



Northumbria Healthcare
NHS Foundation Trust

2020/21

QUALITY
ACCOUNT
summary

building a caring future

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The unprecedented challenges we have faced have been monumental, and they are not over yet.



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CHIEF EXECUTIVE'S STATEMENT

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

This past year has been incredibly stretching for us all, not only in terms of working through the global pandemic, but in our personal lives too. The unprecedented challenges we have faced have been monumental, and they are not over yet.

That said, we have made great progress on all of our key safety and quality priorities. There have of course been lessons learned and I think it is only right that we reflect on some of that key learning from a quality perspective.

I would like to take this opportunity to reflect on our main achievement this year - being rated the best in class out of all acute and community hospital trusts in the latest staff survey. Despite facing the challenges of Covid-19, we had an overall 1% improvement on last year's results, with the Trust scoring highest in the country for safety culture. These results make it clear to all that our staff are our key asset and ours, along with NHS and broader health and care partners across our patch, really did us all proud under incredible pressure over the last year, and continue to do so.

More than ever, our experiences during Covid-19 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

84% OF STAFF WOULD RECOMMEND THE ORGANISATION AS A PLACE TO WORK

91% OF STAFF SAID THE CARE OF PATIENTS/SERVICE USERS IS THE TRUST'S TOP PRIORITY

87% 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

(LATEST DATA DUE TO SUSPENSION DURING COVID-19)

EMERGENCY READMISSIONS TO HOSPITAL WITHIN 28 DAYS:

PATIENTS AGED 16 AND ABOVE = WORSE THAN EXPECTED

PATIENTS AGED 0-15 = BETTER THAN EXPECTED

PATIENT REPORTED OUTCOME MEASURES

PERFORMED ABOVE THE NATIONAL AVERAGE FOR PRIMARY HIP AND KNEE REPLACEMENT SURGERY. THERE IS INSUFFICIENT DATA FOR REVISION HIP AND KNEE REPLACEMENT, WHILE DATA IS NO LONGER COLLECTED ON GROIN HERNIA AND VARICOSE VEIN SURGERY.

PROGRESS AGAINST OUR PRIORITIES

Our priorities for 2020/21 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 - DISCHARGE **Bed occupancy**

The Trust is currently achieving its target of maintaining a bed occupancy of less than 92%, with an average occupancy of 67.4% in the last 11 months. However, it should be noted that this figure is significantly reduced in the early stages of the Covid-19 pandemic, and while occupancy as a whole for the Trust is on target, some sites (e.g. the Northumbria Specialist Emergency Care Hospital) have experienced more pressures on occupancy. In recent months an increase in bed occupancy has been evidenced.

Discharge to assess

Maintaining the under 92% target will be a key challenge in 2021/22 and innovations within the system will continue to evolve to ensure the Trust maintains strong performance within this area. A key focus will be the ongoing development of Discharge to Assess (D2A), a process where patients who are medically fit receive their functional and mobility

assessments in their own home supported by our community therapy and carer teams, and working in collaboration with Community Services Business Unit (CSBU) to avoid admissions, reduce repeat readmissions and ensure timely discharge.

Why not home today?

Any patients who are medically fit but not discharged from hospital are recorded on a daily basis. The Trust has recently embedded this new approach across the system, building them into our new 'why not home today' meetings.

These meetings involve the multi-disciplinary team (MDT) for the site discussing and recording any patients who are medically fit that day and not going to be discharged from site. Between November 2020 and January 2021, we have reported a total of 3.47 average individual patient delays per week, which equates to 43.7 number of average days (per week).

There are a number of factors which can result in a delay of discharge and more often than not it is complex patients with very high care needs which result in delays. In 2021/22, we will be working very closely with Home Safe and CarePoint to reduce delays and improve flow, while ensuring we maintain a high quality of care.

'Why not home today' has helped in the Trust's target threshold of 103 patients who have had an extended stay in hospital or more than 21 days at the end of each month.

The Trust has achieved this target with an average number of 71 patients in the last 11 months. Similarly, this target was significantly low in the early stages of the Covid-19 pandemic. However, the teams have performed well to sustain being within target, despite some challenging months.

