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## Adult Social Care, Health and Wellbeing Sub-Committee

Tuesday, 23 March 2021

Wednesday, 31 March 2021 commencing at 6:00 pm. The meeting will be held virtually and live streamed and can be accessed via the following link: https://youtu.be/DAcQ-5E 180

Agenda Page Item

#### 1. Apologies for Absence

To receive apologies for absence from the meeting.

#### 2. Appointment of Substitute Members

To be notified of the appointment of Substitute Members.

#### 3. **Declarations of Interest**

You are invited to declare any registerable and/or non registerable interests in matters appearing on the agenda, and the nature of that interest.

You are also invited to disclose any dispensation in relation to any registerable and/or non-registerable interests that have been granted to you in respect of any matters appearing on the agenda.

Please complete the Declarations of Interests card available at the meeting and return it to the Democratic Services Officer before leaving the meeting.

4. Minutes 5 - 8

To Confirm the minutes of the meeting held on 11 February 2021.

## 5. Northumbria Healthcare NHS Foundation Trust: Quality Account 9 - 30 2020-21

To consider NHCFT priorities and Quality Account.

Members of the public are entitled to attend this meeting and receive information about it. North Tyneside Council wants to make it easier for you to get hold of the information you need. We are able to provide our documents in alternative formats including Braille, audiotape, large print and alternative languages.

6. Covid-19 Update: Adult Social Care

To consider a Covid-19 update in relation to Adult Social Care.

Circulation overleaf ...

### Members of the Adult Social Care, Health and Wellbeing Sub-Committee

Councillor Trish Brady Councillor Karen Clark (Chair) Councillor Joe Kirwin (Deputy Chair) Councillor Tommy Mulvenna Councillor Alan Percy vacancy Councillor Joanne Cassidy Councillor Muriel Green Councillor Nigel Huscroft Councillor Cath Davis Councillor Paul Richardson Vacancy



#### Adult Social Care, Health and Wellbeing Sub-Committee

#### Thursday, 11 February 2021

Present: Councillor K Clark (Chair)

Councillors T Brady, J Cassidy, M Green, J Kirwin, N Huscroft, C Davis, A Percy, P Richardson and

M Thirlaway

In attendance: Councillors M Hall

Apologies: Councillors T Mulvenna

#### ASCH1/19 Appointment of Substitute Members

Pursuant to the Council's Constitution, the appointment of the following substitute members was reported:

Cllr M Thirlaway for Cllr T Mulvenna

#### ASCH2/19 Declarations of Interest

Cllr M Thirlaway declared an interest in relation to item 5 as an employee of Parkway Care which is in receipt of financial support from the Council.

#### ASCH3/19 Minutes

**Resolved:** That the minutes of the meeting held on 12 March 2020 be confirmed and signed by the Chair.

#### ASCH4/19 Covid 19 Update: Public Health and Adult Social Care

The Sub-committee received a presentation which provided an update on Covid 19 in relation to Public Health and Adult Social Care.

The Sub-committee considered the latest figures in relation to the number of tests, rates of infection, hospital admissions and deaths for North Tyneside. It was noted that the latest figures are showing a slow downward trend. It was also noted that the north east had not seen the steep increase in cases after Christmas which had been seen in other areas, and the downward trend applied to all age groups. It was noted that recent media reports had suggested that rates had been going up in North Tyneside, but although there had been some daily fluctuations upwards, the overall trend is downwards. It was also noted that some wards had been identified as having the highest rates in the borough, but these rates were linked to specific outbreaks within the wards, and the actual numbers of cases involved were quite small.

It was noted that the new variant had been seen in 82% of the 68% of tests that went to the

labs for testing and this was a similar picture across the north east and the rest of the country. However, this is a concern as this variant is more transmissible. There have been no instances of the South African variant in the borough as yet.

It was noted that the two hospital trusts are reporting a high level of activity, but they are both providing mutual aid to other areas.

