



The Newcastle upon Tyne Hospitals  
NHS Foundation Trust

# Quality Account

## 2024/2025



Healthcare at its best  
with people at our heart





Healthcare at its best  
with people at our heart

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# Part 1



# Chief Executive's Statement

Thank you for taking the time to read our Quality Account which gives us an opportunity to reflect on the last year and to openly share our performance and outcomes with you.

It's a pleasure to present this report in my role as acting Chief Executive, having taken over from Sir Jim Mackey as he moved to be the transition Chief Executive at NHS England. My focus in this role is on continuity, ensuring that we make progress with the clear plans and the improvements that Jim led during his time as Chief Executive Officer.

Our commitment to providing high-quality care remains the central focus, and over this year, we have worked hard to continue with our improvement journey, in particular strengthening our clinical and quality governance approach which enables us to implement learning so that we can improve care for patients; and developing our People Plan to support our staff.

Due to the efforts of all our colleagues, we are able to report significant progress in key areas of service delivery, patient safety, performance and overall patient experience which are set out in this account. This progress was recognised by the Care Quality Commission and this enabled the conditions on our licence, which had been imposed in December 2023, to be lifted in August 2024.

We have worked hard to become more transparent and open in our decision making so that we are able to be held accountable for our actions and the choices we make.

In this account, we highlight our achievements, challenges, and the patient safety priorities that will shape our plans moving forward. We are focused on embedding quality improvements across all services and engaging with our staff, patients, and stakeholders to better understand their needs and aspirations.

I would like to thank all our staff and volunteers for their incredibly hard work, dedication and compassionate care throughout the year.



A handwritten signature in black ink, appearing to read 'Rob Harrison'.

**Rob Harrison**  
**Acting Chief Executive**

**April 2025**

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 from providers of NHS healthcare that detail information about the quality of services they deliver.

They are designed to assure patients, service users, carers, the public and commissioners (purchasers of healthcare), that healthcare providers are regularly scrutinising each one of the services they provide to local communities and are concentrating on those areas that require the most improvement or attention.

Quality accounts are both retrospective and forward-looking. They look back on the previous year's information regarding quality of service, explaining where an organisation is doing well and where improvement is needed. They also look forward, explaining the areas that have been identified as priorities for improvement over the coming financial year.

The account includes additional information required by NHS England for quality reports, due to Newcastle Hospitals being a Foundation Trust.



# Part 2

## **Our Quality Priorities for Improvement 2025/2026**

Following discussion with the Board of Directors, the Council of Governors, patient representatives, staff and public, the following priorities for 2025/2026 have been agreed. A public consultation event was held in January 2025.



This section of the Quality Account is forward looking and sets out the improvement priorities identified by the Trust for 2025/2026. The rationale for these priorities is based on a range of factors including actual data from the previous year, feedback from stakeholders or as identified through discussion with clinical teams and governors.

Our priorities were also informed by the intelligence and data the Trust has from its safety and quality outcomes (including learning from patient safety events, reviews, reviewing mortality and harm, complaints, clinical audit, outcomes from quality panel reviews, patient and staff experience surveys, and best practice guidance such as from National Institute for Health and Care Excellence and national audit).

In developing our programme for 2025/2026 we have been mindful of a golden thread through all of our proposed initiatives that focus on delivery of the highest levels of patient experience and clinical outcomes. Criteria for the selection of objectives included:

- Priority identified as important relative to other possible areas for improvement
- Achievable yet stretching targets within the timeframes envisaged
- Measurable, with sufficiently sensitive metrics to be able to track changes across the course of the year
- Largely within the control of the Trust to influence.

The quality priorities we have agreed are:

**Priority 1** – Supporting staff to report incidents with an enhanced focus on shared learning and a systems-based approach to improvement. (A systems-based approach focuses on the analysis of the collective effects of a wide range of factors such as environment, tasks, tools and technology and interactions between people to help develop stronger improvement ideas and a culture of continuous learning).

**Priority 2** – Safer and more effective medicines use.

**Priority 3** – Ensuring mental capacity, best interests decision making and deprivation of liberty safeguards are considered appropriately for inpatients with a learning disability.

**Priority 4** – Expanding the Accrediting Excellence programme for wards and departments.

**Priority 5** – Waiting safely - Improving safety for patients who are waiting for treatment. (We will focus on patients who are waiting for a total knee replacement operation, with the aim of optimising health before and after the procedure).

**Priority 6** – Roll out of our patient experience real time surveys.





# Patient Safety

**Priority 1 – Supporting staff to report incidents with an enhanced focus on shared learning and a systems-based approach to improvement.** (A systems-based approach focuses on the analysis of the collective effects of a wide range of factors such as environment, tasks, tools and technology and interactions between people to help develop stronger improvement ideas and a culture of continuous learning).

## Why have we chosen this?

Staff need to have confidence in our incident reporting and learning mechanisms so that they know how to report events, and how these events will be escalated and acted on. We want to develop a 'Just Culture' where incidents are investigated effectively and supported by compassionate leadership which is underpinned by fairness, openness and learning, whilst encouraging staff to speak up without fear of blame.

This priority aligns to the NHS National Patient Safety Strategy and our implementation of the Patient Safety Incident Response Framework. Using intelligence gathered from staff and external reports, we have worked throughout 2024/2025 to simplify the incident reporting system and make it easier for staff to report when things go wrong and to identify any potential for learning.

This also builds on last year's priority to improve patient safety by ensuring staff feel safe to report events, incidents and near misses which has resulted in an overall increase in incident reporting and a greater focus on learning and improvements.

By ensuring that learning and feedback is captured and disseminated, we will strengthen the reporting culture across the organisation and improve safety overall.

## What we aim to achieve?

- More safety incidents will be reported
- Learning from safety events and incidents will be widely shared and understood across the organisation and actions will be put in place which deliver safety improvements. This will lead to a reduction in harm caused to patients.
- Staff will report feeling able and psychologically safe to report and escalate concerns in a timely way.

## How will we achieve this?

- We will make reporting an incident as easy as possible through a new IT system.
- We will strengthen the 'Patient Safety Walkabout' programme to further engage with front line staff, to encourage and support openness with staff when speaking about their concerns.
- We will use real time information on incidents to support Clinical Boards to monitor and action improvements made as a result of learning.
- We will agree a new communications approach which will include standard ways to share information with staff in partnership with clinical board quality oversight leaders.
- We will review and refresh investigator training to ensure relevant staff are trained in systems-based investigations and improvement.

## How will we measure success?

- We will see an increase in incident reporting rates by at least 3% overall.
- A continued improvement will be seen in relevant questions from 2025 NHS Staff Survey compared to 2024.
- Improved outcomes from General Medical Council trainee survey report.
- 90% of relevant clinical staff will have been trained in patient safety.
- Trust investigator training will be completed for relevant staff and evaluated.
- We will develop and implement our communications plan.
- In the longer term, we will evaluate the patterns of harm to patients to assess the effectiveness of the improvements we make.

## Priority 2 – Safer and more effective medicines use

### Why have we chosen this?

Medicines are the most widely used intervention in healthcare and unfortunately medication errors and adverse drug reactions are common. This leads to poor patient outcomes, and significant consequences for patients, staff and organisations.

In 2024 there were 2,364 medication incidents across Newcastle Hospitals, the fourth most common incident reported. Medication safety is therefore a key priority. We want to focus on making sure that we make improvements when patients are admitted to hospital, the safe storage of medication in clinical areas, and also the quality of information about discharge medicines sent to General Practitioners.

## What we aim to achieve?

We aim to improve medicines reconciliation rates (formal checks by the pharmacy team to make sure we have the correct records about a patients medicines when they are admitted to hospital), reduce omitted (missed) doses of medicines for patients in hospital, reduce medicine related waste, improve the safe and secure handling and storage of medicines and improve the accuracy of information to GP's on discharge.

### How will we achieve this?

- We will develop and implement a pharmacy workforce plan to ensure we have the right staff in place.
- Undertake consistent medicines reconciliation processes which are audited.
- Introduce audits on the omitted doses of all medicines.
- Improve the information available to clinicians about medication issues, including the outcome of clinical audits.
- Develop a long term plan for electronic drug storage with biometric access so drugs are stored safe and secure (Omnicell) and automated temperature monitoring.
- Refresh and improve training for clinical staff.
- Review and improve discharge processes to improve the quality of discharge medicines information sent to General Practitioners.
- Implement a robust medicines assurance framework around the safety and security of medicines which is part of regular multi-disciplinary review with a clear escalation pathway for areas of non-compliance.



## How will we measure success?

- We will see increased rates of medicines reconciliation within 24 hours of admission to hospital.
- Over 90% compliance per ward/clinical area on the medicines assurance framework.
- Our clinical audit plan and subsequent action plans will be in place.
- We will measure, set targets and reduce omitted doses of medicines.
- We will see increased reporting of medication incidents by March 2026.
- 80% of nursing staff will have received medicines management training by March 2026.
- Information being sent to GP's on discharge from hospital will be accurate and audited.
- A medicines safety dashboard will be available and will highlight performance and any areas of concern.

# Clinical Effectiveness

## Priority 3 – Ensuring mental capacity, best interests decision making and deprivation of liberty safeguards are considered appropriately for inpatients with a learning disability.

### Why have we chosen this?

This priority builds on our previous work which aimed to increase compliance with the requirements for mental capacity assessments, best interests' decisions and Deprivation of Liberty Safeguards applications for this patient group.

This priority has a specific focus on patients with a learning disability because we want

to continue to improve the standards of care we provide, by ensuring there is appropriate application of the Mental Capacity Act and Deprivation of Liberty Safeguards for inpatients with a known learning disability.

The Mental Capacity Act 2005 provides a statutory framework to empower and protect any person over the age of 16 in England and Wales who may not be able to make their own decisions. It sets out roles and responsibilities of staff and family (and other) carers.

The Deprivation of Liberty Safeguards legislation was introduced in 2009, as an addendum to the Mental Capacity Act, 2005, providing a legal framework and legal protection for those aged 18 and older, who are, or may become, deprived of their liberty.

### What we aim to achieve?

We will continue to monitor, and aim to improve compliance with, the Mental Capacity Act 2005 and the Equality Act 2010 for all inpatients with a known Learning Disability. We will also increase clinical staff understanding of when and how to complete mental capacity assessments and applications for a Deprivation of Liberty Safeguards authorisation.

We want to improve the way we work with and listen to families and carers because they are often the people who know our patients best. For those patients who lack capacity to consent for the purposes of care and treatment we will improve documented evidence of best interest decision making and how families have been involved.

### How will we achieve this?

- We will ensure staff have the appropriate training.
- We will increase our audits of medical records of inpatients with learning disabilities to ensure improvements. This audit will include:
  - Quality of Mental Capacity Assessment,
  - Quality of Deprivation of Liberty Safeguards applications actioned
  - A review of standards in relation to best interests' decisions.

- Each clinical board will develop a local quality and safety priority to focus service specific improvements.
- Information and learning opportunities will be shared widely to raise awareness.

## How will we measure success?

- Training compliance will be in line with Trust standard of 90% there will also be a clear delivery plan for implementing mandated training for learning disabilities and autism following the national consultation.
- We will agree a clinical audit programme to ensure actions are demonstrating improvements with clear improvement trajectories.

## Priority 4 – Expanding the Accrediting Excellence programme for wards and departments.

### Why have we chosen this?

High quality clinical and professional standards are fundamental to the delivery of safe and effective care. Local accreditation programmes have been widely implemented across NHS organisations and they play a vital role in driving continuous improvement, and enhancing patient and staff experience. Accreditation also offers an opportunity to recognise and celebrate excellence.

Feedback from staff highlighted that they would value a clear framework of standards, to provide a structured approach to maintaining and improving clinical and professional standards. The Accrediting Excellence Programme is designed to support staff to take pride in their work and to recognise and celebrate the care delivered in Newcastle Hospitals every day.

### What we aim to achieve?

Using our agreed framework we will support 30 wards and departments across 2025/2026

to undertake assessment. This will be across the following areas:

- Inpatient Wards – Adult and Babies, Children, and Young People
- Critical Care – Adult and Babies, Children, and Young People
- Community
- Day Units – Adult and Babies, Children, and Young People.

## How will we achieve this?

- We will introduce 30 wards to the accreditation programme through a structured and supportive approach, these will be representative of several Clinical Boards, some self-selected and others identified through existing governance structures. This will involve initial engagement, a baseline support offer, recognition and celebration and sharing of excellence.
- We will monitor cross organisational harm free care metrics to understand the impact of the accreditation process in reducing avoidable harm and improving the patient and staff experience. This will include an audit of sustained achievement post accreditation.

## How will we measure success?

We will measure our success through the following key measures:

- Baseline support: Record the total number of baseline and repeat baseline support offers undertaken.
- Accreditation outcomes: Track all accreditation results and celebrations.
- Introduce 30 wards and departments to the accreditation programme.
- Evaluation of the Accrediting Excellence Programme.
- Monitor harm free care metrics and patient/staff experience metrics in accredited and non-accredited areas to understand impact and identify areas for learning and improvement.



# Patient Experience

**Priority 5 – Waiting safely- Improving safety for patients who are waiting for treatment.** We will focus on patients who are waiting for a total knee replacement operation, with the aim of optimising health before and after the procedure.

## Why have we chosen this?

Waiting safely is an initiative that will be used within orthopaedics to support patients waiting for planned surgery. Some patients are waiting for planned orthopaedic procedures including knee replacement surgery for longer than we would want, and this can lead to deconditioning, dissatisfaction, and prolonged recovery following surgery.

Getting it Right First Time (2023) tell us that patients undergoing a total knee replacement can benefit from interventions before surgery to maximise their health and improve preparedness for surgery, and this can improve post-operative outcomes (length of stay and patient satisfaction).

Based on this we are developing a multi-targeted approach to support our patients awaiting total knee replacement. This will involve prehabilitation interventions to an appropriate group of patients and 'enhanced recovery after surgery' principles to all patients. Whilst on the waiting list for surgery, patients will have access to educational resources in various formats including digital resources, group-based pre-operative education and 1-1 assessments and treatment sessions.

## What we aim to achieve?

- Patients with complex needs will be flagged for additional therapy input when identified for surgery, offered an assessment of functional capability pre-operatively to influence post-op outcomes and have on-going pre-operative therapy whilst they are waiting for surgery.

- We will develop pre-operative education for patients to access whilst waiting for surgery which supports them to be in best health for their operation based on 'Getting it Right First Time' recommendations.
- More patients with low complexity to be discharged by day one when they have their total knee replacement, and we will also reduce length of stay for patients identified with complex needs.

## How will we achieve this?

- We will make sure that we have clear processes to identify patients' needs and good communication with patients to explain what will happen.
- We will provide new interventions to those patients identified with complex additional needs that supports and monitors wellbeing throughout their wait for surgery.

## How will we measure success?

- We will develop patient information resources.
- 100% patients awaiting total knee replacement will be offered pre-operative education.
- The patients identified as having complex needs will be offered the multi-disciplinary team prehab-based intervention. We will measure and act on information about average length of stay.



## Priority 6 – Roll out of patient experience real time surveys

### Why have we chosen this?

Our 'real time' surveys programme engages with patients and their families on the wards to provide timely data so that we can better understand patients experience and drive service improvements.

Each month, we will carry out hundreds of face-to-face interviews and questionnaires. The results will be shared with ward staff within 24 hours of speaking to patients enabling a prompt response to any concerns.

Between July and December 2024, we piloted the program on 14 wards across the Freeman Hospital and Royal Victoria Infirmary. During the pilot we received feedback from 1,025 patients, who gave an average score of 9.18 out of 10 for care quality.

This is a valuable tool for driving change and wards are keen to take part.

As a result of the pilot 'real time' feedback, service improvements included:

- Visiting times were adjusted on a day unit in line with patient and family feedback
- A better range of snacks were provided
- Soft-close bins and latches on doors were introduced
- Teams have tested new ways of enhancing information provided to families.

We also want to learn about the experience of patients in the Emergency Department, which will involve telephoning patients who have attended emergency care within 24 hours to capture their experience.

### What we aim to achieve?

We will roll out this approach to 40 wards in 2025.

We will work with our colleagues across the Great North Healthcare Alliance to introduce patient experience measurement in our emergency departments.

### How will we achieve this?

We are very grateful for the support of the Newcastle Hospitals Charity – their investment has enabled us to recruit a Patient and Staff Experience team funded for 21 months to undertake this work.

### How will we measure success?

Success will be measured through the successful implementation and delivery of the 'real time' programme to 40 wards across the organisation. We would aim to see a statistical improvement in patient's overall rating of the quality of care within twelve months. This links to our ambition to achieve top decile performance in national survey programme within three years.

The quality of emergency care is captured for us by an independent Care Quality Commission approved contractor every month – our aim is to see our results in the top 20% of NHS provider organisations within 12 months.



# Commissioning for Quality and Innovation Indicators

The Commissioning for Quality and Innovation payment framework is designed to support the cultural shift to put quality at the heart of the NHS. Local Commissioning for Quality and Innovation schemes contain goals for quality and innovation that have been agreed between the Trust and various Commissioning groups.

NHS England paused the nationally mandated Commissioning for Quality and Innovation scheme in 2024/2025 and this pause will continue in 2025/2026.



# Statement of Assurance from the Board

The Quality Account is an annual account that providers of NHS services must publish to inform the public of the quality of the services they provide, in addition to sharing useful information for current and future patients. It also supports us to focus on and to be open about service quality. The following section provides an explanation of our quality governance arrangements which provide assurance to the Board.

Following inspection by the Care Quality Commission in 2023 the Trust and Group received a Notice of Decision placing restrictions on the Trust Provider Licence requiring the Trust and Group to make improvements in relation to our governance systems.

The Trust partnered with The Value Circle to review and support the development of new effective systems for quality governance, in addition an Interim Quality Support Director was appointed to support the delivery of improvement plans resulting from the Care Quality Commission inspection and the improvements required to achieve NHS Provider Licence conditions. These conditions were lifted in August 2024.

Our revised governance arrangements have been in place since March 2024, and continue to embed and evolve. This included the establishment of a quality and safety governance framework, quarterly performance reviews focusing on quality and safety, quality and safety peer reviews and a revised Quality Committee reporting and escalation structure to ensure effective quality governance reporting and escalation mechanisms from ward to board.

Services are provided through our eight Clinical Boards – groups of services each led by a Clinical Board Chair (a medical leader), Director of Operations and a Head of Nursing.

Each Clinical Board has a monthly Quality Oversight Group, led by a Quality and Safety Lead, who is a senior medical leader. The Quality Oversight Group is attended by key staff within the Clinical Board and supporting corporate services. The meetings have a standard agenda which ensures a review of each element of quality, including highlighting any risks for escalation. This structure is being replicated into the individual directorates and specialties. These arrangements have been further strengthened by the appointment of non-medical Quality and Safety Leads to drive improvements across all services.

