THE NORTHUMBRIA WAY

PEOPLE CARING FOR PEOPLE

THIS IS WHAT WE DO

NHS Northumbria Healthcare
NHS Foundation Trust

OUR VISION

To be the **LEADER IN PROVIDING HIGH QUALITY, SAFE AND CARING HEALTH AND CARE SERVICES** and to lead collectively, with partners, to deliver system wide healthcare.

OUR MISSION

We will **TRANSFORM THE TRADITIONAL HOSPITAL BASED MODEL** to ensure people are true partners in determining their own health provision alongside maintaining, and where possible diversifying, our business model to secure a **SUSTAINABLE FUTURE.**

KEY OBJECTIVES

- Patient and staff experience
- Financial sustainability
- Be the best place to work and train
- Reshape healthcare settings
- Realistic Medicine
- Flagship for quality care and quality improvement
- Public health
- Brand and relationships

CORE BUSINESS

- Patients and staff central to everything we do.
- Ambition to be the best at everything we do.
- Protecting the Northumbria for those who need it most and maximising patient interaction locally.
- Big focus on out of hospital care, including primary, community and social, plus population health.
- We take our role in the community seriously.
- Invest to save to secure a more resilient health service for the future.
- Commitment to be a good partner/corporate citizen.
- Prepared to innovate and take measured risk.
- Engaged and willing to listen.
- Ensure that patients and staff have the best experience possible every second of every day.

NON-CORE BUSINESS

- Create a range of income generating high quality consultancy services to support other organisations within the UK and Internationally.
- Grow payroll, fleet and home electronics services by increasing the range of NHS partners and increasing take up rates within organisations.
- Assess market opportunities for healthcare diversification utilising partnerships where necessary.

KEY ENABLERS

- IT
- FINANCE
- HR & OD
- COMMS & ENGAGEMENT

Setting the scene

Vision: To be the leader in providing high quality, safe and caring health and care services and to lead collectively, with partners, to deliver system wide healthcare

- Every year we produce a quality account to demonstrate how well we are performing as a trust on measures of quality including; patient safety, clinical effectiveness and patient experience

- Continuing to improve quality is our absolute priority and this means making sure our patients get the best possible outcome and experience every time they need our care

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NHS
Northumbria Healthcare
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General Hospital

Community Services

OUR VALUES
We stand for respect and put patients first

OUR PEOPLE
Attract and retain the best people

Looking after the health and wellbeing of our people

OUR QUALITY IMPROVEMENT
Leading through continuous improvement

Community Hospital

OUR LEARNING
Supporting our staff to be the best they can

OUR TEAMS
Building happy, healthy and productive teams

Specialist Emergency Care Hospital

OUR PATIENTS
Learning through listening

Leadership

Adult Social Care

OUR SUCCESS
Celebrating our wonderful staff

Corporate Services

OUR CULTURE
An environment where we celebrate diversity

Public Health

building a caring future
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Annual planning process

- Five year strategic plan (2018 – 2023) – overall direction, what we are about

- Annual plan 2019/20 – linked to five year strategy and development of clinical strategy

- Quality strategy

- Quality account covering 2018/19 – statutory requirement to inform public of delivery of safety and quality priorities

- Safety and quality objectives agreed for 2019/20

- Annual report and corporate governance statement

- Engagement with key stakeholders

Safety and quality objectives – 2018/19

- Five key areas agreed at the trust's clinical policy group

- Linked explicitly to the trust's quality strategy

- Objectives supported by governors and stakeholders

- Some objectives building on 2017/18 objectives and embedding changes

- Use of clear language when describing trust's objectives

Safety and quality objectives 2018/19

Five key areas:

- To continue with the flow project to reduce delays in the system with focus on emergency department (ED) performance and long stay patients

- To continue to improve the quality of care and services that we provide to older people

- To continue to improve the management of sepsis in hospital and community settings

- To reduce the number of people that fall in hospital and also that fall with harm