A key priority in 2021/22 will be to ensure that the 'why not home today' meetings are well embedded within each base site, i.e. North Tyneside General Hospital, Wansbeck General Hospital and Hexham General Hospital, in order to develop a collaborative approach with community partners and ensuring consistency of approach.

PRIORITY TWO: MANAGEMENT OF ACUTELY UNWELL PATIENTS

Observations

We have moved a long way since the days of 'observation' rounds at specified times of day and now the needs of patients are individually assessed with the nature and frequency of observations tailored accordingly. This makes delivery of care very complex for our ward teams, but we are increasingly

using Nerve Centre (electronic system that can track patients and patient interventions) to assist staff in knowing when observations are due.

In 2020/21, we have been working with specific wards in order to understand what actions lead to an improved performance, with the intention of embedding those actions on the target wards and then more widely across all wards. Unfortunately, due to the unforeseen impacts of Covid-19, the team undertaking the training and mentoring of the ward teams took on more front-line duties. Therefore, we were unable to make as much progress against this priority as was hoped.

However, limited progress has been made on the three target wards. There has also been a lot of learning regarding how to improve the timeliness of observations over the coming year.

PRIORITY THREE: SUPPLY & ADMINISTRATION OF MEDICINES

Patient Group Directions

The original objective was to reduce the reliance on Patient Group Directions (PGDs), which allow for the supply of medicines to groups of patients without individual prescriptions.

However, a multi-disciplinary team concluded that the original aim of having an absolute reduction in the use of PGDs was not ideal, instead recognising the need to retain the clinical benefits of PGDs, while reducing administrative burden associated with their use.

A comprehensive review was undertaken and practice was robustly challenged, resulting in multiple PGDs being retired. This led to the number of PGDs in use across the Trust reducing over 2020/21 from 154 to 134. Additionally, all but seven PGDs have been removed from ward areas.

Digitalisation

The Trust has also invested in documentation management system Q-Pulse® which will be used to provide organisation assurance, replacing the cumbersome paper-based system of authorisation. Configuration is complete and roll-out is planned during quarter 1 and quarter 2 of 2021/22.

Non-medical prescribers

The plan to increase the numbers of non-medical prescribers working in the Trust has been negatively impacted this year due to Covid-19. At least 33 staff were in training during 2020, however, there have been delays to qualification and registration.

PRIORITY FOUR: CHILDREN AND YOUNG PEOPLE'S EMOTIONAL WELLBEING AND MENTAL HEALTH

Single point of access

A Single Point of Access model was set up during 2020 for all Children and Adolescent Mental Health Services (CAMHS) referrals.

The rationale was that the CAMHS service was receiving increased numbers of referrals, with many not meeting the prescribed accessibility criteria. This was leading to long waiting times and dissatisfaction among families. Time spent reading referrals and sending them back out to referrers when they were deemed not to meet criteria was not a good use of a finite clinical resource. Referrers were also feeling frustrated as they were then left without any support for families and young people. The service was concerned about the ineffectiveness of this model of access.

Outcomes

The Single Point of Access has:

- reduced the wait time from referral to initial contact for children/young people and families;
- stopped the cold rejection letters if referral is deemed not appropriate for CAMHS. They

provide advice and guidance to referrer and child/young person and family on other services and resources;

- ensured that only those children and young people who require a specialist mental health provision progress into that specialist pathway. This has reduced the number of referrals coming into the service;
- developed a joint collaboration with local authorities for early help worker posts in the team to support and ensure children/young people and families can receive direct support on behavioural management.

PRIORITY FIVE: END-OF-LIFE CARE AND BEREAVEMENT

Medical examiners

In 2019/20, we introduced the role of the Medical Examiner to the Trust. We have appointed senior clinicians into the role with the aim of learning and improving the care that we provide at end of life.

The medical examiner team has been focusing on supporting bereaved family members and addressing relatives' concerns. Increased staff support processes have been implemented when communicating with patients' relatives regarding bereavement. The Trust continues to work closely with our colleagues in the coroner's offices responsible for our local population.

