



Northumberland County Council

Jeremy Rushmer
Consultant in Intensive Care Medicine &
Anaesthesia, Executive Medical Director

By email to - Patient.Services@nhct.nhs.uk

Your ref:
Our ref: MDB/OSC/QA/2019/1
Enquiries to: Mike Bird
Email: Mike.Bird01@northumberland.gov.uk
Tel direct: (01670) 622616
Date: 7 May 2019

Dear Dr Rushmer

NORTHUMBRIA HEALTHCARE NHS FOUNDATION TRUST ANNUAL PLAN AND QUALITY ACCOUNT 2018/19

Statement from Northumberland County Council's Health and Wellbeing Overview and Scrutiny Committee

The Health and Wellbeing Overview and Scrutiny Committee (OSC) welcomes the opportunity to submit a commentary for inclusion in your Annual Plan and Quality Account for 2018/19 as presented to the committee in draft, and about our ongoing engagement with the Trust over the past year. We have continued to receive information from the Trust through our joint arrangements for service provision, with participation of Trust personnel at our committee's bimonthly meetings.

At our 5 March 2019 meeting we received a presentation on your draft Quality Account for 2018/19 and your priorities for 2019/20. At that meeting we also received a presentation from the Newcastle upon Tyne Hospitals NHS Foundation Trust on their own quality account. We then received presentations from the North East Ambulance Service and Northumberland, Tyne and Wear NHS Foundation Trusts about their accounts at the committee's next meeting on 26 March 2019. We believe that considering all four Trusts' quality accounts within the same month provides a good joined up picture of the many NHS services provided in Northumberland. Members responded favourably to the information you presented, with reference to the highly valued staff and clinical support provided.

Following your presentation of the draft Annual Quality Account 2018/19 and future priorities for 2019/20, a copy of the full extract from the minutes of the OSC's meeting are appended to this letter for your information to form part of our response to your presentation. From the detail presented in these minutes, I would like to highlight some key comments from the committee and additionally what further information has been requested or actions recommended:

Daljit Lally, Chief Executive

County Hall, Morpeth, Northumberland, NE61 2EF

T: 0345 600 6400

www.northumberland.gov.uk



- the OSC was interested in receiving further information about the Trust's work meeting sepsis targets and cancer treatment; I am pleased that it has since been confirmed that your officers will present both of these updates to the OSC's meeting in September 2019
- we would be pleased to accept your offer for members to visit the new ambulatory care unit at Northumbria Specialist Emergency Care Hospital (NSECH), and will liaise with officers to confirm arrangements for this in due course
- members would also appreciate further information on NSECH waiting times, and appreciate that this will be organised for during 2019/20
- members noted your update on end of life care and also intend to carry out some further scrutiny of it during 2019/20
- we also appreciate that you have committed to providing an update on the Berwick Hospital development once there is sufficient detail for the OSC to consider
- members welcomed your reassurance that there is no impact on non-essential services through the need to prioritise where necessary and were pleased to note that you have a feedback process through which lessons can be learned from experiences. Members were also interested to hear about work to ensure that medical records could be shared better between hospitals including the business case being developed for an intraoperative gateway.

From the information you have provided to the committee over the past year, for which we thank your regular attendance (including at meetings of the OSC's Rothbury Hospital Referral Review Group), including the presentation about your draft 2018/19 Quality Account, we believe the information provided is a fair and accurate representation of the services provided by the Trust and reflects the priorities of the community.

Members also support your priorities for improvement planned for 2019/20, but also request that you note and consider the various points that they have raised in relation to your work going forward, and the receipt of any further supporting information where possible, as detailed in this letter.

We also would be very grateful if I could get in contact with you again soon to discuss possible any further possible agenda items for the Health and Wellbeing Overview and Scrutiny Committee to consider about the Trust's services during the next council year from 1 May 2019 onwards.

We would also appreciate if we could diarise when you will attend to give next year's equivalent Quality Account and future priorities presentation. I would be very grateful if you could confirm whether the OSC's meeting on Tuesday 3 March 2020 (beginning at 1.00pm) would be suitable please?

If I can be of any further assistance regarding the committee's response, please do not hesitate to contact me.

Yours sincerely,

Mike Bird
Senior Democratic Services Officer
Democratic Services

On behalf of Councillor Jeff Watson
Chair, Northumberland County Council Health and Wellbeing Overview and Scrutiny
Committee

APPENDIX

**(a) Northumbria NHS Foundation Trust Annual Plan and Quality Account
2017/18**

A presentation was provided by Jeremy Rushmer, Executive Medical Director, Northumbria Healthcare NHS Foundation Trust. (Copy of presentation enclosed with the official minutes of the meeting.)

Key headlines and details of the presentation included:

- the Trust's vision, mission, core business and non-core business
- the 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
- their annual planning process
- safety and quality objectives for 2018/19
- quality account 2018/19
- details of performance on their priorities for 2018/19 - sepsis, falls, frailty, flow and staff experience
- their quality improvement formula
- safety and quality objectives for 2019/20
- quality account - ready by mid April 2019 and circulated to stakeholders for formal opinion late April, and the final version to be submitted to NHS Improvements and Parliament by the end of May.