- To improve our staff and patient experience scores

Quality account 2018/19

- Look back at safety and quality priorities for 2018/19 and focus for 2019/20

- Standard requirements for all trusts to report

- Including information on mortality and preventable deaths, areas of achievement

- Quality account process underway - to be completed by end April 2019 – for stakeholder comment in May 2019

www.northumbria.nhs.uk
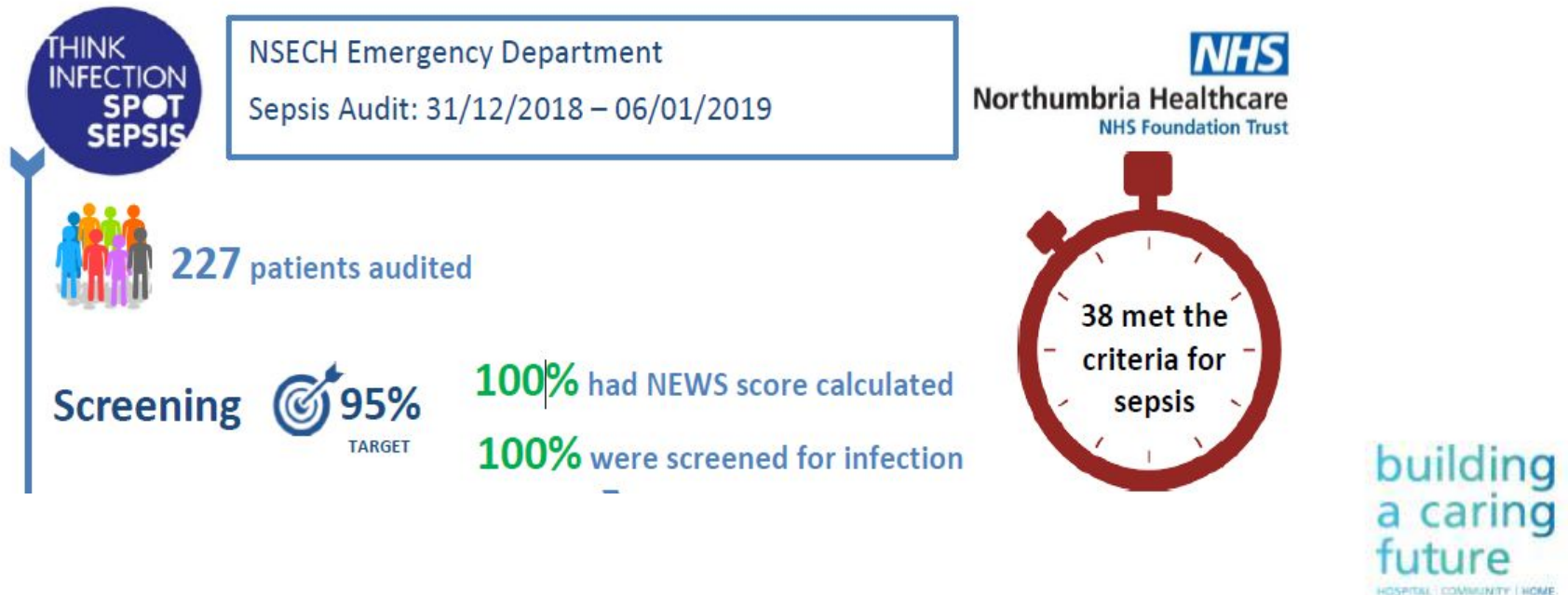
Quality account 2018/19

- As per guidelines, two indicators required for limited assurance opinion by KPMG

- Based on national annual reporting guidance

- Acute trusts required to be audited against two indicators, for acute trusts:

  - A&E four hour 95% target

  - 62 day cancer referral to treatment standard

- Staff experience to be the governor selected local indicator to be externally audited

