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Annual plan and quality account

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Setting the scene

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

- 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

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Annual planning process

- Five year strategic plan (2014 – 2019) – overall direction, what we are about – ongoing strategy refresh
- Last year changed to two year planning cycle - plan for 2017/18 to 2018/19
- Quality strategy
- Quality account covering 2017/18 – statutory requirement to inform public of delivery of safety and quality priorities
- Amended safety and quality objectives for 2018/19
- Annual report and corporate governance statement
- Engagement with key stakeholders

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Safety and quality objectives 2017/18

- Five key areas:
  - To drive improvements in the quality of care and services provided for patients suffering from breathlessness
  - To improve the quality of care and services for older people
  - To continue to improve the management of sepsis in hospital and community settings
  - To implement the flow project to reduce delays in the system
  - To improve the timeliness and quality of treatment for patients who visit us with abdominal pain

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Quality account 2017/18

- Look back at safety and quality priorities for 2017/18 and focus for 2018/19
- Standard requirements for all trusts to report
- Including information on mortality and preventable deaths, areas of achievement
- Quality account process underway - to be completed by end April 2018 – for stakeholder comment in May 2018

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Quality account 2017/18

- As per guidelines, two indicators required for limited assurance opinion by KPMG
- Based on national annual reporting guidance
- Acute trusts required to be audited against two indicators, for acute trusts:
  - 18-weeks or 62-day cancer (*tbc*)
  - A&E four hour 95% target
- Patient experience to remain the governor selected local indicator to be externally audited

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Our performance on our priorities 2017/18

Priority	Performance
⇧ On or better than target, ⇩ Below target, ⇔ As expected	
Surviving sepsis	⇧
Abdominal pain	⇔
Breathlessness	⇩
Flow	⇔
Frailty	⇔

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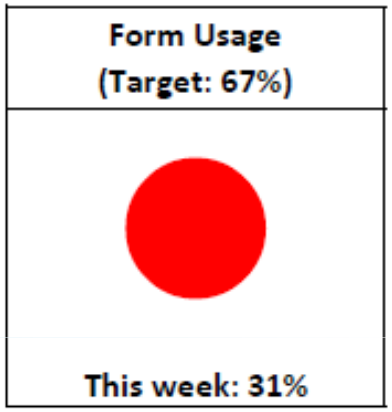
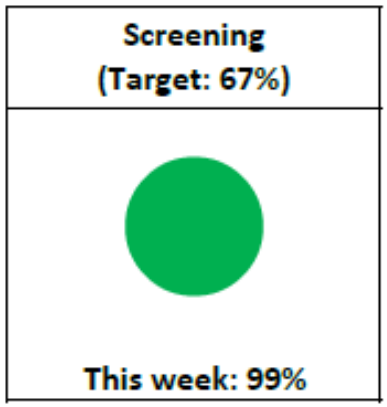
Sepsis