The Board of Directors also continues to receive a regular Integrated Board Report that includes an overview of the Trust's position across the domains of quality, people, and finance.

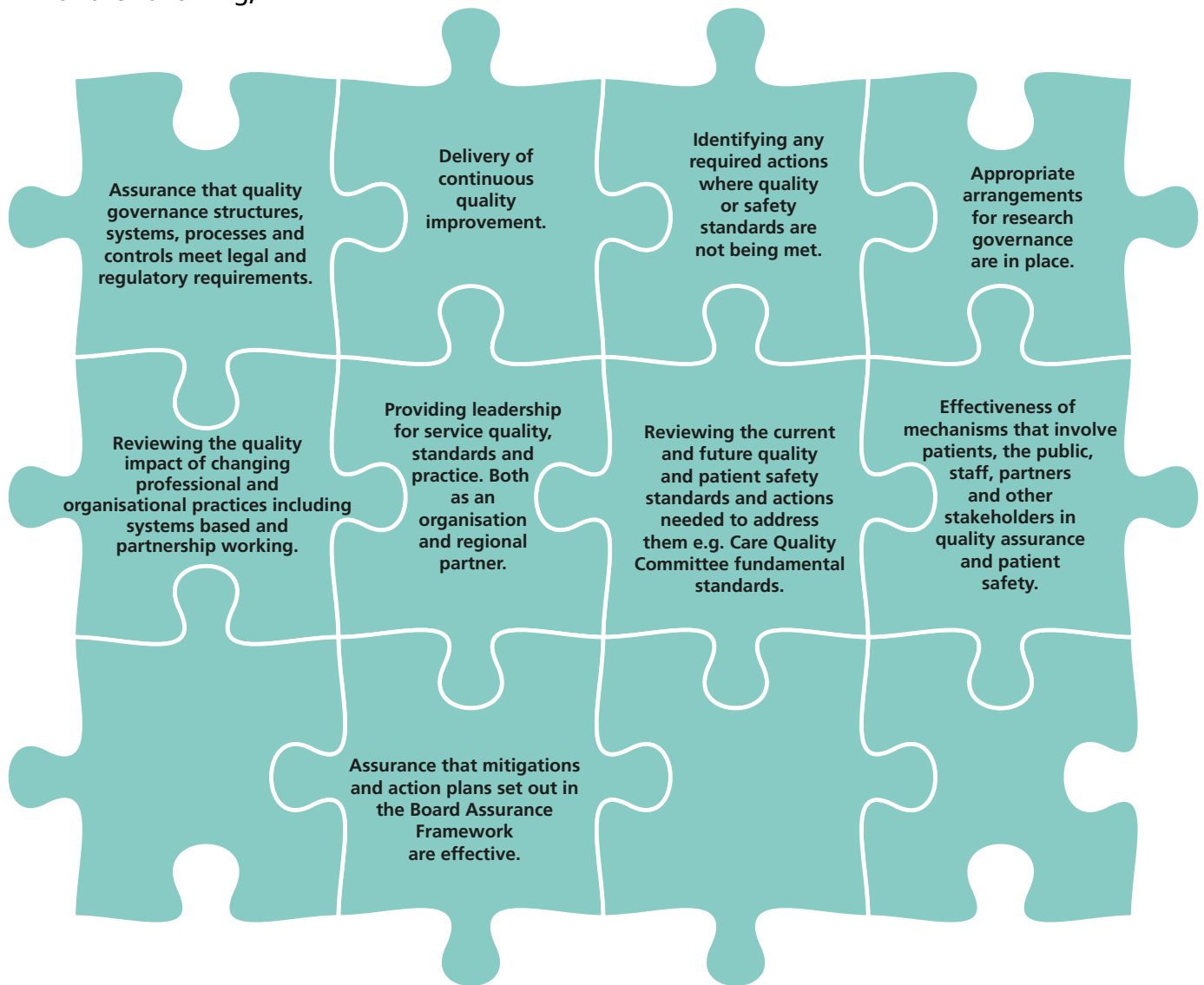
## The Quality Committee

The Quality Committee is a non-statutory Committee established by the Board of Directors to monitor, review and provide assurance on the quality of care, specifically in relation to patient safety, clinical effectiveness and patient experience. The committee is chaired by a Non-Executive Director and has met twelve times this year, members include both non-executive and executive directors, as well as representatives from the operational teams and clinical experts.





The Quality Committee is responsible for providing assurance to the Board of Directors for the following;



Some examples of how the Quality Committee undertakes its role include;

- Following the introduction of the new Patient Safety Incident Response Framework in January 2024 the Committee has continued to monitor and receive assurance updates for each of the three identified Trust priorities.
- The Committee has undertaken several 'deep dives' during the year to provide enhanced assurance for key areas of consideration. In July, this focussed on Duty of Candour looking at factors affecting recording of completion of this process. In October, they focused on the allied health professional workforce and therapy services clinical directorate risks.
- Quality Committee implemented a review of the structure of its committees and feeder groups. This improved structure was proposed and agreed in January 2025.
- To provide assurance for the governance of Clinical Boards a stocktake for governance was completed in October 2024.
- To support the Clinical Boards, they were each invited to present their top three quality and safety priorities to Quality Committee in December 2024.
- The Committee receives regular assurance updates as part of the oversight of the rapid quality and safety review programme. This update provides enhanced assurance in addition to the usual baseline audits and compliance checks.

# Part 3

## Review of Quality Performance 2024/2025

This section of the Quality Account describes the progress made against priority areas for improvement in the quality of health services identified last year.

It includes why they were chosen, what we hoped to achieve, and what we actually achieved in each priority.

The information presented in this Quality Account has been monitored over the last 12 months by the Trust Board, Council of Governors, Quality Committee, and the North East and North Cumbria Integrated Care Board.

Our priorities were:

**Priority 1** – To improve patient safety by ensuring staff feel free to report safety concerns, incidents and near-misses, resulting in an overall increase in incident reporting rates.

**Priority 2** – Achieve a reduction in the incidence of surgical 'never events' with a specific focus on Ophthalmology, sharing the learning to inform and improve practice across other surgical specialities.

**Priority 3** – To ensure reasonable adjustments are made for patients with suspected or known Learning Disability &/or Autism. Appropriate and consistent use of Mental Capacity Assessment & Deprivation of Liberty Safeguards for patients with vulnerabilities.

**Priority 4** – To ensure the Trust has a systematic way of improving from patient and staff feedback in all its forms.

**Priority 4a** – With new midwifery leadership, agree a staffing model for the birthing unit and associated staff development plan, to honour our commitment to consistent opening of the birthing centre 2024/2025.

Most of the account represents information from all eight Clinical Boards presented as total figures for the Trust. The indicators to be presented and monitored were selected following discussions with the Trust Board and Executive Team having been developed with guidance from senior clinical staff.



# Patient Safety

**Priority 1 – To improve patient safety by ensuring staff feel free to report safety concerns, incidents and near-misses, resulting in an overall increase in incident reporting rates.**

## Why we chose this?

Staff need to have clarity and confidence in our incident reporting and learning mechanisms, knowing reported events will be escalated and acted on in an effective manner and supported by compassionate leadership as part of a 'Just Culture' that supports fairness, openness and learning, whilst encouraging staff to speak up without fear of blame.

This priority aligns to the NHS National Patient Safety Strategy and enhanced the early implementation work of the Patient Safety Incident Response Framework.

Using intelligence gathered from staff and our Care Quality Commission report (2023), there was an acknowledgement that we needed to simplify the incident reporting system, to make it easier for staff to report when things go wrong and to increase incident reporting rates. In addition, by ensuring that learning and feedback was captured and disseminated, we would strengthen the reporting culture across the organisation and improve safety performance.

## What we aimed to achieve?

We aimed to improve staff understanding and confidence in incident reporting mechanisms, improving the incident reporting rates and flow of learning throughout the organisation, supporting the reduction of harm. We wanted staff to feel empowered and psychologically safe to report and escalate concerns in a timely way, demonstrating a positive and supportive culture of learning.

## What we achieved?

### 1. We reviewed and simplified the Datix system.

Significant work has been undertaken to review, simplify and improve the Datix system. The Trust's is now implementing a replacement system, InPhase, and this programme has incorporated learning gained from our experience with Datix.

### 2. Development of incident metrics have been made available on dashboards.

We can now demonstrate reduced numbers of overdue incidents. (368 overdue as of 21st March 2025, compared to 1,039 in November 2023).



### 3. We provided support to the Quality Oversight Groups to develop sharing of important information.

Two stocktakes of the sharing learning mechanisms within clinical boards have been undertaken, with boards continuing to improve how they learn and share findings from incidents.

### 4. Provided staff education and training packages to encourage reporting, effective investigation and psychological safety.

The Trust has implemented the NHS England Patient Safety Syllabus and training uptake continues to increase, as follows:

- level 1 - essentials for patient safety – 89%
- level 2 - access to practice - 78%
- level 3 PSIRF investigator training – 82 investigator leads
- level 4 & 5 – patient safety specialists – 5 patient safety specialists.

Trust Induction and local investigator training has been refreshed, with information strengthened including incident reporting and psychological safety themes.

### 5. Regular staff communications take place, including Patient Safety Bulletins and monthly Patient Safety Briefings.

Monthly patient safety briefings have taken place. The briefings are now recorded and shared via the Teams for staff to easily access. There are also plans to extend to community services.

### 6. Established twice yearly Patient Safety Incident Response Framework thematic reviews for Clinical Boards.

All the Clinical Boards have presented an overview of the no harm, low harm and local investigations undertaken since the start of the Patient Safety Incident Response Framework. They can visually review no harm and low harm incidents more easily and can analyse any trends within their data and whether this has led to any quality improvement projects.

For local investigations, the Clinical Boards analyse the themes, trends and where the learning has been shared. The learning from After Action Reviews and Patient Safety Incident Investigations has been presented at the Patient Safety Incident Forum from May 2024 onwards and are shared with local teams.

### 7. Engagement with staff

An overarching communications and engagement plan was put in place for incident reporting and learning. A Patient Safety Walkabout weekly programme continues into 2025, engaging with front line staff across both main in-patient sites and community sites.

### 8. Evidence of Increased reporting rates

From 1st February 2023 to 31st January 2024, **25,534** incidents for all Trust services were reported on the Datix system. For the period 1st February 2024 to 31st January 2025, **27,530** incidents were reported. This represents an overall 7.8% increase in reporting for the organisation for all types of incidents. (Figure 1).

**Trust Incidents all Types (2023-2025)**

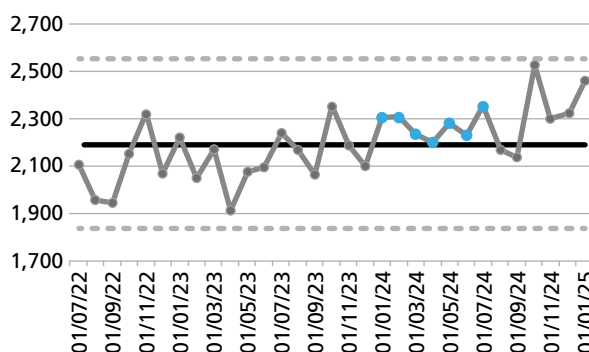


Figure 1

From 1st February 2023 to 31st January 2024, **20,696** Patient Safety Incidents (PSI) were reported on the Datix system. For the period 1st February 2024 to 31st January 2025, **21,746** incidents were reported, an increase of 4.8%. (Figure 2).



## Patient Safety Incidents (2023-2025)

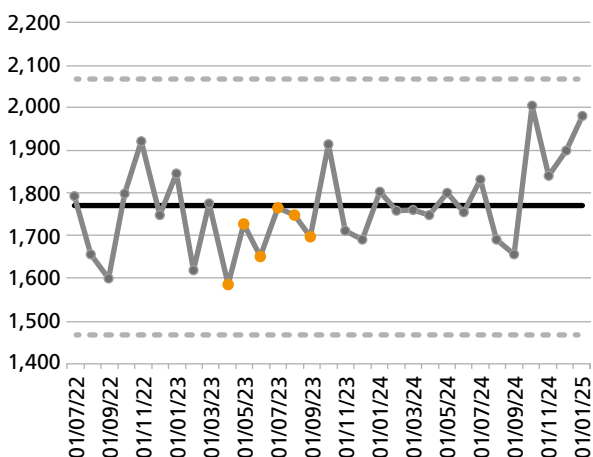


Figure 2

## How we measured success

Over the year we have seen:

- An increase in incident reporting rates.
- Improving position in NHS Staff Survey 2024 (published March 2025), with significantly higher scores compared to 2023 in relevant areas including more staff able to raise concerns about unsafe practice (70%) and more staff confident that their concerns would be addressed (55.8%).
- Uptake of patient safety syllabus training has increased.
- Attendance at Patient Safety Briefings remains challenging. This will be reviewed as we develop priorities for 2025/2026.
- We have developed ways of sharing learning from incidents within clinical services.

**Priority 2 – Achieve a reduction in the incidence of surgical ‘never events’ with a specific focus on Ophthalmology, sharing the learning to inform and improve practice across other surgical specialities.**

## Why we chose this?

A Never Event is “A serious, largely preventable patient safety incident that should not occur if the available preventative measures have been implemented by healthcare providers.”

Within ophthalmology there had been three Never Events in 2023/2024 (1 x wrong site surgery x 2 wrong lens implant).

## What we aimed to achieve?

We aimed for a reduction of Never Events in ophthalmology to zero within 2024/2025.

## What we achieved?

All new staff now undertake a training package on the use of ‘local safety standards for invasive procedures’ in the department. All staff completed this training by March 2025.

A quarterly audit undertaken around the compliance of Local Safety Standards Invasive Procedure is in place, with the results showing 87% compliance. As part of the recommendations from this audit, there is now a review of second checker availability by the ward sister and an escalation process if a second checker is unavailable. There is also an annual peer review around local safety standards invasive procedure.

For cataract surgery we have reviewed and updated the local policy relating to the cataract surgery lens check procedure and specialty specific World Health Organisation surgical checklist. This has included a review of the ‘site marking’ procedure to ensure site marking was always visible during the ‘draping’ procedure.

## How we measured success

One never event was reported within the reporting period (in April 2024). This was regarding a patient who received an intraocular lens implant into the incorrect eye, the surgery was carried out at the end of 2023.

Over the year new processes and training have been introduced to support staff compliance and regular audits have been undertaken throughout the department.

Datix and governance systems have been used to monitor incidents. Audits of compliance are ongoing.

# Clinical Effectiveness

**Priority 3 – To ensure reasonable adjustments are made for patients with suspected or known Learning Disability &/or Autism. Appropriate and consistent use of Mental Capacity Assessment & Deprivation of Liberty Safeguards for patients with vulnerabilities.**

## Why we chose this?

We must ensure we are compliant with the Mental Capacity Act 2005 which provides a statutory framework to empower and protect any person over the age of 16 in England and Wales who may not be able to make their own decisions. The Mental Capacity Act and safeguarding legislation have a significant overlap in order to ensure that people's rights are protected, and they are kept safe.

The Deprivation of Liberty Safeguards legislation was introduced in 2009, as an addendum to the Mental Capacity Act 2005, providing a legal framework around depriving people of their liberty.

## What we aimed to achieve?

We aimed to increased compliance with Mental Capacity Act, Best Interest Decision making, Deprivation of Liberty Safeguards and the Equality Act 2010 so that patients were appropriately supported and protected whilst in our care

Clinical Staff must understand relevant processes and documentation, what this means for the patient and where to store and retrieve the appropriate information.

The collaborative work aims to reduce health inequalities for patients with a learning disability by working in partnership with people with lived experience and their families.

## What we achieved?

### Reasonable Adjustments

- Training sessions relating to autism awareness have been provided to attendees of all disciplines. Further training will be provided in response to requests, and a maternity e-learning training package was implemented in November 2024.
- Project work with local advocacy organisations Skills for People has commenced in both adults and children's emergency departments, this has led to easy read documentation about raising a complaint, implementation of reasonable adjustments and a pilot of Quality Checkers (experts by experience reviewing services). Skills for People have also developed a training video about the use of the reasonable adjustments form, and they are helping us with the development of our Learning Disability and Autism Strategy.





## Mental Capacity Act

- We've seen an increase in the number of Mental Capacity Act and Deprivation of Liberty related enquiries which demonstrates increase in staff knowledge. Staff continue to complete assessments of capacity for patients who are deprived of their liberty. Ongoing audits show the quality of best interest assessments has improved.

## How we measured success

We can report that

- Training compliance is in line with trust standard:
  - Diamond Standard Mandatory Training is at 95% (this includes the Maternity Diamond Standard training)
  - Safeguarding Adults training demonstrates good compliance with level 1 at 96% and level 2 at 96%. Safeguarding Adult Level 3 compliance is 85% (below trust standard)
  - Safeguarding Children level 1 compliance rates are 96% and Level 2
  - 95%. Level 3 Children's safeguarding sits at 86% which is below the required target.
  - Level 1 Mental Capacity Act mandatory training for all clinical and patient facing staff is in place. Compliance currently sits at 96%. The Level 2 Mental Capacity Act and Deprivation of Liberty e-learning package has now been created and was launched in December 2024. The aim is to achieve 90% compliance by the end of June 2025. Current compliance rate sits at 48% which is on target based on planned percentage uptake per month.
- There is a quarterly audit of the patient record regarding the quality of Deprivation of Liberty Safeguards referrals.

We would like to acknowledge and thank Skills for People for their support with this work.

# Patient Experience

**Priority 4 - To ensure the Trust has a systematic way of improving, following patient and staff feedback in all its forms.**

## Why we chose this?

Our people are central to improving the quality and delivery of safe and compassionate care. How they experience the culture of the organisation and how they feel about their workplace directly impacts on their ability to care for patients, their team, themselves, and their families.

In most NHS organisations, patient experience remains the weakest of the three elements of quality. It does not get the same attention as safety and clinical effectiveness and this needs to change.

Although patient experience was captured through the Friends and Family test and national surveys, there has been remarkably little improvement in NHS patient experience data since surveys were introduced in 2002 – we were not always measuring the right things, feedback is not representative or timely enough, and we didn't get information to staff in ways that motivate them to act on results.

We have employed an approach to understanding and improving patient and staff experience across multiple hospital sites, which has been used successfully in other trusts. We set out to really understand quality in real time and with enough granularity to inform improvement.

## What we aimed to achieve?

Our ambition was to develop a patient and staff experience programme at Newcastle Hospitals that is the most comprehensive in the NHS. We planned to capture performance at a site, clinical board, speciality, and ward level.

This work also built on the previous funding provided by the charity to develop the patient experience of care. Patients told us

they wanted to be asked about their experience, they wanted their feedback to be visible and they wanted to know how their feedback made a difference. This programme therefore let us deliver the aims set out in the experience of care strategy.