Our performance on our priorities 2018/19

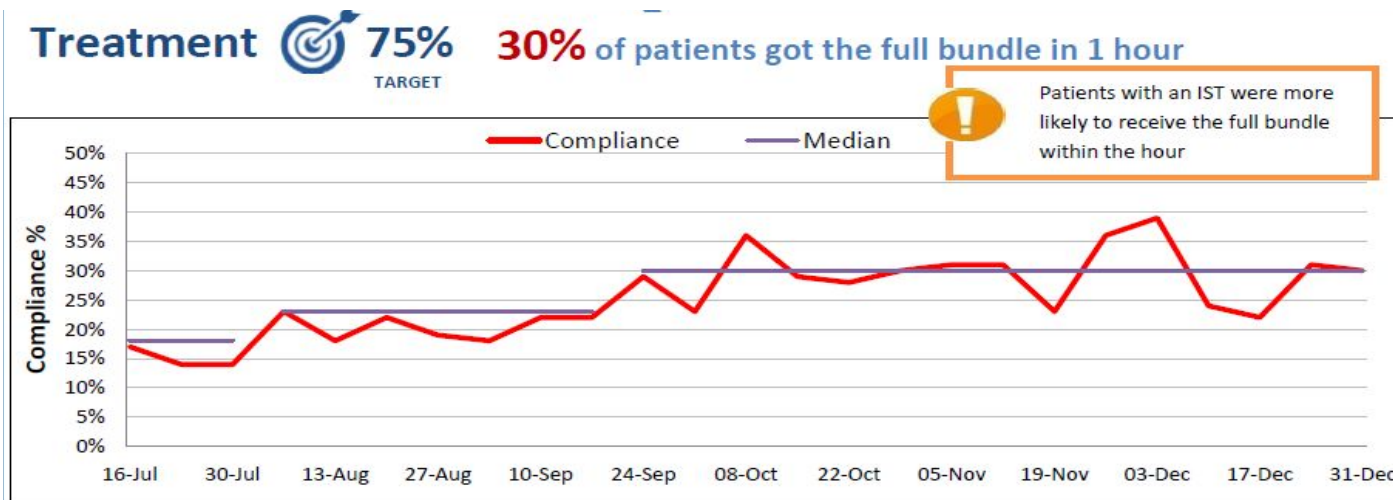|	Perf vs Target	
Sepsis	✓ –	98% vs 95% 30% vs 65%	• Screening target met • Use of the screening tool 65% target not achieved Nervecentre process in development. Overall bundle compliance with 1 hour has improved from 10% to 30% (new median) • Compliance with bundle (within mean time of 70 mins) is approx. 50%
Falls	✓	6 falls vs 8 falls 6 vs 5	• Reduction in number of falls / 1000 bed days maintained • Common cause variation in number of falls per month with harm
Frailty	✓	16 vs 25 100% vs 100%	• Number of patients seen in frailty unit (impacted by operational pressures) • Capture of frailty score
Flow	✓	95% vs 95% 155 vs 130	• Meeting 95% target • Reduction in stranded patient number by year end target
Staff experience	Data collect	Baseline info	Pilot areas completed and next teams identified

Sepsis

- Screening significantly impacts on mortality in relation to early identification of sepsis