Members noted the huge effort that has gone into both asymptomatic testing and testing for those with symptoms, including the new asymptomatic testing site in North Shields for those who leave home for work, and also a national system to provide tests for larger employers.

The Sub-committee were informed of developments to introduce a local contract tracing partnership. This is allowing the authority to follow up cases that the national team have failed to contact within 24 hours. The local tracing system will also be able to offer support to individuals to enable self-isolation. This is part of a regional ambition to have a local contact tracing service.

Members raised a question about support to care homes where outbreaks are occurring and whether support is available to ensure that safety standards are adhered to. It was noted that the authority scrutinised outbreak data on a daily basis and are working closely with all homes where an outbreak is identified. There is an option to send infection control nurses to assist where necessary.

There was some discussion about staffing problems in care homes. It was noted that there have been circumstances in some homes where staffing has been an issue due to staff sickness or requirements to self isolate. Overall support has been able to be provided through the market to cover short periods of difficulty.

Members asked whether there was any testing available for those working in the community and voluntary sector who may be working on the frontline directly with vulnerable clients. It was noted that the test site at the Riverside could be used by those working in these situations. The authority does have some scope to support smaller businesses with testing as the testing kits are available for use, but there is limited resource in the authority to support the set up and training of staff.

There were some questions about the accuracy of the lateral flow tests that are being used. It was noted that accuracy was estimated to be between 50-80%, with improved accuracy when staff are well trained on how to use the tests. Tests are also more accurate when the same person is being tested on a regular basis.

The Sub-committee received information on the current situation in relation to care homes in the borough. It was noted that there are currently 11 care homes with outbreaks ie with 2 or more cases in either staff or residents.

It was noted that there has been an increase in the number of vacant beds in care homes over the last 12 months, with overall vacancies around 20% compared to a rate of around 7% before the pandemic.

There was some discussion around the take up of the vaccine. It was noted that 91% of residents and 87% of staff had received the vaccine. Some people are unable to be vaccinated due to health conditions or because they have tested positive for Covid in the last 28 days. The authority has been supporting care homes to encourage take up of the

vaccine, including holding webinars for staff.

It was noted that hospital discharges were being supported with a designated setting in place to support discharge to care settings.

The Chair thanked officers for the comprehensive briefing and for all the work that is going into support for testing and support for care homes. Members were particularly pleased to hear about the establishment of the local contact tracing system which is something the Sub-committee have wanted to see happen. The Chair noted the team effort across all service areas to support what is happening and reiterated the thanks of the sub-committee to staff and residents.

#### ASCH5/19 Feedback from the Livi Evaluation Group

Cllr Richardson and Kirwin provided an update to the sub-committee on recent meetings they had attended as the sub-committee's representative on the CCG's Livi Evaluation Group. This group was involved in the evaluation of the one-year pilot with Livi to provide additional virtual GP consultations within the borough.

It was noted that the evaluation meetings were not public meetings. It was noted that Councillors had reservations about the Livi contract which had been discussed with the CCG at a recent informal meeting.

Both Cllr Richardson and Kirwin highlighted some concerns that had been raised at the meetings, including concerns about:

- Clinical implications of the project;
- The use of the service by those with mental health issues;
- The use of survey data collected by Livi as part of the evaluation, and the small sample size;
- The small number of consultations being undertaken per week by Livi in the context of the whole number of GP consultations per week across the whole borough;
- The impact on the GP workforce in the borough and how this is evaluated;
- Promotion of the Livi service through merchandise and digital advertising;
- Potential change to the pilot terms to allow GPs to refer into the service;
- The changed context of GP services in the light of Covid and the greater use of virtual and telephone consultations across all GP practices, and the impact of this on the need for an additional service.

There was some discussion about the issues raised with a particular focus on the need for transparency and for clear and useful date to be available to ensure the pilot can be comprehensively evaluated, before a decision is made on whether to continue with the project once the pilot ends.