## What we achieved?

- A pilot of real time patient experience measurement ran from June 2024 to December 2024 on 14 wards at Freeman Hospital and Royal Victoria Infirmary. Across the pilot 1,025 patients provided us with feedback while they were still cared for on our wards. Real time ward reports were published and accessible to patients' families and public.
- Right time patient feedback is a partnership with Patient Perspective, a Care Quality Commission approved contractor to follow up patients after care. The programme commenced in September 2024. 68,438 responses have been received so far with feedback on inpatient, outpatient, emergency care and maternity services. Hospital site and speciality data is now routinely shared across the organisation.
- During the Trust's 'Perfect Week' initiative in September 2024, all patients receiving care during the week were asked to complete a survey in relation to their experience of care in either inpatient/outpatient services or the emergency department. We received feedback from 2,903 individuals.
- Patient and staff stories feature at all public Board meetings. Patient and staff experience results are reported to our Council of Governors, Chief Executive staff roadshows, Management Groups, Quality Committee and Board.





- Our new approach allows for much greater feedback for the Friends and Family test question, experiencing a 519% increase in responses since right time measurement was introduced.
- Staff experience feedback: 'First 100 days (since appointment of new Chief Executive) survey conducted in April 24, hearing from 4,577 colleagues. All free texts comments formally analysed and priorities for improvement shared with staff and leaders.
- As we have developed our People Plan, we have agreed a programme to measure staff experience.
- Health inequalities: A report based on the views of 45,000 patients reviewed the quality of care from the perspective of groups represented by protected characteristics. Results were shared with Quality Committee and Board as of February 2025, and this will be incorporated into future work.

## How we measured success

Success was evidenced by excellent engagement with patients, families, and communities – we now have the largest patient experience programme in the NHS.

We reached an average of:

- 1,000 responses from inpatient services a month
- 1,000 responses a month from patients using the Emergency Department.
- 6,400 responses a month from outpatients
- 1,600 responses a month from day case services
- 100 responses a month across antenatal, labour/birthing and postnatal services.

As well as improvements in national patient and staff experience survey results.

## Priority 4a - With new midwifery leadership, agree a staffing model for the birthing unit and associated staff development plan, to honour our commitment to consistent opening of the birthing centre 2024/2025.

### Why we chose this?

Planning where to have your baby is an important decision. Women should be able to make decisions about the support they need during birth and where they would prefer to give birth, whether this is at home, in a midwifery unit or in an obstetric unit, after full discussion of the benefits and risks associated with each option. The NHS wants everyone using maternity services to receive safe, personalised care. This means that care is centred around the unique needs and circumstances of each individual using maternity services and their baby. It also means that they have had genuine choice about the care they receive, informed by impartial information.

Care that is personalised, which includes choice of place of birth, is a core theme in the three year plan for Maternity and Neonatal Care. We have heard from women via the Maternity and Neonatal Voice Partnership, that place of birth is an important choice and that access to midwifery led birth services, as well as homebirth and obstetric led care is essential to them.

### What we aimed to achieve?

To provide a safe and sustainable midwifery staffing model to support choice in place of birth either at home, in the co-located midwifery led unit (Newcastle Birthing Centre) and on the Delivery Suite for all women who choose to have their babies in Newcastle.

To make the maternity services an attractive place to work, with a comprehensive recruitment and retention plan, with accessible career development pathways.

To ensure the midwifery staffing model fulfils the requirements of Birth Rate+ methodology and the effectiveness of the staffing model is evaluated, considering women's experience of care, clinical outcomes and staff experience.

## What we achieved?

We opened the Newcastle Birthing Centre on 2nd December 2024, welcoming 35 babies into the world in the Birthing Centre in December, and 38 in January 2025.

We have also developed a staffing model that ensures we can responsively staff each intrapartum area to ensure every woman received one to one care in labour in the birth location of her choice.

To achieve this, we also;

- Commissioned a Birth Rate+ staffing review providing a detailed understanding of the staffing requirements across all maternity services and a recruitment and retention self-assessment and action plan.
- Successfully recruited early career and internationally educated midwives and reviewed the preceptorship package to support early career midwives.
- Introduced staffing escalation guidance for each clinical area to always ensure safe staffing and developed a staffing dashboard to review staffing monthly, alongside experience and clinical outcomes. This information is then used to continually plan safe staffing for the services and inform the staffing plan.
- Worked with the Maternity Neonatal Voice Partnership to engage service users and inform the induction of labour working group and the communication strategy. We have established a perinatal engagement and inclusion group to review service user feedback and plan improvements.
- Piloted the 'real time' and 'right time' patient experience programme in maternity services which has informed the development of a postnatal care improvement action plan and an induction of labour working group.
- Launched our new social media platforms to improve communication with our service users.

## How we measured success

Our services remain open twenty four hours a day, seven days a week, with all women having choice in the place of their birth.

We continuously review our safe staffing dashboard alongside patient experience, clinical outcomes and staff experience and have seen a reduction in the midwifery vacancy rate to less than 10 whole time equivalents, and a reduction in midwifery turnover rate to 6.4% on the Delivery Suite and 4.3% on the postnatal ward.

Most importantly, 100% of women were able to have one to one support in labour, leading to an improvement in patient experience feedback from 'right time' surveys.



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

## Update on the statutory duty of candour

Being open and transparent is an essential aspect of patient safety. Promoting a restorative, just and learning culture helps us to ensure we communicate in an open and timely way when things go wrong.

An open and fair culture encourages staff to report incidents, to facilitate learning and continuous improvement to help prevent future incidents, improving the safety and quality of the care the Trust provides.

If a patient in our care experiences harm or is involved in an incident because of their healthcare treatment, we explain what happened and apologise to patients and/or their family as soon as possible after the event.

There is a statutory requirement to implement Regulation 20 of the Health and Social Act 2008: Duty of Candour. Within the organisation we have a multifaceted approach to providing assurance and monitoring of our adherence to the regulation for patients who have experienced significant harm.

The Trust's duty of candour policy provides structure and guidance to our staff on the standard expected within the organisation. Our compliance is assessed by the Care Quality Commission and we also monitor our own performance on an ongoing basis. This ensures verbal and written apologies have been provided to patients and their families and assures that those affected are provided with an open and honest account of events and fully understand what has happened.

Compliance with recording of duty of candour is improving. In 2024/2025 further work has been carried out to improve the way compliance data is captured. A dashboard has also been launched to allow Clinical Boards to maintain oversight of their

own compliance, and this is closely monitored across the organisation. It is a standing agenda item at Patient Safety Group, Quality and Performance Reviews and Quality Committee.

A key element of the Patient Safety Incident Response Framework is patient and family engagement in the investigation process, work is ongoing to have the patient / families involved and at the centre of our learning responses.

Regular training on duty of candour is provided.

## Statement on progress in implementing the priority clinical standards for seven-day hospital services

The Board Assurance framework for seven-day hospital services was updated in 2022 to reduce internal data collection for Trust Boards, moving from data that was required to be uploaded twice yearly to a national portal, to Trust's producing a report signed off by the Executive Medical Director, at least once a year.

The Trust has undertaken an audit in 2024/2025 to assess performance as required by this guidance. The review has included all four of the core standards.

- Emergency admissions should be seen as soon as possible by a consultant and within 14 hours of admission.
- Emergency and urgent access to appropriate consultant-led diagnostic tests (and reported results) should be available every day.
- Emergency and urgent access to appropriate consultant-led interventions should be available every day.

- Patients admitted in an emergency should be reviewed by a consultant once daily (twice daily in high-dependency and critical care).

This report will be presented to the Trusts Audit, Risk and Assurance Committee and the Quality Committee in May 2025.

## 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”.*

All staff permanent, temporary and bank workers are informed as part of their induction process about the ways that can report concerns about issues in the workplace. This information is also clearly set out on the intranet.

We want staff who work for Newcastle Hospitals to be confident they have a voice and that they can raise concerns safely. This includes the ability to provide information anonymously through our Work in Confidence system.

Any of the reporting methods set out 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.

## Work in confidence – the anonymous dialogue system

All staff are able to use the anonymous dialogue system ‘Work in Confidence’, a platform which enables people to raise ideas or concerns directly with senior leaders, including members of the Executive Team and the Freedom to Speak Up Guardian. The conversations are categorised 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. Reports on themes raised are reported to the People Committee.

## Freedom to Speak up Guardian

The Trust Freedom to Speak up Guardian acts as an independent, impartial point of contact to support, signpost and advise staff who may wish to raise serious issues or concerns. This person can be contacted, in confidence, by telephone, email or in person.

To support this work, a network of Freedom to Speak up Champions, spread across the organisation and sites, has been developed.

Staff engagement to raise awareness about the roles and how to make contact have been undertaken using a range of communications platforms.

In addition, the Freedom to Speak up Guardian reports bi-annually to the People Committee, and Board, to provide assurance and ensure learning.

We have created a reporting database and dashboard which is about to go live to allow accurate and targeted reporting but maintaining confidentiality for staff reporting issues.



## Freedom to Speak Up policy

This policy provides assurance to employees who raise concerns, that they will be supported and will not face any detriment because of raising their concerns.

The Trust is working hard to improve our culture of safety and learning to protect patients and staff. We recognise 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.

## Union and Staff Representatives

The Trust recognises 14 trade unions and works collaboratively in partnership with their representatives to improve the working environment for all. Staff are able to engage with these representatives to obtain advice and support if they wish to raise a concern.

## Staff Networks

We have four staff networks which have been established for several years. These are the Womens Network, Pride Network, Race Equality networks and the Enabled Network.

Each network has a Chair and Vice Chair and has its own independent 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 members.

## Cultural Ambassadors

Cultural Ambassadors, trained to identify and challenge cultural bias, were introduced during 2020. These colleagues are an additional resource to support Black and Minority Ethnic colleagues who may be subject to formal employment relations proceedings.

## A summary of the Guardian of Safe Working Hours Annual Report

The responsibility of the Guardian of Safe Working Hours is to make sure that issues of compliance with trainee doctors safe working hours are addressed by the doctor and department as appropriate, and that all trainee doctors are safely rostered, so they work hours that are safe in compliance with the resident doctor (previously known as junior doctor) contract.

This consolidated annual report covers the period April 2024 – March 2025. The aim of the report is to highlight the vacancies in junior doctor rotas and steps taken to resolve these.

Gaps are present on several different rotas; these are due to gaps in regional training rotations, lack of recruitment of suitable locally employed doctors, and delays of locally employed doctors coming into post following appointment. Gaps are also seen when doctors working less than full time are in full time posts. There are currently no areas of recurrent or residual concern.

The Trust minimises the impact of gaps by active recruitment; utilisation of locums; and by rewriting work schedules to ensure that key areas are covered.

In addition to the specific actions above, the Trust takes a proactive role in management of gaps through the work of the Junior Doctor Recruitment and Education Group. Members of this group include the Director of Medical Education, Finance Team representative and Medical Staffing personnel. In addition to recruitment into locally employed doctor posts, the Trust runs several successful trust-based training fellowships, including a newly created Newcastle medical rotation and a teaching fellow programme. It has supported temporary and permanent expansion of the Foundation Training Programme, recruitment into less than full time gaps and additional newly approved posts in Accident and Emergency.



## 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 2017/2018 onwards. These new regulations are detailed below:

1. During 2024/2025, 2055 of the Newcastle upon Tyne Hospitals NHS Foundation Trust's patients died. This comprised the following number of deaths which occurred in each quarter of that reporting period: 470 in the first quarter; 457 in the second quarter; 565 in the third quarter; 563 in the fourth quarter.
2. During 2024/2025, 796 case record reviews and five investigations have been carried out in relation to 2055 of the deaths included in point 1 above. In three 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: 247 in the first quarter; 206 in the second quarter; 229 in the third quarter; 119 in the fourth quarter.
3. Five, representing 0.24% of the patient deaths during the reporting period were 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 four, representing 0.85% deaths for the first quarter, one, representing 0.22% for the second quarter, none, representing 0.00% for the third quarter, and none, representing 0.00% for the fourth quarter. (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 2026/2027 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 patient safety investigation and infection prevention control investigation toolkits.

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

Summary	Key Lessons learned from review	Action	Impact/Outcome
A patient who underwent orthopaedic surgery had three doses of anticoagulation medication omitted following surgery. They developed a fatal pulmonary embolus 12 days later.	Recognition that improvement in the prevention of hospital acquired venous thromboembolism is required.	Orthopaedic venous thromboembolism guideline to be reviewed.  Prevention of hospital acquired venous thromboembolism is one of the Trust's Patient Safety Incident Response Framework priorities*.	A Trustwide quality improvement plan has been established for hospital acquired venous thromboembolism prevention including:  A new venous thromboembolism risk assessment form which is regularly audited and has a compliance rate of 98%.  A venous thromboembolism dashboard to support oversight and monitoring.  Use of Artificial Intelligence technology to support identification of inpatient venous thromboembolisms for review by Specialist Nurses.



Summary	Key Lessons learned from review	Action	Impact/Outcome
			<p>Mandatory venous thromboembolism prevention training introduced for all staff in a clinical role.</p> <p>This has contributed to a 28% reduction of preventable hospital acquired venous thromboembolisms.</p>
<p>A blood test result indicative of a new diagnosis of type II diabetes was not acted upon and the patient later sadly died due to diabetic ketoacidosis.</p>	<p>Development of a standardised approach, with an agreed framework, to be used by staff to support them in providing seamless admission and discharge of patients with complex care needs.</p> <p>Strengthened digital processes to support staff to interpret and manage patient results this is one of the Trust's Patient Safety Incident Response Framework priorities*.</p>	<p>The Trust is developing a Safety Improvement Plan to support the development of a standardised organisational approach for patients with complex care needs.</p> <p>We are exploring with the Great North Care Record whether abnormal results can be shown in red when outside of diagnostic thresholds.</p>	<p>HbA1c results over the expected diagnostic range are now shown in red text within the Patient Administration System to highlight these to clinical staff for action.</p> <p>Learning from this incident has been shared widely in the trust and other organisations.</p>
<p>Missed opportunities for intervention and escalation were identified in the care of a patient who deteriorated post-operatively and suffered cardiac arrest from which they could not be resuscitated.</p>	<p>Timely recognition and escalation of abnormal patient observations is essential to identifying a potential deterioration.</p> <p>Handover between teams should include all relevant information and ensure there is clear guidance and advice available for medical teams managing post-surgical patients across the organisation.</p>	<p>Handover mechanisms and guidelines reviewed.</p> <p>Education for nursing staff on fluid balance recording and escalation of urine outputs, Post-operative fluid balance and acute kidney injury management incorporated into resident doctor teaching.</p> <p>Production of clear escalation pathway for clinicians managing post-surgical patients requiring general medical advice.</p> <p>Review of Out of Hours registrar level medical cover.</p>	<p>Standard Operating Procedure for medical advice escalation pathways agreed and shared.</p> <p>Ongoing education programme delivered to staff by the deteriorating patient team.</p> <p>Roll out across the Trust of Call for Concern (Martha's Rule) from February 2025.</p>

Summary	Key Lessons learned from review	Action	Impact/Outcome
A patient waited 30 months for urgent surgical intervention following referral during which time their clinical condition deteriorated and they became too unwell to undergo treatment and sadly passed away.	Importance of ensuring outcomes from MDT meetings are tracked and actioned, and that any identified delays are escalated promptly.	The Trust has implemented regular scheduled surgical lists for the procedure in question.  Oversight of the waiting list is facilitated by the nurse co-ordinator who has an established escalation process for any patient waiting longer than 16 weeks.	A second nurse Co-ordinator has since been appointed in February 2025.  Multi-disciplinary team documentation and administration is now more robust, and outcomes are tracked to ensure they are actioned.
A patient sustained an inadvertent major vascular injury during surgery, causing significant haemorrhage which contributed to their death.	Major vascular injury is a well-recognised complication of spinal surgery.  There are national and local standards for the presence of a vascular surgeon during anterior lumbar spinal surgery. The investigation recommended that a vascular surgeon be present for cases involving an oblique approach.	Review the arrangements for the presence of a vascular surgeon during anterior and oblique lumbar interbody fusion procedures.  Review the location and number of emergency vascular trays in theatre suites.  Undertake a surgical outcomes review.	Getting it Right First Time have been approached to consider supporting a super-regional Multi-disciplinary team.

\* The national Patient Safety Incident Response Framework replaced the previous Serious Incident Framework from January 2024 at Newcastle Hospitals.

4. 163 case record reviews and 6 investigations were completed after April 2024 which related to deaths which took place before the start of the reporting period.
5. representing 3% 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. 33, representing 1.72% of the patient deaths during 2023/2024 are judged to be more likely than not to have been due to problems in the care provided to the patient.

The Trust will monitor and discuss mortality findings at the quarterly Mortality Surveillance Group and Patient Safety Incident Forum (formerly Serious Incident Panel) which will be monitored and reported to the Trust Board and Quality Committee.





# Patient Stories

## **Peter's story (name has been changed to protect patient identity)**

After a 25-year struggle with Crohn's Disease, Peter had no option but to have emergency ileostomy surgery. A series of severe flare-ups and life-threatening complications culminated in a hospital visit that would see 90% of his bowel removed.

His story was shared at the Board in March 2025 where he described this period as some of the darkest moments of his life. After surgery, his mental health deteriorated as he battled infection, depression, the prospect of life as an inactive father as well as the wider impact on his family.

Peter's reflections have provided invaluable learning for our clinical teams and other patients - an extract is shared below:

*"For anyone who is starting their ostomy journey, I'd say don't be too hard on yourself. It's okay to be angry, upset, or embarrassed. These tough new life lessons may make you hate your stoma, but they'll give you the tools to make tomorrow more manageable. Living with an ostomy is very much like learning to ride a bike; you must stumble a bit and make a few mistakes to go forward."*

*"If I had a key point of learning for clinical teams, I would remind them that what we don't understand often creates false scenarios in our minds. Give us quality information, help us to navigate the uncertainty we're thrown into."*

*"Patients have so much time to ruminate whilst immobile on the ward. These thoughts go on to shape our reality, thus causing unnecessary depression and mental struggles. It's not until we play the game for real that we realise it's not all endless negativity - I didn't realise this until after my surgery."*

## **Reflections from a heart patient**

*"I have been a congenital cardiac patient under the care of Freeman Hospital for over 30 years and wanted to share the outstanding care I received when I recently required a pulmonary valve replacement."*

*"My journey began with a structured and informative consultation and outstanding follow up support. My pre-op in the Institute of Transplantation, was slick efficient and productive and the staff on the ward could not have been kinder or more professional."*

*"Huge thank you to interventional cardiologist Dr Tony Hermuzi, who was kind, considerate and took his time to manage my expectations - no question or concern was too much and I was never made to feel rushed or left without an answer. He checked on my progress regularly, providing insightful information at every opportunity and is clearly an outstanding individual both with his technical and communication skills."*

*"My experience and treatment have been world class, thank you. I hope this gives you reassurance of the excellent care which continues to be delivered."*



### The cuddle project

Rowe was born at the RVI and had been diagnosed antenatally with complex coronary heart disease. After birth he was separated from his mum Brooke and brought to the Freeman Hospital's paediatric intensive care unit at 2 hours old.

