

NORTHUMBRIA HEALTHCARE NHS FOUNDATION TRUST

Quality Account 2010/11



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What is a quality account?

This quality account is part of the annual report to the public from Northumbria Healthcare NHS Foundation Trust. The aim of the quality account is to enhance the Trust's accountability to the public and fully engage its senior management and all staff by demonstrating its commitment to continuous evidence based quality improvement across all services. It places the focus on the quality of the Trust's services so that the public, patients and anyone with an interest will be able to understand:

- What Northumbria Healthcare is doing well.
- Where improvements in service quality are required, hence our priorities for improvement for the coming year.
- How the Board of Directors has received challenge and supports patients, employees, Governors and others in determining the priorities for improvement.

This quality account includes:

- A statement from the Board of Directors summarising the quality of the services – this is provided in part 1.
- Northumbria Healthcare's priorities for quality improvement for the coming financial year – these are described in part 2.
- A series of statements from the Board of Directors for which the format and information required is set out in regulations - this is explained in part 3.
- A review of the quality of services delivered by Northumbria Healthcare – this is described in part 3.

PART 1: Chief Executive's statement on quality of care

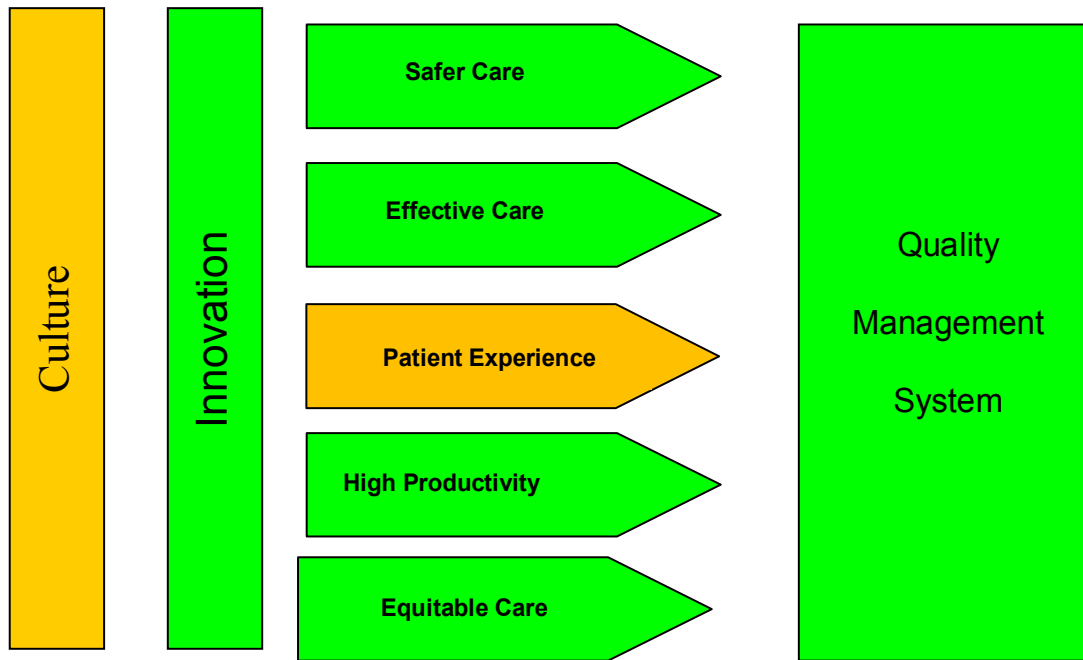
High quality care is our passion and our core business. We have an ambitious plan to provide better care to our patients and this is demonstrated by our acquisition of community health services in both Northumberland and North Tyneside and adult social care in Northumberland. These changes took effect from 1st April 2011. They provide new opportunities to improve care by integrating and better coordinating care delivered in hospital, in the community and at home.

Our Trust has a strong track record of delivering high quality care and we are consistently in the top 25% of hospitals providing safe, effective care and excellent patient experience. Our ambition is to operate in the top 10% of Trusts in England. This will take time, but having this clear objective with measurable goals, and a robust delivery and communication plan means we start this journey on firm foundations.

Some of the national recognition we've gained over the last year included being awarded the Acute Organisation of the Year (commendation) for our safety and quality strategy and receiving an award for being one of the top 40 hospitals in England. Our patient experience and staff experience results were in the best 20% of trusts in the country.

As an innovative and learning organisation we have led ambitious quality improvements. For example, we were the first NHS Foundation Trust to seek patients' views on their experiences in hospital and in outpatient clinics. Thanks to over 20,000 patients who responded to our surveys, the clinical teams at ward level and the Board of Directors have good intelligence about our patients' opinions of their hospital experience. We have used this intelligence to influence our priorities for 2011/12.

Building on our strong tradition of high quality care we have carefully considered the work of the internationally recognised Institute of Healthcare Improvement which successfully delivered the campaigns to "Save 100,000 Lives" and reduce harm events by 5 million. They encourage the use of a quality management system (see diagram below) and the use of best practice improvement methodology. We have adopted this approach and this was welcomed by the clinical teams. Two important quality indicators are the death rate and the harm rate because they are a good indicator of the quality of care. We know our mortality rate is not significantly different from the all England average (i.e. within the expected range) and our harm rate is in the expected range. However, we are not complacent and we have used these indicators to highlight our priorities for quality improvements. We measure these quality improvements and the results are impressive. These results are reported to the Board of Directors who give careful consideration to any significant variances and take decisive action where this is appropriate.



We are committed to the rights and pledges enshrined in the NHS Constitution for patients, the public and our staff and we have embedded these into our way of working and into our culture, and there are many examples of this in this quality account.

Our Quality Account will be available for all via the NHS Choices website and we welcome your views on the document and our plans to improve the quality of our services.

I trust this Quality Account demonstrates our desire and determination to provide some of the very best care in England for all of our patients.

Finally, I would like to congratulate our passionate and dedicated staff for the excellent quality of care they have provided to patients over the year. This drive for best practice and continuing improvement will ensure that our patients receive even better care year on year.

Insert signature

Jim Mackey
Chief executive
May 2011

PART 2: Priorities for Improvement and statements of assurance from the board

Introduction

We have adopted the NHS vision to 'save lives and reduce harm'. We have set ourselves an ambitious and bold aim to save more lives and thus operate in the top 10% of hospitals in England and halve our harm rate by 2011. These high levels of quality would be equal to world-class outcomes.

2.1 Quality Improvement Priorities for 10/11 identified in the 2009/10 Quality Report

To deliver our two strategic aims we focused our efforts on the highest priorities. Using the international research improvement tools, we determined the primary causes and decided on the most appropriate action. We listened to the views of staff, patients and local community stakeholders and their views were considered by the Board of Directors and our clinical policy group and influenced the priorities for improvement. They were categorised as either providing safer care, delivering more effective care or a better patient experience.

Safer Care
Zero tolerance for hospital-acquired infections
Improved safety of medicines, particularly high risk medicines
Best practice in nursing care
VTE Risk assessment
Effective care
Save more lives and reduce harm by half
Achieve better productivity by reducing length of stay and re-admission rate
High quality stroke care
Excellent patient experience
Improved experience waiting for the booked outpatient appointment
Improve communication with patients, particularly at discharge
Continue to improve on understanding and meeting patients' communication needs
Culture and Capacity
Safety "walk-rounds"
"Human Factors" e.g. SBAR to be the trust methodology for nurse handover in all wards

We can demonstrate progress with these quality priorities and this is described on page 8. The evidence demonstrates that we are operating a strong performance compared to others in England and for a few quality priorities, there is still more to be done. The most significant improvements are described below and these will be carried forward into our quality priorities for 11/12, see page 8.

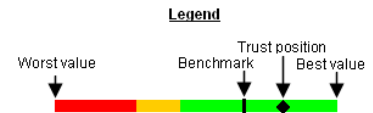
- (i) **Safer care:** to note the continued improvement in our hospital acquired infection rate and to continually improve our hospital acquired infection rate, particularly the surgical site infection rate. To note the improvement in our essence of care outcomes and to focus on specific improvements regarding communication and vulnerable patients.
- (ii) **Effective care:** To aim to ensure that the more patients receive the right care, in the right place, at the right time. The advantages of Northumbria Healthcare being an integrated

hospital and community system will provide better opportunities for greater integration of care.

- (iii) **Patient experience:** this demonstrates that we are performing well but we can do better compared to others, particularly around discharge.
- (iv) **Culture and capacity:** we started the executive team safety walk-rounds during 2010 and we have completed three, we intend to continue with these during 2011. We started the introduction of SBAR as our standard methodology and have completed 40% of the wards and we intend to continue to complete 100% of the wards by March 2012.

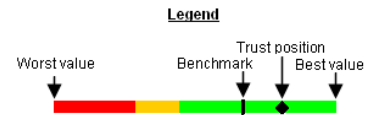
Safety and quality priorities 2010/11

Trust level



Safer Care					
	Source	Period	Value	Benchmark	Graph
Zero tolerance for hospital-acquired infections					
MRSA: Number of cases	Trust data	Apr-10 to Jan-11	4	7 (Max allowed)	
MRSA: Trust apportioned rate (per 10,000 bed days)	HPA	2009/10	1.7	2.7 (England average)	
C. Diff: Number of cases	Trust data	Apr-10 to Jan-11	91	129 (Max allowed)	
C. Diff: Trust apportioned rate (per 10,000 bed days)	HPA	2009/10	3.6	3.6 (England average)	
Surgical Site Infection: Hip replacement	HPA	Oct-09 to Sep-10	3.28%	1.17% (England average)	
Surgical Site Infection: Knee replacement	HPA	Oct-09 to Sep-10	3.01%	1.07% (England average)	
Surgical Site Infection: Repair of fractured neck of femur	HPA	Oct-09 to Sep-10	1.71%	2.04% (England average)	
Improved safety of medicines, particularly high risk medicines					
Patients on Warfarin with INR >5 (including A&E)	Trust data	2010/11 (excl March)	7.5%	10.07% (2009/10 Trust performance)	
Patients on Warfarin with INR >5 (Excluding A&E)	Trust data	2010/11 (excl March)	3.4%	5.22% (2009/10 Trust performance)	
Best practice in nursing care					
Essence of care Based on 92 factors	Trust data	Q3 2010/11	Number of factors in each score band 50-59% - 3 60-69% - 4 70-79% - 7 80-89% - 21 90%+ - 57		
Safety outcomes for venous thromboembolism (VTE)					
Trust performance towards target	Trust data	Jan-11	79%	90% (Target)	
Trust performance against England average	Unify2	Dec-10	75%	73% (England average)	
Effective Care					
Save more lives and reduce harm by half					
Risk Adjusted Mortality Index 2010	CHKS	Dec-09 to Nov-10	77	78 (All England value)	
Achieve better productivity by reducing length of stay and re-admission rate					
Risk Adjusted Length of stay 2008: All admissions	CHKS	Dec-09 to Nov-10	90	86 (All England value)	
Risk Adjusted Length of stay: Elective admissions	CHKS	Dec-09 to Nov-10	65	74 (All England value)	
Risk Adjusted Length of stay: Non-elective admissions	CHKS	Dec-09 to Nov-10	94	88 (All England value)	
Readmission rate	CHKS	Nov-09 to Oct-10	9.4%	6.9% (National median)	
Patient and Staff Experience					
National annual patient experience					
Patient Survey 2010	CQC	2010	68.7%	69.7% (SHA average)	
Improve communication with patients, particularly at discharge					
Patient Survey: Information about discharge	Patient Perspective	2010	68.3%	60.5% (National top 20%)	
Continue to improve on understanding and meeting patients' communication needs					
Patient Survey: Doctors	Patient Perspective	2010	94.2%	89.3% (National top 20%)	
Outpatients					
Clinic waiting times >15 minutes	Trust data	2010/11 (excl March)	83.65%	80% (Threshold)	
National annual staff survey					
Staff Survey	CQC	2010	3.71	3.62 (National average)	

Alnwick



Safer Care		Source	Period	Value	Benchmark	Graph
Zero tolerance for hospital-acquired infections						
MRSA: Number of cases	Trust data	Apr-10 to Jan-11	1	7 (Max allowed trustwide)		
C. Diff. Number of cases	Trust data	Apr-10 to Jan-11	3	129 (Max allowed trustwide)		
Safety outcomes for venous thromboembolism (VTE)						
Trust performance towards target	Trust data	Jan-11	73.9%	90% (Target)		
Trust performance against England average	Unify2 / Trust data	Dec-10	62.8%	73% (England average)		

Effective care		Source	Period	Value	Benchmark	Graph
No data available						

Patient and Staff Experience		Source	Period	Value	Benchmark	Graph
National annual patient experience						
Patient Survey 2010	CQC	2010	Awaiting data	69.7% (SHA average)		
Improve communication with patients, particularly at discharge						
Patient Survey: Information about discharge	Patient Perspective	2010	63.9%	60.5% (National top 20%)		
Continue to improve on understanding and meeting patients' communication needs						
Patient Survey: Doctors	Patient Perspective	2010	90.7%	89.3% (National top 20%)		
Outpatients						
Clinic waiting times >15 minutes	Trust data	2010/11 (excl March)	92.3%	80% (Threshold)		

Berwick

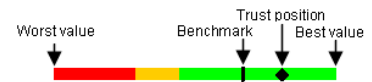
Safer Care		Source	Period	Value	Benchmark	Graph
Zero tolerance for hospital-acquired infections						
MRSA: Number of cases	Trust data	Apr-10 to Jan-11	0	7 (Max allowed trustwide)		
C. Diff. Number of cases	Trust data	Apr-10 to Jan-11	3	129 (Max allowed trustwide)		
Safety outcomes for venous thromboembolism (VTE)						
Trust performance towards target	Trust data	Jan-11	74.0%	90% (Target)		
Trust performance against England average	Unify2 / Trust data	Dec-10	78.8%	73% (England average)		

Effective Care		Source	Period	Value	Benchmark	Graph
No data available						

Patient and Staff Experience		Source	Period	Value	Benchmark	Graph
National annual patient experience						
Patient Survey 2010	CQC	2010	Awaiting data	69.7% (SHA average)		
Improve communication with patients, particularly at discharge						
Patient Survey: Information about discharge	Patient Perspective	2010	68.7%	60.5% (National top 20%)		
Continue to improve on understanding and meeting patients' communication needs						
Patient Survey: Doctors	Patient Perspective	2010	93.5%	89.3% (National top 20%)		
Outpatients						
Clinic waiting times >15 minutes	Trust data	2010/11 (excl March)	97.9%	80% (Threshold)		

Blyth

Legend



Safer Care	Zero tolerance for hospital-acquired infections	Source	Period	Value	Benchmark	Graph
	MRSA: Number of cases	Trust data	Apr-10 to Jan-11	0	7 (Max allowed trustwide)	
	C. Diff. Number of cases	Trust data	Apr-10 to Jan-11	6	129 (Max allowed trustwide)	
	Safety outcomes for venous thromboembolism (VTE)	Source	Period	Value	Benchmark	Graph
	Trust performance towards target	Trust data	Jan-11	50.0%	90% (Target)	
Trust performance against England average	Unify2 / Trust data	Dec-10	9.1%	73% (England average)		

Effective Care	No data available					
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Patient and Staff Experience	National annual patient experience	Source	Period	Value	Benchmark	Graph
	Patient Survey 2010	CQC	2010	Awaiting data	69.7% (SHA average)	
	Improve communication with patients, particularly at discharge	Source	Period	Value	Benchmark	Graph
	Patient Survey: Information about discharge	Patient Perspective	2010	62.9%	60.5% (National top 20%)	
	Continue to improve on understanding and meeting patients' communication needs	Source	Period	Value	Benchmark	Graph
	Patient Survey: Doctors	Patient Perspective	2010	94.1%	89.3% (National top 20%)	
	Outpatients	Source	Period	Value	Benchmark	Graph
Clinic waiting times >15 minutes	Trust data	2010/11 (excl March)	96.3%	80% (Threshold)		

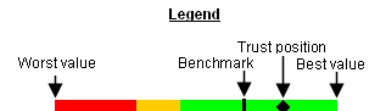
GB Hunter

Safer Care	Zero tolerance for hospital-acquired infections	Source	Period	Value	Benchmark	Graph
	MRSA: Number of cases	Trust data	Apr-10 to Jan-11	0	7 (Max allowed trustwide)	
	C. Diff. Number of cases	Trust data	Apr-10 to Jan-11	0	129 (Max allowed trustwide)	
	Safety outcomes for venous thromboembolism (VTE)	Source	Period	Value	Benchmark	Graph
	Trust performance towards target	Trust data	Jan-11	N/A	90% (Target)	Not applicable
Trust performance against England average	Unify2 / Trust data	Dec-10	N/A	73% (England average)	Not applicable	

Effective Care	No data available					
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Patient and Staff Experience	National annual patient experience	Source	Period	Value	Benchmark	Graph
	Patient Survey 2010	CQC	2010	Awaiting data	69.7% (SHA average)	
	Improve communication with patients, particularly at discharge	Source	Period	Value	Benchmark	Graph
	Patient Survey: Information about discharge	Patient Perspective	2010	69.6%	60.5% (National top 20%)	
	Continue to improve on understanding and meeting patients' communication needs	Source	Period	Value	Benchmark	Graph
	Patient Survey: Doctors (included in Hexham figures)	Patient Perspective	2010	96.3%	89.3% (National top 20%)	
	Outpatients	Source	Period	Value	Benchmark	Graph
Clinic waiting times >15 minutes	Trust data	2010/11 (excl March)	97.8%	80% (Threshold)		

Haltwhistle



Safer Care		Source	Period	Value	Benchmark	Graph
Zero tolerance for hospital-acquired infections						
MRSA: Number of cases	Trust data	Apr-10 to Jan-11	0	7 (Max allowed trustwide)		
C. Diff: Number of cases	Trust data	Apr-10 to Jan-11	1	129 (Max allowed trustwide)		
Safety outcomes for venous thromboembolism (VTE)						
Trust performance towards target	Trust data	Jan-11	50.0%	90% (Target)		
Trust performance against England average	Unify2 / Trust data	Dec-10	8.3%	73% (England average)		