Weekly performance 17th Nov

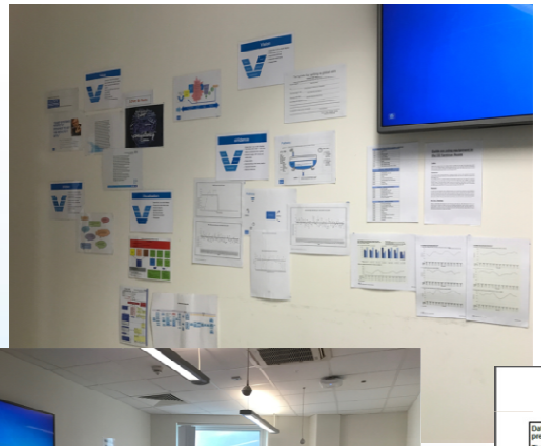


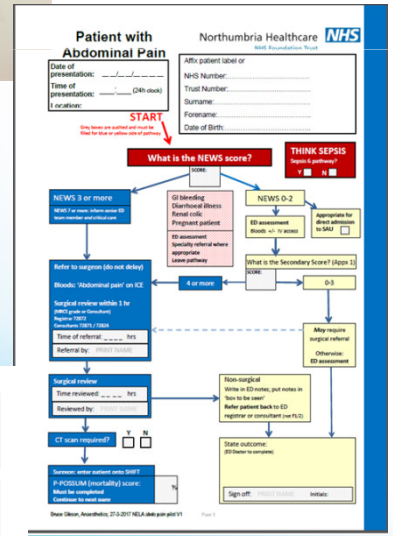
Weekly performance 7th Jan

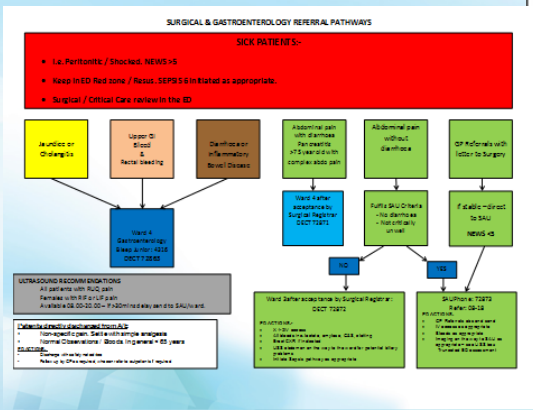


- Engagement with emergency department team re Sepsis 6 bundle
- Challenging environment
- Focus on refining the screening process – biggest gain in relation to mortality
- Next steps to improve the number of bundle interventions delivered

Abdominal pain

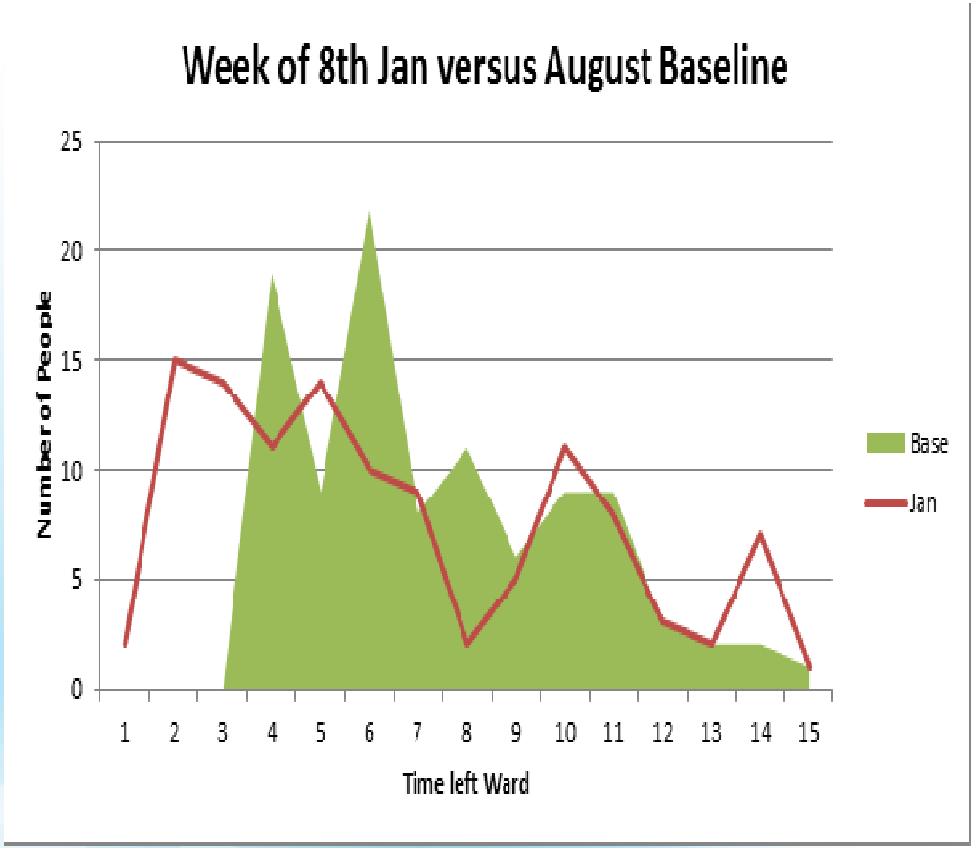






- Focus on patient journey from emergency department to surgical assessment unit
- NELA mortality report
- Understanding waiting time for patients to be seen and the number of visits involved in the assessment
- Introduction of a ‘hot clinic’
  - one visit only
  - consultant review