With mum staying at the RVI for another 1½ days it was dad, Morgan, who went to the Freeman. The cuddle project supported him in skin-to-skin care with Rowe and suggested he bring some colostrum from Brooke for their baby.

When Brooke arrived, she too was supported in skin-to-skin care and while she didn't want to breastfeed, she did express her milk to give to Rowe. Support was given to help this by providing a reclining chair, information, and wider support, particularly around holding her son who after heart surgery was attached to wires.

Skin-to-skin care helped to develop Brooke's confidence, and she decided when she held Rowe at her breast to progress to breast feeding. The role of the cuddle project adapted as Rowe's clinical status changed. Rowe was in hospital for 3 ½ months.

*"I was worried in case he didn't know who I was when I got to the hospital. I knew there were lots of nurses working around him and I worried, what if he thinks someone else is his mam, and he doesn't recognise who I am when I come. But with doing the skin-to-skin you could tell straight away he knew I was his mam"*

### Clinical trial shows promise as treatment for rheumatoid arthritis

54-year-old Jane Sutton from Newcastle started getting pain in her fingers in 2015. With a family history of joint problems, her GP referred her to the rheumatology service at Newcastle's Freeman Hospital where she was diagnosed with rheumatoid arthritis.

Jane was prescribed methotrexate to manage her symptoms but struggled with the side effects. She started a series of biologics to treat her symptoms but was told about the AuToDeCRA-2 trial.

Research to date has shown promise for a potential treatment for rheumatoid arthritis called tolerogenic dendritic cell (toIDC) therapy. The treatment works by stabilising the white blood cells which are then injected back into the body.

Jane said: *"Although my symptoms are currently under control, I know first-hand how painful and challenging it is living with rheumatoid arthritis. At one point, I couldn't stand up without being in pain."*



*"I think clinical trials like this are so important and will hopefully help find a treatment that has less side effects compared to current medicines."*



### Donated placenta used to help save man's sight

42-year-old, Paul Laskey from Newcastle was squirted in the face with a corrosive substance. He suffered severe chemical burns to his eye and was immediately rushed to hospital, with a significant loss of sight.

As a result, both the inner and outer layers of the cornea broke down, or 'melted', causing extremely limited vision in the affected eye.

Across the course of eight months a number of procedures were carried out at Newcastle Hospitals Eye Centre to save his sight. This included two emergency corneal transplants and three amnion grafts, which is when tissue is taken from the inner lining of a donated placenta, made into small patches.

Paul, a plumber and heating engineer and father of three, said losing so much of his sight so suddenly was incredibly difficult, speaking after the transplant he said: "I'm so grateful that the amnion graft has helped to keep the sight that I do have and prepare my eye so that hopefully I can get my full range of vision back.

*"I'm so thankful to the mother who chose to donate her placenta to help people like me who are at risk of losing their sight completely. It's incredible to know that a new life can help so many people in such a profound way, using something that's usually thrown away."*



### Implant technology eradicates low back pain

38-year-old nurse, Ashleigh Hughes, started experiencing sudden back problems in March 2020, when she woke up with severe pain in her lower back and down one leg.

After numerous x-rays and scans Ashleigh underwent a procedure to redirect the pain, along with injections and physiotherapy, none of which were effective.

For four years Ashleigh was in a vicious cycle of trying pain killers and various procedures without any relief.

In March last year, consultant anaesthetist Sachin Rastogi, suggested to Ashleigh that she was suitable to try the device, so she underwent the short procedure to have it inserted and 'switched on'.

Within three months she was feeling the benefits, with little to no back pain, and was determined to get active, exercise more and regain her positive mindset.

Since then, Ashleigh has lost three stone, is a regular at the gym, is eating healthily and has stopped taking all of the pain killers. She said: "Since I've had this device put in, it's been a real transformation.

*"The pain has massively improved and I'm much stronger with more energy. I'm in a better position mentally, it's been life changing for me."*

### First same-day total knee replacement performed at the Day Treatment Centre

68-year-old, Glenda Ellison was the first patient to undergo a total knee replacement at the Freeman Hospital's purpose-built Day Treatment Centre (DTC).

After suffering debilitating knee pain for several years due to osteoarthritis, Glenda was happy to be the first patient to undergo a same-day joint replacement.

Total knee replacement surgery is classed as major surgery but advancements over the years have meant across the country this procedure can safely be done as a day-case.

After having her operation and being able to return home the same-day, Glenda worked intensely with her rehabilitation and 8 weeks down the line she is making excellent progress.

She added: "I was a little nervous about the procedure, but the team were excellent. Before I knew it, I was in the discharge area after having the operation.

*"I think being at home has helped speed up my recovery. I had the comfort of my own bed and was well looked after – I was ringing the bell for my husband to come up the stairs!"*





### Life-saving procedure performed on youngest patient in the UK

9-year-old Archie Routledge became the youngest in the UK to undergo an operation to remove his pancreas and transplant his own insulin producing cells at the same time.

Archie Routledge, from Workington, Cumbria, carries a rare genetic mutation which causes hereditary pancreatitis. This serious condition is where the pancreas becomes inflamed, causing significant abdominal pain and carries a significantly increased risk of pancreatic cancer later in life.

During the procedure, called a total pancreatectomy and autologous islet cell transplant, the specialist team removed the pancreas, harvesting the insulin-secreting islet cells from the pancreas, then reinfusing the cells back into the liver to help manage blood sugar by producing insulin.

After a total of six months, being so far away from home, the family was allowed to take Archie back home to Workington. Archie's mum Emma, said: *"Being away from home and our daughter with the stress of fighting for the operation was a really tough time for our family."*

*"We are beyond relieved that we no longer need to fight the battle of pancreatitis and Archie can live his life pain free."*



*"We hope that the breakthroughs in this surgery enable other children suffering from pancreatitis to recover and carry on with their lives."*

### Splish, splash! Ward 1a fitted with new accessible bathtub to improve hospital stays

5-year-old, Sierra, is a frequent visitor to the ward and is now benefitting from the new accessible facility. Sierra's mum, Katie Purvis said: *"Sierra was so excited to use the new bath on ward 1a, as she loves her bath at home."*

The tub means children and young people who require reasonable adjustments can now enjoy bathtime during their stay in hospital.

*"It was a real miss for her as she was in hospital for a long time. Kate added:*

*"Little things like this mean a lot for children in hospital as they miss their home comforts, and it made her feel really relaxed having a bath when she had been upset or unwell."*

*"Tracey and her ward worked really hard getting this bath for their patients and should be really proud of themselves for all the hard work they achieved."*



### Patients offered high-tech treatment for Parkinson's disease

65-year-old, Kevin Hill, became one of the first people in the world to be treated using the new technology for Parkinson's disease.

This ground-breaking technology known as 'adaptive deep brain stimulation' provides tailored and personalised treatment using the body's own signals to adapt and adjust brain stimulation through an implant in the brain.

Kevin Hill was treated using the new technology and he said: *"Before the implant I suffered badly with tremors which affected my sleep and gave me terrible pains in my shoulders, arms and legs. It also affected me mentally – I became really self-conscious and withdrew from socialising or seeing other people.*

*"The medication I was on wasn't really working and I also had to give up my job.*

*"When I was referred for deep brain stimulation, I was told it could take a while to have an impact but I had a great response and the improvement was instant.*

*"It has changed my life and completely removed my tremors, aches and pains. I've got more flexibility in my joints and my sleep is much less disturbed.*

*"I'm enjoying life again, seeing people, playing snooker and getting out on my bike.*

*"To know that I'm going to benefit even more from having the latest version of the technology is just fantastic."*

### First balloon glue ear treatment in North East

8-year-old Kayah Tulip from Cramlington was believed to be one of the first children in the North East to have a minimally invasive procedure – known as a balloon eustachian tuboplasty – for the treatment of glue ear.

Glue ear occurs when the eustachian tube (a tube that connects the middle ear to the back of the nose) does not work correctly. This tube naturally opens and closes to relieve pressure and prevent fluid collecting behind the ear drum.

For patients with glue ear, this happens less frequently or not at all and can lead to hearing loss.

Kayah was given the opportunity to be one of the first patients in the region to have a balloon eustachian tube procedure.

Lindsay added: *"I had to make Kayah understand that this would not be an immediate fix like with the grommets. I always know a procedure has worked by doing the whisper test. I start to quieten my voice to test her hearing and whisper in her ear. I was overjoyed she was able to hear me.*

*"We've seen a marked improvement in her right ear which is evident in her hearing tests. Her left ear needs a little longer to clear, but we hope it will improve further over the next few weeks."*



## World-first heart surgery at Newcastle's Freeman Hospital

67-year-old Patrick Mulholland, from Jarrow has become the first patient in the world to undergo life-saving surgery, involving the use of four specialist valves to replace all of the natural valves in his heart.

The operation, described as 'ultra-rare' by surgeon Professor Stephen Clark, is offered as a last resort for patients who have a very uncommon type of heart failure, known as carcinoid heart disease.

Speaking about his life-saving experience, Mr Mulholland said: *"I had no idea anything was wrong with my heart. I was pretty fit and healthy, with no symptoms other than the issues with my stomach."*

*"I really had no choice about having the operation. After the surgery, I spent four weeks in intensive care and was in the Freeman hospital for 14 weeks in total."*

*"Today I'm getting on with living my life, spending as much time as possible with my four grandchildren and easing myself back to fitness."*

*"My outlook has changed, and things don't phase me as much. I have to go more slowly and easily but I'm just glad to be here to do it."*



# Information on Participation in National Clinical Audits and National Confidential Enquiries

During 2024/2025, 81 national clinical audits and six national confidential enquiry reports / review outcome programmes covered NHS services that the Newcastle upon Tyne NHS Foundation Trust provides.

During that period, we took part in 74 (91%) of the national clinical audits and six (100%) of the national confidential enquiries / review outcome programmes which we were eligible to participate in. These are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

National Audit issue	Sponsor / Audit	What is the Audit about?	Trust participation in 2024/2025	Percentage Data completion	Outcome if participated / If did not participate why?
Environmental Lessons Learned and Applied to the Bladder Cancer Audit	British Association of Urological Surgeons	Related to the Getting It Right First-Time decarbonisation recommendations for bladder cancer care pathway.	✓	Bespoke data submission by the healthcare provider	Published report expected June 2025
Impact of Diagnostic Uteroscopy on Radical Nephroureterectomy Audit	British Association of Urological Surgeons	Assesses practices for the diagnostic evaluation of patients and evaluates compliance with standard-of-care practices.	✓	Bespoke data submission by the healthcare provider	No publication date yet identified
Penile Fracture Audit	British Association of Urological Surgeons	Assess the outcomes of patients undergoing penile repair and assess variations in clinical pathways.	✓	Bespoke data submission by the healthcare provider.	Published report expected June 2025
Breast and Cosmetic Implant Registry	NHS England	Captures the details of all breast implant procedures completed by the NHS and private providers.	✓	Continuous data submission	No publication date yet identified





National Audit issue	Sponsor / Audit	What is the Audit about?	Trust participation in 2024/2025	Percentage Data completion	Outcome if participated / If did not participate why?
British Hernia Society Registry	British Hernia Society	Permits large-scale, cost-effective embedded research, guide product development, track outcomes and improve patient safety.	✓	Data collection 1st June 2024 – 31st March 2025	Published report expected June 2025
Case Mix Programme	Intensive Care National Audit and Research Centre	Looks at patient outcomes from adult, general critical care units in England, Wales and Northern Ireland.	✓	Continuous data collection	Published report expected March 2026
Clinical Health Clinical Outcome Review Programme: Emergency Surgery in Children and Young People	National Confidential Enquiry into Patient Outcome and Death	Aims to assess the quality of healthcare and stimulate improvement in safety and effectiveness.	✓	Data collection 17th June 2024 – 31st March 2025	Published report expected late 2025
Child Health Clinical Outcome Review Programme: Juvenile Idiopathic Arthritis	National Confidential Enquiry into Patient Outcome and Death	This study will review the quality of care in children and young adults with Juvenile Idiopathic Arthritis	✓	Data Collection 1st April 2024 – 1st July 2024	Published report expected February 2025
Cleft Registry and Audit Network Database	Royal College of Surgeons of England	The Cleft Registry Database collects information about all children born with cleft lip and/or cleft palate in England, Wales and Northern Ireland.	✓	Continuous data collection	Published report expected December 2025
Emergency Medicine Quality Improvement Programme: Care of Older People	Royal College of Emergency Medicine	This audit assesses care of older people in the emergency department against clinical standards and aims to improve patient quality of care.	✓	Data collection 1st January 2025 – 31st December 2025	Published report expected Spring 2025
Emergency Medicine Quality Improvement Programme: Time Critical Medications	Royal College of Emergency Medicine	This audit looks at the prescription of time critical medicines for patients in the Emergency Dept.	✓	Data collection 1st January 2025 – 31st Dec 2025	Published report expected Spring 2026

National Audit issue	Sponsor / Audit	What is the Audit about?	Trust participation in 2024/2025	Percentage Data completion	Outcome if participated / If did not participate why?
Epilepsy12: National Clinical Audit of Seizures and Epilepsies for Children and Young People	Royal College of Paediatrics and Child Health	The clinical audit aims to improve the quality of care for children and young people with seizures and epilepsies	✓	Bespoke data submission by the healthcare provider	No publication date yet identified
Learning for Lives and Deaths – People with a learning disability and autistic people	NHS England	This audit aims to improve the health of people with a learning disability and reduce health inequalities.	✓	Continuous data collection	No publication date yet identified
Maternal, Newborn and Infant Clinical Outcome Review Programme: Maternal Morbidity Confidential Enquiry	Mothers & Babies Reducing Risk through Audits and Confidential Enquiries (MBRACE) National Perinatal Epidemiology Unit, University of Oxford	This enquiry reviews the care received following all deaths of women who die during pregnancy or up to a year after the end of pregnancy.	✓	Data collection 1st January 2024 – 31st December 2024	Published report expected October 2025
Maternal, Newborn and Infant Clinical Outcome Review Programme: Maternal Mortality Confidential Enquiry	MBRACE National Perinatal Epidemiology Unit, University of Oxford	Reviews the care received following all deaths of women who die during pregnancy or up to a year after the end of pregnancy.	✓	Data collection 1st January 2024 – 31st December 2024	Published report expected October 2025
Maternal, Newborn and Infant Clinical Outcome Review Programme: Maternal Mortality Surveillance	MBRACE National Perinatal Epidemiology Unit, University of Oxford	Reviews the care received following all deaths of women who die during pregnancy or up to a year after the end of pregnancy.	✓	Data collection 1st January 2024 – 31st December 2024	Published report expected October 2025
Maternal, Newborn and Infant Clinical Outcome Review Programme: Perinatal Mortality and Serious Morbidity	MBRACE National Perinatal Epidemiology Unit, University of Oxford	Reviews the care received following all deaths of women who die during pregnancy or up to a year after the end of pregnancy.	✓	Data collection 1st January 2024 – 31st December 2024	Published report expected December 2025



National Audit issue	Sponsor / Audit	What is the Audit about?	Trust participation in 2024/2025	Percentage Data completion	Outcome if participated / If did not participate why?
Maternal, Newborn and Infant Clinical Outcome Review Programme: Perinatal Mortality Surveillance	MBRACE National Perinatal Epidemiology Unit, University of Oxford	Reviews the care received following all deaths of women who die during pregnancy or up to a year after the end of pregnancy.	✓	Data collection 1st January 2024 – 31st December 2024	Published report expected December 2025
Medical and Surgical Clinical Outcome Review Programme: Acute Limb Ischaemia	National Confidential Enquiry into Patient Outcome and Death	Aims to assess the quality of healthcare and stimulate improvement in safety and effectiveness.	✓	Data collection 1st August 2024 – 31st March 2025	Published report expected November 2025
Medical and Surgical Clinical Outcome Review Programme: Blood Sodium Study	National Confidential Enquiry into Patient Outcome and Death	This audit aims to assess the quality of healthcare and stimulate improvement in safety and effectiveness.	✓	Data collection 15th April – 31st March 2025	Published report expected November 2025
Medical and Surgical Clinical Outcome Review Programme: End of Life Care	National Confidential Enquiry into Patient Outcome and Death	This audit aims to assess the quality of healthcare and stimulate improvement in safety and effectiveness.	✓	Data collection 1st April – 30th April 2024	Report published December 2024. Action plan is being developed
Medical and Surgical Clinical Outcome Review Programme: Managing Acute Illness in People with Learning Disabilities	National Confidential Enquiry into Patient Outcome and Death	This audit aims to assess the quality of healthcare and stimulate improvement in safety and effectiveness.	✓	Data collection 1st March 2025 – 31st March 2025	No publication date yet identified
Medical and Surgical Clinical Outcome Review Programme: Rehabilitation following Critical Illness	National Confidential Enquiry into Patient Outcome and Death	This audit aims to assess the quality of healthcare and stimulate improvement in safety and effectiveness.	✓	Data collection 1st April 2024 – 31st October 2024	Published report expected Spring 2025

National Audit issue	Sponsor / Audit	What is the Audit about?	Trust participation in 2024/2025	Percentage Data completion	Outcome if participated / If did not participate why?
Mental Health Clinical Outcome Review Programme: Real-time Data Collection of Probable Suicide Deaths by Mental Health Inpatients who died within 14 days of discharge	National Confidential Inquiry into Suicide and Safety in Mental Health, University of Manchester	This audit aims to decrease suicide rates, particularly in people under mental health care and in patient subgroups.	The Trust is not eligible to participate in this audit as it does not provide this service.		
Mental Health Clinical Outcome Review Programme: Suicide and Homicide by People under Mental Health Care	National Confidential Inquiry into Suicide and Safety in Mental Health, University of Manchester	This audit aims to decrease suicide rates, particularly in people under mental health care and in patient subgroups.	The Trust is not eligible to participate in this audit as it does not provide this service		
Mental Health Clinical Outcome Review Programme: Suicide by People in Contact with Drug and Alcohol Services	National Confidential Inquiry into Suicide and Safety in Mental Health, University of Manchester	This audit aims to decrease suicide rates, particularly in people under mental health care and in patient subgroups.	The Trust is not eligible to participate in this audit as it does not provide this service		
National Audit of Cardiac Rehabilitation	University of York	Aims to support cardiovascular prevention and rehab services to achieve the best outcomes for patients with cardiovascular disease.	✓	Continuous data collection	Published reports expected April, July, September and December 2025
National Audit of Cardiovascular Disease Prevention in Primary Care	NHS Benchmarking Network	Analysis and reporting is designed to support systematic quality improvement using the findings from annual audit reports and the associated Data & Improvement Tool, to reduce health inequalities and improve outcomes.	This Trust is not eligible to participate in this audit as this service is provided by Primary Care.		



