NHS

The Newcastle upon Tyne Hospitals
NHS Foundation Trust

QUALITY
ACCOUNT

Unconditionally registered with the CQC since April 2010

2019/20

Healthcare at its best
with people at our heart

CONTENTS

PART 1

CHIEF EXECUTIVE'S STATEMENT

Our Quality Account this year is written as we begin to emerge from the height of the COVID-19 pandemic and what has been one of the most challenging periods in the NHS's history.

On 31 January 2020, our High Consequence Infectious Disease Unit received the first patients in the UK who were confirmed to have the virus, which had been first identified in China during late 2019.

Our teams responded magnificently to support these patients and set the standard for the outstanding clinical response which has continued throughout recent months. The whole Trust, city and the wider NHS has been focussed on the pandemic throughout 2020. The local and national outpouring of support for the NHS through the '#ClapforCarers' has been warmly welcomed by staff across the organisation.

Following national guidance, the annual reporting arrangements for Trusts have been streamlined; however we hope this report still provides a flavour of our outstanding achievements over an exciting year. Most notably we were very proud to be awarded our second 'Outstanding' rating by the Care Quality Commission (CQC) in May 2019, reaffirming our position as one of the UK's top hospitals. The quality of care that we provide for patients has always been, and will continue to be, our driving force each day. Our new Trust strategy which we launched in 2019 highlights how we will continue to ensure that people are at the heart of what we do, and the ambitions we have for the future.

This year, we became the first NHS Trust and the first health organisation in the world to declare a Climate Emergency, committing us to taking clear action to achieve net zero carbon. The significant impact of climate change of the health of the population makes it vitally important for us to take positive action to preserve the planet. We are now working hard to achieve this, and to support and encourage other NHS bodies to follow our lead.

Equality is very important to us in Newcastle, so it was with great pride that we achieved top 100 ranking on the Stonewall index for 2020 and also that we held our first British, Asian and Minority Ethnic (BAME) conference. As we look ahead to 2020/21, we are restarting and rebuilding the NHS to respond to a world with COVID-19. None of us yet know what this will mean in the medium or long term, so we need to remain alert to the changing outlook. We need to support staff to recover from the personal and professional impact of the pandemic, and to think creatively about new ways of working. What is clear is that Newcastle Hospitals will continue to provide excellent services which save and improve lives and which increasingly tackle health inequalities.

Thank you to everyone who supports us, our staff, our patients and the local community.

Dame Jackie Daniel
Chief Executive Chair
2nd September 2020

To the best of my knowledge the information contained in this document is an accurate reflection of outcome and achievement.

WHAT IS A QUALITY ACCOUNT?

Quality Accounts are annual reports to the public about the quality of healthcare services that we provide. They are both retrospective and forward looking as they look back on the previous year's data, explaining our outcomes and, crucially, look forward to define our priorities for the next year to indicate how we plan to achieve these and quantify their outcomes.

PART 2

QUALITY PRIORITIES FOR IMPROVEMENT
2020/21

RESTART, RESET AND RECOVERY POST COVID-19

The Prime Ministers' announcement on March 23rd 2020 signalled clearly that the COVID-19 virus is now the biggest threat this country and the world has faced for decades. It's been inspiring to see the amount of concerted effort and activity that everyone has put into preparing our hospital to respond to the pandemic.

With the advent of the COVID-19 Pandemic, all routine activity within the Trust was suspended and staff redeployed to priority areas. At the end of April 2020, as COVID-19 activity declined, the 3 stage Restart, Reset and Recovery programme (3 Rs programme) for clinical and enabling services at Newcastle Hospitals was established.

It is worth noting that during the active phase of the COVID-19 pandemic, and unlike many other Trusts, Newcastle Hospitals was also able to maintain delivery of all emergency activity along with many urgent and life extending services such as Cancer and Renal as well as considerably expand the capacity of other services such as Diagnostic COVID-19 testing.

The Restart, Reset and Recovery Programme

The programme consists of 3 clear, but overlapping phases:

Restart - A short term switch back on with minor alterations to pre COVID-19
Reset - Recommence but with adoption of new ways of working which are defined by the COVID-19 legacy constraints such as need for PPE, testing, shielding, social distancing and workforce fatigue
Recovery - A longer term programme, where we embed our new transformative ways of working, recover our performance and clear back logs.
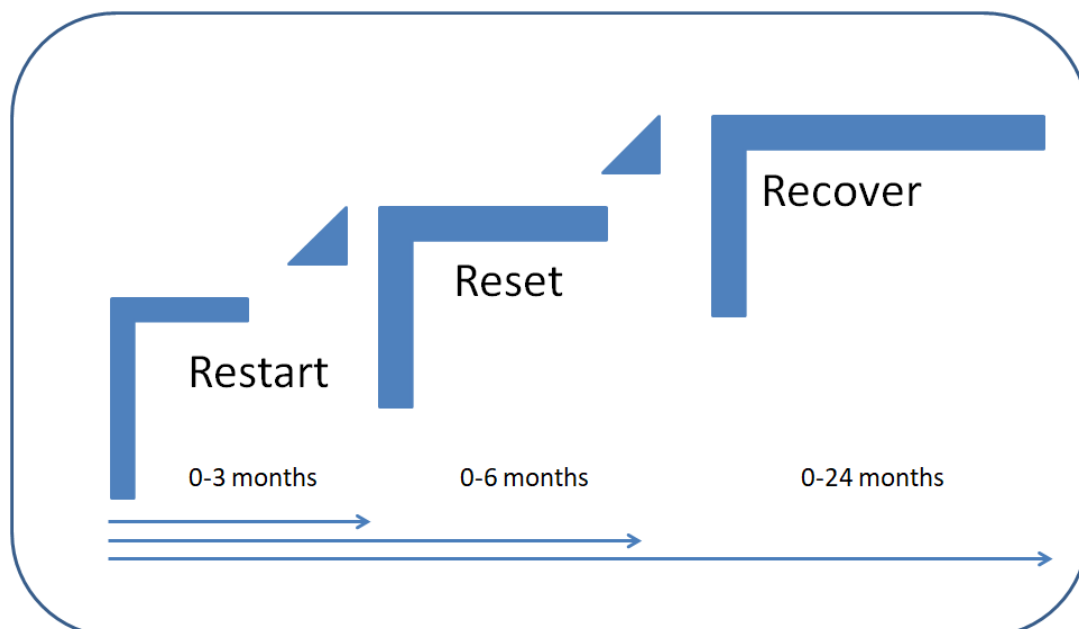

Figure 1. The 3 Rs programme

A multi-disciplinary/professional group was established, led by the Executive Director of Business and Development, with the following terms of reference:

In the short term, we will RESTART & RESET (0-6 months) services that have been paused due to the COVID-19 Pandemic (based on clinical priority versus ease of being able to do so versus clinical risk of doing so) whilst hardwiring in the positive changes that have occurred.
In the longer term, we will RECOVER (3-24 months), continuing to build on our existing Transformational programme, whilst clearing backlogs and recovering performance.
We will incorporate positive changes developed during the COVID-19 Pandemic and embrace new technologies/ways of doing things going forward.
We will retain ability to (quickly) flex activity up and down and to be agile to changes.

In order to maintain patient safety at all times, clinical services restarting have had to be mindful of government advice around social distancing, enhanced testing, cleaning and use of PPE as appropriate. This has significantly reduced the Trust's capacity (most notably in Diagnostics, Out-Patients and for inpatients the reduction from 6 to 4 bedded bays) and it is likely that until a vaccine is developed or COVID-19 disappears, the Trust will continue to operate at a reduced capacity estimated at some 75/80% of previous year's activity levels.

Progress with 3Rs to date:

On March 17th 2020 due to the COVID-19 pandemic we significantly reduced and cancelled much of our non-urgent elective work. Our activity in these services is now up to over 80% of our pre-COVID-19 levels, having increased from around 20-30% in March and April.

Despite continuing with our urgent work and cancer care, we also saw a significant reduction in these areas. For a brief period in late March our non-elective activity was around 50% of what it usually would be, before increasing steadily to between 80-90% currently. Alongside this we also saw referrals for urgent, routine and two-week cancer pathways fall significantly – in one week being 40% the usual level. Thankfully for those patients who need our urgent care, referrals are now back to 90%. We are actively working with our primary care colleagues and other partners to make clear that we are ready to receive and treat these referrals. Local and national communications tell us that due to COVID-19 people are reluctant to come forward for treatment. We will therefore continue to share the safety measures we have in place and to reassure the public. Overall, the increase in activity to levels which are near to those of pre-COVID-19 levels – and over such a short period of time - is an incredible achievement. On 31 July, Sir Simon Stevens and Amanda Pritchard, Chief Executive and Chief Operating Officer of the NHS wrote to trusts setting out the way that the NHS as a whole will be expected to operate for the rest of the year to ensure maximum services can be achieved. We are working proactively and responsively to tackle issues that COVID-19 has brought to ensure our ability to provide excellent care to patients is maintained.

For us in Newcastle, we need to steer a course that not only delivers the quantity of services needed, but ensures they are of the same outstanding quality that we have always achieved.

There are some fantastic examples of how we are responding to these challenges with innovation and imagination:

• In ophthalmology, patients are being booked in for digital imaging and diagnostics at the weekends, so that the whole capacity of the eye department can be used to facilitate social distancing. Surgeons can then review results digitally and discuss a treatment plan with patients by video or phone. This has also made the hospital visit much quicker for patients, who would previously need to wait for some time to see the consultant;

• A huge number of our teams have been holding video consultations for hundreds of patients using the "Attend Anywhere". This has allowed clinicians to assess their patients visually, ask questions and check on their general wellbeing. In total, 215 'waiting room' clinics are now available online and, to date, 3,250 consultations have taken place with patients which equates to around 1,150 hours and an appetite to continue to roll this out. Feedback from the clinical teams involved suggests the 'waiting rooms' are working very well with the same patient outcome and experience as face-to-face appointments;

• Patients whose hearing aids we provide no longer have to attend a booked appointment and then wait for their hearing aids to be repaired. Instead, large numbers are putting their hearing aids in the post and sending them in for repair. The number of face-to-face repairs has reduced by 80%, whilst the number of postal repairs has increased threefold, from around 550 to over 2,400;

• Several services, including MSU, endoscopy and some women's services, are reviewing their referral pathways to triage as early as possible so that, where appropriate, patients can go straight to diagnostic tests without an additional face-to-face clinic appointment.

There has been some excellent progress made across the organisation on the 3 stage restart, reset and recovery program. All decisions regarding restart have been a balance of clinical priority, clinical risk and ease of stepping up (e.g. no interdependencies). There has been a consistent and priority focus on safety for patients and for staff which will continue.

Following discussion with the Board of Directors, the Council of Governors, patient representatives, staff and public, the following priorities for 2020/21 have been agreed. A public consultation event was held in January 2020 and presentations have been provided at various staff meetings across the Trust.

Priority 1 – Reducing Infection – focus on Methicillin-Sensitive Staphylococcus Aureus (MSSA)-E.coli

Why have we chosen this?
Methicillin-Sensitive Staphylococcus Aureus (MSSA) bacteraemias are important infections which can cause significant harm. They have substantial personal, reputational and resource implications. At Newcastle Hospitals (NUTH), these are most commonly associated with lines and indwelling devices; achieving excellent standards of care and improving practice is essential to reduce these infections in line with our zero tolerance approach.
E.coli and other Gram negative bacteraemias constitute the most common cause of sepsis (also known as blood poisoning, which is the reaction to an infection in which the body attacks its own organs and tissues) nationwide. Proportionally, at NUTH, the main source of infection is urinary tract infections, mostly catheter associated, reflecting the national picture. An integrated approach engaging with the multidisciplinary team across the whole patient journey, focusing on antibiotic stewardship, early identification of risks and timely intervention formulate the basis for our strategy to reduce these infections.
C.difficile infection is a potentially severe or life threatening infection which remains a national and local priority to continue to reduce our rates of infection in line with the national objectives.

What we aim to achieve?
- 10% year on year reduction of MSSA bacteraemias.
- 25% reduction of E.coli and other Gram negative bacteraemias by 2021/22.
- Sustain a reduction in C.difficile infections in line with national trajectory.

How will we achieve this?
- Board level leadership and commitment to reduce the incidence of Health Care Associated Infection (HCAI).
- Quality improvement projects in key directorates running in parallel with Trust-wide awareness campaigns, education projects, and audit of practice, with a specific focus on:
  - Antimicrobial stewardship and safe prescribing
  - Insertion and ongoing care of invasive and prosthetic devices
  - Ward monitoring of device compliance for peripheral Intravenous (IV) and urinary catheters
  - Prevention of surgical site infection
  - Improve diagnosis of infection in all steps of the patient journey
- Working with partner organisations to reduce infections throughout the Health Care Economy
- Early recognition and management of suspected infective diarrhoea
- Root cause analysis for all health care associated C.difficile infections.

How we will measure success?
- Sharing data with directorates whilst focusing on best practice and learning from Root Cause Analysis (RCA).
- Continue to report MSSA, C.difficile and E.coli infections on a monthly basis, internally and nationally.

Where we will report this to?
- Quality Committee.
- Trust Board.
- The public via the Integrated Board Report.
- Public Health England.
- NHS England.

Priority 2 – Pressure Ulcer Reduction

Why have we chosen this?
Reducing patient harm from pressure damage will remain a priority. While the Trust has achieved an overall reduction in patients sustaining pressure damage, the rates remain higher than we are striving for. In the last year, we have worked to support and lead quality improvement initiatives to reduce hospital acquired pressure damage which are set to continue. There are opportunities to further enhance the programme of education which is offered to the multidisciplinary team to ensure that the key messages around pressure damage prevention, assessment and care are delivered effectively.

What we aim to achieve?
- Significantly reduce hospital acquired pressure damage (specifically pressure ulcers graded category II, III and IV).
- Lead quality improvement work on adult in-patient wards who are reporting the highest incidence and rate of pressure damage.
- Based on incidence and rate of reported pressure ulcers, provide Tissue Viability support for frontline staff.
- Ensure frontline staff are skilled and educated with a developed knowledge base of pressure damage prevention and quality improvement methodology for their patient group.

How will we achieve this?
- The Clinical Standards and Quality Improvement Lead will continue with focused quality improvement projects using methodology already proven to be successful in reducing falls and pressure damage.
- Quality Improvement training for all Tissue Viability staff to enable the delivery of a preventative, evidence-based strategy.
- Collaborative working for Clinical Leaders to include triangulation of incident and nurse staffing data to highlight areas of risk.
- Deliver a robust programme of education to the multidisciplinary team (MDT) on commencement of Trust employment and continue with shared learning through a programme of Harm Free Care workshops.
- Deliver key pressure damage prevention messages supported with meaningful data based on focus group discussion about the challenges of pressure damage prevention.

- Further enhance the investigation process to provide shared learning opportunities for wards reporting Serious Incidents (SI).

How we will measure success?
- Incidence and rate of pressure ulcers will be monitored at Ward, Directorate and Trust level.
- Bench-Marking with Shelford group.
- Utilise recognised quality improvement methodology for measuring data.

Where we will report this to?
- Falls and Pressure Ulcer Taskforce.
- Harm Free Care Group.
- Quality Committee via Patient Safety Group.
- Integrated Board Report.

Priority 3 – Management of Abnormal Results

Why have we chosen this?
The management of clinical tests from their request, through booking, performance, reporting, reviewing and acting on the results, is a major patient safety issue in all healthcare systems. We see evidence of patient harm caused by delays in tests resulting in delays in treatment and aim to minimise those risks. Unfortunately, this is a highly complex problem and nowhere in the world has an infallible system that can guarantee an important result cannot be missed, with an electronic patient record, paper or a combination of both.

What we aim to achieve?
We aim to be a world leader by improving patient safety through ensuring that appropriate clinical investigations result in timely clinical care decisions, and reducing the risk that significant information is overlooked, resulting in delays to treatment.

How will we achieve this?
We are building a "closed loop" investigations system which will track and display all investigations from request, to appointment, to completion, to reporting and then endorsement. This will be visible in each patient's electronic patient record and in a consolidated viewer for the requester and responsible consultant.

How we will measure success?
The success of this change must be measured by a reduction in the incidence of patient harm arising from delayed action on test results which will require long-term data collection. In the shorter term, other important metrics will include the proportion of digitally endorsed results and the time taken between a report becoming available and action being taken on its result.

Where we will report this to?
• Clinical Policy Group.
• Trust Board.
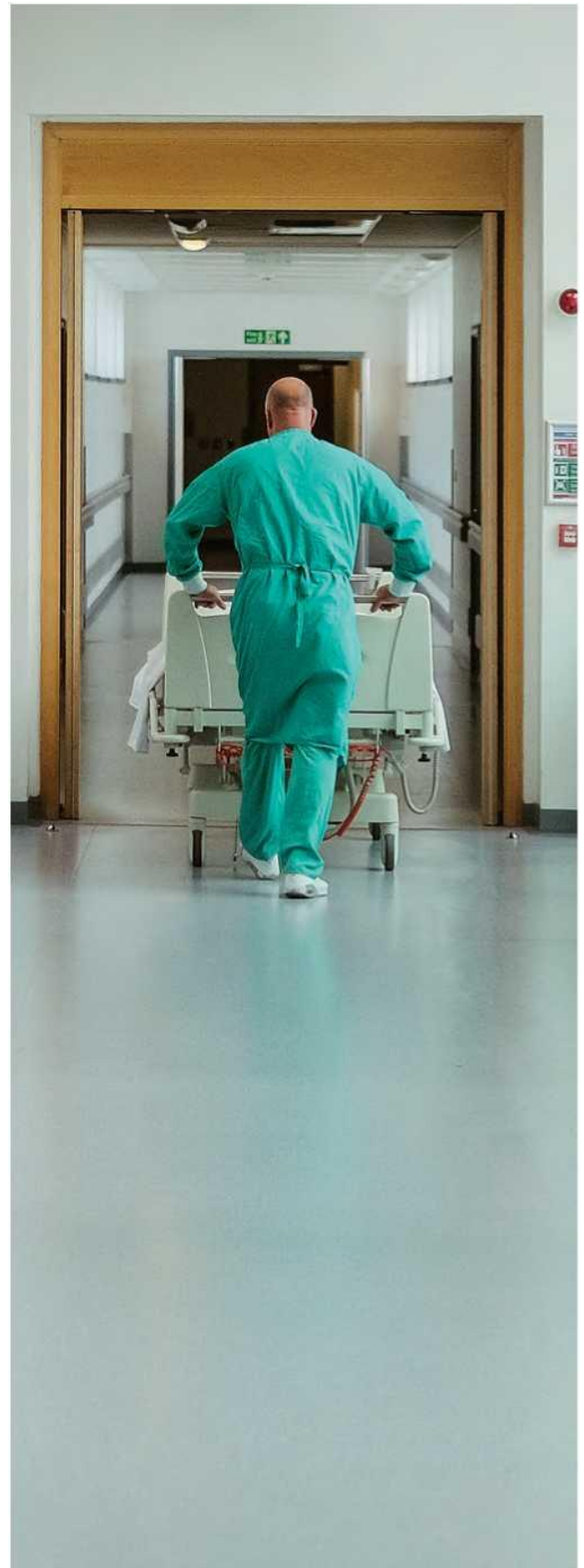
Priority 4 – Closing the Loop

Why have we chosen this?
Previously entitled System for Action Management and Monitoring (SAMM), a system is yet to be identified that meets the need of the organisation to enable the capture of all actions identified in either internal or external reviews. However, there continues to be a drive to establish and embed a centralised, robust IT system to be able to do this and therefore the internal incident reporting system is being explored as a method to be able to deliver this. This project will enhance support for directorates in implementing action plans and provide enhanced governance ('Closing the Loop'). The project to date has been delayed and scaled down due to the impact of COVID-19 but it is expected that we will at least be able to explore the internal incident reporting system as a system option and test this in one directorate. With this in mind, it is likely that this workstream will need to continue beyond 2020/21.

What we aim to achieve?
To explore the internal incident reporting system as a potential IT solution to enable staff to record, prioritise, monitor and complete all required actions identified by the internal and external assessments within the agreed timescales.

How will we achieve this?
- Explore the current internal incident reporting system functionality for encompassing the scope of the project.
- Incorporate a reporting function within the system that will enable monitoring reports and dashboards to be produced at both directorate and corporate level. This will ensure that key themes and trends are identified in order to allow prioritisation.
- Establish a multidisciplinary task and finish group which will meet to discuss the potential design/functionality of the system and support its roll-out Trust-wide.
- Pilot the system in a selected directorate dependent on COVID-19 impact on activity. This will involve staff training for end users.
- Evaluate the system throughout the pilot time and refine the system if required.
- Once the system is tested in a pilot directorate, we will begin a Trust-wide roll-out programme.

How we will measure success?
- Trust and directorate level key performance action plans entered into the system.
- Pilot the system within a directorate.
- Measure outcomes and results.

Where we will report this to?
- 'Closing the Loop' Task and Finish Group.
- Trust Board.

Priority 5 – Enhancing Capability in Quality Improvement (QI)

Why have we chosen this?
As a result of COVID-19, changing the way services are delivered is a current and future requirement. Increasing staff capability, confidence and skills to make changes to lead to improvement is therefore important.

In alignment with the Trust Flourish initiative, this aims to bring joy at work. Joy is associated with increased staff performance and productivity which in turn leads to safer more effective care. This delivers reduced costs and increased productivity and is essential to us remaining an Outstanding NHS trust and financially viable.

This approach will also be a driver for the climate emergency pledge as it offers the ability to highlight the importance of value as a quality pillar and take a sustainable approach to adding value by removing waste.

Patients can be brought into the heart of improvement with their voice and power in co-production and co-design of improvement that 'matters to them'.

What we aim to achieve?
- Establish a single-point of access to all staff for improvement.
- Develop a Quality Improvement Faculty.
- Co-ordinate improvement work across the Trust with existing improvement teams such as the Service Improvement Team and the Transformation Team.
- Recruit The Institute for Healthcare Improvement (IHI) as our global improvement partner.
- Upskill core faculty to support improvement work across the Trust.
- Deliver an effective training strategy to build capability amongst all staff. Starting by training four multi-disciplinary teams on improvement and linking this to local and Trust improvement priorities. This approach will be evaluated and further developed to scale up throughout the Trust.

How will we achieve this?
- Partner with IHI to accelerate the capability and capacity building in the organisation.
- Provide the funding required to establish a team to initiate the delivery of this Trust-wide.
- Utilise existing expertise and resource to initiate the faculty.
- Evaluate the effectiveness of the capability and capacity building by a structured framework.
- Deliver the plans in the agreed business case.

How we will measure success?
Formal research and evaluation of the approach to;
- Ensure the capability and capacity building increases the staff and patient involvement in improvement work and delivers centralised learning
- Evaluate patient and staff outcomes as well as the return on investment.

Where we will report this to?
- Trust Board.

Priority 6 – Treat as one

Why have we chosen this?
The National Confidential Enquiry into Patient Outcome and Death (NCEPOD) report "Treat as One" published in 2017, highlighted inconsistencies in the delivery of physical health care to adult patients with co-existing mental health conditions in NHS hospitals. The study identified a number of areas that could be improved in the delivery of care to this group. Mental Health conditions are complex and challenging to address. Mental health has been gaining much greater public awareness and appreciation in recent years. Despite, and also as a result of, the wide ranging pressures in the NHS relating to COVID-19, mental health and equality of care in relation to it remains a key priority for the NHS.

What we aim to achieve?
We aim to continue to use the key recommendations made in the NCEPOD report as a basis to guide a coordinated approach to current practices and processes within NUTH and Cumbria, Northumberland and Tyne and Wear (CNTW). Where those aspects of care fall short of NCEPOD recommendations, we will work towards optimising and adapting care to meet those standards where possible.

How will we achieve this?
The scope of this project is extensive and the potential need for system change far reaching. The joint forum between NUTH and CNTW is now well established with regular, minuted, meetings promoting cooperative working at a senior level. In addition, a smaller steering group, within NUTH and including CNTW staff, has been established to define immediate priorities for a task and finish approach. COVID-19 has caused a hiatus in progress of these meetings for both groups but with internet meeting platform availability it is hoped to re-establish quarterly meetings of the joint forum and 2 monthly meetings for the task and finish group. Effective information sharing is a key priority and there will be continued efforts to support the on-going development of Paperlite systems and compatibility across NUTH and CNTW. Education is another critical factor for further development. A nationally developed eLearning package is now available. A series of 3 hour seminars had been delivered pre-COVID-19.

Work is now needed to develop and provide concise and targeted training compatible with COVID-19 restrictions.

How we will measure success?
We will measure success using the self-assessment template from the NCEPOD report as the main guide. This will include audits of some of the key aspects of current practice against NCEPOD standards that can then be repeated in the future to assess effectiveness of change.