In 2020/21, we wanted to focus on and improve the total percentage of reviews of inpatient deaths which the Medical Examiner team reviews. The target was set at 95% of deaths which are not referred to a coroner and this was met in seven months of 2020/21. In September and December 2020, 100% of deaths not referred to a coroner were reviewed.

PRIORITY SIX: PATIENT EXPERIENCE John's Campaign

A key focus for the patient experience team was the piloting and roll-out of John's Campaign, which aims to enhance the care of older people on our wards. A trial was completed in August 2020, with visiting in place on Wards 24 and 12 at North Tyneside General Hospital for patients suffering from delirium, dementia, at end-of-life or where there is a clinical benefit to the patient. Prior to the pilot, awareness training was delivered to matrons and ward managers and weekly recording of data was carried out.

Trustwide implementation of the principles then followed, consisting of sharing information on the campaign, dementia lead and patient experience partnership working, and a project to understand the impact of visiting restrictions on patients within our care.

Learning disabilities

A focus group was held in December 2020 with Woodlawn Special Educational Needs & Disabilities sixth form school, to understand the experience of young people accessing our services. The report has been shared, however, there has been a delay in implementing the recommendations due to the operational impact of Covid-19.

There has also been ongoing partnership working with Carers Northumberland and carers groups in North Tyneside to understand experiences of accessing our services (including the emergency department), as well as regular meetings with the Special Educational Needs and Disability (SEND) lead to ensure limited overlap in local authority work.

PRIORITY SEVEN: STAFF EXPERIENCE

The team has been extremely proactive in communicating the findings of the staff experience programme, through the likes of articles, conferences and awards.

Corona Voice and Northumbria Voice

As a direct response to the impact of Covid-19 on our staff, the Corona Voice programme was established in order to give staff a forum for direct feedback to the Trust on their experiences. Between

April 2020 and July 2020, there were 10,043 responses recorded. The Trust average motivation score was 6.47 (out of 10), with a fairly consistent picture across sites.

During the second wave of Covid-19, Northumbria Voice was established. Between 30 November 2020 and March 2021, more than 2,500 responses were submitted. The Trust average motivation score over the first four weeks was 6.18, but there was a significant increase in the number of people giving a low score as time went on.

This method of tracking staff views proved very useful, as it:

- was a way for management to hear directly from staff;
- supported the Trust's agile response to concerns and was important to staff – they felt listened to;
- helped to positively impact on motivation through the recognition and rewarding of the contribution of staff. Direct recognition from the Trust was important, but staff really valued the opportunity to recognise and show appreciation for their colleagues.

CLINICAL RESEARCH

We recruited a total of 6,314 participants across 61 clinical and academic research studies in 2020/21, which represents a more than 100% increase on the number the previous year.

During the global pandemic, much of the research focus has been towards the nationally defined Urgent Public Health studies. We recruited twice the national average to the UK's flagship research for Covid-19 treatment - the RECOVERY (Randomised Evaluation of Covid-19 Therapy) trial, in addition to observational research data from more than 2,000 Covid-19 positive cases.

Covid-19 has also had a significant impact on the wellbeing of those caring for affected patients and to allow greater understanding of this impact, much focus has been put on researching psychological effects on the workforce in addition to patients.

Elsewhere, the speciality areas actively participating in clinical and academic research are as follows:

- Cardiology
- Care of the Elderly and Dementia
- Parkinson's Disease
- Community and Tissue Viability
- Gastroenterology
- Haematology

- Obstetrics and Gynaecology
- Oncology and Palliative Care
- Orthopaedics
- Respiratory
- Rheumatology
- Stroke

Northumbria Healthcare boasts a high annual publication rate where the primary author is an employee achieving publications into high-quality 'four-star' scientific journals including the Lancet (2020 circa 123 publications by 154 Northumbria authors) along with nationally acclaimed prize awards for outstanding research contribution.

The addition of innovation to our portfolio has been supported by the Academic Health Science Networks to allow the appointment of a dedicated innovation officer to support new innovations from all staff groups.