National Audit issue	Sponsor / Audit	What is the Audit about?	Trust participation in 2024/2025	Percentage Data completion	Outcome if participated / If did not participate why?
National Audit of Care at the End of Life	NHS Benchmarking Network	A national comparative audit of the quality and outcomes of care experienced by the dying person and those important to them during the last admission leading to death.	✓	Continuous data collection	Published report expected August 2025
National Audit of Dementia	Royal College of Psychiatrists	Measures the performance of general hospitals in England and Wales against standards which are known to impact people with dementia while in hospital.	The provider has confirmed that this audit will not go ahead in 2024/2025.		
National Audit of Pulmonary Hypertension	NHS England	The quality of care provided to people referred to pulmonary hypertension services.	✓	Continuous data collection	No publication date yet identified
National Bariatric Surgery Registry	British Obesity and Metabolic Surgery Society	This registry aims to report on outcomes following bariatric surgery.	The Trust is not eligible to participate in this audit as it does not provide this service.		
National Cancer Audit Collaborating Centre: Breast Cancer, Metastatic	Royal College of Surgeons of England	Aims to report on all patients diagnosed with metastatic breast cancer in NHS hospitals in England and Wales.	✓	Continuous Data Collection	Published report expected September 2025
National Cancer Audit Collaborating Centre: Breast Cancer, Primary	Royal College of Surgeons of England	Report on all patients newly diagnosed with primary breast cancer (stages 0 to 3) in NHS hospitals in England and Wales.	✓	Continuous data collection	Published report expected March 2025
National Cancer Audit Collaborating Centre: Kidney Cancer	Royal College of Surgeons of England	Looks at the diagnosis, treatment and management of patients diagnosed with kidney cancer.	✓	Data collection 1st October 2022 – 30th June 2024	Published report expected September 2025

National Audit issue	Sponsor / Audit	What is the Audit about?	Trust participation in 2024/2025	Percentage Data completion	Outcome if participated / If did not participate why?
National Cancer Audit Collaborating Centre: National Bowel Cancer Audit	Royal College of Surgeons of England	Supports hospitals to improve the quality of care received by patients diagnosed for the first time with bowel cancer.	✓	Data collection 1st April 2022 – 31st March 2023	Report awaiting baseline assessment
National Cancer Audit Collaborating Centre: National Lung Cancer Audit	Royal College of Surgeons of England	Supports lung cancer services in England and Wales to improve the quality of care for people diagnosed with lung cancer.	✓	Continuous data collection	Published report expected April 2025
National Cancer Audit Collaborating Centre: National Esophagogastric Cancer Audit	Royal College of Surgeons of England	This audit evaluates patient care received from diagnosis to completion of primary treatment delivered in hospital environments.	✓	Data collection 1st April 2022 – 31st March 2023	The Trust is compliant with the recommendations of the report.
National Cancer Audit Collaborating Centre: National Prostate Cancer Audit	Royal College of Surgeons of England	The first national clinical audit of the care that men receive following a diagnosis of prostate cancer.	✓	Data collection 1st October 2022 – 24th June 2024	Published report expected September 2025
National Cancer Audit Collaborating Centre: Ovarian Cancer	Royal College of Surgeons of England	Produces information on diagnosis, treatment and surgery to assess improvements in care.	✓	Continuous data collection	Published report expected September 2025
National Cancer Audit Collaborating Centre: Pancreatic Cancer	Royal College of Surgeons of England	Aims to accelerate national efforts to improve the care and treatment of patients diagnosed with pancreatic cancer.	✓	Data collection 1st October 2022 – 30th June 2024	Published report expected September 2025
National Cardiac Arrest Audit	Intensive Care National Audit & Research Centre and the Resuscitation Council UK	Looks at all in-hospital cardiac arrests in the UK and Ireland.	✓	Continuous data collection	No publication date yet identified
National Cardiac Audit Programme: Left Atrial Appendage Occlusion	National Institute for Cardiovascular Outcomes Research	The aim of this audit is to collect clinical and outcome data on structural heart intervention services carried out in the UK.	✓	Continuous data collection	No publication date yet identified



National Audit issue	Sponsor / Audit	What is the Audit about?	Trust participation in 2024/2025	Percentage Data completion	Outcome if participated / If did not participate why?
National Cardiac Audit Programme: Myocardial Ischaemia National Audit Programme	National Institute for Cardiovascular Outcomes Research	This audit looks at the patient journey from call to emergency services through diagnosis, treatment and discharge.	✓	Continuous data collection	No publication date yet identified
National Cardiac Audit Programme: National Adult Cardiac Surgery Audit	National Institute for Cardiovascular Outcomes Research	This audit reports on quality measures of all types of cardiac procedures undertaken.	✓	Continuous data collection	No publication date yet identified
National Cardiac Audit Programme: National Audit of Cardiac Rhythm Management	National Institute for Cardiovascular Outcomes Research	This audit collects information about all implanted cardiac devices and all patients receiving interventional procedures for the management of cardiac rhythm disorders in the UK.	✓	Continuous data collection	No publication date yet identified
National Cardiac Audit Programme: National Audit of Percutaneous Coronary Interventions	National Institute for Cardiovascular Outcomes Research	This audit provides an overview of the delivery of PCI services in the UK, as well as reporting on several specific quality improvement metrics	✓	Continuous data collection	No publication date yet identified
National Cardiac Audit Programme: National Audit of Congenital Heart Disease Audit	National Institute for Cardiovascular Outcomes Research	This audit collects data to assess patient outcomes after therapeutic paediatric and congenital cardiovascular procedures (surgery, transcatheter and electrophysiological interventions) at all NHS hospitals.	✓	Continuous data collection	No publication date yet identified



National Audit issue	Sponsor / Audit	What is the Audit about?	Trust participation in 2024/2025	Percentage Data completion	Outcome if participated / If did not participate why?
National Cardiac Audit Programme: National Heart Failure Audit	National Institute for Cardiovascular Outcomes Research	This audit collects data on patients with an unscheduled admission to hospital in England and Wales who are discharged with a primary diagnosis of heart failure.	✓	Continuous data collection	No publication date yet identified
National Cardiac Audit Programme: Percutaneous Foramen Ovale Closure	National Institute for Cardiovascular Outcomes Research	The aim of this audit is to collect clinical and outcome data on structural heart intervention services carried out in the UK.	✓	Continuous data collection	No publication date yet identified
National Cardiac Audit Programme: Transcatheter Aortic Valve Implantation	National Institute for Cardiovascular Outcomes Research	Aims to capture detailed information on how it is used to treat patients with severe aortic stenosis and significant comorbidities.	✓	Continuous data collection	No publication date yet identified
National Cardiac Audit Programme: Transcatheter Mitral and Tricuspid Valve Procedure	National Institute for Cardiovascular Outcomes Research	The aim of the audit is to collect clinical and outcome data on structural heart intervention services carried out in the UK.	✓	Continuous data collection	No publication date yet identified
National Child Mortality Database Programme	University of Bristol	Collates information nationally to ensure that deaths are learned from, that learning is widely shared and that actions are taken, locally and nationally, to reduce the number of children who die.	✓	Continuous data collection	Published report expected July 2025 and December 2025 respectively
National Clinical Audit of Psychosis	Royal College of Psychiatrists	Aims to improve the quality of care that NHS Mental Health Trusts provide to people with psychosis.	The Trust is not eligible to participate in this audit as it does not provide this service.		



National Audit issue	Sponsor / Audit	What is the Audit about?	Trust participation in 2024/2025	Percentage Data completion	Outcome if participated / If did not participate why?
National Comparative Audit of Blood Transfusion: Audit of National Institute for Health and Care Excellence Quality Standard 138	NHS Blood and Transplant	A programme which looks at the use and administration of blood and blood components in NHS and independent hospitals in England.	✓	Data collection 1st October 2024 – 1st November 2024	Published report expected February 2025
National Comparative Audit of Blood Transfusion: Bedside Transfusion Audit	NHS Blood and Transplant	Looks at the use and administration of blood and blood components in NHS & independent hospitals in England.	✓	Data collection 1st April 2024 – 3rd May 2024	No publication date yet identified
National Diabetes Audit: Diabetes Prevention Programme Audit	NHS Digital	Looks at how information on non diabetic hyperglycaemia is recorded in GP practices.	The Trust is not eligible to participate in this audit as this service is provided by Primary Care.		
National Diabetes Audit: National Core Diabetes Audit	NHS Digital	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.	✓	Continuous data collection	No publication date yet identified
National Diabetes Audit: National Diabetes Foot Care Audit	NHS Digital	Patients referred to specialist diabetes foot care services for an expert assessment on a new diabetic foot ulcer.	✓	Continuous data collection	No publication date yet identified
National Diabetes Audit: National Diabetes Inpatient Safety Audit	NHS Digital	This audit is an annual snapshot audit of diabetes inpatient care in England and Wales	The Trust did not participate in this audit due to difficulties in data submission. A plan has been put in place to ensure this does not reoccur in the future, including Caldicott registration.		
National Diabetes Audit: National Pregnancy in Diabetes Audit	NHS Digital	This audit aims to support clinical teams to deliver better care and outcomes for women with diabetes who become pregnant.	✓	Continuous data collection	No publication date yet identified

National Audit issue	Sponsor / Audit	What is the Audit about?	Trust participation in 2024/2025	Percentage Data completion	Outcome if participated / If did not participate why?
National Diabetes Audit: Transition (Adolescents and Young Adults) and Young Type 2 Audit	NHS Digital	The Young People with Type 2 Diabetes report aims to document the number of people with type 2 diabetes up to the age of 40 years, their characteristics and the diabetes care they receive.	✓	Continuous data collection	No publication date yet identified
National Early Inflammatory Arthritis Audit	British Society of Rheumatologists	This audit aims to improve the quality of care for people living with inflammatory arthritis.	✓	Continuous data collection	Published report expected October 2025
National Emergency Laparotomy Audit: Laparotomy	Royal College of Anaesthetists	National Emergency Laparotomy Audit aims to look at structure, process, and outcome measures for the quality of care received by patients undergoing emergency laparotomy.	✓	3rd April 2024 – 2nd April 2025	No publication date yet identified
National Emergency Laparotomy Audit: No Laparotomy	Royal College of Anaesthetists	National Emergency Laparotomy Audit aims to look at structure, process, and outcome measures for the quality of care received by patients undergoing emergency laparotomy.	✓	23rd April 2024 – 22nd April 2025	No publication date yet identified
National Falls and Fragility Fracture Audit Programme: Fracture Liaison Service Database	Royal College of Physicians of London	This audit has developed the Fracture Liaison Service Database to benchmark services and drive quality improvement.	The Trust did not participate in this audit due to clinical and service pressures. Following the appointment of a new Consultant in summer 2025, it is envisaged that this will resume in the next reporting cycle.		



National Audit issue	Sponsor / Audit	What is the Audit about?	Trust participation in 2024/2025	Percentage Data completion	Outcome if participated / If did not participate why?
National Falls and Fragility Fracture Audit Programme: National Audit of Inpatient Falls	Royal College of Physicians of London	This audit provides the first comprehensive data sets on the quality of falls prevention practice in acute hospitals.	✓	Data collection 1st January 2024 – 31st December 2024	Published report expected November 2025
National Falls and Fragility Fracture Audit Programme: National Hip Fracture Database	Royal College of Physicians of London	This audit measures quality of care for hip fracture patients and has developed into a clinical governance and quality improvement platform.	✓	Data collection 1st January 2024 – 31st December 2024	Published report expected September 2025
National Joint Registry	Healthcare Quality Improvement Partnership	The registry records and monitors outcomes in a continuous drive to improve service quality.	✓	Data collection 1st January 2024 – 31st December 2024	Published report expected September 2025
National Major Trauma Registry Network	Outcomes and Registries Programme, NHS England	This audit aims to highlight areas where improvements could be made in either the prevention of injury or the process of care for injured patients.	✓	Continuous data collection	No publication date yet identified
National Maternity and Perinatal Audit	Royal College of Obstetrics and Gynaecology	A large-scale audit of NHS maternity services across England, Scotland and Wales, collecting data on all registrable births delivered under NHS care.	✓	Continuous data collection	No publication date yet identified
National Neonatal Audit Programme	Royal College of Paediatrics and Child Health	Assesses 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.	✓	Continuous data collection	No publication date yet identified

National Audit issue	Sponsor / Audit	What is the Audit about?	Trust participation in 2024/2025	Percentage Data completion	Outcome if participated / If did not participate why?
National Obesity Audit	NHS Digital	Brings together comparable data from different types of adult and children's weight management services across England to drive improvement for the benefit of those living with overweight and obesity.	✓	Continuous data collection	No publication date yet identified
National Ophthalmology Database Audit: Age-related Macular Degeneration Audit	Royal College of Ophthalmologists	Aims to provide real-world benchmarks that can enable patients, providers, and commissioners to compare clinical outcomes and key process at different sites to improve the quality of care.	✓	Continuous data collection	No publication date yet identified
National Ophthalmology Database Audit: Cataract Audit	Royal College of Ophthalmologists	This audit measures the outcomes of Cataract surgery.	✓	Continuous data collection	No publication date yet identified
National Paediatric Diabetes Audit	Royal College of Paediatrics and Child Health	This audit covers registrations, complications, care process and treatment targets.	✓	Continuous data collection	No publication date yet identified
National Respiratory Audit Programme: Asthma Secondary Care	Royal College of Physicians of London	This audit looks at the care of people admitted to hospital adult services with asthma attacks.	✓	Continuous data collection	Published report expected June 2025
National Respiratory Audit Programme: Children and Young People Asthma	Royal College of Physicians of London	This audit looks at the care children and young people with asthma receive when they are admitted to hospital because of an asthma attack.	✓	Continuous data collection	Published report expected June 2025



National Audit issue	Sponsor / Audit	What is the Audit about?	Trust participation in 2024/2025	Percentage Data completion	Outcome if participated / If did not participate why?
National Respiratory Audit Programme: Chronic Obstructive Pulmonary Disease Secondary Care	Royal College of Physicians of London	The aim of this audit is to drive improvements in the quality of care and services provided for Chronic Obstructive Pulmonary Disease patients.	✓	Continuous data collection	Published report expected June 2025
National Respiratory Audit Programme: Pulmonary Rehabilitation	Royal College of Physicians of London	This audit looks at the care people with Chronic Obstructive Pulmonary Disease get in pulmonary rehabilitation services.	✓	Continuous data collection	Published report expected June 2025
National Vascular Registry	Royal College of Surgeons of England	The National Vascular Registry collects data on all patients undergoing major vascular surgery in NHS hospitals in the UK.	✓	Continuous data collection	Published report expected November 2025
Out of Hospital Cardiac Arrest Outcomes	University of Warwick	Working with UK Ambulance Services to try and find out the reasons behind differences in survival following out of hospital cardiac arrest.	This Trust is not eligible to participate in this audit as this service is provided by Ambulance Services.		
Paediatric Intensive Care Audit Network	University of Leeds	Aims to support the improvement of paediatric intensive care provision throughout the UK by providing detailed information on activity and outcomes.	✓	Continuous data collection	Published report expected November 2025
Perinatal Mortality Review Tool	Royal College of Emergency Medicine	Aims to introduce the Perinatal Mortality Review Tool to support standardised perinatal mortality reviews across NHS maternity and neonatal units.	✓	Continuous data collection	Published report expected Autumn 2026

National Audit issue	Sponsor / Audit	What is the Audit about?	Trust participation in 2024/2025	Percentage Data completion	Outcome if participated / If did not participate why?
Perioperative Quality Improvement Programme	National Perinatal Epidemiology Unit, University of Oxford	Measures complications, mortality and patient reported outcomes from major non-cardiac surgery.	✓	Continuous data collection	Published report expected July 2025
Prescribing Observatory for Mental Health: Opioid Medications in Inpatient Mental Health Services	Royal College of Psychiatrists	Aims to help clinical services maintain and improve the quality of their prescribing practice and reduce risks.	The Trust is not eligible to participate in this audit as it does not provide this service.		
Prescribing Observatory for Mental Health: Rapid Tranquillisation	Royal College of Psychiatrists	Aims to help clinical services maintain and improve the quality of their prescribing practice and reduce risks.	The Trust is not eligible to participate in this audit as it does not provide this service.		
Prescribing Observatory for Mental Health: Use of Melatonin	Royal College of Psychiatrists	Aims to help clinical services maintain and improve the quality of their prescribing practice and reduce risks.	The Trust is not eligible to participate in this audit as it does not provide this service.		
Quality and Outcomes in Oral and Maxillofacial Surgery: Non-Melanoma Skin Cancers	British Association of Oral and Maxillofacial Surgeons	This audit looks at the rate of diagnostic biopsies and the need for re-operation.	The Trust did not participate in this audit due to clinical and service pressures. Non-participation was discussed and agreed at Clinical Outcomes and Effectiveness Group.		
Quality and Outcomes in Oral and Maxillofacial Surgery: Oncology and Reconstruction	British Association of Oral and Maxillofacial Surgeons	This audit looks at complications, postoperative stays and commencement of radiotherapy.	The Trust did not participate in this audit due to clinical and service pressures. Non-participation was discussed and agreed at Clinical Outcomes and Effectiveness Group.		
Quality and Outcomes in Oral and Maxillofacial Surgery: Oral and Dentoalveolar Surgery	British Association of Oral and Maxillofacial Surgeons	This audit looks at treatment pathway timings, management, length of stay and procedure outcomes.	The Trust did not participate in this audit due to clinical and service pressures. Non-participation was discussed and agreed at Clinical Outcomes and Effectiveness Group.		