Where we will report this to?
- Joint NUTH and CNTW forum.
- Clinical Outcomes and Effectiveness Group.
- Trust Board via the Integrated Board Report.

Priority 7 – Ensure reasonable adjustments are made for patients with suspected, or known, Learning Disabilities

Why have we chosen this?
People with a Learning Disability are four times more likely to die of something which could have been prevented than the general population. As a Trust, we are committed to ensuring patients with a learning disability have access to services that will help improve their health and wellbeing and provide a positive and safe patient experience.

What we aim to achieve?
Improve and maintain a positive patient experience for patients with a learning disability and families who need to access hospital services.

How will we achieve this?
- Continue to have bi-monthly Learning Disability Steering Group meetings and ensure patient and family participation within the next six months. Starting up again in July 2020.
- Training programme for students implemented and delivered within six months.
- Ensure greater patient participation and learning from their experience.
- Self-assessment against Improvement Standards 2020.
- Act upon the outcome from the Transition Project 2019.
- Consider recommendations to improve the internal LeDeR process.
- Learn and act upon feedback from patients, families and staff.

How we will measure success?
- Number of actions from Steering Group completed.
- Audit effectiveness of training programme.
- Seek feedback from patients and families.
- Self-assessment of Improvement Standards.

Where we will report this to?
- Safeguarding Committee.

COMMISSIONING FOR QUALITY AND INNOVATION (CQUIN) INDICATORS

The Commissioning for Quality and Innovation (CQUIN) payment framework is designed to support the cultural shift to put quality at the heart of the NHS. Local CQUIN schemes contain goals for quality and innovation that have been agreed between the Trust and various Commissioning groups. Listed below are the quality and/or innovation projects which were agreed with the Commissioners for 2020/2021 prior to the COVID-19 pandemic. It is of note, due to the current COVID-19 response nationally; CQUIN has now been suspended for 2020/21. This will be reconsidered later this year for 2021/22.

2020/2021 CQUIN Indicators

CQUIN Indicators - Acute Hospital – (NHS England)	CQUIN Indicators - Acute Hospital – (CCG)
• Toward Hepatitis C Virus (HCV) Elimination (Year 2) • Antimicrobial resistance: Targeting use of Antifungals • Optimal approaches to Movement Therapy for Children with Cerebral Palsy • Severe Asthma (Year 2) • Personalised Care: Cystic Fibrosis (up to Sept 2020) • Appropriate Spinal Care: Spinal Surgery (Year 2)	• Appropriate Antibiotic Prescribing for Urinary Tract Infection (UTI) • Staff Flu Vaccinations • Recording NEWS2 Score, Escalation Time and Response Time for Unplanned Critical Care Admissions • Screening and Treatment of Iron Deficient Anaemia • Treatment of Community Acquired Pneumonia (CAP) in line with British Thoracic Society (BTS) Care Bundle • Rapid Rule Out Protocol for Emergency Department (ED) Patients with Suspected Myocardial Infarction • Adherence to Evidence Based Interventions Clinical Criteria

CQUIN Indicators - Acute Hospital – (Public Health/Dental/other)	CQUIN Indicators - Community
• Breast screening	• Staff Flu Vaccinations • Assessment, Diagnosis and Treatment of Lower Leg Wounds

STATEMENT OF ASSURANCE FROM THE BOARD

During 2019/20, Newcastle Hospitals provided and/or sub-contracted 18 relevant health services.

Newcastle Hospitals has reviewed all the data available to them on the quality of care in all 18 of these relevant health services.

The income generated by the relevant health services reviewed in 2019/20, represents 100 per cent of the total income generated from the provision of relevant health services by Newcastle Hospitals for 2019/20.

Newcastle Hospitals aims to put quality at the heart of everything we do and to constantly strive for improvement by monitoring effectiveness. High level parameters of quality and safety have been reported monthly to the Board and Council of Governors. Activity is monitored in respect to quality priorities and safety indicators by exception in the Integrated Board Report, reported to Trust Board and performance is compared with local and national standards.

Leadership walkabouts, coordinated by the Clinical Governance and Risk Department, involving Executive and Non-Executive Directors and members of the Senior Trust management team have been regularly conducted in a variety of departments across the Trust. The Walkabouts have been suspended since March 2020 due to COVID-19. Alternative mechanisms to facilitate socially distanced interaction with clinical teams are being considered. These are reported to the Quality Committee, a standing committee of the Trust Board, and any actions reported, implemented and followed up.

The Trust Complaints Panel is chaired by the Executive Chief Nurse of the Trust and reports directly to the Patient Experience and Engagement Group, picking up any areas of concern with individual Directorates as necessary.

The bi-monthly Clinical Assurance Tool (CAT) continues to provide clinical assurance to the Trust Board via a six monthly report, as an overview of performance against a wide range of clinical and environmental measures for each ward and directorate. The aim of the CAT is to measure and demonstrate compliance with the published documents and national drivers such as High Impact Actions, Saving Lives as well as providing useful data to support, verify and offer assurance for external inspectorates.

PART 3

The information presented, in this Quality Account, represents information which has been monitored over the last 12 months by the Trust Board, Council of Governors, Quality Committee and the Clinical Policy Group. The majority of the Account represents information from all 18 Clinical Directorates presented as total figures for the Trust. The indicators, to be presented and monitored, were selected following discussions with the Trust Board. They were agreed by the Executive Team and have been developed over the last 12 months following guidance from senior clinical staff. The quality priorities for improvement have been discussed and agreed by the Trust Board and representatives from the Council of Governors.

The Trust has consulted widely with members of the public and local committees to ensure that the indicators presented in this document are what the public expect to be reported. Comments have been requested from the Newcastle Health Scrutiny Committee, Newcastle Clinical Commissioning Group (CCGs) and the Newcastle and Northumberland Healthwatch teams. Amendments will be made in line with this feedback.

Priority 1 - Reducing Infection – focus on MSSA/E. coli

Why we chose this?

Staph aureus bacteraemias are infections that can cause significant harm. E. coli bacteraemias are the most common cause of Gram negative sepsis. At Newcastle Hospitals (NUTH), these are most commonly associated with lines and indwelling devices; achieving excellent standards of care and improving practice is essential to reduce these infections in line with our zero tolerance approach. E. coli and other Gram negative bacteraemias constitute the biggest cause of sepsis nationwide. Proportionally, at NUTH, the main source of infection is urinary tract infections, mostly catheter associated, reflecting the national picture. An integrated approach engaging with the multidisciplinary team across the whole patient journey, focusing on antibiotic stewardship, early identification of risks and timely intervention formulate the basis for our strategy to reduce these infections.

What we aimed to achieve?

We aimed to achieve:

- Internal objective to achieve a 10% year on year reduction of MSSA bacteraemias
- National ambition for a 25% reduction of E. coli and other Gram negative bacteraemias by 2021/22 with a full 50% reduction by 2025.
- Internal objective to achieve a 10% year on year reduction of Gram Negative bacteraemias
- Sustain a reduction in C. difficile infections in line with national trajectory

What we achieved?

The Root cause analysis (RCA) process continues to identify intravenous devices as the main source of infection in relation to MRSA/MSSA. Device management is a standard item which is included in Directorate Serious Incident Review Meetings (SIRM) Action Plans so that they can identify risks and provide assurances that standards of practice are followed.

IV care continues to be promoted throughout the Trust with an increasing awareness of *'right line for the right time'* highlighting device choice for not only the right duration but also to maintain vessel health and reduce the risk of avoidable complications.

The Trust pilot Line Service continues to grow in success and demand with 700+ midlines being placed since its launch in September 2019. The service has not only reduced the number of repeated cannulations needed in certain patient groups but has also enabled some patients to go on to have their treatment at home. There are plans for the service to develop further, with the aim being for the team to begin to insert peripherally inserted central catheters (PICCs). These lines can remain in place for a longer duration and enable the patient to receive certain specific medications, fluid or total parental nutrition.

'No Catheter No CAUTI' (CAUTI – Catheter Acquired Urinary Tract Infection) and the CQUIN UTI are active patient quality improvement projects. Overall, the Trust has reported a decrease in inpatient catheters in situ >28 days, and the number of catheters *in situ* is running at 17%; the national position is 20%. The national position for new CAUTI is 3.6% and the Trust is currently 0.07%.

The Gold Standards of bladder scanning pre and post void and intermittent catheterisation are being advocated rather than urinary catheterisation. There are plans to promote bladder scanning and intermittent catheterisation in Emergency Department and Assessment Suite. In addition to this and as part of ongoing education, collective patient stories are being gathered and shared which focus on the experiences of living life with a urinary catheter and introducing a change to intermittent catheterisation.

All lessons learnt are shared at directorate level and are a part of their Directorates' Serious Infection Review Meetings (SIRMs) action plans.

How we measured success?

Overview of Quarters 1- 4 and Healthcare Associated Infections (HCAIs)

Organism	2018/19 Total	2019/20 Total
MRSA	2	1
MSSA	91	72
E. coli	180	159
Klebsiella	92	110
Pseudomonas aeruginosa	32	36

Organism	2018/19 Total		2019/20 Total	
	Reported Cases	Cases Counted Against Contract	Reported Cases	Cases Counted Against Contract
C. difficile	77	48	113	89
National Trajectory for NUTH	≤76		≤113	

Sustained reductions of bacteraemias in individual directorates. For 2019/20 we set an internal reduction of 10% of the total number of cases from 2018/19 for MSSA bacteraemias and by the end of March 2020 we achieved a 21% reduction which is a considerable achievement.

An internal reduction of 10% of the total number of cases was also set for E. coli bacteraemia and by the end of March there had been a reduction 12% which again is a considerable achievement.

NHS Improvement (NHSI) changed the criteria for reporting *C. difficile* from 2019/20; therefore figures reported are not comparable to previous years. At the end of March 2020 there were an additional 30 cases assigned to the Trust. Overall, *C. difficile* infections are below the 113 trajectory with 113 cases by the end of March. A total of 24 cases have been successfully appealed for 2019/2020 as by the end of March as the decision was made (fully supported by the CCG) that all C. difficile Infection appeal hearings would be cancelled in order for the Trust to prioritise COVID-19 pandemic work. All appealed cases are reported to Public Health England (PHE) although not counted against trajectory. All lessons learnt are shared at Directorate level and are a part of their Directorates' Serious Infection Review Meetings (SIRMs) action plans.

Priority 2 – Pressure Ulcer Reduction

Why we chose this?
Reducing the incidence of inpatient pressure damage is of high priority both at Trust and national level. Pressure ulcers are a key indicator of the quality and experience of patient care and are largely preventable if the correct assessment and prevention plans are implemented.

Despite national campaigns to reduce them, they remain a significant healthcare problem:

- Over 1,300 new pressure ulcers are reported nationally each month
- Treating pressure ulcers costs the NHS more than £1.4 million every day
- Developing a pressure ulcer leads to an increased length of hospital stay (an increase on average of 5-8 days).

The increase in patient age, acuity and frailty means that the Trust are seeing more patients with a higher risk of acquiring pressure ulcers and therefore the risk of incidence of pressure ulcers increasing is great. It is therefore essential, that the Trust identified this as a priority to ensure the risks of this were mitigated with accurate assessment throughout admission and on discharge, together with the implementation of best practice interventions.

What we aimed to achieve?
- Significantly reduce hospital acquired pressure ulcers (specifically those graded category II, III and IV).
- Undertake focused quality improvement work on targeted adult inpatient wards who currently report the highest incidence and rate of pressure damage.
- Increase the visibility and support provided by the Tissue Viability team to frontline clinical staff to assist in the prevention of pressure ulcers.
- Ensure we have a skilled and educated workforce with a sound knowledge base of prevention of pressure ulcers and quality improvement methodology.

What we achieved?
Ongoing work throughout the Trust has continued to support and lead quality improvement to continue the reduction in hospital acquired pressure ulcers. With the support of the Executive Chief Nurse and Senior Nurse leads an approach focussed on improvement methodology joined up across pressure ulcer prevention and falls prevention has been continued. This work has been vital in continuing to achieving a statistically significant reduction in pressure damage as reported in the Clinical Standards Dashboard (Figure 2).

Number of Category 2, 3 & 4 Pressure Ulcers per Month
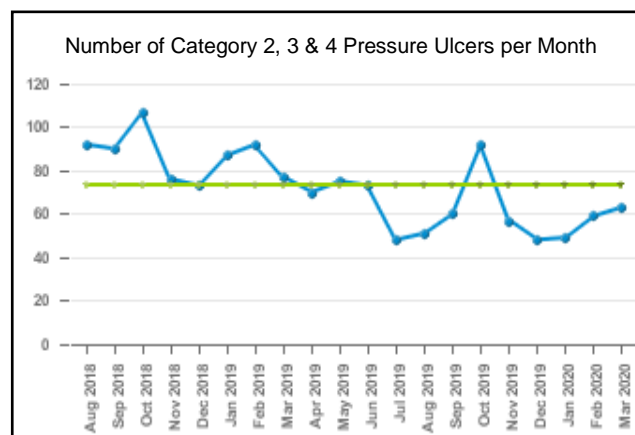
Figure 1

Work over the past 12 months which has helped to facilitate this reduction has included:

- Targeted quality improvement work - The Root Cause Analysis (RCA) process has been used to select individual wards that have reported Serious Incidents and a process of educating staff around improvement methods has been implemented as part of action plans.
- The Falls and Pressure Ulcer Taskforce Group is responsible for monitoring incidents and developing work streams across the organisation to reduce harm. This has been a successful approach to ensuring that pressure

ulcer prevention is a quality priority and communicating the fundamental messages to reduce pressure ulcers.

- The Critical Care Stop the Pressure working group led by the Nurse Consultant for Critical Care, working alongside the Clinical Improvement Lead (Falls and Pressure Ulcers), has also been instrumental in achieving a statistically significant reduction in pressure ulcers in the four critical care units across the Trust.
- The Clinical Improvement Lead and Associate Director of Nursing (Clinical Standards) have worked closely with Multidisciplinary team members using focus group discussions about the challenges of pressure ulcer prevention and developing quality improvement initiatives to reduce incidence.
- The Tissue Viability Team continue to look at developing new ways of working and one of the most successful implementations has been the introduction of a specialist Tissue Viability Nurse working daily into the Emergency Assessment Suite at the RVI. This role has been successful in the education of staff to ensure patients are checked for pressure damage on admission, identify those at high risk of developing pressure damage during admission and ensuring care plans are implemented.

Advancing into the next 12 months the Tissue Viability team will continue to be a highly visible team focusing education on what is considered the highest priorities from action plans in RCAs and ongoing audit work. Face to face education in high risk areas will be key during this and under new management the team will continue and evolve work streams as above, develop actions where appropriate and monitor strategies from the monthly Integrated Board Report.

How we measured success?
We monitor incidence on a Ward, Directorate and Trust Level.

Priority 3 – Management of Abnormal Results

Why have we chosen this?
Incidents continue to occur where abnormal results have not been acted upon by clinical staff. This can lead to delays in treatment with the potential for serious harm to patients.

What we aimed to achieve?
A long term solution for effective and efficient communication of abnormal results across all of the reporting specialties to the responsible clinician in order to minimise incidents. This is a complex problem which will require both a robust technical solution and behaviour change by multiple staff groups including all clinical staff and many administrative staff who interact directly with patients or their results.

What we achieved?
We have built, tested and implemented systems to show in-patient and out-patient blood results, microbiology and radiology reports in eRecord Message Centre with labelling of critical (red flag) results. These were enabled at Paperlite go-live on 27th October 2019, in addition to the current paper reports. We have designed the functionality of a 'closed loop' investigations management viewer with advanced analytics and escalations to further enhance patient safety. This requires further design sessions with clinicians and administrative staff to ensure that it meets the needs of all users. Paper reports will not be discontinued until the closed-loop system has been tested end-to-end.

How we measured success?
We have tested the display of results in Message Centre for all appropriate positions in the live eRecord environment and had positive feedback from staff managing high numbers of results.
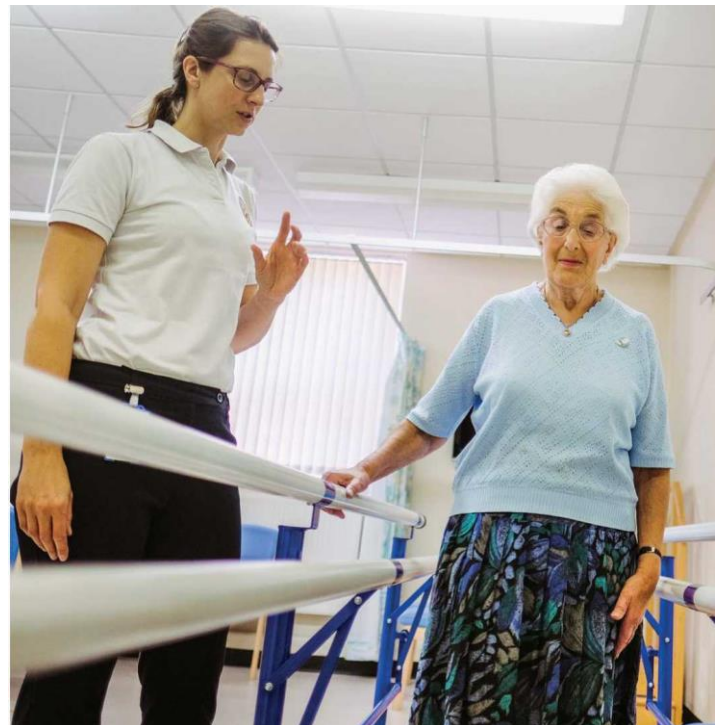
Priority 4 – System for Action Management and Monitoring (SAMM)

Why we chose this?
There was a requirement to establish a robust IT system that would ensure action plans identified by either external and internal reviews were monitored, prioritised, completed and reviewed within given timescales. Previously all actions were captured in a variety of different forms and were not available centrally in order to allow prioritisation, monitoring and discussion. It was envisaged that this project would enhance support for directorates in implementing action plans and provide enhanced governance.

What we aimed to achieve?
To establish and embed a robust IT system named System for Action Management and Monitoring (SAMM) across the Trust which will enable staff to record, prioritise, monitor and complete all required actions identified by internal and external assessment within agreed timescales.

What we achieved?
A scoping exercise was carried out to identify the requirements of each directorate within the Trust.
A profile of corporate and individual directorate action plans as well as number of users within each directorate was established. Directorates have been selected to pilot the system before it goes live across the Trust.
Identified an IT system to incorporate the scope SAMM function.
Extensive work has been undertaken into sourcing the right provider to incorporate the complexity of SAMM. External visits and presentations were received from companies who could provide this service as well as internal meetings with Trust IT development team and viewing internal systems already in use that could potentially incorporate SAMM.
A final decision was made in January 2020 to use an internal IT system (Datix) currently used across the Trust and incorporate a SAMM function. Work has begun in order to integrate SAMM into Datix using a sample of action plans in order to map the process. This process will be tested with mandatory action plans using pilot directorates identified in the first instance.

How we measured success?
Trust performance requirements and actions mapped out and prioritised.
Full engagement with all directorates and the wider Clinical Governance and Risk Department.
Extensive work in sourcing the correct IT system.
Agreeing processes and key changes required in Datix to accommodate the scope of SAMM.

Priority 5- Enhancing capability in Quality Improvement (QI)

Why we chose this?
As part of the Trust's commitment to creating a culture of Quality Improvement, we recognised that it was essential to engage patients, carers and families in the early stages of project design.

What we aimed to achieve?
We set out to create a sustainable, accessible model of involvement and engagement which enabled staff to work in collaboration with patients and members of the public from an early project design stage.

What we achieved?
NUTH already undertakes an enormous amount of improvement work and delivers outstanding care; however we didn't have an agreed model for improvement. Recent literature including the Health Foundation's Improvement Journey identified the importance of an organisation having a common language for improvement. We have agreement that the Institute for Healthcare Improvement's Model for Improvement will be the common language that we will base our capability and capacity building around.

Model for Improvement

What are we trying to accomplish?

How will we know that a change is an improvement?

What change can we make that will result in improvement?

Act Plan

Study Do

Overall the knowledge base for improvement science at NUTH is currently limited to a proportionately small number of interested staff with variable levels of knowledge and expertise ranging from advanced to novice. Currently the service improvement team run an annual ILM level 5 course in service improvement. There is an increasing number of staff that have started to seek Quality Improvement training through a variety of sources. We have trained over 50 staff, by a variety of approaches, as part of this priority workstream. Staff have attended and evaluated the following national courses; the Advancing Quality Alliance (AQuA), Quality Improvement and Service Redesign (QSIR) and Flow Coaching Academy (FCA). On the back of this national course evaluation, a local one day Quality Improvement Practitioner Training programme has been developed and delivered two cohorts to date. This local programme has been very positively evaluated and further cohorts are planned. The training recognises the critical importance of the team working and human factors as much if not more so than the technical aspects of the model for improvement and tools that are the basis of improvement science. Training is also a driver for cultural change to improve joy at work, leadership skills and integrate sustainable approaches to improvement.

Successful organisational strategies for Quality Improvement rely on the presence of support from Improvement Coaches. Our Service Improvement and Transformation teams have provided this support for improvement work in the organisation.

To get to scale, 5% of the workforce need to become improvement coaches and have time to support their teams. This is the challenge growing both the depth and breadth of training in improvement. One or two day courses on improvement will not deliver the results if not supported by a coaching infrastructure.

Our group has had detailed discussions and visits with other large organisations that are more mature in their improvement journeys; Sheffield, East of London, Imperial Hospital London and the Royal Free London. Following visits and a review of the literature, the group has developed detailed plans to progress the capability and capacity building for improvement at NUTH. The plans have three core components; capability and capacity building, evaluation & research into the approach (to ensure effective change and value is delivered on investment), and centralised learning (looking at improving access to all the organisational sources of learning to inform improvement).

How we measured success?

A multidisciplinary group was assembled to evaluate our quality improvement capability and to develop plans to build capability and capacity for improvement at NUTH. This meant moving towards a goal of improvement becoming simply what 14,500 staff do every day.

The group has;

- Evaluated internal capacity for improvement and training.
- Gained agreement for the IHI model for improvement as our common language for improvement.
- Evaluated national Improvement courses AQuA, QSIR and FCA.
- Developed and delivered two cohorts of local QI Practitioner training.
- Held detailed discussions with large organisations about their improvement journeys.
- Evaluated options to improve learning for improvement.
- Developed plans to progress capability and capacity building for QI at NUTH.

Priority 6 – Deciding Right

Why we chose this?

Planning care in advance (Advance Care Planning or ACP) helps patients think about what care they may want to receive in the future should they become seriously ill or unable to make decisions for themselves.

Deciding Right is an initiative that aims to improve and increase the process of ACP for Children, Young People and Adults by encouraging shared decision-making and better informing healthcare professionals of individuals' beliefs and wishes. This is particularly relevant to intensive care where there can be significant physical and mental health issues for survivors and their families to the point of survival being burdensome and not what patients would regard as a high quality of life. Within England and Wales, approximately 30% of hospital in-patients are in their last year of life, often without any ACP and throughout Europe >80% of intensive care patients undergoing end-of-life care have lost capacity, with fewer than 15% having made any form of advance statement. Additionally in Wales (2006-2013), 1 in 5 intensive care survivors die within a year of discharge home and in Scotland (2005-2013), 24% of intensive care survivors are readmitted to hospital within 90-days of discharge home. In both groups, death and readmission owe more to long-standing life-threatening and life-limiting co-morbidities than the severity of any acute illnesses that precipitated intensive care admission.

ACP thus improves shared decision-making, and for the terminally ill, increasing the likelihood of them dying at-home or in a hospice. In doing so, it also improves the quality of their lives and that of their families. Finally, there is a measureable impact on staff well-being by reducing anxiety, moral distress and burn-out when dealing with acutely ill patients who may be near the end of their natural life.

What we aimed to achieve?

- Improved focus on shared decision-making.
- Improved information for patients and those close to them.
- Develop and perform a *baseline survey* and *needs assessment* to gauge awareness and levels of engagement with *Deciding Right* amongst NUTH clinical staff.
- Develop an awareness programme in line with regional initiatives.
- Develop a video for patients and those close to them; be shown in out-patients and primary

care outlining the principles and purpose of *Deciding Right.*

What we achieved?

- Training scheme for ward staff led by Nurse Educators.
- Development of a video and information leaflet and Deciding Right Information Video in out-patient areas.
- Revision of Resuscitation orders on Paperlite.

How we measured success?

- Implementation of work streams.
- Production of the video and other educational resources.
- Numbers of staff trained.
- Improvement in (Emergency Health Care Plan EHCP) or Treatment Escalation Plan (TEP) usage.

Priority 7 – Treat as One

Why we chose this?

