



Northumbria Healthcare
NHS Foundation Trust

QUALITY ACCOUNT

SUMMARY VERSION

2019/20

building a caring future

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These last few months have taught us a lot about the fundamentals relating to quality of care and I hope you can see that this is very much our focus in this account.



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CHIEF EXECUTIVE'S STATEMENT

The annual Quality Account gives us an opportunity, each year, to reflect on our achievements over the year and to openly share our performance and outcomes for public scrutiny.

This has been a busy year by any normal standards, with great progress on all of our key safety and quality priorities. However, given that this has been such an incredible few months (from the end of last financial year, into this one), I think it only right that we reflect on this, and some of the key learning from a quality perspective.

First, this has given us a very clear reminder that we need a relentless focus on what is important for patients and staff. This focus enabled us to be rated 'Outstanding' for the second time – a remarkable achievement in its own right.

The second key achievement in the year was being rated the best place to work in the NHS, alongside three other great organisations. The challenge of Covid-19 has made it clear to all that our staff are our key asset. Our staff, along with NHS and broader health and care partners across our patch, really did us all proud under incredible pressure over the last few months.

These last few months have taught us a lot about the fundamentals relating to quality of care and I hope you can see that this is very much our focus in this account.

Clearly, we will be building on this as we navigate the next few months in our efforts to recover, learn to live with the disease and improve services for patients and staff for the future.

I hope you find this account informative and see that our patients are very much at the centre of everything our staff do. More than ever, I am proud of each and every one of them.

Sir James Mackey



OUR PERFORMANCE

95% OF STAFF BELIEVE THEIR WORK MAKES A DIFFERENCE TO PATIENTS AND SERVICE USERS

99% OF STAFF BELIEVE THE TRUST'S TOP PRIORITY IS HIGH QUALITY CARE

83% OF STAFF WOULD RECOMMEND US TO FAMILY OR FRIENDS

RESPONSIVENESS TO PERSONAL NEEDS OF PATIENTS:

BETTER THAN EXPECTED,
TOP 20% NATIONALLY

SUMMARY HOSPITAL-LEVEL MORTALITY INDICATOR:

AS EXPECTED

PATIENT SAFETY INCIDENTS:

AS EXPECTED

C.DIFFICILE:

BETTER THAN EXPECTED

VENOUS THROMBOEMBOLISM RISK ASSESSMENT:

AS EXPECTED

EMERGENCY READMISSIONS TO HOSPITAL WITHIN 28 DAYS:

PATIENTS AGED 16 AND ABOVE = AS EXPECTED
PATIENTS AGED 0-15 = BETTER THAN EXPECTED

PATIENT REPORTED OUTCOME MEASURES

PERFORMED BETTER THAN EXPECTED FOR GROIN HERNIA, PRIMARY HIP REPLACEMENT AND PRIMARY KNEE REPLACEMENT SURGERY. THERE IS INSUFFICIENT OR NO DATA FOR VARICOSE VEIN, REVISION HIP REPLACEMENT AND REVISION KNEE REPLACEMENT SURGERY.

PROGRESS AGAINST OUR PRIORITIES

Our priorities for 2019/20 were identified after engaging with patients, the public, staff, members, governors and external stakeholders. Our priorities always have the golden thread running through them – the highest levels of patient experience and clinical outcomes.

PRIORITY ONE: FLOW

Ambulatory care unit

We have reduced the impact on the emergency department (ED) of patients who could be treated in a more appropriate space. Compared to 720 patients being referred from ED to our ambulatory care unit (ACU) in July 2018, 1,285 patients were referred in December 2019.

Another significant benefit of the unit is the inter-speciality relationships developed from being in a single environment.

Extended stay patients

Reducing the number of long-stay patients had a key focus. We have done this by formalising length of stay meetings across all hospital sites and by working closely with community colleagues to optimise discharge planning processes, particularly in relation to complex discharges. The Covid-19

pandemic has had an impact in this area as a result of changes we had to introduce to many services.