National Audit issue	Sponsor / Audit	What is the Audit about?	Trust participation in 2024/2025	Percentage Data completion	Outcome if participated / If did not participate why?
Quality and Outcomes in Oral and Maxillofacial Surgery: Orthognathic Surgery	British Association of Oral and Maxillofacial Surgeons	The Orthognathic registry assess quality of care across all orthognathic surgery activity but mainly focuses on LeFort I and mandibular ramus osteotomies.	The Trust did not participate in this audit due to clinical and service pressures.  Non-participation was discussed and agreed at Clinical Outcomes and Effectiveness Group.		
Quality and Outcomes in Oral and Maxillofacial Surgery: Trauma	British Association of Oral and Maxillofacial Surgeons	This audit looks at unexpected returns to theatre, readmissions after discharge and complications.	The Trust did not participate in this audit due to clinical and service pressures.  Non-participation was discussed and agreed at Clinical Outcomes and Effectiveness Group.		
Sentinel Stroke National Audit Programme	Kings College London	This audit collects data on all patients with a primary diagnosis of stroke, including any patients not on a stroke ward.	✓	Continuous data collection	Published report expected November 2025
Serious Hazards of Transfusion UK National Hemovigilance Scheme	Serious Hazards of Transfusion	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	✓	Continuous data collection	Published report expected July 2026
Society for Acute Medicine Benchmarking Audit	Society for Acute Medicine	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.	✓	Data collection 20th June 2024	No publication date yet identified

National Audit issue	Sponsor / Audit	What is the Audit about?	Trust participation in 2024/2025	Percentage Data completion	Outcome if participated / If did not participate why?
UK Cystic Fibrosis Registry	Cystic Fibrosis Trust	This audit looks at the care of people with a diagnosis of cystic fibrosis under the care of the NHS.	✓	Continuous data collection	Published report expected August 2026
UK Renal Registry: Chronic Kidney Disease Audit	UK Kidney Association	The care provided to patients with chronic kidney disease (including pre-Kidney Replacement Therapy) at each of the UK's adult and paediatric kidney centres against the UK Kidney Association's guidelines.	✓	1st January 2023 – 31st December 2023	Published report expected June 2025
UK Renal Registry: National Acute Kidney Injury Unit	UK Kidney Association	The care provided to patients with chronic kidney disease (including pre-Kidney Replacement Therapy) at each of the UK's adult and paediatric kidney centres against the UK Kidney Association's guidelines.	✓	1st April 2024 – 31st March 2025	Published report expected June 2025

An additional 14 audits have been added to the list for inclusion in 2025/2026 Quality Account. The audits include:

- British Spine Registry
- Emergency Medicine Quality Improvement Programme: Mental Health Self Harm
- National Audit of Eating Disorders
- National Cancer Audit Collaborating Centre: National Non-Hodgkin Lymphoma Audit
- National Comparative Audit of Blood Transfusion: 2025 Major Haemorrhage Audit
- Prescribing Observatory for Mental Health: Improving the quality of valproate prescribing in adult mental health services, Use of clozapine and, Use of medicines with anticholinergic (antimuscarinic) properties in older people's mental health services.
- UK Cystic Fibrosis Registry: Cystic Fibrosis Adults and Cystic Fibrosis Children.



The reports of national clinical audits were reviewed in 2024/2025 and the Trust 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 regular basis.
- In addition, each Clinical Board is required to present an annual clinical audit report to the clinical audit and guidelines group detailing all audit activity undertaken both national and local. Clinicians are required to report all audit activity using the Trust's clinical effectiveness register.
- Clinical Boards are asked to include national clinical audit as a substantive agenda item at their Quality Oversight Group meetings, to review any areas required for improvement.
- 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 502 local audits were reviewed in 2024/2025 and the Trust intends to take the following action to improve the quality of health care provided:

- Each Clinical Board is required to present an Annual Clinical Audit Report to the Clinical Audit and Guidelines Group detailing all audit activity undertaken both national and local.
- Any areas of non-compliance with standards are risk assessed and escalated as appropriate to the Clinical Outcomes and Effectiveness Group.

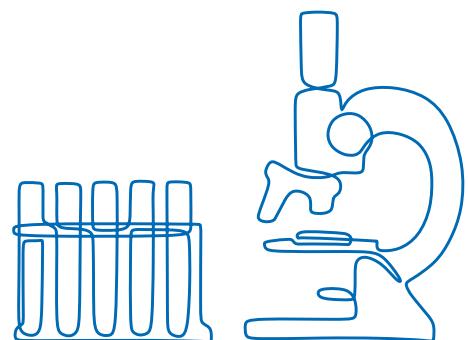
# Information on Participation in Clinical Research

In the last year over 11,304 participants were recruited to clinical trials provided or hosted by Newcastle Hospitals, of which 10,216 enrolled onto the National Institute for Health and Care Research Clinical Research Network portfolio studies.

A wide range of clinical trials take place, ranging from complex and rare disease to common conditions that affect many of our patients.

One such trial AuToDeCRA2 shows a promising potential treatment for rheumatoid arthritis called tolerogenic dendritic cell therapy. This treatment could provide significant benefits to people living with rheumatoid arthritis by 'switching off' the disease and avoiding the need for life-long treatments, with their associated side effects.

The Trust continues to be one of the top research trusts in the country for the number of individuals participating in research and for the number of studies open.

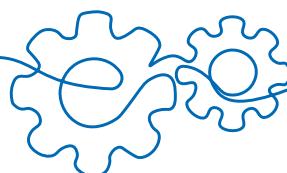


# Information on the Use of the Commissioning for Quality and Innovation Indicators Framework

NHS England did not operate the nationally mandated Commissioning for Quality and Innovation scheme in 2024/2025, however they did continue to publish Commissioning for Quality and Innovation indicators as a non-mandatory list. These optional indicators were generated on the basis that they form part of wider national delivery goal and had broad stakeholder and clinical support. Trust participation in these Commissioning for Quality and Innovation schemes was reviewed and a number were continued in 2024/2025.

These Commissioning for Quality and Innovation schemes included:

- Staff flu vaccinations
- Recording of and appropriate response to National Early Warning Score 2 (NEWS2) for unplanned critical care admissions
- Identification and response to frailty in emergency departments
- Prompt switching of intravenous antimicrobial treatment to the oral route of administration as soon as patients meet switch criteria
- Timely communication of changes to medicines to community pharmacists via the Discharge Medicines Service
- Achieving progress towards Hepatitis C elimination within lead Hepatitis C centres
- Achievement of revascularisation standards for lower limb ischaemia.



# Information Relating to Registration with the Care Quality Commission

Newcastle Hospitals is required to register with the Care Quality Commission and its current registration status is fully registered. Newcastle Hospitals currently has no conditions imposed on its registration.

We are registered with the Care Quality Commission to deliver care from seven separate locations and 21 community locations for ten regulated activities.

In 2023, the Care Quality Commission visited the Trust. They looked at how the organisation was led and assessed some services at the Royal Victoria Infirmary and Freeman Hospital, which included urgent and emergency care, medicine, surgery, maternity, children and young people, as well as NECTAR the regional patient transport service. They also spent some time in the cardiothoracic surgery department.

The inspectors found that overall Newcastle Hospitals’ ‘requires improvement’. They also highlighted areas for improvement with the way some services are run and that changes were required to ensure that learning always takes place when things don’t go as planned.

Following the inspection by the Care Quality Commission in 2023, a Notice of Decision to impose conditions on the Trust license was issued on 18th December 2023. This notice outlined the need to implement an effective governance system. In response to the inspection findings, we acted quickly to implement a rapid and focused programme of improvement which was reported monthly to the Care Quality Commission. Following significant progress, the license conditions were removed on 3rd September 2024.



## Overview

Safe	Effective	Caring	Responsive	Well-led	Overall
Requires Improvement	Requires Improvement	Good	Requires Improvement	Inadequate	Requires Improvement



# Information on the Quality of Data

The Newcastle upon Tyne Hospitals NHS Foundation Trust submitted records during 2024/2025 to the Secondary Uses Service for inclusion in the Hospital Episode Statistics which are included in the latest published data. The percentage of records in the published data:

Which included the patient's valid NHS number was:

- 99.6% for admitted patient care.
- 99.8% for outpatient care.
- 99.0% for accident and emergency care.

Which included the patients valid General Medical Practice Code was:

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

## Clinical Coding Information

Score for 2024/2025 for Information Quality and Records Management, assessed using the Data Security and Protection Toolkit.

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

200 episodes of care were audited, covering the following three specialties:

- Neurosurgery
- Cardiothoracic Surgery
- Gynaecology.

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

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	Trust Level
Primary diagnosis	>=90%	>=95%	99.5%
Secondary diagnosis	>=80%	>=90%	98.2%
Primary procedure	>=90%	>=95%	97.0%
Secondary procedure	>=80%	>=90%	96.5%



# Key National Priorities 2024/2025

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 Care Quality Commission Intelligent Monitoring Report. A wide range of measures are included and the Trust's performance against the key national priorities for 2024/2025 are detailed in the table below.

Operating and Compliance Framework Target	Target	Annual Performance 2023/2024	Annual Performance 2024/2025
Incidence of <i>Clostridioides difficile</i> infections ( <i>C.difficile</i> : variance from plan)	National Threshold $\leq 136$	144 cases	197 cases
Incidence of Methicillin-resistant <i>Staphylococcus aureus</i> bacteraemia	Zero tolerance	4 cases	7 cases
28 day faster diagnosis standard - wait from urgent referral to patient told they have cancer (or cancer is definitively excluded)	77%	76.5%	74.4% (Provisional Apr-Mar)
31 day (decision to treat to treatment) - wait from a decision to treat/earliest clinically appropriate date to first or subsequent treatment of cancer	96%	86.3%	81.3% (Provisional Apr-Mar)
62 day (referral to treatment) - wait from an urgent suspected cancer or breast symptomatic referral, or urgent screening referral, or consultant upgrade to a first definitive treatment for cancer	70%	56.7%	62.0% (Provisional Apr-Mar)
Referral to treatment - admitted compliance	90%	65.6%	67.8%
Referral to treatment - non-admitted compliance	95%	76.7%	75.5%
Referral to treatment - incomplete compliance	92%	67.1%	68.7%
Maximum 6-week wait for diagnostic procedures	95%	66.9%	84.2%
Emergency Department: maximum waiting time of 4 hours from arrival to admission/transfer/discharge	76%	75.65%	74.9%
Cancelled operations – those not admitted within 28 days	Not Defined	79.39%	78.49%
*maternity bookings within 9 weeks 6 days	Not Defined	65.83%	69.25%

Details on Hospital-level Mortality Indicator please refer to page 63.



We have detailed below some of the reasons for not meeting the required standards.

## Infection Prevention and Control:

1. Increase in the number of Methicillin-resistant *Staphylococcus aureus* bacteraemia cases.

Regional Methicillin-resistant *Staphylococcus aureus* bacteraemia bloodstream infections have increased in comparison to national figures. Investigations have identified poor compliance with Methicillin-resistant *Staphylococcus aureus* bacteraemia screening and decolonisation, issues with line documentation and wound management and poor antimicrobial stewardship, and an action plan is in place.

To address this we are:

- Looking at patient level data on inappropriate antibiotic prescriptions for Methicillin-resistant *Staphylococcus aureus* bacteraemia.
  - Working to initiate a 'flag' to alert clinicians that patients have a relevant history of antimicrobial issues.
  - Undertaking audits for Methicillin-resistant *Staphylococcus aureus* bacteraemia screening compliance and themes disseminated.
  - Increased the visibility of the infection control team to support the clinical areas.
2. Increase in the number of *Clostridioides difficile* Infections cases. *Clostridioides difficile* infection rates in England have risen by 50%, North East and North Cumbria have reported a rise of 30%, which is mirrored in the Trust figures. Themes identified are delays in sampling, delay in isolation, delay in obtaining treatment and poor antimicrobial stewardship and proton pump inhibitors management.

To address this we are:

- Introducing an end of shift nursing digital assessment document

- Raising awareness of isolation and encouraging clinical teams to report when isolation cannot be achieved. These incidents continue to be reviewed, with escalation when required.
- A robust process for antimicrobial review in *Clostridioides difficile* infection cases with the antimicrobial pharmacist continues to support real time feedback to clinical teams and rapid improvement actions.
- Weekly infection prevention and control multi-disciplinary team bloodstream infection and *Clostridioides difficile* infection review process, to identify emerging themes and classifications of healthcare associated infections.

## Cancer Wait times

A number of issues have contributed to this position including increased demand across all services and capacity across all pathways. Pressures in primary care have had an impact in relation to dermatology.

Our focus on reducing the over 62 day backlog has impacted on our overall 62 day performance, and some capacity and scheduling issues in radiotherapy have had an impact on 31 day compliance.

To address this we have:

- Undertaken analysis for all major pathways, identifying areas which will deliver greatest improvement and impact on performance, and implemented actions.
- Implementation of the best practice, timed pathways across the region.
- Increasing capacity in key areas:
  - Looking to increase endobronchial ultrasound capacity, navigational bronchoscopy and ablation
  - Initiatives to reduce demand on cancer pathways e.g. development of a nodule clinic in lung and rollout of a breast pain and bleeding on HRT pathway
  - Development of pre-assessment clinic slots in pressured tumour areas

- Increased capacity for cancer patients in outpatients, pre-assessment clinic and endoscopy
- Improved our ability to discuss patient treatments options by increasing access to multidisciplinary team discussions
- Plans underway to start a community photography hub to allow high quality images to be taken prior to referral, which will result in less patients requiring a face to face appointment before a decision is made on treatment options.
- Implemented a combined gastrointestinal pathway which has seen 28 day performance in both Upper and Lower gastrointestinal rise to over 80%.
- Improved pathology and radiology cancer turnaround times.
- Developed straight to test pathways e.g. lung, prostate, gynaecology.

It should be noted that harm reviews are completed on all patients who have waited over 104 days.

## Referral to Treatment Targets:

Over the last year, the overall referral to treatment incomplete performance has remained at around 68% although most recently achieving 70%. The national planning guidance aims for 74% by April 2026 moving to achieve 92% over the next 5 years.

There has been an unrelenting focus on treating the longest waiters and a significant achievement has been to maintain zero patients waiting over 104 weeks for treatment. There has also been a significant reduction in 78 and 65 week waiting. Patients on the waiting list continue to be prioritised by clinical need and longest waits.

## Maximum 6-week wait for diagnostic procedures

There has been a notable improvement in this key national priority from 66.9% to 84.2%. This has in the main, been due to audiology undertaking a targeted piece of work to reduce the waiting list.

## Emergency Department: maximum waiting time of 4 hours from arrival to admission/transfer/discharge:

Over the first half of the year there were significant gaps in the Emergency Department medicine rota which has now been resolved through investment and recruitment. In the second part of the year high occupancy levels and infection outbreaks affected flow.



# 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.

## Measure 1. The value and banding of the summary hospital-level mortality indicator 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. The 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 meetings within each speciality of all clinical boards.

Measure	Data Source	Target	Value	2023/24		2022/23				2021/22			
1. The value and banding of the summary hospital-level mortality indicator for the Trust	NHS Digital Indicator Portal <a href="https://digital.nhs.uk/data-and-information/publications/statistical/shmi">https://digital.nhs.uk/data-and-information/publications/statistical/shmi</a>	Band 2 "as expected"		Oct 23 - Sept 24	Jul 23 - Jun 24	Apr 23 - Mar 24	Jan23 - Dec 23	Oct 22 - Sept 23	Jul22 - Jun 23	Apr 22 - Mar 23	Jan 22 - Dec 22	Oct 21 - Sept 22	Jul 21 - Jun 22
				NUTH Value: 0.9128	NUTH Value: 0.9177	NUTH Value: 0.9128	NUTH Value: 0.9011	NUTH Value: 0.9095	NUTH Value: 1.0095	NUTH Value: 0.9170	NUTH Value: 0.9167	NUTH Value: 0.9105	NUTH Value: 0.9148
				NUTH Band 2	NUTH Band 2	NUTH Band 2	NUTH Band 2	NUTH Band 2	NUTH Band 2	NUTH Band 2	NUTH Band 2	NUTH Band 2	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
			Highest National	1.3094	1.3121	1.3193	1.2548	1.2293	1.2129	1.2074	1.2186	1.2340	1.2112
			Lowest National	0.6968	0.6946	0.7142	0.7202	0.6770	0.7097	0.7191	0.7117	0.6454	0.7047
2. The percentage of patient deaths with palliative care coded at either diagnosis or specialty level for the trust	NHS Digital Indicator Portal <a href="https://digital.nhs.uk/data-and-information/publications/statistical/shmi">https://digital.nhs.uk/data-and-information/publications/statistical/shmi</a>	N/A	Trust	47%	48%	47%	44%	41%	29%	39%	40%	41%	41%
			National Average	44%	44%	43%	42%	42%	41%	40%	40%	40%	40%
			Highest National	67%	69%	67%	67%	66%	66%	66%	65%	65%	65%
			Lowest National	17%	18%	11%	16%	15%	14%	14%	12%	12%	12%

## 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. The Newcastle Hospitals continues to monitor the quality of its services, by involving the Coding team and End of Life team in routine mortality reviews to ensure accuracy and consistency of palliative care coding. We continue to monitor and discuss patients with a palliative care coding at the quarterly Mortality Surveillance Group.

### Measure 3. The Patient Reported Outcome Measures scores for groin hernia surgery.

Collection of groin procedure scores ceased on 1 October 2017.

### Measure 4. The Patient Reported Outcome Measures scores for varicose vein surgery.

Collection of varicose vein procedure scores ceased on 1 October 2017.

### Measure 5. The Patient Reported Outcome Measures scores for hip replacement surgery.

Measure	Value	2023/24	2022/23	2021/22	2020/21	2019/20	2018/19
5. The patient reported outcome measures scores (PROMS) for primary hip replacement surgery (adjusted average health gain – EQ5D)	Trust Score	*	0.52	0.47	0.52	0.46	0.50
	National average:	0.46	0.46	0.46	0.47	0.46	0.47
	Highest national:	0.58	0.55	0.53	0.57	0.54	0.56
	Lowest national:	0.35	0.36	0.37	0.39	0.35	0.35
6. The patient reported outcome measures scores (PROMS) for primary knee replacement surgery (adjusted average health gain – EQ5D)	Trust Score	*	0.38	*	0.35	0.36	0.31
	National average:	0.32	0.33	0.32	0.32	0.34	0.34
	Highest national:	0.41	0.41	0.42	0.40	0.42	0.41
	Lowest national:	0.23	0.24	0.25	0.18	0.22	0.27

Newcastle Hospitals considers that this data is as described for the following reasons:

Patient Reported Outcome Measures scores are good, and we are committed to increasing our participation rates going forward. We encourage patients to complete these and discuss completion rates and results in the Arthroplasty multidisciplinary team.

Finalised Patient Reported Outcome Measures scores data have now been published for 2022/2023 and 2023/2024; in 2023/2024 the number of modelled records for both primary hip are less than 30 for NUTH so the health gain figures are not shown for the Trust.



## Measure 6. The Patient Reported Outcome Measures scores for knee replacement surgery.

Newcastle Hospitals considers that this data is as described for the following reasons:

Patient Reported Outcome Measures scores are good, and we are committed to increasing our participation rates going forward. We encourage patients to complete these and discuss completion rates and results in the Arthroplasty multidisciplinary team.

Finalised Patient Reported Outcome Measures scores data have now been published for 2022/2023 and 2023/2024; in 2023/2024 the number of modelled records for primary knee are less than 30 for NUTH so the health gain figures are not shown for the Trust.

## 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.

7a. Emergency readmissions to hospital within 28 days of discharge from hospital: Children of ages 0-15.

