The Newcastle upon Tyne Hospitals NHS
NHS Foundation Trust

QUALITY ACCOUNT 2021/2022

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CONTENTS

PART 1

CHIEF EXECUTIVE'S STATEMENT

Thank you for your interest in our 2021/2022 Quality Account.

This year's Quality Account sets out our key quality and patient safety priorities for 2022/2023 and it demonstrates how we have continued to deliver high quality, effective care for patients during the last year. We have continued to tackle the COVID-19 pandemic as well as continuing to provide a full range of community, general and specialist healthcare services to the North East and beyond.

Over the past year, we have not compromised our high standards or our desire to continually improve. Staff have continued to adapt so that we can provide the best care. Some of our achievements include:

- We opened a state-of-the-art theatre hub dedicated to cataract surgery
- We opened a new cancer centre on the site of the Cumberland Infirmary in Carlisle following an investment of £35million in north Cumbria. The Northern Centre for Cancer Care, North Cumbria – a partnership between Newcastle Hospitals and North Cumbria Integrated Care NHS Foundation Trust (NCIC) – brings all non-surgical cancer services under the same roof for the first time.
- We focussed on tackling the climate emergency and taking the voice of our young patients from the Great North Children's Hospital to COP26 in Glasgow – and mum Kaja Gersinska became the first person in the UK to use climate friendly pain relief during labour after giving birth to baby Rosie at the RVI.
- We became the first hospital in the region to launch a new self-service tool, in partnership with NHS Digital, to help everyone to use emergency care appropriately
- The National Institute for Health Research (NIHR) Newcastle Clinical Research Facility (CRF) has received over £5.47million to continue its research into a range of health conditions. The NIHR Newcastle CRF, a partnership between the trust and Newcastle University, is one of 28 in the country to receive funding which will support research into new treatments and early phase clinical trials which test treatments for the first time.
- Continued to roll out the regional vaccination programme for COVID-19.

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

Dame Jackie Daniel
Chief Executive
19 April 2022

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?

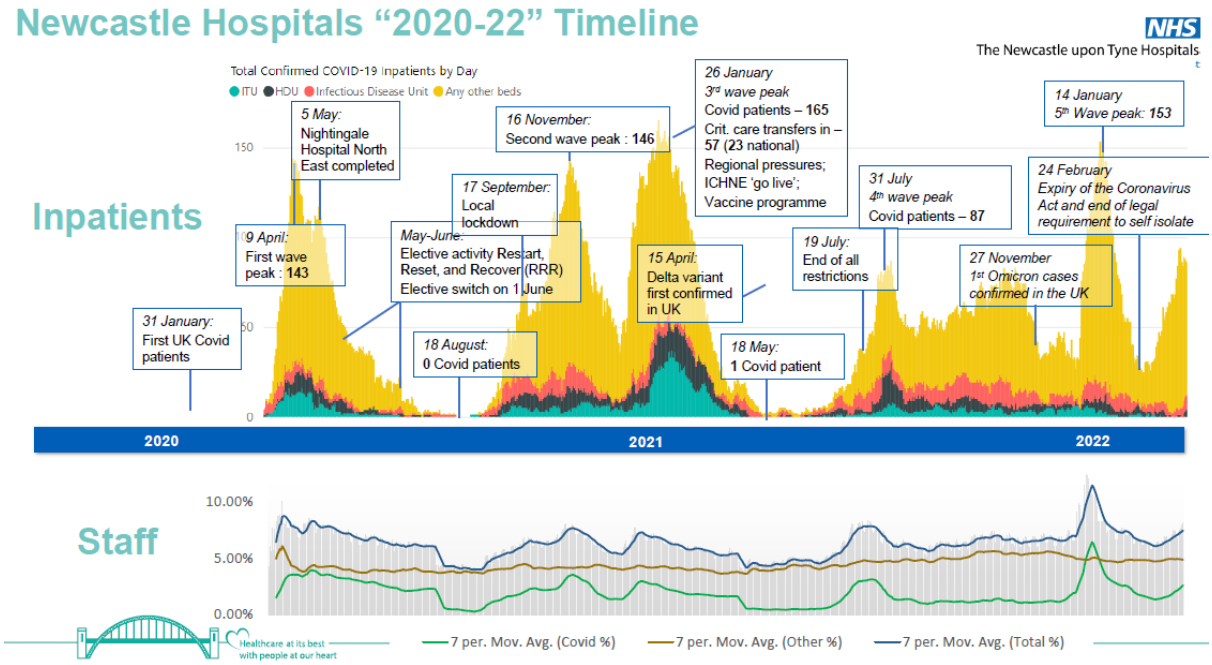
Quality Accounts are annual reports to the public from us about the quality of healthcare services that we provide. They are both retrospective and forward looking as they look back on the previous year's data, explaining our outcomes and, crucially, look forward to define our priorities for the next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

RECOVERY and 'Living with COVID-19'

The COVID-19 pandemic is the biggest healthcare challenge this country has faced since World War 2. Since the first lockdown began in March 2020, the UK have experienced several national and local lockdowns. All restrictions and emergency COVID-19 regulations ended on March 31st 2022 as the nation started its transition into 'Living with COVID-19'. Publically funded Polymerase Chain Reaction (PCR) testing also ended on 31st March 2022.

Over the last year, COVID-19 has continued to have a significant impact upon the Trust:

- Staff sickness levels have been unprecedented, reaching over 12% in January 2022
- As of March 2022,COVID-19 inpatient numbers stood at 85, which is split between those that are 'being treated for COVID-19' and those that happen to 'have' COVID-19 but are not receiving treatment for the virus
- Activity levels have not recovered to pre COVID-19 percentages and we are tracking at 75% pre pandemic levels of elective activity
- Patient acuity has worsened due to delays in presentation
- Patient flow through the organisation has been challenged due to increased attendance at Accident & Emergency (A&E), increased length of stay (LOS) and increased occupancy. This has been exacerbated by delay to transfers and higher repatriations, all of which have impacted our elective programme
- Elective waiting lists numbers have increased by 49%
- For the first time in the history of the organisation, we have patients who have waited over two years for their treatment.



At the end of April 2020, and the first wave of COVID-19 infections started to decline, the 3 stage Restart, Reset and Recovery programme (3Rs programme) for clinical and enabling services at Newcastle Hospitals was established.

We are now two years on and Recovery is still our priority, but this is being conducted in parallel with COVID-19 and not in its absence, and therefore there are still significant challenges on our workforce and capacity. Focus also needs to shift to 'closing the gap' and returning the organisation to pre-COVID-19 levels of productivity and efficiency.

1.1 The Restart, Reset and Recovery Programme

The programme consists of three clear, but overlapping phases:

Restart - A short-term switch back on with minor alterations to pre-COVID-19. Completed.

Reset - Recommence but with adoption of new ways of working which are defined by the COVID-19 legacy constraints such as need for Personal Protection Equipment (PPE), testing, shielding, social distancing and workforce fatigue. Completed.

Recovery - A longer term programme, where we embed our new transformative ways of working, recover our performance and clear back logs. In progress and needs to continue as we learn to 'live with COVID-19'.

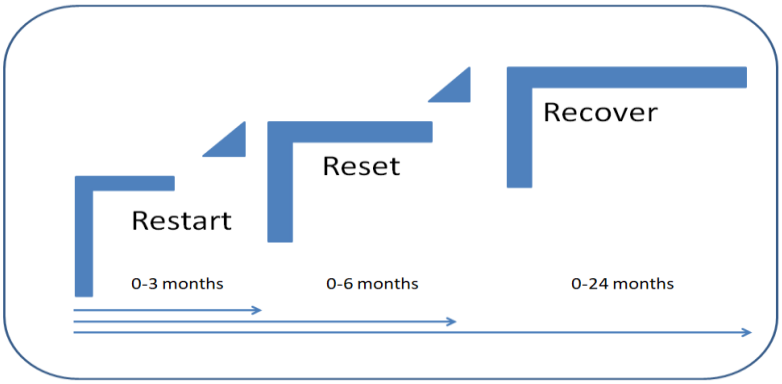


Figure 1. The 3Rs programme

1.2 Recovery progress

In April 2021, an Executive Team Operations Board was convened. This board has met on a weekly basis and its' focus has been to identify, fund and monitor schemes that could deliver increased activity and therefore enable the Trust to access Emergency Recovery Funds – non recurrent money which could be re invested on a temporary basis.

In order to transition into the next phase of recovery, from April 2022 the Operations Board has pivoted its focus to supporting the organisation to 'close the gap', return activity levels to pre-COVID-19 levels and then deliver more. The Board will still have a role in identifying and monitoring schemes that are aligned to correcting the pandemic consequences and delivering the 2022/2023 targets. Success will be measured on:

- Delivery of improved quality
- Delivery of improved productivity
- Delivery of improved efficiency

- Delivery of cost improvement.

Alongside the Operations Board, in order to apply more organisational grip to rectifying the unintended consequences of the pandemic, such as addressing the greater than 52 week, greater than 78 week and over 104 week long waiters, we convened the Newcastle Plan Delivery Board. This meeting is held fortnightly, it is chaired by Dame Jackie Daniel and attended by the full Executive Team.

Pathway Improvements

Cataract Theatres

Following the opening of a purpose built cataract centre (with patient flow improvements) at the Centre of Aging and Vitality on 6th April 2021, the feedback from both staff and patients has been extremely positive. More than 7,000 patients have been treated at the centre since the opening (circa 135 per week) which has exceeded the volume of cases in 2019/2020 (which relied heavily on waiting list initiatives and support from the independent sector). The centre has allowed the team to run high volume lists with a named nurse supporting the patient throughout their stay, thus reducing the time spent on site for patients from five hours to one hour. The waiting list for cataract surgery has reduced from 3000 to just over 1000 patients with the average wait reducing from 36 to 26 weeks.

However, given the ongoing pressures, the team would like to improve productivity in theatres and they are focussing their efforts on increasing the number of cases on lists in the coming months.

Endoscopy

Prior to the COVID-19 pandemic, endoscopy was a paper-based service and gathering an accurate count of waiting list demand was performed manually (based on the paper requests within the department, which was time consuming and open to human error).

The Endoscopy Department implemented Paperlite in June 2021, introducing electronic requesting for endoscopy outpatient procedures. The transition from paper to digital requesting has allowed for accurate waiting list management as well as the ability to measure wait times for patients against Key Performance Indicators such as two week wait cancer target and the six week diagnostic target; something that would have previously taken many hours to compile is now available at the click of a button.

