BIG SIGNALS 2023-2028

Support our patients and our people

Grow our own people, and keep them

Continue our strong performance

Support economic growth, tackle inequalities and climate change

Innovate and continuously improve our services

Make progress digitally

Develop our estate

Work in partnership across our system

Service Pressures

- Continued demand on our non-elective services – seen through number of patients attending ED at NSECH and UTCs

- Additional bed capacity opened – which has kept surgical inpatient capacity ringfenced

- Impact of industrial action – minimal cancellation of activity but increasing impact on resilience of teams

- Improvement in >62 day cancer backlog number but still pressure in tumour sites to achieve 62 day access to treatment

- Still challenging position re reducing number of patients waiting >18 and 52 weeks for treatment

Quality Account 2023/24

Quality Account 2023/24

- Look back at safety, quality and improvement priorities for 2023/24 and focus for 2024/25

- 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

- Following the guidance issued in January 2021, which stated that foundation trusts do not need to instruct external audit firms to conduct assurance work on the Quality Account, no indicators will be tested again this year

- The council of governors will therefore not be required to select an additional indicator to be audited

Quality Account 2023/24

- Process underway

  - Draft account ready end April 2024

  - Circulated to stakeholders for formal opinion May 2024

  - Final, including stakeholder comments, submitted to NHS England end of June 2024

  - Upload to NHS Choices by end June 2024

- Date for submission to Parliament still to be confirmed

Safety, quality and improvement priorities 2023/24

Our 2023/24 safety, quality and improvement priorities

1. Improving flow: reducing ambulance handover delays

2. Reduce medication errors – timeliness of critical medications (Parkinson's Disease)

3. Improving cancer pathway standards

4. Deteriorating patient – Community News (C-NEWS)

5. Improving delirium – assessment and management

6. Patient Experience

7. Staff Experience

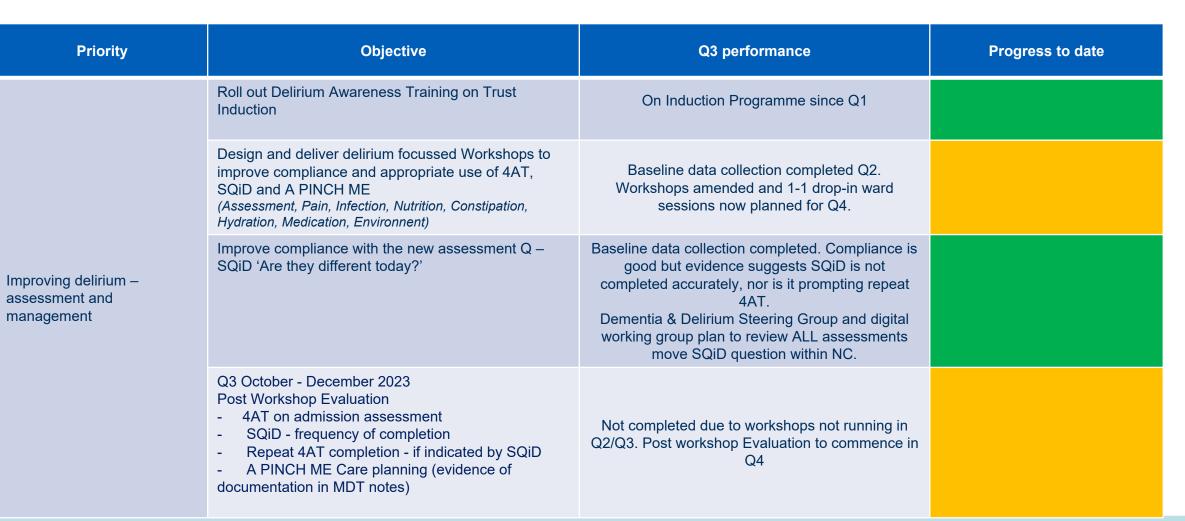# Performance on our safety, quality and improvement priorities 2023/24

Priority	Objective	Q3 performance	Progress to date
Improving flow: reducing ambulance handover delays	Reduce waits >60 mins	Handovers of >60 mins reduced but remain variable. Objective target is end of Q4	
	95% of handovers within 30 mins	64.7%* (77.8% Q2) *December 2023 being particularly difficult	
	65% of handovers within 15 mins	26.7% (37.1% Q2) *December 2023 being particularly difficult	
	Improve number of patients waiting for a bed in ED every morning	Remains variable but objective target is end of Q4	
Reduce medication errors – timeliness of critical medications (Parkinson's Disease)	Eliminate delays of >60 mins	Over 60 minute delays on ward 9 reduced from 15% to 7.5% in (pilot ward)	
	95% of doses administered within 30 mins of prescribed time	Administered within 30 mins has gone from 65% to 84% (pilot ward).	
	Roll out education and training to ward staff on the essentials of in-hospital care for patients with PD	59 of 65 staff have received microteaching session	

Performance on our safety, quality and improvement priorities 2023/24

Priority	Objective	Q3 performance	Progress to date
Improving cancer pathway standards *(Q2 provisional data as still being validated)*	Achieve 93% 2 week wait	94.9%	🟩
	Achieve 75% 28 day faster diagnosis	76.9%	🟩
	Achieve 85% of patients seen and received 1st treatment by 62 days	77.6%	🟧
Deteriorating patient – Community News (C-NEWS)	Improve compliance with C-NEWS	Compliance now 60% (baseline 5%) System improvements identified to increase compliance further	🟩