Abdominal pain

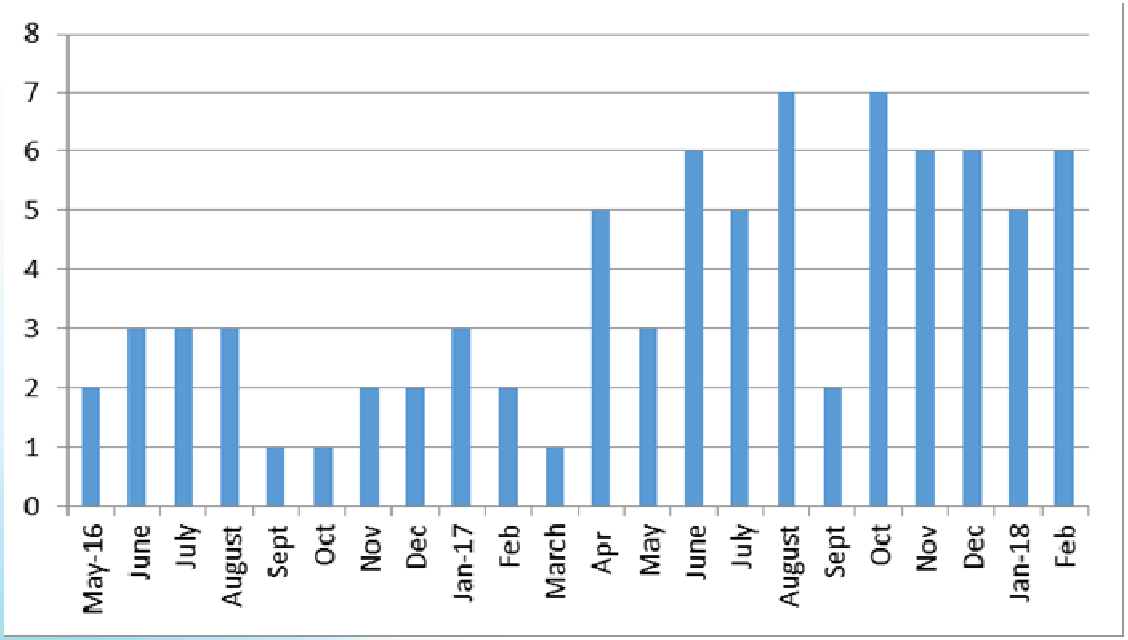


- % of patients leaving the ward under five hours
- Baseline measure in August = 28% and on 8th January = 49%. An improvement of 21%
- This improvement is due to more diagnostics slots and greater presence of consultants in the afternoon

Breathlessness

The project definition was difficult as the original remit was system wide therefore an alternative measure more specific to the acute provider was developed focussing on the respiratory pathway

Hospital@Home – our scheme to care for respiratory patients in their own home as an alternative to a longer stay in hospital has previously shown to improve safety and quality benefits for patients. Development of this service by safely widening the access criteria has resulted in an increase of patients through the scheme.



Number of patients cared for through Northumbria Hospital@Home scheme May 2016 to February 2018

Best Practice Inhaler Guidance - Prescribing support poster developed by Northumbria onto CiiX (GP information Exchange). There has been a corresponding reduction in commonly prescribed inhalers and an increase in best practice inhaler prescribing. GP feedback has been very positive. Currently awaiting finalised numbers.