The National Confidential Enquiry into Patient Outcome and Death (NCEPOD) report "Treat as One" was published in 2017 highlighting the inconsistencies in the delivery of physical health care to adult patients with co-existing mental health conditions in NHS hospitals. The study identified a number of areas that could be improved in the delivery of care to this group of patients. We set out to improve the quality of care for these patients.

What we aimed to achieve?

We aimed to use the key recommendations made in the NCEPOD report to guide a coordinated review of practices and processes within NUTH, Northumberland and Tyne and Wear (NTW). Where those aspects of care fell short of NCEPOD recommendations, we worked towards optimising and adapting care to meet those standards where possible.

What we achieved?

A joint NUTH and NTW Quality Forum established in 2018/19 continued to meet on a quarterly basis to discuss issues and work collaboratively to ensure that patients with mental health needs receive the best holistic care when accessing treatment.

In addition, a steering in the Trust managed and monitored progress against the 22 recommendations of the 'Treat as One' publication. Having held a number of meetings,

progress has been made in a number of areas, including:
- Continued NUTH NTW quarterly meetings to coordinate actions
- Audit of documentation and practice has been undertaken
- A review of recording of Psychiatric Liaison entries in NUTH notes and in particular A+E electronic record has been carried out: location identified and a standardised format and content guide established
- Development of an e-learning package
- NUTH Task and Finish group monthly meetings to advance Treat as One compliance
- Raising the profile of Mental Health Champions

How we measured success?
Compliance with the recommendations of the Treat as One publication have been monitored and reported to the NUTH/NTW Combined Governance Forum on a quarterly basis.

Priority 8 – Ensure reasonable adjustments are made for patients with suspected or known Learning Disability (LD)

Why we chose this?
People with a learning disability are four times more likely to die of something which could have been prevented than the general population. As a Trust, we are committed to ensuring patients with a learning disability have access to services that will help improve their health and wellbeing and provide a positive and safe patient experience.

What we aimed to achieve?
Improve and maintain patient experience for patients with a learning disability and families who need to access hospital services.

What we achieved?
- Clear and efficient pathway for the admission of patients requiring MRI under General Anaesthetic.
- Robust Learning Disability Steering Group with key actions in line with Improvement Standards.
- Patient participation on Steering Group.
- Training programme outlined in conjunction with Simulation Centre and University to upskill students with scenario based training. Improvement Standards submitted for 2019. Project researching experience of children and young people with learning disability complete outcome of which will be used to support better adjustments and effective

transition from paediatric services to adult services.
- Current audit in process to review assurance of appropriate 'flags'.
- Review of LeDeR process complete – recommendations to be considered.

How we measured success?
- Audit of patient records for use of 'flags' and reasonable adjustments.
- Audit of patient mental capacity.
- Review use of hospital passports (adult and paediatrics).
- Implementation of STOMP and STAMP across the organisation.
- Patient feedback.
- Self-assessment of Improvement Standards.
- Report to Safeguarding Committee with governance structure.

National guidance requires Trusts to include the following updates in the annual Quality Account

Update on Duty of Candour (DoC)

Being open and transparent is an essential aspect of patient safety. Promoting a just and honest culture helps us to ensure we communicate in an open and timely way on those occasions when things go wrong. If a patient in our care experiences harm or is involved in an incident as a result of their healthcare treatment, we explain what happened and apologise to patients and/or their carers as soon as possible after the event. There is a contractual requirement to implement the Being Open guidance and the Trust Duty of Candour (DoC) Policy has helped staff to achieve this. Our compliance with DoC is assessed by the CQC; however, we also monitor our own performance on a monthly basis at the Serious Incident (SI) Panel to ensure verbal and written apologies are provided. This reassures us that those affected by an incident are offered a truthful account and fully understand what happened. This open and fair culture encourages staff to report incidents, to facilitate learning and continuous improvement to help prevent future incidents, improving the quality of care.

Duty of Candour requirements are regularly communicated across the organisation using a number of corporate communication channels including presentations at a range of Trust-wide forums such as Clinical Policy Group, Clinical Risk Group as well as other Corporate Governance and Risk committees. Throughout the year, regular updates on progress with implementation and audit results have been submitted via the Clinical Risk Group and Patient Safety Group.

Training has been targeted at those staff with responsibility for leading both serious incident investigations and also for staff involved in local investigations. DoC is included in Incident Investigator Training which is delivered to a wide range of staff once a month. The requirement to be open with patients and their relatives is emphasised every month at the Patient Safety Briefings.

Statement on progress in implementing the priority clinical standards for seven day hospital services (7DS)

The Trust has been implementing the priority clinical standards for seven day hospital services.

Board Assurance Framework to identify compliance

This new measurement system replaced the previous self-assessment survey in 2018. It consists of a standard measurement and reporting template, which all providers of acute services complete with self-assessments of their delivery of the 7DS clinical standards. This self-assessment is formally assured by the Trust Board and the completed template submitted to regional 7DS leads to enable measurement against national ambitions. The Trust has completed and submitted the Board Assurance Framework every 6 months. The autumn 2019 compliance was:

Standard 2: The national compliance threshold is 90% for weekdays and weekends. Data shows 68% compliance with documented evidence of consultant reviews. However; we are confident that actual compliance is 90% as we can evidence consultant rotas/job plans which ensure patients have access to consultant reviews on a 24/7 basis. In addition, the intensive care units and Emergency Assessment Suite have twice daily consultant ward rounds. We will continue to make best efforts to demonstrate compliance by improving record keeping in all emergency areas.

Standard 5 and 6: compliant with these standards.

Standard 8: Case note reviews show compliance is above 90% for daily and twice daily reviews. The majority of Directorates have board round systems in place and a clear process for identifying patients who do not require a daily ward round.

Gosport Independent Panel Report and ways in which staff can speak up

"In its response to the Gosport Independent Panel Report, the Government committed to legislation requiring all NHS trusts and NHS foundation trusts in England to report annually on staff who speak up (including whistleblowers). Ahead of such legislation, NHS trusts and NHS foundation trusts are asked to provide details of ways in which staff can speak up (including how feedback is given to those who speak up), and how they ensure staff who do speak up do not suffer detriment. This disclosure should explain the different ways in which staff can speak up if they have concerns over quality of care, patient safety or bullying and harassment within the trust".

Staff and temporary workers across the Trust, are informed at their day one induction with the Trust, and subsequently reminded regularly, that there

are a number of routes through which to report concerns and raise issues that may occur in the workplace. By offering a variety of options to staff, should they have an issue to report, including the ability to provide information anonymously, it is hoped that anyone working for Newcastle Hospitals will feel they have a voice should they wish to raise a concern or put forward a positive suggestion.

Any of the reporting methods below can be used to log an issue, query or question; this may relate to patient safety or quality, staff safety including concerns about inappropriate behaviour, leadership, governance matters or ideas for best practice and improvements.

These systems and processes enable the Trust to provide high quality patient care and a safe and productive working environment where staff can securely share comments or concerns.

Work in confidence – the anonymous dialogue system.

The Trust continues to use the anonymous dialogue system 'Work in Confidence', a staff engagement platform which empowers people to raise ideas or concerns directly with up to 20 senior leaders, including the Chief Executive and the Freedom to Speak Up Guardian. The conversations are categorized into subject areas, including staff safety.

This secure web-based system is run by a third-party supplier. It enables staff to engage in a dialogue with senior leaders in the Trust, safe in the knowledge that they cannot be identified – this is a promise by the supplier of the system.

Freedom to Speak up Guardian

The Trust Freedom to Speak up Guardian (FTSUG) acts as an independent, impartial point of contact to support, signpost and advise staff who wish to raise serious issues or concerns. This person can be contacted, in confidence, about possible wrongdoing, by telephone, email or in person. Posters promoting the role of the FTSUG have been distributed Trustwide, and open drop-in sessions held for staff at all Trust locations. The FTSUG has been attending team engagement meetings, staff forums and staff networks to raise awareness of his role and how to make contact.

Speak up – We Are Listening Policy (Voicing Concerns about Suspected Wrongdoing in the Workplace)

This policy provides employees who raise such concerns, assurance from the Trust that they will be supported to do so, and will not be penalised or victimised as a result of raising their concerns. The Trust proactively fosters an open and transparent culture of safety and learning to protect patients

and staff. It recognises that the ability to engage in this process and feel safe and confident to raise concerns is key to rectifying or resolving issues and underpins a shared commitment to continuous improvement.

Being open (Duty of Candour) Policy

Promoting a culture of openness is a prerequisite to improving patient safety and the quality of healthcare systems. This policy involves explaining and apologising for what happened to patients who have been harmed or involved in an incident as a result of their healthcare treatment. It ensures communication is open, honest and occurs as soon as possible following an incident. It encompasses communication between healthcare organisations, healthcare teams and patients and/or their carers.

Additional routes through which staff can voice concerns include Dignity and Respect at Work Policy and the Grievance Procedure.

Trust Contact Officer

The function of the contact officer is to act as a point of contact for all staff if they have work related or interpersonal problems involving colleagues or managers in the working environment. Officers are contactable throughout the working day, with their details available under A-Z index on the Trust Intranet.

Union and Staff Representatives

The Trust recognises a number of unions and works in partnership with their representatives to improve the working environment. Staff are able to engage from these representatives to obtain advice and support if they wish to raise a concern.

Chaplaincy

The chaplaincy service is available to all staff for support and they offer one to one peer support for staff who require this. Chaplains are also able to signpost staff to appropriate additional resources.

Staff Networks

Three staff networks exist within the Trust; LGBT, BAME and Disability, with oversight by the Head of Equality, Diversity and Inclusion. Each network has a Chair and Vice Chair and is supported in its function by the HR Department. Each network has its own email account and staff can make contact this way, and/or attend a staff network meeting. The Staff Networks can either signpost staff to the best route for raising concerns, can raise a general concern on behalf of its members or can offer peer support to its members.

Cultural Ambassadors

Cultural Ambassadors, trained to identify and challenge cultural bias, will be introduced into the Trust during 2020. These colleagues are an additional resource to support BAME colleagues who may be subjected to formal disciplinary proceedings.

A summary of the Guardian of Safe Working Hours Annual Report

This consolidated Annual Report covers the period April 2019 – March 2020. The aim of the report is to highlight the vacancies in junior doctor rotas and steps taken to resolve these.

Junior doctor rota vacancies occur due to gaps in the regional training rotations and problems with recruitment of locally employed doctors. Rota gaps are present on a number of different rotas. This is due to both gaps in the regional training rotations and lack of recruitment of suitable locally employed doctors. There are, however, fewer vacancies compared to last year (these include: neurosurgery, obstetrics and gynaecology and general medicine). The main areas of recurrent or residual concern for vacancies are accident and emergency, anaesthesia and intensive care medicine, paediatric cardiology and paediatric intensive care. The Trust takes a proactive approach to minimise the impact of these by active recruitment, attempts to make the jobs attractive to the best candidates, utilisation of locums and by rewriting work schedules to ensure that key areas are covered. In some areas, trainee shifts are being covered by consultants when junior doctor locums are unavailable.

In addition to the specific actions above, the Trust takes a proactive role in management of gaps with a coordinated weekly junior doctor recruitment group meeting. Members of this group include the Director of Medical Education, Finance Team representative and Medical Staffing personnel. In addition to recruitment to locally employed doctor posts, the Trust runs a number of successful Trust based training fellowships and a teaching fellow programme to fill anticipated gaps in the rota. These are 12 month posts aimed to maintain doctors in post and avoid the problem of staff retention. There are also Foundation Year 3 posts to encourage doctors to work at Newcastle Hospitals.

Learning from deaths

The Department of Health and Social Care published the NHS (Quality Accounts) Amendment Regulations 2017 in July 2017. These added new mandatory disclosure requirements relating to 'Learning from Deaths' to Quality Accounts from 2017/18 onwards. These new regulations are detailed below:

1. During 2019/20, 1917 of Newcastle Hospitals's patients died. This comprised the following number of deaths which occurred in each quarter of that reporting period: 447 in the first quarter; 445 in the second quarter; 535 in the third quarter; 490 in the fourth quarter.

2. During 2019/20, 1302 case record reviews and 13 investigations have been carried out in relation to 1917 of the deaths included in point 1 above. In 6 cases a death was subjected to both a case record review and an investigation. The number of deaths in each quarter for which a case record review or an investigation was carried out was: 336 in the first quarter; 345 in the second quarter; 390 in the third quarter; 231 in the fourth quarter.

3. Six representing 0.3% of the patient deaths during the reporting period are judged to be more likely than not to have been due to problems in the care provided to the patient. In relation to each quarter, this consisted of: two representing 0.1% deaths for the first quarter, one representing 0.1% for the second quarter and three representing 0.2% for the third quarter. All deaths resulting in a serious incident in quarter four are currently being investigated. (To date, not all incidents have been fully investigated. Once all investigations have been completed, any death found to have been due to problems in care will be summarised in 2020/21 quality account. All deaths will continue to be reported via the integrated board report). These numbers have been estimated using the HOGAN evaluation score as well as root cause analysis and infection prevention control investigation toolkits.

4. 198 case record reviews and five investigations were completed after April 2019 which related to deaths which took place before the start of the reporting period.

5. 0 representing 0% of the patient deaths before the reporting period are judged to be more likely than not to have been due to problems in the care provided to the patient.

6. Six representing 0.3% of the patient deaths during 2019/20 are judged to be more likely than not to have been due to problems in the care provided to the patient.

Summaries from the six cases judged to be more likely than not to have had problems in care which have contributed to patient death:

Deterioration due to sepsis

A 64 year old complex patient was admitted into hospital due to an unresponsive episode at home and for ongoing treatment of leg ulcers. Her sudden deterioration due to sepsis was not assessed or escalated in a timely way.

Action taken

• Local Multi-Disciplinary Team (MDT) handover processes have been introduced to improve communication. Handovers now include a greater consultant presence to increase senior support to junior doctors and junior ward leaders.

• Work is underway across the Trust to improve the functionality in the electronic patient record (e-record) in order to more effectively trigger clinical alerts in relation to Early Warning Scores (EWS) both within e-record and on the electronic whiteboards in order to make these more visible to staff in clinical areas. Support and training for EWS champions has been introduced to deeply embed EWS processes.

Post-operative complication

A 49 year old patient was admitted for an elective surgical interventional procedure on his liver ahead of planned surgery. The patient unexpectedly deteriorated overnight, the reason for this was due to a rare complication of the procedure, however this was not recognised in a timely way.

Action taken

• A post procedure pathway has been enhanced to improve assessment and escalation of concerns. The pathway includes any patient with pain or high EWS, after any liver procedure, to have senior specialty or consultant review and consideration of CT angiogram. In addition, education is included in speciality induction and improved working patterns and handovers have increased senior support to junior staff.

• As above, work is underway to improve the functionality clinical alerts in the electronic patient record in order support the escalation of concerns effectively.

Self-harm following hospital assessment

A 42 year old patient with a mental health history was admitted into hospital for treatment of abdominal pain and constipation. The patient was appropriately reviewed and assessed to have capacity, insight and forward planning and the patient subsequently self-discharged against medical advice.

Action taken.

• Staff education delivered to provide a clearer understanding in relation to the application of Deprivation of Liberty Safeguards (DoLS) and Mental Health Act legislation.

• The Psychiatric Liaison team (PLT) and clinical team to review processes for improving communication in relation to MDT assessment outcomes.

Lost to follow-up patient

A 74 year old patient with a complex medical history, having ongoing medical treatment, had a CT scan which reported an incidental finding of an abdominal aortic aneurysm (AAA). A referral for vascular team follow-up and surveillance was not undertaken and he was lost to follow-up.

Action taken

• Medical teams to raise awareness of appropriate AAA management and highlight the risks of managing complex patients with advanced disease and multiple competing morbidities.

• Trust-wide work is being undertaken to find robust solutions for the flagging up of incidental findings, identified following radiological investigation, to clinicians.

Delay in CT result/missed medication

A 64 year old patient was prescribed a 14 day course of medication for a suspected blood clot whilst awaiting a CT scan. Delayed performing and reporting of the CT scan resulted in the patient running out of medication before the results could be acted upon.

Action taken

• Radiology to provide clinical areas with information regarding average waiting time for outpatient radiological investigations.

• Appropriate clinical lead & MDT to introduce robust processes for monitoring patients commenced on anti-coagulants.

• Patient information developed explaining the dangers and risks of stopping the medication without seeking medical advice.

Surgical complication

An 84 year old patient undergoing surgery for a bowel obstruction sustained an unexpected injury to a major blood vessel during the operation.

Action taken

• The rare complication in relation to this patient's case was shared with clinical teams locally.

Part 3 – Other Information - Overview Of Board Assurance 2019/20

This is a representation of the Quality Report data presented to the Trust Board on a monthly basis in consultation with relevant stakeholders for the year 2019/20. The indicators were selected because of the adverse implications for patient safety and quality of care should there be any reduction in compliance with the individual elements. In addition to the 13 local priorities outlined in section 2, the indicators below demonstrate the quality of the services provided by the Trust over 2019/20 has been positive overall.

Patient Safety	Data source	Standard	Actual 2018/19	Q1	Q2	Q3	Q4	Actual 2019/20
MSSA per 100,000 bed days	PHE's Data Capture System	Mandatory reporting by NHSI/NHSE	20.05	20.32	17.48	17.48	7.95	15.82
MRSA per 100,000 bed days	PHE's Data Capture System	Mandatory reporting by NHSI/NHSE	0.44	0.00	0.00	0.00	0.88	0.21
C.*difficile* per 100,000 bed days	PHE's Data Capture System	Mandatory reporting by NHSI/NHSE	16.96	HOHA*=15.91 COHA*=2.65	HOHA*=21.85 COHA*=6.12	HOHA*=20.10 COHA*=2.62	HOHA*=25.62 COHA*=4.42	HOHA*=20.87 COHA*=3.95
E.coli per 100,000 bed days	PHE's Data Capture System	Mandatory reporting by NHSI/NHSE	39.65	33.58	36.71	37.58	31.81	34.93
Klebsiella per 100,000 bed days	PHE's Data Capture System	Mandatory reporting by NHSI/NHSE	20.27	16.79	27.97	34.09	17.67	24.17
Pseudomonas aeruginosa per 100,000 bed days	PHE's Data Capture System	Mandatory reporting by NHSI/NHSE	7.05	7.95	6.99	9.61	7.07	7.91
Hand Hygiene audits (opportunity)	Internal	Local CAT tool	99.13%	98.38%	97.75%	98.73%	99.42%	98.51%
Hand Hygiene audits (technique)	Internal	Local CAT tool	98.71%	97.92%	96.83%	97.46%	98.25%	97.59%
Total number of patient incidents reported (Datix)	Internal Datix Incident reporting system	Local Incident Policy	18,581	4,742	4,602	4,694	4,495	18,533
Patient Incidents per 1000 bed days (Datix)	Internal Datix Incident reporting system	Local Incident Policy	37.0	37.8	37.8	36.9	37.5	37.5
% Patient incidents that result in severe harm or death	Internal Datix Incident reporting system	Local	0.3%	0.3%	0.2%	0.2%	0.4%	0.3%
Slip, trip and fall - patient (Datix)	Internal Datix Incident reporting system	N/A	2,764	662	642	661	644	2,609
Slip, trip and fall - patient (Datix) per 1,000 bed days	Internal Datix Incident reporting system	National definition	5.5	5.3	5.3	5.3	5.3	5.3
Inpatients acquiring pressure damage	Internal Datix Incident reporting system	National	934	202	144	186	156	688
Pressure Ulcers per 1000 bed days	Internal Datix Incident reporting system	Local	1.9	1.6	1.2	1.5	1.3	1.4
Total number of Never Events reported	Internal Datix Incident reporting system	National definition	7	2	1	2	0	5
Total number of Serious Incidents reported	Internal Datix Incident reporting system	Local SI Policy	106	41	32	33	22	128
Needlestick injury or other incident connected to sharps	Internal Datix Incident reporting system	Local Policy	444	106	95	94	73	368

Reporting of Injuries, Disease and Dangerous Occurances (RIDDOR)	Internal Datix Incident reporting system	Local Policy	30	4	6	7	6	23
Slip, Trip, Fall – Staff/Visitors/Relative	Internal Datix Incident reporting system	Local Policy	187	45	51	51	38	185

Clinical Effectiveness	Data Source	Standard	Q3 2018/19	Q4 2019/20	Q1 2019/20	Q2 2019/20	Q3 2019/20	Q4 2019/20
Summary Hospital Mortality Index (SHMI)	CHKS	100	92.95	91.10	96.56	101.98	101.22	Not Published
Learning from Deaths	Internal Mortality Review Database	Reviewing and Monitoring Mortality Policy	385	346	336	345	392	308

Patient Experience	Data source	Standard	Actual 2018/19	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Actual 2019/20
Number of complaints received	Internal Datix Incident reporting system	Local Complaints Policy	535	171	161	161	144	637
National Inpatient Survey	CQC	National standard	73.1%*	n/a	n/a	n/a	n/a	Not available until Summer 2020
Friends and Family response rates (inpatients and A&E)	Locally collected reported	National standard	96.7%	5.9%	5.5%	3.9%	4.6%	5%

Additional patient experience data is included on page 69.

Inconsistencies in data reported in the 2019/20 report

There have been some slight variations in the reported 2018/2019 data – this is due to the fact that the Trust Incident reporting system is a live database which results in fluctuations in actual numbers of incidents reported as investigations are processed through the system.

*HOHA = Hospital Onset – Healthcare Associated
*COHA = Community Onset – Healthcare Associated

NHS Improvement (NHSI) changed the criteria for reporting C. difficile from 2019/20. The reported figures are therefore not comparable to previous years as the change includes reporting COHA cases. This patient group includes those who have been discharged within the previous 4 weeks in addition to day-case patients and regular attenders.

OVERVIEW OF QUALITY IMPROVEMENTS

Pages 32-46 give some examples of other service developments and quality improvement initiatives the Trust has implemented, or been involved in, throughout the year.

THE RVI HAVEN OPENS ITS DOORS FOR FAMILIES AND CARERS OF END OF LIFE PATIENTS

The Royal Victoria Infirmary, Newcastle opened its doors on 27 November 2019 to the newly built 'Haven': a dedicated space to support families and carers of patients receiving end of life care.
The space has facilities to make a meal, take a shower, and offers a place to relax for those who need some rest away from the ward environment.

The Haven was officially opened by Newcastle Hospitals Chairman Professor Sir John Burn as well as Will Welch and Sam Lockwood, players from Newcastle Falcons Rugby Union team.

A moving speech was given by Sir John along with Author Kathryn Mannix and Palliative Medicine Consultant Dr Rachel Quibell.

Dr Kathryn Mannix; Author of 'With The End in Mind' said; "The way people die lives on in those who love them, it is so important to have a place like this where those people can retreat to, make a last family meal together, play cards or even just talk to one another."

The Haven was funded by an anonymous generous donation for this purpose and this donation was match funded by Newcastle Hospitals charitable funds.
'A Gift of Kindness' fund supports patients receiving end of life care; their family and carers at Newcastle Hospitals and is one of many charitable funds administered by the Newcastle Hospitals NHS Charity.
When a patient is receiving end of life care, their comfort is always a priority for all staff.

The well-being of their family and carers is also important. During end of life care, there can be stresses felt by the patient's family and carers.
It is not unusual for families and carers to spend many days at the patient's bedside either at home or in hospital. "A Gift of Kindness" fund aims to provide the little things that make a big difference to patients, their families and carers at this time.

Palliative Medicine Consultant Rachel Quibell says; "We are delighted to have opened our new facility for families and carers of patients receiving end of life care at the RVI, the RVI Haven. This is a peaceful space for families and carers during a very stressful time. We are very grateful to an anonymous donor and Newcastle Hospitals charitable funds for making this possible. We continue to fundraise through our charity Gift of Kindness to support families at this difficult time and also create a Haven at the Freeman Hospital".

SIR BOBBY ROBSON CANCER CENTRE PATIENT'S 'TOUR DE FRANCE'

Like many cancer patients, Keith Farquharson from Heaton in Newcastle was in quarantine for at least 12 weeks to shield himself from the COVID-19 virus.
For the 44-year-old software developer, this meant working from home with his wife, Amber, and seven-year-old son, Caspian.
Keith, who has stage 4 bowel cancer and is currently receiving treatment at the Sir Bobby Robson Cancer Trials Research Centre at Newcastle's Northern Centre for Cancer Care, found one aspect of the lockdown especially challenging - not being unable to go outside to train for the Great North Run.

So, he set himself a new challenge - to cycle the Tour de France 2018, all 2,082 miles of it, without leaving home.