Our discharge to access and escalation beds in Wansbeck General Hospital and Alnwick Infirmary have significantly reduced patient re-admission and ensure that patients return to their normal place of residence in a timely way.

The Howden intermediate care facility opened in July 2019 and we were able to transfer 173 patients for rehabilitation. 70% of these patients were able to return to their own place of residence on discharge.

High impact service users of our emergency department

We have done a review of all existing care plans over the last 12 months of patients that fall into this group and have put measures and processes in place to safely and appropriately reduce attendances.

Alongside this review, 100 attenders were identified with the highest volume of attendances.

Education and support for staff have been included in this programme together with clear governance structures, including a death review process. Patients

have been actively involved in discussion and decision-making about their care.

As a result, of the 100 attenders, we have seen an overall reduction of 15.7% in attendances – from 2,704 to 2,279. Within the top 20 attenders, within this patient group, there was a 67% reduction – from 1,091 to 413 attendances.

PRIORITY TWO: STAFF AND PATIENT EXPERIENCE

Staff experience programme

An innovative and evidence-based 12-week programme was developed to further understand staff experience and engagement. This was delivered by the staff experience team and initially piloted with six teams. Staff survey results informed the programme and engagement was very encouraging. The programme ran with a further four teams and learning is helping us to develop the programme to be flexible to support a wider range of team needs. We secured £75,000 from the Health Foundation to further develop this work.

Partnership with Newcastle University

We have tested and evaluated technologies which could support our staff engagement, including

‘Gabber’, a voice-based platform used with junior doctors and physiotherapists.

Pulse surveys to test happiness at work, staff well-being and team working and productivity

Engagement via surveys focussing on the specific topics mentioned above was good. We had a total of 13,622 responses. Results of this national award winning piece of work are encouraging showing that teams are feeling happier, safer, more engaged and energised, with connections to purpose and pride in the organisation particularly strong.

PRIORITY THREE: DETERIORATING PATIENT PROGRAMME

Early recognition of patient deterioration is a key factor in improving clinical outcomes and ultimately preventing unnecessary death. Our focus in 2019/20 has been to fully understand the concept of the deteriorating patient and how best to support the care needs of this patient group through training, education, audit and improvement initiatives.

A deteriorating patient steering group has been established to bring together all elements of the programme. This includes recognition of

deterioration, staff training and consolidation of training roles, replacing basic life support training with mandatory deteriorating patient education, and introducing electronic screens to four pilot wards to enable visual reminders of taking observations and completing nursing assessments.

Sepsis

Our metrics show continued high compliance with sepsis screening. The sepsis six care bundle has been adopted by hospitals in England and Wales for the management of patients with sepsis, with the aim of increasing survival when all elements of the bundle are achieved.

In March 2020 we began to include the sepsis six bundle in Nervecentre to support staff to recognise the need for the bundle and to record interventions in a timely way.

Compliance with the sepsis six bundle in ED within one hour was at an average of 37% between January and March 2020. By May 2020 compliance improved to 58% receiving the bundle information within the hour and 80% of people receiving the full bundle in ED, regardless of time.

PRIORITY FOUR: FRAILITY

Throughout 2019/20 we established a frailty board and dementia steering group to oversee the developments required to support our older population of patients.

We have:

- sustained our performance on the number of hospital falls and have a formal review and root cause analysis approach to investigating them – focussing particularly on patients with delirium
- a training and education programme for staff on our care of the elderly ward at the Northumbria hospital to make connections with the falls assessment bundle – current compliance is 50% with an aim to achieve 80%
- undertaken a dementia mapping exercise on Ward 12 at North Tyneside hospital to improve the care and engagement of patients with dementia in their ward environment – this has been hugely successful in improving patient experience and the team continue to use quality improvement tools
- a geriatric assessment live within Nervecentre – patient data collected by individual team members is recorded so all member of the multi-disciplinary team has access to it.