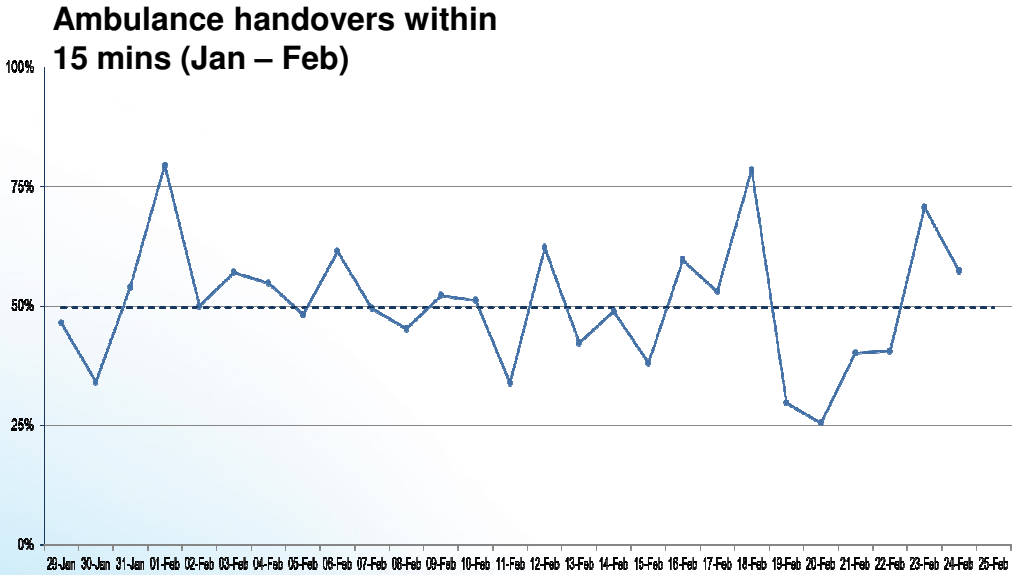
Flow

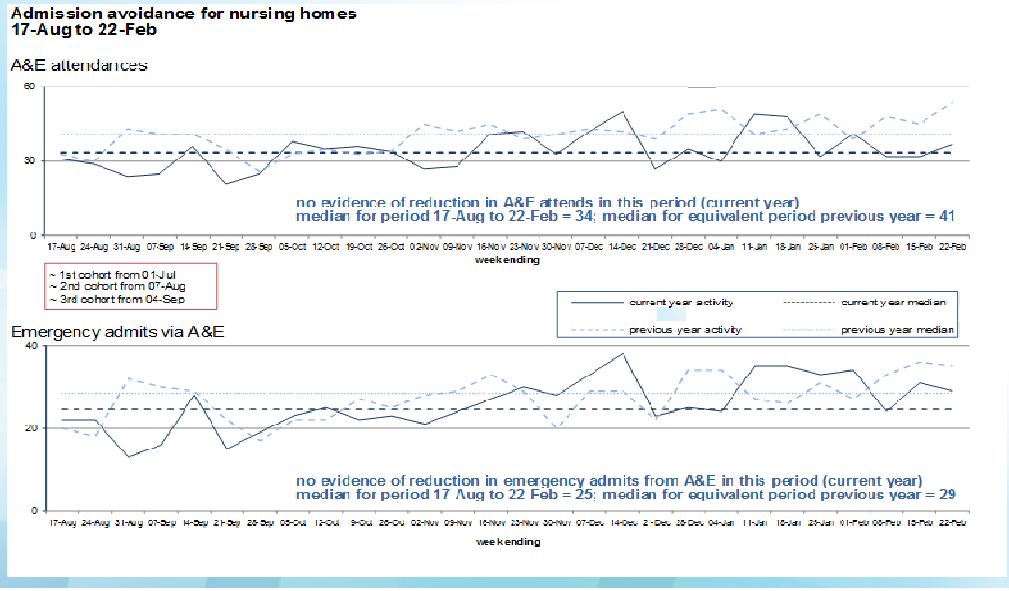
Number of areas to improve flow through the hospital

