CDI, reporting our lowest case numbers to date A focused and zero tolerance approach continues to support a reduction in CDI for patient safety in line with national guidance.

††CDI objectives for 2020/21 were not published by NHS improvement. To ensure continued performance improvement, the IPC team set a 2020/21 local objective to reduce the incidence of healthcare associated CDI by one case (consistent with previous national improvement objective setting) at thirty-nine (39) cases. Nationally the financial sanctions for CDI have been removed and the 'appeals' process no longer in use, and the expectation that organisations will perform local review of cases. For 2020/21 GHNFT reported forty (40) cases of healthcare associated CDI. Thirty-one (31) hospital onset healthcare associated, and nine (9) community onset healthcare associated cases. Although not achieving the internal objective of 39 cases it represented an actual reduction of five (5) cases from 2019/20

Infection Prevention & Control	2019-20	2020-21
Hospital Onset Healthcare Associated C.difficile per 100,000 occupied overnight beds	12.54	17.72

Safeguarding Children and Adults

Covid-19 has had a significant impact on safeguarding activity; however, the teams have continued to deliver a comprehensive safeguarding service throughout the pandemic.

- The Safeguarding teams hold monthly Safeguarding Professionals Link Meetings via Microsoft Teams, to promote good Safeguarding practice throughout the Trust and a think family approach.
- A monthly news bulletin within the QE Weekly provides valuable updates on current safeguarding issues and promotes training opportunities.
- Within the Safeguarding Committee the teams are looking at new and innovative ways to bring service users views/the voice of the child into the meetings. Patient stories are shared and in April 2021 the Looked After Children (LAC) team invited a 17-year-old service user to share her experiences within the meeting.
- Covid-19 has created a lot of pressure for staff especially when dealing with safeguarding issues. There are now Health and Wellbeing ambassadors within the teams, and members of the teams have attended resilience training. There is work ongoing to explore ways to ensure that

staff across the trust can access appropriate emotional and psychological support if they have experienced any challenging or distressing safeguarding cases.

- During Covid-19 there has been a national rise in the number of children presenting with Abusive Head Trauma. ICON (Infant crying is normal and the crying will stop) is a national programme aimed at reducing the incidents of Abusive Head Trauma and the Children's safeguarding team have worked with the Clinical Commissioning Groups (CCGs) and partner agencies to roll out the ICON programme across the trust.
- Due to Covid-19 restrictions most face to face multi-agency training was stood down so the Children's safeguarding team and the Domestic Abuse Advisor recorded a training video and developed a training passport so staff can complete a variety of alternative training options. E-learning packages for Adult Safeguarding and Mental Capacity Act & Deprivation of Liberty (DoLs) training have been procured to ensure staff have resources to maintain compliance with requirements.
- The Adult Safeguarding team have worked with Community Services, including infection control and tissue viability services to support the Care Homes during the pandemic.
- There has been a substantial increase in Domestic Abuse referrals, particularly staff members requiring support. Training has been rolled out throughout the Trust to support this. Contact details for advice/help were also placed on the reverse of the information for patients attending for Covid-19 swabs to reach potentially isolated people.

3.2 CLINICAL EFFECTIVENESS

Right Care, Right Place, Right Time

Indicators	2018-19	2019-20	2020-21	Target	Benchmark
Percentage of Cancelled Operations from FFCE's†	0.60%	0.54%	0.24%	0.80%	**
Percentage of Patients who return to Theatre within 30 days (Unplanned / Planned / Unrelated)	5.28%	3.85%	4.40	Improve Year on Year	N/A
Fragility Fracture Neck of Femur operated on within 48hrs of admission / diagnosis	95.3%	96.3%	93.9%	90%	N/A
Proportion of patients who are readmitted within 28 days across the Trust*	8.34%	9.13%	10.42%	Improve year on year	N/A
Proportion of patients undergoing knee replacement who are readmitted within 30 days*	5.50% 21 Patients readmitted	6.55% 15 Patients readmitted	0.00% 0 Patients readmitted	Improve Year on Year	N/A
Proportion of patients undergoing hip replacement who are readmitted within 30 days*	6.08% 23 patients readmitted	6.00% 15 patients readmitted	7.34% 8 patients readmitted	Improve Year on Year	N/A

* Figures taken from Healthcare Evaluation data (HED) and provide full financial years for 2016-17, 2018-19, 2019-20 and April 2021 to January 2021

** No benchmark available due to pausing of national collection as a result of Covid -19

† FFCE's refer to First Finished Consultant Episodes. A patient's treatment or care is classed as a spell of care. Within this spell can be a number of episodes. An episode refers to part of the treatment or care under a specific consultant, and should the patient be referred to another consultant, this constitutes a new episode

3.3 PATIENT EXPERIENCE

Responsiveness to Inpatients' personal needs NHS Inpatient Survey Positive Scores	2015	2016	2017	2018	2019	Average for similar organisations
Was the patient as involved as they wanted to be in decisions about their care and treatment?	91%	90%	92%	89%	92%	90%
Did the patient find someone to talk to about their worries and fears?	82%	76%	82%	73%	73%	72%
Was the patient told about medication side effects to watch out for?	65%	59%	64%	57%	59%	57%
Was the patient told who to contact if they were worried?	84%	80%	82%	77%	74%	76%
Was the patient given enough privacy when discussing their condition or treatment?	94%	95%	96%	95%	97%	94%

Source: Picker Institute Inpatient Survey 2019 Gateshead Health NHS Foundation Trust Management Report

Red cells show a significantly worse score

Green cells indicate a significantly improved score

Safe, Effective Environment, Appropriate Equipment & Supplies

Patient-Led Assessments of the Care Environment (PLACE)		2017	2018	2019*	2020	
Cleanliness	Gateshead Health NHS Foundation Trust	99.9%	99.9%	100.0%	Assessments postponed due to COVID-19	*As a result of extensive changes to the survey it is important to note that the results of the 2019 assessments will not be comparable to earlier collections.
	National Average	98.4%	98.5%	98.6%		
Food	Gateshead Health NHS Foundation Trust	93.9%	93.4%	99.6%		
	National Average	89.7%	90.2%	92.2%		
Environment	Gateshead Health NHS Foundation Trust	97.1%	99.0%	99.7%		
	National Average	94.0%	94.3%	96.4%		
Privacy, Dignity and Wellbeing	Gateshead Health NHS Foundation Trust	85.3%	87.0%	98.4%		
	National Average	83.7%	84.2%	86.1%		
Dementia	Gateshead Health NHS Foundation Trust	78.3%	86.6%	97.6%		
	National Average	76.7%	78.9%	80.7%		
Disability	Gateshead Health NHS Foundation Trust	86.7%	93.4%	96.8%		
	National Average	82.6%	84.2%	82.5%		

Source: https://digital.nhs.uk/data-and-information/publications/statistical/patient-led-assessments-of-the-care-environment-place

Friends and Family Test

The national guidance for the new Friends and Family Test (FFT) changed in April 2020 and revised questions were implemented. The Trust planned to launch the new FFT in Spring 2020, but this was suspended nationally as a result of COVID-19 in March 2020. The FFT was reinstated from December 2020.

Further to collection of FFT data via cards, the Trust has commenced the FFT within A&E via text messaging. An initial review is showing more qualitative data is being shared in this format. Electronic capture of the FFT collection is being developed where possible in other areas of the Trust and will be commenced during 2021/22.