The department can now robustly assess the demands placed upon Endoscopy, enabling the service to allocate capacity effectively, resulting in improved experience for patients as well as minimising delays in the diagnostic phase of the pathway.

Improving the digital maturity of the endoscopy service will continue throughout 2022, including expansion of electronic requesting for inpatients and implementation of a digital pre-assessment solution, which will reduce the need for some patients to come to hospital.

Outpatient Improvement Programme

Patient care delivery within the Newcastle upon Tyne Hospitals NHS Foundation Trust (NUTH) outpatient setting accounts for approximately two-thirds of patient contacts per year. Working towards improving services and outpatient pathways for these patients, we launched our Outpatients Transformation Programme just prior to the COVID-19

pandemic. The impact of the pandemic necessitated an immediate shift in the Programme's plans and priorities and played a pivotal role in working alongside clinical services and corporate teams to enable this sector of service delivery to continue throughout the pandemic.

The main enabler for this has been the introduction, formalisation and adoption of Virtual Consultations, via both telephone and the introduction of our video consultation system, Attend Anywhere. At the height of the pandemic, we were delivering over 50% of our consultations virtually. Over the previous year as Face-to-Face appointments have become more available, we have continued to use this new way of working and the programme has continued to support clinical teams to utilise and optimise this consultation type. Through 2021/2022, there have been approximately 2,500 virtual consultations per month, enabling flexible working for our clinical staff and preventing patients travel to hospital; delivering both patient experience improvements as well as environmental benefits.

As we look ahead to 2022/2023 there are several, high-profile, Trust wide initiatives we will be implementing, positively impacting our patients as well as supporting National Planning Guidance.

Patient Initiated Follow Up (PIFU)
The PIFU outcome model allows clinicians to safely manage and ultimately discharge patients that would normally be given a routine follow-up appointment, but do not necessarily require one. It also allows patients greater control and encourages self-management of their condition through a shared decision making process. Additional benefits include a reduction in the total number of follow-ups required, a reduction in 'do not attends' (DNAs) and ensuring that follow up appointments for these patients are of high clinical value. Patients on the PIFU pathway will request an appointment when their symptoms change, rather than being given one in the future that they may not need or attend.

Improving Advice and Guidance (A&G)
Functionality available through the national E-Referral System (ERS) that allows GPs direct access to specialist services. GPs can request advice for the treatment of their patients in Primary Care, as opposed to sending in a referral for patients that may not necessarily need to be seen in secondary care. This reduces demand on our services and ensures that the most appropriate patients are referred and subsequently seen, positively impacting on demand and capacity. Many services across the Trust have participated in this service over previous years and we will be working with clinical teams to expand and optimise the service currently offered and work to include new services.

Electronic Outcome Form
Work continues to convert the current paper based form to an electronic version, enabling the accurate capture of outpatient attendance outcomes and improving on patient safety/'lost to follow up' concerns. This functionality will also significantly reduce the administrative time needed to investigate attendances where no outcome has been reported.

Working alongside clinical teams, scoping is currently underway to identify additional improvement initiatives as well as additional ways to reduce out-patient follow up appointments at a local service level, such as the development of 'One Stop Shops' to

combine multiple appointments into a single visit to hospital, service pathway redesigns and maximizing capacity through efficient clinic builds and booking procedures.

Day Case Improvement Project

Day surgery is a widely established practice with rates increasing around the world and has greatly evolved since the early days of the introduction of this technique, which saw minor procedures carried out on fit patients. Now due to advances in anaesthesia and surgical techniques, day surgery is the standard pathway of care for many complex patients and procedures previously treated through inpatient pathways.

The British Association of Day Surgery (BADS) data shows there is further opportunity to increase and broaden day case surgery across the Trust to improve patient and staff experience and support the recovery of elective care whilst reducing patient days away from home. This will also reduce elective surgical dependence on inpatient bed availability, allowing a greater proportion of elective surgery to continue despite traditional winter surge in admissions.

With this in mind, a Day Surgery Improvement Project launched in 2021 with two global aims:

- Redesign the current day case model (across the Trust) and develop a Universal Day Surgery Pathway (multi-specialty), identifying key components that can be applied to existing inpatient activity to convert to a day case approach (day case expansion);
- Create dedicated self-contained day surgery unit(s) (geographically discrete from inpatient activity) and establish dedicated day surgery teams who deliver (almost) the entire pathway and are fully committed to driving service improvement.

Whilst this is a strategic project, frontline staff are empowered to design the solutions (bottom-up delivery) with Quality Improvement training offered to ensure a legacy of continuous improvement. A number of improvement initiatives are ongoing across the Trust such as development of a universal waiting list addition/pre-assessment request form, 6-4-2 model, Saturday Day Case Pilots, development of enhanced pre-assessment model (incorporating optimisation). The new self-contained Day Treatment Centre (see below) will implement the universal day case pathway before we consider rolling out across the wider organisation.

Day Treatment Centre (DTC)

An exciting new development is taking place at our Freeman Hospital site, where we are investing £20 million in a purpose-built, dedicated facility for day case procedures. A self-contained Day Treatment Centre is currently under construction, with completion scheduled for August 2022 and the facility open to patients from September 2022 onwards.

Part of Newcastle Hospitals' ambitious day case improvement programme, the centre will house four new state-of-the-art theatres, along with a dedicated pre-operative ward and post–operative recovery areas, and will enable us to provide thousands of additional procedures in specialties such as musculoskeletal health, urology, surgery and cardiothoracic services. It will address some of the significant waiting list challenges and backlogs caused by the pandemic, through the transfer of suitable day cases from existing theatre lists to free up space for more complex work.

The DTC aims to:

- Improve patient experience and surgical outcomes
- Improve staff morale and retention
- Lower length of stay (bed day savings)
- Reduce waiting and pathway times
- Support recovery of elective backlog
- Lower emergency readmissions
- Reduce rates of hospital-acquired infection and venous thromboembolism (VTE)
- Reduce on the day surgical cancellations
- Align with other strategic programmes such as Getting It Right First Time (GIRFT) High Volume Low Complexity.

Prehabilitation/Perioperative Disease Management
With the deterioration in mental and physical health during the COVID-19 pandemic, this will place extra burden on overstretched resources and lead to complications, increased bed days and worse patient centric outcomes. Prehabilitation aims to improve the general health and wellbeing of the surgical population, reduce costs and improve success of the surgery. The Trust are currently focusing on a number of areas, with a mix of research and quality improvement projects for major surgery (pancreatic cancer, abdominal aortic aneurysm, upper gasto-intestinal, peripheral arterial disease) and also 'waiting well' programme for the elective surgery cohort targeting issues around smoking, obesity, diabetes and opiate dependency.

The programmes are designed to target those from socially deprived communities whilst embedding interventions that take into consideration health literacy and digital exclusion. To aid in the delivery, a collective approach with therapy services and third sector organisations (Healthworks, Ways to Wellness) has been developed and patient co-design will be a core principle. The evaluation of initiatives will be shared widely in the coming months with a view to piloting in other areas of surgery and oncology services. Sustainability of these initiatives will be considered alongside the results and impact of initiatives on the wider health and care system.

Enhanced Recovery after Surgery – Hepatobiliary and Pancreatic (HPB) Surgery
The Newcastle upon Tyne Hospitals NHS Foundation Trust is one of the UKs largest cancer resection centres for HPB undertaking > 200 liver and pancreas resections/year as well as offering a wide range of novel liver and pancreas directed therapies.

The unit outcomes in terms of mortality and cancer related outcomes are comparable with leading centres in Europe and internationally. However, the length of stay data has historically been an outlier when compared to similar centres in the Shelford Group.[1] In 2019, the team (in conjunction with Newcastle Improvement) started work to develop a new enhanced recovery after surgery (or ERAS) model for HPB surgery at the Freeman Hospital. ERAS launched during the first national lockdown, which made data collection within this period challenging.

However, 87% of patients are now accessing the pre-operative multi-disciplinary (MDT) ERAS clinic (December 2021-March 2022) and the service can demonstrate significant improvements in patient experience for over 300 cancer patients, with one patient commenting, “you must have had hundreds of patients, but I felt like I was your only one”. The liver programme launched in January 2020 and despite the pandemic, it delivered the target length of stay (a reduction of two days) for liver resections within two months. Whilst it has been challenging to deliver the pancreas length of stay reductions, the team have reported improvements. Furthermore, the richness of clinical data now collected is informing new ways of working and over time, this will start to shape the pathway and support the introduction of new technologies e.g. new approaches to regional analgesia.

Liver Transplant Assessment Service

A liver transplant assessment looks at people with chronic liver disease, who are heading towards transplantation. The assessment aims to review whether this is a suitable course of treatment for those patients as timing is critical with transplants, if they are left too late the person would be too unwell for the transplant or if they are too early, they won’t have any real benefit from transplantation.

Traditionally at the Freeman Hospital, the assessment process for liver transplant patients was three days with numerous tests spanning from Wednesday until Friday afternoon. Following extensive feedback from patients, the team wanted to use improvement techniques to reduce this assessment period to just one day, with no overnight stay. The COVID-19 pandemic presented a perfect opportunity to kick-start this development, particularly as there were challenges in getting patients admitted.

The assessment process for liver transplant patients is now one day and all test slots are now at fixed times, which has made it quicker for patients and much easier for staff to manage tests too. The improvement demonstrated a saving of 193 bed days in 2020/2021 and in most cases, patients will know if they are a suitable transplant candidate within a few days (reduced from three-four weeks).

A collaborative approach to reducing hospital admissions and amputations in diabetic patients

The Vascular Team at the Freeman Hospital has transformed care for patients with diabetic foot disease across Northumbria, North Tyneside, Newcastle and Gateshead. It is critical that patients with diabetic foot ulcerations have rapid access to vascular interventions as soon as possible to give them the best opportunity to heal. However, the team at the Freeman Hospital became increasingly concerned as they began to witness an increase in major amputations across their population. To improve care for this group of patients, the vascular team joined forces with stakeholders in the region to form the Newcastle Diabetic Foot Transformation Project.

[1] The Shelford Group is a collaboration between ten of the largest teaching and research NHS hospital trusts in England.

Resulting from this improvement project, all new diabetic foot referrals are now seen by community podiatry within 24 hours (additional podiatry capacity provided), community patients routinely receive a perfusion assessment, clinical reviews are available within 72 hours, specialist (Hot-Clinic) review is available within 72 hours supported by a weekly diabetic foot multi-disciplinary team (MDT). The service expects to see a significant reduction in major amputations in diabetic patients as well as an overall reduction in admissions and length of stay for patients with diabetic foot ulceration.