Using a turbo trainer to convert his road bike into a static bike and technology that creates tension on the wheel to replicate the many climbs, Keith began his 'Tour' in the kitchen, has cycled in the living room and, on a fine day, set his bike up in the back yard.

Diagnosed in May 2017, after six months of chemotherapy, Keith was told that half of the people with his prognosis would die within twelve months.
It has been an extremely difficult few years for the Farquharson family. In January 2017, Keith's father was diagnosed with stage four kidney and bladder cancer. Two months later, Amber, Keith's wife, was told she had cervical cancer and just two months after that, Keith was diagnosed with bowel cancer. Sadly, his father died last year.

During this time, exercise has proved to be both a great physical and mental benefit for Keith and he decided to take on his first Great North Run last year to raise funds for the Sir Bobby Robson Foundation and St Oswald's Hospice.

Keith says: "After my diagnosis, and after we'd exhausted the standard treatment available, I was offered a trial of a new drug at the Sir Bobby Centre and I began that in February 2018.
"To begin with, the drug was so new it didn't even have a name. Just a few letters and numbers, which I never actually learned. I think about 70 or 80 people globally were trying it at that point. Now it's called Cetrelimab and thankfully I'm feeling pretty fit and well on it.
"I used to run when I was a kid but only started again after my diagnosis because I was told it helps with the chemo and its side effects. I've cycled for years though, both for fun and to commute. I think I've cycled three or four miles for work most days for the last 12 years and I've done the Coast to Coast ride a couple of times.
"I've never tried anything like this though. It's hard now but I think it's going to get a lot more difficult as I go on. I can import the GPS tracks complete with elevation into the programme running the resistance on the turbo. This means I get a pretty realistic effort required to actually ride the course.
"I've always been a fan of the Tour de France but the 2018 race is special for me. It was the year my wife and I were both off work with cancer and I had time to watch it all. It was an

iconic race and my Mum's Welsh, so it really meant a lot to me that Geraint Thomas won."

Keith's used his new challenge to raise money for the North East cancer charity, the Sir Bobby Robson Foundation, and was 'meeting' up to virtually ride with friends, who he would normally cycle with.

He adds: "It's been great to chat online and do some riding with friends. Cycling together is the sort of thing we'd normally do if we were allowed out, so that's brought a little bit of normal life home to us all. When we'd completed our first ride together, we all cracked open a beer to celebrate 'in' the French village of Vix, in the Vendée
"The real Tour de France riders can go twice as fast as me though, and ride all day. I'm having to take it easier than that, I have work to do apart from anything else.
"I'm breaking it up into two-hour sections and doing around 50kms a day. I think it will take me most of the planned 12-week isolation to complete.
"This has given me something else to focus on while we're all stuck at home and I'm raising funds for the Sir Bobby Robson Foundation so that others can benefit from research into cancer, as I have.
"It's a big challenge and there are some sections of the race that I'll find very hard indeed. It has the equivalent ascent of climbing Mount Everest five times and contains nine Haute Categorie climbs in the Alps and Pyrenees. But, like the Great North

Run was for me last year, it's pushing myself to do something I don't think I can do, if you see what I mean.
"It's a really fantastic activity for me mentally as well as physically. When I'm cycling, I'm not thinking about anything else. I'm just cycling. That's such an important escape for me just now."

Sir Bobby Robson launched his Foundation in 2008. It does not employ professional fundraisers and, relying completely on the incredible generosity of the general public, has gone on to raise over £14 million to find more effective ways to detect and treat cancer.

Professor Ruth Plummer, is the director of the Sir Bobby Cancer Trials Research Centre, which is continuing to provide essential treatment for patients during the COVID-19 lockdown.

Professor Plummer says: "This is obviously an especially worrying time for people who are more vulnerable to the coronavirus.
"I think what Keith's doing is amazing. It's clearly giving him a positive focus while he's stuck at home and the exercise will be helpful for him physically as well."

The 2018 Tour de France race consisted of 21 stages, starting in Noirmoutier-en-l'Île, in western France, and finishing with the Champs-Élysées stage in Paris.

SURGEONS DEVELOP PIONEERING TECHNIQUE TO IDENTIFY BONE AND SOFT TISSUE TUMOURS

Surgeons in Newcastle have become the first in Europe to use a pioneering technique to help identify sarcomas during surgery.

Sarcomas are cancers affecting any part of the body, including the muscle, bone, tendons, blood vessels and fatty tissues. They account for around 1% of all cancers.

Surgery to remove a bone or soft tissue tumour involves removing the tumour and some of the surrounding healthy tissue; this is to allow any cancer cells that are not visible to the naked eye to be removed with the tumour, which can reduce the chance of the tumour coming back.

In an effort to reduce the amount of healthy tissue that needs to be removed a team based at the Freeman Hospital in Newcastle are using a dye which makes cancerous tissue glow green using a specially developed infrared camera.

Mr Kenneth Rankin, consultant orthopaedic surgeon at Newcastle Hospitals lead the project. He said: "This dye has been used in other cancer types such as breast and bowel cancer, but our patients are the first in Europe to undergo open sarcoma surgery using this dye."

"We inject the dye the afternoon before surgery and using the Spy PHI infrared camera we are able to see the tumour glow during surgery. We are still in the early stages of evaluating this technology however in the long term we hope this technique will allow us to safely take less healthy tissue from patients during surgery and preserve function for our sarcoma patients without compromising their cancer outcome."

Diane Rudd, 55 from Guisborough was one of the first patients to be treated using the new technique. Diane was diagnosed with pleomorphic rhabdomyosarcoma earlier this year she said: "I've had a lump in my right arm for around four years, which was initially thought to be a herniated muscle. The lump continued to grow and after returning from a cruise to Alaska with my husband, it had become so painful I had to go back to see my GP."

Diane's GP referred her for a scan which showed she had a 7cm tumour in the top of her arm and a biopsy at the Freeman Hospital confirmed that the tumour was cancerous.

Diane explains: "I knew as soon as I was referred to the Freeman that it must be serious but I never imagined that I would be told I had cancer.

"Everything since then has happened really quickly, Mr Rankin explained that the tumour was near the artery but that he could use the dye to show exactly where the cancerous tissue was."

Following the operation to remove her tumour Diane is recovering well, she continues: "I was so relieved when I woke up in recovery to find I had feeling in my arm and could still move all of my fingers. Once my scars are healed I'll start radiotherapy and then I'm looking forward to living and enjoying my life.

"Everyone has taken such good care of me, I couldn't have been in better hands, they have saved my life, I don't know how you can say thank you for that."

NEWCASTLE HOSPITALS UNVEILS NEW SIMULATION TRAINING CENTRE

The North East's latest NHS centre for simulation training and education officially opened at Newcastle's Royal Victoria Infirmary on 7th June 2019.

Unveiled by Chairman of Newcastle Hospitals, Professor Sir John Burn, the SIM centre is a purpose built, simulation facility at the heart of an 'Outstanding', multi-professional education and training skills centre.

Specially designed to recreate clinical environments, it allows staff to put their theoretical knowledge to the test by being placed in the heart of true to life healthcare situations, in a safe and controlled environment.

Consultant Colorectal Surgeon and clinical lead for simulation, Jon Hanson, explains: "As rapid advances are made every day in healthcare, access to simulation-based training has become integral to our staff training and development.

"This new SIM centre and mobile simulation equipment builds on our expertise as a leading training and development centre for the region, allowing our staff and healthcare professionals from across the Region to gain invaluable skills and experience in a range of interactive situations, both clinical and non-clinical.

"It helps them to focus – to rehearse and refine their skills, and be ready to truly put patients at the heart of everything they do when delivering high quality care in our outstanding clinical environments."

But it's not just 'hands on' clinical treatment that the simulation team can offer.
Emma Shipley, former Head of Education, and Workforce and Development says: "Our courses support development of highly performing teams, greatly enhancing patient safety through a human factors' perspective, encouraging effective communication and decision- making through greater awareness and clear leadership.

 "This is particularly important in emergency and other difficult situations as it helps staff to think about how they behave and communicate with each other, and as important with patients and families who may be confused and distressed."

NEWCASTLE HOSPITALS DECLARE CLIMATE EMERGENCY

Newcastle Hospitals is joining an international movement to declare a climate emergency, becoming the first NHS trust in the UK to do so.

The declaration, made by the Trust Board on 27th June 2019, demonstrates a positive commitment to take action on climate change by aiming to become carbon neutral by 2040. It follows in the footsteps of city partners Newcastle City Council and Newcastle University.

"Newcastle Hospitals already have an outstanding reputation for leading on efforts to reduce the environmental impact of healthcare delivery," explained Dame Jackie Daniel, Chief Executive.
 "The Trust prides itself upon a forward thinking ethos which helps to embed sustainability into everything it does, and helps to play a key role in fighting climate change through how it operates.
 "Our declaration of a climate emergency shows our continued commitment to work with our city council and other partners on this vast challenge, and we very much hope others will join us."

The declaration builds on the development of award-winning, environmentally sustainable

approaches taken by the Trust over several years.

Some notable achievements include:
- Generating the energy to power our hospitals through efficient combined heat and power plant since the turn of the century
- Buying electricity from 100% renewable sources when we need to top up our on-site energy production
- Ensuring zero waste to landfill since 2011
- Recycling over 40% of non-clinical waste offering discounts for reusing cups and food containers in our restaurants and cafes
- Removing single use plastics from our restaurants and cafes, providing compostable alternatives
- Encouraging sustainable staff travel through cycle scheme and public transport discounts investing in an electric vehicle fleet for our Estates and Catering Services and procuring electric buses for staff, patients and visitors
- Achieving sustainable catering awards from the Soil Association & Carbon Trust
- Hosting the UK's first Environmentally Sustainable Anaesthesia Fellow, Dr Cathy Lawson
- Having a network of over 300 Green Champions – staff who are dedicated to reducing our environmental impact
- Including sustainability specification and evaluation criteria in all procurement contracts
- Planting over 200 trees on our city centre hospital sites
- Forming a 'Green Gym' for staff to volunteer on local beach cleans and conservation projects.

REMARKABLE OLLY MARKS THE START OF HIS TEENAGE YEARS WITH A RUN!

Olly McKenna is a true inspiration….

Following an operation to remove a tumour from his brain, he has raised a staggering £81,000 for Newcastle Hospitals and been the catalyst for hundreds of runners to help other children with cancer.

On 7th September 2019 - which also happened to be his 13th birthday - Olly tackled the Junior Great North Run alongside friends James Campbell, Henry Hughes, Josh Porter and Alex Perry.

Their quest was to raise funds for 'Team Olly' – an idea Olly had at the age of 11, while undergoing chemotherapy and radiotherapy, to help other young patients going through a similar experience.

Since then, his huge fundraising endeavours have benefitted the Great North Children's Hospital Foundation and Charlie Bear for Cancer Care fund – and it doesn't look like he has any plans on stopping!

After finishing his treatment in April 2018, Olly decided to do his first Junior Great North Run while still in recovery, leaving parents Jill and Jason unsure whether he would complete it. But defying all odds, he did, and even managed to sprint over the Millennium Bridge!

Last year proud mum, Jill, said: "Olly is set on doing the run again even though it falls on the day of his birthday; he's so excited for it! There will also be ten Team Olly supporters running the Great North Run on Sunday and Olly will be cheering them all on."

Because of his outstanding fundraising efforts, Olly has been nominated for a Pride of Britain Award as well as winning Young Fundraiser of the Year in 2018 and Child of Courage in the Chronicle Champions Awards 2018.
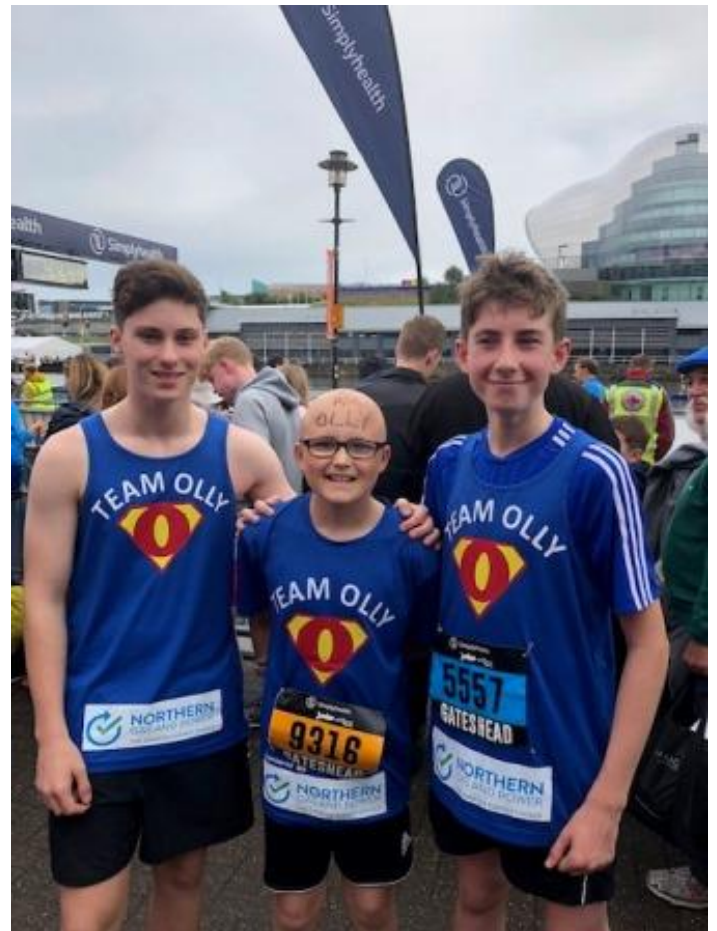
BUSINESS AS USUAL FOR NEWCASTLE'S MIDWIVES

Since The World Health Organization declared coronavirus (COVID-19) a global pandemic, almost 1,100 babies have been born at Newcastle's Royal Victoria Infirmary.

While there have been some changes to the way the services are provided, the maternity team have been working hard to remain very much business as usual and keep things as normal as possible for their patients.

However there are concerns that some pregnant women who are worried about their pregnancy might delay coming in to hospital due to a fear of being exposed to coronavirus. Reanna Martin a midwife at the RVI said: "We understand that this must be a really worrying time for our patients but it's really important that any women who have concerns about their pregnancy, or if they think they are in labour, get in touch with us as soon as possible.

"Our Maternity Assessment Unit is open 24 hours a day, seven days a week and we are here to support our patients and investigate any concerns they might have."

In response to the pandemic the team have worked quickly to adapt services to support women and their families during pregnancy, labour and postnatally. Waiting areas have been rearranged to enable social distancing, protective screens are in place and the team are exploring digital solutions to help meet patient needs.

Charlotte Kennedy, 25, from Newcastle gave birth to her daughter Eliza on Good Friday and was initially nervous about coming into hospital. She said: "I was a bit apprehensive about the birth and I wasn't sure what to expect, I knew my Mum couldn't be my additional birthing partner and my husband Sam couldn't stay with me overnight after I'd given birth.

"Even though I'd had to change my birth plan I had such a positive experience. The staff were all so friendly which made me feel calm

and at ease from the moment I arrived at hospital.

"I was so grateful for the compassion and patience of the midwife who delivered my baby – even though the circumstances were a little different and she was wearing PPE. Sam could stay with me until the early hours of the morning but by the time I was moved to the postnatal ward we were both ready for some sleep anyway."

Charlotte a primary school teacher is now home with Sam and baby Eliza and settling in to life as a family of three. Charlotte continues: "Life with a newborn daughter is a far cry from how I envisaged maternity leave would be.

Our parents had not expected they would be meeting their new granddaughter for the first time over video call.

"We have been enjoying going for our daily walk in the sunshine around our local area, which admittedly we had never explored in such depth before. I am grateful that my husband has been able to work from home so we have been able to enjoy much more time together as family that we otherwise would not have had."

Charlotte hopes her positive experience can help reassure any mums to be who may be anxious about coming in to hospital: "I am so grateful to the team of midwives and all of the other staff who looked after me while I was in hospital. They made the ward such a safe and comfortable place to be. I want to thank them all for their hard work, dedication and positivity during these unprecedented times.

"When Eliza grows older, we will certainly have lots to tell her about her first few months in the world."

Jane Anderson, associate director of midwifery at Newcastle Hospitals said: "We recognise that it may be an incredibly stressful time for many of our women and their families, which may increase levels of worry and anxiety throughout pregnancy, labour and, of course, following the birth of your baby.

"Our services here at the Newcastle Hospitals continue to be available for you and I cannot stress enough the importance of making contact with either your community midwife or, alternatively, our maternity assessment unit, if you would like any information or advice.

"Although some elements of our service have been modified in line with national guidance and recommendation, we would urge you to make contact if you are in any way unsure or concerned. It is important to know that your maternity care is managed on an individual basis and that the safety and quality of your care is a priority for us all."

THOUSANDS OF LIVES COULD BE SAVED THANKS TO 'GET A JAB, GIVE A JAB' DONATION

Staff, at Newcastle Hospitals have donated 11,500 life-saving tetanus vaccines to protect children from the disease in developing countries across the world.

As part of the flu campaign, the Trust took part in the UNICEF initiative to 'get a jab, give a jab', which saw every flu jab received by staff at Newcastle Hospitals matched with a donation of a tetanus vaccine.

With last year's flu season, staff at Newcastle Hospitals were encouraged to think of others when deciding whether to have their flu vaccine, and the Trust sought to increase on this donation total.

Maurya Cushlow, Chief Nurse at Newcastle Hospitals said:
"Every year, we ask our staff to think about others when getting the flu vaccine. We are delighted to that so many of our staff had their flu vaccine last winter to protect themselves and those around them, whilst also helping to save the lives of thousands of children in other countries.

"Vaccination is the best means we have to prevent infection and to protect those around us, both in and outside of work, and we are fortunate in the UK to have access to vaccines to protect against viruses such as the flu.

"Last year we vaccinated our highest number of staff, but this year we need to do even better and hope to donate more towards this valuable cause. While neonatal tetanus was eliminated from the industrialised world in the 1950s, it remains a major killer of infants in the developing world, who have little or no access to basic healthcare services".

SEVERE ASTHMA PATIENTS TO RECEIVE LIFE-CHANGING TREATMENT AT HOME IN UK FIRST

Patients with severe asthma are to receive a life-changing new treatment at home thanks to clinicians at Newcastle's Freeman Hospital.

The drug, mepolizumab, which usually has to be administered by a healthcare professional to patients every four weeks, is now being offered for patients to administer at home through a pre-filled pen or syringe. Mepolizumab is used to treat asthma in patients with eosinophilic asthma, a rare type of asthma which is commonly seen in people who develop asthma in adulthood, although it can occur in children.

55 year-old Sharon Cowey from Newcastle, a retired Ward Sister, is one of the first patients to receive this treatment at home. At 26, Sharon was diagnosed with asthma shortly after getting pregnant with her daughter, Sharon explains: "I remember taking my daughter out in her pram and having to stop at every lamppost as I couldn't get my breath. I visited the GP and I was prescribed Prednisolone, a strong steroid, and referred to the hospital. This improved my symptoms, but my asthma was never well controlled."

Over the years that passed, Sharon was prescribed a number of different medications alongside the steroid to try and gain control of her asthma, until she was diagnosed eosinophilic asthma - a form of severe asthma - at aged 53.

"It was only recently I was diagnosed with severe asthma after having a blood test, which indicated that my eosinophils level, a type of white blood cell, was high". Sharon started treatment on mepolizumab, which greatly improved her asthma and enabled her to carry out activities she was unable to do before, like walking the dog and breathing freely, but this treatment had to be administered by a healthcare professional in a hospital every month. After working in collaboration with healthcare professionals, she is now able to administer the treatment for her asthma at home, without having to go into hospital.

"The months used to come around so quickly, so sometimes I would have to cancel plans so I could go to the hospital to receive my treatment. I am able to inject myself at home, with a pen injection like an insulin pen," she added "I can't thank the nurses enough, without them it wouldn't have happened."

John Davison, Senior Nurse Specialist for complex lung disease at Newcastle Hospitals said: "We are delighted to be the first Trust in the UK to provide patients with this treatment in the comfort of their own home. "Severe asthma patients often struggle to manage everyday activities, and frequent visits to a healthcare professional in hospital can be an added burden for them.

"This innovation will empower healthcare professionals and patients with greater flexibility to choose a treatment setting that best fits patients' needs."

Eosinophilic asthma is caused by a type of white blood cell, and the drug is used to reduce the number of these cells to control the inflammation in the lungs.

Of the 5.4 million people with asthma in UK, roughly 250,000 adults and children have severe asthma

NEWCASTLE HOSPITALS PROUD TO BE NAMED TOP EMPLOYER FOR LESBIAN, GAY, BISEXUAL AND TRANSGENDER (LGBT) INCLUSIVITY

Newcastle Hospitals has been named as one of the most inclusive employers in the UK after being listed in the Top 100 Employers by lesbian, gay, bisexual and transgender (LGBT) equality charity Stonewall.

The Trust was ranked 40th nationally - the fifth highest in the region and the highest ranking new entry in the health and social care sector.

Chief Executive Dame Jackie Daniel said: "I'm incredibly proud to see that Newcastle Hospitals is now recognised as one of Stonewall's Top 100 Employers and it's fantastic to be the highest ranking new entry in our sector."

"Over 5,000 members of staff now wear their NHS Rainbow Badge with pride and have pledged to take action to support inclusion and visibility, as well as highlighting Trans inclusion across our NHS services.

"Flourish' is our cornerstone programme aiming to enable every member of staff to liberate their full potential at work. An important part of this is supporting every member of staff to be their authentic self. As an organisation, we recognise and celebrate the value that difference and diversity brings.

"Members of our Board and Executive team are highly visible in their support for LGBT inclusion and in championing change for staff and patients regardless of their sexual orientation or gender identity/expression. Our LGBT staff network also plays an important role in ensuring we value and celebrate diversity with passion and energy.

"Building on this foundation, I'm delighted that Newcastle Hospitals will host the first national NHS LGBT+ staff conference in July 2020, encouraging the whole NHS to champion positive change."

The organisation has entered Stonewall's Top 100 Employers list after being ranked 149 last year. The UK Workplace Equality Index is the definitive benchmarking tool for employers to measure their progress on lesbian, gay, bisexual and transgender inclusion in the workplace.

It asks employers to demonstrate their work in 10 areas of employment policy and practice including policy, staff networks, community engagement and all-staff engagement.

Chair of the Trust LGBT staff network Mark Ellerby-Hedley said: "This is fantastic news, I am so proud to work at Newcastle Hospitals - a Trust that has been working tirelessly over the last few years to make sure our workplace is supportive and inclusive of LGTB+ staff and patients and to show our commitment to LGBT equality.

"To be recognised by Stonewall and being placed so high up in the UK Workplace Equality Index Top 100 is a massive achievement and one we should all celebrate. As chair of the LGBT staff network I would like to say a heartfelt thank you to Karen Pearce, Martin Wilson, Lucy Hall and the LGBT staff network for all of their hard work, and to Dame Jackie and the Executive Board for their continued support."

Greatix
Learning From Excellence

So often in healthcare we focus on when things go wrong and how to prevent them happening again. The introduction of Greatix at Newcastle Hospitals encouraged staff to look instead at where things were going right, what we do well and how we could do more of it.

In November 2016, with the launch of Greatix, Newcastle Hospitals joined a growing movement of organisations who felt it was just as important to recognise and learn from the excellent work and practice which happens on a day to day basis as it is to learn from when things go wrong.

There are examples of excellence all around us every day. Staff are encouraged to recognise and share these examples, so that everyone can learn from them.

Staff complete a simple online form, telling us who achieved excellence and what can be learnt.

By the end of June 2020, just three and a half years after launching, the Trust received its 5000th Greatix submission. This is an outstanding achievement and one that reflects just how valued Greatix is by the staff working at Newcastle Hospitals.