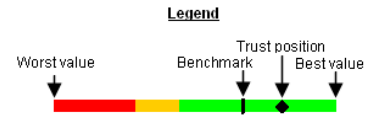
Effective Care		Source	Period	Value	Benchmark	Graph
No data available						

Patient and Staff Experience		Source	Period	Value	Benchmark	Graph
National annual patient experience						
Patient Survey 2010	CQC	2010	Awaiting data	69.7% (SHA average)		
Improve communication with patients, particularly at discharge						
Patient Survey: Information about discharge (included in Hexham figures)	Patient Perspective	2010	N/A	60.5% (National top 20%)	N/A	
Continue to improve on understanding and meeting patients' communication needs						
Patient Survey: Doctors (included in Hexham figures)	Patient Perspective	2010	N/A	89.3% (National top 20%)	N/A	
Outpatients						
Clinic waiting times >15 minutes	Trust data	2010/11 (excl March)	83.8%	80% (Threshold)		

Hexham

Safer Care		Source	Period	Value	Benchmark	Graph
Zero tolerance for hospital-acquired infections						
MRSA: Number of cases	Trust data	Apr-10 to Jan-11	0	7 (Max allowed trustwide)		
C. Diff: Number of cases	Trust data	Apr-10 to Jan-11	6	129 (Max allowed trustwide)		
Surgical Site Infection: Hip replacement	HPA	Oct-09 to Sep-10	2.02%	1.17% (England average)		
Surgical Site Infection: Knee replacement	HPA	Oct-09 to Sep-10	1.57%	1.07% (England average)		
Surgical Site Infection: Repair of fractured neck of femur	HPA	Oct-09 to Sep-10	0%	2.04% (England average)	No cases	
Improved safety of medicines, particularly high risk medicines						
Patients on Warfarin with INR >5 (including A&E)	Trust data	2010/11 (excl March)	Awaiting data	10.07% (2009/10 Trust performance)		
Patients on Warfarin with INR >5 (Excluding A&E)	Trust data	2010/11 (excl March)	Awaiting data	5.22% (2009/10 Trust performance)		
Safety outcomes for venous thromboembolism (VTE)						
Trust performance towards target	Trust data	Jan-11	84.6%	90% (Target)		
Trust performance against England average	Unify2 / Trust data	Dec-10	80.5%	73% (England average)		

Effective Care		Source	Period	Value	Benchmark	Graph
Save more lives and reduce harm by half						
Risk Adjusted Mortality Index 2010	CHKS	Dec-09 to Nov-10	107	78 (National average)		
Achieve better productivity by reducing length of stay and re-admission rate						
Risk Adjusted Length of stay 2008: All admissions	CHKS	Dec-09 to Nov-10	83	86 (National average)		
Risk Adjusted Length of stay: Elective admissions	CHKS	Dec-09 to Nov-10	53	74 (National average)		
Risk Adjusted Length of stay: Non-elective admissions	CHKS	Dec-09 to Nov-10	90	88 (National average)		
Readmission rate	CHKS	Nov-09 to Oct-10	6.1%	6.9% (National median)		



	Source	Period	Value	Benchmark	Graph
National annual patient experience					
Patient Survey 2010	CQC	2010	Awaiting data	69.7% (SHA average)	Graph
Improve communication with patients, particularly at discharge					
Patient Survey: Information about discharge (includes Haltwhistle)	Patient Perspective	2010	67.6%	60.5% (National top 20%)	Graph
Continue to improve on understanding and meeting patients' communication needs					
Patient Survey: Doctors (includes Haltwhistle)	Patient Perspective	2010	94.8%	89.3% (National top 20%)	Graph
Outpatients					
Clinic waiting times >15 minutes	Trust data	2010/11 (excl March)	80.9%	80% (Threshold)	Graph

Morpeth

	Source	Period	Value	Benchmark	Graph
Zero tolerance for hospital-acquired infections					
MRSA: Number of cases	Trust data	Apr-10 to Jan-11	0	7 (Max allowed trustwide)	Graph
C. Diff: Number of cases	Trust data	Apr-10 to Jan-11	4	129 (Max allowed trustwide)	Graph
Safety outcomes for venous thromboembolism (VTE)					
Trust performance towards target	Trust data	Jan-11	0%	90% (Target)	Graph
Trust performance against England average	Unify2 / Trust data	Dec-10	75.7%	73% (England average)	Graph

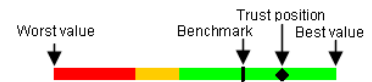
Effective Care	No data available				
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	Source	Period	Value	Benchmark	Graph
National annual patient experience					
Patient Survey 2010	CQC	2010	Awaiting data	69.7% (SHA average)	Graph
Improve communication with patients, particularly at discharge					
Patient Survey: Information about discharge	Patient Perspective	2010	61.2%	60.5% (National top 20%)	Graph
Continue to improve on understanding and meeting patients' communication needs					
Patient Survey: Doctors (includes Haltwhistle)	Patient Perspective	2010	94.2%	89.3% (National top 20%)	Graph
Outpatients					
Clinic waiting times >15 minutes	Trust data	2010/11 (excl March)	91.9%	80% (Threshold)	Graph

North Tyneside

	Source	Period	Value	Benchmark	Graph
Zero tolerance for hospital-acquired infections					
MRSA: Number of cases	Trust data	Apr-10 to Jan-11	1	7 (Max allowed trustwide)	Graph
C. Diff: Number of cases	Trust data	Apr-10 to Jan-11	54	129 (Max allowed trustwide)	Graph
Surgical Site Infection: Hip replacement					
Surgical Site Infection: Hip replacement	HPA	Oct-09 to Sep-10	1.52%	1.17% (England average)	Graph
Surgical Site Infection: Knee replacement					
Surgical Site Infection: Knee replacement	HPA	Oct-09 to Sep-10	3.51%	1.07% (England average)	Graph
Surgical Site Infection: Repair of fractured neck of femur					
Surgical Site Infection: Repair of fractured neck of femur	HPA	Oct-09 to Sep-10	2.41%	2.04% (England average)	Graph
Improved safety of medicines, particularly high risk medicines					
Patients on Warfarin with INR >5 (including A&E)	Trust data	2010/11 (excl March)	Awaiting data	10.07% (2009/10 Trust performance)	Graph
Patients on Warfarin with INR >5 (Excluding A&E)	Trust data	2010/11 (excl March)	Awaiting data	5.22% (2009/10 Trust performance)	Graph
Safety outcomes for venous thromboembolism (VTE)					
Trust performance towards target	Trust data	Jan-11	81.6%	90% (Target)	Graph
Trust performance against England average	Unify2 / Trust data	Dec-10	77.1%	73% (England average)	Graph

Legend



Effective Care	Save more lives and reduce harm by half	Source	Period	Value	Benchmark	Graph
	Risk Adjusted Mortality Index 2010	CHKS	Dec-09 to Nov-10	68	78 (National average)	
	Achieve better productivity by reducing length of stay and re-admission rate	Source	Period	Value	Benchmark	Graph
	Risk Adjusted Length of stay 2008: All admissions	CHKS	Dec-09 to Nov-10	89	86 (National average)	
	Risk Adjusted Length of stay: Elective admissions	CHKS	Dec-09 to Nov-10	62	74 (National average)	
	Risk Adjusted Length of stay: Non-elective admissions	CHKS	Dec-09 to Nov-10	93	88 (National average)	
	Readmission rate	CHKS	Nov-09 to Oct-10	10.4%	6.9% (National median)	
Patient and Staff Experience	National annual patient experience	Source	Period	Value	Benchmark	Graph
	Patient Survey 2010	CQC	2010	Awaiting data	69.7% (SHA average)	
	Improve communication with patients, particularly at discharge	Source	Period	Value	Benchmark	Graph
	Patient Survey: Information about discharge	Patient Perspective	2010	63.4%	60.5% (National top 20%)	
	Continue to improve on understanding and meeting patients' communication needs	Source	Period	Value	Benchmark	Graph
	Patient Survey: Doctors	Patient Perspective	2010	92.7%	89.3% (National top 20%)	
	Outpatients	Source	Period	Value	Benchmark	Graph
Clinic waiting times >15 minutes	Trust data	2010/11 (excl March)	87.6%	80% (Threshold)		

Rothbury

Safer Care	Zero tolerance for hospital-acquired infections	Source	Period	Value	Benchmark	Graph
	MRSA: Number of cases	Trust data	Apr-10 to Jan-11	0	7 (Max allowed trustwide)	
	C. Diff: Number of cases	Trust data	Apr-10 to Jan-11	0	129 (Max allowed trustwide)	
	Safety outcomes for venous thromboembolism (VTE)	Source	Period	Value	Benchmark	Graph
	Trust performance towards target	Trust data	Jan-11	46.2%	90% (Target)	
	Trust performance against England average	Unify2 / Trust data	Dec-10	20.0%	73% (England average)	
Effective Care	No data available					
Patient and Staff Experience	National annual patient experience	Source	Period	Value	Benchmark	Graph
	Patient Survey 2010	CQC	2010	Awaiting data	69.7% (SHA average)	
	Improve communication with patients, particularly at discharge	Source	Period	Value	Benchmark	Graph
	Patient Survey: Information about discharge	Patient Perspective	2010	88.9%	60.5% (National top 20%)	
	Continue to improve on understanding and meeting patients' communication needs	Source	Period	Value	Benchmark	Graph
	Patient Survey: Doctors	Patient Perspective	2010	93.9%	89.3% (National top 20%)	
	Outpatients	Source	Period	Value	Benchmark	Graph
Clinic waiting times >15 minutes	Trust data	2010/11 (excl March)	100%	80% (Threshold)		

Wansbeck

						Legend
Safer Care	Zero tolerance for hospital-acquired infections	Source	Period	Value	Benchmark	Graph
	MRSA: Number of cases	Trust data	Apr-10 to Jan-11	2	7 (Max allowed trustwide)	
	C. Diff: Number of cases	Trust data	Apr-10 to Jan-11	26	129 (Max allowed trustwide)	
	Surgical Site Infection: Hip replacement	HPA	Oct-09 to Sep-10	5.56%	1.17% (England average)	
	Surgical Site Infection: Knee replacement	HPA	Oct-09 to Sep-10	3.43%	1.07% (England average)	
	Surgical Site Infection: Repair of fractured neck of femur	HPA	Oct-09 to Sep-10	1.13%	2.04% (England average)	
	Improved safety of medicines, particularly high risk medicines	Source	Period	Value	Benchmark	Graph
	Patients on Warfarin with INR >5 (including A&E)	Trust data	2010/11 (excl March)	Awaiting data	10.07% (2009/10 Trust performance)	
	Patients on Warfarin with INR >5 (Excluding A&E)	Trust data	2010/11 (excl March)	Awaiting data	5.22% (2009/10 Trust performance)	
	Safety outcomes for venous thromboembolism (VTE)	Source	Period	Value	Benchmark	Graph
	Trust performance towards target	Trust data	Jan-11	75.6%	90% (Target)	
	Trust performance against England average	Unify2 / Trust data	Dec-10	73.7%	73% (England average)	
Effective Care	Save more lives and reduce harm by half	Source	Period	Value	Benchmark	Graph
	Risk Adjusted Mortality Index 2010	CHKS	Dec-09 to Nov-10	82	78 (National average)	
	Achieve better productivity by reducing length of stay and re-admission rate	Source	Period	Value	Benchmark	Graph
	Risk Adjusted Length of stay 2008: All admissions	CHKS	Dec-09 to Nov-10	91	86 (National average)	
	Risk Adjusted Length of stay: Elective admissions	CHKS	Dec-09 to Nov-10	70	74 (National average)	
	Risk Adjusted Length of stay: Non-elective admissions	CHKS	Dec-09 to Nov-10	89	88 (National average)	
Readmission rate	CHKS	Nov-09 to Oct-10	9.2%	6.9% (National median)		
Patient and Staff Experience	National annual patient experience	Source	Period	Value	Benchmark	Graph
	Patient Survey 2010	CQC	2010	Awaiting data	69.7% (SHA average)	
	Improve communication with patients, particularly at discharge	Source	Period	Value	Benchmark	Graph
	Patient Survey: Information about discharge	Patient Perspective	2010	68.2%	60.5% (National top 20%)	
	Continue to improve on understanding and meeting patients' communication needs	Source	Period	Value	Benchmark	Graph
	Patient Survey: Doctors	Patient Perspective	2010	93.9%	89.3% (National top 20%)	
	Outpatients	Source	Period	Value	Benchmark	Graph
Clinic waiting times >15 minutes	Trust data	2010/11 (excl March)	75.8%	80% (Threshold)		

We are totally committed to listening to our patients, our employees and our local communities and other stakeholders to ensure we learn and respond appropriately. Their views have influenced the content of this quality account and more importantly, our priorities for action. We are delighted so many people have a positive experience of caring and supportive employees, a clean, safe environment and good health outcomes. We have also heard many excellent ideas to continually improve patient experiences and we welcome these.

During an intensive engagement process we received the views of many stakeholders. The flowchart below describes the engagement process. The common themes were presented to our Governors Body and clinical policy group in the spring. We also presented the improvements we've made in achieving the quality priorities we set last year and discussed what quality priorities

would be most relevant going forward. The final priorities were decided by the Governors body, clinical policy group and the Board of Directors in April.

The key changes between 2010/11 and 2011/12 were:

Safer Care

- i) To add a standard that 98% of patients are treated and discharged from A&E within four hours and to work towards a zero tolerance of boarders for acute patients in response to the substantially increased demand for A&E services and emergency admissions since the winter began that has surprisingly continued into the spring.

The national standard is that 95% of patients should be treated and discharged from A&E within four hours and our performance meets this standard however, this masks the significant pressure on our teams to assess patients within the right time and admit the patients to the right bed at the right time. The Board of Directors has decided to make this our number one safety and quality priority and substantial investment will be put in place immediately to meet this unprecedented demand so that we have the right solutions in place going forward and particularly for next winter.

Effective Care

- ii) Greater emphasis on better productivity by providing the right care, at the right time, in the right place. This will be measured by our length of stay and re-admission rate.

Patient Experience

- (iii) Greater emphasis on real time patient feedback to the clinical teams within 48 hours and the introduction of staff feedback to clinical teams within 48 hours.
- (iv) Greater emphasis on improving our discharge process in response to the patient surveys.

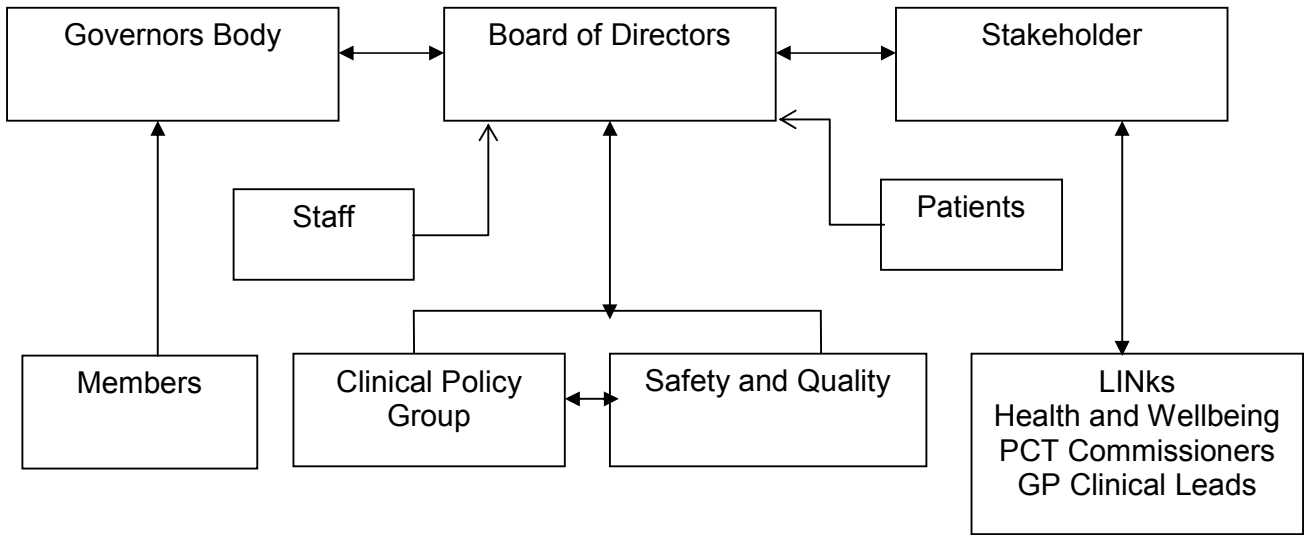
Many more patients are being treated within 15 minutes of their booked appointment time and over 65% of stroke patients receiving the appropriate bundle of care. As we have made significant progress on these priorities, they will continue to be reported to the Board of Directors, but will not be our most significant priorities

Culture & Capacity

- (v) We have extended the range of competencies within human factors to include training within and between teams reflecting the views from the clinical policy group in April 2011 and also the request that the learning from serious incidents be included in an e-library a decision by the clinical policy group in February 2011.

The Trust has developed a robust system of performance management to ensure the delivery of the quality priorities. Each priority has a strategic goal and this is measured by the clinical team and reported to the Safety and Quality Committee, Governors' Body and Board of Directors at regular intervals.

This flowchart describes our engagement process.



2.2 Priorities for improvement 2010/11

This is the forward looking section of the quality account. It describes the continuing improvements we have planned for 2011/12.

Our priorities for improvement in the quality of our care were agreed after an intensive engagement process and the intelligence from our safety and quality outcomes, (using serious incidents, case-note reviews reviewing mortality and harm, complaints, harm rate and clinical audit, patient and staff experience surveys). We are also mindful of the national commitments from NICE guidelines and the subsequent clinical audit that we do to provide feedback on our performance and finally the national quality improvements.

The priorities selected fulfil most or all of the following criteria:

- This Trust is committed to an improvement in this area
- A known improvement strategy is already in place and would remain in place overtime
- Have measures either in place or in development
- Capable of historic or benchmark comparison

Safer Care

Zero tolerance for hospital-acquired infections

*Improved safety of medicines, particularly high risk medicines

Practice in nursing care (communication and vulnerable patients)

Zero tolerance of boarding acute patient

Effective care

**Save more lives and reduce harm by half

***Achieve better quality and productivity by the right care in the right place at the right time,

Excellent patient experience

Information provided at discharge, particularly in regard to medication side-effects.