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, despite the unprecedented pressures we have experienced.

Northumbria Manufacturing & Innovation Hub

As pressure began to build at the outset of the Covid-19 pandemic, it became very clear that the NHS overall was facing major issues with the supply of personal protective equipment (PPE) that is vital to ensuring staff safety.

One of the key areas of major concern was gowns where at one stage we were down to the last few and borrowing the very limited spare items neighbouring Trusts could release to support us.

Initially, we sought out volunteers from within the Trust to begin small-scale operations to manufacture our own stock. This increased to linking in with local manufacturing businesses that had staff on furlough, liaising with the universities regarding their textile students, redeploying internal staff with textile manufacturing backgrounds and seeking out volunteers that could support the effort. One key volunteer at this time was Sarah Rose, who was initially contacted about lending sewing machines

but agreed to support much more fully with her vast experience in the textile manufacturing sector.

In order to increase the activity, a production unit was created in Cramlington utilising space offered by Wingrove Motors, but this soon became too small for the size of the growing operation and resulted in the move to new space in Seaton Delaval in September 2020. At the end of the year, we secured funding to purchase the freehold of the site.

This will enable the Trust to continue to innovate and produce items on the site and enable greater flexibility across all sites. This will ensure optimum use of clinical space while delivering additional savings and income from the Trust's ability to think outside the box for the greater benefit of the Trust, the NHS and the patient.

Berwick hospital redevelopment

We are investing £30 million into the development of a new hospital in Berwick on the site of the existing Infirmary, which at almost 150 years old is no longer a fit-for-purpose building for modern healthcare. The new hospital will provide all of the existing services including the inpatient ward, oncology and endoscopy with the addition of a GP practice.

The scheme was granted planning approval in December 2020 and work to demolish the old hospital then commenced at the beginning of 2021. The site clearance and demolition work has revealed historical artefacts on site of significant local interest which are currently being carefully extracted and recorded by a team of archaeologists.

Demolition is getting underway and the new hospital will be built using modern methods of construction, (MMC) with around 80% of the building being produced off-site in pre-assembled modules while incorporating the latest building innovation and sustainability measures to deliver a net zero carbon development.

Wansbeck theatres upgrade

Since the opening of the Northumbria hospital, Wansbeck General Hospital has been a centre of excellence for planned and ongoing care and performs almost 7,000 operations every year.

The £5.5 million refurbishment will see the operating department overhauled with six modern, ultra clean air theatres in addition to two standard theatres that are not part of this project. The entire department will also be redesigned to improve storage, recovery and office areas, resolving longstanding issues with current configuration.

Phase 1 is complete as of June 2021, with the larger phase 2 starting in November this year ahead of completion in February 2022.

Home blood pressure monitoring in maternity

Home blood pressure (BP) monitoring was introduced during the pandemic in line with national guidance and has made a huge impact in patient safety by providing women a robust, safe and reliable system. It has allowed collaborative working between patients and the multi-disciplinary team within maternity with a reliable referral process for outpatient management of abnormal hypertension and proteinuria.

Its introduction has reduced footfall through the Northumbria Hospital and there has been a significant reduction in the number of follow-up appointments in the Pregnancy Assessment Unit (PAU) for patients with gestational hypertension, without proteinuria, pre-eclampsia, and chronic hypertension.

Prior to the use of the K2 Hampton system, monitoring of gestational hypertension required a face-to-face follow-up BP/urine check weekly either at the PAU or with a community midwife. The patients are now managed remotely from home on a weekly basis.

Patients have responded positively, as it has been empowering for women to take responsibility for their own health and wellbeing, providing them with information to understand what is normal/abnormal and signs and symptoms they should be wary of. It has given them confidence to use their instinct in performing a self-check at home if they are feeling unwell or experience a change in their clinical condition.

Continuity of carer

We wanted to create a continuity model which targeted some of our most disadvantaged women in order to improve outcomes for our most vulnerable mothers and babies, which led to the North East's first full continuity of carer team being set up in 2020.