Reduction in ward moves

Our frailty assessment team works directly into ED to ensure patients are moved to the correct ward based on clinical need. This is reducing the number of patients who have had more than three ward moves within a single admission.

Reduction in outpatient waiting times

Our Jubilee Day Hospital at North Tyneside hospital has carried out a thorough review of protocols and processes to understand how waiting times can be reduced. Waiting times have been reduced from less than six weeks to around three weeks – the aim is to achieve a seven-day target.

PRIORITY FIVE: CANCER CARE

Significant improvements have been made and we have met the 62-day referral to treatment standard every month since August 2019.

To achieve this, we have redesigned our cancer tracking processes, standardised management of referrals, outsourced some endoscopy, redesigned diagnostic protocols and introduced more formal data monitoring.

PRIORITY SIX: BEREAVEMENT

We worked with the bereavement team and with families to develop a survey to help us understand and improve the family experience of end of life care. The medical examiner team have provided invaluable support in gaining consent from families to enable the organisation to learn. We now have medical examiners at the Northumbria, North Tyneside and Wansbeck hospitals. We have achieved our trust target of 80% of deaths being reviewed by a medical examiner. 100% of deaths were reviewed at the Northumbria and Wansbeck hospitals and 98% at North Tyneside hospital.

PRIORITY SEVEN: MATERNITY

We made a commitment to introduce continuity of carer by the end of 2020/21. Continuity of carer is designed to build a supportive relationship over time between a mum-to-be and their midwife. If pregnant women have the same midwife throughout their care they are 19% less likely to miscarry before 24 weeks and it helps to create a strong public health relationship.

Continuity of carer has been introduced in Ashington as 24.5% of the trust's low birthweight

babies were born to women in this area in the last three years. Smoking in Ashington area is around 23% compared to the trust average of 12-15% and only 40% of women in Ashington initiate breastfeeding with a significant drop-off at ten days.

Work has begun with the two GP practices in central Ashington with the highest levels of deprivation. Care will be provided on a needed basis rather than scheduled appointments and individualised to the woman's needs. Significant benefit will also be gained through co-location and interaction with wider multi-disciplinary services and teams including domestic violence, education, housing, parenting skills and support for fathers.

PRIORITY EIGHT: MAKING EVERY CONTACT COUNT

Making every contact count is an effective, evidence-based approach to behaviour change that maximises opportunities during routine interactions between people to support them to make positive changes to their physical and mental health.

We have met the requirement to train 80% of our staff working in immunisation and screening programmes and in community-facing services.

Recruitment of health coaches is also underway.

Advice on smoking and alcohol

This training enables staff to deliver short, simple and evidence-based interventions to smokers and those who use alcohol at increasing risk and higher risk levels. A public health learning and development co-ordinator was appointed in August 2019.

CLINICAL RESEARCH

In 2019/20 3,711 of our patients participated in 85 research studies approved by a research ethics committee. Our research and development department continues to reshape its structure to provide highly-skilled and dedicated staffing to support the major areas of clinical research which include:

- Cardiology
- Care of the elderly and dementia
- Parkinson's disease
- Community
- Gastroenterology
- Haematology
- Obstetrics and gynaecology
- Oncology
- Orthopaedics
- Palliative care
- Respiratory
- Rheumatology
- Stroke

We are currently rated as 'Outstanding' by the CQC and health research plays a significant part in the day-to-day activity across many of our clinical and speciality areas.



While supporting our academic researchers and ensuring the financial stability of the department, looking ahead, our aims include:

- maintaining our outstanding research reputation and to adapt as needed
- continuing to grow a normalised research culture
- actively enabling Northumbria-sponsored chief investigation studies
- promoting growth of commercial partner research
- exploring collaborative research opportunities with primary care
- actively supporting our staff to present and publish their own account research regionally, nationally and internationally

CONTINUOUS QUALITY IMPROVEMENT

Quality improvement is at the core of all we do and there are many examples of quality improvement initiatives that have been successfully delivered throughout the last year, resulting in improved quality of care for our patients. Here are some examples with details of key achievements.