It was noted that Cllr Richardson would continue to attend meetings going forward and will reflect the views of the sub-committee at these meetings.



## Agenda Item 5

Meeting: Adult Social Care, Health and Wellbeing Sub-committee

**Date:** 31 March 2021

Title: Northumbria Healthcare NHS Foundation Trust -

**Quality Account** 

Author: Democratic Services

Service: Law and Governance

Wards affected: All

#### 1. Purpose of Report

- (1) Jeremy Rushmer, Executive Medical Director, Northumbria Healthcare Foundation Trust (NHCFT) will attend the meeting to present the Trust's Annual Plan and Quality Account.
- (2) To seek the views of Sub-committee members.

#### 2. Recommendations

That the Sub-committee:-

- Considers the presentation and identifies any views and comments on the information presented to be included in the Sub-committee's statement to the Trust.
- (ii) Agrees to set up a working group to finalise the Sub-committee's statement in response to the Trust's Quality Account and/or delegates the finalisation of the Sub-committee's statement to the Chair.

#### 3. Background Information

The Health Act 2009 requires all providers of NHS services in England (except those who have fewer than 50 full-time employees and provide under £130,000 of NHS services), including the independent sector to produce a Quality Account.

A Quality Account is a report about the quality of services provided by an NHS healthcare provider. Providers must send their Quality Account to the relevant Overview & Scrutiny Committee by 30 April each year, in North Tyneside this is the Adult Social Care, Health and Wellbeing Sub-committee.

Providers are required to ask for comments on their draft quality accounts from NHS England or relevant clinical commissioning groups, Overview and Scrutiny committees and local Healthwatch. Comments received from these stakeholders must be included in

the final published quality accounts which are submitted to the Department of Health by 30 June each year.

### 4. Appendices (if any)

None







# Annual plan and quality account

Jeremy Rushmer, Executive Medical Director







## Our five year strategy...





## **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 2021/22 linked to five year strategy and development of clinical strategy
- Quality strategy
- Quality account covering 2020/21 statutory requirement to inform public of delivery of safety and quality priorities
- Safety and quality objectives agreed for 2021/22
- Annual report and corporate governance statement
- Engagement with key stakeholders





# **Quality Account 2020/21**







# **Quality account 2020/21**

- Look back at safety and quality priorities for 2020/21 and focus for 2021/22
- 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
- Due to the Covid-19 pandemic, guidance has been issued stating External Audit (EA) assurance work on the Quality Account does not need to be undertaken for 2020/21 therefore no EA opinion on the Quality Account will be given this year
- Furthermore, no governor selected local indicator will need to be chosen for the year



## **Quality Account 2020/21**

- Process underway
- Draft account ready mid April 2021
- Circulated to stakeholders for formal opinion end April 2021
- Final, including stakeholder comments, submitted to NHS Improvement end of May 2021
- Upload to NHS Choices by end June 2021
- Date for submission to Parliament still to be confirmed





# Safety and quality priorities 2020/21







# Seven safety and quality (S&Q) priorities in 2020/21

- Priority 1 Flow: Discharge
- Priority 2 Management of acutely unwell patients
- Priority 3 Supply and administration of medicines
- Priority 4 Children and young people's emotional well-being and mental health
- Priority 5 End of life care and bereavement
- Priority 6 Patient experience
- Priority 7 Staff experience



## Safety and quality priorities - 2020/21

- Flow focus this year on the 'back-door':
  - Medical fitness for discharge and reducing length of stay thereafter (cross-system factors)
  - Ensuring accurately and timely data to support proactive management by ward and community staff
  - Note: bed occupancy a national key performance indicator
- Deteriorating patients and observation:
  - Improving timeliness of observations of medically unwell patients
  - Continued work on Acute Kidney Injury, sepsis and antibiotics via Deteriorating Patient Board
- Medicines management:
  - Considering best use of Patient Group Directions (PGDs)
  - Training of non-medical prescribers especially in community settings



