



**THE
NORTHUMBRIA WAY**

PEOPLE CARING FOR PEOPLE



Annual plan and Quality Account

Alistair Blair, Executive Medical Director

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

- Refreshing our five year strategic plan (2023–2027) – overall direction, what we are about and key priorities for our business units
- Annual plan 2023/24 – linked to five year strategy and development of clinical strategy
- Quality strategy
- Quality Account covering 2022/23 – statutory requirement to inform public of delivery of safety, quality and improvement priorities
- Safety, quality and improvement objectives agreed for 2023/24
- Annual report and corporate governance statement
- Engagement with key stakeholders

BIG SIGNALS 2023/24



Service pressures

- One of the hardest December / January periods that have been seen locally and across the region
- Big thanks to teams for agility and commitment
- Usual winter cycles of activity disturbed - Paeds respiratory, Strep A, flu and Covid
- Increase in the number of people attending urgent and emergency care
- Additional bed capacity opened
- Industrial action and the impact
- Elective and cancer services in recovery phase – progress being made



Quality Account 2022/23




Quality Account 2022/23

- Look back at safety, quality and improvement priorities for 2022/23 and focus for 2023/24
- 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
- Following the guidance issued in January 2021, which stated that foundation trusts do not need to instruct external audit firms to conduct assurance work on the Quality Account, no indicators will be tested again this year
- The council of governors will therefore not be required to select an additional indicator to be audited

Quality Account 2022/23

- Process underway
- Draft account ready end April 2023
- Circulated to stakeholders for formal opinion May 2023
- Final, including stakeholder comments, submitted to NHS Improvement end of June 2023
- Upload to NHS Choices by end June 2023
- Date for submission to Parliament still to be confirmed

The background features a light blue sky with two stylized birds in flight. Below the sky is a green landscape with rolling hills. On the left, there is a cluster of stylized green trees. On the right, there are three stylized houses in shades of blue and green. The overall aesthetic is clean and modern.

Safety, quality and improvement priorities 2022/23

Our 2022/23 safety, quality and improvement priorities

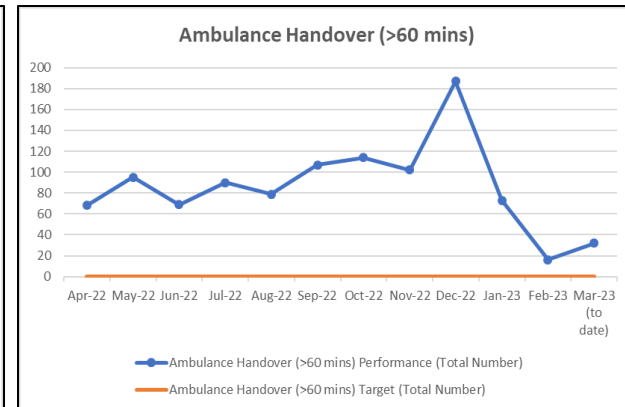
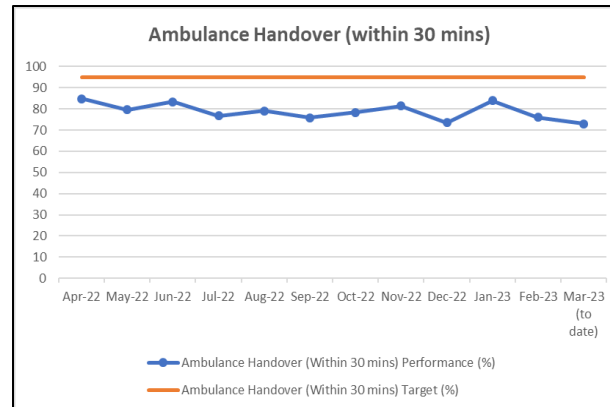
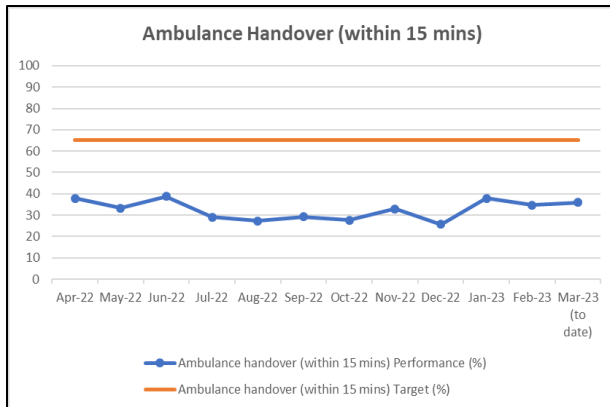
1. Ambulance handover
2. Cancer pathway – urology
3. Medical devices in maternity
4. Medication errors in community
5. Patient experience
6. Staff experience