Greatix submissions received by quarter November 2016 to June 2020
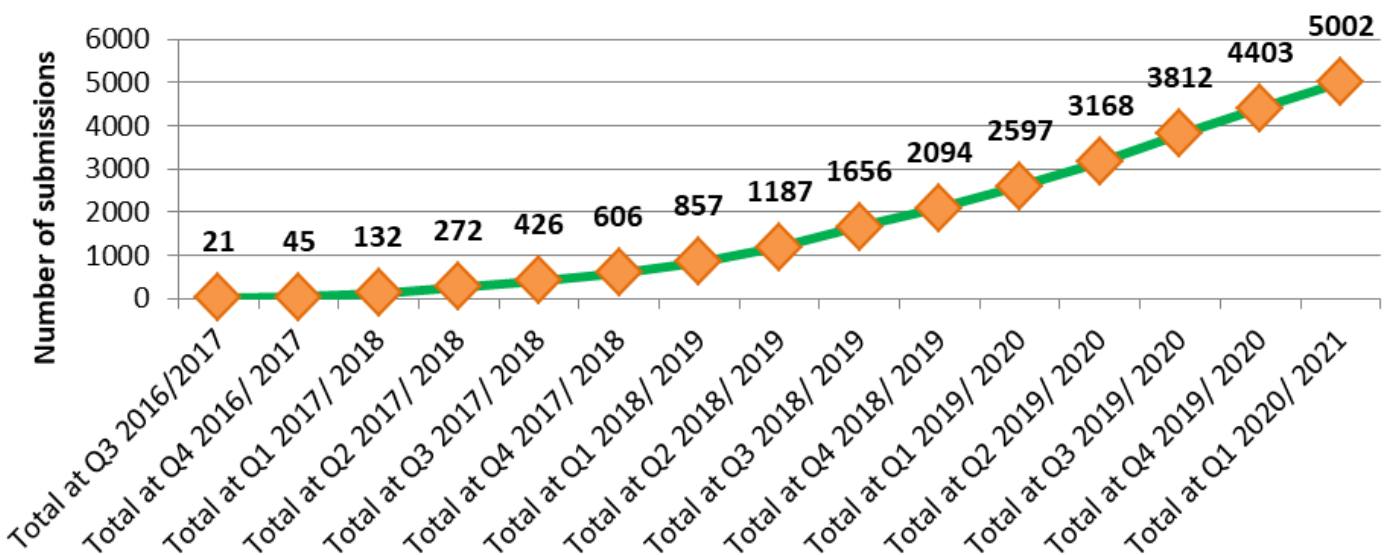
Greatix
Learning From Excellence

"As a trainee assistant practitioner in cardiothoracic theatres, it can be daunting to scrub in and learn / perform new procedures. Professor Clark continuously made me feel not only at ease, but welcomed in the surgical environment. Professor Clark has shown excellent patience and commitment to teaching over the past two months."

Staff Nurses Erlyn Tubon, Josephine Agustin and Lucy Burn from Recovery Theatres were nominated for the 3000th Greatix in September 2019 for outstanding care of a critically ill baby.

"Siobhan was the lead in setting up the Singing for Wellbeing sessions in the Trust. These sessions are open to staff and patients and are an innovative way to engage people proactively in an activity that is known to benefit psychological wellbeing. I have attended a couple of sessions and it was especially wonderful to see two inpatients participating fully in the sessions and getting so much out of them."

Staff Nurses Gwen Arthurs and Helen Todd were nominated for the 5000th Greatix in June 2020 for excellent teamwork and care when they were redeployed to another ward during the COVID-19 outbreak.

INFORMATION ON PARTICIPATION IN NATIONAL CLINICAL AUDITS AND NATIONAL CONFIDENTIAL ENQUIRIES

During 2019/20, 67 national clinical audits and three national confidential enquiry reports / review outcome programmes covered NHS services that the Newcastle upon Tyne Foundation Hospitals NHS Foundation Trust provides.

During that period, Newcastle Hospitals participated in 61 (95.3%) of the national clinical audits and 100% of the national confidential enquiries / review outcome programmes which it was eligible to participate in.

The national clinical audits and national confidential enquiries that Newcastle Hospitals was eligible to participate in during 2019/20 and the national clinical audits / national confidential enquiries that Newcastle Hospitals participated in during 2019/20 are as follows:

National Clinical Audits			National Confidential Enquiries
Assessing Cognitive Impairment in Older People / Care in Emergency Departments	National Asthma and Chronic Obstructive Pulmonary Disease (COPD) Audit Programme – COPD in Secondary Care	National Early Inflammatory Arthritis Audit	Child Health Outcome Review Programme - Long-term ventilation in children, young people and adults
British Association Urological Surgeons (BAUS) Audits: Cystectomy	National Asthma and Chronic Obstructive Pulmonary Disease (COPD) Audit Programme – Paediatric Asthma Secondary Care	National Emergency Laparotomy Audit	Medical and Surgical Clinical Outcome Review Programme (NCEPOD) – Out of Hospital Cardiac Arrests
BAUS Urology Audits: Female Stress Urinary Incontinence	National Asthma and Chronic Obstructive Pulmonary Disease (COPD) Audit Programme – Pulmonary Rehabilitation	National Gastro-intestinal Cancer Programme – National Oesophago-gastric Cancer (NOGCA)	Medical and Surgical Clinical Outcome Review Programme (NCEPOD) – Dysphagia in Parkinson's Disease
BAUS Urology Audits - Nephrectomy	National Audit of Breast Cancer in Older People	National Gastro-intestinal Cancer Programme – National Bowel Cancer Audit (NBOCA)	
BAUS Urology Audits - Percutaneous Nephrolithotomy	National Audit of Cardiac Rehabilitation	National Joint Registry	
BAUS Urology Audits - Radical Prostatectomy	National Audit of Care at the End of Life	National Lung Cancer Audit	
Care of Children in Emergency Departments	National Audit of Dementia (Care in general hospitals)	National Maternity and Perinatal Audit	
Case Mix Programme (CMP)	National Audit of Pulmonary Hypertension	National Neonatal Audit Programme – Neonatal Intensive and Special Care	
Elective Surgery – National PROMs Programme	National Audit of Seizure Management in Hospitals	National Ophthalmology Audit	
Endocrine and Thyroid National Audit	National Audit of Seizures and Epilepsies in Children and Young People	National Paediatric Diabetes Audit	

National Clinical Audits			National Confidential Enquiries
Falls and Fragility Fractures Audit Programme – Fracture Liaison Programme	National Cardiac Arrest Audit	National Prostate Cancer Audit	
Falls and Fragility Fractures Audit Programme – Hip Fracture Database	National Cardiac Audit Programme – Adult Cardiac Surgery	National Smoking Cessation Audit	
Falls and Fragility Fractures Audit Programme – National Audit of Inpatient Falls	National Cardiac Audit Programme – Cardiac Rhythm Management	National Vascular Registry	
Inflammatory Bowel Disease (IBD) Registry, Biological Therapies Audit	National Cardiac Audit Programme – Congenital Heart Disease in Children and Adults	Neurosurgical National Audit Programme	
Major Trauma Audit	National Cardiac Audit Programme – Heart Failure	Paediatric Intensive Care Audit (PICANet)	
Mandatory Surveillance of Bloodstream Infections and Clostridium Difficile Infection	National Cardiac Audit Programme – Myocardial Ischaemia	Perioperative Quality Improvement Programme (PQIP)	
Maternal, Newborn and Infant Clinical Outcome Review Programme – Perinatal Mortality Surveillance	National Cardiac Audit Programme – Percutaneous Coronary Interventions	Reducing the impact of serious infections (Antimicrobial Resistance and Sepsis)	
Maternal, Newborn and Infant Clinical Outcome Review Programme – Perinatal Morbidity and Mortality Confidential Enquiries	National Diabetes Audit – Adults: Foot Care	Sentinel Stroke National Audit Programme	
Maternal, Newborn and Infant Clinical Outcome Review Programme – Maternal Mortality Surveillance and Mortality Confidential Enquiries	National Diabetes Audit – Adults: National Diabetes Inpatient Audit (NaDIA) - Reporting data on services in England and Wales	Serious Hazards of Transfusion: UK National Haemovigilance Scheme	
Maternal, Newborn and Infant Clinical Outcome Review Programme – Maternal Morbidity Confidential Enquiries	National Diabetes Audit – Adults: NaDIA Harms – Reporting on diabetic inpatient harms in England	Society for Acute Medicine's Benchmarking Audit (SAMBA)	
Mental Health – Care in Emergency Departments	National Diabetes Audit – Adults: National Core Diabetes Audit	Surgical Site Infection Surveillance Service	
National Asthma and Chronic Obstructive Pulmonary Disease (COPD) Audit Programme – Adult Asthma Secondary Care	National Diabetes Audit – Adults: National Pregnancy in Diabetes Audit	UK Cystic Fibrosis Registry	

The national clinical audits and national confidential enquiries that Newcastle Hospitals participated in during 2019/20 are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases requires by the terms of that audit or enquiry.

National Audit issue	Sponsor / Audit	What is the Audit about?	Trust participation in 2019/20	Percentage Data completion	Outcome
Assessing Cognitive Impairment in Older People / Care in Emergency Departments	Royal College of Emergency Medicine	The audit reviews current performance against best practice clinical standards when assessing over 75s for signs of delirium/ cognitive impairment when presenting to the ED.	Y	100%	Published report expected Spring 2020
British Association of Urological Surgeons (BAUS) Audits: Cystectomy	British Association of Urological Surgeons	The audit addresses open, keyhole or robotic-assisted removal of the bladder for cancer.	Y	100%	Published report expected October 2020
BAUS Urology Audits: Female Stress Urinary Incontinence	British Association of Urological Surgeons	The audit addresses open surgery for stress incontinence of urine in women.	Y	100%	Published report expected May 2020
BAUS Urology Audits - Nephrectomy	British Association of Urological Surgeons	The audit addresses partial or complete kidney removal (± the ureter) using open or "keyhole" techniques .	Y	100%	Published report expected August 2020
BAUS Urology Audits - Percutaneous Nephrolithotomy	British Association of Urological Surgeons	The audit addresses percutaneous "keyhole" removal of stones from the kidney (or upper ureter).	Y	100%	Published report expected May 2020
BAUS Urology Audits - Radical Prostatectomy	British Association of Urological Surgeons	The audit addresses open, keyhole or robotic removal of the prostate gland (± lymph nodes) for cancer.	Y	100%	Published report expected Sept 2020
Care of Children in Emergency Departments	Royal College of Emergency Medicine	The audit addresses injuries in non-mobile infants aged 12 months and under, patients under 18 who abscond or leave the ED without being seen and appropriate assessment of psychosocial risk in 12 – 17 year olds.	Y	100%	Published report expected Spring 2020
Case Mix Programme	Intensive Care National Audit and Research Centre	This audit looks at patient outcomes from adult, general critical care units in England, Wales and Northern Ireland.	Y	Continuous data collection	Published report expected November/ December 2020
Elective Surgery – National PROMs Programme	NHS Digital	This audit looks at patient reported outcome measures in NHS funded patients eligible for hip or knee replacement.	Y	Continuous data collection	Provisional published report expected August 2020
Endocrine and Thyroid National Audit	British Association of Endocrine and Thyroid Surgeons	The Registry collects data on all patients undergoing thyroid surgery performed by any surgeon registered with the audit.	Y	Continuous data collection	No publication date yet identified

National Audit issue	Sponsor / Audit	What is the Audit about?	Trust participation in 2019/20	Percentage Data completion	Outcome
Falls and Fragility Fractures Audit Programme – Fracture Liaison Programme	Royal College of Physicians	Fracture Liaison Services (FLS) are the key secondary prevention service model to identify and prevent primary and secondary hip fractures. The audit has developed the Fracture Liaison Service Database (FLS-DB) to benchmark services and drive quality improvement.	The Trust did not participate in the national clinical audit due to the Directorate's capacity to undertake data collection. A business case is being compiled to identify future resource capacity.		
Falls and Fragility Fractures Audit Programme – Hip Fracture Database	Royal College of Physicians	The audit measures quality of care for hip fracture patients, and has developed into a clinical governance and quality improvement platform.	Y	Continuous data collection	Published report expected November 2020
Falls and Fragility Fractures Audit Programme – National Audit of Inpatient Falls	Royal College of Physicians	The audit provides the first comprehensive data sets on the quality of falls prevention practice in acute hospitals.	Y	Continuous data collection	Action plan currently being developed
Inflammatory Bowel Disease (IBD) Registry, Biological Therapies Audit	IBD UK/ IBD Registry Ltd	The IBD Registry biological therapies audit collected data on all patients of all ages diagnosed with the ICD-10 codes and receiving biological therapy at any time during the year. The data was requested at three time points: initiation, post-induction review and 12-month review.	The Trust did not participate in the audit due to national IT infrastructure issues. Local resolution has been achieved and it is planned to participate in 2020/2021.		
Major Trauma Audit	Trauma Audit Research Netw`ork (TARN)	TARN is working towards improving emergency health care systems by collating and analysing trauma care.	Y	Continuous data collection	Major Trauma Dashboards (quarterly), Clinical Feedback reports (3 per year), PROMs reports (quarterly), national reports based on a) injured children and b) older people (every 2 years)
Mandatory Surveillance of Bloodstream Infections and Clostridium Difficile Infection	Public Health England	Mandatory HCAI surveillance outputs are used to monitor progress on controlling key health care associated infections and for providing epidemiological evidence to inform action to reduce them.	Y	Continuous data collection	Reports published as national statistics, on Monthly Quarterly and Annual basis

National Audit issue	Sponsor / Audit	What is the Audit about?	Trust participation in 2019/20	Percentage Data completion	Outcome
Maternal, Newborn and Infant Clinical Outcome Review Programme – Perinatal Mortality Surveillance	Mothers and Babies: Reducing Risk Through Audits and Confidential Enquiries Across the UK (MBRRACE-UK)	The study addresses late foetal losses – baby delivered between 22+0 and 23+6 weeks of pregnancy showing no signs of life, irrespective of when the death occurred. Terminations of pregnancy - resulting in a pregnancy outcome from 22+0 weeks gestation onwards. Stillbirths – baby delivered from 24+0 weeks gestation showing no signs of life. Early neonatal deaths – death of a live born baby (born at 20 weeks gestation of pregnancy or later or 400g where an accurate estimate of gestation is not available) occurring before 7 completed days after birth. Late neonatal deaths – death of a live born baby (born at 20 weeks gestation of pregnancy or later or 400g where an accurate estimate of gestation is not available) occurring between 7 and 28 completed days after birth.	Y	Continuous data collection	Published report expected December 2020
Maternal, Newborn and Infant Clinical Outcome Review Programme – Perinatal morbidity and mortality confidential enquiries	Mothers and Babies: Reducing Risk Through Audits and Confidential Enquiries Across the UK (MBRRACE-UK)	This enquiry concerns intrapartum stillbirths and intrapartum related neonatal deaths in multiple births.	Trust will be contacted by MBRRACE-UK if they are requested to provide cases of multiple births for the enquiry	Trust was not asked to participate	
Maternal, Newborn and Infant Clinical Outcome Review Programme – Maternal Mortality Surveillance and mortality confidential enquiries	Mothers and Babies: Reducing Risk Through Audits and Confidential Enquiries Across the UK (MBRRACE-UK)	All deaths of women who die during pregnancy or up to one year after the end of the pregnancy regardless of how the pregnancy ended or the cause of death.	Y	Continuous data collection	Action plan currently being developed
Maternal, Newborn and Infant Clinical Outcome Review Programme – Maternal morbidity confidential enquiries	Mothers and Babies: Reducing Risk Through Audits and Confidential Enquiries Across the UK (MBRRACE-UK)	The aim is to identify avoidable illness and deaths so the lessons learned can be used to prevent similar cases in the future.	Trust will be contacted by MBRRACE-UK if they are requested to submit a pulmonary embolism case	Trust was not asked to participate	

National Audit issue	Sponsor / Audit	What is the Audit about?	Trust participation in 2019/20	Percentage Data completion	Outcome
Mental Health – Care in Emergency Departments	Royal College of Emergency Medicine	The audit looks at the performance in EDs against clinical standards focusing on initial assessment by ED staff, assessment of suicide risk and documentation of a mental state examination.	Y	100%	No publication date yet identified
National Asthma and Chronic Obstructive Pulmonary Disease (COPD) Audit Programme – Adult Asthma Secondary Care	Royal College of Physicians	The audit looks at the care of people admitted to hospital adult services with asthma attacks.	Y	Continuous data collection	Action plan currently being developed
National Asthma and Chronic Obstructive Pulmonary Disease (COPD) Audit Programme- COPD in Secondary Care	Royal College of Physicians	The aim of the audit is to drive improvements in the quality of care and services provided for COPD patients.	Y	Continuous data collection	Published report expected July 2020
National Asthma and Chronic Obstructive Pulmonary Disease (COPD) Audit Programme – Paediatric Asthma Secondary Care	Royal College of Physicians	The audit looks at the care children and young people with asthma get when they are admitted to hospital because of an asthma attack.	Y	Continuous data collection	No publication date yet identified
National Asthma and Chronic Obstructive Pulmonary Disease (COPD) Audit Programme – Pulmonary Rehabilitation	Royal College of Physicians	This audit looks at the care people with COPD get in pulmonary rehabilitation services.	Y	Continuous data collection	Action plan currently being developed
National Audit of Breast Cancer in Older People	Royal College of Surgeons	This audit evaluates the quality of care provided to women aged 70 years and older by breast cancer services in England and Wales.	Y	Continuous data collection	Action plan currently being developed
National Audit of Cardiac Rehabilitation	University of York	The audit aims to support cardiovascular prevention and rehabilitation services to achieve the best possible outcomes for patients with cardiovascular disease, irrespective of where they live.	Y	Continuous data collection	No publication date yet identified
National Audit of Care at the End of Life	NHS Benchmarking Network	The aim of the audit is to improve the quality of care of people at the end of their life for people receiving NHS funded care in England, Wales and Northern Ireland.	Y	100%	Action plan being developed

National Audit issue	Sponsor / Audit	What is the Audit about?	Trust participation in 2019/20	Percentage Data completion	Outcome
National Audit of Dementia (Care in general hospitals)	Royal College of Psychiatrists	The audit measures the performance of general hospitals against criteria relating to care delivery which are known to impact upon people with dementia while in hospital.	Y	Freeman Hospital 92% RVI 102%	Action plan being developed
National Audit of Pulmonary Hypertension	NHS Digital	The audit measures the quality of care provided to people referred to pulmonary hypertension services.	Y	Continuous data collection	No publication date yet identified
National Audit of Seizure Management in Hospitals	University of Liverpool	Looks at the facilities and care available to patients experiencing seizures that will help identify how best to change services to reduce the number of patients presenting at hospital with preventable seizures.	Y	April 2019 to June 2019	Published report was expected in Winter 2019/20 – not yet published
National Audit of Seizures and Epilepsies in Children and Young People	Royal College of Paediatrics and Child Health	The audit aims to address the care of children and young people with suspected epilepsy who receive a first paediatric assessment from April 2018 within acute, community and tertiary paediatric services.	Y	April 2019 to March 2020	Published report expected July 2020
National Cardiac Arrest Audit	Intensive Care National Audit and Research Centre/ Resuscitation Council UK	The project audits cardiac arrests attended to by in-hospital resuscitation teams.	Y	Continuous data collection	Published report expected November 2020
National Cardiac Audit Programme – Adult Cardiac Surgery	Barts Health NHS Trust	This audit looks at heart operations. Details of who undertakes the operations, the general health of the patients, the nature and outcome of the operation, particularly mortality rates in relation to preoperative risk and major complications.	Y	Data collection April 2019 to March 2020	No publication date yet identified
National Cardiac Audit Programme – Cardiac Rhythm Management	Barts Health NHS Trust	The audit aims to monitor the use of implantable devices and interventional procedures for management of cardiac rhythm disorders in UK hospitals.	Y	Data collection April 2019 to March 2020	No publication date yet identified
National Cardiac Audit Programme – Congenital Heart Disease in Children and Adults	Barts Health NHS Trust	The congenital heart disease website profiles every congenital heart disease centre in the UK, including the number and range of procedures they carry out and survival rates for the most common types of treatment.	Y	Data collection April 2019 to March 2020	No publication date yet identified

National Audit issue	Sponsor / Audit	What is the Audit about?	Trust participation in 2019/20	Percentage Data completion	Outcome
National Cardiac Audit Programme – Heart Failure	Barts Health NHS Trust	The aim of this project is to improve the quality of care for patients with heart failure through continual audit and to support the implementation of the national service framework for coronary heart disease.	Y	Data collection April 2019 to March 2020	No publication date yet identified
National Cardiac Audit Programme – Myocardial Ischaemia	Barts Health NHS Trust	The Myocardial Ischaemia National Audit Project (MINAP) was established in 1999 in response to the National Service Framework (NSF) for Coronary Heart Disease, to examine the quality of management of heart attacks (Myocardial Infarction) in hospitals in England and Wales.	Y	Data collection April 2019 to March 2020	No publication date yet identified
National Cardiac Audit Programme – Percutaneous Coronary Interventions	Barts Health NHS Trust	This project looks at percutaneous coronary intervention (PCI) procedures performed in the UK. The audit collects and analyses data on the nature and outcome of PCI procedures, who performs them and the general health of patients. The audit utilises the Central Cardiac Audit Database (CCAD) which has developed secure data collection, analysis and monitoring tools and provides a common infrastructure for all the coronary heart disease audits.	Y	Data collection April 2019 to March 2020	No publication date yet identified
National Diabetes Audit – Adults: Foot Care	NHS Digital	Patients referred to specialist diabetes footcare services for an expert assessment on a new diabetic foot ulcer.	Y	Data collection April 2019 to March 2020	No publication date yet identified
National Diabetes Audit – Adults: National Diabetes Inpatient Audit (NaDIA) - Reporting data on services in England and Wales	NHS Digital	The National Diabetes Inpatient Audit (NaDIA) is an annual snapshot audit of diabetes inpatient care in England and Wales and is open to participation from hospitals with medical and surgical wards. NaDIA allows hospitals to benchmark hospital diabetes care and to prioritise improvements in service provision that will make a real difference to patients' experiences and outcomes.	Y	100%	Published report expected August 2020
National Diabetes Audit – Adults: NaDIA Harms – Reporting on diabetic inpatient harms in England	NHS Digital	The National Diabetes Inpatient Audit - Harms (NaDIA-Harms) is a continuous collection of four diabetic harms which can occur during an inpatient stay.	Y	Data collection April 2019 to March 2020	Published report expected August 2020

National Audit issue	Sponsor / Audit	What is the Audit about?	Trust participation in 2019/20	Percentage Data completion	Outcome
National Diabetes Audit – Adults: National Core Diabetes Audit	NHS Digital	National Diabetes Audit collects information on people with diabetes and whether they have received their annual care checks and achieved their treatment targets as set out by NICE guidelines.	Y	Continuous data collection	Published report expected November 2020
National Diabetes Audit – Adults: National Pregnancy in Diabetes Audit	NHS Digital	The audit aims to support clinical teams to deliver better care and outcomes for women with diabetes who become pregnant.	Y	Continuous data collection	No publication date yet identified
National Early Inflammatory Arthritis Audit	British Society for Rheumatology	The audit aims to improve the quality of care for people living with inflammatory arthritis.	Y	Data collection May 2019 to March 2020	Action plan currently being developed
National Emergency Laparotomy Audit	Royal College of Anaesthetists	NELA aims to look at structure, process and outcome measures for the quality of care received by patients undergoing emergency laparotomy.	Y	Continuous data collection	Action plan currently being developed
National Gastro-intestinal Cancer Programme – National Oesophago-gastric Cancer (NOGCA)	Royal College of Surgeons	The oesophago-gastric (stomach) cancer audit aims to examine the quality of care given to patients and thereby help services to improve. The audit evaluates the process of care and the outcomes of treatment for all O-G cancer patients, both curative and palliative.	Y	Continuous data collection	Published report expected December 2020
National Gastro-intestinal Cancer Programme – National Bowel Cancer Audit (NBOCA)	Royal College of Surgeons	Colorectal (large bowel) cancer is the most common cancer in non-smokers and second most common cause of death from cancer in England and Wales. Each year over 30,000 new cases are diagnosed, and bowel cancer is registered as the underlying cause of death in half of this number.	Y	Continuous data collection	Published report expected December 2020
National Joint Registry	Healthcare Quality Improvement Partnership	The audit covers clinical audit during the previous calendar year and outcomes including survivorship, mortality and length of stay.	Y	Continuous data collection	Published report expected September 2020
National Lung Cancer Audit	Royal College of Physicians	Lung cancer has the highest mortality rate of all forms of cancer in the western world and there is evidence that the UK's survival rates compare poorly with those in the rest of Europe. There is also evidence that, in the UK, standards of care differ widely. The audit was set up to monitor the introduction and effectiveness of cancer services.	Y	Data collection April 2019 to March 2020	Action plan currently being developed