New Questions

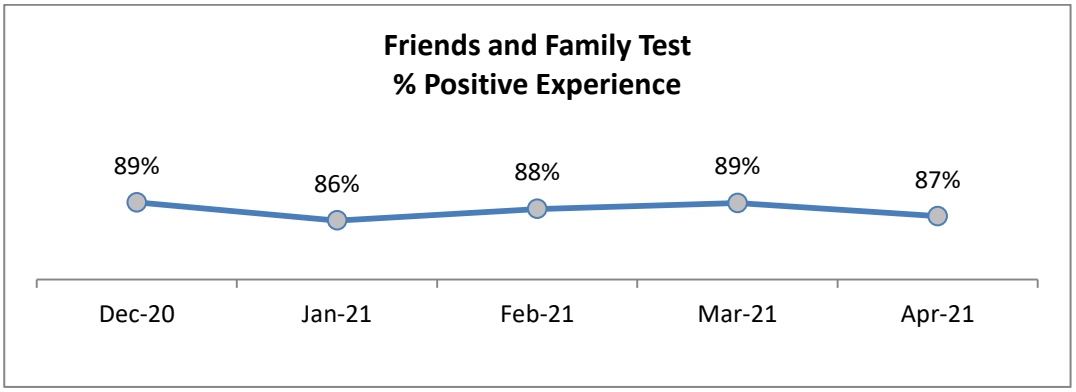
A new mandatory question for all settings was implemented:
"Overall, how was your experience of our service?"

The new question has a new response scale:
[ ] Very good [ ] Good [ ] Neither good nor poor [ ] Poor [ ] Very poor [ ] Don't know

We have followed NHSI recommendations and added a further question which has been found to encourage good quality feedback: *"Please can you tell us why you gave your answer?"*

Results

The percentage of patients reporting a positive patient experience following the reinstatement of FFT in December 2020 is outlined below:



Comparison of FFT results

Benchmarking information for the new questions has not yet been published to allow comparison to a national rate for the 2021 collection. In the settings for which NHSI have previously published response rates (general, acute inpatient, A&E and maternity), this is no longer possible because there is no limit on how often a patient or service user can give feedback. NHSI will therefore no longer calculate or publish a 'response rate' and as such our FFT data cannot be compared to previous years. The FFT provides patients with an easy way of providing us with direct feedback through asking very simple questions. All responses are reviewed monthly and feedback is provided directly to the relevant departments, this ensures we are providing the best possible service to our patients.

"I was treated and released with follow up instructions, the doctor was relaxed and informative"

"Extremely well organised nurses and doctors friendly and willing to answer my questions."

"We were seen to relatively quickly, staff are nice and friendly.
Felt as though patient care was delivered and appropriate tests were carried

What the new Friends and Family Test means for:

Patients	Gateshead Health NHS Foundation Trust
• Should be able to provide feedback at any point during their care and treatment. • Should be able to use the published FFT data alongside other publicly available data sets to inform their choices. • Should be able to challenge healthcare organisations if they are not provided with the opportunity to provide feedback. • Should be able to see visible evidence in public places to demonstrate what actions have been taken because of people's feedback. • Should be able to ask healthcare organisations to explain what improvements have been made as a result of feedback.	• Should ensure that all patients can give feedback if they want to. • Should take proactive steps to allow people to give feedback whatever their communication needs. • Should ensure staff providing care receive feedback as soon as possible after it is given. • Should have robust mechanisms in place to ensure that action plans are developed and monitored to deal with feedback. • Should provide visible evidence in public places to demonstrate what actions have taken place because of feedback. • Should use feedback from the FFT alongside other measures of quality and source of insight. • Should work with professional and clinical networks to share examples of good practice which can be replicated by others. • Should support staff to promote the FFT to patients to get their feedback.

The National Patient Survey Programme

The National Patient Survey Programme comprises the annual Adult Inpatient Survey and Maternity Survey and in rotation the Community Mental Health Survey, Urgent and Emergency Care Survey, Children and Young People survey and the Outpatient Survey. These national surveys are valuable sources of information on various aspects of our service and are used to measure and monitor our performance against Trusts locally and nationally.

Adult Inpatient Survey 2020

The Trust has received the initial results for the Adult Inpatient Survey 2020 in June 2021; however this is currently subject to an embargo.

Maternity Survey 2020

This survey was stood down due to the Covid-19 pandemic.

National Cancer Patient Experience Survey 2020

This survey was stood down due to the Covid-19 pandemic.

Urgent and Emergency Care Survey 2020

The Trust has received the initial results for the Urgent and Emergency Care Survey 2020 however this is currently subject to an embargo.

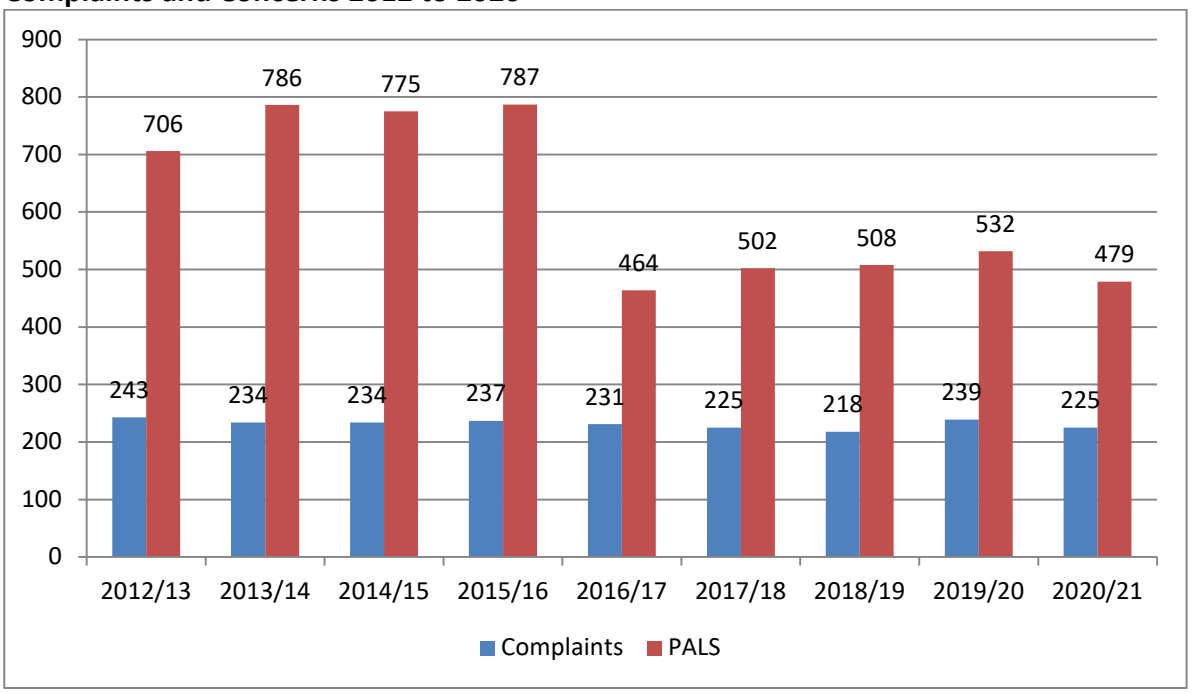
Listening to Concerns and Complaints, Compliments

The Trust acknowledges the value of feedback from patients and visitors and continues to encourage the sharing of personal experiences. This type of feedback is invaluable in helping us ensure that the service provided meets the expectations and needs of our patients through a constructive review.

For the year 2020/21 we received a total of 225 formal complaints. Promoting a culture of openness and truthfulness is a prerequisite to improving the safety of patients, staff and visitors as well as the quality of healthcare systems. It involves apologising and explaining what happened to patients who have been harmed as a result of their healthcare treatment when inpatients or outpatients of the Trust. It also involves apologising and explaining what happened to staff or visitors who have suffered harm. It encompasses communication between healthcare organisations, healthcare teams and patients and/or their carers, staff and visitors and makes sure that openness, honesty and timeliness underpins responses to such incidents.