PART 2

QUALITY PRIORITIES FOR IMPROVEMENT 2022/2023

Following discussion with the Board of Directors, the Council of Governors, patient representatives, staff and public, the following priorities for 2022/2023 have been agreed. A public consultation event was held in January 2022 and presentations have been provided at various staff meetings across the Trust.

PATIENT SAFETY

Priority 1 - Reducing Healthcare Associated Infections (HCAI) – focusing on COVID-19, Methicillin-Sensitive Staphylococcus Aureus (MSSA)/Gram Negative Blood Stream Infections (GNBSI)/*C.difficile* infections.

Why have we chosen this?

Preventing healthcare acquired COVID-19 infections remains a priority whilst we adapt to living with COVID-19.

MSSA bacteraemias can cause significant harm. At The Newcastle upon Tyne Hospitals NHS Foundation Trust (NUTH), these are most commonly associated with lines and indwelling devices; achieving excellent standards of care and improving practice is essential to reduce these line infections in line with harm free care.

GNBSI constitute the most common cause of sepsis nationwide. Proportionally, at NUTH, the main source of infection is urinary tract infections, mostly catheter associated, and also line infections. An integrated approach, engaging with the multidisciplinary team across the whole patient journey, focusing on antibiotic stewardship, early identification of risks and timely intervention formulate the basis for our strategy to reduce these infections. The *GNBSI* Steering Group, created in 2021/2022, continue to review reduction strategies.

C. difficile infection is a potentially severe or life-threatening infection, which remains a national and local priority to continue to reduce our rates of infection in line with the national objectives.

What we aim to achieve?

- Prevent transmission and HCAI COVID-19 in patients and staff.
- Internal 10% year-on-year reduction of MSSA bacteraemias.
- National ambition to reduce *GNBSI* with an internal aim of a 10% year-on-year reduction.
- Sustain a reduction in *C.difficile* infections in line with national trajectory.

How will we achieve this?

- Review and update Infection Prevention and Control (IPC) practices in line with renewed national COVID-19 guidance. This is underpinned and supported by the national Board of Assurance Framework (BAF).
- Board level leadership and commitment to reduce the incidence of Health Care Associated Infection (HCAI).
- Quality improvement projects in key directorates running in parallel with Trust-wide awareness campaigns, education projects, and audit of practice, with a specific focus on:
    - Antimicrobial stewardship and safe prescribing.
    - Insertion and ongoing care of invasive and prosthetic devices.
- Ward monitoring of device compliance for peripheral intravenous (IV) and urinary catheters.

- Improve diagnosis and management of infection in all steps of the patient journey.
- Working with partner organisations to reduce infections throughout the Health Care Economy.
- Early recognition and management of suspected infective diarrhoea.
- Reintroduce Root Cause Analysis (RCA) meetings with Directorates (were suspended during the COVID-19 pandemic) to discuss and share learning and good practice.
- Directorate-led Serious Infection Review Meetings (SIRM) to share and support action plans to monitor/reduce HCAI and adherence to best practice.

How we will measure success?

- By ensuring and monitoring compliance with the BAF.
- Continuous monitoring of Hospital Onset COVID-19 prevalence.
- Sharing data with directorates whilst focusing on best practice and learning from clinical investigation of mandatory reporting organisms.
- Continue to report MSSA, *GNBSI* and *C.difficile* infections on a monthly basis, internally and nationally.

Where we will report this to?

- COVID-19 Assurance Group.
- Infection Prevention and Control Committee (IPCC).
- Infection Prevention and Control Operational Group.
- Patient Safety Group.
- Trust Board.
- The public via the Integrated Board Report.
- Public Health England.
- NHS England (NHSE)/NHS Improvement (NHSI).

Priority 2 – Management of Abnormal Results

Why have we chosen this?

The management of clinical tests from their request, through booking, performance, reporting, reviewing and acting on the results, is a major patient safety issue in all healthcare systems. We see evidence of patient harm caused by delays in tests, resulting in delays in treatment and aim to minimise those risks.

We currently lack assurance that investigation results, issued electronically, are appropriately approved in the electronic health record (EHR). Initially, we are going to focus on Radiology where failure to act can cause serious harm, especially in the outpatient setting.

Managing these problems will be a major undertaking, requiring successful completion of the Closed Loop Investigations project.

What we aim to achieve?

This project aims to improve electronic ordering by ensuring that all requests are filed against the ‘correct’ lead consultant. Results will be returned to the same ‘correct’ lead consultant for electronic approval.

How will we achieve this?

A list of ‘lead’ consultants must be defined and agreed.

- Providers must select the ‘lead’ consultant from a list in eRecord when they order a test.
- Results relating to electronic orders must be returned to the same ‘lead’ consultant, to be approved in eRecord.
- Where the ‘lead’ consultant is not available, the result must go back to other members of the ‘lead’ consultant’s team.

How we will measure success?

- A reduction in the incidence of patient harm arising from delayed action on tests results.
- The proportion of results issued to eRecord that have been approved by the ‘correct’ lead consultant.
- A reduction in time between a report becoming available on eRecord and action being taken.

Where we will report this to?

- Clinical Policy Group.
- Trust Board.

CLINICAL EFFECTIVENESS

Priority 3 – Enhancing capability in Quality Improvement (QI)

Why have we chosen this?

COVID-19 continues to demonstrate the need for changes to made quickly to improve healthcare for patients and to recover from the impact of COVID-19. Throughout 2020/2021, we have established an infrastructure to build capability and capacity for improvement at scale with Newcastle Improvement. Our two-year partnership, with the Institute for Healthcare Improvement (IHI), will enable us to accelerate this improvement work. This is critical in maintaining our outstanding performance and the patient-focused high quality of care we deliver.

What we aim to achieve?

- Deliver IHI improvement-training programmes tailored to local teams working on Trust improvement priorities.
- Improvement teams will be led and supported by improvement coaches,in providing an organisational approach to enhance QI capability.
- Develop Newcastle Improvement staff towards being independent to deliver the IHI programmes in the future.

How will we achieve this?

- Train 15-20 improvement teams, each focused on a piece of improvement work and coach them through the work.
- Train 30 improvement coaches to build capability and support teams with their improvement work.
- Adapt the IHI training programme, following feedback from the training and evaluation.
- Newcastle Improvement team members to shadow and co-deliver the IHI delivery of programmes in 2022/2023.

How we will measure success?

- Measure completion of planned training programme comprising 15-20 teams of four-five multidisciplinary members through the 'Improvement for Teams' and 30 'Coaching for Improvement'.
- Evaluate the whole programme using the evaluation framework.
- Evaluate training programmes from learners' perspective and progression of improvement work.
- Staff survey results to identify improvement in involvement and ability to contribute to improvement domains.

Where we will report this to?

- Improvement Advisory Group.
- Trust Board.

Priority 4a - Introduction of a formal triage process on the Maternity Assessment Unit (MAU), in order to improve the recognition of the deteriorating pregnant or recently pregnant woman

Why have we chosen this?

The need for early recognition and management of deterioration of pregnant women has been highlighted by:

- Mothers and Babies, Reducing Risk by Audit and Confidential Enquiry (MBRRACE)
- The Ockenden Report.

To reduce the likelihood of avoidable harm to mothers and babies we need to improve early detection and rapid escalation of women at risk of deterioration on the Maternity Assessment Unit.

What we aim to achieve?

Within five minutes of arrival at the Maternity Assessment Unit (MAU) at the RVI, 95% of pregnant or recently pregnant women (within six weeks of birth), who don't receive immediate treatment, will have formal triage by a designated member of staff trained in triage.

How will we achieve this?

- Project looking at the environment/processes and roles and responsibilities of staff on MAU, one important aspect being the move of day care from MAU to the antenatal ward. This transition has been implemented with further plans to facilitate, 8am-8pm, seven days a week with two members of staff. In addition, an automated telephone system is urgently required, which is in process.
- On-going Plan Do Study Act (PDSA) as part of the IHI project
    - Pilot of triage proforma by triage at quiet times on MAU December 2021/January 2022.
    - Plan is for triage proforma to be used in busier periods from mid-March 2022.
- Staff experience survey – December 2020. Plan to re-do the survey when triage is fully introduced, and a patient experience survey is planned for the future.

How we will measure success?

Regular – monthly initially, audit of percentage of women having formal triage by a designated member of staff trained in triage, within five minutes of arrival at the Maternity Assessment Unit at the Royal Victoria Infirmary (RVI).

Where we will report this to?

- Obstetric Governance Group.
- Women's Services Quality & Safety.
- Trust Board.

Priority 4b - Modified Early Obstetric Warning Score (MEOWS)

Why have we chosen this?

In recent years there have been a number of maternal deaths within England where the lack of MEOWS systems for pregnant women in hospital but outside of a maternity setting played a significant part in their poor outcome.

What we aim to achieve?

Implementation of an electronic MEOWS system in areas of the Trust outwith the Maternity Unit would improve the quality and safety of patient care for those women and provide Obstetric Services with a daily list of pregnant/recently pregnant women regardless of their location throughout the Trust and therefore improve collaborative care.

How will we achieve this?

- Create an Information Technology (IT) solution for identification of a pregnant/recently pregnant women who are not cared for within Womens services by building"Are you/recently been pregnant" question into Electronic Patient Record (EPR) system.
- IT development of an electronic MEOWs system to replace National Early Warning Score/Paediatric Early Warning Score for this group of women.

How we will measure success?

- Identification of pregnancy question built into EPR System.
- Deployment of MEOWS Trust wide.
- Audit of compliance with MEOWS.

Where we will report this to?

- Womens Service Quality and Safety.
- Deteriorating Patients Group.
- Trust Board.

Priority 5 – Trust-wide Day Surgery Initiative

Why have we chosen this?

Day surgery is a widely established practice with rates increasing around the world and has greatly evolved since the early days of the introduction of this technique, which saw minor procedures carried out on fit patients. Now, due to advances in anaesthesia and surgical techniques, day surgery is the standard pathway of care for many complex patients and procedures previously treated through inpatient pathways.

The British Association of Day Surgery (BADS) data, shows there is further opportunity to increase and broaden day case surgery across the Trust to improve patient and staff experience and support the recovery of elective care whilst reducing patient days away from home.

This will also reduce elective surgical dependence on inpatient bed availability, allowing a greater proportion of elective surgery to continue despite traditional winter surge in admissions.

What we aim to achieve?

Initiate a Trust-wide Day Surgery Project.