Year	Total number of admissions/spells	Number of readmissions (all)	Emergency readmission rate (all)
2012/2013	31,841	2,454	7.7
2013/2014	32,242	2,648	8.2
2014/2015	34,561	3,570	10.3
2015/2016	38,769	2,875	7.4
2016/2017	35,259	1,983	5.6
2017/2018	35,009	2,077	5.9
2018/2019	36,387	2,003	5.5
2019/2020	42,238	4,609	10.9
2020/2021	29,319	2,643	9.0
2021/2022	34,112	3,080	9.0
2022/2023	33,945	2,859	8.4
2023/2024	33,865	2,637	7.8
2024/2025	34,573	2,914	8.4



7b. Emergency readmissions to hospital within 28 days of being discharged aged 16+.

Year	Total number of admissions/spells	Number of readmissions (all)	Emergency readmission rate (all)
2012/2013	173,270	8,788	5.1
2013/2014	177,867	9,052	5.1
2014/2015	180,380	9,446	5.2
2015/2016	182,668	10,076	5.5
2016/2017	186,999	10,219	5.5
2017/2018	182,535	10,157	5.6
2018/2019	185,967	10,461	5.6
2019/2020	192,365	12,648	6.6
2020/2021	142,629	10,730	7.5
2021/2022	185,434	12,104	6.5
2022/2023	193,003	13,575	7.0
2023/2024	203,143	15,065	7.4
2024/2025	212,005	15,907	7.5

This indicator was last updated in December 2013 and future releases have been 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 Payment by Results exclusions). The 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.

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

Measure	Data Source	Value	2022/23	2021/22	2020/21	2019/20	2018/19	2017/18
8. The Trust's responsiveness to the personal needs of its patients	NHS Information Centre Portal <a href="https://indicators.ic.nhs.uk/">https://indicators.ic.nhs.uk/</a>	Trust percentage	Ceased Publication August 2020	Ceased Publication August 2020	77.7%	72.6%	73.1%	74.9%
		National Average:			74.5%	67.1%	67.2%	68.6%
		Highest National:			85.4%	84.2%	85.0%	85.0%
		Lowest National:			67.3%	59.5%	58.9%	60.5%

This data used in the table above ceased to be published in August 2020. To assign a score to indicate the patient experience, the table below uses the Care Quality Commission benchmark data from the National Adult Inpatient Survey. The data shows that the Trust scores above the national average in this indicator. The results of the Inpatient 2023 survey were published in August 2024. The 2024 survey results are due to be published in August 2025.



Measure	Data Source	Value (out of 10)	2023 (Published August 2024)	2022 (Published Sept 2023)	2021 (Published August 2022)
8. Overall rating of experience	CQC Benchmark results for National Adult Inpatient Survey <a href="https://www.cqc.org.uk/publications-and-reports/adult-inpatient-survey-2022">Adult inpatient survey 2022 - Care Quality Commission (cqc.org.uk)</a>	Trust score	8.3	8.4	8.6
		National Average score:	8.1	8.1	8.1
		Highest National:	9.3	9.3	9.4
		Lowest National:	7.5	7.4	7.4

**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 changed to “If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation” in 2021/2022 survey and has continued to be the same for the 2023/2024 survey. It has also changed from question ID 23d to 25d.**

Measure	Data Source	Value	2024/25	2023/24	2022/23	2021/22	2020/21	2019/20
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	<a href="https://www.nhsstaffsurveys.com/Page/1006/Latest-Results/Results/">https://www.nhsstaffsurveys.com/Page/1006/Latest-Results/Results/</a>	Trust percentage	76.6%	77.4%	82.6%	85.4%	91.3%	90%
		National Average:	61.5%	63.3%	61.9%	66.9%	74.3%	71%
		Highest National:	89.6%	88.9%	86.4%	89.5%	91.7%	95%
		Lowest National:	39.7%	44.3%	39.2%	43.6%	49.7%	36%

Newcastle Hospitals considers that this data is as described for the following reasons:

The Trust continues to score well above the National average in relation to staff survey Q25d. By ensuring all colleagues have a voice and continuing to listen and act on all sources of staff feedback, The Newcastle Hospitals is committed to maintaining the highest quality of services for both patients/service users and its staff.

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

Measure	Data Source	Target	2024/25				2023/24			
10. The percentage of patients that were admitted to hospital who were risk assessed for Venous thromboembolism	<a href="https://www.england.nhs.uk/statistics/statistical-work-areas/vte/">https://www.england.nhs.uk/statistics/statistical-work-areas/vte/</a>	Trust %	Q4	Q3 92%	Q2 89%	Q1 88%	Q4	Q3	Q2	Q1
		National Average:	Not available	90%	89%	89%	Not available	Not available	Not available	Not available
		Highest National:	Not available	100%	100%	100%	Not available	Not available	Not available	Not available
		Lowest National:	Not available	14%	14%	15%	Not available	Not available	Not available	Not available

National data collection has now resumed post COVID-19.

## Measure 11. The number of cases of *Clostridioides difficile* infection reported within the Trust amongst patients aged 2 or over

Measure	Data Source	Target	2024/25	2023/24	2022/23	2021/22	2020/21
11. The number of cases of <i>Clostridioides difficile</i> infections reported within the Trust amongst patients aged two or over	UKHSA Data Capture System	Trust number of cases	197 HOHA* = 157 COHA* = 40	144 HOHA* = 114 COHA* = 30	172 HOHA* = 138 COHA* = 34	169 HOHA* = 135 COHA* = 34	111 HOHA* = 85 COHA* = 26
		National Average number of cases	HOHA* = 62 COHA* = 24	HOHA* = 56 COHA* = 21	HOHA* = 53 COHA* = 19	HOHA* = 44 COHA* = 18	HOHA* = 36 COHA* = 16
		Highest National number of cases	HOHA* = 315 COHA* = 79	HOHA* = 275 COHA* = 82	HOHA* = 212 COHA* = 76	HOHA* = 189 COHA* = 76	HOHA* = 151 COHA* = 60
		Lowest National number of cases	HOHA* = 0 COHA* = 0	HOHA* = 0 COHA* = 0	HOHA* = 0 COHA* = 0	HOHA* = 0 COHA* = 0	HOHA* = 0 COHA* = 0

\*HOHA = Hospital Onset – Healthcare Associated

\*COHA = Community Onset – Healthcare Associated

Newcastle Hospitals considers that this data is as described for the following reasons: The Trust has robust mechanisms for Healthcare Associate Infections reporting and investigation with mitigations in place to provide assurance of patient safety. The Newcastle Hospitals have taken the following remedial actions:

- Formulation of clinical board specific action plans, addressing themes from their of *Clostridioides difficile* infection cases. These action plans will be monitored within clinical boards with oversight from the Infection Prevention and Control Committee.
- Introduction of the end of shift nursing digital assessment document to assist in the improvement of stool documentation.



- The Infection Prevention and Control team are raising awareness regarding isolation, and encouraging clinical teams to report incidents whereby isolation cannot be achieved due to a lack of isolation facilities due to high occupancy levels. These incidents continue to be reviewed in the Infection Prevention and Control Operational Group, with escalation to Board when required.
- A structured robust process for antimicrobial review in *Clostridioides difficile* infection cases with Antimicrobial Pharmacist continues. The in-depth review supports real time feedback to clinical teams and implementation of rapid improvement actions to facilitate safe and high standards of care.
- This is supported by the weekly Infection Prevention and Control multi-disciplinary team Bloodstream Infection and *Clostridioides difficile* infection review process which has been pivotal in helping us identify emerging themes and classifications of Healthcare Associate Infections.

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

Measure	Data Source	Target	2024/25	2023/24	2022/23	2021/22
12. The number and rate per 100 admissions of patient safety incidents reported <i>NB: Changed to rate per 1000 bed days April 2014</i>	NHS Information Centre Portal <a href="https://www.england.nhs.uk/patient-safety/national-patient-safety-incident-reports/">https://www.england.nhs.uk/patient-safety/national-patient-safety-incident-reports/</a>	Trust no.	April 2024 – March 2025 21,768	April 2023 – March 2024 20,909	April 2022 – March 2023 20,464	April 2021 – March 2022 18,440
		Trust %	40.56	39.3	38.7	37.5
		National average	Not available	Not available	Not available	Not available
		Highest National	Not available	Not available	Not available	Not available
		Lowest National	Not available	Not available	Not available	Not available

The Newcastle Hospitals considers that this data is as described for the following reasons:

In January 2024 the Trust introduced the Patient Safety Incident Response Framework which resulted in new processes for review and escalation of incidents.

Incident data, themes and organisational learning is reported annually through the Trusts governance structures to Quality Committee and Trust Board.

Trust patient safety priorities have been agreed, and quality improvement projects are in progress. Details can be found in the Trust Patient Safety Incident Reporting Plan.

Incident reporting and learning is discussed at monthly Clinical Board Quality Oversight Groups.

Work has been undertaken to identify low incident reporting areas, understand the reasons for this and provide support to improve incident reporting rates.

Formal and ad-hoc training and education has been provided to support staff to understand the importance of incident reporting and how to report incidents

Patient safety communication, for example the Patient Safety Bulletin and Patient Safety Briefing, has been shared Trust wide. Information provided includes learning from good practice as well as patient safety incidents and is directly related to the clinical environment.

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

Measure	Data Source	Target	2024/25		2023/24		2022/23	
13. The number and percentage of patient safety incidents that resulted in severe harm or death	NHS Information Centre Portal <a href="https://www.england.nhs.uk/patient-safety/national-patient-safety-incident-reports/">https://www.england.nhs.uk/patient-safety/national-patient-safety-incident-reports/</a>	Trust no.	April 2024 – March 2025 <b>Death</b>	April 2024 – March 2025 <b>Severe Harm</b>	April 2023 – March 2024 <b>Severe Harm</b>	April 2023 – March 2024 <b>Death</b>	April 2022 – March 2023 <b>Severe Harm</b>	April 2022 – March 2023 <b>Death</b>
			28	84	115	50	88	53
		Trust %	0.4%	0.1%	0.6%	0.2%	0.4%	0.2%
		National Average:	Not available	Not available	Not available	Not available	Not available	Not available
		Highest National:	Not available	Not available	Not available	Not available	Not available	Not available
		Lowest National:	Not available	Not available	Not available	Not available	Not available	Not available

The Newcastle Hospitals considers that this data is as described for the following reasons:

The introduction of the Patient Safety Incident Response Framework has introduced new ways in which the Trust investigates and learns from incidents with significant harm.

Patient Safety Leads in each Clinical Board review all moderate and above harm incident reports and undertake a rapid review where appropriate, as defined by internal processes.

Trust oversight of moderate and above harm incidents is through a weekly Response Action Review Meeting, which includes membership from the Integrated Care Board and NHS England as well as Trust Executive Directors.

The learning response outcomes allocated at the Response Action Review Meeting are closely monitored through the Patient Safety Group, and investigation findings are shared at the monthly Patient Safety Incident Forum.

Where appropriate, incident investigations undertaken in collaboration with neighbouring Trusts and findings and recommendations are shared across the Integrated Care Board.

Learning from incidents is shared across the Trust through a number of forums.



# Workforce Factors

The tables below provide data on the loss of workdays. 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 workdays (rate).

	Dec 2023	Jan 2024	Feb 2024	Mar 2024	Apr 2024	May 2024	Jun 2024	Jul 2024	Aug 2024	Sept 2024	Oct 2024	Nov 2024
The Newcastle Upon Tyne Hospitals	5.69	6	5.71	5.37	5.23	5.1	5.07	5.23	4.94	5.02	5.67	5.73
South Tyneside and Sunderland	6.11	6.48	5.98	5.47	5.57	5.58	5.43	6.19	5.95	5.94	6.54	6.87
County Durham and Darlington	6.07	6.25	5.88	5.45	5.7	5.5	5.39	5.83	5.42	5.26	5.73	6.13
Gateshead Health	6.03	6.29	5.59	5.2	5.52	5.64	5.5	5.33	4.75	5.33	6.3	6.18
North Tees and Hartlepool	5.96	5.9	5.61	5.73	5.79	5.74	5.66	5.99	5.72	5.73	6.13	6.19
Northumbria Healthcare	6.03	6.05	5.48	5.2	5.29	5.05	5.02	5.16	4.81	5.07	5.79	5.98
South Tees Hospitals	6.34	6.58	5.75	5.34	5.28	5.25	5.3	5.7	5.36	5.32	5.98	5.99
England	5.51	5.48	5.1	4.74	4.76	4.71	4.87	5.2	4.79	4.96	5.41	5.43

Year	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Year Total
2014/15 no. of days	333	284	178	206	1001
2015/16 no. of days	360	194	365	219	1138
2016/17 no. of days	230	387	136	84	837
2017/18 no. of days	137	90	51	122	400
2018/19 no. of days	214	131	188	326	859
2019/20 no. of days	249	172	67	123	611
2020/21 no. of days	65	61	335	212	673
2021/22 no. of days	318	475	618	409	1820
2022/23 no. of days	319	119	139	321	898
2023/24 no. of days	525	381	445	457	1808
2024/25 no. of days	251	306	557	526	1640

# 2024 NHS Staff Survey Results Summary

The last few years have been exceptionally difficult for everyone working in the NHS, and it is important to hear what colleagues think about working in our Trust – to help improve working lives.

A full census survey was sent via email to all eligible employees of the Trust (via external post for those on maternity leave), giving all 16,353 members of our staff a voice. 10,371 staff participated in the survey, equalling a response rate of 64%, which is a 60% improvement on the 2023 response returns of 6,457.

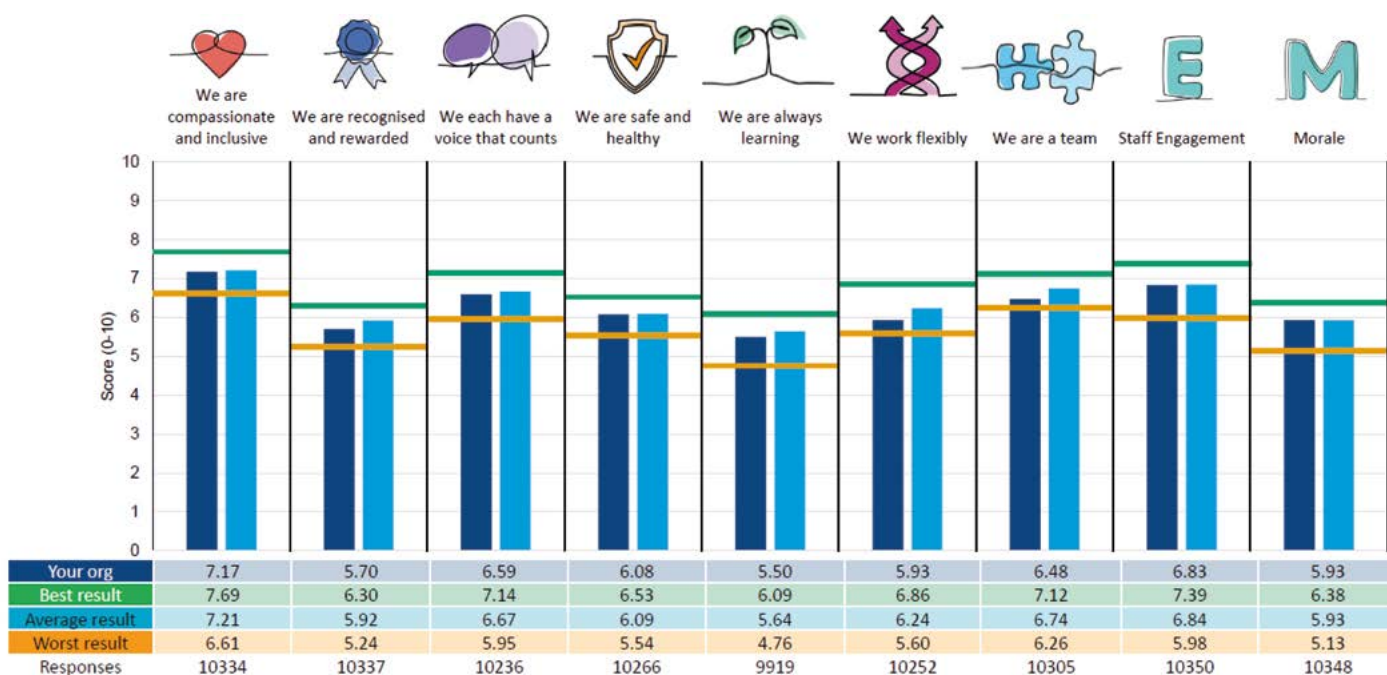
The NHS Staff Survey is aligned to the NHS People Promise. This sets out the things that would most improve their working experience, and is made up of seven elements:

- We are compassionate and inclusive
- We are recognised and rewarded
- We each have a voice that counts
- We are safe and healthy
- We are always learning
- We work flexibly
- We are a team.

Alongside the NHS People Promise are two main themes:

- Staff Engagement
- Morale.

## Newcastle Hospitals People Promise Benchmarked Results:





All seven People Promise elements are recording higher scores in 2024 compared to 2023, with all People Promise sections showing statistically significant improvement, these are:

People Promise elements	2023 score	2024 respondents	2024 score	2024 respondents	Statistically significant change?
We are compassionate and inclusive	7.09	6444	7.17	10334	Significantly higher
We are recognised and rewarded	5.59	6451	5.70	10337	Significantly higher
We each have a voice that counts	6.49	6375	6.59	10236	Significantly higher
We are safe and healthy	5.95	6398	6.08	10266	Significantly higher
We are always learning	5.32	6258	5.50	9919	Significantly higher
We work flexibly	5.72	6414	5.93	10252	Significantly higher
We are a team	6.34	6420	6.48	10305	Significantly higher
<b>Themes</b>					
Staff Engagement	6.76	6446	6.83	10350	Significantly higher
Morale	5.76	6452	5.93	10348	Significantly higher

\*Statistical significance is tested using a two-tailed t-test with a 95% level of confidence.

Although we have seen a statistical improvement over time across all our People Promise domains, we still fall below the national average when compared to other NHS Trusts:

2024 scores vs NHS average and NHS best	CDDFT	STSFT	North Tees	South Tees	Gateshead	Newcastle	Northumbria	NHS Average	NHS best
We are compassionate and inclusive	7.18	7.33	7.36	7.16	7.36	7.17	7.61	7.21	7.69
We are recognised and rewarded	5.82	6.00	5.99	5.80	5.92	5.70	6.24	5.92	6.3
We each have a voice that counts	6.63	6.83	6.75	6.59	6.74	6.59	7.03	6.67	7.14
We are safe and healthy	6.04	6.30	6.24	5.94	6.10	6.08	6.53	6.09	6.53
We are always learning	5.68	5.85	5.47	5.39	5.79	5.50	5.89	5.64	6.09
We work flexibly	6.24	6.49	6.32	5.83	6.35	5.93	6.15	6.24	6.86
We are a team	6.68	6.80	6.76	6.54	6.76	6.48	6.91	6.74	7.12
Staff Engagement	6.70	6.92	6.86	6.78	6.84	6.83	7.13	6.84	7.39
Staff Morale	5.86	6.20	6.02	5.84	5.93	5.93	6.38	5.93	6.38

■ below national average  
 ■ above national average  
■ same as national average  
 ■ same as NHS best

Improvements in staff experience and engagement must be targeted at relationships within and across teams – the association with patient safety, patient experience and performance is clear. With the Trust remaining committed to doing more to protect colleagues from increasing levels of violence, aggression and discrimination from patients and the public.