Mat neo project – the Northumbria hospital

The focus of this project is to increase the proportion of smoke-free pregnancies by increasing the numbers of pregnant women receiving carbon monoxide (CO) screening at booking and at every ante-natal contact. This is to identify those who smoke to enable prompt and appropriate support and help to quit.

Some key achievements:

- CO monitoring at booking is consistently over 90%, up from 51%
- CO monitoring at 36 weeks is 65-77%, up from 0%
- All community midwives have access to a working CO monitor
- Referral rates to stop smoking services have increased in one year from 28-35% to 50-75%
- Smoke-free trainers regularly visit maternity

areas, ensuring women and their families have access to appropriate cessation advice

- Smoking at time of delivery
 - o 2018/2019 - 13.1% (412 women)
 - o 2019/2020 - 12.3% (364 women)

This identifies a significant reduction in smoking at delivery and shows that, with a sustained effort, the smoking rates can be further reduced to be in line with the national average of 10.4%, and the aspirational national ambition of 6% by 2022.

Clear water protocol for the acute stroke setting

We have recently approved clear water guidelines and a protocol for patients identified as having an unsafe swallow, and are at risk of aspiration on normal fluids as a result of a stroke.

Evidence suggests aspiration of clear water in conjunction with good oral health and hygiene does not exacerbate the risk of developing aspiration pneumonia in comparison to being entirely nil by mouth. Patients being given clear water, under specific conditions, experience positive outcomes in terms of quality of life, perception of rehabilitation,

hydration and increase compliance with treatments. With this in mind our speech and language therapy service devised the 'clear water guidelines' allowing patients with dysphagia, who are unable to drink normal fluids, to have clear water following a specific set of guidelines after being identified as appropriate by a speech and language therapist.

The clear water guidelines were piloted on two stroke rehab wards in 2019 with patients' medical conditions closely monitored for any adverse effects in addition to collecting patient, carer and staff experience of following the clear water protocol. 100% of patients involved in the pilot reported an increase in quality of life as a result of receiving clear water during their hospital stay. Increases in oral hygiene or improvement in the maintenance of oral hygiene were also recorded in every case.

Clear water protocols are now in place across all stroke wards enabling patients to safely drink clear water, under specific conditions, to enhance quality of life during their hospital stay.

A programme of further staff training is in place to increase confidence of ward staff to implement the protocol alongside promotion of the importance of

mouth care. The clear water guidelines and protocol will be rolled out to all patients with dysphagia in a hospital setting throughout 2020.

James Lind Alliance – priority setting partnership

Through the National Institute for Health Research 70@70 programme, one of our research nurses, Louise Jones, is one of four nurses developing a national priority setting partnership with the James Lind Alliance.

The purpose of the community nursing priority setting partnership is to define the research priorities for the profession in partnership with people who access community nursing services and their carers. The focus is on community nurses who are providing care to adults in their own homes, in community clinics or in residential homes.

The objectives of the partnership are to:

- work with patients, carers and clinicians to identify uncertainties about community nursing in England, in relation to the provision of nursing care to adults in their own homes, in community clinics or in residential homes

- agree by consensus a prioritised list of those uncertainties, for research
- publicise and disseminate the results of the partnership and process
- take the results to research commissioning bodies to be considered for funding
- enable community nurses to expand and enhance their involvement in research
- change community nurses' clinical practice through an increased engagement with the evidence-base
- increase national collaboration and impact through partnerships with funders, community nursing organisations and healthcare providers
- extend and enhance patient and public involvement in our work.

Patient use of virtual reality during awake surgery

Many surgeries performed within our trust can be done using only a nerve block anaesthetic or a spinal anaesthetic where patients are awake during their operation. Many patients request to be asleep with general anaesthetic or heavy sedation during these operations because of fear of the sights and sounds within the operating theatre. This can often delay their discharge from hospital while they recover.