THINK INFECTION SPOT SEPSIS

NSECH Emergency Department

Sepsis Audit: 31/12/2018 – 06/01/2019

Northumbria Healthcare NHS Foundation Trust

227 patients audited

Screening 95% TARGET

100% had NEWS score calculated

100% were screened for infection

38 met the criteria for sepsis

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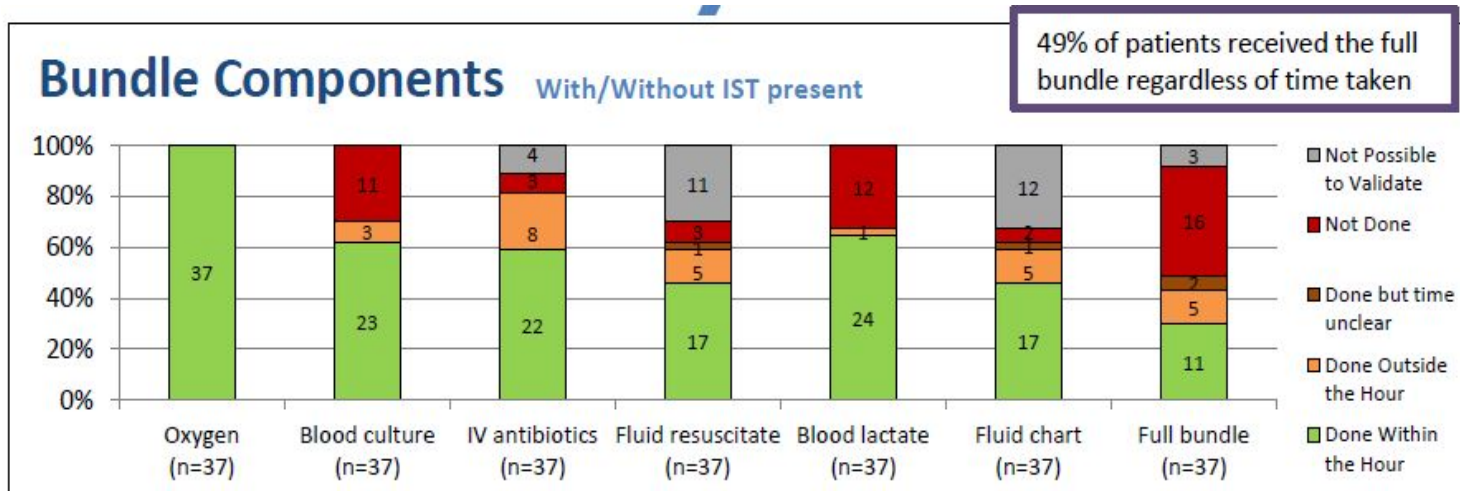
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Delivery of the sepsis bundle

- Significant improvement in delivery of the bundle within one hour – April median 10% now 30%

- Challenging target - volume of work / emergency department pressures impacting on time to triage and see a clinician

- 'P2' project underway for time dependant interventions

Treatment 🎯 75% TARGET · **30%** of patients got the full bundle in 1 hour

Patients with an IST were more likely to receive the full bundle within the hour

Overall delivery of the sepsis bundle

- Focussed effort on individual bundle areas
- All areas improving
- Mean time for delivery for all those who receive the bundle is 70 minutes

Bundle Components With/Without IST present

49% of patients received the full bundle regardless of time taken

Flow

- Trust four hour performance 95% achieved for quarter 3
- Extended stay programme
  - Target 130 – current position 155 (potential impact of winter)
- Ability to stream and utilise ambulatory care facilities
  - New modular build due to be in place April 2019 – on target
  - Use of digital systems to develop the model – Nervecentre, Medchart and Virtual Desktop Infrastructure (VDI)