Optimising nutrition by providing more support at mealtimes for those that need it.

Real time patient and staff experience feedback to clinical teams

Culture and Capacity

Executive team and non-executive director "walk-rounds"

****Human factors strategy enhances teams working

Library of serious incidents on the intranet to enhance shared lessons learnt

Notes

*: denotes that measurement will be by clinical audit

** denotes specific pathway improvements in the ortho-geriatric pathway, complication rate, falls and pressure ulcers.

***: denotes the definition of the strategic goals we will specifically measure (98% of patients treated within 4 hours in A&E, the right re-admission rate, the right average length of stay and new standards for transfer of patients into community care.

****: denotes specific measures for next year that is SBAR is the methodology for nurse handover in all wards and no less than 40% of clinical teams have an awareness of human factors competencies)

2.3 Statements of assurance from the Board

Introduction

This section provides comparison of quality standards common to all providers. This makes quality accounts comparable between organisations and provides assurance that the Board of Directors has a programme to review all the services. This provides evidence of world-class care and priorities for improvement.

Common standards of care across all quality accounts are statements regarding the following:

- We go beyond minimum NHS standards by operating in the expected range for our mortality rate, best 20% of trusts for our patient experience and best 20% for staff experience.
- We measure our clinical processes and performance through participation in National Clinical Audits and this is reported in part 2.
- We are involved in national cross-cutting projects and initiatives aimed at improving quality through recruitment to clinical trials and established quality improvements and innovation goals with our commissioners, NHS North of Tyne, using the CQUIN payment framework and our performance.
- We perform to the essential standards such as meeting the Care Quality Registration.
- We have a range of common quality indicators across the SHA North East.

Information on the Review of Services

During 2010/11, the Northumbria Healthcare NHS Foundation Trust provided and/or sub-contracted 35 (see table below) NHS services. The Northumbria Healthcare NHS Foundation Trust has reviewed all the data available to them on the quality of care in 10 of these services.

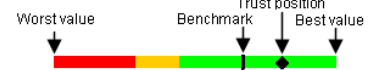
The income generated by the NHS services reviewed in 2010/11 represents £106 million (37.81%) of the total income generated from the provision of services by the Northumbria Healthcare NHS Foundation Trust for 2010/11.

Specialty Reviews		
2010/11	2011/12	2012/13
Breast service	Special Care Babies	Paediatrics
Colo-rectal service	Maternity	Community child health
Upper GI service	Gynaecology	Child & Adolescent Psychiatry
Emergency surgical service	Endocrinology	Urology
Gastroenterology	Haematology	Dental specialties
Stroke	Diabetic Medicine	Old age psychiatry
VTE	Cardiology	Pain management
Accident & Emergency	Dermatology	Diagnostic services (radiology
Trauma & Orthopaedics	Respiratory medicine	Pathology, echocardiogram,
Dementia	Rheumatology	Physiotherapy
	Elderly medicine	Dietetics
	Plastic Surgery	Pharmacy
	Palliative medicine	Infection control

We commenced a rolling plan to review all NHS provided services over three years based on three criteria, safer care, effective care and patient experience. During the first year, 10 services were reviewed by the clinical director and the clinical team and presented to our clinical policy group and considered by the Board of Directors. The findings are presented on the next page.

Service reviews – world class outcomes

Legend



Safer Care					
Service	Source	Period	Value	Benchmark	Graph
Breast service	CHKS	Dec-09 to Nov-10	5.8	3.5 (National median)	Graph
Complication rate	CHKS	Dec-09 to Nov-10	1.5	3.0 (National median)	Graph
Upper GI service	CHKS	Dec-09 to Nov-10	0.6	1.3 (National median)	Graph
Stroke	Service review: Stroke Presentation to CPG	Jul-10 to Sep-10	68%	65% (Target)	Graph
Bundle of care compliance					0% 100%
VTE	DH	Oct-10 to Dec-10	73.3%	68.4%	Graph
VTE risk assessment					0% 100%
Gastroenterology	GRS	Oct-10	5/6	5/6	Graph
Global rating scale: clinical quality					
Trauma & Orthopaedics	CHKS	Dec-09 to Nov-10	3.5	2.1 (National median)	Graph
Complication rate					
A&E	National Sentinel Stroke Audit	2010	14.5%	5% (UK average)	Graph
Stroke Thrombolysis rates					
MAU	Trust data	December 2010	79.7%	73% (England average)	Graph
VTE compliance (intranet)					0% 100%
Effective Care					
Service	Source	Period	Value	Benchmark	Graph
Breast service	CHKS	Dec-09 to Nov-10	0	35 (All England value)	Graph
Risk Adjusted Mortality Index 2010					
Risk Adjusted Length of stay Index 2008	CHKS	Dec-09 to Nov-10	72	68 (All England value)	Graph
Colo-rectal service	CHKS	Dec-09 to Nov-10	93	75 (All England value)	Graph
Risk Adjusted Mortality Index 2010					
Risk Adjusted Length of stay Index 2008	CHKS	Dec-09 to Nov-10	77	84 (All England value)	Graph
Upper GI service	CHKS	Dec-09 to Nov-10	53	82 (All England value)	Graph
Risk Adjusted Mortality Index 2010					
Risk Adjusted Length of stay Index 2008	CHKS	Dec-09 to Nov-10	55	75 (All England value)	Graph
Stroke	CHKS	Dec-09 to Nov-10	85	89 (National median)	Graph
Risk Adjusted Mortality Index 2010					
Risk Adjusted Length of stay Index 2008	CHKS	Dec-09 to Nov-10	109	97 (All England value)	Graph
VTE					
See VTE page 18					
Gastroenterology	CHKS	Dec-09 to Nov-10	79	83 (All England value)	Graph
Risk Adjusted Mortality Index 2010					
Risk Adjusted Length of stay Index 2008	CHKS	Dec-09 to Nov-10	89	89 (All England value)	Graph
Trauma & Orthopaedics	CHKS	Dec-09 to Nov-10	71	63 (All England value)	Graph
Risk Adjusted Mortality Index 2010					
Risk Adjusted Length of stay Index 2008	CHKS	Dec-09 to Nov-10	81	86 (All England value)	Graph
A&E	Trust data	2010/11	236	240 (Target)	Graph
Total time spent in the A&E department – 95 th percentile					
Time to treatment – median	Trust data	2010/11	55	60 (Target)	Graph
Time to initial assessment (ambulance arrivals only) – 95 th percentile	Trust data	2010/11	37	15 (Target)	Graph
Left without being seen	Trust data	2010/11	3.07%	5% (Target)	100% 0%
Unplanned re-attendance rate	Trust data	2010/11	0.46%	5% (Target)	100% 0%
MAU					
Not applicable					

Patient Experience Inpatient Survey

Breast service	>87%	(Wards 1, 7 and 16)
Upper GI service	>82%	(Wards 4, 15, 1, 4 and 7)
Colo-rectal service	>82%	
Stroke service	>82%	
VTE	Not applicable	
Psychiatry of Old Age	Not applicable	

Patient Experience

Summary score for the outpatient services by location

Domains	Breast Surgery	Colorectal Surgery	Dental / Oral Surgery	Obstetrics / Gynaecology	Orthopaedics	Plastic Surgery	Upper GI Surgery	Clinical Oncology
Doctors	93.0%	93.1%	90.9%	91.0%	93.2%	92.2%	92.7%	97.3%
Cleanliness	94.3%	95.0%	94.5%	93.5%	93.8%	94.7%	93.5%	95.0%
Dealing with the issue	90.1%	88.7%	89.8%	85.4%	89.8%	93.2%	88.7%	94.7%
Information about discharge	72.1%	68.6%	69.5%	67.2%	67.3%	66.4%	62.3%	85.3%
Information about treatment	79.2%	82.4%	92.2%	77.6%	85.5%	85.3%	86.3%	88.9%
Dignity and respect	96.6%	96.5%	94.5%	93.7%	96.5%	96.8%	96.8%	97.4%
Organisation of the outpatients dept	84.6%	89.0%	82.4%	80.2%	85.4%	82.3%	85.5%	89.2%
Total	87.1%	87.6%	87.7%	84.1%	87.4%	87.3%	86.5%	92.5%

Domains	Cardiology	Diabetic / Endo Medicine	Elderly Medicine	Gastro - enterology	Haematology	Palliative Medicine	Respiratory Care	Rheumatology
Doctors	94.6%	96.7%	94.4%	93.9%	95.4%	97.2%	94.7%	91.9%
Cleanliness	94.2%	93.7%	92.3%	93.6%	96.7%	94.8%	94.9%	92.0%
Dealing with the issue	89.7%	93.1%	89.9%	88.1%	92.3%	97.2%	90.3%	86.3%
Information about discharge	67.3%	76.7%	63.4%	66.0%	77.4%	66.7%	70.3%	65.7%
Information about treatment	82.8%	86.6%	61.0%	77.5%	88.6%	100.0%	85.4%	81.2%
Dignity and respect	98.0%	97.8%	98.6%	96.9%	98.8%	100.0%	98.8%	96.6%
Organisation of the outpatients dept	88.7%	88.0%	91.5%	83.7%	92.8%	100.0%	88.9%	82.4%
Total	87.9%	90.4%	84.4%	85.7%	91.7%	93.7%	89.0%	85.2%

The most significant findings from these reviews and the appropriate action by the Board of Directors were:

- (i) To ensure there was an appropriate action plan in place to reduce the complication rate (infection rate) and the re-admission rate for the breast service.
- (ii) To continue to further reduce the complication rate (infection rate) in our trauma and orthopaedic service and reduce the re-admission rate.
- (iii) To continue to improve the patient experience particularly at the point of discharge and understanding the side effects of medication.
- (iv) For the clinical teams in gastroenterology, to agree three local clinical outcomes and put in place a system to capture this information on a real time basis and report to the Board of Directors.
- (v) To put a substantial investment in the development of real time reporting of clinical outcomes for all services, particularly accident and emergency.
- (vi) To put in place a structured clinical audit of the deaths on the emergency surgical patient pathway and report the findings to the board of directors at six monthly intervals.

3.4 Participation in Clinical audit

During 2010/11, 39 national clinical audits and 4 national confidential enquiries covered NHS services that Northumbria Healthcare NHS Foundation Trust provides. During 2010/11, Northumbria Healthcare NHS Foundation Trust participated in 92% national clinical audits and 100% national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiries that Northumbria Healthcare NHS Foundation Trust were *eligible to participate* in during 10/11 are as follows:

National Clinical Audits		National Confidential Enquiries
*National Inflammatory Bowel Disease Audit	National Bowel Cancer Audit Programme	NCISH - Avoidable deaths
National Joint Registry: hip knee and ankle replacements	*National Falls and Bone Audit – Falls and non hip fracture	NCEPOD - Emergency and Elective Surgery in Elderly Patients
Hip Fracture	National PROMs Programme	NCEPOD - Parenteral Nutrition
TARN: Severe Trauma	Renal Colic	CMACE: Peri-natal Mortality
Vital Signs in Majors	Paediatric Fever	
*National Sentinel Stroke Audit	*SINAP – Acute Stroke	
*Bronchiectasis	Adult Asthma	
Pleural Procedures	*British Thoracic Society – Adult community acquired pneumonia audit	
*LUCADA- lung cancer	*Non Invasive Ventilation	
Emergency Use of Oxygen	British Thoracic Society: The National Chronic Obstructive Pulmonary Disease Audit	
Potential Donor Audit	*Blood Transfusion – O Neg Use	
**Platelet Use	*Paediatric Asthma	
Paediatric Pneumonia	RCPH National Paediatric Diabetes Audit	
Neonatal Intensive and Special Care Audit	*RCPH National Childhood Epilepsy Audit	
MINAP (inc ambulance care): AMI & other ACS	Heart Failure	
Adult Critical Care Wardwatcher	Cardiac Arrest	
*National Adult Diabetes Audit	Familial Hypercholesterolaemia	
*National Audit of Schizophrenia	*Prescribing in Mental Health Services	
*National Parkinson's Disease	*National Chronic Pain Audit	
*Heavy Menstrual Bleeding		

* Eligible but the national audit start date/end date requires this audit to be carried forward to be reported in the Quality Account 2011/12. It is recommended that data input to national audits is reviewed and reported to the board whilst awaiting the national comparative results. This will be the principle in moving forward.

** Eligible but insufficient patients within the Trust

The national clinical audits and national confidential enquiries that Northumbria Healthcare NHS Foundation Trust *participated* in during 2010/11 are as follows:

National Clinical Audits		National Confidential Enquiries
National Inflammatory Bowel Disease Audit	National Bowel Cancer Audit Programme	NCISH - Avoidable deaths
National Joint Registry: hip knee and ankle replacements	National Falls and Bone Audit – Falls and non hip fracture	NCEPOD - Emergency and Elective Surgery in Elderly Patients
Hip Fracture	National PROMs Programme	NCEPOD - Parenteral Nutrition
TARN: Severe Trauma	Renal Colic	CMACE: Peri-natal Mortality
Vital Signs in Majors	Paediatric Fever	
National Sentinel Stroke Audit	SINAP – Acute Stroke	
Bronchiectasis	Adult Asthma	
Pleural Procedures	British Thoracic Society – Adult community acquired pneumonia audit	
LUCADA- lung cancer	Non Invasive Ventilation	
Potential Donor Audit	Blood Transfusion – O Neg Use	
Paediatric asthma	Paediatric Pneumonia	
RCPH National Paediatric Diabetes Audit	Neonatal Intensive and Special Care Audit	
RCPH National Childhood Epilepsy Audit	MINAP (inc ambulance care): AMI & other ACS	
Heart Failure	Adult Critical Care Wardwatcher	
National Adult Diabetes Audit	Familial Hypercholesterolaemia	
National Audit of Schizophrenia	Prescribing in Mental Health Services	
National Parkinson's Disease	National Chronic Pain Audit	
Heavy Menstrual Bleeding		

The national clinical audits and national confidential enquiries that Northumbria Healthcare NHS Foundation Trust **participated in, and for which data collection was completed during 2010/11 are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.**

The reports of 22 national clinical audits were reviewed by the provider in 2010/11 and Northumbria Healthcare NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided

National Clinical Audits	Participation	% of cases submitted	Priority for Improvement
National Bowel Cancer Audit Programme	✓	All (100%)	Result: Good results in the top quartile for risk adjusted mortality. Improvement: Enhanced data quality.
National Joint Registry: (This is not an audit hence its not outcomes based)	✓	All (100%)	100% compliant with the national joint registry standards.
National Hip Fracture Audit	✓	All (100%)	Result: higher mortality rate identified than the national average Improvement: HIPQUIP is a priority in the trust and with a focus on reducing the mortality rate.
National PROMs Programme (hips and knees)	✓	All (100%)	Result: Hips outcomes are better than the national average. Knee outcomes are within the national average. Improvement: Specific local audit to understand why knee surgery is not better than national average similar to hips.
National PROMS programme (varicose veins and hernias)	✓	All (100%)	Result: Low participation and low gain. Improvement: Continue to encourage patients to participate.
TARN: Severe Trauma	✓	TBC	Result: Low numbers of patients entered onto TARN database Improvement: TARN Co-ordinator to be appointed. Quarterly Governance meetings for Trauma introduced. Once co-ordinator in post will review coding of Trauma cases.
Renal Colic	✓	50	Result: The summarised data states 98% compliance with outpatient review or specialty referral made in accordance with local policy. Improvement: to further develop treatment pathways for patients aged over 65 with a differential diagnosis of renal colic whilst ruling out the possibility of an aortic aneurysm.
Vital Signs in Majors	✓	All (100%)	Result: This College of Emergency medicine audit uses different measures to trust internal target. Improvement: Work in progress to repeat observations more consistently by using HCAs. Looking at internal NEWS for emergency care as this will trigger different actions within A&E than in back of house wards.
Paediatric Fever	✓	All (100%)	Result: We use NICE CG47 which is paediatric fever guidance. Improvement: Introducing specific paediatric assessment documentation to help improve even further.
Adult Asthma	✓	27	Result: good compliance. . Improvement: no priorities.
Pleural Procedures	✓	All (100%)	Result: Overall there was a greater number of therapeutic aspirations rather than the insertion of a chest drain which is likely to represent good practice. There were no

			obvious problems with chest drain insertion. Improvement: Currently do not have a dedicated procedure room for the insertion of chest drains but this will be addressed through the new emergency care hospital. Need to improve the documentation of consent for undertaking procedures.
Potential Donor Audit	✓	All (100%)	Results: The local data is in line or better than national average. Improvement: to be made in the reporting and validation process for continuation of the audit.
Neonatal Intensive and Special Care Audit	✓	100	Result: Good compliance however low number of babies <33 weeks gestation still receiving breast milk at discharge. Improvement: neonatal staff to cascade training to staff and re-audit in one year.
MINAP (inc ambulance care): AMI & other ACS	✓	All (100%)	Result: Compliant with requirements Improvement: no priorities for improvement.
Heart Failure	✓	All (100%)	Result: Demonstrates we are good at treating heart failure and use appropriate drugs in appropriate people. Improvement: no priorities.
Adult Critical Care Ward-watcher	✓	All (100%)	Result: The local data is in line or better than national average. Improvement: to enhance the quality of data recording and validation process.
National Diabetes Inpatient Audit	✓	111 (100%)	Result: Low rates of specialist review and high absolute adverse events and insulin errors. Improvement: This will be addressed as part of Think Glucose – an inpatient quality improvement programme
Familial Hypercholesterolaemia	✓	100%	NICE (2008) recommended genetic cascade testing to screen for FH. No funding is currently available in the North-East (nor in most of England) for the genetic tests and the specialist nurses to carry out the cascade testing.
National Confidential Enquiries			
CMACE: Peri-natal Mortality	✓		Result: Dropped by over 2 per 1000 live births since 2007 this is a positive finding. Improvement: Sustain this decrease and re - audit annually.
NCEPOD: Parenteral nutrition	✓		Result: Partial compliance. Improvement: clinical Guidelines are due to be implemented across the Trust. The pharmacy department will be responsible for the distribution and management of parenteral nutrition across the Trust.
NCEPOD: Emergency and Elective Surgery in Elderly Patients	✓		Result: good compliance. Improvement: no priorities.
NCISH: Avoidable deaths	✓		Result: good compliance. Improvement: no priorities.