The Day Surgery project has two global aims:

- Redesign the current day case model (across the Trust) and develop a Universal Day Surgery Pathway (multi-specialty), identifying key components that can be applied to existing inpatient activity to convert to a day case approach (day case expansion);
- Create dedicated self-contained day surgery unit(s) (geographically discrete from inpatient activity) and establish dedicated day surgery teams who deliver (almost) the entire pathway and are fully committed to driving service improvement.

How will we achieve this?

Given the size and complexity of the project, three priorities (key enablers) have been selected for the Quality Account:

- Surgical Assessment: Develop a universal waiting list process to ensure a consistent process across all specialties in order to progress the patient to surgery

- Pre-operative Assessment: Develop a universal request for day case patients to ensure patients get pre-assessed early in the pathway, ensuring any current health conditions are managed and the patients are at their fittest for surgery
- Implement the 6-4-2 method of theatre list planning in the Day Treatment Centre and two specialties on the main sites to ensure we use all of our theatre capacity and reduce the waiting list backlog.

How we will measure success?

- Delivery of three priorities above by March 2023.
- Reduce waiting times.
- Reduce on the day surgical cancellations.

Where we will report this to?

- Operations Board.
- Improvement Advisory Group.
- Trust Board.

PATIENT EXPERIENCE

Priority 6 – Mental Health in Young People

Why have we chosen this?

The National Confidential Enquiry into Patient Outcome and Death (NCEPOD) Mental Healthcare in Young People and Young Adults report published recommendations in 2019, which are a beneficial tool to benchmark against.

Throughout 2021, there has been significant pressure on specialist mental health Tier 4 inpatient services across the North East and Yorkshire Region (NEY). There has been an increase in children and young people (CYP) presenting and is especially high in those presenting with eating disorders. This has resulted in some patients having delayed access to treatment in the right care environment.

In the NEY a CYP Mental Health Task and Finish Group has been established which has identified a number of work streams looking at the issue from different perspectives. With an overall aim of expediting delivery of a regional approach to manage the current significant challenges faced by children and young people in accessing appropriate mental health services. The Trust has representation within this work stream.

The overarching purpose of these recommendations is to improve the quality of care provided to young people and young adults with mental health conditions.

As an organisation, we will continue to review current service provision for children, young people and young adults in order to assure that we identify gaps, areas of good practice and plan to improve the care provided in the acute Trust for these patients.

What we aim to achieve?

- A dedicated and efficient pathway for assessment and treatment plan working in close conjunction with Cumbria, Northumbria, Tyne & Wear (CNTW) colleagues.
- Timely access to mental health services.
- Trained and skilled workforce.
- Appropriate environment for patients to be cared for.
- Efficient access to identify 'Advocates' for patients detained under the Mental Health Act.
- Clarity and improved pathways and support when patients detained under the Mental Health Act.

How will we achieve this?

- Dedicated group to identify gaps, areas of good practice and develop actions to support adherence to NCEPOD standards.
- Work collaboratively with regional colleagues in services for children and CNTW to access the "We Can Talk" training programme and ensure staff are trained.
- Review the impact of this training.
- Link in with Mental Health First Aider Course from Child Health Network.
- Updated policy outlining prevention of restrictive interventions and safe interventions for adults, children and young people within the organisation.
- Listen to patients and families and work with them to improve the service.

How we will measure success?

- More efficient pathways when patients present acutely.
- More efficient transfer to mental health services for inpatient management.
- Positive impact of training, increased numbers of staff and disciplines trained.
- 'Safe' area configured in Paediatric Emergency Department.
- Policy for patients under 18 years when detained under the Mental Health Act.
- Improved risk assessment and prevention of restrictive interventions.

Where we will report this to?

- Clinical Outcomes & Effectiveness Group.
- Trust Board.

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

Why have we chosen this?

People (children, young people and adults) with a Learning Disability are four times more likely to die of something which could have been prevented than the general population. As a Trust, we are committed to ensuring patients with a learning disability and/autism have access to services that will help improve their health and wellbeing and provide a positive and safe patient experience for them and their families.

What we aim to achieve?

- Assurance that patients and their families have appropriate reasonable adjustments as required. That they are listened to, feel listened to and have a positive experience whilst in our care and appropriate follow-up.
- Assurance that patients are flagged appropriately and that these flags generate the appropriate response to care, treatment and communications.
- Ensure staff have received training in order to understand reasonable adjustments and the needs of patients with a learning disability and/autism.

How will we achieve this?

There are a number of workstreams to support ongoing work and developments to provide improved care for patients with learning disability and autism. The main priorities are;

Workforce

- Review of the existing Learning Disability Liaison Team, consider new roles and responsibilities within the team to better meet the needs.
- Temporary changes within the team to support the team to be more visible on the wards and departments.
- Temporary support to offer dedicated focus on identified priorities.

Training

- Implementation of Diamond Standards across the organisation to not only improve patient experience and pathways, but to educate the workforce.
- Ongoing consideration of joint training with simulation team and Northumbria University.

Skills and Support

- Review of the role of Learning Disability Champions across the organisation.
- Consider the concept of Autism Allies across organisation with appropriate training and support.
- Learning from Learning Disability Forums by showcasing and sharing the exemplary work some of the Trust's clinical teams do in terms of provision of reasonable adjustments.

Better Experience

- Work with patients and families to learn and improve.
- Review of pathways and e-Learning to determine if any adaptions required.
- Work in conjunction with North East and Cumbria Learning Disability Network and Great North Children Hospital (GNCH) anaesthetics to incorporate theatre attendance within passport for Children & Young People (CYP).
- Pathways to be developed for adult patients requiring Magnetic Resonance Imaging (MRI)/Computerized Tomography (CT) under sedation.
- Continue to ensure Learning Disability flags are visible for adults and children with a learning disability.
- Gather feedback from patients and service users and carers to identify gaps.

Learning Disabilties Mortality Review (LeDeR)

- Work to ensure mortality reviews for patients with a Learning Disability who die whilst in Trust care are timely.
- Identify risks in appropriately managing LeDeR reviews for patients with autism.

How we will measure success?

- Improved roles and responsibilities within the Learning Disability Liaison Team, with additional support to lead on autism.
- Diamond Standards embedded across the organisation.
- Staff have accessed and completed training.
- Patient with autism are flagged.
- Maintain timely Learning Disabilities Mortality Review Programme reviews.

Where we will report this to?

- Safeguarding Committee.
- Trust Board.

COMMISSIONING FOR QUALITY AND INNOVATION (CQUIN) INDICATORS

The CQUIN payment framework is designed to support the cultural change to place quality at the heart of the NHS. Local CQUIN schemes contain goals for quality and innovation that have been agreed between the Trust and various Commissioning groups. Listed below are the quality and/or innovation schemes which were agreed with the commissioners for 2022/2023.

2022/2023 - Specialised Commissioners, NHS England - CQUIN Schemes, Acute Hospital.	
PSS1	Achievement of revascularisation standards for lower limb ischaemia.
PSS2	Achieving high quality Shared Decision Making (SDM) conversations in specific specialised pathways to support recovery.
PSS3	Achieving progress towards Hepatitis C elimination within lead Hepatitis C.
PSS4	Delivery of Cerebral Palsy Integrated Pathway assessments for cerebral palsy patients in specialised children's services.
PSS5	Achieving priority categorisation of patients within selected surgery and treatment pathways according to clinical guidelines.

2022/2023 - Local Commissioning (CCG) - CQUIN Schemes, Acute Hospital.	
CCG1	Flu vaccinations for frontline healthcare workers- acute hospital.
CCG2	Appropriate antibiotic prescribing for UTI in adults aged 16+ years.
CCG3	Recording of NEWS2 score, escalation time and response time for unplanned critical care admissions.
CCG7	Timely communication of changes to medicines to community pharmacists via the discharge medicines services.
CCG9	Cirrhosis and fibrosis tests for alcohol dependent patients

2022/2023 - Local Commissioning (CCG) - CQUIN Schemes, Community	
CCG1	Flu vaccinations for frontline healthcare workers- community staff
CCG14	Assessment, diagnosis and treatment of lower leg wounds.

STATEMENT OF ASSURANCE FROM THE BOARD

During 2021/2022, Newcastle Hospitals provided and/or sub-contracted 22 relevant health services.

Newcastle Hospitals has reviewed all the data available to them on the quality of care in all 22 of these relevant health services.

The income generated by the relevant health services reviewed in 2021/2022, represents 100% of the total income generated from the provision of relevant health services by Newcastle Hospitals for 2021/2022.

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

Leadership walkabouts across the Trust, coordinated by the Clinical Governance and Risk Department and involving Executive and Non-Executive Directors and members of the Senior Trust management team, were suspended at the start of the pandemic. As an alternative, the Chief Executive has been holding regular virtual check-ins with clinical and non-clinical teams to capture their experiences and feedback of working throughout the pandemic, whether caring for patients with COVID-19 or continuing to maintain other non-COVID-19 services.

In addition, the Trust Chair and Non-Executive Directors have been holding monthly virtual ‘Spotlight on Services’ sessions. These sessions provide an opportunity for the Chair and Non-Executive Directors to engage directly with staff, in the absence of management, to learn more about the services themselves and any particular challenges arising. The virtual sessions provide an open forum for all involved to ask questions in a more informal setting, whether that be for staff to learn more about the role of the Chair and Non-Executive Directors or for the Chair and Non-Executive Directors to gain a better understanding of the quality of care provided to our patients within that particular service.

As the organisation takes steps towards recovery, further engagement work will take place with staff in a much deeper and more structured way so we can really focus on the wider ‘health and wellbeing agenda’, understand what has made our teams stronger and the positive changes we have made to support our patients.

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

Clinical Assurance Toolkit (CAT) provides overall Trust clinical assurance via a six monthly report. With the advent of the COVID-19 pandemic, this Toolkit has been suspended since March 2020. Trust assurance was required and therefore in May 2020, a condensed Assurance Audit Check survey was commenced to ensure standards were maintained and essential information regarding COVID-19 requirements gathered. This audit survey is now sent out on a fortnightly basis to all Trust wards,

outpatient departments, day units and clinics and questions are revised periodically in line with NHSE/I and Public Health England (PHE) guidance. The Assurance Audit reflects the key lines of enquiry in the IPC Board Assurance Framework document. The Chief Nurse's team work plan, this year, includes an update and refresh of CAT, this is now in a trail phase with some clinical areas.