The Patient Advice and Liaison Service (PALS) offer confidential advice, support and information on health-related matters. They provide a point of contact for patients, their families and carers.

Complaints and Concerns 2012 to 2020



During 2020/21 the top five main reasons to raise a formal complaint were in relation to:

- Communications (41 complaints).
- Clinical Treatment – General Medical Group (39 complaints).
- Clinical Treatment – Surgical Group (35 complaints).
- Values & Behaviours (Staff) (26 complaints).
- Clinical Treatment – Accident & Emergency (22 complaints).

Complaints Performance Indicators	Total 2020/21
Complaints received	225
Acknowledged within three working days	225
Complaints closed	165
Closed within agreed timescale (eight weeks)	50
Number of complaints upheld	126
Concerns received by PALS	479

Complaints Indicators	Total 2020/21
Number of closed complaints reopened	25*
Number of closed complaints referred to Health Service Ombudsman	8

Outcome of complaints referred to Health Service Ombudsman (HSO)	Total 2020/21
Currently investigating	1
Complaints upheld	0
Part upheld	0
Declined to be investigated	3 (4 still being assessed by PHSO)

***Number of closed complaints reopened.**
In the year 2020/21 25 closed complaints were reopened. This compares to 32 in 2019/20. Reasons for reopening cases include where the complainant has additional questions/concerns, or where they don't feel their initial questions were fully answered.

As a result of complaints and concerns raised over the past year a number of initiatives have been implemented.

In response to concerns raised around medication on a specific ward area, a staff member is now designated on every shift (three times a day) to check all the drug cabinets in patients' rooms to ensure the correct medications follow the patient throughout their hospital stay and/or discharge. The senior nurse on each shift will ensure that this happens each day.

A concern raised around a Paediatric letter, with regards to the issue of ICE results remaining unfiled, and therefore not acted upon in a timely manner. This issue was highlighted to medical staff in Paediatrics that if a test result on a child is outstanding, and this is likely to make a significant difference to patient care, this should be communicated directly to the responsible Consultant. The department also reviewed the way in which genetic results are recorded on ICE to ensure that any abnormal results are shown as such. The delay the family encountered with the tests results from ICE being reported have been added to the Trust's central Risk Register with action plans put in place to ensure that instances such as this do not happen again for other families.

In response to concerns raised around catheterisation, it was recognised that the monitoring of the patient's fluid balance could have been more proactive. The department has since received quotes for a bladder scanner to be kept exclusively on a specific ward area and hope to proceed with the purchase imminently. In light of the patient's experience, the Ward Manager has engaged in further

education with the nursing staff on the ward around urinary retention, and the importance of closely monitoring and documenting urine output.

Following a complaint regarding breach of data protection in relation to a child, regarding document that was left in a public place, the following actions were undertaken:

- The incident has been highlighted to all staff across the Paediatric and SCBU teams.
- The importance of the correct disposal of confidential waste emphasised.
- Recommendation to review the procedure and reduce the number of patient identifiers on the handover sheets.

As a result of a concern raised by a patient who had an appointment at the Endoscopy Unit for a Cystoscopy, however their Covid-19 test result was not ready which led to a delay in their procedure. As a result of this concern, practice has been changed within the department. The department have now allocated a member of staff to be responsible for checking the incoming patient swab results prior to patients' appointments. The Unit Manager confirms that these are also checked on the Sunday for patients who are attending appointments on a Monday. Where the result of a swab is not available they will liaise with Microbiology. Staff have also been asked to inform patients of their negative Covid-19 result when admitted for their procedure.

3.3 Focus on staff

Health & Wellbeing

Health and wellbeing of staff is now one of our strategic objectives, placing it at the heart of what is important to us as an organisation.

Throughout the Covid-19 pandemic, our staff have been amazing, responding in a way that none of us could have planned for, setting up new services, working in ways and in roles that have stretched and challenged teams and individuals, yet supporting and caring for each other.

The pandemic has affected everyone within our organisation; clinical staff have faced a daily challenge like nothing we have ever seen, our corporate staff have taken on different roles to support services; numerous staff have been working from home and our clinically extremely vulnerable staff have had 12 months they will not care to repeat. The primary focus at the workforce cell was to support staff in all these groups and agree the best ways to ensure their physical and psychological wellbeing.

In order to support our staff during this period a variety of health and wellbeing support was made available including counselling via Occupational Health and through an external partner, Talkworks, the Vivup Employee Assistance Programme, coaching and the development of a Health and Wellbeing intranet page.

We actively engaged with the national and regional resources which were made available electronically, promoting these regularly to staff.

We crafted a number of bespoke ways in which we could respond i.e.: counselling support to staff and bringing in external partners and increased psychological support to do all we could to help and support them with ongoing work, reflections and the beginning of recovery.

In addition, the Trust introduced a sanctuary room – to provide a space where all staff can come to, to take a quiet time out, have a hot drink, pick up some HWB information, and generally just relax.

Throughout the pandemic the Trust has provided a COVID-19 testing service to all our staff and also extended this to cover household and index case testing. The service offer was able to provide results within 24 hours which is notably faster than other services. This was supported for an extended period of time by a dedicated HR Advisory Advice line which was available seven days a week, between the hours of 8am and 8pm. The People and OD team also supported welfare calls to those who were shielding and isolating on a regular basis to minimise the prospect of people feeling isolated and their mental health suffering as a result.

Free car parking has been made available to all staff throughout the course of the pandemic, in keeping with the NHS people plan. Out of hours catering provisions have also been provided so that those working night shift are able to access a hot meal from the staff restaurant. Also, staff were able to access a provision of frozen ready meals during the course of the night. Staff can choose to either heat it up in the microwave, or take it back to their ward or department. During the night, a small number of tables were made available if staff prefer to eat their meals away from their work area. Free coffee provisions have also been made during the night.

In their seasonal greeting before Christmas the Executive Team wanted to express their thanks to every member of staff for their extraordinary efforts during 2020. Part of that thanks was in the form of an extra day's holiday for everyone, where individuals were encouraged to use this to focus on a health and wellbeing related activity and share this on the Trust Health and Wellbeing Twitter account @HWBGatesheadHE1. Also, by way of a further thank you, the Executive team commissioned a hamper in the spring time for every member of staff.

Project Wingman, has also been a key feature of the Trust's health and wellbeing offer throughout the course of the pandemic. Project Wingman started life as a result of ground aircrew coming together during unprecedented times to make a difference. Our Wingman have provided their time on a voluntary basis and staff have been encouraged to visit them there for a drink, a snack and most importantly, a friendly chat! Their first class service continues to provide some much needed light relief thanks to the volunteering efforts of the crew.

In the latter part of 2020, the Trust implemented an extremely successful staff COVID-19 vaccination programme which has continued into the first quarter of 2021. To date our vaccination team have vaccinated over 4000 health and care staff. In addition to this individual risk assessments have been introduced for all staff across the Trust to protect them from harm, injury and illness, employing risk scoring, stratifications to assess individual's levels of risk and if adjustments are in place. As a Trust we are pleased to report that over 85% of our workforce have been risk assessed.