Ashington was selected as a targeted area because it has the highest levels of multiple deprivation within our catchment, with high prevalence of smoking and low breastfeeding rates. A further team has been introduced in the Ashington area this year, alongside five others across the Tyne Valley and in North Northumberland. All women who live in North Northumberland and the Tyne Valley now receive their care from a named midwife who is part of a continuity of carer team.

Women receiving care through a continuity model such as this develop a supportive relationship built over time between the individual and their midwife. This facilitates good-quality care, effective partnership working, coordination of care and advocacy for the woman.

The care within a continuity model is fundamentally different to traditional approaches as the encounters are not standard 10-20-minute antenatal appointments focusing on the biophysical measures of pregnancy, instead they encompass a 'more than medicine' approach with a strong public health focus. The midwives have a strong awareness of how and where to refer/signpost people to community-based initiatives and are working closely at their bases in children's centres with the health visitors and early help teams.

Our aim is that this will help reduce pre-term births, hospital admissions, the need for intervention during labour, improved public health outcomes as well as improving women's and midwives' experience of care. We are already seeing significant improvements in outcomes with more women initiating breastfeeding and stopping smoking during pregnancy.

Restarting elective care

The Service Improvement and Surgical Surveillance Team (SISST) has been established within the surgical business unit since 2009, but alongside their role of clinical support to patients, the team was tasked with helping to bring patients back into our hospital sites when the decision was made to restart elective surgery in May 2020.

To do this, it needed to be safe for both the patients and staff members and to continue to deliver the high quality of care for which Northumbria Healthcare is renowned.

All patients coming in for surgery at any site need to have had a Covid-negative screen, and the team to date has been involved in personally contacting 13,900 patients with their pre-operative Covid screen results and completing further screening questions ensuring no one has been put at risk and that surgery can be safely delivered. The team continues to support patients following their surgery through post-discharge calls and the surgical helpline.

More than 14,500 procedures have been carried out since the restart last May.

Remote consultations – learning about patient experience

During Covid-19, we had to rapidly scale up the use of remote consultations via video and telephone as alternatives to face-to-face appointments. While we had already been testing this approach, for many patients and staff this represented a new way of delivering and receiving care.

In June 2020, we launched a video consultation survey, allowing us to better understand the experience of patients across more than 30 outpatient services, using a video platform called Attend Anywhere.

- 98% of patients felt involved in decisions about care and treatment
- 99% felt that treatment information was explained in a way they could understand
- 99% felt treated with dignity and respect

While it is likely that the context of the pandemic may have positively influenced these results, the data does suggest that for clinically appropriate patients, the choice to use video and telephone for follow-up outpatient appointments may offer

some benefits, such as improved convenience, miles less travelled and reduced parking costs. Some patients also reported that being able to be 'seen' in their own homes reduced their anxiety.

