

Northumbria Healthcare  
NHS Foundation Trust



# building a caring future

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## **Annual plan and quality account** **Birju Bartoli, Deputy Chief Executive**



# Setting the scene

- We manage hospital, community health and adult social care services in Northumberland
- We manage hospital and community health services in North Tyneside
- Our budget is around £400 million and we use this to provide care for over half a million people
- Our vision is:

**‘To be the leader in providing high quality, caring and safe health and care services’**

# Setting the scene

- 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 – overall direction, what we are about (June 2016)
- Annual plan for 2016/17 (April 2016)
- Safety and quality objectives for 2016/17
- CQUIN (commissioning for quality and innovation)
- Quality strategy
- Quality account covering 2015/16 – statutory requirement to inform public of delivery of safety and quality priorities
- Annual report and corporate governance statement
- Engagement with key stakeholders

# National requirements

- Annual plan to identify meeting seven day standards
- Annual plan to identify locality based provision for GP hubs / seven day services
- Annual plan to address urgent care centres / NHS 111 / senior triage
- Workforce plans
- Safety and quality priorities
- Financial plans to incorporate the above
- Place based plans – across a geographical footprint

# Local requirements - annual plan

- Broad domains agreed at the trust's clinical policy group
- Domains as per five year strategic plan – safe, caring, quality
- Linked explicitly to the trust's quality strategy
- Business units asked to provide safety and quality objectives as well as outlining business unit objectives for 2016/17
- CQUIN (commissioning for quality and innovation) measures for 2016/17 to be included as part of safety and quality and annual plan objectives - tbc
- Some objectives building on 2015/16 objectives and embedding changes
- Use of clear language when describing trust's objectives
- Deadline for annual plan submission is end of March 2016 (internal) and submission to Monitor in April

## Safety and quality objectives identified to date

- C.difficile / MRSA / orthopaedic surgical site infection
- Sepsis
- Elderly trauma pathway
- Discharge / flow
- Falls and pressure ulcers
- Check list for minimally invasive procedures
- Medicine optimisation
- Electronic prescribing roll out
- Electronic track and trigger tool
- Dementia care pathway
- Patient experience – including kindness and compassion measure
- Mortality case note reviews – nationally mandated

# Quality account 2015/16

- Purpose of quality account
- Look back at safety and quality priorities for 2015/16 and those agreed for 2016/17
- Standard requirements for all trusts to report
- 2015/16 additional requirements – Duty of Candour, Sign up to Safety, CQC ratings grid and further staff survey results
- Quality account for 2015/16 process underway - to be completed by end April 2016 – for stakeholder comment in May 2016
- Monitor guidance on mandatory indicators (still to be confirmed after consultation ended 19 February)
- Governor selected local indicator



# Quality account 2015/16

- As per Monitor guidelines, two indicators required for limited assurance opinion by KPMG
- Based on national annual reporting guidance
- Acute trusts required to be audited against two of the following indicators, in this order of preference for the trust:
  - 18 weeks referral to treatment
  - A&E four hour 95% target
  - Maximum waiting time of 62 days from urgent GP referral to first treatment of all cancers
  - 28 day readmission rates
- Patient experience to remain the governor selected local indicator to be externally audited
- Awaiting confirmation of national mandated indicators for this year

# Our performance on our priorities 2015/16

Safe Care	Performance
↑ On or Better than Target, ↔ Remains Constant, ↓ Below Target	
Reduce hospital acquired infections – C. Difficile, MRSA and surgical site infections	↑
Medicine optimisation in hospital (medicines reconciliation)	↓
Improve the management of sepsis in hospital and community settings	↑
Implementation of electronic prescribing	↑
Reduction of falls and pressure ulcers	↑
Safety checklist (WHO) – embedding the practice – theatres and endoscopy	↔
Implementation of the Northumbria Specialist Emergency Care Hospital (NSECH) model and 7 day working	↑
7 day communication to GPs following outpatient attendance	↑

# Our performance on our priorities 2015/16

High Quality Care	Performance
↑ On or Better than Target, ↔ Remains Constant, ↓ Below Target	
Opening of NSECH and the base sites in their new form	↑
Understanding hospital mortality through case note audit	↑
Delivery of a 7 day endoscopy service	↑
Development of the maternity service	↑
Development of the palliative care model	↑
Collaboration with nursing homes to improve patient care	↔
Integration of acute and community services to support patient flow and discharge	↔
Management of chronic obstructive pulmonary disorder (COPD) patients on discharge	↑
Management of acute kidney injury in line with national guidance	↓

# Our performance on our priorities 2015/16

Patient Experience	Performance
↑ On or Better than Target, ↔ Remains Constant, ↓ Below Target	
Embed kindness and compassion as an 'always behaviour'	↑
Pilot 'Think Safe' as part of regional patient safety collaborative initiative	↑
Ensure complaints, experience and social media comments are triangulated quarterly	↑
Recognition of dementia – supporting carers as part of this process	↑
Benchmark patient emergency care experience pre and post NSECH	↑
Education for those patients dependent on alcohol who access hospital emergency services	↑
Use of the emergency hospital care record for palliative patients	↑

# Quality account

- Draft account ready mid April 2016
- Circulated to stakeholders for formal opinion end April
- Final, including stakeholder comments, submitted to Monitor and Parliament end of May
- Upload to NHS Choices by end June 2016
- Written in line with annual reporting guidance – key measures and phrases used that are auditable

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## Any questions?

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Thank you