Ambulance handover

Improve performance in relation to ambulance handovers:

- Within 15 mins – target 65%
- Within 30 mins – target 95%
- Eliminate > 60 mins – target 0

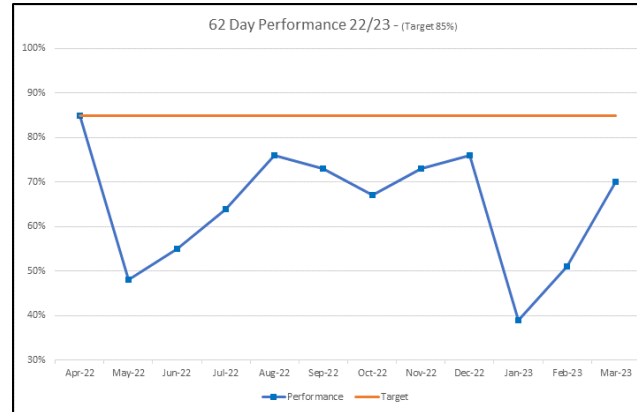
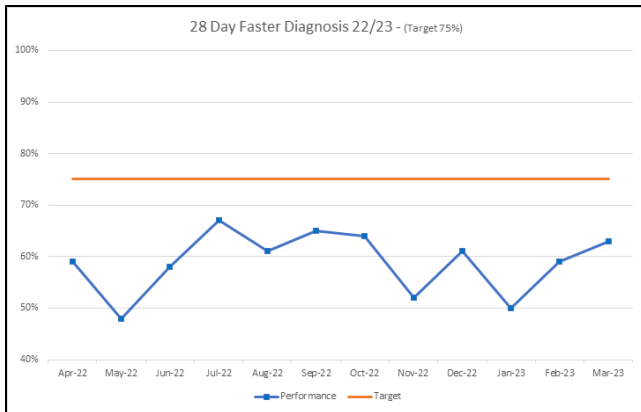
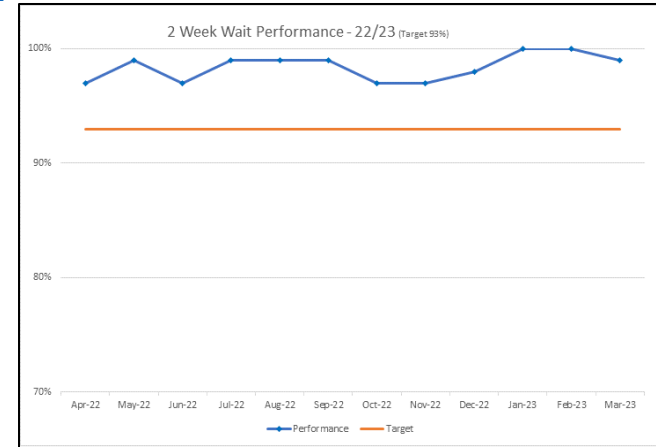
- Most significant improvement demonstrated in target to eliminate > 60 min
- This is positive because this is where the most potential for harm is for the patient
- Ambulance handover performance is relative to the pressures in the system
- Immense pressures experienced throughout the year
- Winter never really stopped/began again
- Reflected regionally and nationally
- Whole system approach (not just ED)



Cancer pathway – urology (provisional)

Improve performance in relation to urology cancer pathway (using national cancer targets):

- 2 week wait – target 93%
- 28 day faster diagnosis – target 75%
- 38 day inter-provider transfer (IPT) – target 85% (Q4 performance to date 49.6% Vs. Q3 performance 22.6%)
- 62-day referral to treatment (RTT) – target 85%



- Continually achieved 2 week wait target i.e. over 93% patients referred by GP on 2ww pathway are seen
- The other targets have been much harder to achieve but multiple improvements are currently being tested at different points of the patient pathway to reduce any 'bottle-necks'
- Other targets are also dependent on tertiary centre so working closely with colleagues at NUTH