Performance on our safety, quality & improvement priorities 2023/24

Priority	Objective	Q3 performance	Progress to date
Improving delirium – assessment and management	Roll out Delirium Awareness Training on Trust Induction	On Induction Programme since Q1	🟩
	Design and deliver delirium focussed Workshops to improve compliance and appropriate use of 4AT, SQiD and A PINCH ME *(Assessment, Pain, Infection, Nutrition, Constipation, Hydration, Medication, Environnent)*	Baseline data collection completed Q2. Workshops amended and 1-1 drop-in ward sessions now planned for Q4.	🟧
	Improve compliance with the new assessment Q – SQiD 'Are they different today?'	Baseline data collection completed. Compliance is good but evidence suggests SQiD is not completed accurately, nor is it prompting repeat 4AT. Dementia & Delirium Steering Group and digital working group plan to review ALL assessments move SQiD question within NC.	🟩
	Q3 October - December 2023 Post Workshop Evaluation - 4AT on admission assessment - SQiD - frequency of completion - Repeat 4AT completion - if indicated by SQiD - A PINCH ME Care planning (evidence of documentation in MDT notes)	Not completed due to workshops not running in Q2/Q3. Post workshop Evaluation to commence in Q4	🟧

Performance on our safety and quality priorities 2023/24

Priority	Objective	Q3 performance	Progress to date
Patient Experience	Develop a Northumbria Patient Charter	On target	
	Develop a coproduced Trust Strategy for Unpaid Carers	On target	
	Development of a coproduction approach for the outpatients transformation programme	On target	
Staff Experience	Establish robust recognition framework for staff	On target	
	Finalise Staff Experience Programme offer to BU/depts/teams with a targeted approach using SE survey results	On target	
	Develop methodology to support the identification of areas/teams for focus and collaborative action planning to quantify qualitative SE data	On target	

Safety, quality and improvement priorities 2024/25

Background

- Every year the Trust in collaboration with business units, governors and other stakeholders identify a number of safety, quality and improvement priorities

- For next year, we have identified seven possible quality improvements

- Some of these priorities build on previous improvement work and others are new priorities aligned to the wider Patient Safety Strategy

- It should be noted that business units will be working on many other safety and quality initiatives which form part of their annual plans

2024/25

SQ&I Priority		Update
1	Reduce medication delays – Parkinson's Disease (NSECH ED, Ward 3 and Ward 6)	• Eliminate delays of >60 mins • 95% of doses administered within 30 mins of prescribed time • Train 85% of medical and nursing staff on the essentials of in-hospital care for patients with PD
2	Improving cancer pathways – patients presenting through ED with a likely/suspected cancer (new or recurrent malignancy) to handover to a specialist team.	• Reduced patient delays from presentation to ED to diagnosis and treatment (baseline audit already completed) • Fewer complaints relating to cancer care • Explore how patient experience data can be captured
3 **NEW**	Improving Urology Cancer Pathway Performance: Prostate cancer	• Improve performance of 28-day faster diagnosis standard • Aim to achieve > 75% • Quarterly Plan Do Study Act (PDSA) cycles implemented at various points along the mapped cancer pathway.

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2024/25

SQ&I Priority		Update
4	Improving bedrail/ bed height risk assessment and application	• Monthly audit compliance with completion of assessment (Nerve centre) • Monthly Datix audit of incidents of patients falling from a bed to check compliance with the risk assessment recommendation • Achieve 90% compliance by end of Q2 • Achieve 95% compliance by end of Q4
5	Pressure Ulcers - Reduce incidence of trust acquired pressure damage in the orthopaedic-geriatric patient journey	• Monthly audit of Datix incidents of all PU on wards involved in specific pathway. Quarterly improvement targets of reduce by 25%, zero cat 3 or 4 PU by end of Q4. • Qualitative data collected from clinical area confidence/competence surveys. Pre and post training.

2024/25

SQ&I Priority		Update
6	Maternity – Reduce incidence of post-partum haemorrhage (PPH) of more than 1.5L	Baseline data collected Q4 2023/4 to provide quarterly improvement metrics starting in Q1 2024/25: • Monthly audit incidence of PPH or >1.5L
7	Infection Prevention and Control - Reduce the incidence of urinary tract associated gram negative blood stream infections	Baseline data collected Q4 2023/4 to provide quarterly improvement metrics starting in Q1 2024/25: • Monthly audit of incidence of urinary tract associated gram negative blood stream infections (GNBSI) • Quarterly improvement targets to reduce by 25%
8	Deteriorating Patient	**RECOGNISE** • Timeliness of observations done on time across adults, paediatrics and neonates • Device login to Nervecentre **REALISTIC** – compliance and appropriateness of Treatment Escalation Plan (TEP) audit **RESPOND** - National Emergency Laparotomy Audit (NELA) - Decision to operate and arrival in theatres

Potential Priorities 2024/25

SQ&I Priority		Update
9a	Staff & Patient Experience	**Employ technology to improve the quality and efficiency of the staff and patient experience programmes:** • Pilot the 'ImproveWell' staff experience and quality improvement App with the maternity team. • Pilot the PEP Health AI platform to provide a deeper level of insight and understanding of patient experience qualitative feedback. • Pilot the use of Microsoft Power BI as an analysis and reporting tool for staff experience.

Potential Priorities 2024/25

SQ&I Priority		Update
9b	Staff & Patient Experience	**Establish approaches to involvement and engagement that promotes equality and inclusion for patients and staff:** • Pilot and evaluation of patient experience focussed pathway coordinator roles for Deaf patients and identified outpatient specialities. • Develop a patient experience measurement programme for patients with a learning disability and unpaid carers. • Introduction of a digital Staff Training & Deaf Awareness programme. • Establishment of World Café's for staff with the aim of engaging with staff to understand their views and ideas on key topics.

Thank you

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