In addition to what is provided internally within the Trust, the North East and North Cumbria ICS has established a Staff Support and Wellbeing Hub to complement the existing support for staff, ensuring that they can quickly and confidentially access the best advice and treatment through a range of:

- Proactive outreach work
- Resources and tools to help staff stay well
- A confidential helpline offering advice, guidance and access to therapists
- Training courses, webinars and workshops
- Other clinical interventions

As we move out of the first stages of the pandemic, the Trust will ensure the care and compassion our staff have shown, and continue to show, is also shown to them. Many need to reflect, unwind and reset before the next challenges are upon us.

As a result, the Trust is launching a Health and Wellbeing Programme to provide strategic support to the successful development and delivery of five key work streams which will play a fundamental role in keeping our staff, volunteers, bank and agency staff in good physical and psychological health and make Gateshead NHS FT and QEF services a great place to work.

The workstreams are shown below;

Communications, training and digital enablement will be cross cutting themes to support this work.

We will support our staff out of the pandemic, maintaining the services we have put in place to keep staff, their families and our patients safe, and developing approaches to make sure our staff know they are valued, and are supported in their own health and wellbeing. The programme will link with the ICS, Gateshead Council, and with other partner organisations throughout the duration to ensure it remains connected into the national and regional programme, maximising the use of at scale support while ensuring delivery meets our local needs.

Finally, as part of our work to review and refresh our approach to wellbeing and drive these efforts, we are expanding our Health and Wellbeing team with the introduction of a Health and Wellbeing Lead, Health and Wellbeing Facilitator, Health and Wellbeing Administrator to increase and build capacity into the team.

People Plan

On 30 July 2020 the NHS People Plan was published. This first national workforce strategy for some time. The plan sets out what our NHS people can expect from their leaders and each other. The plan focuses on how we must look after each other and foster a culture of inclusion and belonging, as well as action to grow and train our workforce, and work together differently to deliver patient care. This is focused primarily on the immediate term (2020-21) with an intention for the principles to create longer lasting change. It is anticipated that a further plan will be published during 2021-22 following further engagement and collaboration with stakeholders.

The plan and associated actions cover five key areas; health and wellbeing, flexible working, equality & diversity, new ways of working, recruitment and retaining staff.

It also includes 'Our People Promise,' which sets out ambitions for what people working in the NHS say about it by 2024. It has been developed to help embed a consistent and enduring offer to all staff in the NHS. From 2021 the annual NHS Staff Survey will be redesigned to align with Our People Promise.

In 2020-21 a new post was established and appointed to as an Executive Director of People and OD. This was a newly established role and is the first time in approximately 15 years that Gateshead Health NHS Foundation Trust has had an executive level people lead within the organisation. A new Deputy Director of People and OD was appointed at the start of 2021, again strengthening the strategic overview and operational focus of the People & OD team. As part of their appointment work has begun to explore what we do and how we do this and how we position ourselves as a Trust to ensure that 'Our People Promise' is at the heart of what we do.

We have explored our progress against the People Plan actions at HRC and whilst some progress has been made, there remains a lot of work to do and the review and modernisation of the People Function is a core enabler to this.

We have had a number of team sessions to discuss strategic objectives and our areas of focus as we hopefully move on from the pandemic – an exciting journey lies ahead.

Staff Networks

Throughout the course of the pandemic our three established staff networks have still continued to meet, albeit it virtually and continue with their tremendous work.

The BAME network have focused on supporting risk assessments and the roll out of vaccinations for BAME staff, along with commencement of cultural ambassador training, delivered in partnership with CNTW NHS Trust.

THE LGBTQ+ network have recently secured a flagpole at the front of the site which will be used for all

network flags and celebrate LGBTQ+ history month in February.

The D-Ability Network continue with their work to improve the lived experiences of staff with disabilities and have promoted time to change day, world cancer day and help to bust myths related to the Covid-19 vaccine. Finally, on the 8 March, international Woman's Day we launched the new women's network within the trust. This is a new network whose purpose is to create a vibrant community for women to support each other and grow. It'll be a space to share experiences, gain advice without judgement and help tackle the challenges that women face, as with our other networks, Executive level sponsorship is being given to this network.

3.4 National targets and regulatory requirements

‡ The following indicators are all governed by standard national definitions

Indicator		2018/19	2019/20	2020/21	Target	National Average
Maximum time of 18 weeks from point of referral to treatment in aggregate – patients on an incomplete pathway		92.6%	91.1%	69.0%	92.0%	62.1%
A&E – maximum waiting time of four hours from arrival to admission / transfer / discharge		94.0%	89.6%	91.4%	95.0%	86.8%
All cancers: 62 day wait for first treatment from: urgent GP referral for suspected cancer		83.6%	76.7%	68.1%	85.0%	Cancer Waiting Times Report for 2020/21 not yet published
NHS Cancer Screening Service referral		92.8%	93.9%	76.4%	90.0%	
All cancers: 31 day wait for second or subsequent treatment, comprising:	Surgery	99.0%	97.7%	95.8%	94.0%	
	Anti-cancer drug treatments	99.9%	99.5%	98.9%	98.0%	
	Radiotherapy	N/A	N/A	N/A	94.0%	
All cancers: 31 day wait from diagnosis to first treatment		99.5%	99.3%	97.9%	96.0%	
Cancer: two week wait from referral to date first seen, comprising:	All urgent referrals (cancer suspected)	95.6%	91.2%	67.3%	93.0%	
	Symptomatic breast patients (cancer not initially suspected)	95.1%	95.9%	91.8%	93.0%	
Maximum 6-week wait for diagnostic procedures		99.5%	98.8%	55.8%	99.0%	63.9%

Source: http://www.england.nhs.uk/statistics/statistical-work-areas

Annex 1: Feedback on our 2020/21 Quality Account

4.1 Gateshead Overview and Scrutiny Committee

Based on Gateshead Care, Health and Wellbeing OSC's knowledge of the work of the Trust during 2020-21 we feel able to comment as follows: -

Quality Priorities for 2019 - 21
OSC is supportive of the Trust's proposed Quality Priorities for Improvement.

Progress Against Quality Priorities for 2020-21
OSC expressed its thanks to all the Trust's staff and volunteers for the tremendous work they have carried out during the pandemic and congratulated the Trust on continuing to make some real improvements in quality and safety whilst facing the significant operational challenges as a result of the pandemic e.g. Implementation of Medical Examiner Service; deployment of Family Liaison Officers to patient families involved in patient safety incidents and complex complaints and Volunteer programmes which have played a key role in supporting patients and staff during the pandemic.

Maternity Services
OSC applauded the maternity provision available during the pandemic and the care provided which was considered to be excellent. OSC was particularly impressed with the Maternity Notes initiative which allows women to access their records on-line and check appointments and the Maternity Voices Partnership which was felt to be a valuable communication tool.

However, OSC also noted the BMJ report indicating that women from minority ethnic and deprived backgrounds are more likely to die in childbirth and sought to understand how the Trust is seeking to tackle this situation. OSC was pleased to learn that the Horizon Continuity of Carer team, involving a team of midwives working in local communities, has been launched which will complement a range of ongoing work to tackle health inequalities experienced by specific groups which are likely factors in such deaths.

Making Every Contact Count - Stop Smoking
OSC congratulated the Trust on the work it has been progressing in relation to helping patients to stop smoking, particularly the text messaging service for patients to support them to stop smoking and expressed its support for proposed further improvements outlined.

Patient Experience
OSC was pleased to note that during the year the Trust plans to use Volunteers to seek patient feedback on their experience of services which will be input into electronic devices in real time and digital reports produced.

Patient Safety
Falls
OSC expressed concern that the rate of harm to the number of Falls had increased to 22.5% but acknowledged that the Trust's response to the Covid 19 pandemic had impacted on this area and supported this being a key priority area for the Trust going forwards.