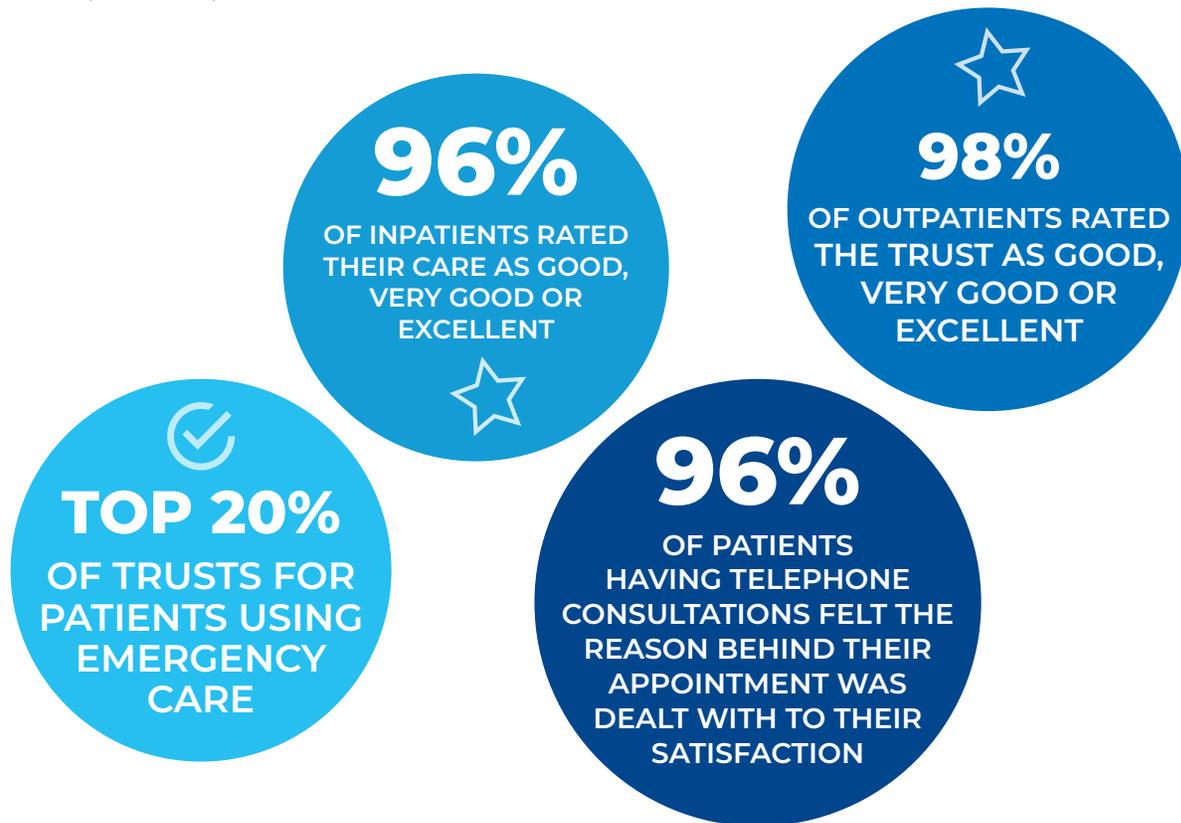
We will continue to monitor patient experience via video and telephone calls in 2021/22 in order to compare the samples with those from 2020/21.

As this was also a new way of working for many of our staff, we designed ways to capture staff experience of remote consultation. We did this in three ways, through the use of focus groups, through surveys and by working closely with clinicians from three specialities to gain a deeper understanding of their remote consultation experiences.

LISTENING TO PATIENTS AND STAFF

We continue to gain national recognition for having one of the most comprehensive patient experience programmes in the NHS, using a variety of methods to seek honest and reflective feedback from those who use our services.

While we had to adapt to the pandemic, plenty of work continued at a time when most NHS organisations suspended patient experience measurement of all kinds.



FUTURE FOCUS

SAFETY AND QUALITY PRIORITIES FOR 2021/22

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

In developing our programme for the coming year, the key factor through all our proposed initiatives is the focus on the highest levels of patient experience and clinical outcomes.

ACCESS TO SERVICES

- Work with clinical and operational teams across the Trust to put plans in place to eradicate the backlog of patients currently waiting for treatment and that the performance standard for newly referred patients is met.

MANAGEMENT OF ACUTELY UNWELL PATIENTS

- Increase the feedback provided from Nerve Centre to our 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 such as staffing pressures and target support for teams.
- Set targets for wards including stretch targets for improvement.
- Initiate work with small number of wards in NSECH and the General Hospital base sites on the pathway development and escalation for deteriorating patients who are in a community setting.

SUPPLY AND ADMINISTRATION OF MEDICINES

- Successfully implement Q-Pulse® (digital documentation management system) into all areas where Patient Group Directions (PGDs, which allow for medicines to be administered by non-medical prescribers) are used.
- Commence an audit plan to provide assurance on the management of PGDs in clinical areas.

CHILDREN AND YOUNG PEOPLE'S EMOTIONAL WELLBEING AND MENTAL HEALTH

- Monitor the waiting times from referral to being seen by the CAMHS access service; as well as the time from the access service to being seen by one of the four sub-specialties that make up the CAMHS service.
- Monitor the number (and percentage) of "Was Not Brought" in order to ensure all patients who require assessment and/or treatment are able to do so.
- Monitor the impact of these changes which we expect to allow a timelier response and better experience for these young patients and their families.