National Audit issue	Sponsor / Audit	What is the Audit about?	Trust participation in 2019/20	Percentage Data completion	Outcome
National Maternity and Perinatal Audit	Royal College of Obstetricians and Gynaecologists	A new large scale audit of NHS maternity services across England, Scotland and Wales, collecting data on all registrable births delivered under NHS care.	Y	Data collection is via the NHS Digital Maternity Services Dataset	Action plan currently being developed
National Neonatal Audit Programme – Neonatal Intensive and Special Care	Royal College of Paediatrics and Child Health	To assess whether babies requiring specialist neonatal care receive consistent high quality care and identify areas for improvement in relation to service delivery and the outcomes of care.	Y	Continuous data collection	Published report expected November 2020
National Ophthalmology Audit	Royal College of Ophthalmologists	The project aims to prospectively collect, collate and analyse a standardised, nationally agreed cataract surgery dataset from all centres providing NHS cataract surgery in England & Wales to update benchmark standards of care and provide a powerful quality improvement tool. In addition to cataract surgery, electronic ophthalmology feasibility audits will be undertaken for glaucoma, retinal detachment surgery and age-related macular degeneration (AMD).	Y	100%	Action plan currently being developed
National Paediatric Diabetes Audit	Royal College of Paediatrics and Child Health	The audit covers registrations, complications, care process and treatment targets.	Y	Data collection April 2019 to March 2020	Action plan currently being developed
National Prostate Cancer Audit	Royal College of Surgeons	The National Prostate Cancer Audit is the first national clinical audit of the care that men receive following a diagnosis of prostate cancer.	Y	Data collection April 2019 to March 2020	Action plan currently being developed
National Smoking Cessation Audit	British Thoracic Society	This audit concerns smoking cessation activity and treatment in secondary care trusts and how this is recorded in patient records.	Y	100%	No publication date yet identified
National Vascular Registry	Royal College of Surgeons	The National Vascular Registry collects data on all patients undergoing major vascular surgery in NHS hospitals in the UK.	Y	Data collection April 2019 to March 2020	Action plan currently being developed
Neurosurgical National Audit Programme	Society of British Neurological Surgeons	This audit looks at all elective and emergency neurosurgical activity in order to provide a consistent and meaningful approach to reporting on national clinical audit and outcomes data.	Y	100%	No publication date yet identified

National Audit issue	Sponsor / Audit	What is the Audit about?	Trust participation in 2019/20	Percentage Data completion	Outcome
Paediatric Intensive Care Audit (PICANet)	University of Leeds and University of Leicester	PICANet aims to continually support the improvement of paediatric intensive care provision throughout the UK by providing detailed information on paediatric intensive care activity and outcomes.	Y	Data collection April 2019 to March 2020	Action plan currently being developed
Perioperative Quality Improvement Programme	Royal College of Anaesthetists	This programme aims to improve the care and treatment of patients undergoing major surgery in the UK.	The Trust did not participate in the programme due to local resourcing issues. A proposal has been submitted to resolve this and it is planned to participate in 2020/2021		
Reducing the impact of serious infections (Antimicrobial Resistance and Sepsis)	Public Health England	This programme aims to improve the timely assessment and treatment of healthcare acquired infections.	Y	Continuous data collection	Monthly reporting except for Surgical Site Infections which reports quarterly
Sentinel Stroke National Audit Programme	King's College London	The audit collects data on all patients with a primary diagnosis of stroke, including any patients not on a stroke ward. Each incidence of new stroke is collected.	Y	100%	Action plan currently being developed
Serious Hazards of Transfusion: UK National Haemovigilance Scheme	Serious Hazards of Transfusion	The scheme collects and analyses anonymised information on adverse events and reactions in blood transfusion from all healthcare organisations that are involved in the transfusion of blood and blood components in the United Kingdom.	Y	Continuous data collection	Published report expected July 2020
Society for Acute Medicine's Benchmarking Audit (SAMBA)	Society for Acute Medicine	The SAMBA is a national benchmark audit of acute medical care. The aim is to describe the severity of illness of acute medical patients presenting to Acute Medicine, the speed of their assessment, their pathway and progress at seven days after admission and to provide a comparison for each participating unit with the national average.	The Trust did not participate in the audit due to local resourcing issues. Resolution has been achieved and it is planned to participate in 2020/2021		
Surgical Site Infection Surveillance Service	Public Health England	The aim of the national surveillance program is to enhance the quality of patient care by encouraging hospitals to use data obtained from surveillance to compare their rates of SSI over time and against a national benchmark, and to use this information to review and guide clinical practice.	Y	100%	Published report expected December 2020

National Audit issue	Sponsor / Audit	What is the Audit about?	Trust participation in 2019/20	Percentage Data completion	Outcome
UK Cystic Fibrosis Registry	Cystic Fibrosis Registry	This audit looks at the care of people with a diagnosis of cystic fibrosis under the care of the NHS in the UK.	Y	Adults 99.4% Children 100%	Published report expected August 2020
UK Parkinson's Audit	Parkinson's UK	The UK Parkinson's Audit collects data on patients with a diagnosis of Parkinson's disease who are seen for a review by their Neurology or Elderly Care consultant during the data collection period, or who are seen by an occupational therapist, physiotherapist or speech and language therapist having been referred for treatment related to their Parkinson's disease.	Y	100%	Published report expected March 2020
Child Health Outcome Review Programme - Long-term ventilation in children, young people and adults	National Confidential Enquiry into Patient Outcome and Death (NCEPOD)	The study reviewed the quality and organisation of care provided to children and young people receiving long-term ventilation (LTV).	Y	100%	Compliant
Medical and Surgical Clinical Outcome Review Programme – Out of Hospital Cardiac Arrests	National Confidential Enquiry into Patient Outcome and Death (NCEPOD)	The aim of this study is to investigate variation and remediable factors in the processes of care of patients admitted to hospital following an out of hospital cardiac arrest (OHCA).	Y	100%	Action plan currently being developed
Medical and Surgical Clinical Outcome Review Programme – Dysphagia in Parkinson's Disease	National Confidential Enquiry into Patient Outcome and Death (NCEPOD)	This study aims to examine the pathway of care of patients with Parkinson's disease (PD) who are admitted to hospital when acutely unwell. In particular, to identify and explore multidisciplinary care and review organisational factors in the process of identifying, screening, assessing, treating and monitoring the ability to swallow.	Y	Data collection July 2019 to March 2020	Published report expected December 2020

An additional 10 audits have been added to the list for inclusion in 2020/21 Quality Accounts and all 10 of these audits are relevant to services provided by the Trust. The audits include:

- Antenatal and newborn national audit protocol 2019 to 2022
- BAUS Cytoreductive radical
- BAUS Renal colic audit
- British Spine Registry
- Cleft Registry and Audit Network
- Fractured neck of femur – care in emergency departments
- Homelessness inclusion health (care in emergency departments)
- National Comparative Audit of Blood Transfusion Programme – 2020 audit of the management of perioperative paediatric anaemia
- NHS provider intentions with suspected/ confirmed carbapenemase producing Gram negative colonisations/ infections
- UK Renal Registry National Acute Kidney Injury programme.

The reports of national clinical audits were reviewed by the provider in 2019/20 and Newcastle Hospitals intends to take the following actions to improve the quality of healthcare provided:

- The Trust has firmly embedded monitoring arrangements for national clinical audits with the identified lead clinician asked to complete an action plan and present this to the Clinical Audit and Guidelines Group

- On an annual basis the Group receives a report on the projects in which the Trust participates and requires the lead clinician of each audit programme to identify any potential risk, where there are concerns action plans will be monitored on a six-monthly basis
- In addition, each Directorate is required to present an Annual Clinical Audit Report to the Clinical Audit and Guidelines Group detailing all audit activity undertaken both nationally and locally. Clinicians are required to report all audit activity using the Trust's Clinical Effectiveness Register
- Involvement in National audits is monitored at the Patient Safety and Quality Reviews where a data pack is provided that contains audit compliance
- Compliance with National Confidential Enquiries is reported to the Clinical Outcomes and Effectiveness Group and exceptions subject to detailed scrutiny and monitored accordingly
- Non-compliance with recommendations from National Clinical Audit and National Confidential Enquiries are considered in the Annual Business Planning process.

The reports of 793 local audits were reviewed by the provider in 2019/20 and Newcastle Hospitals intends to take the following action to improve the quality of health care provided:

- Each Clinical Directorate is required to present an Annual Clinical Audit Report to the Clinical Audit and Guidelines Group detailing all audit activity undertaken both nationally and locally.

INFORMATION ON PARTICIPATION IN CLINICAL RESEARCH

The number of patients receiving relevant health services provided or sub-contracted by Newcastle Hospitals in 2019/20 that were recruited during that period to participate in research approved by a research ethics committee was 8,471 of which 7,911 were UK Clinical Research Network National Portfolio studies which equates to 31% of all patients recruited to National Portfolio studies in the region.

INFORMATION ON THE USE OF THE CQUIN FRAMEWORK

A proportion of Newcastle Hospitals income in 2019/2020 was conditional upon achieving quality improvement and innovation goals agreed between Newcastle Hospitals and any person or body they entered into a contract, agreement or arrangement with for the provision of relevant health services, through Commissioning for Quality Innovation (CQUIN) payment framework.

The monetary total for the amount of income in 2019/20, conditional upon achieving quality improvement and innovation goals is £10.3 million. The monetary total for the amount of income on 2018/19 was £16.9 million.
It is of note that all CQUIN schemes were suspended in quarter 4 due to the COVID-19 pandemic and there was no expectation for organisations to submit data or reports during this time.

Information on the use of the CQUIN framework

CQUIN Indicators - Acute Hospital – (NHS England)

- Toward HCV Elimination
- Personalised Care: Cystic Fibrosis
- Medicines Stewardship: Immunoglobulin
- Medicines Stewardship: Medicines Optimisation
- Appropriate Spinal Care: Spinal Surgery
- Severe Asthma

CQUIN Indicators - Acute Hospital – (CCG)

- Staff Flu Vaccinations
- Alcohol and Tobacco brief advice
- Three High Impact Actions to Prevent Falls
- Antimicrobial Resistance: Urinary Tract Infections and Antibiotic prophylaxis for Elective Colorectal Surgery
- Same day Emergency Care – Pulmonary Embolus/Tachycardia with Atrial Fibrillation /Pneumonia

CQUIN Indicators - Acute Hospital – (Public Health/Dental/other)

- Dental Quality Dashboards
- Breast screening
- Armed Forces Covenant.

CQUIN Indicators - Community

- Staff Flu Vaccinations
- Alcohol and Tobacco brief advice

Further details of the agreed goals for 2019/20 and for the following 12 month period are available electronically at: https://www.england.nhs.uk/nhs-standard-contract/cquin

INFORMATION RELATING TO REGISTRATION WITH THE CARE QUALITY COMMISSION (CQC)

Newcastle Hospitals is required to register with the Care Quality Commission and its current registration status is 'Registered Without Conditions'. Newcastle Hospitals has no conditions on registration. The Newcastle upon Tyne Hospital NHS Foundation Trust is registered with the CQC to deliver care from five separate locations and for eleven regulated activities.

The Care Quality Commission has not taken enforcement action against Newcastle Hospitals during 2019/20.

Newcastle Hospitals has not participated in any special reviews or investigations by the Care Quality Commission during the reporting period.

Newcastle Hospitals received a full inspection of all services during January 2019. Following this inspection Newcastle Hospitals was graded as 'Outstanding'.

Overall Trust Rating - Outstanding

		Safe	Effective	Caring	Responsive	Well-led	Overall
Overall		Good	☆ Outstanding	☆ Outstanding	☆ Outstanding	☆ Outstanding	☆ Outstanding

INFORMATION ON THE QUALITY OF DATA

Newcastle Hospitals submitted records during 2019/20 to the Secondary Uses Service (SUS) for inclusion in the Hospital Episode Statistics (HES) which are included in the latest published data. The percentage of records in the published data:

which included the patients valid NHS number was:

99.5% for admitted patient care;

99.8% for outpatient care;

98.4% for accident and emergency care.

which included the patients valid General Medical Practice Code was:

99.9% for admitted patient care;

99.8% for outpatient care;

99.8% for accident and emergency care.

Clinical Coding Information

Score for 2018/19 for Information Quality and Records Management, assessed using the Data Security & Protection (DSP) Toolkit

Newcastle Hospitals was not subject to the Payment by Results clinical coding audit during 2019/20 by the Audit Commission due to significant improvements in previous years.

Our annual Data Security and Protection Clinical Coding audit for diagnosis and treatment coding of inpatient activity demonstrated a good level of attainment and satisfies the requirements of the Data Security and Protection Toolkit Assessment.

The level was attained for Data Security Standard 1 Data Quality – Standards Met.

The level attained for Data Security Standard 3 Training – Standard Exceeded. Table shows the - levels of attainment of coding of inpatient activity

	Levels of Attainment		
	Standards Met	**Standards Exceeded**	**NUTH Level**
Primary Diagnoses	>=90%	>=95%	91.0%
Secondary Diagnoses	>=80%	>=90%	88.9%
Primary Procedure	>=90%	>=95%	90.1%
Secondary Procedure	>=80%	>=90%	89.4%

Newcastle Hospitals will be taking the following actions to improve data quality:

Re-enforce guidance with Clinical Coders around all national clinical coding standards highlighted throughout the audit.

Work immediately to standardise areas where there are differences in coding practice, so all staff are coding consistently.

Review the recruitment strategy in order to satisfy and execute a full clinical coding audit programme, at the earliest opportunity.

Review all local coding policies within 3 months to ensure accurate policies are held within the Policy and Procedure Document.

The Data Security and Protection Clinical Coding Audit undertaken in February 2020 also demonstrated high quality clinically coded data and out of the 200 episodes audited only 8.5% resulted in an HRG change which impacted on payment.

KEY NATIONAL PRIORITIES 2019/20

The key national priorities are performance targets for the NHS which are determined by the Department of Health and Social Care and form part of the CQC Intelligent Monitoring Report. A wide range of measures are included and the Trust's performance against the key national priorities for 2019/20 are detailed in the table below. Please note that changes in performance are in all likelihood due to the impact of COVID-19.

Operating and Compliance Framework Target	Target	Annual Performance 2019/20
Incidence of Clostridium (*C .difficile:* variance from plan)	No more than 113 cases	113 cases (24 cases successfully appealed; 89 cases against target)*
Incidence of MRSA Bacteraemia	Zero tolerance	1 case
All Cancer Two Week Wait	93%	82.8%
Two Week Wait for Symptomatic Breast Patients (Cancer Not initially Suspected)	93%	24.1%
31-Day (Diagnosis To Treatment) Wait For First Treatment	96%	93.8%
31-Day Wait For Second Or Subsequent Treatment: Surgery	94%	86%
31-Day Wait For Second Or Subsequent Treatment: Drug treatment	98%	97%
31-Day Wait For Second Or Subsequent Treatment: Radiotherapy	94%	98.7%
All cancers: 62-day wait for first treatment from: • urgent GP referral for suspected cancer	85%	77.1%
All cancers: 62-day wait for first treatment from: • NHS Cancer Screening Service referral	90%	89.4%
RTT – Referral to Treatment - Admitted Compliance	90%	76.4%
RTT – Referral to Treatment - Non-Admitted Compliance	95%	87.8%
RTT – Referral to Treatment - Incomplete Compliance	92%	90.2%
Maximum 6-week wait for diagnostic procedures	99%	96%
A&E: maximum waiting time of 4 hours from arrival to admission/transfer/discharge	95%	94.32%
Delayed Transfers	3.5%	2.7%
Cancelled operations – those not admitted within 28 days	0	51
Maternity bookings within 12 weeks and 6 days	Not defined	87.02%
Data completeness: Community Services comprising: Referral to treatment information	Not defined	99.7%
Data completeness: Community Services comprising: Referral information	Not defined	94.9%
Data completeness: Community Services comprising: Treatment activity information	Not defined	98.0%

Details on Hospital-level Mortality Indicator please refer to page 66.
Details on Venous thromboembolism (VTE) risk assessment please refer to page 69.
* *C. difficile* Infection appeal hearings have been cancelled. This decision has been supported by the Newcastle/Gateshead CCG to prioritise COVID-19 pandemic work.

Rationale for any failed targets in free text please note below:

The reasons for cancer performance deterioration have included increased volume of referrals and pressure on diagnostics, specifically Radiology and Endoscopy. Staff vacancies and time taken to recruit and train have been a particular concern. Ongoing work is in place to reach targets set, as of January, Radiology have recruited an addition Breast Radiologist – waiting times should be impacted on positively as a result of this.

CORE SET OF QUALITY INDICATORS

(Data is compared nationally when available from the NHS Digital Indicator portal).Where national data is not available the Trust has reviewed our own internal data. Any and all updated data is presented.

Measure	Data Source	Target	Value	2019/2020				2018/2019				2017/2018		
1. The value and banding of the summary hospital-level mortality indicator ("SHMI") for the Trust	NHS Digital Indicator Portal https://indicators.ic.nhs.uk/webview/	Band 2 "as expected"		Oct 18 – Sept 19 **NUTH Value:** 0.9556 **NUTH** **Band 2**	Jul 18 - Jun 19 **NUTH Value:** 0.9555 **NUTH** **Band 2**	Apr 18 - Mar 19 **NUTH Value:** 0.9644 **NUTH** **Band 2**	Jan18 - Dec 18 **NUTH Value:** 0.9867 **NUTH** **Band 2**	Oct 17 - Sept 18 **NUTH Value:** 0.9847 **NUTH** **Band 2**	Jul 17 - Jun 18 **NUTH Value:** 0.9553 **NUTH** **Band 2**	Apr 17 - Mar 18 **NUTH Value:** 0.9359 **NUTH** **Band 2**	Jan 17 - Dec 17 **NUTH Value:** 0.9282 **NUTH** **Band 2**	Oct 16- Sept 17 **NUTH Value:** 0.93 **NUTH** **Band 2**	Jul 16- Jun 17 **NUTH Value:** 0.95 **NUTH** **Band 2**	Apr 16- Mar 17 **NUTH Value:** 0.95 **NUTH** **Band 2**
			National Average	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
			Highest National	1.1877	1.1916	1.2058	1.2264	1.268	1.257	1.2321	1.2181	1.25	1.23	1.21
			Lowest National	0.6979	0.6967	0.7069	0.6993	0.692	0.698	0.6994	0.7204	0.73	0.73	0.71
2. The percentage of patient deaths with palliative care coded at either diagnosis or specialty level for the trust	NHS Digital Indicator Portal https://indicators.ic.nhs.uk/webview/	N/A		32%	33%	33%	32%	29.2%	28.7%	28.4%	27.3%	25.1%	24.3%	22.5%
			National Average	36%	36%	35%	34%	33.6%	33.1%	32.5%	32.2%	31.5%	Not available	Not available
			Highest National	59%	60%	60%	60%	59.5%	58.7%	59.0%	60.3%	59.8%	58.6%	56.9%
			Lowest National	12%	15%	12%	15%	14.3%	13.4%	12.6%	11.7%	11.5%	11.2%	11.1%

Measure 1. The value and banding of the summary hospital-level mortality indicator ("SHMI") for the Trust.

Newcastle Hospitals considers that this data is as described for the following reasons: The Trust continues to perform well on mortality indicators. Mortality reports are regularly presented to the Trust Board. Newcastle Hospitals has taken the following actions to improve this indicator, and so the quality of its services by closely monitoring mortality rates and conducting detailed investigations when rates increase. We continue to monitor and discuss mortality findings at the quarterly Mortality Surveillance Group; representatives attend this group from multiple specialities and scrutinise Trust mortality data to ensure local learning and quality improvement. This group complements the departmental mortality and morbidity (M&M) meetings within each Directorate.

Measure 2. The percentage of patient deaths with palliative care coded at either diagnosis or specialty level for the Trust.

Newcastle Hospitals considers that this data is as described for the following reasons: The use of palliative care codes in the Trust has remained static and aligned to the national average percentage over recent years. Newcastle Hospitals intends to take the following actions to improve this indicator, and so the quality of its services, by involving the Coding team in routine mortality reviews to ensure accuracy and consistency of palliative care coding.

Measure	Data Source	Value	2019/2020	2018/2019	2017/2018	2016/ 2017	2015/2016	2014/2015
3. The patient reported outcome measures scores (PROMS) for groin hernia surgery (average health gain score)	NHS Digital information portal http://content.digital.nhs.uk/proms	NUTH	Ceased to be collected 1st October 2017	Ceased to be collected 1st October 2017	Ceased to be collected 1st October 2017	0.11	0.08	0.09
		National Average:	Ceased to be collected 1st October 2017	Ceased to be collected 1st October 2017	Ceased to be collected 1st October 2017	0.09	0.08	0.08
		Highest National:	Ceased to be collected 1st October 2017	Ceased to be collected 1st October 2017	Ceased to be collected 1st October 2017	0.14	0.15	0.15
		Lowest National:	Ceased to be collected 1st October 2017	Ceased to be collected 1st October 2017	Ceased to be collected 1st October 2017	0.01	0.03	0.03
4. The patient reported outcome measures scores (PROMS) for varicose vein surgery (average health gain)	NHS Digital information portal http://content.digital.nhs.uk/proms	Trust	Ceased to be collected 1st October 2017	Ceased to be collected 1st October 2017	Ceased to be collected 1st October 2017	0.12	0.10	0.08
		National Average:	Ceased to be collected 1st October 2017	Ceased to be collected 1st October 2017	Ceased to be collected 1st October 2017	0.09	0.09	0.09
		Highest National:	Ceased to be collected 1st October 2017	Ceased to be collected 1st October 2017	Ceased to be collected 1st October 2017	0.15	0.15	0.15
		Lowest National:	Ceased to be collected 1st October 2017	Ceased to be collected 1st October 2017	Ceased to be collected 1st October 2017	0.01	002	-0.01
5. The patient reported outcome measures scores (PROMS) for primary hip replacement surgery (average health gain)	NHS Digital information portal http://content.digital.nhs.uk/prom	Trust	0.47	0.50	0.47	0.44	0.42	0.43
		National Average:	0.47	0.47	0.47	0.44	0.43	0.44
		Highest National:	0.54	0.56	0.57	0.54	0.50	0.52
		Lowest National:	0.33	0.35	0.38	0.31	0.39	0.33
6. The patient reported outcome measures scores (PROMS) for primary knee replacement surgery (average health gain)	NHS Digital information portal http://content.digital.nhs.uk/proms	Trust	0.36	0.31	0.33	0.33	0.31	0.32
		National Average:	0.34	0.34	0.34	0.32	0.32	0.31
		Highest National:	0.42	0.41	0.42	0.40	0.38	0.42
		Lowest National:	0.24	0.27	0.23	0.24	0.23	0.20

Please note that finalised PROMs data is now available for 2018-2019. Finalised 2019/20 data will not be available until February 2021.

Provisional 2019/20 data was published in February 2020, however Adjusted Average Health Gain data is not available for most providers, as described below. The reason for this is that the EQ-5D survey is sent to patients 6 months post-surgery, these survey scores can then be modelled. The data published by NHS Digital requires a provider to have at least 30 modelled records before a score can be calculated.

Measure 3. The patient reported outcome measures scores (PROMS) for groin hernia surgery.
Collection of groin procedure scores ceased on 1 October 2017.

Measure 4. The patient reported outcome measures scores (PROMS) for varicose vein surgery.
Collection of varicose vein procedure scores ceased on 1 October 2017.

Measure 5. The patient reported outcome measures scores (PROMS) for hip replacement surgery.
Newcastle Hospitals did not meet the Participation in Assessment requirement against PROMS figures for Hips target. Newcastle does not have more than 30 records for 2019/20 and so no PROMs figure is available. This is not unusual; only 34 providers in the country have more than 30 records modelled so far. The national average is 0.47. Currently the national high is 0.56 and the national low is 0.41 but all are based on very limited results and so the document has not been populated due to the very limited scores. These provisional scores will be updated next in August/September and finalised in February 2021. Newcastle Hospitals PROMS outcomes are

good and we are committed to increasing our participation rates going forward to meet and surpass the target levels. We encourage patients to complete these and discuss completion rates and results in the Arthroplasty Multidisciplinary team (MDT).

Measure 6. The patient reported outcome measures scores (PROMS) for knee replacement surgery.

Newcastle Hospitals did not meet the Participation in Assessment against PROMS figures for Knee replacement target. Newcastle does not have more than 30 records for 2019/20 and so no PROMs figure is available Only 38 providers have more than 30 modelled records recorded so far. The national average is 0.35. Currently the national high is 0.43 and the national low is 0.26 but all are based on very limited results and so the document has not been populated due to the very limited scores. These scores will be updated next in August/September. Newcastle Hospitals PROMS outcomes are good and we are committed to increasing our participation rates going forward to meet and surpass the target levels. We encourage patients to complete these and discuss completion rates and results in the Arthroplasty MDT.

Measure 7. The percentage of patients aged— (i) 0 to 15; and (ii) 16 or over readmitted within 28 days of being discharged from hospital.

This indicator was last updated in December 2013 and future releases have been temporarily suspended pending a methodology review. Therefore, the Trust has reviewed its own internal data and used its own methodology of reporting readmissions within 28 days (without PbR exclusions). Newcastle Hospitals considers that this data is as described for the following reasons: The Trust has a robust reporting system in place and adopts a systematic approach to data quality improvement. Newcastle Hospitals intends to take the following actions to improve this indicator, and so the quality of its services, by continuing with the use of an electronic system. 2019/20 are significantly higher than previous years as we changed the recording of both ambulatory care and paediatric ambulatory care from an outpatient attendance to an emergency admission.