Clinical Effectiveness
Cancer targets
OSC noted that cancer targets are not currently being met and there is concern that the impact of delayed diagnosis is now emerging. OSC sought to understand how this work would be progressed and was pleased to note that protecting cancer pathways is a priority for the Trust and work is ongoing to deal with referrals as quickly as possible.

Mortality Rates
OSC explored the position in relation to long term mortality rates and noted the work the Trust has carried out to learn from patient deaths and how this learning is being applied.

CQC Inspection Outcomes
OSC noted that the Care Quality Commission has not taken enforcement action against Gateshead Health NHS Foundation Trust during 2020-21.

4.2 Gateshead Clinical Commissioning Group

NHS Newcastle Gateshead Clinical Commissioning Group statement for Gateshead Health NHS Foundation Trust Quality Accounts 2020/21

Gateshead Clinical Commissioning Group (CCG) welcomes the opportunity to review and comment on the Annual Quality Account for Gateshead Health NHS Foundation Trust for 2020/21 and would like to offer the following commentary:

As commissioners, the CCG is committed to commissioning high quality services from Gateshead Health NHS Foundation Trust and is serious in its responsibility to ensure that patients' needs are met by the provision of safe, high quality services and that the views and expectations of patients and the public are listened to and acted upon.

Firstly, the CCG acknowledges that 2020/21 has been an extremely challenging time for the Trust and the entire NHS. The CCG would like to extend its sincere thanks to the Trust and all their staff for the excellent commitment shown in responding to the pandemic, and for rapidly adapting and transforming services and pathways to deliver new ways of working, whilst ensuing that patient care continued to be delivered to a high standard. It is acknowledged that COVID-19 has unfortunately had a significant impact on the backlog of work and consequently increased waiting times, which inevitably will have had an impact on patient experience and outcomes. The CCG will continue to work closely with the Trust and primary care colleagues to support and ensure delivery of the Restart, Reset and Recovery Plan.

Throughout 2020/21 the CCG has continued to hold regular quality review group (QRG) meetings with the Trust, which were well attended and provided positive engagement for the monitoring, review and discussion of quality issues.

In 2018/19 the Trust set 12 key priorities for quality improvement which covered a two-year period, 2019 to 2021, which were aligned to their 'Quality Improvement Strategy – Driving Excellence through Quality Improvement'. The report provides a comprehensive description of the progress the Trust has made during the second year, 2020/21, and an open account of where improvements have been made. It is fully acknowledged that a great deal of work has taken place over the past year but unfortunately, as a consequence of the pandemic, a number of the quality priorities were only partially achieved. The CCG therefore fully supports that these quality priorities are carried forward to be delivered during 2021/22. The CCG recognises that the Trust has achieved the majority of its aims in relation to ensuring patients, carers and the public have the best experience possible when receiving care. The CCG congratulates the Trust's on their successful implementation of the Response Volunteers Programme, and it is pleasing to note that the current data suggests this programme is meeting the required aims. It is also pleasing to note that the Trust successfully secured further funding from NHS England and NHS Improvement to develop a 'Discharge Volunteers' Programme, which will enhance the 'discharge to assess' model. This is an excellent initiative, which will help improve patient experience, patient flow and reduce inpatient pressures. It is acknowledged that the pandemic impacted on the number of volunteers attending the Trust and the CCG commends the approach for remaining in regular contact with volunteers and undertaking wellbeing calls.

The CCG recognises that it was not possible to extend the use of NHS England 'Always Events' methodology, due to the difficulties the pandemic placed on the Trust's ability to fully engage with patients. The CCG fully supports the next steps outlined in the report to further progress this important work and is looking forward to receiving regular progress updates via the QRG meetings. The CCG acknowledges the Trust has achieved their aims to ensure that patients, carers and the public are engaged in the quality improvement work priority. It is acknowledged that the Patient Involvement Forum was stood down during the pandemic, however emails and post were used as a means of communication to ensure that service developments were responsive to patient needs. The CCG was particularly impressed by the wide range of patient experience initiatives that were introduced to support patients and their loved ones during the early stages of the pandemic. The CCG fully support the Trust's plans to build further on patient, carer and public involvement work in 2021/22 to ensure their voice and contribution is included in all aspects of care delivery and quality improvement.

The CCG congratulates the Trust for the fantastic progress made in the improving experience for mothers, babies and their families' priority, which has been achieved through a number of excellent initiatives. It is positive to see that the Continuity of Care Team has been developed and implemented and an audit undertaken which found that 77% of women were living in the lowest three deciles, as defined by the English Indices of Deprivation. It is noted that one Horizon team is now in place who attended on average 81.4% of women in labour between September and December 2020 and were the only source of midwifery support throughout the labour process. The CCG fully supports the next steps identified in the report to build further on these successes.

The CCG recognises that the Trust achieved the majority of objectives for the priority to reduce avoidable harm by making the organisation more resilient to risk and acting on

feedback from patients. It is noted that unfortunately some of the planned activities were postponed due to the pandemic. The CCG acknowledges the excellent work the Trust has undertaken in implementing human factors methodology, including the development of a short training session for human factors patient safety investigations, which includes the involvement of the Family Liaison Officer role. It is noted that human factors training was affected by the pandemic, however individual teaching sessions and support continued to be provided to staff undertaking patient safety investigations. The CCG also recognise the work undertaken in falls prevention, including identifying falls' champions and the development of a number of training approaches to provide evidence-based information to staff caring for patients requiring enhanced care. It is noted that a business case for a dedicated inpatient falls specialist post is being developed to offer additional support to falls prevention work. The CCG is pleased to see the Trust's intention to build further on this work in 2021/22.

It is acknowledged that it has not been possible to progress the quality priority to promote a just, open and supportive learning culture priority and the CCG fully supports that this is carried forward as a quality priority into 2021/22.

The CCG congratulates the Trust for successfully embedding the Medical Examiner process in September 2020, which is a nationally mandated service. Unfortunately, the Trust did not achieve their aim of reviewing 80% of deaths within 60 days in 2020/21, with only 57.6% of patient deaths receiving a level 1 review, 64.2% of which were undertaken within 60 days of death. This is a significant decrease on the 2019/20 position and the CCG fully acknowledges that the COVID-19 pandemic has impacted on the Trust's ability to undertake mortality reviews. It is positive to note that a new and more robust process has been developed for reviewing Learning Disability deaths and a proforma has been developed. The CCG fully supports the next steps and, in particular, the quality improvement work planned to ensure there is a robust process in undertaking level 1 death reviews throughout the organisation. The CCG will continue to receive regular updates at the QRG meetings on the mortality reviews undertaken by the Trust, including lessons learned, good practice, areas for improvement and resulting actions.

The CCG notes the good progress the Trust has made in supporting the national ambition to halve the rates of still birth, neonatal deaths and brain injuries. The CCG commends the Trust for fully implementing the Saving Babies Lives care bundle (version 2) and for being fully compliant with all the elements. It is pleasing to see that 700 licenses have been made available to pregnant women and their partners to give them nine months premium access to the Smoke Free app. It is acknowledged that the Clinical Negligence Scheme for Trusts (CNST) was initially paused due to the pandemic however this relaunched in August 2020. Despite the challenges faced, with regards to the training and monitoring of some aspects of the scheme, it is reassuring to see that the Trust is confident that they will be able to declare full compliance to the ten CNST standards in July 2021. The CCG fully supports the next steps, including working towards the Ockenden Review recommendations to ensure compliance with the seven immediate and essential actions.