Music has widely been offered to this group of 'awake' patients for several years, but in the most anxious individuals it provides only limited distraction. Seeking to offer an alternative, a virtual reality steering group has bought two virtual reality headsets. These headsets sit comfortably on the head, completely covering the eyes and blocking out all surroundings. When paired with in-ear headphones they create a sense of total immersion in what is being displayed on them. Since January we have been offering their use as an option during orthopaedic joint replacement surgery in Hexham.

The feedback from participating patients has been universally excellent, commonly reporting a feeling of being completely immersed and distracted for the entire duration of their operation, emerging clear headed and ready for the next stage of their recovery, as soon as the procedure is over. Patients with a higher level of pre-operative anxiety have felt calmer, and would recommend the use of virtual reality over sedation to their friends and family.

Our next step is to procure additional devices, so that this awake surgery option can be rolled out across all operating sites within the trust,

contributing to our reputation for technological innovation and truly patient-centred care. We would like to express our sincere gratitude to our Bright Charity for the funding and making this possible.

Sharing information regarding safeguarding (SIRS)

A pilot has been carried out with maternity services and GP practices in Northumberland to share information regarding fathers that are registered with a different GP practice to the pregnant woman. The aim of the pilot was to gather information for prospective fathers which may impact on their parenting ability to identify safeguarding concerns, to implement correct pathways of care and provide additional support or escalation proportionate to the concern in order to safeguard the unborn.

SIRS has demonstrated that parents may not always present an accurate account of current and historical issues. SIRS exposed these concerns and significant results were uncovered during the pilot with strong links to serious case reviews both nationally and locally, highlighting that the toxic trio was very evident in all cases.

Telemedicine

The fetal medicine telemedicine clinic was introduced in March 2020 and enables patients to receive specialist opinion whilst remaining in the NHS trust of their choice.

The integrated technology allows our trust to provide a range of services including specialist second opinions, clinics, multi-disciplinary team reviews, training sessions, diagnostic and treatment planning support.

Telemedicine provides the opportunity to make healthcare more efficient, better coordinated and more convenient. The consultations have prevented unnecessary in-person referrals to a specialist, reduced waiting times for specialist input and eliminated unnecessary travel. This means a smoother pathway and better experience for patients.

Northumbria maternity voices

Feedback from this partnership has helped us to formulate a plan to implement change and some of the improvements we have made are outlined

