



**THE**  
**NORTHUMBRIA WAY**

PEOPLE CARING FOR PEOPLE

# Annual plan and Quality Account

*Jeremy Rushmer, Executive Medical Director*

# OUR FIVE YEAR STRATEGY 2021/22

## 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.



## OUR MISSION

We will transform the traditional hospital-based model to ensure people are true partners in determining their own health provision alongside maintaining, and where possible, diversifying our business model to secure a sustainable future.



## BIG SIGNALS

Helping our staff, patients and our local communities to recover from Covid-19 and do this with a relentless focus on supporting economic growth, tackling inequalities and climate change.



We will drive innovation in healthcare be it corporate and/or clinical innovation.



We will be the best place to work and train and will continue to diversify our workforce to ensure the best possible care for patients is delivered.



To continue along our digital journey with a relentless focus on technology enabled improvement for our staff and patients.



We will transform our estate creating the best environment for patients and staff.



Play a leading role developing new ways of working across the health and care system locally, regionally and nationally with emphasis on strong partnerships.



Be proud of our performance (financial, operational and clinical) and constantly strive for improvement for the benefits of patients and staff.



## KEY ENABLERS



IT



FINANCE



HUMAN RESOURCES AND ORGANISATIONAL DEVELOPMENT



COMMUNICATIONS AND ENGAGEMENT

## 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 2022/23 – linked to five year strategy and development of clinical strategy
- Quality strategy
- Quality Account covering 2021/22 – statutory requirement to inform public of delivery of safety and quality priorities
- Safety and quality objectives agreed for 2022/23
- Annual report and corporate governance statement
- Engagement with key stakeholders

# Context of the impact of Covid in 2021/22

- Covid has continued to have a massive impact on the ability of the Trust to deliver services to patients - between March 2021 and March 2022 the Trust has cared for 2,799 Covid positive cases
- Our colleagues having Covid and being absent from work has also had a huge impact on our ability to deliver services and treatment as usual (9.43% absence rate in January 2022.) This has put real pressure on clinical teams, and leads to reduced efficiency
- The number of Covid patients we've had to care for, combined with Covid related staff absences has had a detrimental impact on the volume of activity that has been undertaken, which in turn has impacted on the Trust's ability to achieve the usual high levels of performance, e.g. RTT at 86.6% in February 2022 compared to 92%+ in February 2020
- This is all set against a backdrop of increasing referral rates, with the Trust receiving 115% of 2019/20 level of referrals in 2021/22



# Quality Account 2021/22





# Quality Account 2021/22

- Look back at safety and quality priorities for 2021/22 and focus for 2022/23
- 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 2021/22

- Process underway
- Draft account ready end April 2022
- Circulated to stakeholders for formal opinion May 2022
- Final, including stakeholder comments, submitted to NHS Improvement end of June 2022
- Upload to NHS Choices by end June 2022
- Date for submission to Parliament still to be confirmed





# Safety and quality priorities 2021/22



# Our 2021/22 eight safety and quality 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

# Performance on our safety and quality priorities 2021/22

Priority	Objective	Q3 Performance	Progress to date
Access to services	<b>Referral to Treatment</b> – target at end of Q3 is for 92% of patients treated within 18 weeks of referral	Target at end of Q3 is for 92% of patients treated within 18 weeks of referral; end of Q3 = 87.7%	Target missed
	<b>Diagnostics</b> – target is for 99% of patients to have test within 6 weeks of referral	Q3 performance = 95.9%	Target missed
	<b>Cancer</b> – 21/22 target = 9 out of 12 months at 85% or above	Q3 performance = zero months at 85% YTD = 1 month out of 9	Target missed
	<b>Emergency Department</b> – 21/22 target = routinely meet 95% of patients seen & admitted within 4 hours of arrival	Q3 performance = 90.7%	Target missed
Management of acutely unwell patient	Improve timeliness of observations - Q3 & Q4 target = combination of 70-90% on various wards at NSECH and base sites	Q3 performance = 3 target wards at NSECH & NTGH not met Q3 – Q4 target in Q3. Strong performance on other NSECH and base site wards.	Partially met
Supply and administration of medicines	Implementation of Q-Pulse system into all areas -Q3 target = full roll out of Q-Pulse system and audit undertaken	Q3 performance = roll out completed, audit underway	Partially met
Children & young people's emotional well-being & mental health	Improving access times into the service - Q3 target = 70% of referrals seen by day 35	Q3 performance = 64.8%	Target missed
	Check with patients changes improve the service	To be completed in Q4	Not intended to have started

# Performance on our safety and quality priorities 2021/22

Outpatients	Increase percentage of virtual outpatient appointments - Q3 target = 29% of all outpatient appointments	Q3 performance = 30.7%	On target
	Decrease response times for Advice & Guidance requests – Q3 target = 79% of requests responded to within 3 days of receipt	Q3 performance = 76.9%	Target missed
	Pilot measures to reduce health inequalities in a selected specialty	Ongoing analysis, interventions based on analysis being planned	On target
Delirium	Embed the use of the 4AT on inpatient wards – Q3 target = 77.5% of all admissions screened within 12 hours of admission	Q3 performance = 74.0%	Target missed
	Roll out of “PINCH ME” training programme	Training delivered to 2 additional wards and 2 services in Q3. Training moved to on-line in response to Covid situation.	On target

# Performance on our safety and quality priorities 2021/22

Patient experience	Reinstate real time measurement of patient experience	Realtime measurement has now been re-instated across the Trust.	On target
	Understand the impacts of remote consultations on patient experience	Work has commenced on this measure.	On target
	Improve accessibility of service for people who are deaf or hard of hearing	Work has commenced on a number of strands of this workstream, with the aim to complete all by March 2022.	On target
Staff experience	Maintain our cycle of quarterly staff experience audit	Regular staff engagement survey in place, with robust PDSA cycle in place to ensure action is taken on areas of concern.	On target



# Safety and quality priorities 2022/23





# 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 six 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 six proposed priorities

## 1. Ambulance handover

- Eliminate over 60 minute waits
- 95% of all handovers within 30 minutes
- 65% of all handovers within 15 minutes

## 2. Medication errors – community

- Reduce medication errors in community nursing
- Establish 'Datix Hubs' in all Primary Care Networks (PCN)
- Implement learning logs and evaluate the impact on staff

# The six proposed priorities

## 3. Cancer pathway – urology

- Complex pathway – multiple stakeholders
- Aim to achieve:
  - 93% of patients seen on two week wait pathway
  - 75% target for 28 day faster diagnosis pathway
  - 85% of patients seen and receiving first treatment by 62 days referral from GP

## 4. Maternity – medical devices training / E-quip

- Medical device training currently recorded on paper
- Implement an electronic database system
- Development of medical devices portfolio, associated training and competency assessments

# The six proposed priorities

## 5. Patient experience

- Robotic Assisted Surgery (RAS)
- Re-design Real Time programme
- Improve access for D/deaf patients

## 6. Staff experience

- Three 'Pulse' surveys and National Staff Survey
- Scale-up staff experience programme
- Successful roll out of R3P programme (recovery, readjustment and reintegration programme)
- Impact of poverty, cost of living and quality of life for staff
- Staff experience in Northumbria Healthcare Facilities Management (NHFM)



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**Any questions?**

**Thank you**