It is acknowledged that the quality priority to ensure robust processes are in place to set and deliver on the Commissioning for Quality and Innovation (CQUIN) scheme has not been achieved due to the scheme being suspended nationally for 2020/21.

The CCG recognise that over the past year the research priorities across the NHS have concentrated on developing treatments and vaccines to prevent and manage the spread of COVID-19 virus, and this has inevitably impacted on the ability for other research projects to be undertaken. It is noted that the Trust has opened up 17 Urgent Public Health COVID-19 research studies and these are ongoing with almost 2,000 participants, and two further studies are in the process of being set up. The CCG commends the Trust for their participation in these vital public health research studies, as the data will enable the Government and the Chief Medical Officer to make informed decisions about the spread of COVID-19, the long-term effects of long-COVID 19, and the implications for the nation's long-term health. It is acknowledged that the Department of Health and Social Care recently published their vision in the 'Saving and Improving Lives: The Future of UK Clinical Research Delivery' Report and this will be followed by plans and strategies which will set out the research activities NHS Trusts will need to deliver in 2021/22.

The CCG notes that some progress has been made against the priority to improve clinical audit work. It is positive to see that participation in national clinical audits has increased to 85%, with the Trust participating in 29 out of the 34 applicable audits. It is noted that the clinical audit annual programme for 2020/21 consisted of 135 projects, 85% of these were registered and 32% have been completed. It is acknowledged that due to the pandemic there has been reduced clinical audit activity and the Get It Right First Time (GIRFT) programme was suspended, although one visit did take place in May 2020. The CCG are pleased to see that the GIRFT programme is gradually being reinstated, with visits scheduled to take place in Pathology and Acute General Medicine, and plans are being developed to visit a further three areas.

The Trust has made excellent progress with the Making Every Contact Count (MECC) priority, which has been achieved through a wide range of initiatives and innovations. The CCG was impressed to hear of the work undertaken by the MECC COVID-19 community champions who get first-hand information from Public Health professionals on the latest evidence and what this will mean for individuals, their family, friends and the community. It is also pleasing to see the positive upwards trend in the increased usage of nicotine replacement therapy since the launch of the Omnicell bundles in September 2019. It is noted that the Trust has a system in place to capture the smoking status of patients and further work is needed to improve on the numbers of patients referred for stop smoking support. However, the CCG recognises that there is ongoing work with the Integrated Care System to explore funding for a stop smoking service, with the ambition that all smokers will be the offered specialist support both during their admission and post discharge.

In 2020/21 the Trust reported two Never Events, which is a reduction on the previous year when four were reported. All Never Events are managed through the serious incident process and the CCG will continue to work with the Trust to identify learning and appropriate actions, gaining assurance through the CCG Serious Incident Panels and the QRG meetings.

It is fully acknowledged that the NHS has faced huge pressures due to the COVID-19 pandemic and this has impacted on the Trust's performance across a number of the key quality and national priorities. The CCG notes that there have been increases in the numbers of hospital acquired pressure damage (grade 2 and above), rate of falls and rate of harm falls

per 1000 bed days. The CCG is pleased to see that a new quality priority has been agreed for 2021/22 which will help to improve this position. The CCG will continue to work in partnership with the Trust and fully support the ongoing work and initiatives in place to improve cancer waiting times, as well as other national key priorities.

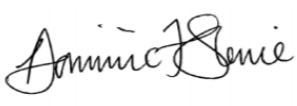
The Trust's Summary Hospital Mortality Indicator (SHMI) banding remains 'as expected' however it is noted that the Hospital Standardised Mortality Ratio (HSMR) score of 107.33 is above the national average of 100, with more deaths than expected. The CCG has discussed this with the Trust at the QRG meetings and has been assured, following a detailed review by the North East Quality Observatory Service, that there are no concerns regarding the quality of care provided. The CCG will continue to receive regular mortality updates at the QRG and acknowledges the robust processes the Trust has in place to monitor mortality.

The CCG acknowledges that the pandemic has had a significant impact on safeguarding activities, with a national rise in the number of children presenting with abusive head trauma and a substantial increase in domestic abuse referrals. The CCG recognise that the safeguarding teams have continued to provide a comprehensive service. It was pleasing to see that Health and Wellbeing ambassadors are now within teams, staff have received resilience training, and work is ongoing to explore how staff can access appropriate emotional and psychological support when dealing with distressing safeguarding cases.

It is acknowledged that the pandemic has had a significant effect on staff and the Trust is to be commended for the variety of assistance and initiatives offered to help support staff and promote their health and wellbeing. The CCG notes that the Trust is to launch a Health and Wellbeing Programme which will provide strategic support for the successful development and delivery of five key work streams; to support this the Health and Wellbeing Team is being extended to increase and build capacity. It is noted that some progress has been made with the 'Peoples Plan' with the appointment of two key members of staff, however further work is needed over the coming months to truly embed the Trust's 'Our People Promise' and ensure it is at the heart of everything it does.

The CCG welcomes the specific quality priorities for 2021/22 highlighted in the Quality Account. These are appropriate areas to target for continued improvement and link well with the CCG's commissioning priorities. The CCG can confirm that to the best of their ability the information provided within the Annual Quality Account is an accurate and fair reflection of the Trust's performance for 2020/21. It is clearly presented in the format required and contains information that accurately represents the Trust's quality profile; the document is reflective of quality activity and aspirations across the organisation for the forthcoming year.

The CCG looks forward to continuing to work in partnership with the Trust to assure the quality of services commissioned in 2021/22.



Julia Young
Executive Director of Nursing, Patient Safety & Quality
June 2021

Dr Dominic Slowie
Interim Medical Director

4.3 Healthwatch

Healthwatch Gateshead statement for the Gateshead Health NHS Foundation Trust (GHFT) Quality Account 2019/20

We are pleased to see that the Trust has been rated 'Good with Outstanding for Caring' by the Care Quality Commission and we would like to thank GHFT for the opportunity to respond to their quality account for 2020/21.

We recognise the challenges GHFT has faced during the Covid 19 pandemic and the impact on services due to increased demand and would like to thank all the staff for their hard work during these unprecedented times. Given the extra pressures of a pandemic, it is understandable that many of the previous priorities would need to be rolled over to the current Quality Account of 2021/22.

Progress on the Trust's priorities for 2019/20 Healthwatch Gateshead comments:

Patient experience

Priority 1: We will ensure that patients, carers and the public have the best experience possible when they are receiving our care.

We commend the Trust for the progress it has made with reinvigorating its volunteer service to release time to care more for patients.
We too recognise the value of Volunteers and read with interest about the introduction of the new volunteer roles and the positive impact this has had on supporting staff and patients. We are pleased that the Trust has secured funding to support this work further.

Priority 2: We will ensure that patients, carers and the public are engaged in our Quality Improvement work and that patient, carer and public involvement is embedded as business as usual across the organisation

We fully support the Trust in its commitment to involving patients and the public in its quality improvement work. Healthwatch Gateshead are key partners at the PCPI forum, and we recognise the improvements made by the Trust in this area. We appreciate that the Trust has embedded patient focus in all aspects of its work and receive regular progress reports at the PCPI meetings. The Trust has been exceptional in responding to Healthwatch Gateshead feedback from the public and implementing change wherever possible based on this intelligence.
We wish you continued success with this priority.

Priority 3: Improved experience for our mothers, babies and their families

We are pleased to see that the patient portal 'your care in our hands' model will continue to be embedded into practice and we recognise the progress that the Trust has made in this area. We are encouraged that the Trust has identified health inequalities in areas of geographical deprivation and are focussing the continuity of care model in these areas.