In September 2020, a multi-disciplinary COVID-19 Assurance Group was established. The purpose of this Group was to take collective ownership to provide oversight and scrutiny of the Infection Prevention and Control (IPC) Board Assurance Framework and associated standards. This included on-going assessment of risk, overseeing the implementation of emerging protocols and guidelines and, highlighting where there were gaps in evidence of compliance and limited assurance, facilitating a process of continual improvement and ensuring effectiveness. During the pandemic response, the Group has worked closely with the senior management team to support operational decision-making and provided assurance to Trust Board via the Director of Infection Prevention and Control.

PART 3

REVIEW OF QUALITY PERFORMANCE 2021/2022

The information presented in this Quality Account represents information which has been monitored over the last 12 months by the Trust Board, Council of Governors, Quality Committee and the Newcastle & Gateshead Clinical Commissioning Group (CCG).The majority of the Account represents information from all 22 Clinical Directorates presented as total figures for the Trust. The indicators, to be presented and monitored, were selected following discussions with the Trust Board. They were agreed by the Executive Team and have been developed over the last 12 months following guidance from senior clinical staff. The quality priorities for improvement have been discussed and agreed by the Trust Board and representatives from the Council of Governors.

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

PATIENT SAFETY

Priority 1 - Reducing Healthcare Associated Infections (HCAI) – focusing on COVID-19, Methicillin-Sensitive Staphylococcus Aureus (MSSA)/Gram Negative Blood Stream Infections (GNBSI)/C.Difficile Infections.

Why we chose this?

Preventing healthcare associated COVID-19 infections during the transition to "living with COVID-19" remains a priority, in line with the principles and framework of patient and staff safety.

MSSA bacteraemias can cause significant harm. At Newcastle upon Tyne NHS Foundation Trust (NUTH), these are most commonly associated with lines and indwelling devices; achieving excellent standards of care and improving practice is essential to reduce these line infections in line with harm free care.

GNBSI constitute the most common cause of sepsis nationwide. Proportionally, at NUTH, the main source of infection is urinary tract infections, mostly catheter associated, and also line infections. An integrated approach engaging with the multidisciplinary team across the whole patient journey, focusing on antibiotic stewardship, early identification of risks and timely intervention formulate the basis for our strategy to reduce these infections. A *GNBSI* Steering Group has been created to review reduction strategies.

C. difficile infection is a potentially severe or life threatening infection which remains a national and local priority to continue to reduce our rates of infection in line with the national objectives.

What we aimed to achieve?

- Prevent transmission and HCAI COVID in patients and staff.
- Internal 10% year on year reduction of MSSA bacteraemias.
- National ambition to reduce *GNBSI* with an internal aim of a 10% year on year reduction.
- Reduction in *C. difficile* infections in line with national trajectory.

What we achieved?

C. difficile – national threshold was for no more than 98 cases which was actually less than the Trust's local ambition to reduce cases by 10% of the previous year's total. Unfortunately the Trust has seen an increase of 58% as there have been 169 cases in total. The increase has been multifactorial, including the high acuity of patients and the previous suspension of multidisciplinary post infection review (PIR) meetings due to the additional COVID-19 workload and staffing pressures. Furthermore, antimicrobial Take 5 audits have not been completed due to the cessation of the previous electronic reporting platform whilst waiting for the implementation of the new Synbiotix electronic audit tool. A review of the PIR meetings are underway to establish an effective way to engage with the clinical teams to identify best practice and support any identified learning. Antimicrobial audits are planned to be reinstated from April 2022 with the introduction of an electronic audit system to enable directors to monitor prescribing practices. Other learning includes the need to improve documentation of diarrhoea to

support early sample collection and timely isolation. Some focused diarrhoeal management work is planned by 2022/2023.

MSSA bacteraemias – no more than 90 cases; unfortunately the Trust has seen a 10% increase as there have been 110 cases in total and predominately more cases during the second and third pandemic waves.

E. coli bacteraemias – no more than 176 cases; unfortunately, the Trust did not achieve its 10% reduction aim as 206 cases were assigned to NUTH, however the Trust was within the national threshold of no more than 228 cases.

Klebsiella bacteraemias – no more than 117 cases; NUTH had 146 cases assigned, which is an increase of 25%, however the Trust was within the national threshold of no more than 167 cases.

Pseudomonas aeruginosa bacteraemias – no more than 41 cases; NUTH had 43 cases assigned, which is a 5% increase. The Trust was also within the national threshold of no more than 54 cases.

COVID-19 - Healthcare associated COVID-19 cases (definite and probable) have remained below national and regional average throughout the pandemic.

How we measured success?

- Mandatory reporting of HCAI via Public Health England's Data Capture System.
- Benchmark Newcastle Hospitals' healthcare associated infection rates against other organisations.
- Incidence of declared outbreaks.
- Compliance to IPC practice via audits e.g. hand hygiene.
- Adherence to antimicrobial prescribing guidelines.

Priority 2 – Pressure Ulcer Reduction – Community Acquired Pressure Damage whilst under care of our District Nursing Teams

Why we chose this?

Reducing patient harm from pressure damage continues to be a priority, this year we have focused on reducing the rate of community pressure damage, specifically, community acquired pressure damage in patients under the care of our District Nursing Teams.

The increase in patient age, acuity and frailty means that the Trust is seeing more patients with a higher risk of acquiring pressure damage. It is therefore essential that the Trust identified this as a priority to ensure the risks of this are mitigated with accurate assessment and plans of care, together with the implementation of best practice care.

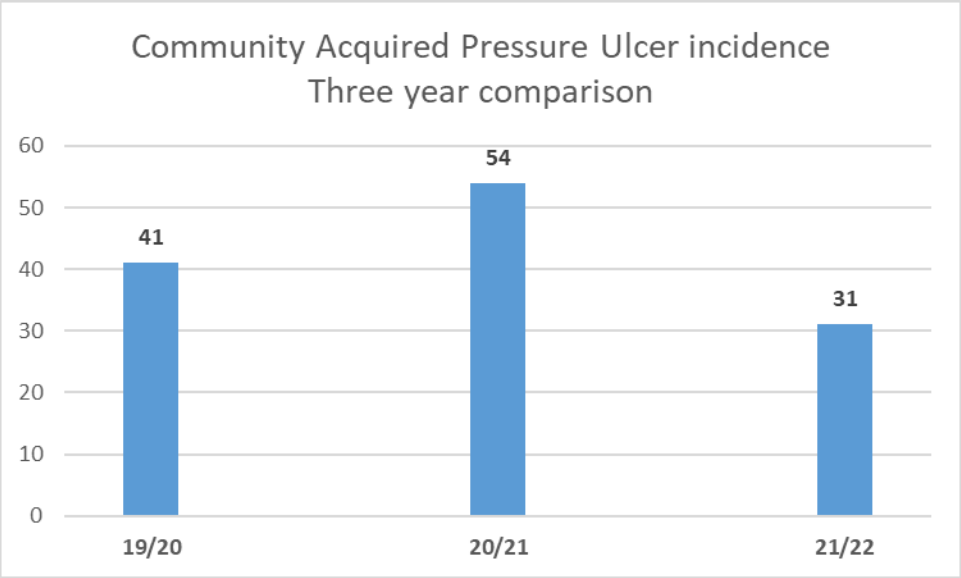
What we aimed to achieve?

- Significantly reduce community acquired pressure ulcers (specifically those graded category II, III and IV).

- Development of dashboards which allow community teams to have a visual aid of where pressure ulcers are occurring, allowing ownership and enabling these teams to make improvements.
- Undertake quality improvement work on targeted localities who report the highest number and rate of pressure damage.
- Increase the visibility and support provided by the Tissue Viability team to frontline clinical staff to assist in the prevention of pressure ulcers.
- Ensure we have a skilled and educated workforce with a sound knowledge base of prevention of pressure ulcers and quality improvement methodology.

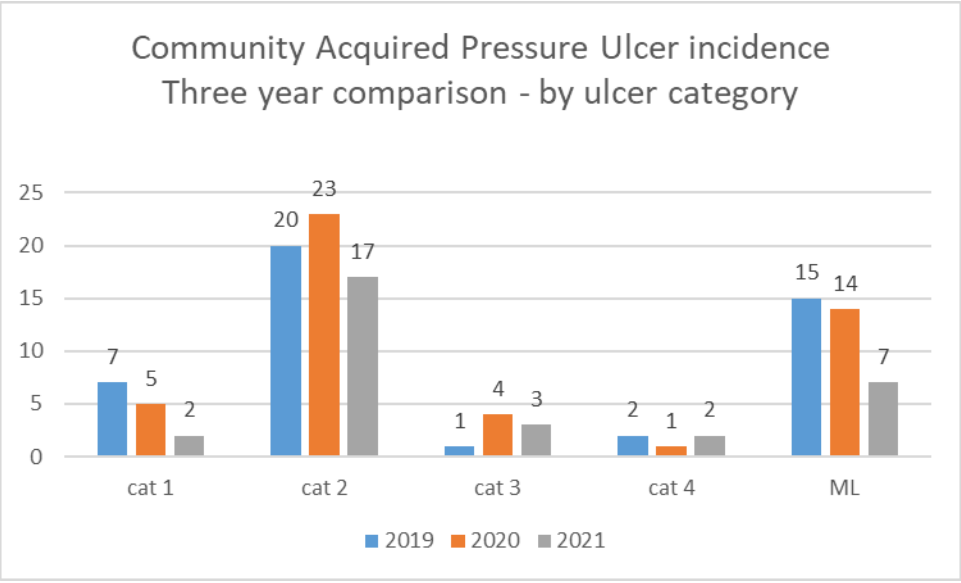
What we achieved?

- A new Pressure Ulcer Prevention Pathway was developed to guide and support staff. The pathway has been shared to all NHS Adult Community Services. Work is ongoing to ensure that this is fully embedded into practice.
- A robust programme of education was developed by the Tissue Viability Team delivering regular 'Pressure Ulcer Prevention' (PUP) updates across the city. Sessions were well attended by staff from community nursing and specialist services. Targeted pressure ulcer update sessions were implemented in teams reporting community acquired category III or IV pressure ulceration following Root Cause Analysis (RCA).
- Promotion of the ethos that PUP is the responsibility of all NHS staff regardless of where it was encountered by patients in their care journey.
- Inspired by Collaborative Newcastle, educational sessions were offered not only to Trust staff, but also to staff working in private organisations such as residential and nursing homes, and to domiciliary carers overseen by private care agencies and Local Authority. This promoted consistent messages across all care providers and ensured that preventative care interventions aligned with current best practice.
- Data collected over the previous three years (January 2019–December 2021) shows that pressure ulcer incidence in community is on a gradual downward trend (49, 47, 45). Data was then analysed by financial year (April 2019–March 2022) in alignment with the period set out for the Trust Quality Account and it is this that has been utilised to demonstrate the reduction in community acquired pressure ulceration. In the last 12 months we have attained a 42.6% overall reduction in community acquired pressure ulcers and a 24.4% reduction when using 2019 data as a pre-pandemic comparator.