OUTPATIENTS

- Further embed the ongoing work in terms of increasing the number of new and follow-up outpatient appointments which are carried out in a non-face-to-face setting, e.g. via Attend Anywhere or by telephone.
- Monitor and improve where necessary the response times to Advice & Guidance requests received from primary care colleagues.
- Continue to put in place practical solutions that target the most deprived neighbourhoods where digital exclusion may be a significant barrier to accessing virtual outpatient appointments.

DELIRIUM

- Embed the use of the 4AT (a short tool for delirium assessment) in order to increase the detection of patients with delirium on inpatient wards.
- Roll out a training / education programme (PINCH ME training package) to increase the awareness and understanding of importance of identifying patients with delirium.

PATIENT EXPERIENCE

- Reinstate real-time measurement of wards Trust-wide, with the additional purpose of reporting 2021 standards of care and clinical recovery achieved throughout the year.
- Understand the impacts of remote consultations on staff experience and utilise paired outcome data to identify differences.
- Improve accessibility of service for people who are deaf or hard of hearing; developing departmental procedures for patients accessing A&E and outpatient appointments.

STAFF EXPERIENCE

- Work with clinical and operational teams across the Trust to put plans in place to eradicate the backlog of patients currently waiting for treatment and that the performance standard for newly referred patients is met.

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 the Trust’s Safety & Quality Priorities from last year, it identifies the areas where the Trust still needs to improve, and is clear about what the quality objectives are for 2021/22 and how these will be measured.

“The Council of Governors again wish to acknowledge the effort 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 high-quality care for our patients.

“The Council of Governors commends the report which provides assurance that the Council will continue to hold the Board of Directors to account via the Non-Executive Directors during the forthcoming year.”

Health and Wellbeing Overview and Scrutiny Committee, Northumberland County Council

“The Committee welcomes the opportunity to submit a commentary for inclusion in your annual report and quality account for 2020/21. We have continued to engage with the Trust routinely on matters of mutual importance through our joint arrangements for services provision, with participation of Trust personnel at our monthly meetings. The Committee always welcomes your attendance and input at their meetings and believe it is vital to effective scrutiny.

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

“Members were pleased to hear about the progress in Child and Adolescent Mental Health Services and to see the continuation of this work for 2021/22.

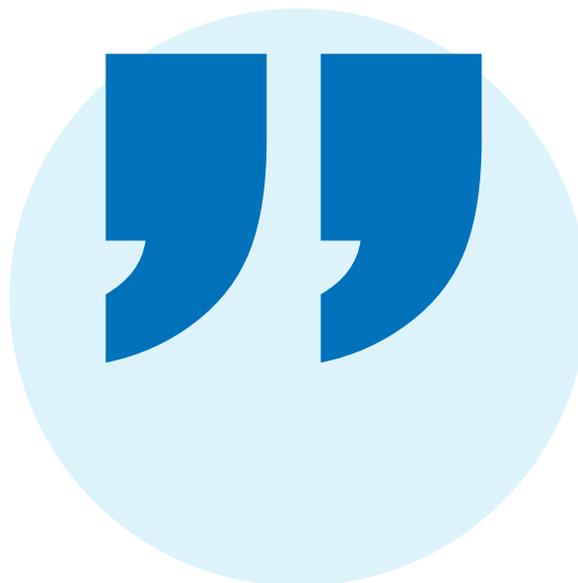
Members were interested in the impact of Covid and long Covid. A future report will be scheduled for the Committee to be kept informed of Northumbria's Covid strategies. Members noted your update on end-of-life care and the joint strategy with commissioners.

“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. Members also support your priorities for improvement planned for 2021/22, but also request that you note and consider the various points they have raised in relation to your work going forward.”

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

“The Sub-Committee commends the Trust on its high performance over the last year in incredibly difficult circumstances. Sub-Committee recognises the enormous pressure that staff have been under during this time and congratulates the Trust on the high scores achieved in the National Staff Survey.