Long Stay Patients

21 days or more (Trust-wide): 3 month moving average

Legend: Current year — Previous year — – Median — Target (130)
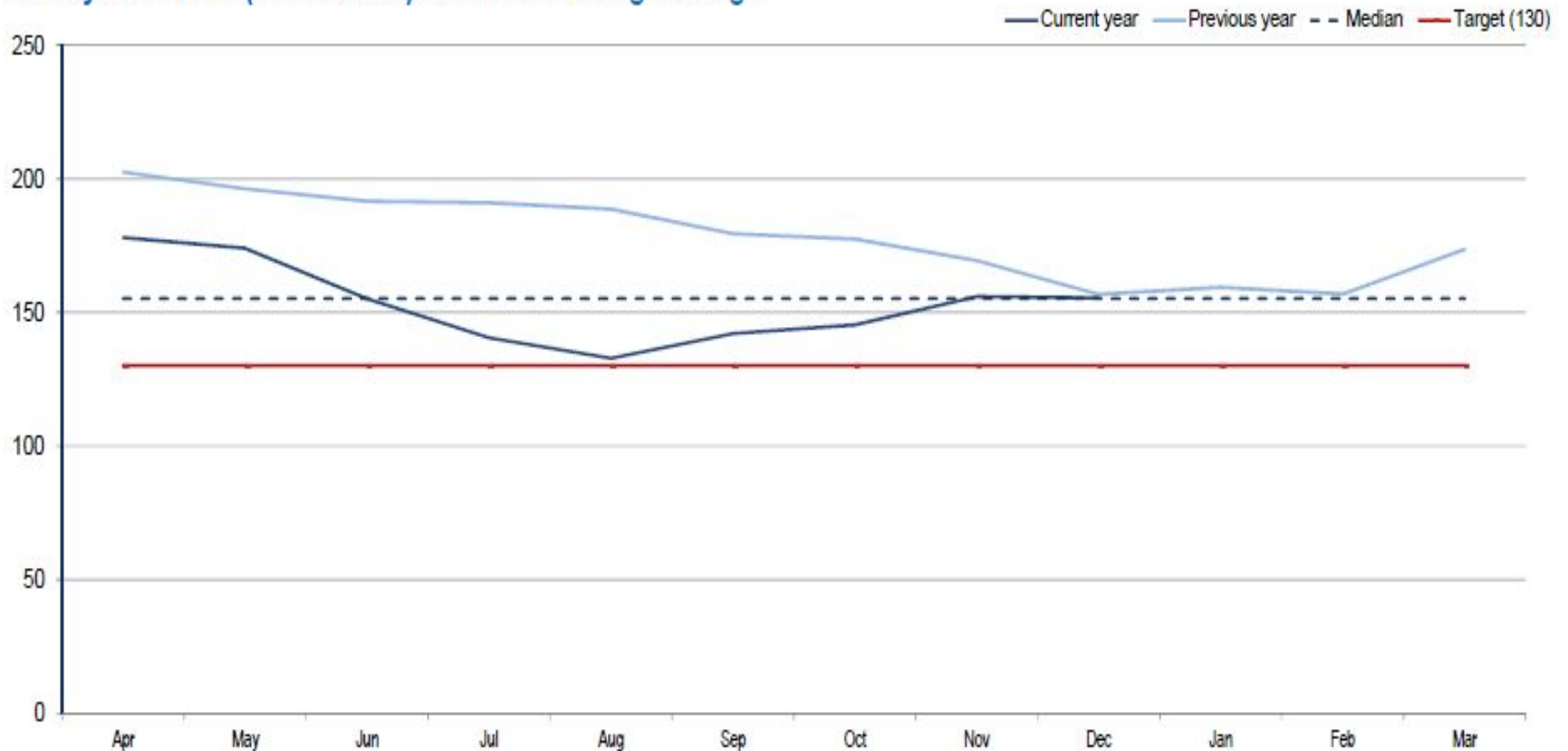
National definition:
Sum of bed days in excess of 21 days for spells ending within the census month, divided by the number of days in the census month, excluding:
- patients with a specialty on discharge of POAS (711, 715) or obstetrics (501)
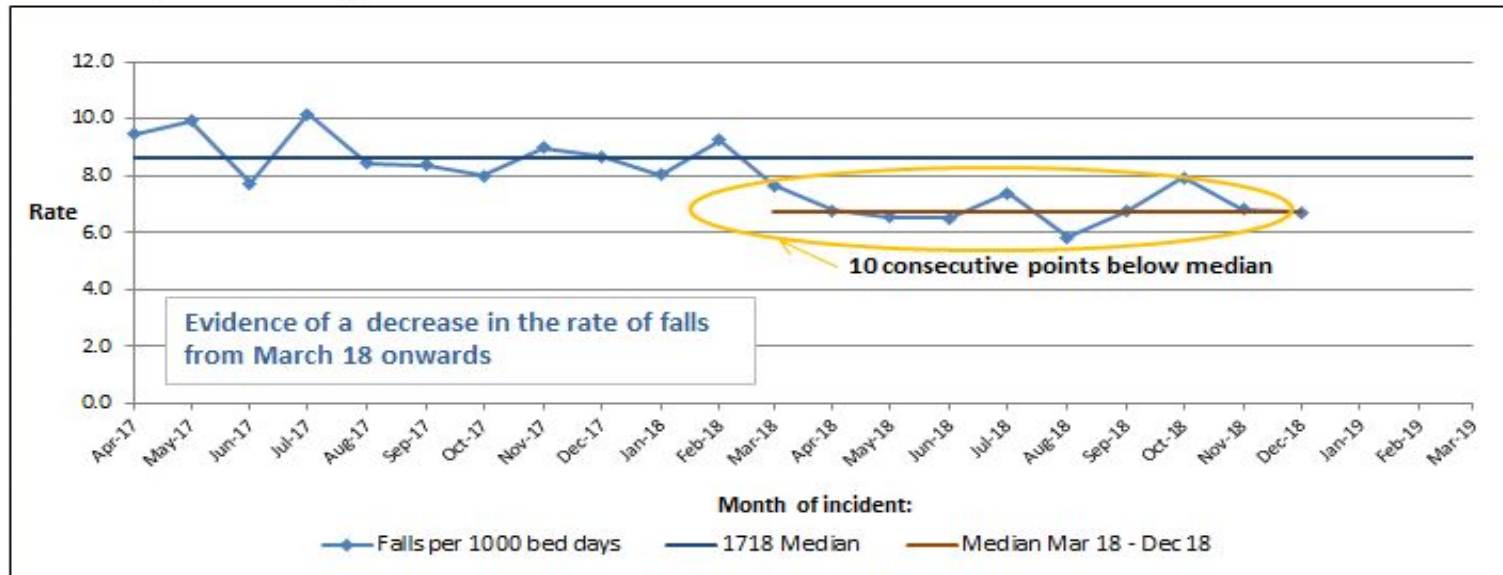- patients aged less than 18 years old