Year one

- Focus on ambulance handover times
- Nursing home arrivals and admissions to hospital
- Commitment to continue into year two

Flow



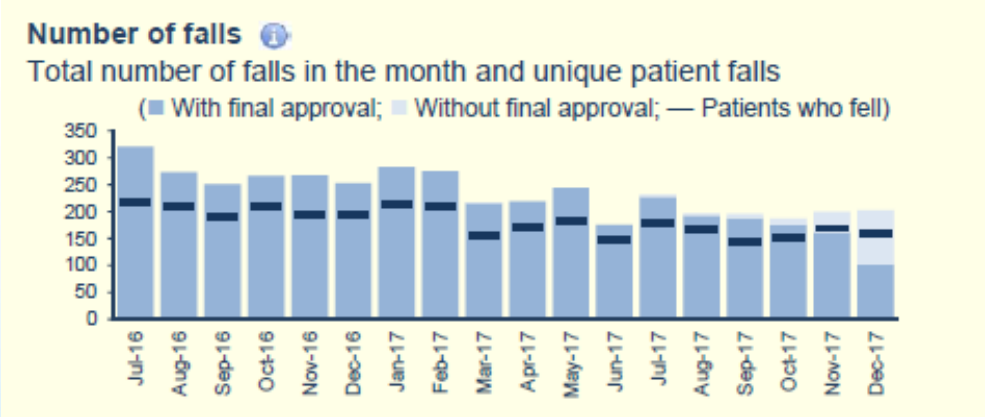


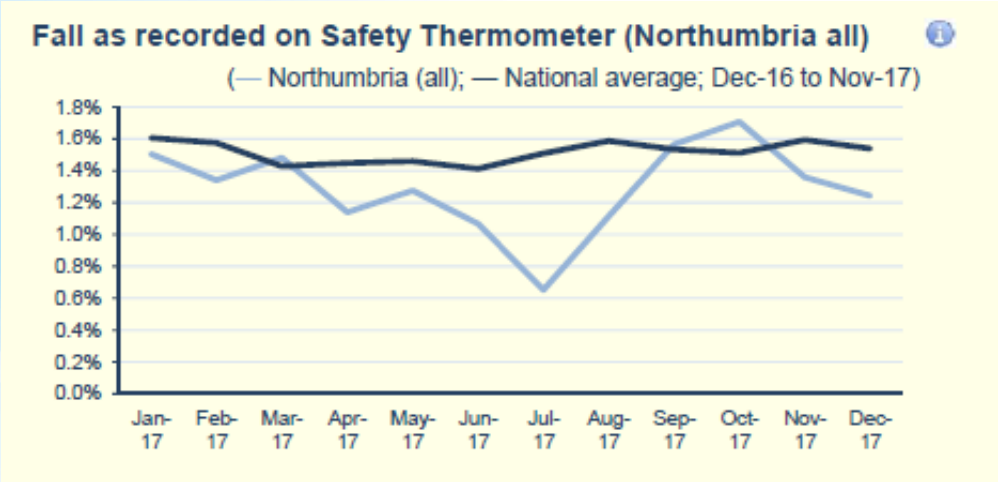
- Some improvement in ambulance handover times, but not sustained
- Identified bottlenecks to flow
- Pilot of nursing home contact direct to paramedic to reduce attends
- No significant impact observed

Frailty

- Number of component parts
- Year 1
  - ✓ – Falls
  - ✓ – Implementation of frailty assessment service
    - – aim to get people to the right place first time
- Year 2
- Frailty
- Separate out falls work as a priority area