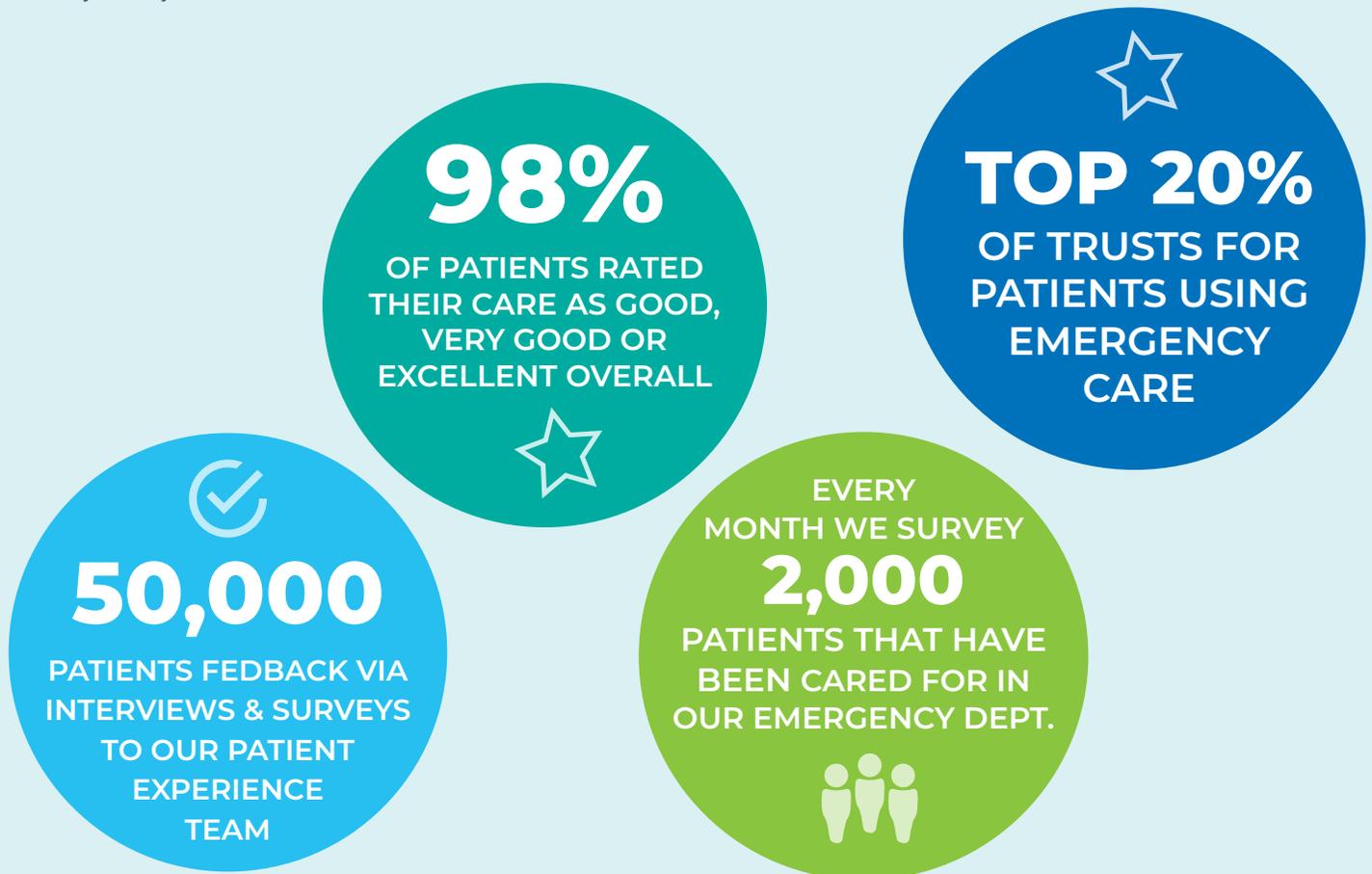
below. This partnership is continuing to grow and plays a vital role in helping to ensure excellent patient care and experience.

- As a result from feedback from women and their families, beds have been purchased for birthing partners
- We have developed an online tour of our Northumbria hospital maternity unit which has been invaluable in the current climate and alleviated some anxiety for women
- Use of social media has invaluable for sharing information with women and their families
- Families affected by downs syndrome - we have focussed on improving the information shared with staff and families, highlighting the importance of positive communication. We were the first trust in the region to support the Downs Syndrome Network and have been asked to support other trusts to initiate the improvement of information shared
- Following feedback, we have secured funding from our Bright Charity to invest in better lighting, calm visual images and yoga mats to encourage women to be mobile in labour and provide a calming environment to support their labour.

LISTENING TO PATIENTS AND STAFF

We continue to gain national recognition for having one of the most comprehensive patient experience programmes in the NHS. We use a variety of methods to seek honest and reflective feedback from those who use our services. This information is invaluable in our efforts to improve patient care and experience.

We remain committed to ensuring we listen to our patients and obtain detailed feedback at all points along their journey with us.



FUTURE FOCUS

SAEFTY AND QUALITY PRIOROTIES FOR 2020/21

The rationale for our safety and quality priorities is based on a range of factors including data from the previous year – including intelligence and data from safety and quality outcomes - CQC inspection feedback and feedback from clinical teams and governors.

In developing our programme for 2020/21, the golden thread through all our proposed initiatives is the focus on the highest levels of patient experience and clinical outcomes.