7a. Emergency readmissions to hospital within 28 days of discharge from hospital: Children of ages 0-14

Year	Total number of admissions/spells	Number of readmissions (all)	Emergency readmission rate (all)
20/11/12	31,548	2,500	7.9
2012/13	31,841	2,454	7.7
2013/14	32,242	2,648	8.2
2014/15	34,561	3,570	10.3
2015/16	38,769	2,875	7.4
2016/17	35,259	1,983	5.6
2017/18	35,009	2,077	5.9
2018/2019	36,387	2,003	5.5
2019/2020	42,238	4,609	10.9

7b. Emergency readmissions to hospital within 28 days of being discharged aged 15+

Year	Total number of admissions/spells	Number of readmissions (all)	Emergency readmission rate (all)
20/11/12	175,836	9,435	5.4
2012/13	173,270	8,788	5.1
2013/14	177,867	9,052	5.1
2014/15	180,380	9,446	5.2
2015/16	182,668	10,076	5.5
2016/17	186,999	10,219	5.5
2017/18	182,535	10,157	5.6
2018/2019	185,967	10,461	5.6
2019/2020	192,365	12,648	6.6

Measure	Data Source	Value	2019/20	2018/19	2017/18	2016/17	2015/16	2014/15
8. The trust's responsiveness to the personal needs of its patients	NHS Information Centre Portal https://indicators.ic.nhs.uk/	Trust percentage	Not available	73.1%	74.9%	74.6%	76.1%	76.8%
		National Average:	Not available	67.2%	68.6%	68.1%	69.6%	68.9%
		Highest National:	Not available	85.0%	85.0%	85.2%	86.2%	86.1%
		Lowest National:	Not available	58.9%	60.5%	60.0%	54.4%	59.1%
Measure	Data Source	Value	2019/20	2018/19	2017/18	2016/17	2015/16	2014/15
9. The percentage of staff employed by, or under contract to, the trust who would recommend the trust as a provider of care to their family or friends	http://www.nhsstaffsurveys.com/Page/1006/Latest-Results/Results/	Trust percentage	90%	90%	96%	95%	91%	89%
		National Average:	71%	70%	81%	80%	72%	69%
		Highest National:	95%	95%	100%	100%	95%	89%
		Lowest National:	36%	33%	43%	44%	48%	46%

Measure 8. The Trust's responsiveness to the personal needs of its patients.

Newcastle Hospitals considers that this data is as described for the following reasons: The data shows that the Trust scores above the national average. Newcastle Hospitals intends to take the following actions to improve this indicator, and so the quality of its services, by continuing to implement processes to capture patient experience and improve its services. Data for 2019/2020 has not yet been released, but data for 2018/2019 has been populated.

Measure 9. The percentage of staff employed by, or under contract to, the Trust who would recommend the Trust as a provider of care to their family or friends.

Newcastle Hospitals considers that this data is as described for the following reasons: the Trust score is well above the National average. Newcastle Hospitals has taken the following actions to improve this percentage, and so the quality of its services, by continuing to listen to and act on all sources of staff feedback. Data for 2018/2019 has been added as it was not available at time of publication last year.

Measure	Data Source	Target	2019/20				2018/19				2017/18			
			Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
10. The percentage of patients that were admitted to hospital who were risk assessed for Venous thromboembolism (VTE)	https://www.england.nhs.uk/statistics/statistical-work-areas/vte/	Trust (CQUIN Target 95%)	97.65%	96.80%			96.49%	95.72%	97.23%	96.64%	96.25%	96.73%	96.07%	95.61%
		National Average:	95.63%	95.47%	Not available	Not available	95.63%	95.49%	95.65%	95.74%	95.20%	95.25%	95.36%	95.21%
		Highest National:	100%	100%	Not available	Not available	100%	100%	100%	100%	100%	100%	100%	100%
		Lowest National:	69.76%	71.72%	Not available	Not available	75.84%	68.67%	54.86%	74.03%	51.38%	71.88%	76.08%	67.04%

Measure 10. The percentage of patients that were admitted to hospital who were risk assessed for Venous thromboembolism (VTE)

Newcastle Hospitals considers that this data is as described for the following reasons: The Trust has a robust reporting system in place and adopts a systematic approach to data quality improvement. Newcastle Hospitals has taken the following actions to improve this percentage, and so the quality of its services, by completion of assessment being electronic to allowing capture of compliance rates and the implementation of the Safety Thermometer. The Trust has continued with use of the practice of undertaking Root Cause Analysis (RCA) on patients who develop a hospital acquired VTE. Data for Q4 2019/20 will not be published until June 2020.

Measure	Data Source	Target	2019/20	2018/19	2017/18	2016/17
11. The number and rate per 100,000 bed days of cases of C. difficile infection reported within the trust amongst patients aged 2 or over	PHE Data Capture System	Trust number of cases	113 National figure 89 (minus 24 successful appeals**)	77 National figure 51 (minus successful appeals)	88 National figure 77 (minus successful appeals)	74 National figure 57 (minus successful appeals)
		Trust Rate (per 100,000 bed days)	(national) HOHA* = 20.87 COHA* = 3.95	16.32 (national)	18.65 (national)	15.44 (national)
		National Average rate (per 100,000 bed days)	HOHA* = 14.67 COHA* = 7.06	11.92	13.48	13.22
		Highest National rate (per 100,000 bed days)	HOHA* = 60.44 COHA* = 34.54	78.75	92.75	82.59
		Lowest National rate (per 100,000 bed days)	HOHA* = 0 COHA* = 0	0	0	0

*HOHA = Hospital Onset – Healthcare Associated

*COHA = Community Onset – Healthcare Associated

NHS Improvement (NHSI) changed the criteria for reporting C. difficile from 2019/20.   The reported figures are therefore not comparable to previous years as the change includes reporting COHA cases. This patient group includes those who have been discharged within the previous 4 weeks in addition to day-case patients and regular attenders.

** 24 successful appeals; additional C. difficile Infection appeal hearings have been cancelled. This decision has been supported by the Newcastle/Gateshead CCG to prioritise COVID-19 pandemic work.

Measure	Data Source	Target	2019/20		2018/19		2017/18		2016/17	
12. The number and rate per 100 admissions of patient safety incidents reported *NB: Changed to rate per 1000 bed days April 2014*	NHS Information Centre Portal http://www.nrls.npsa.nhs.uk/patient-safety-data/organisation-patient-safety-incident-reports/	Trust no.	Oct 2019-March 2020 9319	April-2019 Sept 2019 9484	Oct 2018-March 2019 9707	April-2018 Sept 2018 8661	Oct 2017-March 2018 8662	April-2017 Sept 2017 8215	Oct 2016-March 2017 6483	April 2016-Sept 2016 6501
		Trust %	41.5	41.8	39.8	38.3	36.53	35.57	27.02	27.15
		National Average	49.1	48.5	44.7	44.52	42.5	42.8	41.1	40.8
		Highest National	110.2	103.8	95.9	107.4	124	111.56	69	71.8
		Lowest National	15.7	26.3	16.9	13.1	24.2	23.5	23.1	21.15

Measure	Data Source	Target	2019/20				2018/19				2017/18			
			Oct 2019-Mar 2020 **Severe Harm** 28	Oct 2019-Mar 2020 **Death** 6	April-2019 Sept 2019 **Severe Harm** 14	April-2019 Sept 2019 **Death** 4	Oct 2018-Mar 2019 **Severe Harm** 14	Oct 2018-Mar 2019 **Death** 1	April-2018 Sept 2018 **Severe Harm** 23	April-2018 Sept 2018 **Death** 3	Oct 2017-Mar 2018 **Severe Harm** 20	Oct 2017-Mar 2018 **Death** 1	April-2017 Sept 2017 **Severe Harm** 23	April-2017 Sept 2017 **Death** 4
13. The number and percentage of patient safety incidents that resulted in severe harm or death	NHS Information Centre Portal http://www.nrls.npsa.nhs.uk/patient-safety-data/organisation-patient-safety-incident-reports/	Trust no.												
		Trust %	0.3%	0.0%	0.2%	0.0%	0.3%	0%	0.3%	0%	0.2%	0%	0.3%	0%
		National Average	Not available	Not available	0.15%	0.04%	0.15%	0.01%	0.26%	0.11%	0.27%	0.1%	0.3%	0.1%
		Highest National	Not available	Not available	0.23%	0.08%	0.23%	0.09%	0.9%	0.6%	1.2%	0.5%	1.5%	0.5%
		Lowest National	Not available	Not available	1.22%	0.66%	1.18%	0.65%	0%	0%	0%	0%	0%	0%

Measure 11.The rate per 100,000 bed days of cases of C. difficile infection reported within the Trust amongst patients aged 2 or over

Newcastle Hospitals considers that this data is as described for the following reasons: The Trust has a robust reporting system in place and adopts a systematic approach to data quality improvement. Newcastle Hospitals has taken the following actions to improve this rate, and so the quality of its services, by having a robust strategy that includes the review of all Trust-apportioned cases to ensure no avoidable cases occur: completion of root cause analysis (RCA) forms for all such cases, including a multidisciplinary meeting to discuss the case; Quarterly Health Care Acquired Infection (HCAI) Report to share lessons learned and best practice from the RCAs and Serious Infection Review Meetings.

Measure 12. The number and rate of patient safety incidents reported

Newcastle Hospitals considers that this data is as described for the following reasons: The Trust take the reporting of incidents very seriously and have an electronic reporting system (Datix) to support this. Newcastle Hospitals has taken the following actions to improve this number and rate, and so the quality of its services, by undertaking a campaign to increase awareness of incident/near misses reporting. Incidents are graded, analysed and, where required, undergo a root cause analysis investigation to inform actions, recommendations and learning. Incident data is reported to the Clinical Risk Group to inform our organisational learning themes which are reported to the Board.

Measure 13. The number and percentage of patient safety incidents that resulted in severe harm or death

Newcastle Hospitals considers that this data is as described for the following reasons: The Trust takes incidents resulting in severe harm of death very seriously. The rate of incidents resulting in severe harm or death is consistent with the national average. This reflects a culture of reporting incidents which lead to, or have the potential to, cause serious harm or death. Newcastle Hospitals has taken the following actions to reduce this number and rate, and so the quality of its services, by the Board receiving monthly reports of incidents resulting in severe harm of death. (The Trust would classify major and catastrophic as permanent harm or death. This would include a fracture following a fall if the patient did not fully recover their normal level of independence.)

WORKFORCE FACTORS

Wellbeing – the tables below provide data on the loss of work days. The table directly below reports on the Trust and Regional position rate (data taken from the NHS Information Centre) and the next table provides an update on the Trust number of staff sick days lost to industrial injury or illness caused by work.

This table shows the loss of work days (rate)

	Jan 19	Feb 19	Mar 19	Apr 19	May 19	Jun 19	Jul 19	Aug 19	Sep 19	Oct 19	Nov 19
The Newcastle Upon Tyne Hospitals	5.07%	4.80%	4.04%	3.73%	3.90%	3.91%	4.11%	4.20%	4.21%	4.54%	5.03%
South Tyneside and Sunderland	5.08%	4.92%	4.21%	4.25%	4.50%	4.58%	4.79%	4.87%	4.79%	5.47%	5.53%
County Durham and Darlington	5.24%	4.82%	4.60%	4.74%	4.68%	4.65%	4.96%	5.13%	5.17%	5.34%	5.81%
Gateshead Health	5.53%	5.25%	4.33%	4.22%	4.27%	4.12%	3.98%	3,78%	4.20%	4.44%	4.98%
North Tees and Hartlepool	5.28%	4.94%	4.55%	4.58%	4.93%	4.74%	4.64%	4.55%	4.15%	5.22%	5.56%
Northumbria Healthcare	5.13%	4.99%	4.19%	4.23%	4.22%	4.37%	4.47%	4.41%	4.45%	4.69%	4.81%
South Tees Hospitals	5.49%	5.12%	4.63%	4.42%	4.09%	4.00%	4.24%	4.24%	4.41%	4.57%	4.92%
England	4.77%	4.51%	4.08%	4.06%	4.01%	4.12%	4.23%	4.14%	4.25%	4.60%	4.73%

The table blow shows the number of shift staff sick days lost to industrial injury or illness caused by work

Year	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Year Total
2009/2010 no. of days	251	414	581	298	1544
2010/2011 no. of days	118	254	267	366	1005
2011/2012 no. of days	253	299	247	153	952
2012/2013 no. of days	154	138	174	209	675
2013/2014 no. of days	489	331	785	147	1752
2014/2015 no. of days	333	284	178	206	1001
2015/2016 no. of days	360	194	365	219	1138
2016/2017 no. of days	230	387	136	84	837
2017/2018 no. of days	137	90	51	122	400
2018/2019 no. of days	214	131	188	326	859
2019/2020 no. of days	249	172	67	123	611

2019 NHS Staff Survey Results Summary

A standard survey was sent via email to all employees of the Trust (via external post for those on maternity leave), giving all 14,542 members of our staff a voice. 6,485 staff participated in the survey, equalling a response rate of 45% which is in the sector average and was a 2% deterioration on the 2017 response rate of 47%.

The results are arranged under 11 themes:
THEME 1: Equality, diversity & inclusion
THEME 2: Health & wellbeing
THEME 3: Immediate managers
THEME 4: Morale
THEME 5: Quality of appraisals
THEME 6: Quality of care
THEME 7: Safe Environment - Bullying & Harassment
THEME 8: Safe Environment - Violence
THEME 9: Safety Culture
THEME 10: Staff Engagement
THEME 11: Team Working (new for 2019)

The Staff Engagement score is measured across three sub-themes:
Advocacy, measured by Q21a, Q21c and Q21d (Staff recommendation of the trust as a place to work or receive treatment)
Motivation, measured by Q2a, Q2b and Q2c (Staff motivation at work)
Involvement, measured by Q4a, Q4b and Q4d (Staff ability to contribute towards improvement at work)

At Newcastle Hospitals this score was:
Overall: rating of staff engagement 7.35 (out of possible 10).
This score was 0.25 below top position in the sector (Combined Acute & Community Trusts) and has maintained the Trusts score for 2017.

The Trust scored significantly better on 7 of the 10 themes when compared with other Combined Acute & Community Trusts in England.

Equality, Diversity & Inclusion
NuTH Score: 9.33 out of 10
Sector Score: 9.07 out of 10
Morale

NuTH Score: 6.42 out of 10
Sector Score: 6.27 out of 10
Quality of Care
NuTH Score: 7.71 out of 10
Sector Score: 7.55 out of 10
Safe Environment – Bullying & Harassment
NuTH Score: 8.38 out of 10
Sector Score: 8.14 out of 10
Safe Environment – Violence
NuTH Score: 9.65 out of 10
Sector Score: 9.55 out of 10
Safe Environment – Violence
NuTH Score: 9.65 out of 10
Sector Score: 9.55 out of 10
Safety Culture
NuTH Score: 7.09 out of 10
Sector Score: 6.86 out of 10
Staff Engagement
NuTH Score: 7.35 out of 10
Sector Score: 7.18 out of 10

Of note, the Trust is also in top position for a number of themes against various comparators:
#1 in Region for
Safe Environment – Violence: 9.6 out of 10
#1 in Shelford Group for
Equality, Diversity & Inclusion: 9.3 out of 10
Morale: 6.4 out of 10
Safe Environment – Bullying & Harassment : 8.4 out of 10
Safe Environment – Violence: 9.6 out of 10

The Trust also compares favourably against the sector in a number (56) of the 90 questions in the survey. Some to note include:
90% agree that they would be happy with the standard of care provided by the organisation should a friend of relative need treatment. This is 14% higher than sector average and the best in the sector
90% agree that care of patients/service users is the organisations top priority. This is 9% higher than sector averagE
79% agree that when errors, near misses or incidents are reported, the organisation takes action to ensure that they do not happen again. This is 5% higher than sector average
67% agree that they are given feedback about changes made in response to reported errors, near misses and incidents. This is 4% higher than sector average

67% are confident that the organisation would address their concerns. This is 5% higher than sector average

35% stated they have felt unwell due to work related stress in the last 12 months. This is 4% under the sector average.
89% agree that the organisation acts fairly with regard to career progression / promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age. This is 5% higher than the sector average.

74% would recommend the organisation as a place to work. This is 6% higher than the sector average

As previously stated, the Trust did not fall below sector average for any of the 10 themes. However, the lowest 3 scoring themes for the organisation were:
Morale: 6.42 out of 10
Health & Wellbeing: 6.09 out of 10
Quality of Appraisals: 5.48 out of 10.

INVOLVEMENT AND ENGAGEMENT 2019/20

We strongly believe patients, their families and carers, together with the wider community, should be partners in the design, development and delivery of our services. The support and contributions of patient-public stakeholders continues to be important, as we work together to find new ways to provide high quality care and services in different ways. This year we have adopted a flexible model of involvement that allows us to develop different approaches for different people.

We are committed to encouraging engagement with patients, carers, their relatives and members of the public. The Trust's patient and public involvement group, APEX (Advising on the Patient Experience) provides a strong model of engagement alongside clinical specialties which have patient forums that are also working well, for example Maternity Voices Partnerships and the Young Persons Advisory Group (YPAGne). We continue to work in partnership with local community and voluntary groups seeking the views of a diverse range of people, including those people whose voices are less often heard. We are very proud, our work with carers was recognised and shortlisted for the RCNi Carers Award and our partnership work with gender diverse people which was shared at the Regional North East Leadership Academy Event.

This year we have been working in collaboration with patient representatives to prepare for the implementation of the refreshed National Friends and Family Test guidance which included facilitating a workshop led by and with the involvement of patients, members of the public, staff and the NHS England Insight team.

The Trust was also successfully shortlisted to take part in a CQC led pilot looking at a mixed method approach to the mandated national patient surveys of Inpatients and Maternity patients and we look forward to further involvement in the development of the national survey programme.

In 2020 -21 the focus will be:
• Embed patient and public engagement in our approaches to service improvement and transformation, in particular the significant transformation plans;
• Improve our use of existing sources of patient experience data to inform continuous improvement and transformation
• To implement the new guidance in relation to the NHS Friends and Family Test.

ANNEX 1:

STATEMENT ON BEHALF OF THE NEWCASTLE HEALTH SCRUTINY COMMITTEE

25 November 2020

As Vice-Chair of the Health Scrutiny Committee, I welcome the opportunity to comment on your draft Quality Account for 2019/20, which we discussed at our meeting on 12 November 2020.

We recognise the importance of the Quality Account as a tool in ensuring that services are reviewed objectively and as a means of illustrating to patients, carers and partners the performance of the trust in relation to your quality priorities.

In relation to progress against your 2019/20 priorities:

- We welcome the success of document sharing between NuTH and CNTW in relation to patients with mental health needs as part of the Treat as One priority, in particular the introduction of the Great North Care Record, and we hope to see further progress against this priority during the coming year.
- With regards to patient safety we were pleased to hear that incident reporting had remained a priority throughout the pandemic. We note that the decrease in reported incidents reflected a similar decrease in activity and bed occupancy but that the numbers of reported incidents have begun to rise again with increased activity.
- We note that over the last five years there have been spikes in pressure ulcers every October, and we understand that this may be due to increases in respiratory conditions and the acuity of patients seen at that time of year. We were pleased to hear that there is a process in place to investigate and understand the cause of any such incidents, and we hope to hear more about progress to reduce levels in next year's report.
- We welcome the opening of the Haven facility to support families and carers of patients receiving end of life care. We understand that it has had limited use during Covid, but that it is envisioned it will be utilised more over the coming months and we look forward to seeing a further update on this in next year's report.
  During our discussion with you we did raise a concern around the provision of specialist end of life care within paediatrics, outside of oncology services, and we are pleased to note that funding has been secured to develop an end of life care team for non-oncology paediatric patients. We look forward to seeing an update on this in next year's report.
- We note that there has been an increase in the number of Klebsiella infections, and we welcome the trust's approach to reviewing those incidents to see how and where they were happening and facilitate improvements.

In relation to the 2020/21 priorities and next year's report, we believe the document is a fair and accurate representation of the services provided by the trust and reflects the areas that are of high importance to Newcastle residents.

- We note there is an expectation that statistical information about staff and patients (such as the age, ethnicity, employment status and ward location) will be required by the Department of Health to be included in next year's report and we look forward to seeing the inclusion of this additional information.
- We are pleased to note that reducing infection remains a priority for 2019/20, and we will be interested to see in next year's report whether the review of the use of anti-biotics has had any positive impacts.
- We are pleased to learn about the trust's commitment to addressing climate change and the various projects and initiatives that are taking place around this, and we look forward to seeing more information about the success of these in next year's report.

In relation to Covid-19, we acknowledge that the Covid-19 pandemic is likely to have a continuing significant impact on health care services and we will be interested to see the outcome of learning reviews from the experience.

- We were pleased to learn about the support and interventions that have been put in place for staff to help them cope with increased workloads and pressures during the pandemic.
- We welcome the re-opening of services that had been paused during the early stages of the pandemic, including breast screening. We understand that it will take some time what the potential impacts might be from this service being paused but will be interested in hearing about the result of any reviews carried out in future.
- We were pleased to note the high level of uptake amongst staff of the flu vaccination this year and acknowledge that delivery of a Covid vaccination programme for staff will follow and that it will be challenging to deliver in a short timescale. The committee would like to see an update on the success of this programme as and when results are available.
- We were pleased to hear that the arrangement around provision of beds in intermediate care units for patients who needed to quarantine before returning to care homes was working well.
- We were pleased to learn that a specific piece of work had been undertaken to modify risk assessments for BAME staff in acknowledgement of the increased risk that they face from Covid.
- We note that the trust is working with the CCGs and ICS on a 'Talk before you walk' programme to encourage patients to speak to a health care professional before visiting hospital, and to utilise urgent treatment centres to reduce the burden on accident and emergency departments.

Finally, I would like to welcome the ongoing open dialogue that the trust has engaged in with us during this difficult time, and hope that this will continue.

Yours sincerely,

Cllr Lara Ellis
Vice-Chair, Health Scrutiny Committee

STATEMENT ON BEHALF OF NORTHUMBERLAND COUNTY COUNCIL

13 November 2020

The Health and Wellbeing Overview and Scrutiny Committee (OSC) welcomes the opportunity to submit a commentary for inclusion in your Annual Plan and Quality Account for 2019/20 as presented to the Committee in draft. We have continued to engage with the Trust routinely on matters of mutual importance through participation of Trust personnel at our Committee's meetings. The Committee always welcomes your attendance and input at their meetings and believe it is vital to effective scrutiny.

Unfortunately, due to the Coronavirus pandemic we have had to establish new ways of working and we were disappointed you were unable to attend virtually and present your quality accounts to the Committee. However, the Committee does understand the current pressures Newcastle upon Tyne Hospitals are facing as we head into winter during the COVID-19 pandemic. The Committee would like to pass on their admiration to NUTH for being the first hospital in the country to take COVID-19 patients. The Committee would be grateful for a chance to hear about NUTH's experience and learning from this.

We have now received presentations from Northumbria Healthcare NHS Foundation Trust and Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust. Considering the accounts of our local NHS services provides the committee with a holistic picture of the NHS services in Northumberland and their priorities.

Following receipt of your presentation and draft Annual Quality Account 2019/20 and future priorities for 2020/21 the Committee would like to thank you for the comprehensiveness of this account. The Committee welcomed:

- The inclusion of patient and public engagement in your approaches to service improvement and transformation.

- The continuation of the 'Treat as one' priority, especially in light of the COVID-19 pandemic

From the information you have provided to the we believe the information provided is a fair and accurate representation of the services provided by the Trust and reflects the priorities of the community. The Committee also support your priorities for improvement planned for 2020/21.

We would also appreciate it if we could diarise when you will attend to give next year's equivalent Quality Account and future priorities presentation. I would be very grateful if you could confirm whether the OSC's meeting on Tuesday 4 March 2021 (beginning at 1.00pm) would be suitable please?

If I can be of any further assistance regarding the Committee's response, please do not hesitate to contact me.

Yours sincerely,

Chris Angus

Scrutiny Officer for Health and Wellbeing Overview and Scrutiny Committee
Democratic Services

On behalf of Councillor John Beynon
Chair, Northumberland County Council Health and Wellbeing Overview and Scrutiny Committee

STATEMENT ON BEHALF OF THE NEWCASTLE & GATESHEAD CLINICAL COMMISSIONING GROUP

5 November 2020

The Clinical Commissioning Groups (CCGs) welcome the opportunity to review and comment on the Annual Quality Account for Newcastle Upon Tyne Hospitals NHS Foundation Trust for 2019/20 and would like to offer the following commentary:

As commissioners, Newcastle Gateshead, Northumberland and North Tyneside Clinical Commissioning Groups (CCGs) are committed to commissioning high quality services from Newcastle Upon Tyne Hospitals NHS Foundation Trust and take seriously their responsibility to ensure that patients' needs are met by the provision of safe, high quality services and that the views and expectations of patients and the public are listened to and acted upon.