Finally, these 2024 NHS Staff Survey results will directly inform the Year 2 objectives in the People Plan and be shared widely across Clinical Boards and Corporate services.

# Involvement and Engagement

## 2024/2025

The Trust is committed to listening to local communities and to work with community-based organisations.

One of the ways we do this is through close working partnership with Healthwatch who play an important role in representing the views of patients across the region. This year Healthwatch saw a higher than usual number of concerns with regards to the provision of our audiology services and are supporting the Trust to share timely updates and information with local communities.

Healthwatch Newcastle have also facilitated a discharge from hospital survey, and we will work with them to analyse the results to help improve the experience for patients.

We have also continued to work with a wide range of other local voluntary community organisations across the region. This helps us to reach and involve our wide and diverse populations in shaping health services. An example of this is the progress we have made on the Deaf Link Navigator Project, which has also been adopted this year by Northumbria Healthcare Foundation Trust and Cumbria, Northumberland, Tyne and Wear Foundation Trust. This collaborative approach has shown tangible improvements for people who are D/deaf and need to access a diverse range of services across the region.

Another example is our collaborative work with Newcastle Carers, who have helped the Trust to identify and improve the care and support we provide to carers and people who are cared for when coming into hospital. This year the focus has been on staff carers and how we support our staff in their caring roles and to help them to remain in work.

This year we will launch our Partnership and Involvement Panel, recruiting people with lived experiences across the region to apply for the voluntary roles of Involvement Partners. This is an exciting step, and we look forward to welcoming and working with our Involvement Partners from May 2025.

In 2025/2026 the focus will be:

- Launch of the Partnership & Involvement Panel
- Embedding of the Involvement Partner voluntary roles
- Continue to work in partnership with local communities on projects and concerns which matter to them
- Build our collaborative working across the Alliance.



# Annex 1:



# Statement on Behalf of The Newcastle Health Scrutiny Committee



Our Reference: WT/SC

21 May 2025

By Email: [nuth.qualityaccount@nhs.net](mailto:nuth.qualityaccount@nhs.net)

Ms Anne Marie Troy-Smith  
Quality Development Manager  
Newcastle upon Tyne Hospitals NHS Foundation Trust

Dear Anne Marie,

## **NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST DRAFT QUALITY ACCOUNT 2024/25**

On behalf of the Health and Social Care Scrutiny Committee, I would like to thank Ian Joy, Director of Nursing, Rachel Carter, Director of Patient Safety, and Patrick Garner, Director of Performance & Governance, for attending the Health and Social Care Scrutiny Committee on Thursday 15 May 2025.

The Committee was keen to understand the progress the Trust had made during the last year, particularly in light of the disappointing 2024 CQC inspection report, and was pleased to receive your candid views about the improvements made to date, the challenges that remained, and how these impacted on your 2025/26 Quality Priorities.

The Committee noted the following areas:

- The welcome removal of conditions on the Trust licence that had been put in place due to the results of the 2024 CQC inspection.
- Increased numbers of staff raising incident reports which suggests they are feeling increasingly safe to speak up. Similarly, the significant increase of engagement in the staff survey, though it's acknowledged participation remains below the national average.
- Embedding of the eight Clinical Boards, each with their own improvement plan and independent quality and safety priorities that are closely monitored.
- Improved performance across a range of key performance indicators set by the NHS but with further improvement needed in some cases. The Committee was pleased to see that for 2025/26, some of the indicator targets set by the Trust are more challenging than those set by the NHS.



The Committee reflected on the 2024/25 Quality Priorities and your acknowledgement there remained work to done. The Committee noted that those priorities which had been partially achieved would remain in place for 2025/26, and were assured by your determination to achieve your unmet targets and improve the Trusts overall performance.

During the discussion with Ian, Rachel, and Patrick, the Committee heard how the organisation had taken action to strengthen its governance and assurance frameworks as well as its relationship with employees, thereby charting a course to improve workplace culture, safety, service delivery, and guarding against a future inspection failure. The Committee felt assured that monitoring of progress was being conducted independently, and that the organisation was also focussed on having an open transparent relationship with the CQC and regional and national partners.

The Committee was pleased to hear the Trust was continuing to explore new opportunities to improve service delivery including through streamlined pathways, identifying people that no longer wish to remain on a waiting list, and making more services available within communities. On the last point the Committee would like to be kept informed of your evolving proposal for a community and neighbourhood model – your Newcastle Place Plan.

I would like to extend my thanks to Ian, Rachel, and Patrick for answering the Committee's wide-ranging questions, and we await their response to several queries they need time to investigate. I was also appreciative to hear that future Quality Accounts would include examples of changes instigated by incidents, patient suggestions, never events etc, which Committee suggested during the discussion.

Finally, the Committee hopes to continue and strengthen its relationship with the Trust and we will be in touch soon to invite Trust colleagues to one of our meetings later in the year.

Yours sincerely



CLlr Wendy Taylor  
Chair, Health and Social Care Scrutiny Committee

**If you need this information in another format or language,  
please contact the writer.**

# Statement on Behalf of Northumberland County Council



## Northumberland County Council

Annemarie Troy-Smith  
Quality Development Manager

By email to – Annemarie.troy-smith@nuth.uk

**Our ref:** RG/OSC/QA/2024/25

**Enquiries to:** Rebecca Grealley

**Email:** democraticservices@northumberland.gov.uk

**Tel direct:** (01670) 622616

**Date:** 28 May 2024

Dear Ms Troy-Smith

### **NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST'S ANNUAL PLAN AND QUALITY ACCOUNT 2024/25**

#### **Statement from Northumberland County Council's Health and Wellbeing Overview and Scrutiny Committee**

On behalf of the Health and Wellbeing Overview and Scrutiny Committee (OSC), I am writing to formally acknowledge receipt of the Quality Accounts for 2024/25. We appreciate the opportunity to provide commentary and feedback on this important document. The Committee always welcomes your attendance and input at their meetings and believe it is vital to effective scrutiny.

In our recent committee meetings, we have reviewed quality accounts from various local NHS trusts, which has provided us with a comprehensive understanding of healthcare services in Northumberland and their respective priorities.

Upon reviewing the Annual Quality Account 2024/25 and the outlined priorities for 2025/26, I would like to highlight some key comments from the committee and additionally what further information has been requested:

- The Trust's proactive engagement with partners and its eagerness to leverage insights from other organisations.
- The focused approach on a streamlined set of priorities for 2024/25, informed by feedback from the CQC, staff, and patients.
- The expansion of the Accrediting Excellence programme for wards and departments which should provide a structured approach to maintaining and improving clinical and professional standards across the 30 wards.
- The roll out of patient experience real time surveys which will provide timely data to better understand patients experience and drive service improvements. The roll out was potentially a significant task but we were grateful to hear of the support that was offered by Newcastle Hospital Charity to recruit staff which would enable the work to begin.



- It is concerning that targets have not been met in relation the operating and compliance framework. The 62-day target for referral to treatment and other targets for referral to treatment are being missed by some considerable margin. As have those for diagnostic procedures. The Committee would like to see a clear plan and regular updates regarding improvement on this.

Based on the information shared with us throughout the past year we believe that the contents accurately reflect the services provided by the Trust and resonate with the community's priorities.

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

Yours sincerely,

Councillor Georgina Hill,  
Chair of Health & Wellbeing Overview and Scrutiny



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# Statement on Behalf of the Newcastle & Gateshead Integrated Care Board



**North East and  
North Cumbria**

## **Commissioner statement from NHS North East and North Cumbria Integrated Care Board for Newcastle-upon-Tyne Hospitals NHS Foundation Trust Quality Account 2024/25**

NHS North East and North Cumbria Integrated Care Board (NENC ICB) is committed to commissioning high quality services from Newcastle-upon-Tyne Hospitals NHS Foundation Trust (NuTHFT). NENC ICB is responsible for ensuring that the healthcare needs of patients that they represent are safe, effective and that the experiences of patients are reflected and acted upon. The ICB welcomes the opportunity to review and provide comment on this 2024/25 Quality Account.

### **Overview**

The ICB would like to thank NuTHFT for the openness and transparency reflected in this year's Quality Account. The ICB would like to commend all staff for their commitment and dedication demonstrated throughout these challenging times and for striving to ensure that patient care continues to be delivered to a high standard.

### **Achievements**

The ICB would like to congratulate NuTHFT and its staff on the achievements made during this period. The ICB recognises the attainments detailed within the quality account, which include:

- Reducing the incidence of surgical 'never events' with a specific focus on Ophthalmology and sharing the learning to inform and improve practice across other surgical specialities. The Trust increased training compliance, implemented quarterly auditing and saw a reduction in never events reported in 2024/25; ophthalmology did report one never event that occurred at the end of 2023/24.
- Ensuring the Trust has a systematic way of improving, following patient and staff feedback. The Trust reported excellent engagement with patients, families, and communities and that theirs is the largest patient experience programme in the NHS. Improvements were seen in national patient and staff experience survey results.

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- Agreeing a staffing model for the birthing unit and associated staff development plan, to open the birthing centre consistently. Achievement was demonstrated by remaining open 24/7, with all women having choice in the place of birth. Continuous monitoring of the safe staffing dashboard alongside patient experience, clinical outcomes and staff experience have seen a reduction in the midwifery vacancy rate. All women were able to have one to one support in labour, leading to an improvement in patient experience feedback.
- Undertaking 91% of national clinical audits and 100% of national confidential enquiries relevant to the trust.
- Having over 11,304 participants recruited to clinical trials. The Trust continues to be one of the top research trusts in the country for the number of individuals participating in research and for the number of open studies.
- In September 2024 license conditions, issued following a Care Quality Commission inspection in 2023, were removed following significant progress implementing an effective governance system.

### **Areas for Further Development**

The ICB recognises the additional work required which has been identified within the quality account. In particular, the work to:

- Improve patient safety by ensuring staff feel free to report safety concerns, incidents and near-misses. Improvement was seen in most measures, e.g., increased incident reporting, shared learning, increasing training compliance. However, attendance at patient safety briefings remained challenging. This continues as a priority for 2025/26.
- Ensure reasonable adjustments are made for patients with suspected/known Learning Disability and/or Autism, and appropriate and consistent use of Mental Capacity Assessment and Deprivation of Liberty Safeguards (DoLS). Progress has been made during this year with most training compliance achieving the Trust standard and collaborative working with Skills for People. This priority has been continued into 2025/26.

### **Future Priorities**

The ICB is fully supportive of the identified Quality Priorities for 2025/26. The ICB welcomes these priorities, which are based on a range of factors and focus on delivering high levels of patient experience and clinical outcomes.

- Priority 1 – Supporting staff to report incidents with an enhanced focus on shared learning and a systems-based approach to improvement. This builds on last year's priority by increasing staff confidence in incident reporting and learning mechanisms, and how these will be escalated and actioned. Developing a 'Just Culture', where staff are encouraged to speak up without fear of blame is key. This priority aligns to the NHS National Patient Safety Strategy and implementation of the Patient Safety Incident Response Framework.
- Priority 2 – Safer and more effective medicines use by improving medicines reconciliation rates on admission, reducing missed medication doses for inpatients, reducing medicine related waste, improving the safe and secure handling and storage of medicines, and the accuracy of medicines information on discharge.

- Priority 3 – Ensuring mental capacity, best interests decision making and DoLS are considered appropriately for inpatients with a learning disability (LD). This builds on last year's priority and aims to improve compliance with the Mental Capacity Act 2005 and the Equality Act 2010 for all inpatients with a known LD, by increasing clinical staff understanding of when and how to complete assessments/applications and improve working with/listening to families and carers.
- Priority 4 – Expanding the Accrediting Excellence programme for wards and departments. Local accreditation programmes play a vital role in driving continuous improvement, enhancing patient and staff experience, and offering an opportunity to recognise and celebrate excellence.
- Priority 5 – Waiting safely for patients who are waiting for total knee replacement. These patients can benefit from interventions before surgery to maximise their health. The multi-targeted approach will involve prehabilitation interventions and 'enhanced recovery after surgery'.
- Priority 6 – Roll out of patient experience real time surveys to engage with patients and their families to provide timely data to better understand patient experiences and drive service improvements on wards and in the Emergency Department.

The ICB can confirm that to the best of their ability the information provided within the annual Quality Account is an accurate and fair reflection of NuTHFT's performance for 2024/25. It is clearly presented in the required format, contains information that accurately represents the Trust's quality profile and aspirations for the forthcoming year.

NENC ICB remain committed to working in partnership with NuTHFT to assure the quality of commissioned services in 2025/26.commissioned services in 2025/26.

Yours sincerely



**Richard Scott**  
**Director of Nursing (North)**  
**NHS North East and North Cumbria Integrated Care Board**



## Statement on Behalf of Healthwatch Gateshead, Healthwatch Newcastle, Healthwatch North Tyneside and Healthwatch Northumberland



### Joint statement from Healthwatch Gateshead, Healthwatch Newcastle, Healthwatch North Tyneside and Healthwatch Northumberland for The Newcastle upon Tyne Hospitals NHS Foundation Trust's Draft Quality Account 2024/5

Thank you for sharing the draft quality account for our comment. We would like to take this opportunity to thank your team for all their hard work especially as this led to the conditions on your licence being lifted by the CQC within 9 months. We note the work to improve staff morale as well as enhancing the transparency in your governance.

We welcome the progress on the **2024/25 Quality Priorities** on patient experience. Specifically:

- *Priority 4a - With new midwifery leadership, agree a staffing model for the birthing unit and associated staff development plan, to honour our commitment to consistent opening of the birthing centre 2024/2025.*

We acknowledge the good work that the Trust has done to open the Birthing Centre this year at the RVI and the challenges they have faced in sourcing a viable staff team in a climate of national midwifery workforce shortages. However, the reliance on inexperienced, newly qualified staff, and a predominantly overseas workforce may be a concern - Healthwatch will be monitoring the Birthing Centre's progress in 2025/26 through listening to patient choices and feedback.

- Healthwatch Northumberland is highly appreciative of the improvement plan for audiology, which has been a longstanding concern for patients in the county, and the way in which the Trust engaged with patients.

We welcome the **priorities for 2025/6** set out in this report and the clear focus on service user experience throughout. We have the following specific comments about your plans:

- We note the continued shift of approach to **be more focused on users experience**. We are keen to support your work on this. As the independent voice of Health and care service users, we can offer a different perspective on user and carer experience of your services. We are also able to share a more holistic view of people's experiences - how the services you provide are experienced alongside other primary, community, and secondary health and social care services. We encourage all NHS providers to understand the holistic experience of service users, their families and carers. We would welcome further discussion of how the feedback resident's share with us feeds into your service review and improvement approaches.

- **Priority 3 – Ensuring mental capacity, best interests decision making and deprivation of liberty safeguards are considered appropriately for inpatients with a learning disability.**

We welcome the continuation of this priority to have a specific focus on patients with a learning disability to continue to improve the standards of care into 2025/26. However, we noted the larger than expected number of applications of the Mental Capacity Act and Deprivation of Liberty Safeguards for inpatients in 2024/25 – we ask the Trust to consider this as they develop this priority further. We also would like to see more information coming forward in 2025/26 about the involvement of carers and families in the decision to apply these.

- **Priority 5 – Waiting safely - Improving safety for patients who are waiting for treatment.**

Whilst we welcome the focus on supporting patients to be 'waiting well', we continue to hear significant concern about people's waiting times for treatment. This is particularly concerning as people appear to be delaying coming forward for treatment as they know there are pressures on the NHS, where we hear patients experiencing significant pain and discomfort whilst waiting. Patient feedback to Healthwatch also indicates that waiting times for rheumatology scans continues to be longer than the patient expects and in some cases over 6 months.

Please see below a broad summary of the patient feedback we have received about your services - from positive and appreciative to negative and critical.

### 1. Quality of Care

- **Positive Experiences:** Many patients praised the quality of care, highlighting compassionate and professional staff, particularly in cardiology and emergency services. It is widely felt that staff go above and beyond' and 'do their best' under significant pressure.
- **Negative Experiences:** there were reports of poor service, including confused diagnosis and poor care planning. Specific issues were noted with ophthalmology, neurology, and maternity services.

Specific concern was raised about the handling of patients in the emergency department, such as being left in corridors for extended periods without food or water. We hope the roll out of the Real Time Patient Experience programme in 2025/26 will help to address these situations.

### 2. Access to Services

- **Long Waiting Times:** Significant delays in accessing healthcare services, with some patients waiting longer than they would expect for appointments or procedures. This was a common issue across various departments, including audiology, ENT, and orthopaedics. The Quality Priority for total knee replacements is therefore timely.

### 3. Communication and Information

- **Positive Feedback:** Instances where clear and helpful communication was provided, particularly appreciated in cardiology and emergency services.
- **Negative Feedback:** Issues with communication, including inaccurate information, poor follow-up, and lack of timely updates. Patients felt left in the dark about their care and experienced difficulties in contacting services, or knowing where they are on waiting lists.



#### 4. Support for unpaid carers

- Many carers have told us that they feel they are not recognised as carers, don't always feel valued or listened to and opportunities to connect them to carer support services in their locality are being missed. Negative experiences about hospital discharge processes have also been shared, particularly the involvement of families and carers.

#### 5. Accessibility and Distance to Travel

- People from across the area have highlighted travel and transport as a **barrier to accessing services**. Experiences include reliance on taxis for people with mobility issues (at significant additional cost) and challenges with parking. Connections to bus routes – particularly to the Freeman. Cost of all transport has been highlighted as an inequalities issue.
- **Challenges for Rural Areas:** Feedback highlights the difficulties faced by patients living far from hospitals, including long travel times and the impact on health and well-being. Again we would urge the Trust to invest in better planning and timetabling of appointments for patients travelling from wider areas to reduce waiting times and improve patient experience.

We continue to encourage the Trust to think about how they engage with communities across their wider footprint alongside the work established in Newcastle. For many residents of Gateshead, North Tyneside and Northumberland, Newcastle Hospitals are their local hospital and go-to service if they need support. We appreciate this is complex given the footprint your different services cover.

We recognise the context of significant change within the NHS with the pressure on Trusts to reduce costs in certain activity areas and the imminent publication of the NHS 10 year plan which promises significant shifts in NHS services into community, preventative and use of technology. This will require the Trust to work with all partners to ensure residents receive the high quality of care they deserve and expect.

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