FLOW AND DISCHARGE

- Reducing number of days a patient stays on a ward from being declared medically fit on Nervecentre
- Maintaining a bed occupancy of 92% across all sites
- Have a maximum of 103 patients who stay in hospital more than 21 days by March 2021

MANAGEMENT OF ACUTELY UNWELL PATIENTS

- Increase feedback provided from Nervecentre to teams about how well they are keeping to individual patient observation schedules
- Use this information to help individual teams improve, as well as to identify issues
- Set targets for wards including stretch targets for improvement

SUPPLY AND ADMINISTRATION OF MEDICINES

- Complete a thorough review of the use of patient group directions (when medicine is administered to a patient by a non-medical prescriber)
- Use another approach for supply and administration of medicines where appropriate
- Support further staff training in related areas including additional development on non-medical prescribers, particularly in community settings

CHILDREN AND YOUNG PEOPLE'S EMOTIONAL WELL-BEING AND MENTAL HEALTH

Nationally, we are seeing growing numbers of children identified as experiencing emotional wellbeing and mental health difficulties, and a rapid increase in referrals into child and adolescent mental health services (CAMHS). We perform well in terms of timeliness of initial assessment of children and young people referred into our service in North Tyneside. However, it can take far longer than we would want for some children and young people to then receive specialist input and help.

To address this we are committed to agreeing a new pathway for referrals with commissioners. We are also going to monitor the impact of these changes which we expect to allow a timelier response and better experience for these young patients and their families.

END-OF-LIFE-CARE AND BEREAVEMENT

- Build on and further embed work being done by the medical examiners team
- Undertake systematic in-depth clinically-led analysis of these reviews that provide opportunities for learning and share this learning across the trust
- Review of the volume and nature of workload from/with the two coronial teams including impact on relatives
- Align work to the end-of-life strategy work initiated by our clinical commissioning groups, providing data to help improve end of life care

STAFF EXPERIENCE

- We will continue to implement and embed our approach to measuring and improving staff experience, with the aim to evidence improvements in all domains of staff experience within our 'joy at work' framework
- Share our approach and learning with organisations across the wider NHS via a range of mechanisms

LISTENING TO STAKEHOLDERS

We know that insight and feedback is an integral part of quality improvement and delivering excellent quality patient care. We continuously listen to our stakeholders – their views are invaluable when determining our quality improvement priorities. Our stakeholder group is very diverse and wide ranging and includes voluntary groups, GP colleagues, members of the public, patients, staff and council of governors.

We thank them all for their feedback.

Council of Governors

“Overall, the governors confirm that the report provides enough detail on progress against our quality objectives from last year, it identifies the areas where the trust still needs to improve, and is clear about what the quality objectives are for 2020/21 and how these will be measured. As a Council, we are keen to continue to focus on staff, patient and relative experience.

“The Council of Governors acknowledges the efforts of the staff who work so hard, especially during the increasingly frequent periods of high operational pressure and particularly this year in light of the

Covid-19 pandemic, to maintain high standards and provide safe and quality care for our patients.

“The Council of Governors commends the report and provides assurance that the Council will continue to hold the Board of Directors to account via the Non-Executive Directors during the forthcoming year. Work continues to develop additional means by which the Council of Governors can hold Non-Executive Directors to account to discharge their responsibilities.”

Adult Social Care, Health and Wellbeing Sub-committee, North Tyneside Council

“The sub-committee notes that the quality account has been delayed this year due to the impact of the Covid-19 crisis. The sub-committee recognises the significant impact of the crisis on the work of the trust, and the on-going impact it will continue to have going forward. The sub-committee would wish to place on record their thanks and appreciation to all staff at the trust for their work and dedication across this very difficult time.

“The sub-committee is also pleased to acknowledge the achievements of the trust in being awarded an

'Outstanding' rating by the CQC for the second time, and for the high ranking achieved in the NHS National Staff Survey.

