



Northumbria Healthcare
NHS Foundation Trust

THE

NORTHUMBRIA WAY

PEOPLE CARING FOR PEOPLE

Annual plan and quality account

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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 2021/22 – linked to five year strategy and development of clinical strategy
- Quality strategy
- Quality account covering 2020/21 – statutory requirement to inform public of delivery of safety and quality priorities
- Safety and quality objectives agreed for 2021/22
- Annual report and corporate governance statement
- Engagement with key stakeholders



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Quality Account 2020/21



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Quality account 2020/21

- Look back at safety and quality priorities for 2020/21 and focus for 2021/22
- 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
- Due to the Covid-19 pandemic, guidance has been issued stating External Audit (EA) assurance work on the Quality Account does not need to be undertaken for 2020/21 therefore no EA opinion on the Quality Account will be given this year
- Furthermore, no governor selected local indicator will need to be chosen for the year

Quality Account 2020/21

- Process underway
- Draft account ready mid April 2021
- Circulated to stakeholders for formal opinion end April 2021
- Final, including stakeholder comments, submitted to NHS Improvement end of May 2021
- Upload to NHS Choices by end June 2021
- Date for submission to Parliament still to be confirmed



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Safety and quality priorities 2020/21



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Seven safety and quality (S&Q) priorities in 2020/21

Priority 1 - Flow: Discharge

Priority 2 - Management of acutely unwell patients

Priority 3 - Supply and administration of medicines

Priority 4 - Children and young people's emotional well-being and mental health

Priority 5 - End of life care and bereavement

Priority 6 - Patient experience

Priority 7 - Staff experience

Safety and quality priorities - 2020/21

- **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

Progress in Quarter 4 - 2020/21

Priority	Proposed performance measure	Quarter 4 update	On target
1. Flow	Mean number of days between patient being declared medically fit and discharge	New process for capturing this day in place Includes meetings on each inpatient site to ensure timely discharge of patients	✓
	Maintain a bed occupancy of <92%	Q1 = 62.9% Q2 = 67.4% Q3 = 73.8% Q4 (to date) = 74.2%	✓
	Number of patients with length of stay over 21 days to be less than 103 patients	Average number of patients in Q1 = 58 Average number of patients in Q2 = 66 Average number of patients in Q3 = 75 Average number of patients in Q4 (to date) = 93	✓
2. Management of acutely unwell patients	Improve timeliness of observations on target wards to 70% of observations done within appropriate timeframe	Q1 combined results = 67.1% Q2 combined results = 75.2% Q3 combined results = 72.5% Q4 combined results (to date) = 72.1% The other two metrics for this priority have been delayed due to the impacts of Covid, hence the overall performance summary.	✗
3. Supply and administration of medicines	Reduce the reliance on patient group directions (PGDs) as a method in the supply or administering of medicines across the organisation	Reduction in 2020/21 from 154 to 148 PGDs	✓

Progress in Quarter 4 - 2020/21

Priority	Proposed performance measure	Quarter 4 update	On target
4. Children and young people's emotional well-being and mental health	Agree and implement new patient pathways	Introduction of Access Team to manage referrals into all the CAMHS services has led to a positive impact on patient access	✓
5. End of life care and bereavement	Medical Examiner to review 95% of all deaths not referred to coroner	Q1 total = 84.6% Q2 total = 89.8% Q3 total = 91.0% Q4 total (to date) = 96.9%	✓
	Stage 2 reviews to be discussed at sub-specialty meetings	Process for the feedback of lessons learnt to sub-specialty teams now in place	✓

Progress in Quarter 4 - 2020/21

Priority	Proposed performance measure	Quarter 1 update	On target
6. Patient experience	<i>“John’s Campaign”</i>	<ul style="list-style-type: none"> • Trial completed in August 2020. • Information disseminated Trustwide. • Patient experience visiting project undertaken to understand impact. 	✓
	Improve experience of learning disability patients in emergency department	<ul style="list-style-type: none"> • Focus group held in December 2020 to understand experience of this group of patients. • Format and design of “Health Card” has been agreed – process to produce has been longer than anticipated due to Covid. 	✓
7. Staff experience	Improvements in experience - “Joy at Work”	<ul style="list-style-type: none"> • All domains of staff experience statistically better from baseline. • Staff experience workshops held. • Health & Well being scores captured on ongoing, regular basis 	✓
	Evaluation of “Corona Voice” staff experience	Learning from the “Corona Voice” has been shared more widely through a number of publications and presenting at conferences	✓



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Safety and quality priorities 2021/22



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Background

- Every year the Trust in collaboration with business units, governors and other stakeholders identify a number of safety and quality priorities
- For next year, we have identified eight possible quality improvements
- Many of these priorities build on previous improvement work
- 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 eight priorities

1. Access standards – regaining the standards for patient access
2. Outpatients – embedding the changes in delivering outpatient appointments
3. Deteriorating patient – to continue to improve the management of acutely unwell patients in both hospital and community settings
4. Delirium – improvement of the detection of patients with delirium and the training of staff to improve early detection

The eight priorities contd.

5. Patient Group Directives (PGDs) – continue to improve how we supply and administer PGDs to patients
6. Child & Adolescent Mental Health Services (CAMHS) – build on the work undertaken this year to improve the timely access to the full range of CAMHS services
7. Patient experience – intention is to get the patient experience back to pre-Covid levels
8. Staff experience – again to build on the successful staff experience programme with the introduction of real time staff experience reporting



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Any questions?

Thank you

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