There were no significant findings from these national clinical audits and national confidential enquiries that were reported as a high risk and therefore agreed to be included as a trust priority however, the trust has included one of the services in our CQUIN framework to continually improve the quality of care for example, the ortho-geriatric team have set higher standards/outcomes of care and met these standards at the end of March 2011, see page 21. The ortho-geriatric team have a plan in place over the next 3 years to continually improve their outcomes and this will be continued to be a priority within CQUIN. No other high risks have been identified but the improvements will be monitored and reported on to the board of directors at quarterly intervals.

The reports of 36 local clinical audits were reviewed by the provider in 2010/11 and Northumbria Healthcare NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided.

Local Clinical Audit	Priority for Improvement
Trustwide	
Deteriorating patient (NEWS, PEWT, & MEOVS)	Result: Over 95% observations taken and recorded in accordance with the policy however, 50% of actions are documented by appropriate responder. Increased awareness and monitoring of appropriate responder to be implemented. Improvement: A 10% improvement expected during 11/12. To be led by the Medical Director and the Director of Nursing.
Do not resuscitate	Result: Of the 167 forms that were audited, the Consultant/GP activated 69%. Forms activated by junior doctors (below SpR) show that discussion had taken place with a Senior Doctor (SpR/Consultant) on 81% of occasions. Forms that were activated by junior doctors 62% had been countersigned by the Consultant/GP within 24 hours of activation Improvement: Junior Doctors need to discuss decision with consultant/GP or deputy and forms signed within 24 hours of activation by consultant/GP. To be led and monitored by the resuscitation committee and reported to the Clinical Policy Group.
Essence of Care (8)	Result: Excellent uptake of essence of care audits. Improvement: Individual ward action plans developed and monitored via matrons and essence of care lead. New audit tools being devised for 2011/12 taking into account the newly published standards.
National Patient Safety Agency	Result: Good uptake of NPSA audits to provide assurance of alerts being implemented Improvement: Action plans to be developed and monitored to ensure that good compliance is maintained.
Care of the Deceased Patient	Result: This second audit shows improved practices being undertaken by staff and that the procedures are being followed in most cases. Improvement: Trustwide Policy for Last Offices to be included in the new Bereavement Policy. Re-audit April 2011
Colorectal service	
An audit of the quality of colonoscopy reporting at NTGH and WGH	Result: The caecal intubation rate across the sample was 94%. NBCSP guideline is 90%. 12% managed to achieve written and photographic documentation of caecal intubation in 100% of their reports Improvement: Implementation of standardised reporting system. Re-audit to assess improvement
An audit of post operative outcomes following ileoanal pouch surgery at NHCFT (CG03)	Result: Overall the Trust is in line with other experienced centres following ileoanal pouch surgery Improvement: In future specific data regarding outcomes following surgery should be noted and quantified during outpatient clinic visits to facilitate accurate gathering of information
Upper GI service	
Non-steroidal anti-inflammatory drug induced ulcers - is appropriate gastroprotection prescribed?	Improvement: Guidance should be followed closely. Patients with risk factors should be prescribed a PPI. Raise awareness with clinical staff and re-audit.
Stroke service	
Quality Standards (for stroke)	Result: Compliant or partially compliant with 10 out of the 11 indicators. Improvement: Radiology and ward staff to be made aware of fast track for patients with immediate indications. Regular re-audit to determine compliance with the checklist
To investigate whether sufficient	Result: Over 50% of the sample were screened before being given food.

swallowing screening measures are taking place for patients admitted to NTGH and WGH with acute stroke	Improvement: Increased awareness of the need to screen patients prior to giving them food. Specific documentation for screening to be explored. Re-audit.
Brain imaging in acute stroke patients who meet the indications for immediate imaging	Results: 95% patients receive brain imaging within recommended timescales. Improvement: Staff awareness / training to fast track patients with urgent indications
VTE	
Venous thromboembolism	Result: 85% Risk assessments are being completed. Use of stockings is high in surgery. Good uptake of prophylaxis. Improvement: embed risk assessment and patient information systems and continue to document where appropriate.
Accident and Emergency Service	
Audit in the awareness of doctors in A&E and ECU regarding their level of knowledge into ambulatory care	Results: The majority of staff knew the correct protocol for managing ambulatory care patients who present at A&E outside of opening hours Improvement: Recommended that staff receive a teaching session in ambulatory care. Posters should be introduced to remind staff that ambulatory care services are available and the types of patients that can be referred to the centre.
Trauma and orthopaedics	
Usage of prophylactic antibiotic therapy in orthopaedic surgery at WGH	Improvement: Teicoplanin administration should be prolonged as much as possible up to 30mins to reduce the risk of adverse effects. New guidance should be discussed at departmental level with microbiology and orthopaedics to identify and solve problems
Dementia	
Dementia Audit	10 quality standards distilled from NICE clinical guidelines on dementia. 8 directly relevant for health services; 2 for social services. Focus is on improving processes; limited health outcome measures for dementia. To meet the standards the clinical team have agreed an improvement plan which was approved by the clinical policy group and the board of directors in November 2010 and this will be subject to annual audit going forward.
Maternity service	
CNST Maternity, Level 3 50 audits in total e.g. Post Partum Haemorrhage	Result: CNST maternity level 3 achieved in December 2010. Improvement: A systematic approach to be embedded for continuous and ad hoc audits.
Audit of documentation and communication in the event of a fetal/neonatal death	Improvement: Separate checklists for neonatal, intrauterine deaths and TOP for fetal abnormality to be explored to assist in making the process quicker to complete correctly, thus preventing confusion over points which are not relevant
Haematology Service	
Audit - Neutropenic Sepsis	Result: All areas except one do not meet door to needle times of 1 hour Improvement: Education is paramount. Staff, require tools to meet targets. Re-audit to evaluate compliance
Monitoring of BCR-ABL positive chronic myeloid leukaemia	The findings indicate that due to CML patients being managed by specialists they should undergo bone marrow biopsy at diagnosis and thereafter be monitored by cytogenetic analysis of peripheral blood samples and regular 3 monthly polymerase chain reaction (PCR) monitoring unless otherwise indicated. Reaudit planned using larger sample size and triangulating with data from other agencies.
Cardiology Service	
An audit into compliance of beta blocker doses prescribed to patients compared with local and national guidelines	Improvement: Education programme should be implemented to reinforce to relevant health professionals the importance of recording contraindications to up titration of beta blockers even if considered clinically. Heart rate lowering therapy should be considered to improve patient outcomes in all groups regardless of existing

(CG108)	beta blocker doses
An audit into compliance with NICE Clinical Guidance CG94 in the management of NSTEMI	Improvement: Need to raise awareness for clinical staff to ensure correct use of scoring tools.
Re-audit of statin prescribing in acute coronary syndromes	Improvement: Awareness training and posters to be implemented in ward areas
Elderly medicine	
Anticipation, Monitoring & Treatment of Acute Kidney Injury (AKI) at Northumbria Healthcare	Improvement: There should be efforts made to improve the proportion of patients with evidence of urine dipstick on admission. Inclusion of AKI cases into Junior Doctor training to be explored.
Northumbria Parkinson's Service 'Get it on time' Audit	Improvement: Get it in time campaign to be promoted to clinical staff within the Trust. Packs to be made available for parkinson's patients on the wards they are transferred to. Raise awareness of the effect of missed or delayed doses. Re-audit.
Paediatric Service	
Referral and management of epilepsy at a Paediatric Outreach Clinic (CG 20)	Improvement: To provide a checklist for paediatricians to use in order to improve the documentation of information given to children and families. To be monitored through the Child Health audit group.
Community child health	
Audit of community epilepsy management in children attending State Special Schools	Result: Continue with current practice Improvement: Consultants of children without plans to be contacted to ensure plans are put in place.
Child and Adolescent Mental Health	
Attention deficit hyperactivity disorder. Services for children and young people (including transition to adult services) NICE CG 72	Results: Standards met in diagnosis and assessment, treatment and training. Standard not met in transition to and from CAMHS to adult services and person centred care Improvement: Age appropriate information for children and young people regarding ADHD. Information for families, access to families, transition of young people with diagnosis of ADHD to adult services
Old Age Psychiatry	
NICE Clinical Guideline 23: Management of depression in primary and secondary care.	Result: The re-audit revealed that there has been an improvement in standard one, relating to evidence that literature has been given to patients and carers about the nature, course and treatment of depression. There is ongoing improvement work to be undertaken relating to the other standards. Improvement: Continue to use the Depression Checklist during MDT meetings. Each MDT has a laminated checklist of items to be considered. Further information and guidelines will be produced and re-enforced to promote compliance.
Diagnostic services	
Diagnosis of PE	Results: demonstrates slight improvement in the following of BTS guidelines compared to an audit undertaken in 2008. Improvement: Assessment and documentation of clinical probability to be improved. Appropriateness of D-dimer requests and the documentation on CTPA request forms to be improved.
Physiotherapy	
Audit to Evaluate the Effect of Education and Diagrammatic Mobility Prompts on Maximising Therapeutic Opportunities with Fractured Neck of Femur Patients at Wansbeck General Hospital	Results: the introduction of a simple educational programme and diagrammatic mobility prompts at a patient's bed space significantly increases the number of times patients are mobilised during the length of their stay. Improvement: The use of diagrammatic mobility prompts should be applied to every patient's bed space. To look to roll out an educational programme to be delivered to all healthcare assistants and look to include staff nurses and Allied Health Professionals.
Dietetics	
The adequacy, from a patient	Results: Patients are happy with the written information that is provided to them – stating that it is concise,

perspective, of the written resources the diabetes dietitians use in clinic.	relevant and met their needs. Improvement: to look to provide advanced information options for those wanting to increase their knowledge of their condition.
Pharmacy	
Line labelling and compatibility of intravenous drugs within critical care	Results: Compliance differed between sites – 40% at WGH and 62% at NTGH Improvement: Raise awareness of the standard and further repeat audit
Evaluation of route of administration of paracetamol in critical care patients	Results: 89% of patients were prescribed paracetamol appropriately. Improvement: The recommendations are that all patients in critical care should receive paracetamol via the appropriate route and that use of intravenous paracetamol should be monitored and minimised.
Infection Control	
Re-audit of central venous catheter management within ward setting Trustwide	Result: High level of compliance with recommended practice in relation to asepsis and hand hygiene. Appropriate dressings are used within critical care setting Improvement: Practitioners should consider antimicrobial impregnated lines if it is expected that CVC will remain in situ > 1 – 3 weeks. Review current tool prior to re-audit
Anaesthetics/critical care	
Audit of Pre-Operative investigation at Wansbeck General Hospital	Results: Virtually all recommended investigations were performed. Some patients received investigations that were not necessary. Improvement: Increase awareness of NICE guidance. Create wall chart or intranet page which stipulates the essential investigations to undertake.
Audit of the Ventilator Associated Pneumonia (VAP) rate and ventilator bundle compliance with WGH ICU	Results: The majority of cases reviewed indicate that clinical practice adheres to the insertion of percutaneous tracheostomies standards set out by the Intensive Care Society. Improvement: Improvements will be adopted into clinical practice in order to reduce the risks including the use of ultrasound, selective oral decontamination, a dual cannula tube, a formal swallow assessment and the measurement of neck circumference.

NB The information on audit activity has been presented regularly to the Safety and Quality Committee which is a sub committee of the Board of Directors. During 2011/12 all high and medium audit outcomes and improvement plans will be monitored on a quarterly basis and reported to the Board of Directors through the Safety and Quality Committee.

There were no significant findings from these local clinical audits that required the Board of Directors to approve that they become a Trust priority. Some of these are Trust priorities because they are mandated by national requirements for example, risk assessment for VTE, and CNST maternity standards. Some of these improvements are relevant included in the CQUIN framework e.g. managing the deteriorating patient and their outcome will be monitored appropriately.

Participation in clinical research

The number of patients receiving NHS services provided or sub-contracted by Northumbria Healthcare NHS Foundation Trust in 2010/11 that were recruited during that period to participate in research approved by the Ethics Committee was 1010. Although this is a reduction in overall recruitment when compared to the 2009/ 10, overall recruitment to clinical research in the north east has also reduced and Northumbria Healthcare continue to be the second highest recruiting hospital Trust in the North East.

Our continued success has also seen a further increase in the core funding we receive from the Comprehensive Local Research Network (CLRN) to support clinical research, from £534,000 to £652,000 in 2010/11. The Trust has also continued to attract Flexibility and Sustainability funding from the Department of Health and was awarded £353,000.

In 2010 the Government commissioned the Academy of Medical Sciences (AMS) to produce a review¹ outlining the regulation and governance of health research. The review produced a number of recommendations that would help sustain a healthy environment for research and research industry to remain in the UK.

Along with the above report, Her Majesty's Treasury Department also published The Plan for Growth² in March 2011. This report made reference to the work undertaken by the AMS and also made a number of recommendations to build and strengthen research within the NHS.

In response to the above documents, the Research and Development Department will be adopting a number of the recommendations outlined in the above documents in advance of these being mandated across England. The following actions will be implemented during 2011 – 2012:

- The length of time taken to give Trust approval to a research study – target 30 days or less.
- The length of time taken to recruit the first patient to the research study after approval has been given – target 40 days.
- Monitor the number of studies undertaken by the Trust – quarterly review based on existing and previous activity.
- Monitor the number of patients recruited to approved studies – quarterly review based on initial indications and previous activity (where appropriate).

Quarterly monitoring reports will be produced by the Research and Development Strategy Group and reviewed by the Board of Directors and the Business Units for comment and guidance.

¹ A new pathway for the regulation and governance of health research, The Academy of Medical Sciences, 2011

² The Plan for Growth, HM Treasury (Department for Business Innovation & Skills) 2011

Primary Topic / Specialty Group	Secondary Care												Primary Care				Ambulance		Total	
	City Hospitals Sunderland		Gateshead Health		Northumberland, Tyne and Wear		Northumbria Healthcare		Newcastle Hospitals		South Tyneside		North of Tyne		South of Tyne & Wear		North East Ambulance Service			
	2009/10	2010/11	2009/10	2010/11	2009/10	2010/11	2009/10	2010/11	2009/10	2010/11	2009/10	2010/11	2009/10	2010/11	2009/10	2010/11	2009/10	2010/11	2009/10	2010/11
Cancer	64	70	122	57			82	206	615	641	86	32	30	17	27	31			1026	1054
DeNDRoN (Neurodegenerative Conditions)	1	4	4	1	295	202	36	38	388	390			553	641			15		1277	1291
Diabetes	10	22	27	58			44	48	80	109	23	69	5431	1548	30	19			5645	1873
Medicines for Children	13	28						1	95	108									108	137
Mental Health		1	4	113	893	302				3	4			11	169	16	75		928	663
PCRN	36	20	7	18				6		255				249	328	404	380		696	1007
Stroke	209	79	5	5			80	127	98	172	27	31			23				419	437
Age and Ageing									164	81									178	81
Anaesthetics																			0	0
Cardiovascular	17	63	7	9			77	11	509	449	1	3	296	29		8		907	572	
Clinical Genetics	3	1							47	42									50	43
Critical Care	10		19	1			2	13	106	2069	2							139	2083	
Dermatology		8							188	157			10	59		2		198	226	
ENT (Ear, Nose, Throat)									9	323								9	323	
Gastrointestinal	1	88		10			13	111	409	546	60	70		2				483	827	
Health Services Research	11	59		6	129	59	81	192		78			46			12	67	128	334	534
Hepatology	2	61					14		69	92	7	2						92	155	
Immunology and Inflammation	1		2				3		38	26									44	26
Infectious Diseases and Microbiology	1								11	60									12	60
Injuries and Accidents	6	2						1		60									6	63
Metabolic and Endocrine									37	136									37	136
Musculoskeletal	7	50	34	39			482	124	457	711				1	9	5		989	930	
Nervous System Disorders									18	820			3	5	1			22	825	
Non Malignant Haematology	2									36				1					2	37
Ophthalmology	49	49							33	42									82	91
Oral and Dental									60	90									60	90
Paediatrics	8	4	3	1	22	20	95	11	109	188			6	6	1	2		244	232	
Public Health Research									33	85				4		1		33	90	
Renal									530	117								530	117	
Reproductive Health and Childbirth	40	106	14	1			107		1707	1076	20	151	44		17	4		1949	1338	
Respiratory			11				297	68	130	118	2							440	186	
Surgery										8									0	8
Urogenital	43	7					432	53	1129	667				97		33		1604	857	
Total	534	722	259	319	1339	583	1845	1010	7069	9755	232	358	6693	2930	505	572	67	143	18543	16392
Percentage of overall recruitment	3	4	1	2	7	4	10	6	38	60	1	2	36	18	3	3	0	1		

Goals agreed with Commissioners

Use of the CQUIN payment framework

A proportion of Northumbria's income in 2010/11 was conditional on achieving quality improvement and innovation goals agreed between Commissioners, NHS North of Tyne and any person or body they entered into a contract, agreement or arrangement with for the provision of NHS services, through the Commissioning for Quality and Innovation payment framework (CQUIN).