****when patients receive investigation from 1 provider but then require treatment from a 2nd provider e.g. NHCT and NUTH, day 38 is the final day of the investigation phase, on which the final IPT should be made to the treating provider***

Medical devices in maternity

Priority aim: To introduce the EQUIP programme into the maternity services to ensure auditable evidence of medical device training is available via the digital platform

Priority	Objective	Performance Vs. Standard	Achieved?
Medical devices in Maternity	Q1 & Q2 objectives: Previously reported	100%	✓
	Q3 objectives: Ensure future processes to retirement and introduction of devices on EQUIP agreed and in policy; Design and agree future reporting process; Creation of SOP for roll out of EQUIP in maternity; Roll out high risk medical device training on EQUIP to NSECH core teams.	100%	✓


Medication errors in community

Priority aim: Learn from medication errors in community nursing teams by analysing the data, establishing Datix hubs in primary care networks (PCNs) and encouraging reflection on events; specifically those resulting in SI/SLE investigations

Priority	Objective	Performance Vs. Standard	Achieved?
Medication errors in Community	Q1 & Q2 objectives: Previously reported	100%	✓
	Q3 objectives: Implement the improvements / assess staff knowledge of the process levels of engagement	100%	✓

Patient and staff experience

Priority	Objective	Performance Vs. Standard	Achieved?
Patient experience	Create a development group to research and implement changes to the real time inpatient survey, keeping in line with the new modifications to the questions ask in the National Inpatient Survey; Continue to speak to inpatients throughout the trust and identify any issues for improvement using the new tool as part of a pilot.	100%	✓
Staff experience	Staff Surveys: Planning and design of pulse survey content; Communications and engagement plan; Collection of meaningful data; Timely, accurate and meaningful reporting to Business Units; Synthesis of national and benchmarking data collated and reported to Workforce.	100%	✓

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Safety, quality and improvement priorities 2023/24

Background

- Every year the Trust in collaboration with business units, governors and other stakeholders identify a number of safety, quality and improvement priorities
- For next year, we have identified seven possible quality improvements
- Some of these priorities build on previous improvement work and others are new priorities aligned to the wider Patient Safety Strategy
- It should be noted that business units will be working on many other safety and quality initiatives which form part of their annual plans

The seven proposed priorities

1. Improving flow – reducing ambulance handover delays

- Reduce waits over 60 minutes
- Aim to achieve 95% of handovers within 30 minutes
- Aim to achieve 65% of all handovers within 15 minutes
- Improve number of patients waiting for a bed in the emergency department every morning

2. Medication errors – timeliness of critical medications (Parkinson's Disease (PD))

- Reduce delayed doses of critical meds
- Using 'Triscribe' software
- Evaluate the role of the Ward Medications Assistant as part of this improvement

The seven proposed priorities

3. Improving cancer pathway standards

- Aim to achieve 93% two week wait
- Aim to achieve 28 day faster diagnosis
- Aim to achieve 85% of patients seen and had first treatment by 62 days

4. Deteriorating patient – Community NEWS (C-NEWS)

- Improve % compliance with C-NEWS

5. Improving delirium - assessment and management

- Improve compliance with new assessment question: ‘Are they different today?’
- Improve completion of PINCHME tool (**P**ain, **I**nfection, **N**utrition, **C**onstipation, **H**ydration, **M**edication, **E**nvironment)

The seven proposed priorities

6. Involving people in the development and improvement of Trust services

Aim: to improve the experience of patients by developing approaches that evidence effective involvement and co-design practice with patients and the wider community in quality improvement and patient safety projects and initiatives.

Outputs:

- A Trust strategy for unpaid carers that has been co-designed by unpaid carers, community organisations and Trust staff
- A Trust patient charter that has been co-designed by the patient and people participation group, Trust staff and the wider community
- Patients, families and unpaid carers actively involved in the transformation of outpatient services

The seven proposed priorities

7. Developing a collaborative approach to improving staff experience

***Aim:** to improve staff experience by working in partnership with colleagues from Human Resources, Communications, Public Health, Freedom to Speak, Organisational Development and Occupational Health.*

Outputs:

- Triangulating local staff survey data with other appropriate Trust data sources to gain a greater level of insight and understanding
- Identifying teams who might benefit from support to improve their staff experience
- Offering practical support to teams in relation to improvement
- Celebrating and sharing best practice



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Any questions?

Thank you