Firstly, the CCGs acknowledge that this year has been, and continues to be, an extremely challenging time for the NHS due to the COVID-19 pandemic. The CCGs would like to thank the Trust and all their staff for the excellent commitment shown in responding to the pandemic and for transforming services to deliver new ways of working to ensure patient care continues to be delivered to a high standard. During the active phase of the pandemic the Trust maintained delivery of all emergency activity and many urgent and life extending services; although it is noted the numbers of referrals reduced. This would inevitably impact on patient experience and potentially patient outcomes however, it is noted that the number of referrals have now returned to pre-COVID levels. The CCGs will continue to work closely with the Trust and primary care colleagues to support and ensure delivery of the Restart, Reset and Recovery Plan.

Throughout 2019/20 the CCGs continued to hold regular quality review group meetings with the Trust which were well attended and provided positive engagement for the monitoring, review and discussion of quality issues. Newcastle Gateshead CCG also conducted a programme of assurance visits to a number of Trust sites to gain assurances and a valuable insight into the quality of care being delivered to patients. This has resulted in valuable partnership working with the Trust and provided the CCG with an opportunity to make recommendations on suggested areas of improvement. Due to the COVID-19 pandemic commissioner assurance visiting arrangements for 2020/21 are currently paused.

The report provides a comprehensive description of the quality priorities improvement work undertaken within the Trust and an open account of where improvements in priorities have been made. It is acknowledged that a lot of work has been undertaken to deliver the Trust's ambitions in a number of key areas and the Trust is to be commended on their achievements. The CCGs welcome that quality remains the Trust's priority for 2020/21.

The CCGs recognise the Trust's initiatives and innovations to improve infection, prevention and control and are pleased to note that the Trust exceeded their internal objectives set for 2019/20, with a 21% reduction in MSSA bacteraemias and a 12% reduction in E-coli infections. The Trust also remained within their annual trajectory for C.Difficile infections. However it is noted that there was an increase in the number of Klebsiella and Pseudomonas Aeruginosa infections per 100,000 bed days in 2019/20 on the previous year. It is acknowledged that reducing healthcare acquired infections with a focus on MSSA and E.Coli will remain a priority in 2020/21.

It is positive to see that there has been an overall reduction in the number of patients sustaining Trust acquired pressure damage, which has been achieved through a variety of initiatives and targeted quality improvement work. This is reflected in the number of pressure ulcers per 1000 beds days which shows a reduction from 1.9 in 2018/19 to 1.4 in 2019/20. It is acknowledged that there are opportunities for the Trust to further enhance the education offered to multi-disciplinary teams to ensure that the key messages around pressure prevention, assessment and care are delivered effectively. The CCGs fully support reducing harm from pressure damage remaining as a priority for 2020/21.

The CCGs note the excellent progress the Trust has made in developing a long-term electronic solution for the management of abnormal investigation results. The CCGs recognise that further work on this priority is required, including design sessions with clinicians and administrators to ensure that it is fully tested end to end, before paper reports can be discontinued. The CCGs fully support this continuing as a key quality priority during 2020/21.

In 2019/20 the Trust set out a quality priority to establish and embed a robust IT system named System for Action Management and Monitoring (SAMM) to ensure that action plans were monitored, prioritised, completed and reviewed within agreed timescales. The CCGs acknowledge that some progress has been made however note it was not possible to identify a suitable IT system which met the needs of the organisation. A decision was therefore made to use the Trust's internal incident reporting system (Datix) as a potential IT solution and test this in one directorate. This will be continued as a quality priority in 2020/21 and it is noted that it has been renamed as *'closing the loop'.* The CCGs note that this project has unfortunately experienced delays due to the pandemic and therefore will likely need to continue beyond 2020/21.

It is positive to see the progress the Trust has made in the 'enhancing capability in quality improvement' priority, including reaching agreement that the Institute for Healthcare Improvement Model for Improvement framework which will be used to drive improvement.
The CCGs recognise the importance of increasing staff capability, confidence and skills to make changes which lead to quality improvement and fully support the Trust building further on this quality priority in 2020/21.

The CCGs would like to commend the Trust on the work undertaken on the Deciding Right initiative, which included implementing a staff training scheme, revision of resuscitation orders and the development of a patient educational video and information leaflet. Not only will this improve the experiences of patients and their loved ones when planning their care in advance, it will have a positive impact on staff caring for acutely unwell patients.

The CCGs are pleased to note the excellent achievements the Trust has made with the 'Treat as One' quality priority and the ongoing collaborative working with Cumbria Northumberland Tyne and Wear NHS Foundation Trust (CNTWFT). The CCGs note that there has been a hiatus in the progress of the joint quality forum and steering group meetings due to the pandemic, however these will be re-established through the use of internet meeting platforms. The CCGs fully support this remaining as a key quality priority for 2020/21.

The CCGs commend the Trust on the progress made in ensuring that reasonable adjustments are made for patients with suspected or a known learning disability quality priority. The CCG were particularly impressed to note that there is patient participation on the steering group and that the outcome of the project researching the experiences of children and young people will be used to support better adjustments and effective transition from paediatric to adult services. It is noted that a review of the LeDeR process has also been completed and the recommendations will be considered to improve the internal process. The CCGs are pleased to see that the Trust is to build

further on this work in 2020/21 to improve and maintain a positive patient experience for patients with a learning disability and their families who need to access hospital services.

In 2019/20 the Trust reported 5 never events, which is a decrease on the previous year when 7 were reported. All never events are managed through the serious incident process and the CCGs will continue to work with the Trust to identify learning and appropriate actions; gaining assurance through the CCG SI Panels and Quality Review Group meetings.

The CCGs note the decreased performance for a number of cancer targets and acknowledge that the Trust has seen an increased volume of referrals and experienced pressures on some diagnostic services. The CCGs support the ongoing work and initiatives in place to improve performance and will continue to work in partnership with the Trust to ensure cancer waiting times improve. The CCGs have already seen improvement across a number of the cancer targets, with 2 week wait symptomatic breast target being achieved. It is also recognised that there has been a reduction across other performance measures due to the impact of the pandemic.
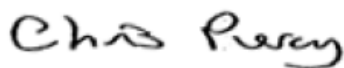
The emphasis that the Trust gives to national clinical audits and confidential enquiries demonstrates that the Trust is focussed on delivering evidence-based best practice. The CCGs would also like to commend the Trust for their commitment to clinical research.

The CCGs would like to congratulate the Trust and the staff for the excellent service developments and quality improvement initiatives identified within the report. Perhaps most importantly, in 2019/20 the Trust was awarded their second 'Outstanding' rating from the Care Quality Commission (CQC); which is an excellent achievement. The CCGs found it particularly heart-warming to read the patient stories of one mother's positive birthing experience during the pandemic and two patient's excellent fundraising efforts.
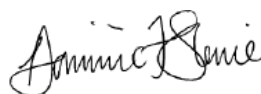
The CCGs congratulate the Trust for the positive results received in the NHS Staff Survey; with 90% of staff stating they would be happy with the standard of care provided should a friend or relative need treatment and 90% agreeing that care is the top priority. It is acknowledged that further work is required on some of the indicators and actions are being taken to address this. The CCGs also commend the Trust for the positive results they received across the various national CQC patient surveys in 2019/20; which further demonstrates the quality of services provided. The CCGs feel there would be great value in the Trust including the key highlights from the national patient surveys within their Quality Account.

The CCGs welcome the specific quality priorities for 2020/21 highlighted in the Quality Account. These are appropriate areas to target for continued improvement and link well with CCGs commissioning priorities. The CCGs can confirm that to the best of their ability the information provided within the Annual Quality Account is an accurate and fair reflection of the Trust's performance for 2019/20. It is clearly presented in the format required and contains information that accurately represents the Trust's quality profile and is reflective of quality activity and aspirations across the organisation for the forthcoming year.

The CCGs look forward to continuing to work in partnership with the Trust to assure the quality of services commissioned in 2020/21.

Chris Piercy
Executive Director of Nursing,
Patient Safety & Quality

Dr Dominic Slowie
Interim Medical Director

STATEMENT ON BEHALF OF HEALTHWATCH NEWCASTLE & HEALTHWATCH GATESHEAD

4 November 2020

Firstly, we would like to thank all the staff at NUTH for all the hard work that has been put in to keeping services running as normally as possible during the COVID-19 pandemic.

We'd particularly like to highlight your success in maintaining emergency, and urgent and life extending services, such and Cancer and Renal, during the most active phase of the pandemic.

It was interesting to read more about your 'Restart, Reset and Recovery' programme and great to read about some of the changes that have been made to keep services running during the pandemic. Some of these changes appear to have led to efficiencies and increased capacity.

We'd like to learn more about what patients think of these changes, and hope to see them continue if they prove effective for all parties.

We would like to congratulate the Trust on being graded as 'outstanding' for the second time by the Care Quality Commission.

Equality is also very important to us, so we were pleased to read that the Trust has been ranked within the Top 100 on the Stonewall Index for 2020, and that it has run its first Black, Asian and Minority Ethnic (BAME) conference.

The Trust should also be congratulated on being the first Trust to declare a climate emergency and for the actions that will come with this to achieve net zero carbon.

We welcomed the description of the various quality improvement initiatives implemented and would like to congratulate the Trust on the achievements detailed in this section.

We liked reading about the GREATIX initiative and we are pleased it is being used more and more each year. We also like to celebrate excellence via our 'Nominate a Star' initiative and between 1 April 2019 and 30 March 2020 we were pleased to give the following awards to NUTH staff:

- Kathryn Batey: Ward 22, RVI (orthopaedic physiotherapy team) – for working tirelessly to improve the care of the patients and being inspirational
- Bridget Hinchcliffe: Ward 43, RVI (neurology) - for going above and beyond in her care for patients
- Sister Joanne Gregor: Freeman Hospital – for giving a patient hope when all had gone.

The NHS Staff Survey results compare favourably with other Trusts, and NUTH should be proud of this. However, we are keen to learn more about what the Trust plans to do in the lowest performing areas (Morale, Health and Wellbeing and Quality of Appraisals), as these were also the lowest performing areas in 2018-19.

Results from 2019-20 priorities

Priority 1: Reducing infection – focus on MSSA/E.coli

It is good to read that there have been reductions in most bacteraemias. We are pleased that the Trust achieved a 21% reduction in MSSA infections and a 12% reduction in E. coli infections.

We welcome the Trust's plans to deliver quality improvement initiatives in key directorates, along with awareness campaigns, education projects, and audits, to sustain this reduction.

However, as there have been slight increases in Klebsiella and Pseudomonas, and that there is a need to sustain all reductions, we are pleased to see that this priority is carrying forward into 2020/21. We suggest that perhaps success could also be measured by benchmarking with the Shelford Group, as you have highlighted for priority 2.

Priority 2: Pressure Ulcer Reduction
It is pleasing to see that there has been a statistically significant reduction in pressure damage. It was also helpful to get an overview of the actions that are believed to have led to this sustained reduction. We particularly welcome the Trust's approach to deliver targeted quality improvement work based on the Root Cause Analysis process. Increasing the visibility of the Tissue Viability Team, as well as recruiting and embedding a Tissue Viability Nurse in the RVI Emergency Assessment Suite, also seem to be positive actions that will hopefully lead to good outcomes.

We are pleased to see that this priority is being carried forward into 2020-21 and welcome the Trust's plans to focus on education and on delivering quality improvement projects where they are most needed.

Priority 3: Management of abnormal results
The Trust has made good progress in designing a system to support the management of abnormal results by its staff. As with any new system, we expect there would be challenges and issues to resolve going forward, especially as the system is being used by various staff members. We are pleased that the Trust is still pushing this work forward and has plans to work with the staff who use the system to design something that works for everyone.

Priority 4: System for Action Management and Monitoring
The Trust has done a lot of exploratory work to find a system that incorporates everything the Trust needs to monitor its actions to make improvements to services. However, as a system has not been found yet we agree that this priority should be carried forward into 2020-21. In the next Quality Account we hope a system has been designed or incorporated into DATIX, and that it has been tested in at least one directorate.

Priority 5: Enhancing Patient and Public Involvement in Quality Improvement (QI)
We were aware that a framework had been designed to support staff to involve patients and the public in their Quality Improvement projects. We are pleased to see that this has now been strengthened by using the Institute for Healthcare Improvement's Model for Improvement and that the Trust has plans to partner with the Institute of Healthcare Improvement and set up a Quality Improvement Faculty.

There has been a focus on training staff in quality improvement and we hope that this continues. Over the coming years, we hope to see the capacity for improvement has increased and that more high-quality improvement projects are being delivered as a result.

We are pleased that this priority is going forward into 2020-21 because of the importance of involving patients in quality improvement. It could also be very valuable as we look to improve services through any learning as a result of the pandemic.

Priority 6: Deciding right

Helping patients to write Advance Care Plans about the care they would like to receive should they become too ill to make decisions is important for them, and useful for the services that support them. It is something that we feel still needs to become common practise, and this will take time. Based on the achievements made in 2019-20, we would have preferred to see this priority continue into 2020-21. The list of what was achieved in 2019-20 does not reflect adequately what the Trust aimed to achieve.

Whilst we know that work will still continue even though it is now not a quality priority, we think keeping its status as a quality priority would have given it the importance it deserves and the drive required to ensure this gets embedded as part of everyday practise.

Priority 7: Treat as One
We are pleased to see that the Trust and Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust are working together to ensure that the physical health care provided to adult patients with co-existing mental health conditions is delivered consistently and is meeting their needs.

The Trust has made good progress getting this work up and running, but as it is still at its early stages and will likely take some time to be implemented and fully embedded, we are pleased to see that this priority will continue into 2020/21.

As this work progresses, we would encourage the Trust to think about what could be done to gather patient feedback from this cohort of patients, so it can measure if this priority is having an impact on their experiences.

Priority 8: Ensure reasonable adjustments are made for patients with suspected or known Learning Disability (LD)
We are pleased that the Trust is committed to ensuring that patients with learning disabilities have access to services that will help improve their health.

It is great to see that there is patient representation on the Learning Disability Steering Group and that work has been done to research the experience of children and young people with a learning disability.

We would like to see more engagement with patients and their parents and carers going forward and are pleased that this is reflected in the Trust's plans for this priority. If we can be of any help to achieve this aim, we would be happy to hear from the Trust.

We are pleased that the priority is going forward into 2020-21.

2020/21 priorities

We notice that most of the priorities for 2020/21 have been carried on from last year and we support this decision, except for Deciding Right, which we feel also needed to be continued.

We wish the Trust continued success with these priorities in the coming year and look forward to supporting the Quality Account engagement next year.

STATEMENT ON BEHALF OF NORTHUMBERLAND HEALTHWATCH

2 November 2020

Thank you for the draft quality account of Newcastle upon Tyne Hospitals NHS Foundation Trust. We congratulate the Trust particularly on its work during the initial phase of the COVID19 pandemic.

We commend the Trust on the many positive achievements that have been made and all of the work that has been done to learn lessons from outcomes, the rigour with which monitoring and auditing has taken place and the overall commitment to quality and improving patient outcomes.

We welcome the use of Attend Anywhere and the Waiting Room Clinics and note the positive feedback from clinicians. While the digital transformation of services is of great benefit, people have told us it is not accessible to everyone through reasons of digital literacy, digital connectivity, and digital poverty. There is therefore a danger of introducing additional health inequalities. We would stress the importance of gathering patient experience of those unable or unwilling to access services in this way.

We are also pleased to note the increase in the use of the postal service for hearing aid users receiving spare batteries etc. Our report into Audiology Services in Northumberland provided by the Trust highlighted that many patients were unaware of this service and our recommendation to the Trust was to improve communication and promotion of this option. There were a number other recommendations which we hope to work with you on.

We are disappointed in the level of detail given about complaints received. It is noted these have increased in the year, but no detail is given about the themes or learning from them.

Regarding the Trust's priorities for 2020/21 in our view the plans to improve performance appear positive and achievable with priorities that align with areas highlighted for improvement.

In summary, we consider the report does give a fair reflection of the service provided by the Trust and we look forward to working with the Trust in the coming year and continuing to build on the positive working relationship we have established.

Yours sincerely

Derry Nugent
Project Coordinator

ANNEX 2:
ABBREVIATIONS

Abbreviations	
3D	Three Dimensional
7DS	Seven Day Service
ACP	Advance Care Plan
AHP	Allied Health Professional
AMD	Age-Related Macular Degeneration
APEX	Advising on Patient Experience
AQuA	Advancing Quality Alliance
BAME	Black, Asian and Minority Ethnic
BAUS	British Association of Urological Surgeons
BREATHE	Beating Regional Asthma Through Health Education
BTS	British Thoracic Society
C.diff	Clostridium difficile
CAP	Community Acquired Pneumonia
CAT	Clinical Assurance Tool
CAUTI	Catheter Acquired Urinary Tract Infection
CAV	Campus for Ageing and Vitality
CCAD	Central Cardiac Audit Database
CCGs	Clinical Commissioning Group
CGARD	Clinical Governance and Risk Department
CMP	Case Mix Programme
CNTW	Cumbria, Northumberland and Tyne and Wear
COHA	Community Onset – Healthcare Associated
COPD	Chronic Obstructive Pulmonary Disease
CQC	Care Quality Commission
CQUIN	Commissioning for Quality and Innovation
DBD	Donors after Brain-Stem Death
DCD	Donated after Circulatory Death
DoC	Duty of Candour
DoLS	Depravation of Liberty Safeguards
DSP	Data Security & Protection (DSP) Toolkit
E.coli	Escherichia coli
ED	Emergency Department
EHCP	Emergency Health Care Plans
EWS	Early Warning Score
FCA	Flow Coaching Academy
FLS	Fracture Liaison Services
FTSUG	Freedom to Speak up Guardian
GNCH	Great North Children's Hospital
GP	General Practitioner
HCAI	Healthcare Associated Infection
HCV	Hepatitis C Virus
HES	Hospital Episode Statistics
HR	Human Resources
HOHA	Hospital Onset – Healthcare Associated
IBD	Inflammatory Bowel Disease

Abbreviations	
ICDs	Implantable Cardioverter-Defibrillators
IHI	Institute for Healthcare Improvement
IT	Information Technology
IV	Intravenous
KLOEs	Key Lines of Enquiry
LD	Learning Disability
LGBT	Lesbian, Gay, Bisexual, Transgender
LTV	Long-Term Ventilation
M&M	Morbidity & Mortality
MBRRACE-UK	Mothers and Babies, Reducing Risk through Audits and Confidential Enquiries across the UK
MDT	Multi-Disciplinary Team
MINAP	Myocardial ischemia National Audit Project
MRSA	Methicillin-resistant *Staphylococcus aureus*
MSSA	Methicillin Sensitive *Staphylococcus Aureus*
N/A	Not Applicable
NaDIA	The National Diabetes Inpatient Audit
NBOCA	National Bowel Cancer Audit
NCEPOD	National Confidential Enquiries into Patient Outcome & Death
NHS	National Health Service
NHSI	NHS Improvement
NICE	National Institute for health and clinical excellence
NOGCA	National Oesophago-Gastric Cancer Audit
NSF	National Service Framework
NTW	Northumberland, Tyne and Wear
NUTH	Newcastle upon Tyne NHS Foundation Trust
OCS	Organ Care System
OHCA	Out of Hospital Cardiac Arrest
PCI	Percutaneous Coronary Intervention
PD	Parkinson's Disease
PHE	Public Heath England
PICCs	Peripherally Inserted Central Catheters
PICU	Paediatric Intensive Care Unit
PQIP	Perioperative Quality Improvement Programme
PROMs	Patient Reported Outcome Measures
PS&QR	Patient Safety and Quality Review
QI	Quality Improvement
QSIR	Quality Improvement and Service Design
RCA	Root Cause Analysis
RIDDOR	Reporting of Injuries, Disease and Dangerous Occurances
RVI	Royal Victoria Infirmary
SAMBA	Society for Acute Medicine's Benchmarking Audit
SAMM	Systems for Action Management and Monitoring
SHMI	Summary Hospital-level Mortality Indicator
SIRM	Serious Incident Review Meeting

Abbreviations	
SIs	Serious Incidents
STAMP	Supporting Treatment and Appropriate Medication in Paediatrics
STOMP	Stop Overmedicating People with a learning disability or autism
SUS	Secondary Uses Service
TARN	Trauma Audit Research Network
TEP	Treatment Escalation Plans
UK	United Kingdom
UTC	Urgent Treatment Centres
UTI	Urinary Tract Infection
VTE	Venous thromboembolism
YPAGne	Young Persons Advisory Group

ANNEX 3:
GLOSSARY OF TERMS

1. C. *difficile* infection (CDI)

C. *difficile* diarrhoea is a type of infectious diarrhoea caused by the bacteria Clostridium difficile, a species of gram-positive spore-forming bacteria. While it can be a minor part of normal colonic flora, the bacterium causes disease when competing bacteria in the gut have been reduced by antibiotic treatment.

2. CQC

The Care Quality Commission (CQC) is the independent regulator of all health and adult social care in England. The aim being to make sure better care is provided for everyone, whether that's in hospital, in care homes, in people's own homes, or elsewhere.

3. CQUIN – Commissioning for Quality and Innovation

The CQUIN framework was introduced in April 2009 as a national framework for locally agreed quality improvement schemes. It enables commissioners to reward excellence by linking a proportion of English healthcare provider's income to the achievement of local quality improvement goals.

4. DATIX

DATIX is an electronic risk management software system which promotes the reporting of incidents by allowing anyone with access to the Trust Intranet to report directly into the software on easy -to-use-web pages. The system allows incident forms to be completed electronically by all staff.

5. E.coli

Escherichia coli (E.coli) bacteria are frequently found in the intestines of humans and animals. There are many different types of E.coli, and while some live in the intestine quite harmlessly, others may cause a variety of diseases. The bacterium is found in faeces and can survive in the environment. E.coli bacteria can cause a range of infections including urinary tract infection, cystitis (infection of the bladder), and intestinal infection. E.coli bacteraemia (blood stream infection) may be caused by primary infections spreading to the blood.

6. Global Digital Exemplar

Global Digital Exemplar is an internationally recognised NHS provider delivering improvements in the quality of care, through the world-class use of digital technologies and information.

7. Gram-negative Bacteria

Gram-negative bacteria cause infections including pneumonia, bloodstream infections, wound or surgical site infections, and meningitis in healthcare settings. Gram-negative bacteria are resistant to multiple drugs and are increasingly resistant to most available antibiotics. These bacteria have built-in abilities to find new ways to be resistant and can pass along genetic materials that allow other bacteria to become drug-resistant as well.

8. HOGAN evaluation score

Retrospective case record reviews of 1000 adults who died in 2009 in 10 acute hospitals in England were undertaken. Trained physician reviewers estimated life expectancy on admission, to identified problems in care contributing to death and judged if deaths were preventable taking into account patients' overall condition at that time. The Hogan scale, ranging from 1 (definitely not preventable) to 6 (definitely preventable), was used to determine if deaths were potentially avoidable, taking into account a patient's overall condition at the time.

Source: Dr Helen Hogan, Clinical Lecturer in UK Public Health,

1	Definitely not preventable
2	Slight evidence for preventability
3	Possibly preventable, but not very likely, less than 50-50 but close call
4	Probably preventable more than 50-50 but close call
5	Strong evidence of preventability
6	Definitely preventable

9. HSMR

The Hospital Standardised Mortality Ratio (HSMR) is an indicator of healthcare quality that measures whether the death rate at a hospital is higher or lower than would be expected.

10. MRSA

Staphylococcus Aureus (S. aureus) is a bacterium that commonly colonises human skin and mucosa (e.g. inside the nose) without causing any problems. Although most healthy people are unaffected by it, it can cause disease, particularly if the bacteria enters the body, for example through broken skin or a medical procedure. MRSA is a form of S. aureus that has developed resistance to more commonly used antibiotics. MRSA bacteraemia is a blood stream infection that can lead to life threatening sepsis which can be fatal if not diagnosed early and treated effectively.

11. MSSA

As stated above for MSSA the only difference between MRSA and MSSA is their degree of antibiotic resistance: other than that there is no real difference between
them.

12. Near Miss
An unplanned or uncontrolled event, which did not cause injury to persons or damage to property, but had the potential to do so.

This information can be requested in large print

Freeman Hospital (Headquarters)
High Heaton
Newcastle upon Tyne
NE7 7DN
Telephone: 0191 233 6161
Fax: 0191 213 1968