



# North Tees and Hartlepool NHS Foundation Trust

## Overview Presentation

### Stockton Health Select Committee

13 June 2011

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## Introduction

- Overview of the Trust
- Momentum: Pathways to Healthcare
- Community Services Integration
- Quality Review Panel
- Public Involvement
- Patient Experience



- Hospital and community healthcare provider
- 5,700 staff
- 800 hospital beds (2 sites)
- 38 community premises
- Income £257m
- Shared priority – patient safety and experience first



# Corporate Strategy

Overarching direction  
for the Trust for the  
next 5 years





## Corporate Strategy - Values

Healthcare is a people business, we therefore place great emphasis on; patients, public and staff who are all key to what we do. This is recognised in our People First values which include to:

- Be responsive to the needs of our patients as individuals
- Be responsible to the needs of our stakeholders
- Treat all people with compassion, care courtesy and respect
- Respect each person's right to privacy, dignity and individuality
- Take time to be helpful





## Corporate Strategy – Review of Progress

Good progress on patient safety

Improvement in overall patient satisfaction

Maintaining Market share

Favourable Monitor Assessment

Progress continues with the Outline Business Case for the new hospital

More care delivered in non-acute setting



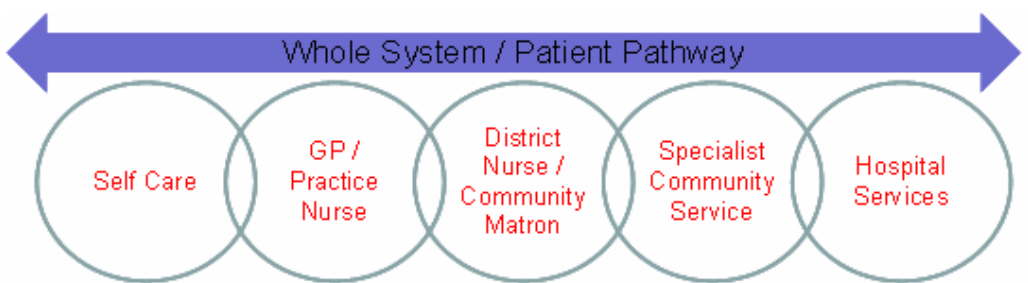




There are three elements to the Momentum – pathways to healthcare programme; the redesign of care pathways, delivery of care closer to home from new community based facilities and a new hospital to replace the existing two in Hartlepool and Stockton.



# Service Transformation



Clinical Pathway Projects

Enabling Projects

Reducing Un-necessary Admissions and Length of Stay

- Patient pathways
- Whole system
- Integration
- Point of Care Testing
- New Technology
- Self Care
- Information





## Community Facilities

### **One Life Centre Hartlepool**

- Now Open

### **Stockton Integrated Care Centre**

- Alma Street Site Purchased
- Anticipated opening 2013

### **Billingham Care Centre**

- Discussions with Stockton Borough Council ongoing
- Anticipated opening 2013

### **Yarm Care Centre**

- New facility is progressing well
- Anticipated opening 2012





## New Hospital

### A world class hospital, giving best value for money

Original scheme  
634 beds



#### Reducing the capital cost

- 1 £66m – VAT on scheme recoverable under PFI
- 2 £34m – Equipment to be funded from the sale of the two hospitals with the remainder leased or provided through a managed equipment service contract
- 3 £40m – Buildings to be leased separately providing operational flexibility at lower cost
  - a Rehabilitation facility for patients who need this type of care before going home
  - b Trust headquarters, training and education, cold pathology and energy centre
- 4 £20m – reorganising wards, rooms and circulation space to reduce the building by one storey
  - c 30 bedded wards rather than 24 bedded wards
  - d Bedrooms - reduced size but still 100% single patient bedrooms - 35% bigger than our current single rooms.
  - e An increase in the number of operating theatres from 12 to 14 plus two maternity theatres and a change of design but still 40% bigger than our current operating rooms.

