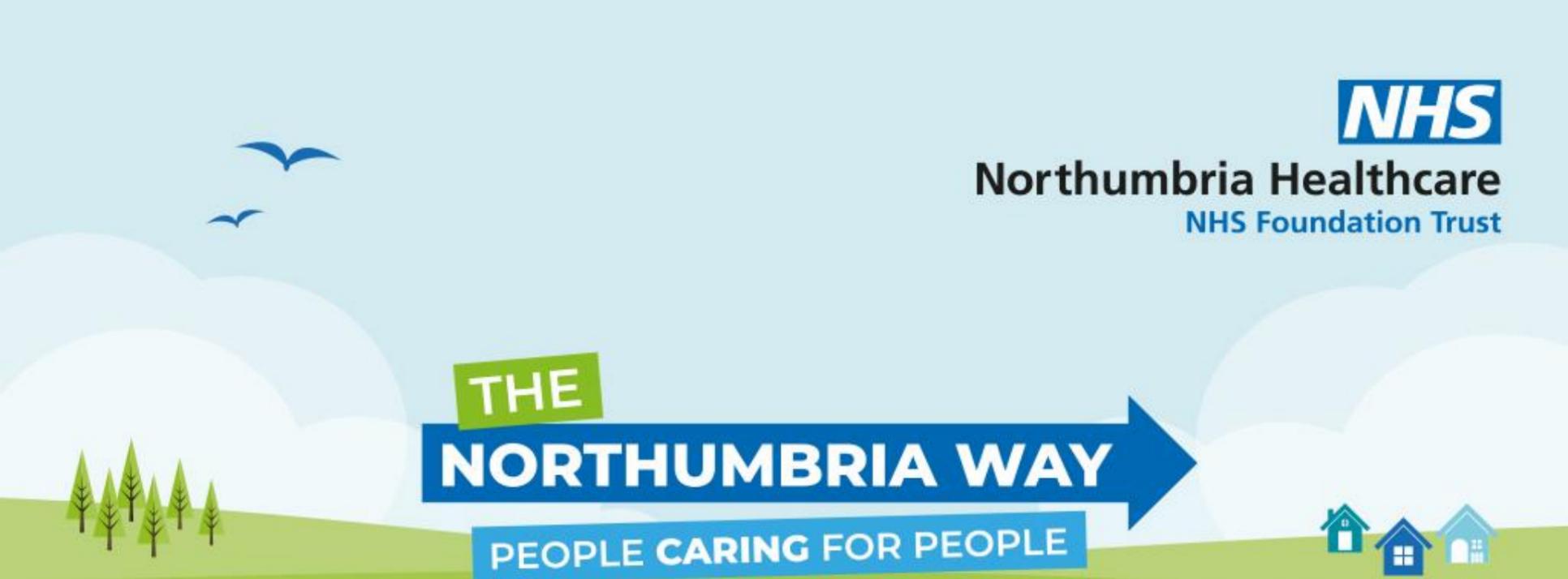




Northumbria Healthcare
NHS Foundation Trust

A stylized landscape graphic with a light blue sky, white clouds, two blue birds, a row of green trees on the left, and three blue houses on the right. A large blue arrow points from left to right across the center.

THE
NORTHUMBRIA WAY

PEOPLE CARING FOR PEOPLE

Annual plan and quality account

Jeremy Rushmer, Executive Medical Director



Our five year strategy...



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

As part of our work to achieve this:


- 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

Annual planning process

- Five year strategic plan (2018 – 2023) – overall direction, what we are about
- Annual plan 2020/21 – linked to five year strategy and development of clinical strategy
- Quality strategy
- Quality account covering 2019/20 – statutory requirement to inform public of delivery of safety and quality priorities
- Safety and quality objectives agreed for 2020/21
- Annual report and corporate governance statement
- Engagement with key stakeholders

An illustration of two stylized blue birds flying in the upper left corner of the slide.

Safety and quality priorities 2019/20

A stylized landscape illustration at the bottom of the slide. It features rolling green hills. On the left, there is a small cluster of green trees. On the right, there are three small house icons in blue and green. The background is filled with large, soft white clouds against a light blue sky.