Further details of the agreed goals for 2010/11 and for the following 12 month period are available electronically at <http://enable/preview/page.asp?id=321724>

The acute services earned the full payment £3,810,000. The two community services earned the full payment that was a cumulative amount of £823,186 (1.0% of the total trusts income from the North of Tyne Commissioner) because we delivered the quality improvements described below:

Acute Quality Improvements	Improvement		£
	April 2010	March 2011	
Embed risk assessment of VTE	0% (1)	86.1%	381,000
Improve the patient experience	65%	68.7%	381,000
Adoption of the Liverpool care pathway in appropriate wards	100%	100%	254,000
Completion of the Liverpool care pathway	88%	84%	254,000
Dying patients on an integrated terminal illness pathway	85%	100%	254,000
Discharge communication to the GP within one week following an outpatient appointment	69% (2)	75%	63,500
Discharge communication to the GP within one week following an inpatient admission.	35% (2)	68%	63,500
Stroke patients receive a bundle of care (9 elements)	37%	64%	762,000
In hospital mortality for people admitted with a fracture neck of femur: improvement plan to be agreed with commissioners to reduce mortality overtime.	No plan	Plan agreed	127,000
Confirming the number of hospital acquired pressure ulcers @ grade 3 and 4 by learning lessons learnt	Not known	<xx	254,000
For patients with a hospital acquired pressure ulcer, reduce the deterioration.	Not known	Xx??	
Integrated approach to stop smoking (all services)	29% (3)	44%	254,000
Decrease in the drop off rate of breastfeeding at the point of discharge	84.6% (4)	91.0%	254,000
Percentage of pregnant women who smoke who are referred to smoking cessation service.	77.8% (4)	69.1%	254,000
Northumberland Community Services Quality Improvements	Improvement		£
Improve the patient experience	No data	68.25*	£478,286**
Percentage of palliative care patients on community services case load with advanced care plan	No data	No data	
Percentage of adult patients 'near to death' on caseload on Liverpool Care Pathway	No data	39.5%	
Appropriate nursing care response time for people with a prognosis of less than one year	No data	No data	
Liverpool Care Pathway adoption level	No data	100%	
A demonstrable reduction in the number of patients with preventable pressure ulcers	No data	No data	
Length of time from discharge from, to interventional contact for all stroke patients	No data	2.58 working days*	
Community team to accept discharge plan from Acute to avoid new assessment	No data	100%	
Waiting Times for Therapy services (A number of services were tracked including Community	9 working days	7 working days*	

Rehabilitation Teams).			
Percentage of Long-Term Condition Patients with a Personal Care Plan	No data	100%	
Development of a more integrated approach to stop smoking (Smoking status asked)	73%	77%*	
Improving Services for Young People	100%	100%	
Sexual Health	No data	40.7%*	
Supporting Breastfeeding mothers	45.6%	50.4%*	
Newcastle & North Tyneside Community Services Quality Improvements (Figures represent both services)	Improvement		£
	April 2010	March 2011	
National goal to reduce VTE	No data	84.25%*	£344,900**
Improve the patient experience	No data	81.43%*	
Percentage of palliative care patients on community services case load with advanced care plan	No data	23%*	
Percentage of adult patients 'near to death' on caseload on Liverpool Care Pathway	No data	87%*	
Appropriate nursing care response time for people with a prognosis of less than one year	No data	100%*	
Liverpool Care Pathway adoption level	No data	100%*	
A demonstrable reduction in the number of patients with preventable pressure ulcers	No data	100%	
Length of time from discharge from, to interventional contact for all stroke patients	No data	1.41 working days*	
Community team to accept discharge plan from Acute to avoid new assessment	No data	94%*	
Waiting Times for Therapy services (A number of services were tracked including Community Rehabilitation Teams).	No data	95%*	
Percentage of Long-Term Condition Patients with a Personal Care Plan	No data	93.33%*	
Development of an integrated approach to stop smoking interventions	No data	52.85%*	
Improving Services for Young People	No data	100%*	
Sexual Health	No data	478 screens*	
Supporting Breastfeeding mothers	No data	63.81%*	

Notes:

- (1) Performance prior to 01/04/2010 (implementation commenced 01/04/2010).
- (2) Performance prior to 01/04/2010.
- (3) Position for Aug-Sep (first data collection period).
- (4) Position for July (first data collection period).

The most significant finding by using the CQUIN framework was as follows:

- (i) Most of the evidence for these quality improvements is obtained from an audit of case-notes which is very labour intensive and so we have decided to invest in real-time data entry of these important clinical outcomes. The Board has already invested £6m in the development of an integrated e-health record and this will be a feature of its incremental development. .
- (ii) We have few hospital acquired pressure ulcers but many patients admitted with pressure ulcers and so we need to do more to reduce the deterioration in pressure ulcers. This will continue to be a priority for 2011/12, see page 8.
- (iii) The national quality improvements for VTE and patient experience were led by the clinical teams and they received reports on their performance and a summary of the outcome is described below:

Risk assessment of VTE

% risk assessment by hospital site (as at March 2011)							
Alnwick	Berwick	Blyth	Hexham	Haltwhistle	Morpeth	NTGH	Wansbeck
84.5%	81.1%	25.0%	95.4%	75.0%	25.0%	84.3%	85.5%

Patient Experience

Outpatient Score (n=5487 from the Patient Perspective surveys)

We want our patients to have information to make choices, to feel confident and to feel in control. We expect that they will feel listened to and treated with honesty, respect and dignity at all times. The table below illustrates how well we perform with these fundamental aspects of care.

Key points include the fact that 97% of our patients being seen as an outpatient, across all of our hospitals, report being treated with respect and dignity at all times – this is the highest reported score for any NHS hospital. We also score within the top 20% of hospitals for the way we provide information and include patients in decisions about their care and treatment.

	Alnwick	Berwick	Blyth	GB Hunter	Hexham & Haltwhistle	Morpeth	NTGH	Rothbury	Wansbeck	Total
Were you involved as much as you want to be in the decisions about your care and treatment?	82	88	83	80	90	85	85	100	88	87
While you were in the Outpatients Department, how much information about your condition or treatment was given to you?	83	93	93	100	93	93	90	100	93	91
If you had any worries or fears about your condition or treatment, did he/she discuss them with you?	64	81	60	73	76	70	74	100	70	73
Overall, did you feel you were treated with respect and dignity while you were in the hospital?	96	98	96	98	98	95	97	100	97	97

Patient Perspective – Core Domains that matter most to Outpatients

	Alnwick	Berwick	Blyth	GB Hunter	Hexham & Haltwhistle	Morpeth	NTGH	Rothbury	Wansbeck	Total
Doctors	90.73%	93.47%	94.12%	96.29%	94.82%	94.19%	92.67%	97.42%	93.85%	94.17%
Cleanliness	91.71%	93.24%	93.92%	97.79%	96.51%	91.27%	93.18%	98.21%	94.59%	94.49%
Dealing with the issue	87.29%	92.37%	90.28%	86.23%	89.52%	90.22%	90.44%	91.99%	90.28%	89.85%
Information about discharge	63.90%	68.70%	62.87%	69.60%	67.56%	61.18%	63.41%	88.93%	68.21%	68.26%

Information about treatment	85.35%	84.67%	80.48%	74.24%	87.79%	71.47%	83.69%	100.00%	85.34%	83.67%
Dignity and respect	96.33%	96.77%	95.93%	98.28%	97.27%	96.88%	96.71%	100.00%	96.98%	97.24%
Organisation of the OP Dept	81.54%	82.97%	86.80%	91.07%	90.94%	85.94%	84.61%	100.00%	85.90%	87.75%
Total	90.73%	93.47%	94.12%	96.29%	94.82%	94.19%	92.67%	97.42%	93.85%	94.17%

NHS Bottom 20% = 78%, NHS Top 20% = 85%, NHS Best = 94%

CQUIN Scores – Patient Perspective - Inpatients and Day Case Score (n=4332)

	Alnwick	Berwick	Blyth	Hexham & Haltwhistle	Morpeth	NTGH	Wansbeck	Total
Were you involved as much as you wanted to be in decisions about your care and treatment?	87	91	67	82	64	75	78	78
How much verbal information about your condition or treatment was given to you?	94	96	64	88	86	81	86	85
How much written information about you condition or treatment was given to you?	90	94	58	76	40	69	76	74
Did you find someone on the hospital staff to talk to about your worries and fears?	85	82	53	72	73	67	66	68
Did you feel involved in decisions about your discharge from hospital?	93	90	60	82	69	76	78	78
Overall, did you feel you were treated with respect and dignity while you were in the hospital?	97	98	76	96	89	92	93	93

Perspective – Core Domains that matter most to Outpatients

	Alnwick	Berwick	Blyth	GB Hunter	Hexham	Morpeth	NTGH	Rothbury	Wansbeck	Total
Doctors	90.73%	93.47%	94.12%	96.29%	94.82%	94.19%	92.67%	97.42%	93.85%	94.17%
Cleanliness	91.71%	93.24%	93.92%	97.79%	96.51%	91.27%	93.18%	98.21%	94.59%	94.49%
Dealing with the issue	87.29%	92.37%	90.28%	86.23%	89.52%	90.22%	90.44%	91.99%	90.28%	89.85%
Information about discharge	63.90%	68.70%	62.87%	69.60%	67.56%	61.18%	63.41%	88.93%	68.21%	68.26%
Information about treatment	85.35%	84.67%	80.48%	74.24%	87.79%	71.47%	83.69%	100.00%	85.34%	83.67%
Dignity and respect	96.33%	96.77%	95.93%	98.28%	97.27%	96.88%	96.71%	100.00%	96.98%	97.24%
Organisation of the OP Dept	81.54%	82.97%	86.80%	91.07%	90.94%	85.94%	84.61%	100.00%	85.90%	87.75%
Total	85.3%	87.5%	86.3%	87.6%	89.2%	84.5%	86.4%	96.6%	87.9%	87.9%

NHS Bottom 20% = 78%, NHS Top 20% = 85%, NHS Best = 94%

Ann Farrar, Chief Operating Officer would be pleased to answer/clarify any questions concerning CQUIN and can be contacted at ann.farrar@nhct.nhs.uk or 0191 293 4287

Care Quality Commission (CQC)

Northumbria Healthcare NHS Foundation Trust is required to register with the Care Quality Commission and its current registration status is fully registered with no conditions. Northumbria Healthcare NHS Foundation Trust has the following conditions on registration:

- None.

The Care Quality Commission has not taken enforcement actions against Northumbria Healthcare NHS Foundation Trust during 2010/11.

Our latest quality risk profile produced by the Care Quality Commission was:

The Quality Risk Profile (QRP) was first published in September 2010 and is used by the CQC to monitor a provider's compliance with the essential safety and quality standards. Trust's latest rating is summarised in the table below:

Quality Risk Profile	Patient Involvement Outcomes 1 and 2	Personalised Care Outcomes 4, 5 and 6	Safeguarding and Safety Outcomes 7, 8, 9, 10 and 11	Suitability of staff Outcomes 12, 13 and 14	Quality and management Outcomes 16, 17 and 21
March 11	Low Green	Low Neutral	Low Neutral	High Green	Low Neutral

There were no significant findings from the care quality commission profile that highlighted significant concerns to the Board of Directors. An action plan is in place to address the areas that need improvement and this is reviewed by our assurance committee at quarterly intervals.

Data quality

Introduction

Good quality information underpins the delivery of effective and safe patient care and is essential if improvements in quality of care are to be made. Improving data quality will therefore improve patient care and improve value for money.

Actions to improve data quality

The information revolution means that data must be of the highest quality so that the information used by the Trust to measure service improvement and the information used by the public and patients to assess quality of services is accurate. *We will be taking the following actions to improve data quality:*

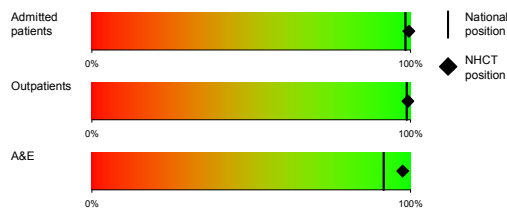
- *Continue to use the key systems managers group to drive even higher information governance standards for our key systems.*
- *Ensure the data available to clinicians about individual patients is underpinned by clear procedures and processes for recording and cleaning the data.*
- *Move towards real time recording of admissions, discharges and transfers.*
- *Continue to report on key clinical coding measures at consultant level.*
- *Produce specialty specific clinical coding sheets.*
- *Establish the best way for the Trust to manage its organisational codes and its metadata.*
- *Using the information governance steering group as the main vehicle for ensuring that data quality receives the appropriate management attention within the Trust.*
- *Implement a business intelligence system to improve access and use of data for improvement purposes. The use of this will drive improvement in data quality.*

The patient's NHS number

A patient's NHS number is a key identifier for patient records, and the National Patient Safety Agency has found that the largest single source of nationally reported patient safety incidents relates to the misidentification of patients. Our work to ensure the completeness of this data item within the Trust mean that our performance is above the national average and for admitted patients and outpatients it is almost 100%. The chart gives a measure of the proportion of patient records submitted to the national NHS database (the 'Secondary Uses Service') which contained a valid NHS number.

We submitted records during 2010/11 to the Secondary Uses Service for inclusion in the Hospital Episode Statistics which are included in the latest published data. The percentage of records in the published data which included the patient's valid NHS number was (for Apr-Dec):

- *99.5% for admitted patient care*
- *99.1% for outpatient care*
- *97.4% for accident and emergency care*



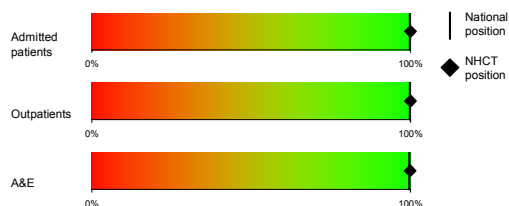
The patient's registered GP code

Accurate recording of a patient's GP practice is essential to enable the transfer of clinical information about him or her from the Trust to their GP. The chart gives a measure of the

proportion of patient records submitted to the national NHS database (the 'Secondary Uses Service') which contained a valid registered GP practice code. This is a strong performance.

We submitted records during 2010/11 to the Secondary Uses Service for inclusion in the Hospital Episode Statistics which are included in the latest published data. The percentage of records in the published data which included the patient's valid General Medical Practice Code was (for Apr-Dec):

- 100.0% for admitted patient care
- 100.0% for outpatient care
- 99.9% for accident and emergency care



Information governance toolkit attainment levels

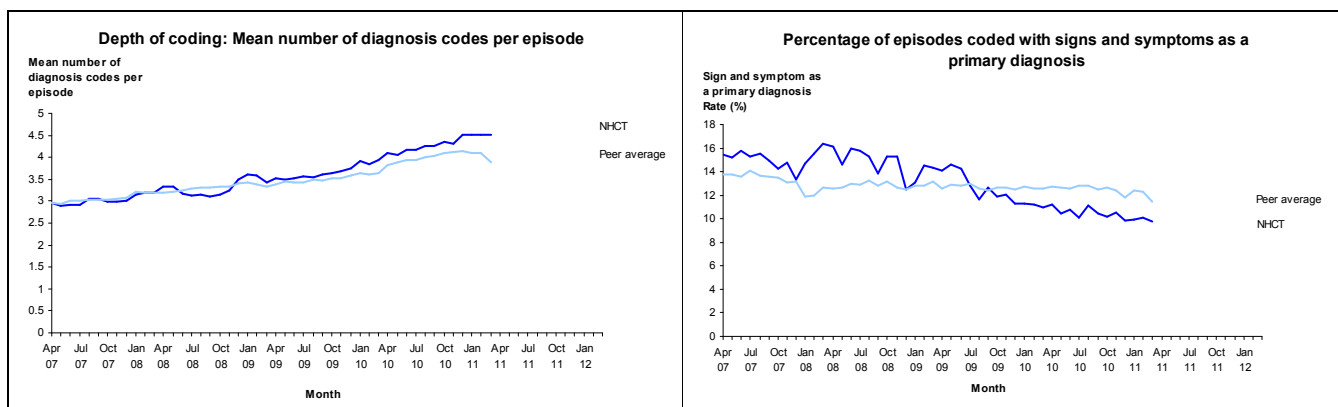
Northumbria Healthcare Information Governance Assessment Report score overall score for March 2011 was 86% and was graded green.

Clinical coding of admitted patients

Clinical coding translates the medical terminology, as written by the clinician, to describe a patient's diagnosis and treatment into standard recognised codes. Clinical codes can be used to identify specific groups of anonymised patients (e.g. those who have had a stroke, or those who have had a hip replacement operation), so that indicators of quality can be produced to help in the improvement process.

The Trust was not subject to the Payment by Results clinical coding audit during 2010/11 by the Audit Commission.

The Trust has an ambition to be best in class in clinical coding and therefore tracks its performance monthly against the following indicators and reports these quarterly to the IM&T Committee and the safety and quality committee.



Depth of coding has improved and is above that of the peer group of trusts and the incidence of recording of a 'signs and symptoms' code for the primary diagnosis has reduced and is below the level of the peer group. These improvements reflect the increased engagement between clinical coders and clinicians and mean that the information produced from the data better underpins the measurements necessary to generate quality improvement of services.

PART 3: Other Information

This section provides an overview of quality of care offered by Northumbria Healthcare NHS Foundation Trust based on performance in 2010/11 against indicators selected by the board in consultation with stakeholders with an explanation of the underlying reasons for selection. The first statement should refer to all of the board of directors quality priorities agreed with stakeholders and not the three which is the minimum to be described in Part 1. For ease of reference all of the board of directors priorities were reported in Part 1.

Performance Against Key National Priorities

An overview of performance in 2010/11 against the key priorities from the Department of Health's Operating Framework. Monitor has a compliance regime that requires that most of these priorities are reported to the board of directors at monthly intervals and to Monitor at quarterly intervals. The table below summarises our strong performance during 2011/11.