“The Sub-Committee welcomes the progress made against the priorities identified during 2020/21. The Sub-Committee is pleased to see the improvements that have been made to Child and Adolescent



Mental Health Services through the introduction of the Single Point of Access and the impact this has had in reducing the wait time from referral to initial contact for children/young people and families. The Sub-Committee do have some concerns that the objectives around reviewing and putting measures in place to improve the experience of patients with learning difficulties have not been achieved due to the impact of Covid, with delays in implementing the recommendations of the focus group report.

“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 2021/22 and looks



forward to working with the Trust over the coming year as the Trust moves forward with the continued recovery of health services.”

North Tyneside and Northumberland Clinical Commissioning Groups (CCGs)

“The CCGs acknowledge that 2020/21 has been an extremely challenging time for the Trust and the entire NHS. The CCGs would like to extend their sincere thanks to the Trust and all their staff for the outstanding commitment shown in responding to the pandemic and for rapidly adapting and transforming services and pathways to deliver new ways of working, while ensuring that patient care continued to be delivered to a high standard.

“Throughout 2020/21, the CCGs have continued to hold regular quality review group meetings with the Trust which were well-attended and provided positive engagement for the monitoring, review and discussion of quality issues. The Trust’s Quality Account provides a comprehensive description of the improvement work undertaken and an open account where improvements in priorities have been made. The CCGs welcome the Trust’s ongoing commitment to quality.

“The CCGs note the work completed as part of the patient experience priority and the impact of

the pandemic on this work. The CCGs support the Trust in completing this work and applaud their partnership working with patients and carers’ groups. The CCGs note that this work will be expanded as a quality priority for 2021/22.

“The CCGs noted that the Trust reported internally 4,154 pressure ulcers during 2020/21, this also includes those identified on admission. It would be beneficial to the CCGs to know the categories of those reported as only one was reported as a serious incident. The CCGs are aware that the Trust has reported 23 healthcare-acquired infection (HCAI) serious incidents relating to 23 Covid-19 outbreaks, it is important to note that this resulted in 72 deaths where definite nosocomial transmission was identified. The Trust reported two never events during 2020/21, which is a decrease on the previous year when four were reported.

“The CCGs welcome the specific priorities for 2021/22 which are highlighted within the Quality Account and support the Trust in taking these forwards 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’s approach of sustaining the momentum on the excellent work of some of the



2020/21 priorities, alongside the newly identified quality priorities for 2021/22, will help to focus on delivering the highest levels of patient experience and clinical outcomes.”

Healthwatch Northumberland

“Thank you for the draft Quality Account of the Northumbria Healthcare NHS Foundation Trust. It is apparent from the statistics detailed on pages two and three that the Trust continues to provide an impressive breadth and depth of services, both within and without the hospitals.

“It is acknowledged in the Quality Account that commenting on the key objectives for 2020/2021 is not straightforward because of the consequences of the pandemic. Yet most objectives, commendably, were ‘better than expected’ or ‘as expected’ although those for management of acutely unwell patients was the exception due to the unforeseen impacts of Covid-19. The objective for improving the experiences of patients with learning difficulties was also not met.

“It is with confidence that Healthwatch Northumberland can both appreciate the quality of health services provided during this most difficult of years and anticipate continued and tangible achievements with the priorities established for

2021/22. We shall also look forward to working with the Trust to further enhance meaningful communication and engagement with the people of Northumberland as a further and significant element in the quest for even further improvement to health, care, safety and wellbeing of those we all serve.”

Healthwatch North Tyneside

“Thank you for sharing the draft quality account for our comment. We would like to take this opportunity to thank your team for all its hard work during the Covid-19 pandemic. This has been an incredibly challenging period and we have appreciated your team’s openness and willingness to listen to users’ feedback and the issues we have raised over the last 12 months together with taking action to address these where possible. Your team clearly worked incredibly hard to maintain service delivery during the pandemic and residents in North Tyneside are incredibly grateful for your work.

“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. We look forward to continuing to work together over the coming year to ensure the people of North Tyneside’s voice is heard in the services the Trust provides.”



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