## Safety and quality priorities - 2020/21

### Mental health:

- Responsiveness to children and young people with emotional wellbeing and mental health difficulties
- Improving child and adolescent mental health (CAMHS) pathways
- Reducing waiting times for access to specialist input and support

### End of life care:

- Consolidation of bereavement and Medical Examiner work
- Ensuring learning through systematic clinical team review of cases
- Aligned to end of life strategy work with commissioners

## • Patient experience:

- John's Campaign supporting those with dementia whilst inpatient
- Improving assessment and management of pain for those with learning disabilities in the emergency department

## Staff experience:

- Strong link between staff and patient experience
- Continued development of this leading-edge work
- Sharing approach with wider NHS



## Progress in Quarter 4 - 2020/21

Priority	Proposed performance measure	Quarter 4 update	On target
1. Flow	Mean number of days between patient being declared medically fit and discharge	New process for capturing this day in place Includes meetings on each inpatient site to ensure timely discharge of patients	<b>√</b>
	Maintain a bed occupancy of <92%	Q1 = 62.9% Q2 = 67.4% Q3 = 73.8% Q4 (to date) = 74.2%	✓
	Number of patients with length of stay over 21 days to be less than 103 patients	Average number of patients in Q1 = 58 Average number of patients in Q2 = 66 Average number of patients in Q3 = 75 Average number of patients in Q4 (to date) = 93	✓
2. Management of acutely unwell patients	Improve timeliness of observations on target wards to 70% of observations done within appropriate timeframe	Q1 combined results = 67.1% Q2 combined results = 75.2% Q3 combined results = 72.5% Q4 combined results (to date) = 72.1%  The other two metrics for this priority have been delayed due to the impacts of Covid, hence the overall performance summary.	×
3. Supply and administration of medicines	Reduce the reliance on patient group directions (PGDs) as a method in the supply or administering of medicines across the organisation	Reduction in 2020/21 from 154 to 148 PGDs	✓



## Progress in Quarter 4 - 2020/21

Priority	Proposed performance measure	Quarter 4 update	On target
4. Children and young people's emotional well-being and mental health	Agree and implement new patient pathways	Introduction of Access Team to manage referrals into all the CAMHS services has led to a positive impact on patient access	<b>√</b>
5. End of life care and bereavement	Medical Examiner to review 95% of all deaths not referred to coroner	Q1 total = 84.6% Q2 total = 89.8% Q3 total = 91.0% Q4 total (to date) = 96.9%	<b>√</b>
	Stage 2 reviews to be discussed at sub-specialty meetings	Process for the feedback of lessons learnt to sub-specialty teams now in place	✓



## Progress in Quarter 4 - 2020/21

Priority	Proposed performance measure	Quarter 1 update	On target
6. Patient experience	"John's Campaign"	<ul> <li>Trial completed in August 2020.</li> <li>Information disseminated Trustwide.</li> <li>Patient experience visiting project undertaken to understand impact.</li> </ul>	✓
	Improve experience of learning disability patients in emergency department	<ul> <li>Focus group held in December 2020 to understand experience of this group of patients.</li> <li>Format and design of "Health Card" has been agreed – process to produce has been longer than anticipated due to Covid.</li> </ul>	<b>√</b>
7. Staff experience	Improvements in experience - "Joy at Work"	<ul> <li>All domains of staff experience statistically better from baseline.</li> <li>Staff experience workshops held.</li> <li>Health &amp; Well being scores captured on ongoing, regular basis</li> </ul>	✓
	Evaluation of "Corona Voice" staff experience	Learning from the "Corona Voice" has been shared more widely through a number of publications and presenting at conferences	✓





# Safety and quality priorities 2021/22







## **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 eight possible quality improvements
- Many of these priorities build on previous improvement work
- 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 eight priorities

- Access standards regaining the standards for patient access
- 2. Outpatients embedding the changes in delivering outpatient appointments
- 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







Any questions?

Thank you

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