"In conclusion, The sub-committee is of the view that the Quality Account represents a fair and accurate reflection of the health services provided by the trust. The sub-committee supports the priorities that have been selected for 2020-21 and looks forward to working with the trust over the coming year as the trust moves forward with the recovery of health services and preparations for the forthcoming winter period."

North Tyneside and Northumberland Clinical Commissioning Groups (CCGs)

"Throughout 2019/20 the CCGs have continued to work with the trust through well established mechanisms to monitor quality and improvement of services such as the Quality Review Group meetings and the trust Clinical Policy Group, which encourages the transparent monitoring of the Cost Improvement Plan process. The CCGs feel that these meetings are a valuable forum through which both organisations can gain assurance and work collaboratively to understand the quality systems



in place within the trust.

"The CCGs would like to commend the trust on the many examples of quality improvement initiatives that are detailed in the report.

"The CCGs are disappointed with the limited progress in compliance with the Sepsis 6 bundle in the Emergency Department and the compliance level with NEWS2. However the CCG note that the integration of the Sepsis 6 bundle in to Nerve Centre has resulted in improved compliance with



the bundle, whilst the successful implementation of NerveCentre across other services including the delirium pathway, geriatric assessment and for supporting and monitoring of patient flow has been invaluable.

“The CCGs are also disappointed to note that the trust reported 4 never events in 2019/20, but note that this was a decrease on the previous year. CCGs will continue to monitor incidents and gain assurance through the CCG SI Panels and Quality Review Groups.

“The CCGs welcome the specific priorities for 2020/21 which are highlighted within the report and support the trust in taking them forward as appropriate areas to target for continued improvement. However, as a key stakeholder the CCGs would welcome further consultation and engagement to determine future priorities. The trust approach of sustaining the momentum on the excellent work of some of the 2019/20 priorities, alongside the newly identified quality priorities for 2020/21, will help to focus on delivering the highest levels of patient experience and clinical outcomes.”

Northumberland County Council's Health and Wellbeing Overview and Scrutiny Committee

“From the information you have provided to the Committee over the past year, for which we thank your regular attendance, including the presentation about your draft 2019/20 Quality Account, we believe the information provided is a fair and accurate representation of the services provided by the trust and reflects the priorities of the community.

“I would like to highlight some key comments from the Committee and additionally what further information has been requested or actions recommended.

“The OSC was interested in the trust's work around equality and diversity training and agreed with the importance of inclusivity. Members would appreciate further information on waiting times and cancer services. The Committee would like to organise this for early next year. Members noted your update on end of life care and the joint strategy with commissioners. The Committee intends to carry



out some further scrutiny of this later in the year. Members welcomed your inclusion of mental health as a priority in 2020/21 and looked forward to receiving updates on key initiatives and strategies.

“Members support your priorities for improvement planned for 2020/21.”

Healthwatch Northumberland

“Thank you for the draft Quality Account of the Northumbria Healthcare NHS Foundation Trust which is to be commended for the many positive achievements made during the year. That the CQC rated the trust as ‘Outstanding’ in 2019 is testimony to the professionalism and dedication of the staff who deserve appreciation from the wider community for their unstinting efforts.

“It is apparent from the Quality Account that the key objectives for 2019/2020 have generally been achieved, with data usually provided to support the assertion that results were either ‘better than expected’ or ‘as expected’.”

Healthwatch North Tyneside

“Thank you for sharing your draft Quality Account for 2019/20. We wish to congratulate you on another successful year, very impressive performance, in depth analysis and auditing of performance and a well written report. We were particularly pleased to hear about the Ashington initiative (although outside our area, this is impressive), the role of the new Medical Examiners, and your work on delirium, dementia and learning disabilities.

“Through our engagement with service users we hear about people’s whole health and care journeys and see how different health and care services within the system work together – including primary care, secondary care and social care. The Trust’s work on patient experiences is to be commended and your commitment to listening to the views of users to improve your services is clear in this report and in your day to day work.”



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