Monitor Compliance Framework for Quality of Care	Deliver 2010/11	Actual Q4	Actual Q3	Actual Q2	Actual Q1
The Trust has registered the 26 essential safety and quality outcomes without conditions with the Care Quality Commission	Fully Met	Fully Met	Fully Met	Fully Met	Fully Met
A 30% reduction in clostridium difficile.	131	36	24	21	22
A maximum of 7 MRSA bacteraemia.	7	1	0	0	3
Screening of MRSA patients – elective	>100%	>110%	>110%	>110%	>110%
Screening of MRSA patients – emergency	>100%	>100%	>100%	>100%	>100%
31 days from decision to treat to start subsequent treatment (anti cancer drug treatment), each quarter	98%	100%	100%	100%	100%
31 days from decision to treat of subsequent treatment (surgery), each quarter	94%	100%	100%	100%	100%
62 days from urgent GP referral to first treatment for all cancers, each quarter	85%	89%	90%	93%	90%
62 days for first treatment from national screening service, each quarter.	90%	96%	100%	81%	100%
31 days from diagnosis to first treatment	96%	100%	100%	99%	100%
Maximum waiting time of 14 days from urgent GP referral to first appointment	93%	95%	94%	94%	97%
2 week wait from urgent GP referral for first appointment for breast symptomatic appointment	93%	96%	90%	91%	96%
For 95% of patients, a maximum waiting time of four hours in A&E from arrival to admission, transfer or discharge since July 2010	95%	96%	97%	98%	98%
Mental Health Target: delayed transfers of care	No more than 7.5%	1.28%	2.03%	2.92%	2.73%

Mental Health Target: data completeness of patient identifiers	99%	TBC	99.89%	99.99%	99.95%
Mental Health Target: 100% enhanced care programme approach	95%	No cases	100%	100%	100%
Data completeness identifiers	99%	TBC May	99.89%	99.99%	99.95%
Data completeness outcomes	50%	n/a	n/a	n/a	n/a
From April to July 2010, 90% of admitted patients wait a maximum of 18 weeks.	90%	n/a	n/a	n/a	96.2%
From April to July 2010, 95% of non-admitted patients wait a maximum of 18 weeks.	95%	n/a	n/a	n/a	98.3%
Data Completeness for admitted patients	90-110%	n/a	n/a	n/a	>95%
Data completeness for non-admitted patients	90-110%	n/a	n/a	n/a	>111%
Self-certification against compliance with requirements regarding access to healthcare for people with a learning disability	Fully Met	Fully Met	Fully Met	Fully Met	Fully Met
Overall Quality of Care for 2010/11		(0.0)	(0.5)	(1.5)	(1.0)

Other national priorities in the Operating Framework and our performance are described in the following sections:

- **Stroke Services**
- **Maternity and Neonatal Services**
- **Emergency preparedness**
- **Staff Satisfaction**
- **Experience, satisfaction and engagement**

Stroke Service

Northumbria Healthcare operated in the top decile of trusts in England based on the national sentinel audit in 2008 and 2010. A specific requirement of the Operating Framework was for patients to receive a scan within one hour of admission and over 90% of patients received a scan one hour after admission. Dr.Foster reported this outcome as one of the best in England in November 2010.

Maternity and Neonatal Services

A national commitment is that women should have seen a midwife or a maternity professional for assessment by 12 completed weeks. During 2010/11, our threshold was 75% of women and we exceeded this performance every month of the year.

Emergency Preparedness

Northumbria Healthcare has put in place and tested plans and arrangements to deliver an effective response to threats and hazards. This is part of a CQC requirement and during the winter we had to respond to an small increase in swine flu.

Staff Experience

There are three elements that we have committed to as priorities. To have a very positive implementation of the national well being strategy and good progress has been made.

Furthermore a trust aim was to reduce our sickness rate to 4.5% during 2010/11 and we achieved 4.05%.

Staff Experience

The national staff survey was published in March 2011 and the staff response rate was 68% this year which is better than the average trust response rate. Overall, the survey provides some excellent results and places Northumbria top in the North East. We are not complacent and will continue to focus on areas for improvement. There were 38 key findings linked to the staff pledges and these are described in the table below:

<p>Pledge 1: To provide all staff with clear roles and responsibilities and rewarding jobs for teams and individuals that make a difference to patients, their families and carers.</p>	<ul style="list-style-type: none"> • 84% feel satisfied with the quality of work and patient care they deliver (top 20%); • 94% agree their role makes a difference to patients (top 20%); • 75% feel valued by their work colleagues (below average); • 57% work extra hours (top/best 20%); • Less staff feeling work pressure (top/best 20%).
<p>Pledge 2 : To provide all staff with personal development, access to appropriate training for their jobs and line management support to succeed</p>	<ul style="list-style-type: none"> • 89% appraised in the last 12 months (top 20%); • 38% have a well structured appraisal (top 20%) • 47% feel there are good opportunities to develop their potential at work (top 20%); • More staff feel they have been supported by their immediate managers (top 20%) <p>Improvement: to enhance the quality of appraisals.</p>
<p>Pledge 3: To provide support and opportunities for staff to maintain their health, well-being and safety</p>	<ul style="list-style-type: none"> • 89% of staff receiving health & safety training in last 12 months (top 20%) • 25% experienced work related stress in last 12 months (lowest/best 20%) • 11% experienced harassment, bullying, abuse from staff last 12 months (top/best 20%); • 21% felt pressure in last 3 months to attend work when feeling unwell (lowest/best 20%). • 91% of staff reporting errors, near misses or incidents witnessed in last month (lowest/worst 20%) <p>Improvement: to improve staff reporting errors, near misses or incidents witnessed last month</p>
<p>Pledge 4: To engage staff in decisions that affect them and the services they provide, individually through representative organisations and through local partnership working arrangements. All staff will be empowered to deliver better, safer services for patients and their families.</p>	<ul style="list-style-type: none"> • 32% report good communication between senior management and staff (best 20%); • 64% feel able to contribute towards improvements at work (above average); • Staff are experiencing job satisfaction (top 20%); • Staff are motivated at work (average) • Staff would recommend the Trust as a place to work or receive care (top 20%)
<p>Overall staff engagement considers the following Range of score (1-5)</p>	<p>Northumbria score was 3.71. (National average for acute trusts was 3.62)</p> <ul style="list-style-type: none"> ➤ Staff ability to contribute towards improvements at work ➤ Staff recommendation of the Trust as a place to work or receive treatment ➤ Staff motivation at work

Staff Experience Northumberland Community Services

The national staff survey was published in March 2011 and the staff response rate was 64% this year which is better than the national average trust response rate. There were 38 key findings linked to the staff pledges and these are described in the table below:

<p>Pledge 1: To provide all staff with clear roles and responsibilities and rewarding jobs for teams and individuals that make a difference to patients, their families and carers.</p>	<ul style="list-style-type: none"> • 73% feel satisfied with the quality of work and patient care they deliver (average); • 89% agree their role makes a difference to patients (better than average); • 80% feel valued by their work colleagues (average); • 55% work extra hours (top/best 20%); • Less staff feeling work pressure (better than average);
<p>Pledge 2 : To provide all staff with personal development, access to appropriate training for their jobs and line management support to succeed</p>	<ul style="list-style-type: none"> • 85% appraised in the last 12 months (top 20%); • 41% have a well structured appraisal (top 20%) • 40% feel there are good opportunities to develop their potential at work (average); • More staff feel they have been supported by their immediate managers (top 20%) <p>Improvement: to enhance the quality of appraisals.</p>
<p>Pledge 3: To provide support and opportunities for staff to maintain their health, well-being and safety</p>	<ul style="list-style-type: none"> • 86% of staff receiving health & safety training in last 12 months (top 20%) • 28% experienced work related stress in last 12 months (better than average) • 9% experienced harassment, bullying, abuse from staff last 12 months (top/best 20%); • 14% felt pressure in last 3 months to attend work when feeling unwell (lowest/best 20%). • 96% of staff reporting errors, near misses or incidents witnessed in last month (average) <p>Improvement: to improve staff reporting errors, near misses or incidents witnessed last month</p>
<p>Pledge 4: To engage staff in decisions that affect them and the services they provide, individually through representative organisations and through local partnership working arrangements. All staff will be empowered to deliver better, safer services for patients and their families.</p>	<ul style="list-style-type: none"> • 29% report good communication between senior management and staff (below average); • 67% feel able to contribute towards improvements at work (below average); • Staff are experiencing job satisfaction (top 20%); • Staff are motivated at work (top 20%) • Staff would recommend the Trust as a place to work or receive care (above average)
<p>Overall staff engagement considers the following Range of score (1-5)</p>	<p>Northumberland score was better than average;</p> <ul style="list-style-type: none"> ➤ Below average for staff ability to contribute towards improvements at work ➤ Above average for staff recommending the Trust as a place to work or receive treatment ➤ Top 20% for staff motivation at work

Staff Experience North Tyneside Community Services

The national staff survey was published in March 2011 and the staff response rate was 54% this year. There were 38 key findings linked to the staff pledges and these are described in the table below:

<p>Pledge 1: To provide all staff with clear roles and responsibilities and rewarding jobs for teams and individuals that make a difference to patients, their families and carers.</p>	<ul style="list-style-type: none"> • 82% feel satisfied with the quality of work and patient care they deliver (highest/best 20%); • 91% agree their role makes a difference to patients (top 20%); • 79% feel valued by their work colleagues (below average); • 56% work extra hours (lowest/best 20%); • More staff feeling work pressure (lowest/best 20%).
<p>Pledge 2 : To provide all staff with personal development, access to appropriate training for their jobs and line management support to succeed</p>	<ul style="list-style-type: none"> • 78% appraised in the last 12 months (average); • 33% have a well structured appraisal (worse than average); • 48% feel there are good opportunities to develop their potential at work (highest/best 20%); • Staff feel they have been supported by their immediate managers (better than average). <p>Improvement: to enhance the quality of appraisals.</p>
<p>Pledge 3: To provide support and opportunities for staff to maintain their health, well-being and safety</p>	<ul style="list-style-type: none"> • 91% of staff receiving health & safety training in last 12 months (highest/best 20%); • 24% experienced work related stress in last 12 months (lowest/best 20%); • 14% experienced harassment, bullying, abuse from staff last 12 months (worse than average); • 15% felt pressure in last 3 months to attend work when feeling unwell (lowest/best 20%); • 92% of staff reporting errors, near misses or incidents witnessed in last month (lowest/worst 20%). <p>Improvement: to improve staff reporting errors, near misses or incidents witnessed last month</p>
<p>Pledge 4: To engage staff in decisions that affect them and the services they provide, individually through representative organisations and through local partnership working arrangements. All staff will be empowered to deliver better, safer services for patients and their families.</p>	<ul style="list-style-type: none"> • 29% report good communication between senior management and staff (worse than average); • 64% feel able to contribute towards improvements at work (lowest/worst 20%); • Staff are experiencing job satisfaction (average); • Staff are motivated at work (average); • Staff would recommend the Trust as a place to work or receive treatment (better than average).
<p>Overall staff engagement considers the following Range of score (1-5)</p>	<p>North Tyneside's score was: Average</p> <ul style="list-style-type: none"> ➤ Staff ability to contribute towards improvements at work (lowest/worst 20%); ➤ Staff recommendation of the Trust as a place to work or receive treatment (better than average); ➤ Staff motivation at work (worse than average).

Patient experience, satisfaction and engagement

Patient Surveys – Real Time Information

This year we've chosen to focus on the things that matter most to patients. We know our outpatients results are very strong with all our hospitals performing in the top 20% of hospitals nationally when scored against these core domains of care. Overall, the inpatient results for 2010/11 are very good. The Trust is in the top 20% of all trusts in England on most questions in the survey and there are few areas for concern. The overall score for the Trust on the key 20 questions that matter most to patients is 84.7% which nationally is in the top 20% of trusts. We took the important step to capture inpatient data in real time and to feed results back to clinical teams urgently, to allow a prompt response to any concerns raised. Results from our pilot wards are provided below, together with evidence of improvements across all domains of care.

Original Pilot Wards - June to December 2010

North Tyneside	No Patients surveyed	Coordination	Respect & Dignity	Involvement	Doctors	Nurses	Cleanliness	Pain Control	Medicines	Domain Average	Key Promoter Score
Ward 2	111	7.87	9.08	8.20	9.23	8.93	9.56	9.55	6.86	8.66	8.29
Ward 3	115	7.90	9.75	8.51	8.90	9.26	9.19	8.89	6.83	8.65	8.23
Ward 8	118	8.04	9.51	8.73	9.43	9.30	9.24	9.49	7.38	8.89	8.63
Ward 24	119	8.35	9.71	9.11	9.39	9.30	9.65	9.31	7.45	9.03	8.48
NTGH Score	463	8.04	9.51	8.64	9.24	9.20	9.41	9.31	7.13	8.81	8.40

Wansbeck	No Patients surveyed	Coordination	Respect & Dignity	Involvement	Doctors	Nurses	Cleanliness	Pain Control	Medicines	Domain Average	Key Promoter Score
Ward 6	119	8.06	9.66	9.10	9.39	9.33	9.25	9.32	7.97	9.01	8.18
Ward 8	100	8.18	9.39	8.74	9.47	9.25	9.62	9.69	7.14	8.94	8.59
Ward 16	103	7.79	9.73	8.84	9.36	9.38	9.34	8.77	7.19	8.80	8.75
Ward 17	113	8.33	9.73	9.21	9.48	9.47	9.43	9.09	7.58	9.04	8.63
WGH Score	435	8.09	9.63	8.97	9.42	9.36	9.41	9.22	7.47	8.95	8.53

Trust Wide Score	898	8.07	9.57	8.80	9.33	9.28	9.41	9.26	7.30	8.88	8.47
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Improvements in Inpatient Care

	Coordination	Respect & Dignity	Involvement	Doctors	Nurses	Cleanlines	Pain Control	Medicines	Domain Average	Key Promoter Score
Baseline Score July 2010	7.22	8.22	7.45	7.98	7.84	7.97	7.80	6.81	7.78	7.58
Trust Wide Score December 2010	7.96	9.80	9.05	9.52	9.47	9.63	9.51	7.88	9.10	8.40
% Improvement	10.24%	19.11%	21.60%	19.26%	20.79%	20.71%	21.93%	15.73%	16.93%	10.84%

New wards - November / December 2010

	No Patients Surveyed	Coordination	Respect & Dignity	Involvement	Doctors	Nurses	Cleanliness	Pain Control	Medicines	Domain Average	Key Promoter Score
Ward 4 NTGH	42	6.99	9.76	8.41	9.53	9.38	8.97	8.68	7.30	8.63	8.07
Ward 10 NTGH	10	8.13	10	8.93	9.33	9.67	8.73	9.50	6.30	8.82	8.90
Ward 5 WGH	29	8.10	10	9.07	9.19	9.71	9.29	10	7.81	9.15	8.28
Ward 1 Blyth	32	6.26	8.13	7.22	8.11	7.24	9.04	8.81	6.36	7.65	6.29
Whalton Unit, MCH	36	7.15	9.31	8.23	9.48	8.81	9.49	9.42	6.23	8.52	8.31

All wards totals – June to December 2010

	No Patients surveyed	Coordination	Respect & Dignity	Involvement	Doctors	Nurses	Cleanliness	Pain Control	Medicines	Domain Average	Key Promoter Score
Trust Wide Score	1047	7.78	9.52	8.64	9.25	9.16	9.29	9.27	7.11	8.75	8.28

“2 minutes of your time” Exit Survey

Questions are linked to key commissioning targets and we aim to roll this quick survey out across all wards and clinical areas over a 12 month programme. To date over 2000 surveys have been returned.

Results are extremely positive. The risk of gratitude bias if patients are reporting their experience whilst still on site needs to be considered.

2 minutes of your time survey questions (n = 2055)	Score
Were you involved as much as you wanted to be in your care and treatment?	9.19
Did you find someone to talk to about any worries or fears you may have had?	8.15
Were you given enough privacy when you were being examined or discussing your condition?	9.50
Were you told about medication side effects to watch for when you go home or leave hospitals?	7.30
How did you feel about the length of time you were in hospital?	9.43
How Likely are you to recommend this hospital to family and friends?	9.01

2 minutes of your time breakdown by site

Were you involved as much as you wanted to be in your care and treatment?

Alnwick	Berwick	Blyth	Haltwhistle	Hexham	Morpeth	North Tyneside	Rothbury	Wansbeck	Trustwide Average
9.22	8.71	9.25	8.44	9.44	8.75	9.32	9.50	8.86	9.19

Did you find someone to talk to about any worries or fears you may have had?

Alnwick	Berwick	Blyth	Haltwhistle	Hexham	Morpeth	North Tyneside	Rothbury	Wansbeck	Trustwide Average
9.13	8.27	8.16	8.66	9.37	7.69	8.93	8.89	8.67	8.15

Were you given enough privacy when you were being examined or discussing your condition?

Alnwick	Berwick	Blyth	Haltwhistle	Hexham	Morpeth	North Tyneside	Rothbury	Wansbeck	Trustwide Average
9.43	9.67	8.88	9.18	9.77	10.00	9.59	9.00	9.14	9.50

Were you told about medication side effects to watch for when you go home or leave hospital?

Alnwick	Berwick	Blyth	Haltwhistle	Hexham	Morpeth	North Tyneside	Rothbury	Wansbeck	Trustwide Average
8.75	7.08	7.59	7.40	8.77	4.58	8.49	5.71	8.37	7.30

How did you feel about the length of time you were in hospital?

Alnwick	Berwick	Blyth	Haltwhistle	Hexham	Morpeth	North Tyneside	Rothbury	Wansbeck	Trustwide Average
9.41	9.03	9.15	9.10	9.53	9.41	9.64	9.50	9.14	9.43

How likely are you to recommend this hospital to family and friends?

Alnwick	Berwick	Blyth	Haltwhistle	Hexham	Morpeth	North Tyneside	Rothbury	Wansbeck	Trustwide Average
9.09	9.48	8.79	8.68	9.06	8.75	8.90	9.50	8.53	9.01

The most significant findings and the appropriate action plan approved by the Board of Directors was:

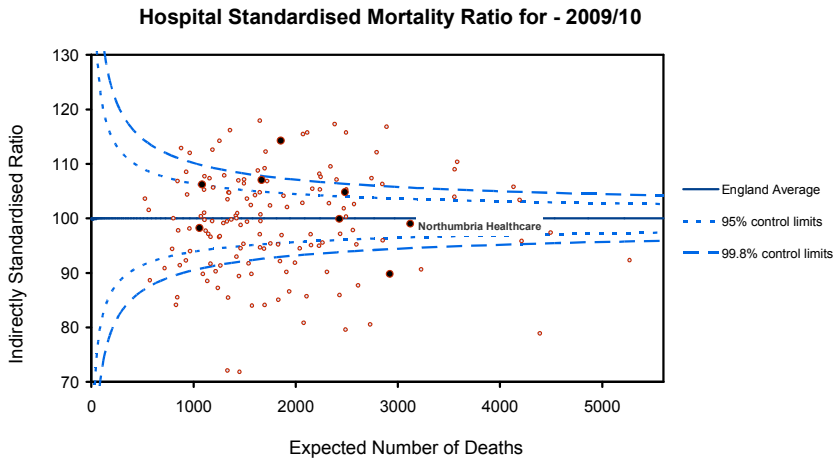
- Information provided at discharge, particularly in regard to medication side-effects.
- Optimising nutrition by providing more support at mealtimes for those that need it.
- Reducing variation between hospital wards, closing the gap between our best and worst performance.