\* Revised scheme based on updated health need information

Revised scheme  
626 beds\*



January 2011

 **momentum**  
pathways to healthcare

Revised Outline Business Case

PFI Reviews by Monitor and DH

Deed of Safeguard awaited

Schedule now anticipated to open in 2016

Transport – Road Links and Public Transport



## Community Services Integration

### What services do we provide?

- Promoting Health, Wellbeing and Reducing Inequalities
- Services for Children, Young People and Families
- Acute Care closer to home and rehabilitation
- Long Term Conditions
- End of Life Care



## Community Services Integration

- Third year of integration
- Better joint working
- Whole system approach
- Care closer to home
- More seamless
- Competitive advantage

# Quality Review Panel

- Visible leadership
- Governor participation
- Share good practice
- Learn from and with other teams
- Measurement for improvement
- Immediate actions





# Quality Review Panel

This system helps to see things from the patients' perspective.

Asking patients about their experience in relation to the following key areas:

- Has the patient been treated with dignity and respect?
- Has nursing communication been good?
- Has medical communication been good?
- Would the patient recommend the hospital to others?
- What single thing could be done to improve the patient stay in the Trust's hospitals?

The Trust aims to continue to use this tool to assess and improve the quality of patient care and experience and work with colleagues in the community to adapt the tool for use by community teams. It will also be used to educate junior clinical staff to help them understand the importance of delivering not only safe and effective healthcare, but a patient experience that is second to none.



# Public Involvement

Our aim is that every patient, client, carer and relative must receive a first class experience from all of our staff and the services we provide. Quality must be based on their perspective, not ours.

Learning and listening to our service users is key to improving patient experience and reducing risks.

Our service users and patients are invited to attend our Quality Review Panel visits to contribute and share their concerns and ideas with us in real time.



# Patient Experience

## Francis Report - Feb 10

Patients left on commodes; sheets soiled – suffering, distress and embarrassment

Attitude of some nurses – uncaring, poor hygiene practice, mouth-care – degrading

Dignity – state of undress, moved unsympathetically and in unskilled ways – pain & distress

Lack of compassion, reassurance, communication – poor discharge information

Reluctance to raise concerns, poor morale, poor performance

Chronic understaffing, weak clinical leadership

Lack of feedback about incidents, complaints – appraisal low priority

Misunderstanding of responsibilities/accountability

High mortality – unchallenged; disconnect between ward and board



# Patient Experience

**National In Patient Survey 2010** excellent levels of satisfaction, with 2010 having more than double the amount of questions scoring in top 20% nationally than in 2009. Areas of good practice included;

- Good communication with medical and nursing staff
- Delivering more same sex accommodation
- Feeling there were adequate number of nurses on ward to care
- Increase satisfaction with food
- Good management of pain control
- Discharge planning, information and advice provided before leaving hospital
- Being treated with respect and dignity scores remains high

Areas where improvement is required and where action plans are already being developed;

- Providing a choice of admission dates
- Helping those patients who require help to eat their meals

# Patient Experience

## Local surveys

- Trust develops a yearly local survey programme which reflects priorities highlighted by the NHS National Patient Survey Programme, NICE guidance, and National Service Frameworks
- Focus on shortfalls highlighted in the National Survey Programme in far greater detail
- Identify why there maybe shifts in satisfaction ratings and what may have caused these trends
- Offer real time results that can bring about more specific service improvements

## CQUIN Surveys

- Currently looking at Emergency Care, Out Patient Services, Discharge Planning and Infection Prevention and Control. Patients invited to complete either a paper survey or an online version. A total of 1500 surveys sent in May 2011. Feedback & action planning July 2011.



## Next Steps / Emerging issues

- Equity and Excellence: Liberating the NHS
- Engage with Patients and GPs
- Continue to deliver the Momentum and QIPP Programme
- Continue to Integrate Acute and Community Services
- Continue to develop services and put patients at the centre of all we do