Frailty – Frailty Assessment Service (FAS)

- Number of patients admitted to FAS / ward 9 = average 25 per day (quarter 3 target)
  - Consistent identification of patients from emergency department
  - Embedded frailty score in Nervecentre = 100% data capture
  - Operational pressures (winter) reduced capacity within the FAS due to use of escalation beds – impact on deliver of quarter 3 target

Sustained reduction in the number of falls/1000 bed days

Using the median performance for 2017/18 as a benchmark

Falls - rate per 1000 bed days

Evidence of a decrease in the rate of falls from March 18 onwards

10 consecutive points below median

Rate

Month of incident:

Falls per 1000 bed days — 1718 Median — Median Mar 18 - Dec 18

Safety and quality objectives – 2019/20

- Key areas agreed at the trust's clinical policy group

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Safety and quality objectives – 2019/20

- **Frailty** - continue to provide the best health care for older people with particular focus on our frail elderly patients by:
  - increasing the number of comprehensive geriatric assessments
  - reducing the amount of in-hospital transfers
  - lowering the number of frail elderly patients who are readmitted within 30 days of leaving hospital
- **Flow** – ensuring appropriate care / enhanced care plans are in place for people who attend ED regularly and are admitted to hospital frequently
- **Deteriorating patient** – increasing screening rates for sepsis and acute kidney injury, both of which indicate that a patient is deteriorating
- **Staff experience** – a comprehensive measurement programme for staff experience that will match the deep understanding we have about patient care

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Safety and quality objectives – 2019/20

- **Cancer** - looking in detail at specific cancer pathways, starting with colorectal, to map the patient journey so we can improve both outcomes and experience

- **Bereavement** - learning and improving the care that we provide at end of life, which includes introducing our own medical examiners

- **Maternity** – to further improve the care and experience especially in light of increased birth rates

- **Every contact counts** (prevention and public health) - working to improve self-care among the population via initiatives such as social prescribing, care and support planning, and connecting people to community and social networks and initiatives

Quality account

- Draft account ready mid April 2019

- Circulated to stakeholders for formal opinion end April

- Final, including stakeholder comments, submitted to NHS Improvement and Parliament end of May

- Upload to NHS Choices by end June 2019

- Written in line with annual reporting guidance – key measures and phrases used that are auditable

Any questions?