Common Quality Indicators of Care across the SHA North East

We have worked in partnership with the SHA North East Public Health Observatory to produce a range of common quality indicators of care. These are published for the first time and are on page 42. They demonstrate that Northumbria has a strong performance across the full range of these indicators.

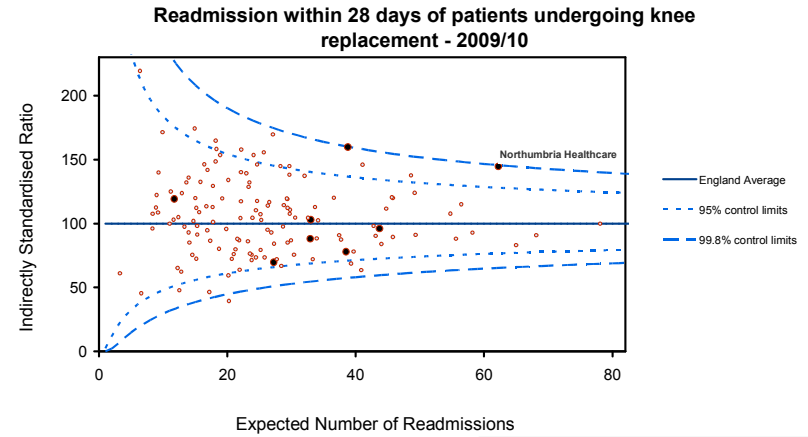
Common indicators across the SHA North East

Indicator	Northumbria Healthcare	City Hospitals Sunderland	County Durham & Darlington	Gateshead Health	North Tees and Hartlepool	South Tees Hospitals	South Tyneside	Newcastle upon Tyne Hospitals	North East SHA Average	England Average
Proportion of Patient Incidents by Severity – Apr-10 to Sep-10 – Source: NRLS Patient Safety Incident Report										
None	72.63%	40.63%	66.69%	83.14%	71.65%	80.84%	57.20%	82.59%	70.64%	
Low	20.70%	34.06%	29.91%	13.19%	15.19%	16.58%	41.23%	12.99%	21.87%	
Moderate	5.54%	23.50%	3.09%	3.32%	12.03%	1.82%	1.50%	3.81%	6.66%	
Severe	0.74%	1.54%	0.09%	0.35%	0.73%	0.48%	0.07%	0.46%	0.59%	
Death	0.39%	0.26%	0.22%	0.00%	0.11	0.27%	0.00%	0.15%	0.24%	
Number of post 48 hour MRSA bacteraemias per 1,000 bed days – Apr-10 to Dec-10 – Source: HPA										
	0.012	0.016	0.014	0.015	0.020	0.021	0.023	0.014	0.016	0.021
Number of post 72 hour C Diff per 10,000 bed days – Apr-10 to Dec-10 – Source: HPA										
	2.80	1.79	2.40	3.34	2.81	3.89	1.02	3.52	2.88	3.23
Proportion of patients with fractured neck of femur operated on within 48 hours of admission – 2009/10 – Source: Dr Foster Hospital Guide										
	82.51	69.25	48.21	78.12	73.87	64.74	71.94	80.06		65.71
Proportion of patients assessed for risk of VTE – Oct-10 to Dec-10 – Source: Department of Health										
	73.3%	59.2%	73.1%	65.2%	73.2%	86.4%	87.8%	71.3%	73.7%	68.4%



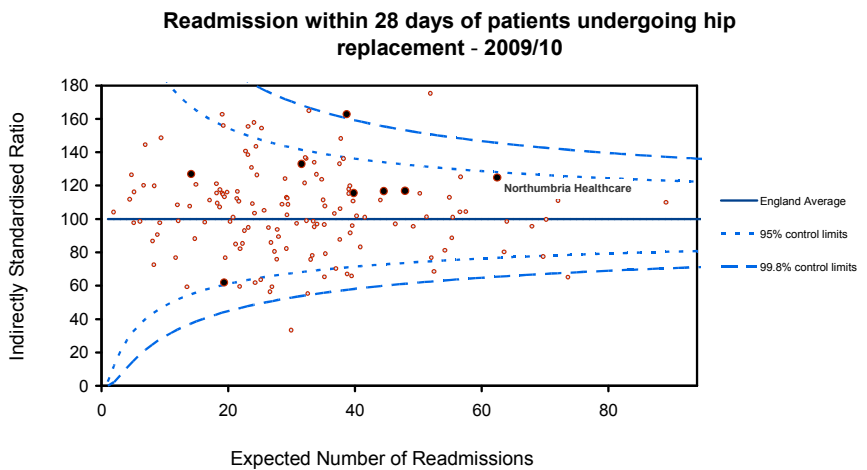
Data Source: Doctor Foster Hospital Guide 2009/10
www.drfoosterhealth.co.uk/quality-reports

Note: Black data points represent North East Trusts, yellow data points represent remaining acute trusts across England



Data Source: Doctor Foster Hospital Guide 2009/10
www.drfoosterhealth.co.uk/quality-reports

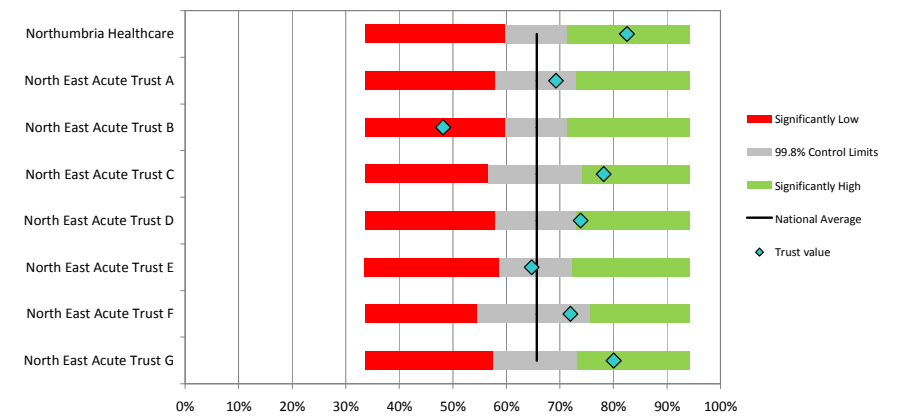
Note: Black data points represent North East Trusts, yellow data points represent remaining acute trusts across England



Data Source: Doctor Foster Hospital Guide 2009/10
www.drfoosterhealth.co.uk/quality-reports

Note: Black data points represent North East Trusts, yellow data points represent remaining acute trusts across England

Proportion of patients with fractured neck of femur operated on within 48 hours of admission for North East Acute Trusts - 2009/10



Listening to views to inform the quality account

Introduction

There was a high expectation that Trusts would listen to the views of a wide range of stakeholders and that the Board of Directors would give careful consideration to these views when determining the quality improvement priorities. We wish to acknowledge the views of all those involved as we were grateful for their time and thoughts. The table below summarises what was of highest importance to our stakeholders.

Overall, many of our patients, public members and their representatives said that they had experienced a very positive service. Some had not, but were encouraged by the very positive ambition for safer and higher quality care for the future with the quality improvements that we are undertaking.

Stakeholders	Responses	High Importance	Quality Account
Patient surveys	12,500	Greater focus on reassuring patients on their worries and fears and greater support with explaining the side effects of medication prior to discharge.	Parts 2 and 3
Complaints	368	The top 5 complaint types are aspects of clinical treatment; attitude of staff; communications and information to patients; outpatient appointments/delays or cancellations; and admission, discharge and transfer arrangements.	Part 3
Staff Foundation Trust Members	377	Support staff more to address their ward/department staffing concerns. Support improvements giving a greater focus on a caring and competent workforce. Enhance communication	Part 3
Staff annual survey	(578) 68%	Maintain high quality of care. Improve staff feeling valued by colleagues. Have a better structure of staff appraisal.	Part 3
Staff incident reporting	10,500	The top themes from the IRI reporting system were to reduce hospital acquired infections, better response to the deteriorating patient system, reduce medicinal errors for high risk medicines and improve data quality of recording incidents.	Part 3
Public Foundation Trust members	405	Maintain high cleanliness standards. Kept members better informed. Ensure patients are seen by the doctor or nurse at the agreed time for outpatient appointments.	Part 3
Clinical Policy Group	50	Development of practice within clinical teams. Embed a culture of safety.	Part 2
Governors	42	Maintain a workforce that is approachable and attentive. Maintain high cleanliness standards. Maintain high standards of dignity and respect.	Annex
North of Tyne Commissioners	1	Would welcome the inclusion of common indicators across the North East SHA patch. Would welcome being part of our patient safety days to observe our approach to focusing on an enhanced safety culture and improvement approach.	Annex
LINKS	2	North Tyneside Links has led patient engagement review and has produced a report for our Board of Directors consideration.	Annex

During 2010 /11, the Community Services Business Unit operated as two separate organisations namely North Tyneside PCT and Northumberland Care Trust. The figures below are representative of these separate organisations, however the priorities highlighted below have been developed by considering both sets of data. This will allow the new business unit to move forward as one.

Stakeholders	Responses	High Importance	Quality Account
Northumberland Staff Incident Reporting	1059	Top themes identified from analysis of incident data are: discharge issues, slips trips and falls, minor information governance issues	Part 3
North Tyneside Staff Incident Reporting	775	Top themes identified from analysis of incident data: in-patient slip trips and falls (unit has transferred now to acute BU), discharge issues including pressure ulcers, medication issues, violence abuse and harassment of staff	Part 3
Northumberland User Feedback	Numerous user forums, 2500 surveys	Top themes from user forums: identification of under represented areas, the development of Health watch and the role of the service user in service planning and development, harmonising user forums with other organisations	Part 3
North Tyneside User Feedback	TBC		Part 3
Northumberland Complaints	69	Top themes identified are: staff attitude, accessibility to wheelchair services, social care charging, services following discharge	Part 3
North Tyneside Complaints	13	Top themes, staff attitude	Part 3

Hospital Services

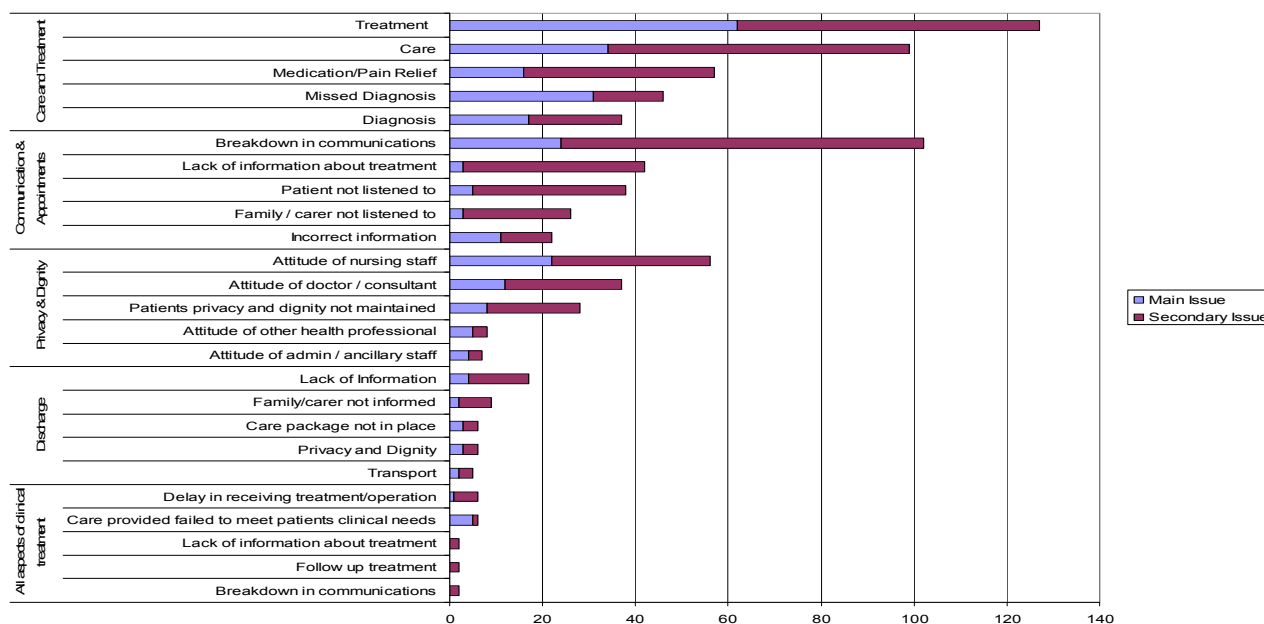
Complaints

We value the contributions patients and their carers have made to our patient surveys, complaints and compliments. The systems we use to record and evaluate this information has been developed over time and we can now provide analysis by site and by service so our clinical teams can use this in their clinical governance meetings and recommend lessons to be learnt and suggest areas for improvement. These are summarised in the above table but below is an example of the detail we provide to clinical teams.

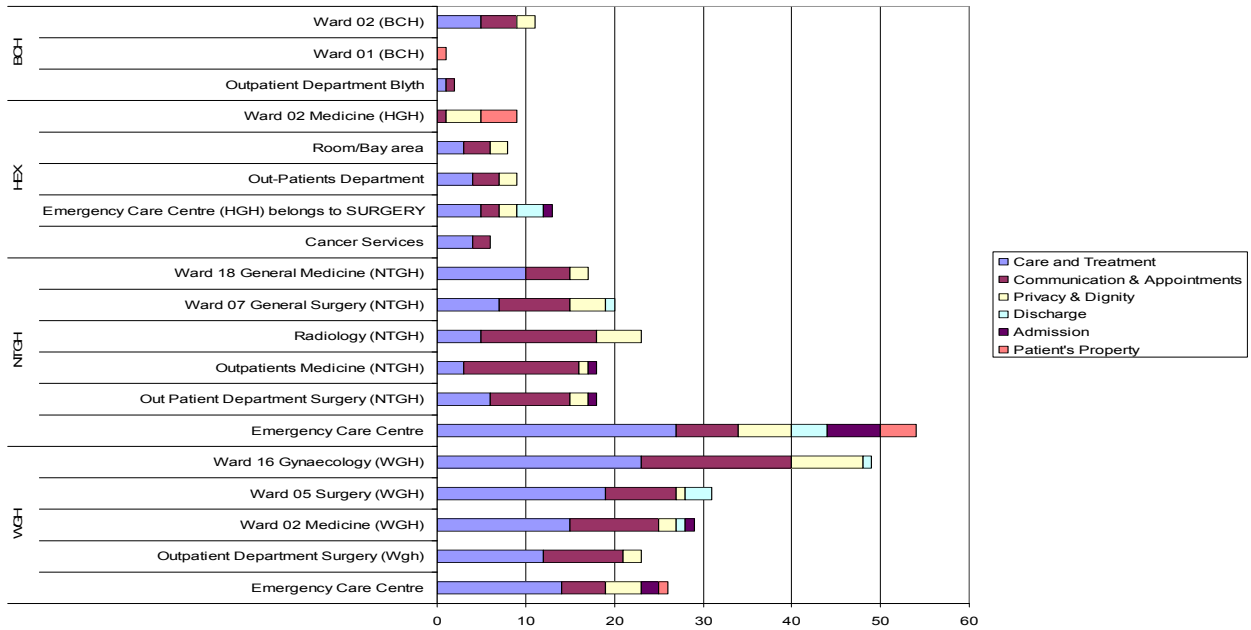
The NHS Complaints Regulations 2009 specifically require Trusts to conform to a number of key performance indicators as listed below

Complaints Performance Indicators	2008/09 Outturn	2009/10 Outturn	2010/11 to Feb 11
Complaints Received	674	630	368
Acknowledged within 3 working days	100%	100%	100%
Complaints Closed	635	685	385
Closed Within Agreed Timescale (95% target)	94%	86.6%	91.1%
No. of complaints well founded (new from 2009)	no data	100 (15%) ¹	37% ²
Concerns referred to PALS/Manger to resolve	no data	83	159

The graph below demonstrates the top five themes identified in complaints received in the year to date. The graph distinguishes between the main and secondary issues from individual complaints.



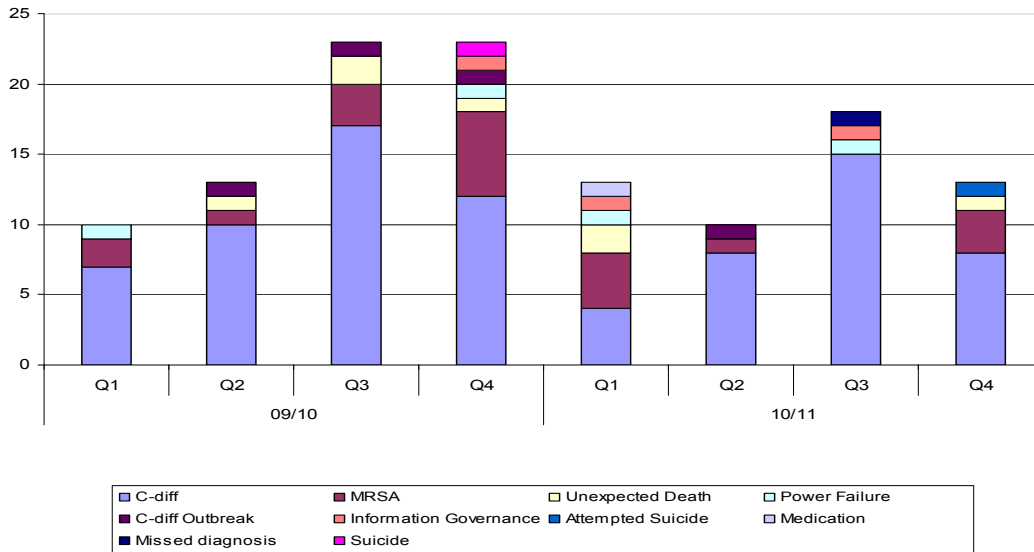
The graph below shows the top 5 issues raised in complaints during 2010/11 split by Site and location.



