Northumberland
County Council

To:
Annemarie Troy-Smith, Newcastle upon Tyne Hospitals NHS Foundation Trust

By email -
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Your ref:
Our ref: MDB/OSC/QA/19/2
Enquiries to: Mike Bird
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Date: 7 May 2019

Dear Ms Troy-Smith

NEWCASTLE UPON TYNE HOSPITALS 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 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.

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 Northumbria 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 in the same month provides a good joined up picture of the many NHS services 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:

- members were reassured that your identified priorities all reflected the importance of emergency department work and the reasoning for why accident and emergency

targets are treated as business as usual work
- members welcomed your offer to provide details of healthcare acquired infections. We thank you for this information that you supplied following the meeting on 5 March, which has been circulated to all members of our committee
- members praised your strong no blame culture and commitment to learn from any mistakes, plus your approach to identify areas for improvement and if any such examples could be shared with other Trusts. Your approach to working with other local Trusts and key partner organisations was also praised
- members also welcomed your proactive work to support people with learning disabilities and mental health needs.

From the information you have provided to the committee over the past year, 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 2018/19, but also request that you note and consider the various points that they have raised in relation to your work going forward.

We also would be very grateful if I could get in contact with you again soon to discuss 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 about 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

EXTRACT FROM THE MINUTES OF THE MEETING OF THE HEALTH AND WELLBEING OSC HELD ON 5 MARCH 2019

(a) Newcastle upon Tyne NHS Foundation Trust Annual Plan and Quality Account 2017/18

A presentation was provided by Angela O'Brien, Director of Quality & Effectiveness, Andy Pike, Head of Quality Assurance & Clinical Effectiveness, and Liz Harris, Deputy Director of Nursing & Patient Services, all from Newcastle upon Tyne NHS Foundation Trust. (Copy of presentation enclosed with the official minutes of the meeting.) Key headlines and details of the presentation included details of progress made on priorities:

Patient Safety:
- Priority 1 - to reduce all forms of healthcare associated infection (HCAI)
- Priority 2 - to reduce inpatient acquired Pressure Ulcers (PU)
- Priority 3 - management of abnormal results
- Priority 4 - local safety standards for invasive procedures (LocSSIPs)
- Priority 5 - Human factors training

Clinical Effectiveness:
- Priority 6 - digital enhancements to care
- Priority 7 - closing the loop

Patient Experience:
- Priority 8 - deciding right
- Priority 9 - enhancing patient and public involvement in quality improvement
- Priority 10 - improving the experience of vulnerable patients.

2019/20 proposed quality priorities:
- patient safety: reducing infection; pressure ulcer reduction; management of abnormal results
- clinical effectiveness: alignment of quality and clinical effectiveness - SAMM (systems for action management and monitoring); enhancing capability in quality improvement
- patient experience: deciding right; implementation of 'treat as one'; ensure reasonable adjustments are made for patients with suspected or known learning disabilities.

Detailed discussion followed of which the key details of questions from members and answers from Ms Harris, Ms O'Brien and Mr Pike were:

Regarding differences between the two Trusts' presentations as for example accident and emergency services had not featured in Newcastle's, members were advised that this was because it was spread across many of their priority areas. Emergency department work included identifying people with pressure ulcers and sepsis. The priorities all reflected the importance of emergency department work.
The four hour accident and emergency targets were not being currently met in light of winter pressures faced, but the priorities did not include areas considered business as usual.

Regarding the management, frequency and outcomes of abnormal results, members were advised that they were occasionally experienced. Two incidents were referred to

of which one case concerned a lesion not being picked up earlier which did not affect the patient's life expectancy but could have enabled more palliative care support to have been organised.

Mr Young of the CCG acknowledged that it was important that the Trust was identifying areas for improvement and if it was successful in local initiatives that addressed national problems it was important to share them with other local Trusts. It was noted that the Healthcare Safety and Investigation Branch picked up examples of good practice; the Trust worked closely with them.

It was explained that infections could kill or contribute to death if undetected, although it could depend on the health of the individual patient. Members welcomed an offer to provide statistics about healthcare acquired infections after the meeting.

In response to why the referral of any abnormal results to another consultant could not be quicker than three to five days, members were reassured that there needed to be a cut off point and if it bounced quicker, it could lose the link to the original consultant for them to act. The timescale had been agreed on the basis of risk, and this was not expected to occur very often, as it had been introduced to anticipate any results not being picked up in the event of any consultants' absence from work.

In connection with any risk of any initial data entries of people's being incorrect, members were advised that it was machines rather than people who recorded blood pressure and temperature, and blood results were then analysed in the lab.

Replying to a question about reducing infections from catheters by 5% and what caused the infections, work took place to educate staff, patients and families about safer catheter use and support. The nurse consultant oversaw both equipment and education provision; staff observed patients and ensured that catheters were safely put in and taken out as soon as reasonably possible.

Regarding the sharing of other best practice, networks existed including regional collaborative programmes and regular meetings between groups of equivalent directors; members welcomed this.

Reference was made to the challenge of mental health conditions as they could be less visible; how was work undertaken and was there any lower age limit for services to be provided? Members were advised about arrangements for identifying people with a learning disability, including work of the Learning Disability Liaison Team. The learning disability passport service, which was not age specific, helped to recognise the behaviour of people in particular scenarios, for example they might respond differently to certain symptoms than other patients. The service provided access to screening and advice. Learning disability death reviews were also carried out as people with learning disabilities were more likely to die younger, and assessed what communication the carers and/or family received.

Regarding what services were provided for people with learning disabilities or mental health problems before they needed to enter the hospital setting, members were advised that proactive work took place with community groups, including Deaf Link, to ask them for details of their experiences.

In reply to a question about other work not included within the priorities detailed, this presentation had provided a brief summary; full details of all services provided by the Trust would be included in their complete Quality Account report.

In connection with concerns about MRSA infections, members were advised that there was more than one type of MRSA and infections in the blood were more serious. The procedure for discharging patients with MRSA/C-difficile would depend on the condition of the individual patient.

A member welcomed the digital observation system but warned of the impact of any other factors such as power supply, plus also enabling the removal of human error from some situations; members were very pleased to hear that the Trust had a strong no-blame culture as it was the best way to learn from experiences including mistakes.

Regarding consultation undertaken with people and groups outside of Newcastle who used the Trust's services, members were advised of consultation work with representatives of Northumbria Trusts, Northumberland County Council and work to seek patients' views using a range of engagement exercises. Their chief executive embraced a culture of working together, for example the development of an Integrated Care System. Patient and public involvement continued to be priority piece of work, but the foundations had been laid for taking it forward when it had previously been one of the Trust's priorities. The Trust were held to account on delivering their Quality Account aims and continued their patient and public involvement.

Ms Harris, Ms O'Brien and Mr Pike were thanked for their attendance and very good presentation and level of information provided. Following this it was:

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.