Detailed discussion followed of which the key details of questions from members and answers from Dr Rushmer follow.

'Stranded patients' were defined as people who could not be moved on elsewhere due to any issues with their treatment. Work continued to take place to review and address any blockages in the system to avoid this happening.

The 30% achievement of the sepsis target contrasted to the 65% target; didn't targets need to be realistic as well as challenging, so what target was thus planned for the following year? Members were advised that it had been an ambitious target; a clinical lead officer for sepsis was in post and there was a good evidence base for the six interventions. However it was very complicated to keep achieving the six tests required within the one hour target. The target would be maintained as the clinical lead wished it to remain ambitious. There would be a focus on meeting the bundle compliance requirements. It was proposed that the sepsis lead officer could attend this committee in the future to provide an overview specifically about sepsis; members welcomed this proposal. An update about progress made towards meeting the target during the next year would also be welcomed. It was further noted that the Trust were involved in regional collaborative work on sepsis.

It was confirmed that beds in the frailty ward were not used as assessment beds; if there was a surge in admissions, then the area was used as necessary, as people would not be treated in corridors. The increase in patients during winter and longer

stays required by some patients were key challenges. When the beds were needed, no other services could be provided in that area.

Members welcomed an invite to visit the new frailty ward at a time to be arranged.

The numbers of cancer referrals were reported monthly and quarterly and publicly available. Details were not available to hand at this meeting but could be provided for members afterwards, perhaps as a formal committee update about overall performance on cancer. Cancer targets were extremely challenging, partly due to the lowering of the threshold at which people entered the cancer treatment system.

Members had agreed for further scrutiny to be arranged about end of life care. A report was proposed for a forthcoming meeting, at which point progress made on actions recommended from the previous scrutiny review would be considered. A decision would then be taken about whether any further themed scrutiny work was required.

Sepsis continued to be a big problem. Nationally, death rates were not increasing, but sepsis was a difficult condition to label and define. Giving the appropriate antibiotics at the right time following a diagnosis was the intervention that made the most impact.

The achievement for the four hour accident and emergency waiting time target at the Northumbria Specialist Emergency Care Hospital (NSECH) at Cramlington was below the 95% overall achievement for the Trust. Northumberland was in the top ten performing Trusts nationally for its accident and emergency rate. This was despite the challenge of operating over multiple sites, whereas other Trusts might only have one. Members asked if additional information could be provided in due course about the waiting times at NSECH.

Readmissions from frailty problems could depend on several factors. For example, as the length of stay was reduced, some readmissions could go up, but increasingly more people stayed at home. The safety net arrangements ensured that patients could be readmitted if needed. Readmission rates were also measured.

The pilot for the Medical Examiner Role applied to anybody who died within the care of the organisation; a senior independent doctor spoke to and sought feedback from relative then advised on the next steps. It was very important for the Trust to benefit from any learning or feedback received from this process.

As concerns existed about the rise in resistance to antibiotics the right diagnosis for sepsis was essential, so how was this being addressed? Members were advised that there was not a test to immediately diagnose sepsis; for example on occasions it might initially be diagnosed as pneumonia. It was important to treat symptoms early and de-escalate any cases the following day if they were subsequently confirmed as not being sepsis. It could take 24-48 hours to diagnose, and other symptoms could appear similar to those for sepsis. Sepsis was however measured differently in other countries; Australia's rate was double the UK's for this reason.

Regarding the staff survey, the Trust had created a tool to record staff experiences in real time which helped them to intervene quicker and treat people better.

In response to a query members were advised and reassured that the Trust did not

consider that there was any negative impact upon non-priority services through having to focus on priority services. The detail in this presentation represented a small amount of the Trust's services.

Reference was made to a number of attendees from the Berwick Hospital Campaign Group being in attendance. Director of Communications and Corporate Affairs Claire Riley had spoken to them before the meeting and would be writing to the group's co-ordinator with a further update in due course. The Trust were currently at an early stage of the process for developing new proposals. Further discussions would take place after which information would be shared regarding how this was proposed to be taken forward. Feedback received from the campaign group and local councillors had been helpful and used in their discussions. The Chair added that this issue would be considered by this committee in due course once there was detail available to scrutinise.

A member referred to a case in which a family member whose treatment for one condition had been split between three different hospitals; the inter-hospital communication had been poor - blood tests had not been shared nor had the respective consultants communicated with each other. Members were advised that progress had since been made; all results could now be shared between hospitals and a business case was being submitted for a medical intraoperative gateway. Thanks were expressed from Northumbria Trust to Newcastle Trust as whenever they asked for information it was then received straightaway. Efforts continued to be made to keep improve joined up working.

Mr Rushmer and Ms Riley were thanked for their attendance.

RESOLVED that written responses be sent to Northumbria NHS Foundation Trust and Newcastle upon Tyne Hospitals NHS Foundation Trust about the committee's views on their quality accounts and future priorities.