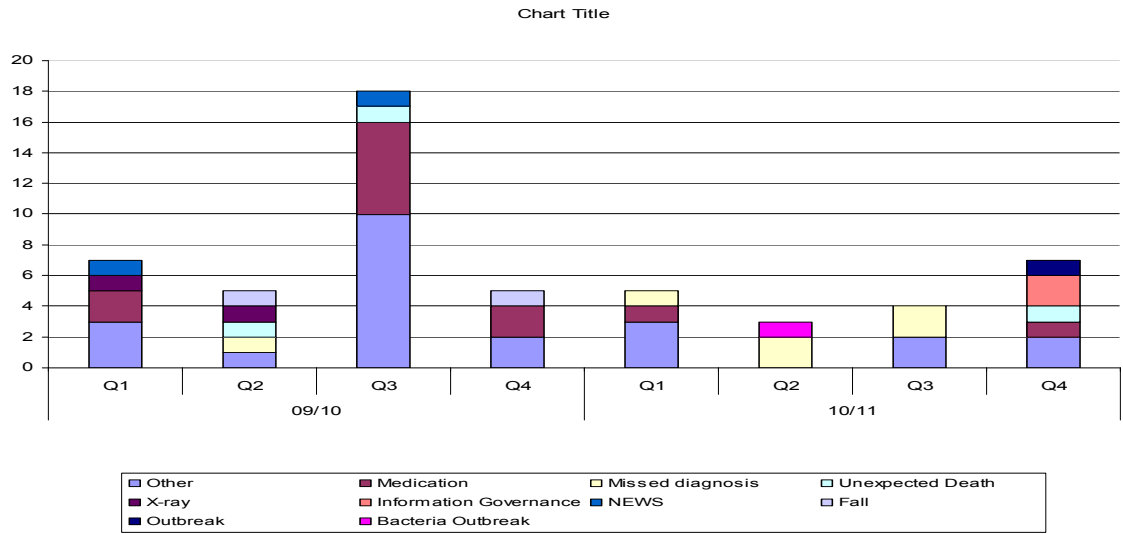
Staff reporting incidents

The graph below, explains the trend in our serious untoward incidents in the last two years by quarter.

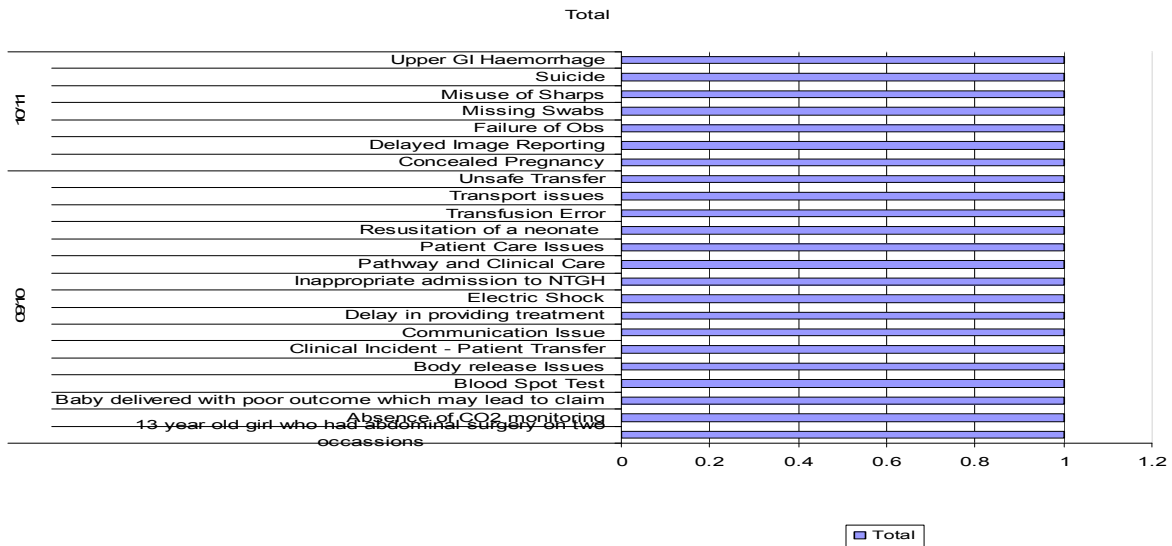
Chart Title



The graph below, explains the trend in our significant learning events in the last two years by quarter.



The Commissioners asked for a breakdown of the 'other' events last year and we have developed the report.



Community Services

Complaints

The table below shows three years high level statutory complaints information for Northumberland Care Trust and North Tyneside community health both now joined with Northumbria Healthcare. North Tyneside community health was previously part of Newcastle and North Tyneside Primary Care Trust. Both organisations used different systems and the harmonisation of the data they collected is ongoing.

Community Business Unit	2008/09				2009/10				2010/11			
	N'land social care	N'land comm health	N'land mixed	NT comm health	N'land social care	N'land comm health	N'land mixed	NT comm health	N'land social care	N'land comm health	N'land mixed	NT comm health
Complaints received	40	18	5	No data	58	25	4	21	61	8	0	13
Acknowledged within 3 working days	No data			No data	98% estimated			100%	99%			100%
Complaints closed	32	16	3	No data	55	27	5	21	58	8	-	TBC
Closed within first response period	No data			No data	No data			67%	66%	83%	-	TBC
Percentage of complaints "well founded" (upheld)	32% estimated			No data	38%			52%	32%			TBC
Percentage of complaints partly upheld	26% estimated			No data	22%			n/a	38%			n/a

Key

N'land social care	=	Northumberland social care complaints
N'land comm health	=	Northumberland community health complaints
N'land mixed	=	Complaints in Northumberland relating to both social care and community health
NT comm health	=	North Tyneside community health complaints

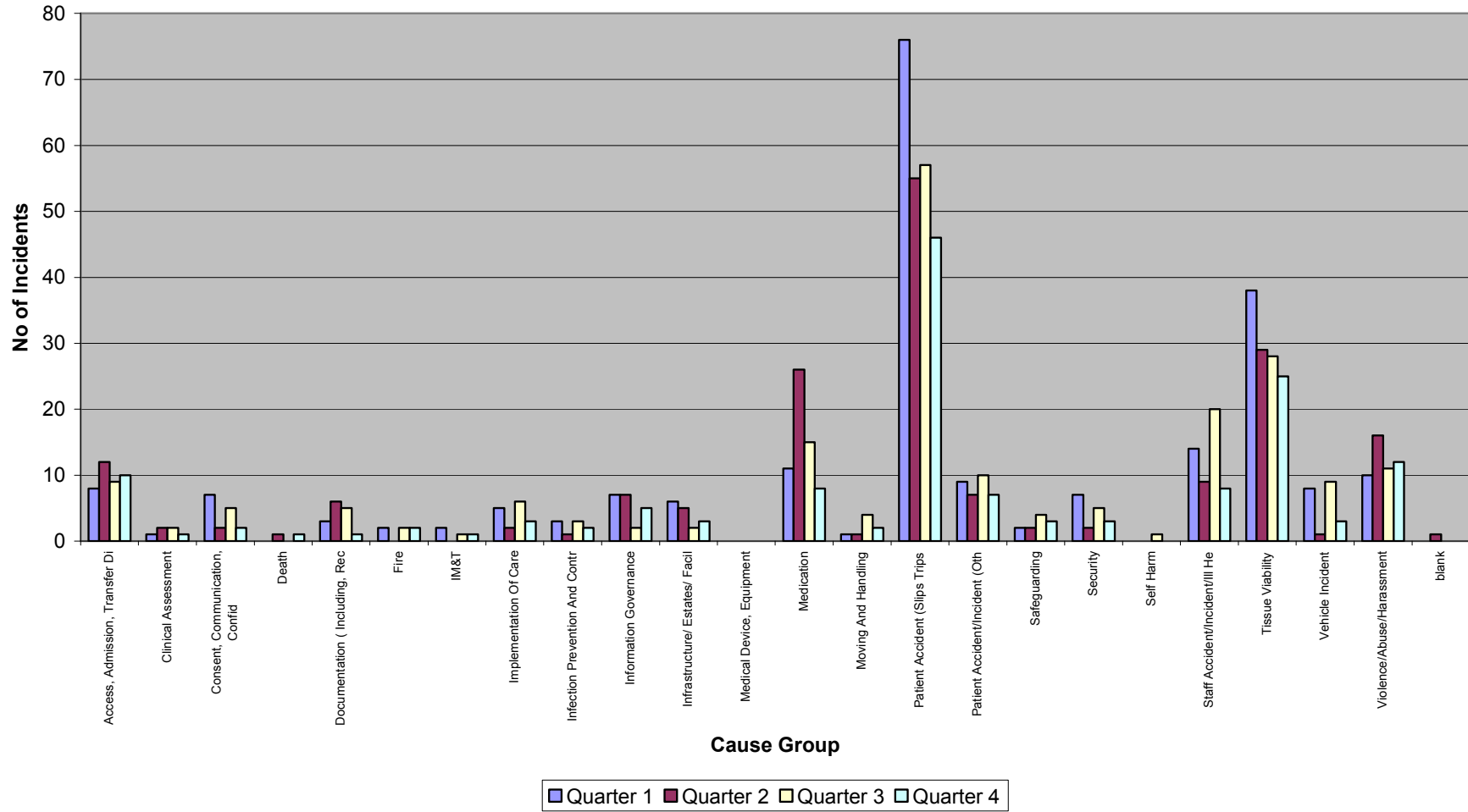
The top themes from the Northumberland Care Trust complaint system are staff attitude, accessibility to wheelchair services, social care charging and services following discharge. The top theme from the North Tyneside PCT complaints system was staff attitude.

Staff Reporting Incidents

The top themes were from Northumberland Care Trust analysis of incident data (1059 IRIs) focused on discharge issues, slips trips and falls, minor information governance issues.

The top themes were from North Tyneside PCT analysis of incident data (775 IRIs) focused on in-patient slip trips and falls, discharge issues including pressure ulcers, medication issues, violence abuse and harassment of staff. The data for both the PCTs cannot be provided for a cumulative year by quarter and so this will be developed into an annual visual summary for next year.

North Tyneside Incidents 2010-11 - by Cause Group



ANNEX: Statements from Primary care Trusts, Local Involvement Networks, Overview and Scrutiny Committees.

Introduction

Statutory stakeholders, that is, our local commissioner, LINKs and the Overview and Scrutiny Committees, are offered the opportunity to comment on our quality account ahead of publication. A statement, if offered, is presented in this quality account. We have a strong record of engaging with our stakeholders and we were pleased to work in partnership to develop and produce our quality account. They are required to provide feedback on specific business and this is described below and we would also welcome general feedback.

North of Tyne Commissioners

NHS North of Tyne commissioner's board has considered the following statement:

- Confirm that they consider the document contains accurate information in relation to services provided to it and set out any other additional information they consider relevant to the quality of the NHS service provided.
- Take reasonable steps to check the accuracy of data provided in the quality account against the data they have supplied during the year.

Feedback

Local Involvement Networks (LINKs)

We welcome the opinion of LINKs on our draft quality account. Links might like to comment on the following areas:

- Whether the quality account is representative.
- Whether it gives a comprehensive coverage of the provider's services.
- Whether they believe that there are any significant issues of concern that had previously been discussed with providers in relation to quality accounts.

Feedback

Overview & Scrutiny Committee (Northumberland County Council)

We welcome the opinion of the Overview and Scrutiny Committee on our quality account. The Overview and Scrutiny Committees may comment on the following areas:

- Whether the quality account is representative.
- Whether it gives a comprehensive coverage of the provider's services.
- Whether they believe that there are any significant issues of concern that had previously been discussed with providers in relation to quality accounts.

Feedback

Overview and Scrutiny Committee (North Tyneside Council)

We welcome the opinion of the Overview and Scrutiny Committee on our quality account. The Overview and Scrutiny Committee may comment on the following areas:

- Whether the quality account is representative.
- Whether it gives a comprehensive coverage of the provider's services.
- Whether they believe that there are any significant issues of concern that had previously been discussed with providers in relation to quality accounts.

Feedback

Governors Body

We have developed the quality account in partnership with our Governors and sought views from our members on the most important priorities. The Governors Body considered this draft quality account and decided:

- Whether the quality account is representative.
- Whether it gives a comprehensive coverage of the provider's services.
- Whether they believe that there are any significant issues of concern that had previously been discussed with providers in relation to quality accounts.

Feedback

Annex: Statement of director’s responsibilities in respect of the quality report

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 to prepare Quality Accounts for each financial year. Monitor has issued guidance to NHS foundation trust boards on the form and content of annual Quality Reports (which incorporate the above legal requirements) and on the arrangements that foundation trust boards should put in place to support the data quality for the preparation of the Quality Report.

In preparing the Quality Report, directors are required to take steps to satisfy themselves that:

- the content of the Quality Report meets the requirements set out in the *NHS Foundation Trust Annual Reporting Manual*;
- the content of the Quality Report is consistent with internal and external sources of information including:
 - Board minutes and papers for the period April 2010 to June 2011
 - Papers relating to Quality reported to the Board over the period April 2010 to June 2011
 - Feedback from the commissioners dated XX/XX/2011
 - Feedback from governors dated XX/XX/2011
 - Feedback from LINKs dated XX/XX/2011
 - The Trust’s complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated XX/XX/20XX
 - The 2011 national patient survey
 - The 2011 national staff survey
 - The Head of Internal Audit’s annual opinion over the Trust’s control environment dated XX/XX/20XX
 - CQC quality and risk profiles dated XX/XX/2011
- the Quality Report presents a balanced picture of the NHS foundation trust’s performance over the period covered;
- the performance information reported in the Quality Report is reliable and accurate;
- there are proper internal controls over the collection and reporting of the measures of performance included in the Quality Report, and these controls are subject to review to confirm that they are working effectively in practice;
- the data underpinning the measures of performance reported in the Quality Report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review; and the Quality Report has been prepared in accordance with Monitor’s annual reporting guidance (which incorporates the Quality Accounts regulations) (published at <http://www.monitor-nhsft.gov.uk/annualreportingmanual>) as well as the standards to support data quality for the preparation of the Quality Report (available at <http://www.monitor-nhsft.gov.uk/annualreportingmanual>).

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the Quality Report.

By order of the Board

NB: sign and date ***in any colour ink except black***

.....Date.....Chairman

.....Date.....Chief Executive

GLOSSARY

Acute trust

A trust is an NHS organisation responsible for providing a group of healthcare services. An acute trust provides hospital services (but not mental health hospital services, which are provided by a mental health trust).

Board

The role of the Trust's Board is to take corporate responsibility for the organisation's strategies and actions. The chair and non-executive directors are lay people drawn from the local community and are accountable to the Secretary of State. The Chief Executive is responsible for ensuring that the Board is empowered to govern the organisation and to deliver its objectives.

Care Quality Commission

The Care Quality Commission (CQC) replaced the Healthcare Commission, Mental Health Act Commission and the Commission for Social Care Inspection in April 2009. The CQC is the independent regulator of health and social care in England. It regulates health and adult social care services, whether provided by the NHS, local authorities, private companies or voluntary organisations. Visit: www.cqc.org.uk.

Clinical audit

Clinical audit measures the quality of care and services against agreed standards and suggests or makes improvements where necessary.

Commissioners

Commissioners are responsible for ensuring adequate services are available for their local population by assessing needs and purchasing services. Primary care trusts are the key organisations responsible for commissioning healthcare services for their area. They commission services (including acute care, primary care and mental healthcare) for the whole of their population, with a view to improving their population's health.

Commissioning for quality and innovation

High Quality Care for All included a commitment to make a proportion of providers' income conditional on quality and innovation, through the Commissioning for Quality and Innovation (CQUIN) payment framework.

Visit www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_091443

Department of Health

The Department of Health is a department of the UK government but with responsibility for government policy for England alone on health, social care and the NHS.

Foundation trust

A type of NHS Trust in England that has been created to devolve decision-making from central government control to local organisations and communities so they are more responsive to the needs and wishes of their local people. NHS Foundation Trusts provide and develop healthcare according to core NHS principles – free care, based on need and not on ability to pay. NHS Foundation Trusts have members drawn from patients, the public and staff, and are governed by a board of governors comprising people elected from and by the membership base.

Hospital Episode Statistics

Hospital Episode Statistics is the national statistical data warehouse for England of the care provided by NHS hospitals and for NHS hospital patients treated elsewhere.

Local Involvement Networks

Local Involvement Networks (LINKs) are made up of individuals and community groups which work together to improve local services. Their job is to find out what the public like and dislike about local health and social care. They will then work with the people who plan and run these services to improve them. This may involve talking directly to healthcare professionals about a service that is not being offered or suggesting ways in which an existing service could be made better. LINKs also have powers to help with the tasks and to make sure changes happen.

Monitor

The independent regulator responsible for authorising, monitoring and regulating NHS Foundation Trusts.

National Institute for Health and Clinical Excellence

The National Institute for Health and Clinical Excellence (NICE) is an independent organisation responsible for providing national guidance on promoting good health and preventing and treating ill health. Visit: www.Nice.org.uk

National patient surveys

The National Patient Survey Programme, co-ordinated by the Care Quality Commission, gathers feedback from patients on different aspects of their experience of recently received care, across a variety of services/settings.

Visit: www.cqc.org.uk/usingcareservices/healthcare/patientsurveys.cfm

NHS Choices

The first port of call for the public for all information on the NHS.

Overview and scrutiny committees

Since January 2003, every local authority with responsibilities for social services (150 in all) has had the power to scrutinise local health services. Overview and scrutiny committees take on the role of scrutiny of the NHS – not just major changes but the ongoing operation and planning of services. They bring democratic accountability into healthcare decisions and make the NHS more publicly accountable and responsive to local communities.

Secondary uses service

The secondary uses service is designed to provide anonymous patient-based data for purposes other than direct clinical care such as healthcare planning, commissioning, public health, clinical audit and governance, benchmarking, performance improvement, medical research and national policy development.

Visit: www.ic.nhs.uk/services/the-secondary-uses-service-sus/using-this-service/data-quality-dashboards