Patient safety

Priority 4: We will reduce avoidable harms in the Trust, by making our organisation more resilient to risks and acting on feedback from patients

Priority 5: We will promote a just, open and supportive learning culture across the organisation

We recognise most of these objectives have been met by the Trust and welcome the Trust's approach to reducing avoidable harms through implementing human factors approach to patient safety investigations. We note that there has been disruption to some of the planned activity caused by Covid19 and this is

understandable. We are encouraged that this continues to be a priority and that there are next steps in place to continue this work.

Priority 6: Improve mortality reviews and embed the new medical examiner process, providing families, carers and staff with opportunities to both raise concerns and highlight examples of good practice and excellent care

We understand that progress on this priority has been restricted due to Covid 19 and note that this will continue to be carried forwards as a priority
We are pleased to hear that the Trust has successfully embedded the Medical Examiner process to support this work and that there is a system in place for family carer and staff feedback to support improvements in this area of work. It is clear that the Trust is committed to continuous patient care improvements.
We wish the Trust success in achieving its goals despite the pandemic and look forward to receiving further updates.

Priority 7: To support the national ambition to halve the rates of still births, maternal deaths, neonatal deaths and brain injuries

We congratulate the Trust on successfully implementing and being fully compliant with the Saving Babies Lives care bundle version 2. It is commendable that the Trust is on target for compliance for the CNST 10 safety actions given the pressure on the team due to COVID-19.

We note the next steps in this priority and reassured that there is ongoing work around this priority.

Clinical Effectiveness

Priority 8: Ensure robust processes are in place to set and deliver on the National Commissioning for Quality and Innovation (CQUIN) to ensure that our patients receive the best high quality and innovative service as possible

We acknowledge the suspension of the CQUIN during 2020/21.
We hope the Trust continues to achieve its CQUIN targets once the scheme starts up again post COVID-19.

Priority 9: Research will be undertaken to ensure that we are providing the most beneficial and cost-effective care and treatment for our patients

We support the Trust's plans to increase its commitments to taking part in high quality research.

Priority 10: Improve Clinical Audit: best practice and compliance to improve patient care and outcomes through systematic review of care and the implementation of changes and review alignment against Healthcare Quality Improvement Partnership (HQIP) Best Practice in Clinical Audit

We note that the gap analysis against the HQIP's Best Practice in Clinical Audit identified that 'Partnership with other health and social care providers and commissioners' and 'Patients, patient representatives, stakeholders and Healthwatch involvement' were noted as areas for improvement.
As stated in priority 2 Patient experience, we feel the Trust has improved in this area and has been exceptional in responding to Healthwatch Gateshead feedback from the public and implementing change wherever possible based on this intelligence.

Priority 11: Implement a transitional care model and enable women to access their care records to improve outcomes for mother and baby

We note the amalgamation of this priority with 3 and 7.

Priority 12: Build a culture and environment that supports continuous health improvement through the contact we have with individuals using the Making Every Contact Count (MECC) platform

We support the ongoing work to ensure the Making Every Contact Count programme continues by supporting and enabling patients to access services to reduce alcohol and/or smoking, improve eating, and being more active as part of the live long programmes. Plenty has been achieved and the CQUIN indicator results give a good indication of the success. We hope to see continued success in 2021/22.

4.4 Council of Governors

The Governors of Gateshead Health NHS Foundation Trust have been consulted on and been involved in the formation of the Trust's Quality Account in 2020/21. Governors have been continuously involved in refreshing the Trust's strategic plans with their involvement at various Trust committees and the Council of Governors meetings throughout the year. At each of the Council of Governors meeting during 2020/21, a range of reports have been presented, which enable Governors to receive and discuss quality and patient safety matters and progress against our quality priorities.

Overall, the Quality Account clearly demonstrates the Trust's ongoing commitment to delivering high quality and safe patient care and improved health outcomes.

Comments received from Governor's:

"*Happy with statement*".

"*Once again a comprehensive and informative report.*
It was interesting to read and the acknowledgement of the present and future roles of Volunteers at the trust.
In particular that of a number of volunteers who have continued the role of Response Volunteers, during the pandemic, assisting with the continued operation of services within the trust, being it transporting medication to the Chemotherapy Day Unit, to delivering patients property to wards, and allowing patients to keep in touch with relatives. They also acted as 'gatekeepers 'at the entrance of Critical Care.
The trust has maintained the delivery a high standard of care to patients, during very difficult times.
Thanks to ALL staff at the trust for their contribution in maintaining services".

Annex 2: Statement of directors' responsibilities in respect of the quality account

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations to prepare Quality Accounts for each financial year.

NHS Improvement has issued guidance to NHS foundation Trust boards on the form and content of annual quality reports (which incorporate the above legal requirements) and on the arrangements that NHS foundation Trust boards should put in place to support the data quality for the preparation of the quality report.

In preparing the Quality Report, directors are required to take steps to satisfy themselves that:

- the content of the Quality Report meets the requirements set out in the NHS Foundation Trust Annual Reporting Manual 2019/20 and supporting guidance
- the content of the Quality Report is not inconsistent with internal and external sources of information including:
    - board minutes and papers for the period April 2020 to March 2021
    - papers relating to quality reported to the board over the period April 2020 to March 2021
    - feedback from commissioners dated – 16th June 2021
    - feedback from governors dated – 22nd June 2021
    - feedback from local Healthwatch organisations dated – 17th June 2021
    - feedback from Overview and Scrutiny Committee dated – 25th June 2021
    - the Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009 – May 2021
    - the 2020 national patient survey – this was suspended due to Covid-19
    - the 2020 national staff survey - April 2021
    - the Head of Internal Audit's annual opinion of the Trust's control environment dated – June 2021
    - CQC inspection report dated CQC Inspections and rating of specific services dated 14/08/2019

- the Quality Report presents a balanced picture of the NHS Foundation Trust's performance over the period covered

- the performance information reported in the Quality Report is reliable and accurate

- there are proper internal controls over the collection and reporting of the measures of performance included in the Quality Report, and these controls are subject to review to confirm that they are working effectively in practice

- the data underpinning the measures of performance reported in the Quality Report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review and

- the Quality Report has been prepared in accordance with NHS Improvement's annual reporting manual and supporting guidance (which incorporates the Quality Accounts regulations) as well as the standards to support data quality for the preparation of the Quality Report.

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the Quality Report.

By order of the board

10/06/2021 

Date: Chairman:

10/06/2021 

Date: Acting Chief Executive:

Glossary of Terms

'Always Events®'
'Always Events®' are aspects of the patient experience that are so important to patients and family members that health care providers must aim to perform them consistently for every individual, every time. These can only be developed with the patient firmly being a partner in the development of the event, and the co-production is key to ensuring organisations meet the patients' needs and what matters to them.

Care Quality Commission (CQC)
The CQC is the independent regulator of all health and adult social care in England. The CQC aim is to make sure better care is provided for everyone, whether that's in hospital, in care homes, in people own homes, or elsewhere.

Clinical Audit
Clinical audit measures the quality of care and service against agreed standards and suggests or makes improvements where necessary.

***Clostridium difficile infection* (CDI)**
Clostridium difficile is a bacterium that occurs naturally in the gut of two-thirds of children and 3% of adults. It does not cause any harm in healthy people, however some antibiotics can lead to an imbalance of bacteria in the gut and then the Clostridium difficile can multiply and produce toxins that may cause symptoms including diarrhoea and fever. This is most likely to happen to patients over 65 years of age. The majority of patients make a full recovery however, in rare occasions it can become life threatening.