There has been a reduction in Category I (60%), Category II (26%), Category III (25%) pressure ulcers and Moisture Lesions (ML) (50%).

The overall number of community acquired pressure ulceration remains small. Category IV pressure damage has increased by 100%, but this accounts for a very small proportion of community acquired pressure ulceration, two ulcers during the last 12 months.



Engagement with the RCA process from district nursing teams reporting community acquired category III and IV pressure ulceration has demonstrated improvements in the frequency of risk assessment and skin inspection, quality of nursing documentation and therefore patient care. Five RCA's have been undertaken in the last 12 months, with no RCA's being called since December 2021. The turnaround time of two weeks has been observed and aligns with the Trust's expectation for investigation. This has ensured that we are able to meet the timeline set by the commissioners with regards Serious Incident reporting.

How we measured success?

- Pressure Ulcer Incidence was measured through monthly analysis of Datix reporting. District Nursing Cluster Co-Ordinators reviewed all reported community acquired pressure ulceration to ensure accuracy in reporting. A final check was then undertaken by the Tissue Viability Team to validate accuracy. Incidence data was presented monthly at the Clinical Governance meeting.
- Dashboards produced weekly by the Quality Team using data submitted by District Nursing Teams via a weekly audit tool. These were circulated to District Nursing Cluster Co-ordinators for dissemination to their District Nursing Teams.
- The Community Tissue Viability Team monitored the amount of RCA's completed and create action plans in response to the findings of each RCA investigation.

Priority 3 – Management of Abnormal Results

Why have we chosen this?

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

What we aimed to achieve?

To achieve this will require significant clinical input from the Digital Health Team, clinicians requesting investigations, staff performing the investigations and our technical team to make changes in our digital patient record.

What we achieved?

We have appointed a clinical lead for the management of abnormal results and reviewed our Trust investigations processes, starting with test ordering. We have agreed to progress this work as a top priority for the Digital Leadership Group and met with the Radiology Directorate to agree axial radiology as a pilot for the inclusion of a mandatory field for the lead consultant on their order entry forms. We have entered into a development partnership with 3M to use their "Follow-Up Finder" artificial intelligence technology to highlight the need for follow-up investigations indicated in free-text reports, and develop this functionality to identify gaps in the closed loop from requesting a test to taking appropriate actions for patient care, using the Trust's Clinical Data Warehouse and Document Store.

How we measured success?

Progress to date has comprised the mapping of current processes, agreement on a programme of design and development, and the identification of the resources required to complete the work. However, the success of this change must be measured by a reduction in the incidence of patient harm arising from delayed action on test results which will require long-term data collection. In the shorter term, other important metrics will include the proportion of digitally endorsed results and the time taken between a report becoming available and action being taken on its result.

CLINICAL EFFECTIVENESS

Priority 4 – Modified Early Obstetrics Warning Score (MEOWS)

Why we chose this?

In recent years there have been a number of maternal deaths in England where the lack of MEOWS systems for pregnant women in hospital but outside the maternity setting played a significant part. At present, pregnant/recently pregnant women outside the maternity unit are not monitored using a MEOWS system and observations taken follow the traditional model of NEWS monitoring for non-pregnant patients.

The need for early recognition and management of deterioration of pregnant women has been highlighted by:

- Mothers and Babies, Reducing Risk by Audit and Confidential Enquiry (MBRRACE)
- The Ockenden Report
- The Maternity and Neonatal Safety Improvement Programme (MatNeoSIP).
- Royal College of Physicians (RCP) guidance, which states that all medical pregnant/recently pregnant women should be monitored using a MEOWS system.

What is the aim?

Implementation of an electronic MEOWS system outside the Women's Services Directorate would improve the quality and safety of patient care for those women and provide Obstetric Services with a daily list of pregnant/recently pregnant women regardless of their location throughout the Trust and therefore improve collaborative care.

Our aim is therefore too:

- Create an IT solution for identification of a pregnant/recently pregnant woman outside Women's Services.
- Develop an electronic MEOWs system to replace National Early Warning System for this group of women.

What has been achieved?

- IT solution is ready to go live once tested.
- Newly appointed Clinical Director for Patient Safety to lead on this project.
- Raised change within IT for question to be added in relation to pregnancy status to assist automation of the maternity chart.

How we measured success?

Introduction of the identification of pregnant/recently pregnant woman outside Women's Services (in the rest of the Trust) and they are on the appropriate MEWS chart.

Priority 5 - Enhancing capability in Quality Improvement (QI)

Why we chose this?

Creating a culture of continuous improvement and learning across the Trust is important to deliver sustained improvement in the quality and experience of care. Change can be slow and inefficient if not supported by an improvement culture, a scientific approach and training. Therefore investing time for training on a scientific approach for improvement, to increase staff improvement capability is an important Trust priority. COVID-19 has demonstrated the need to make rapid changes and ongoing changes to recover from the impact of COVID-19, and enhancing QI improvement capability supports staff with this challenging time.

Our partnership with the Institute for Healthcare Improvement (IHI) will accelerate this work. This is critical in maintaining our outstanding performance and the patient-focused high quality of care we deliver in a sustainable way.

What we aimed to achieve?

We aimed to deliver improvement training programmes tailored to local teams working on Trust improvement priorities. The Improvement teams would then be supported by improvement coaches and leadership for improvement, to provide an organisational approach to enhance QI capability.

- Train 15-20 improvement teams, each focused on a piece of improvement work and coach them through the work.
- Train 30 improvement coaches to build capability and support teams with their improvement work.
- Train 30 senior leaders (Directorate Managers, Clinical Directors, Matrons or comparable senior level staff) in Leading for Improvement to provide the senior support for the improvement teams to effectively progress their improvement work.
- Develop a return on investment evaluation framework and assess the programme against this.
- Adapt the IHI training programme, following feedback from the training and evaluation, integrating sustainability tools linking the Sustaining Healthcare in Newcastle (SHINE) programme into improvement. Move towards being independent in ongoing delivery of training.
- Newcastle Improvement Team members to shadow the IHI delivery to learn in year two, to deliver the program after the IHI support period has finished.

What we achieved?

- The Newcastle Improvement Team has successfully recruited staff onto the three programmes.
- The IHI has delivered three training programmes:
    1. 15 improvement teams, involving 83 staff, each focused on a piece of improvement work on the IHI ‘Improvement for Teams’ Programme
    2. 37 improvement coaches to support teams with their improvement work on the IHI ‘Improvement Coach’ programme
    3. 30 senior leaders on the IHI ‘Leading for Improvement’ programme to provide the senior support for the improvement teams to effectively progress their improvement work.

An evaluation framework has been developed utilising 'A Framework to Guide Evaluations of QI Capacity Building' (Mery et al, 2017). The Framework has five core dimensions and within each dimension, key questions have been formulated. A variety of evaluation methods will be utilised to capture and analyse data with the purpose of answering key questions. The evaluation will provide information to assist in the assessment of the success of this novel approach, ahead of making any commitment for Year two of the partnership.

The first IHI training programmes are being adapted based on feedback from the training and evaluation. Sustainability tools have been shared with the improvement teams linking the SHINE programme into improvement. Newcastle Improvement staff have been shadowing the IHI Faculty and are moving towards joint deliver of programmes in year two.

How we measured success?

Each training session has been evaluated and subsequent sessions adapted based on participant feedback. Attendance at the training sessions was high.

The end of programme evaluation of the 37 coaches has shown an increase in confidence to apply improvement tools to their improvement work and to coach others on improvement. The skill level increased on many aspects of improvement for example; skills with organising effective team meetings, how to identify change ideas and using data to measure improvement.

Evaluation continues to capture feedback on the success of all training programmes and to inform the refinement of future programmes.

PATIENT EXPERIENCE

Priority 6 – Mental Health in Young People

Why we chose this?

In 2020, one in six (16.0%) children aged 5-16 years were identified as having a probable mental health disorder, increasing from one in nine (10.8%) in 2017. Greater impact for those with pre-existing mental health needs, young women and those at greater risk of social deprivation.

Nationally and regionally, there has been a surge in demand for specialist Tier 4 mental health inpatient beds for children and young people (CYP). We are currently seeing an increase in demand of up to one third compared to pre-COVID-19 times. The greatest pressure being seen is in the increase in the number of CYP presenting with either an eating disorder or disordered eating (associated with mental health co-morbidities). NHS Long Term Plan builds on the progress and learning from previous programmes and strategies going back to 2004 e.g. the National Service Framework, Every Child Matters, Choice and Partnership Approach, Targeted Mental Health in Schools, Children and Young People's Improving Access to Psychological Therapies Change programme, Future in Mind, Five Year Forward View for Mental Health and

Transforming Children's and Young People's mental health Green Paper, The NCEPOD Mental Healthcare in Young People and Young Adults report published recommendations in 2019.

A National Transformation Programme of work has been established in recent months which is aligned to delivery of the CYP elements of the Long-Term Plan.

What we aimed to achieve?

- A dedicated and efficient pathway for assessment and treatment plan working in close conjunction with Cumbria, Northumbria, Tyne & Wear (CNTW) colleagues.
- Trained and skilled workforce.
- Appropriate environment for patients to be cared for.
- Efficient access to identify 'Advocates' for patients detained under the Mental Health Act.
- Learning from patient and parental experience

What we achieved?

- Multi-disciplinary Team Mental Health Strategy Group established and meet monthly and are joined by CNTW bi-monthly.
- Investment identified by We Can Talk Project.
- Online We Can Talk Training well utilised by staff.
- Ongoing review of environment in Paediatric Emergency to create a 'Safe space'.
- Much improved communications with colleagues at CNTW and collaborative work ongoing.
- Parent information leaflets now in use.
- Evidence of involving patient and parent to learn from experience.
- Policy for Detaining Patients under the Mental Health Act now includes under 18 years.
- Collaborative work with CNTW and Business case to seek investment for more efficient services for CYP nearly complete.
- Training delivered to CNTW staff by GNCH staff and CNTW delivering training to GNCH staff.
- Evidence of a very effective Multi-Disciplinary Team Support Hub including CNTW staff ahead of referral.