Safety and quality objectives – 2019/20

- **Frailty** - continue to provide the best healthcare 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 the emergency department 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

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

S&Q priorities - Q3 performance

Priority	Standard by March 2020	Context	Q3 position
Flow	130	Reduction in extended stay patients (>21 days)	129.4 <i>(Average no. beds occupied as at 29th Dec 2019)</i>
	95%	Emergency dept 4 hour standard	Q3 = 93.6%
		Reduction in attendances in top 20 emergency dept high impact users	27% reduction in attendances for patient cohort
Deteriorating patients	90%	IV antibiotics within 1 hr of suspected sepsis	83%
	TBC Base line to be determined	30 day acute kidney injury (AKI) mortality – measured in arrears	37.8% <i>(based on Oct19 and Nov19 as Dec19 data not yet available)</i>
Cancer <i>(Dec19 data provisional)</i>	85%	Delivery of 62 day GP referral to treatment (RTT) standard	Q3 90%
	85%	Colorectal cancer pathway	Q3 83%

S&Q priorities - Q3 performance

Priority	Standard by March 2020	Context	Q3 position
Frailty	4.3	Sustained reduction in falls (falls rate (per 1000 bed days +1))	4.3
	0.11	Falls rate moderate or above harm (per 1000 bed days +1)	0.10
	1.4%	Ward stays - % spells with 3+ ward stays	1.1%
	6%	30 day emergency readmissions (75yrs+) Including discharge follow up call pilot	5.7% <i>(based on Oct19 and Nov19 as Dec19 data not yet available)</i>

S&Q priorities – Q3 performance

Bereavement

- Bereavement work – medical examiners appointed, move to involvement in high proportion of deaths
- Quality improvement methods in use to improve the death certification process

Maternity

- Development of a continuity of carer team
- Six midwives will look after a group of 200 women through the antenatal, intrapartum and postnatal period offering enhanced care

Every Contact Counts

- On track to achieve the Making Every Contact Count CQUIN to train 80% of staff working in immunisation and screening programmes
- Hospital smoke free in reach team is established and CQUINs achieved for reducing harm from tobacco and alcohol for 2018/19. On track for 2019/20
- Recruitment of health coaches underway



Safety and quality priorities 2020/21



OUR

QUALITY IMPROVEMENT

FORMULA

We all have a role to play in making quality improvements. Often the smallest change can have a big impact. If you'd like to make an improvement in your area, our formula below provides a structured approach to help make this change.



**1. Engage
and Involve**



**2. Fully
understand the
current
situation**



**3. Generate
Ideas**



**4. Start small -
make a change
and look at the
Impact**



**5. Share your
learning with
those involved**

Safety and quality priorities

- Part of a wider annual planning process
- All linked with five year strategy (clinical and business)
- SMART objectives:
 - **S**pecific
 - **M**easurable
 - **A**chievable
 - **R**elevant
 - **T**imebound

Safety and quality objectives – 2020/21

- Key areas discussed and agreed at the Trust's clinical policy group
- Linked explicitly to the Trust's quality strategy
- Objectives supported by governors and stakeholders
- A number of objectives build on 2019/20 priorities, embedding changes – others are new

Safety and quality priorities - 2020/21

- 2019/20 cancer and maternity work mainstreamed as 'business as usual'
- Flow – focus this year on the 'back-door':
 - Medical fitness for discharge and reducing length of stay thereafter (cross-system factors)
 - Ensuring accurately and timely data to support proactive management by ward and community staff
 - Note: bed occupancy a national key performance indicator
- Deteriorating patients and observation:
 - Improving timeliness of observations of medically unwell patients
 - Continued work on Acute Kidney Injury, sepsis and antibiotics via Deteriorating Patient Board
- Medicines management:
 - Considering best use of Patient Group Directions (PGDs)
 - Training of non-medical prescribers especially in community settings

Safety and quality priorities - 2020/21

- Mental health:
 - Responsiveness to children and young people with emotional wellbeing and mental health difficulties
 - Improving child and adolescent mental health (CAMHS) pathways
 - Reducing waiting times for access to specialist input and support
- End of life care:
 - Consolidation of bereavement and Medical Examiner work
 - Ensuring learning through systematic clinical team review of cases
 - Aligned to end of life strategy work with commissioners
- Patient experience:
 - John's Campaign supporting those with dementia whilst inpatient
 - Improving assessment and management of pain for those with learning disabilities in the emergency department
- Staff experience:
 - Strong link between staff and patient experience
 - Continued development of this leading-edge work
 - Sharing approach with wider NHS

The background features a light blue sky with two stylized blue birds in the upper left. The lower portion of the image shows a green landscape with rolling hills. On the left, there is a cluster of stylized green trees. On the right, there are three stylized house icons in blue and green. Large, soft white clouds are scattered across the horizon.

Quality Account 2019/20

Quality account 2019/20

- Look back at safety and quality priorities for 2019/20 and focus for 2020/21
- Standard requirements for all trusts to report
- Written in line with annual reporting guidance
- Key measures and phrases used that are auditable
- Includes information on mortality and preventable deaths, areas of achievement
- As per the Quality Account guidance the two indicators that will be required for limited assurance opinion by KPMG are;
 - A&E four hour target
 - 18 week incomplete pathways
- **Staff experience** agreed as the governor selected local indicator to be external audited

Quality Account 2019/20

- Process underway
- Draft account ready mid April 2020
- 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 2020

An illustration of two blue birds in flight, positioned in the upper left quadrant of the page.

Thank you