Commissioning for Quality and Innovation (CQUIN)
The CQUIN framework was introduced in April 2009 as a national framework for locally agreed quality improvement schemes. It enables commissioners to reward excellence by linking a proportion of English healthcare provider's income to achievement of local quality improvement goals.

Commissioners
Commissioners are responsible for ensuring that adequate services are available for their local population by assessing need and purchasing services.

Continuity of Care
Care where the midwife is the lead professional in the planning, organisation, and delivery of care throughout pregnancy, birth, and the postpartum period.

Datix
Datix is an electronic risk management software system which promotes the reporting of incidents by allowing anyone with access to the Trust Intranet to report directly into the software on easy-to-use web pages. The system allows incident forms to be completed electronically by all staff.

Deprivation of Liberty (DoLS)
The Deprivation of Liberty Safeguards (DoLS) is part of the Mental Capacity Act 2005. The safeguards aim to make sure that people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom.

Foundation Trust
A Foundation Trust is a type of NHS organisation with greater accountability and freedom to manage themselves. They remain within the NHS overall, and provide the same services as traditional Trusts, but have more freedom to set local goals. Staff and members of the public can join the board or become members.

Friends and Family Test (F&FT)
The Friends and Family Test is an important feedback tool that supports the principle that people who use NHS services should have the opportunity to provide feedback on their experience. It asks people if they would recommend the services they have used and offers a range of responses.

Getting It Right First Time (GIRFT)
Getting It Right First Time is a national programme designed to improve the quality of care within the NHS by reducing unwarranted variations. By tackling variations in the way services are delivered across the NHS, and by sharing best practice between trusts, GIRFT identifies changes that will help improve care and patient outcomes, as well as delivering efficiencies such as the reduction of unnecessary procedures and cost savings.

Healthcare Quality Improvement Partnership (HQIP)
The Healthcare Quality Improvement Partnership (HQIP) was established in April 2008 to promote quality in healthcare, and in particular to increase the impact that clinical audit has on healthcare quality in England and Wales.

Hospital Standard Mortality Ratio (HSMR)
The HMSR is an indicator of healthcare quality that measure whether the death rate at a hospital is higher or lower than would be expected.

Healthwatch
Healthwatch is an independent arm of the CQC who share a commitment to improvement and learning and a desire to improve services for local people.

Healthcare Evaluation Data (HED)
HED is an online benchmarking solution designed for healthcare organisations. It allows healthcare organisations to utilise analytics which harness Hospital Episode Statistics (HES) national inpatient and outpatient and Office of National Statistics (ONS) Mortality data sets.

Hospital Episode Statistics (HES)
HES is a data warehouse containing a vast amount of information on the NHS, including details of all admissions to NHS hospitals and outpatient appointments in England. HES is an authoritative source used for healthcare analysis by the NHS, Government and many other organisations.

Joint Consultative Committee (JCC)
JCC is a group of people who represent the management and employees of an organisation, and who meet for formal discussions before decisions are taken which affect the employees.

Making Every Contact Count (MECC)
Making Every Contact Count (MECC) is an approach to behaviour change that uses the millions of day-to-day interactions that organisations and people have with other people to support them in making positive changes to their physical and mental health and wellbeing.

Meticillin Resistant *Staphylococcus aureus* (MRSA)

MRSA is a bacterium responsible for several difficult to treat infections in humans. MRSA is, by definition, any strain of *Staphylococcus aureus* bacteria that has developed resistance to antibiotics. It is especially prevalent in hospitals, as patients with open wounds, invasive devices and weakened immune systems are at greater risk of infection than the general public.

National Confidential Enquiries

These are enquiries which seek to improve health and healthcare by collecting evidence on aspects of care, identifying any shortfalls in this, and disseminating recommendations based on these findings. Examples include Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries in the UK (MMBRACE) and the National Confidential Enquiry into Patient Outcome and Death (NCEPOD).

National Confidential Enquiry into Patient Outcome and Death (NCEPOD)

NCEPOD's purpose is to assist in maintaining and improving standards of medical and surgical care for the benefit of the public by reviewing the management of patients. This is done by undertaking confidential surveys and research, and by maintaining and improving the quality of patient care and by publishing the results.

National Institute for Health and Clinical Excellence (NICE)

The National Institute for Health and Clinical Excellence provides guidance, sets quality standards and manages a national database to improve people's health and prevent and treat ill health. It makes recommendations to the NHS on new and existing medicines, treatments and procedures, and on treating and caring for people with specific diseases and conditions. It also makes recommendations to the NHS, local authorities and other organisations in the public, private, voluntary and community sectors on how to improve people's health and prevent illness.

National Patient Survey

The NHS patient survey programme systematically gathers the views of patients about the care they have recently received because listening to patients' views is essential to providing a patient-centred health service.

National Reporting and Learning System (NRLS)

The National Reporting and Learning System is a central database of all patient safety incident reports. Since the NRLS was set up in 2003, over four million incident reports have been submitted.

NHS Improvement (NHSI)

NHS Improvement supports Foundation Trusts and NHS Trusts to give patients consistently safe, high quality, compassionate care within local health systems that are financially sustainable.

NHS England (NHSE)

NHS England leads the National Health Service (NHS) in England. They set the priorities and direction of the NHS and encourage and inform the national debate to improve health and care.

North East Quality Observatory System (NEQOS)

The North East Quality Observatory Service provides quality measurement for NHS organisations (both providers and commissioners).

Overview and Scrutiny Committee

The Overview and Scrutiny Committees in local authorities have statutory roles and powers to review local health services. They have been instrumental in helping to plan services and bring about change. They bring democratic accountability into healthcare decision-making and make the NHS more responsive to local communities.

Patient Advice and Liaison Service (PALS)

PALS is an impartial service designed to ensure that the NHS listens to patients, their relatives, their carers and friends answering their questions and resolving their concerns as quickly as possible.

Pressure Ulcers

Pressure ulcers are also known as pressure sores or bed sores. They occur when the skin and underlying tissue becomes damaged. In very serious cases the underlying muscle and bone can also be damaged.

Research

Clinical research and clinical trials are an everyday part of the NHS and are often conducted by medical professionals who see patients. A clinical trial is a particular type of research that tests one treatment against another. It may involve people in poor health, people in good health or both.

Ribotyping

Is a technique for bacterial identification and characterisation. It is a rapid and specific method widely used in clinical diagnostics and analysis of microbial communities in food, water, and beverages.

Risk

The potential that a chosen action or activity (including the choice of inaction) will lead to a loss or an undesirable outcome.

Special Review

A special review is carried out by the Care Quality Commission. Each special review looks at themes in health and social care. They focus on services, pathways and care groups of people. A review will usually result in assessments by the CQC of local health and social care organisations as well as supporting the identification of national findings.

Staff Advice and Liaison Service

Brings together a range of support services that are available to staff.

Standard Operating Procedure

A Standard Operating Procedure is a set of step-by-step instructions compiled to help workers carry out complex routine processes.

Trust Board

The Trust Board is accountable for setting the strategic direction of the Trust, monitoring performance against objectives, ensuring high standards of corporate governance and helping to promote links between the Trust and the community. The Chair and Non-Executive Directors are lay people drawn from the local community and are accountable to the Secretary of State. The Chief Executive is responsible for ensuring that the Board is empowered to govern the organisation and to deliver its objectives.

Ulysses System

Ulysses Safeguard is an electronic system. The Trust use two modules, Ulysses Alerts module is used to track alerts issued from external agencies, as well as disseminating internal policies and documents. The audit module is used to register and monitor all clinical audit activity within the organisation, including all National Audits.

Disclaimer: Some of the photographic images within this document were taken prior to the pandemic, and therefore social distancing measures were not required.