How we measured success?

- Review of staff training, staff feedback.
- More efficient communications between GNCH and CNTW.
- More efficient pathways when patients present acutely.
- More efficient transfer to mental health services for inpatient management.
- Review of impact of training.
- 'Patient and parental input in design of Safe' area in Paediatric Emergency Department.
- Policy for patients detained under the Mental Health Act now includes under 18 years.
- Policy for Reducing need for Restrictive Interventions for CYP.
- Improved risk assessment and prevention of restrictive interventions.

Priority 7 – Ensure reasonable adjustments are made for patients with suspected, or known, Learning Disability (LD)

Why we chose this?

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

What we aimed to achieve?

Assurance that patients and their families have appropriate reasonable adjustments as required. That they are listened to, feel listened to and have a positive experience whilst in our care and appropriate follow up. Assurance that patients are flagged appropriately and that these flags generate the appropriate response to care, treatment and communications.

What we achieved?

- Medical support has ensured mortality reviews for patients with a Learning Disability who die whilst in Trust care are timely.
- Pathways continue to be developed for adult patients requiring MRI/CT under sedation.
- Continue to ensure Learning Disability flags are visible for adults and children with a learning disability.
- Audit documentation to provide evidence of best practice in relation to use of pathways of care, provision of reasonable adjustments to meet individual needs, appropriate use of hospital passports and application of the Mental Capacity Act including Deprivation of Liberty Safeguards.
- Learning Disability Liaison team to commence bi-monthly forums Trust wide to share learning and examples of good practise.
- Organisation registered for Improvement Standards 2021/2022.
- Review of pathways and e-learning to determine if any adaptions required.
- Work ongoing in conjunction with North East and Cumbria Learning Disability Network and Great North Children Hospital anaesthetics to incorporate theatre attendance within passport for Children & Young People.
- Review of role of ‘Champion’ commenced with a view to incorporating Autism.
- Collaborative work with University of Northumbria for development of simulation training.
- STOMP and STAMP project work resumed.
- Trust committed to ‘Weigh to Go’ and seek accreditation.
- Diamond Standards launched October 2021.

How we measured success?

- Diamond Standards embedded across the organisation.
- Increased staff training.
- Passports for CYP and adults updated and relaunched.
- Continued audit with regard to ‘flags’.

- Share learning and showcase examples of good practice.
- Maintain timely Learning Disabilities Mortality Review (LeDeR) Programme reviews.
- STOMP and STAMP embedded with organisation.
- Accreditation for ‘Weigh to Go’.
- Increased visibility of Learning Disability Liaison Team.

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

Update on Duty of Candour (DoC)

Being open and transparent is an essential aspect of patient safety. Promoting a just and honest culture helps us to ensure we communicate in an open and timely way on those occasions when things go wrong. If a patient in our care experiences harm or is involved in an incident as a result of their healthcare treatment, we explain what happened and apologise to patients and/or their carers as soon as possible after the event.

There is a 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 in relation to patients who have experienced significant harm.

The Trust's DoC Policy provides structure and guidance to our staff on the standard expected within the organisation. Our DoC compliance is assessed by the CQC; however, 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. 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.

Duty of Candour requirements are regularly communicated across the organisation using a number of corporate communication channels. DoC is a standard agenda item at the Patient Safety Group, where clinical directorates' DoC compliance is monitored for assurance as part of a rolling programme. Staff learning and information sharing, in relation to DoC, also takes place at Trust-wide forums such as Clinical Policy Group, Clinical Risk Group as well as other directorate corporate governance committees.

DoC training is targeted at those staff with responsibility for leading both serious incident (SI) investigations and local directorate level investigations. DoC is included in Trust incident investigator training which is delivered to multidisciplinary staff once a month. In November 2021, an electronic DoC template to enable staff to accurately document DoC completion, went live as part of the electronic patient record. This acts as a prompt for clinicians to complete their DoC requirements correctly and enables the Trust to monitor compliance against this.

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

Due to the increasing pressures upon systems in responding to the COVID-19 pandemic, the Board Assurance Framework submissions since 2020/2021 have been deferred.

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".

As part of its local People Plan, the Trust continues to focus efforts on shaping Newcastle Hospitals as 'the best place to work'; enable people to use their collective voice to develop ideas and make improvements to patient care and services; and create a healthy workplace.

Staff and temporary workers are informed from day one with the Trust, as part of their induction, via the e-handbook 'First Day Kit', and subsequently reminded regularly, that there are a number of routes through which to report concerns about issues in the workplace.

By offering a variety of options to staff, it is hoped that anyone working for Newcastle Hospitals will feel they have a voice and feel safe in raising a concern or making a positive suggestion. This includes the ability to provide information anonymously. 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.

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

Work in confidence – the anonymous dialogue system

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

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

Freedom to Speak up Guardian

The Trust Freedom to Speak up (FTSU) 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, about possible wrongdoing, by telephone, email or in person.

To support this work, capacity has been increased to a network of FTSU Champions, spread across the organisation and sites, to ease access for staff.

Staff engagement to raise awareness about the roles and how to make contact have been undertaken via ‘drop in’ meetings, using poster campaigns and using a range of communications platforms.

In addition, the FTSU Guardian is expected to report bi-annually to the People Committee, a subcommittee of the Board, to provide assurance and ensure learning from cases.

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

This policy provides employees who raise such concerns, assurance from the Trust that they will be supported to do so, and will not be penalised or victimised as a result of raising their concerns.

The Trust proactively fosters an open and transparent culture of safety and learning to protect patients and staff. It recognises that the ability to engage in this process and feel safe and confident to raise concerns is key to rectifying or resolving issues and underpins a shared commitment to continuous improvement.

Being open (Duty of Candour) Policy

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

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

Trust Contact Officer

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

Union and Staff Representatives

The Trust recognises a number of 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.

Chaplaincy

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

Staff Networks

The staff networks have been established for a number of years. They provide support for Black and Minority Ethnic (BAME) staff, LGBTQ+ staff, and people with a disability or long standing health issue. Oversight rests with the Head of Equality, Diversity and Inclusion (People).

Each network has a Chair and Vice Chair and is supported in its function by the Human Resources Department. Each network 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 its members.

Cultural Ambassadors

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

A summary of the Guardian of Safe Working Hours Annual Report

This consolidated Annual Report covers the period April 2021 – March 2022. The aim of the report is to highlight the vacancies in junior doctor rotas and steps taken to resolve these.

Rota gaps are present on a number of different rotas. This is due to both gaps in the regional training rotations and lack of recruitment of suitable locally employed doctors. Existing rota gaps have been exacerbated by both short term and long term sickness absence. The main areas of recurrent or residual concern for vacancies are Cardiothoracic Surgery, Ophthalmology, Acute Medicine and Histopathology. The Trust takes a proactive approach to minimise the impact of these by active recruitment; attempts to make the jobs attractive to the best candidates; utilisation of locums; and by rewriting work schedules to ensure that key areas are covered. In some areas, trainee shifts are being covered by consultants when junior doctor locums are unavailable.

In addition to the specific actions above, the Trust takes a proactive role in management of gaps with a coordinated monthly Junior Doctor Recruitment and Education Group meeting. Members of this group include the Director of Medical Education, Finance, Medical Education and Medical Staffing. In addition to recruitment into locally employed doctor posts, the Trust runs a number of successful trust-based training fellowships and a teaching fellow programme to fill anticipated gaps in the rota. These are 12 month posts aimed to maintain doctors in post and avoid the problem of staff retention. In specialties which are hard to recruit to, there has also been recruitment of advanced critical care practitioners and physician’s assistants.

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 2021/2022, 1973 of Newcastle upon Tyne Hospitals NHS Foundation Trust's patients died. This comprised the following number of deaths that occurred in each quarter of that reporting period: 436 in the first quarter; 471 in the second quarter; 572 in the third quarter; 494 in the fourth quarter.

2. During 2021/2022, 996 case record reviews and 28 investigations have been carried out in relation to 1973 of the deaths included in point one above. In 19 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: 222 in the first quarter; 285 in the second quarter; 325 in the third quarter; 164 in the fourth quarter.

3. Twelve representing 0.61% of the patient deaths during the reporting period 2021/2022, are judged as 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; three representing 0.15% deaths in the first quarter, four representing 0.20% in the second quarter, four representing 0.20% in the third quarter and one representing 0.05% in 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 reported in the 2022/23 quality account. All deaths will continue to be reported via the integrated quality report. These numbers have been estimated using the HOGAN evaluation score as well as root cause analysis and infection prevention control investigation toolkits.

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

Summary	Lessons learned from review	Action	Impact/Outcome
Patient fall	Investigation of this case found consistent areas of good practice in regards to nurse intentional rounding and falls assessments, with no omissions in care identified.	The good practice found in this investigation was shared with all staff members working in ward areas.	Staff are aware of the importance of fully completing falls assessment documentation and reviewing this regularly.
Patient fall	Local improvement has focused on consistently completing falls assessments in-line with Trust policy and the importance of strong leadership in driving positive changes in clinical practice.	An education programme has been delivered to senior ward staff in relation to the consistent completion of falls assessments.	All staff working in a ward environment are aware of the important link between robust falls assessment and prevention.