Falls

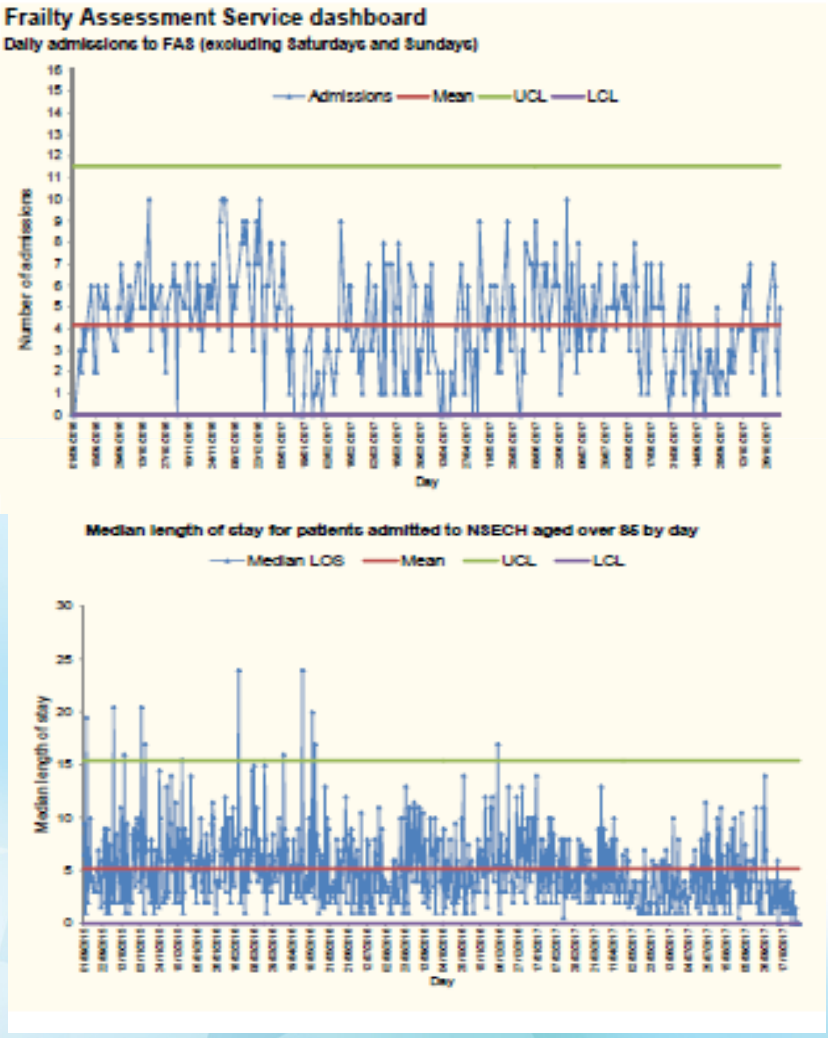




Developing our understanding

- Number of falls demonstrates an improving picture
- Comparison against national average for Safety Thermometer
- Greater knowledge of use of interventions as part of a falls bundle
- Identification of specific quality improvement initiatives at ward level

Frailty Assessment Service (FAS)



- Tracking activity in FAS (but impacted by seasonal operational pressure)
- Comprehensive geriatric assessment on admission – demonstrating an impact on length of stay

Other inclusions

- More detail on the safety and quality projects
- Mortality indicators and work undertaken locally and regionally
- Examples of quality improvement initiatives
- Our refreshed quality improvement journey

Safety and quality objectives – 2018/19

- Five key areas agreed at the trust's clinical policy group
- Linked explicitly to the trust's quality strategy
- Objectives supported by governors and stakeholders
- Some objectives building on 2017/18 objectives and embedding changes

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Safety and quality objectives 2018/19

Five key areas:

- Sepsis (year 2)
  - Sustain screening levels
  - Increase bundle compliance
- Frailty (year 2)
  - Deconditioning – pressure ulcers and comprehensive geriatric assessment
  - Frailty assessment unit volumes
- Falls
  - Sustain reduction in falls rate
  - Decreasing number of falls with harm
- Flow (year 2)
  - Increase use of ambulatory care services
  - Decrease in stranded patient number
- Patient and staff experience – improve our staff and patient experience scores as evidenced through a number of different mechanisms

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Quality account

- Draft account ready mid April 2018
- 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 2018
- Written in line with annual reporting guidance – key measures and phrases used that are auditable

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Any questions?