Summary	Lessons learned from review	Action	Impact/Outcome
Patient self-harm An in-patient receiving treatment, left the hospital and self-harmed, which sadly resulted in the patient's death	Screening mental health via structured mechanisms such as the patient electronic patient record is important in providing opportunities for staff to assess and communicate patient mental wellbeing.	The feasibility of increasing the visibility of current mental health screening questions is currently being explored.	Patients requiring mental health support may be identified and supported earlier in their care journey.
	Enhanced electronic patient record functionality that allows more than one next of kin and their contact details to be accessible to staff, will enable more timely communication with families.	The functionality of the electronic patient record to store additional next of kin details has been accepted as a priority by the digital team.	Staff will have increased opportunities to communicate critical information to families in a timely manner.
Medication Interaction	Increased pharmacist resource and the development of a medication acuity tool ensures that patients on high-risk medications are identified and prioritised for review as part of medicines reconciliation on discharge.	Business case approved for additional clinical pharmacy resource. Medicines acuity tool developed to help identify and manage patients taking high-risk medications.	Increased medicine reconciliation, especially in patients identified as high-risk will take place across the Trust.
		Dissemination of safety information communicated across multi-disciplinary clinical staff and clinical forums, to ensure learning from this medication interaction case is shared.	Staff have increased awareness of the medication interaction involved in this case.
	Reviewing patients' current medications on hospital admission is important, to support clinical decision making when prescribing new medications for acute treatment.	Medication reconciliation policy reviewed. Additional importance placed on reviewing appropriateness of admission medication in light of patient's current condition.	On admission, patients will have an appropriate review of their medication in relation to their acute presentation.
Medication Incident	Staff who manage patient anti-coagulation require a robust training package that is revisited at regular intervals.	An enhanced training and education package has been developed and is delivered regularly for medical, nursing and pharmacy staff.	Regular training of staff will ensure effective management of anticoagulation.
	The Trust warfarin guidance must be clear and easy to follow for clinical staff when re-introducing anticoagulation in complex post-operative patients.	Warfarin guidance has been reviewed by users in regards to readability and ease of interpretation	Increased awareness of safe warfarin management within the Trust.
	The development of a	Medicines acuity tool developed to help identify	Identification of high-

Summary	Lessons learned from review	Action	Impact/Outcome
	medication acuity tool (as above) would identify patients categorised as high risk in order to prioritise for pharmacist review.	and manage high-risk patients.	risk patients is essential to patient safety.
Medication Incident	Prescribing information within the electronic patient record (EPR) must be clear and concise for prescribers to easily interpret, for multiple clinical indications. An electronic 'flag' in the emergency department (ED) e-prescribing system would provide a digital solution that effectively communicates to nursing staff when medications are due for long stay patients. Enhanced training for all appropriate staff groups would improve understanding of steroid safety in acutely unwell steroid dependent patients.	Steroid prescribing 'alert' within the EPR reviewed & updated to ensure information clear to understand and usable in practice. Identify a digital solution in the ED e-prescribing system, which effectively alerts staff when a recurrent medication is required for a long stay patient. Explore training provided to staff groups to ensure provides appropriate level of education provision.	Staff provided with clear and concise EPR prescribing information to enable safe & appropriate steroid prescribing. An interim digital solution is now in place to alert staff to recurrent medications required. A longer-term plan to implement a permanent solution is in development.
Pressure Ulcer infection A patient developed an infection from a pressure ulcer, leading to sepsis.	Within the community, communication and handover of care between health and social care teams is essential; with named a nurse having oversight of each patient's care. Development and promotion of a pressure ulcer prevention pathway for community staff will drive consistent, high quality care for patients.	Increase staff knowledge of the risk of pressure damage and preventable measures needed, as part of an enhanced community staff training programme. Development of a community pressure ulcer pathway as well as preventative equipment guidance for community staff.	Staff will have increased knowledge and a clear pathway of care, which will improve handover and communication between teams.
Patient fall	It is important to have visual prompts on wheelchairs to remind users to apply brakes on wheelchairs whilst stationary, in order to promote safe use.	Put in place clear signage on all Trust wheelchairs to remind users of applying brakes at all times when stationary.	Patients/visitors choosing to use Trust wheelchairs will be better informed on wheelchair safety advice.
Four possible or probable Healthcare Acquired (Covid-19) Infections	Consistent compliance with Covid-19 screening, use of personal protective equipment (PPE) and hand hygiene is essential in reducing infections and protecting patients from harm.	The infection, prevention & control team to continue to robustly investigate all HCAI Covid-19 cases in order to identify learning to improve practice. All staff to continue to comply with all Covid-19 screening requirements.	The Trust infection prevention measures are shown to be robust in comparison to National peer organisations. National data demonstrates low HCAI rates within the Trust.

4. 174 case record reviews and 20 investigations were completed after April 2021, which related to deaths, which took place before the start of the reporting period.

5. 14 representing 7.22% of the patient deaths before the reporting period are judged more likely than not to have been due to problems in the care provided to the patient.

6. Four representing 0.3% of the investigations completed during 2020/2021 are judged 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 Serious Incident Panel, which will be monitored and reported to the Trust Board and Quality Committee.

Part 3 – Other Information - Overview of Board assurance 2021/2022

This is a representation of the Quality Report data presented to the Trust Board on a monthly basis in consultation with relevant stakeholders for the year 2021/2022. The indicators were selected because of the adverse implications for patient safety and quality of care should there be any reduction in compliance with the individual elements. In addition to the 13 local priorities outlined in section two, the indicators below demonstrate the quality of the services provided by the Trust over 2021/2022 has been positive overall.

Patient Safety	Data source	Standard	Actual 2020/21	Q1	Q2	Q3	Q4	Actual 2021/22
Number of MSSA bacteraemia cases	UKHSA Data Capture System	Mandatory reporting by NHSI/NHSE	HOHA* = 75 COHA* = 25	HOHA* = 15 COHA* = 8	HOHA* = 25 COHA* = 7	HOHA* = 19 COHA* = 6	HOHA* = 23 COHA* = 7	HOHA* = 82 COHA* = 28
Number of MRSA bacteraemia cases	UKHSA Data Capture System	Mandatory reporting by NHSI/NHSE	HOHA* = 1 COHA* = 0	HOHA* = 0 COHA* = 0	HOHA* = 0 COHA* = 0	HOHA* = 0 COHA* = 0	HOHA* = 0 COHA* = 0	HOHA* = 0 COHA* = 0
Number of *C. difficile* infection cases	UKHSA Data Capture System	Mandatory reporting by NHSI/NHSE	HOHA* = 85 COHA* = 26	HOHA* = 33 COHA* = 4	HOHA* = 39 COHA* = 16	HOHA* = 29 COHA* = 11	HOHA* = 34 COHA* = 3	HOHA* = 135 COHA* = 34
Number of *E. coli* bacteraemia cases	UKHSA Data Capture System	Mandatory reporting by NHSI/NHSE	HOHA* = 146 COHA* = 49	HOHA* = 42 COHA* = 14	HOHA* = 37 COHA* = 11	HOHA* = 36 COHA* = 16	HOHA* = 38 COHA* = 12	HOHA* = 153 COHA* = 53
Number of Klebsiella bacteraemia cases	UKHSA Data Capture System	Mandatory reporting by NHSI/NHSE	HOHA* = 94 COHA* = 35	HOHA* = 35 COHA* = 6	HOHA* = 39 COHA* = 3	HOHA* = 36 COHA* = 6	HOHA* = 15 COHA* = 6	HOHA* = 125 COHA* = 21
Number of Pseudomonas aeruginosa bacteraemia cases	UKHSA Data Capture System	Mandatory reporting by NHSI/NHSE	HOHA* = 32 COHA* =13	HOHA* = 7 COHA* = 3	HOHA* = 7 COHA* = 4	HOHA* = 12 COHA* = 1	HOHA* = 8 COHA* = 1	HOHA* = 34 COHA* = 9
Total number of patient incidents reported (Datix)	Internal Datix Incident reporting system	Local Incident Policy	17,515	4,543	4,543	4,618	4,736	18,440
Patient Incidents per 1000 bed days (Datix)	Internal Datix Incident reporting system	Local Incident Policy	44.0	37.9	37.1	37.7	37.9	37.5
% Patient incidents that result in severe harm or death	Internal Datix Incident reporting system	Local	0.5%	0.4%	0.7%	0.8%	1.0%	0.7%
Slip, trip and fall - patient (Datix)	Internal Datix Incident reporting system	N/A	2,391	617	580	634	715	2,546
Slip, trip and fall - patient (Datix) per 1,000 bed days	Internal Datix Incident reporting system	National definition	6.0	5.1	4.7	5.1	5.7	5.1
Inpatients acquiring pressure damage	Internal Datix Incident reporting system	National	706	214	234	241	219	908

Pressure Ulcers per 1000 bed days	Internal Datix Incident reporting system	Local	1.8	1.7	1.9	1.9	1.7	1.9
Total number of Never Events reported	Internal Datix Incident reporting system	National definition	3	3	0	1	2	6
Total number of Serious Incidents reported	Internal Datix Incident reporting system	Local SI Policy	151	61	64	76	79	280
Needlestick injury or other incident connected to sharps	Internal Datix Incident reporting system	Local Policy	319	100	84	85	100	369
Reporting of Injuries, Disease and Dangerous Occurances (RIDDOR)	Internal Datix Incident reporting system	Local Policy	39	11	18	11	8	48
Slip, Trip, Fall – Staff/Visitors/relatives	Internal Datix Incident reporting system	Local Policy	158	32	33	34	32	131

Clinical Effectiveness	Data Source	Standard	Q3 2020/21	Q4 2020/21	Q1 2021/22	Q2 2021/22	Q3 2021/22	Q4 2021/22
Summary Hospital Mortality Index (SHMI)	CHKS	100	98	95	94	96	Not Published	Not Published
Learning from Deaths	Internal Mortality Review Database	Reviewing and Monitoring Mortality Policy	363	330	217	274	318	162

Patient Experience	Data source	Standard	Actual 2020/21	Q1	Q2	Q3	Q4	Actual 2021/22
Number of complaints received	Internal Datix Incident reporting system	Local Complaints Policy	467	134	130	156	134	554
National Inpatient Survey	CQC	National average	77.7% *	* This measure uses the results of a selection of five questions from the National Inpatient Survey focussing on the responsiveness to personal needs. Consultation feedback indicated that personalisation and service responsiveness are important issues for inpatients. This indicator aims to capture inpatients' experience of this.2021/2022 Data will not be available until 2023				
Friends and Family response rates (inpatients and A&E)	Locally collected and reported	Not applicable	Not published	98%	97%	96%	FFT results are 2 months in arrears and are not yet available to the Trust	TBC

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

NHS Improvement (NHSI) changed the criteria for reporting C. difficile from 2020/2021. The reported figures are therefore not comparable to previous years as the change includes reporting COHA cases. This patient group includes those who have been discharged within the previous four weeks in addition to day-case patients and regular attenders.

Inconsistencies in data reported in the 2020/2021 report

There have been some slight variations in the reported 2020/2021 data – this is due to the fact that the Trust Incident reporting system is a live database which results in fluctuations in actual numbers of incidents reported as investigations are processed through the system.

OVERVIEW OF QUALITY IMPROVEMENTS

Pages 51-62 give some examples of other service developments and quality improvement initiatives the Trust has implemented, or been involved in, throughout the year.

Newcastle Hospitals opens regional ‘cataract centre’ to transform patient care

A state-of-the-art theatre ‘hub’, dedicated to cataract surgery, opened its doors to patients as part of a Newcastle Hospitals’ initiative.

Newcastle Westgate Cataract Centre a three-theatre, purpose-built clinical facility performs up to 1,000 cataract procedures a month, which is almost double the number undertaken before the coronavirus pandemic.

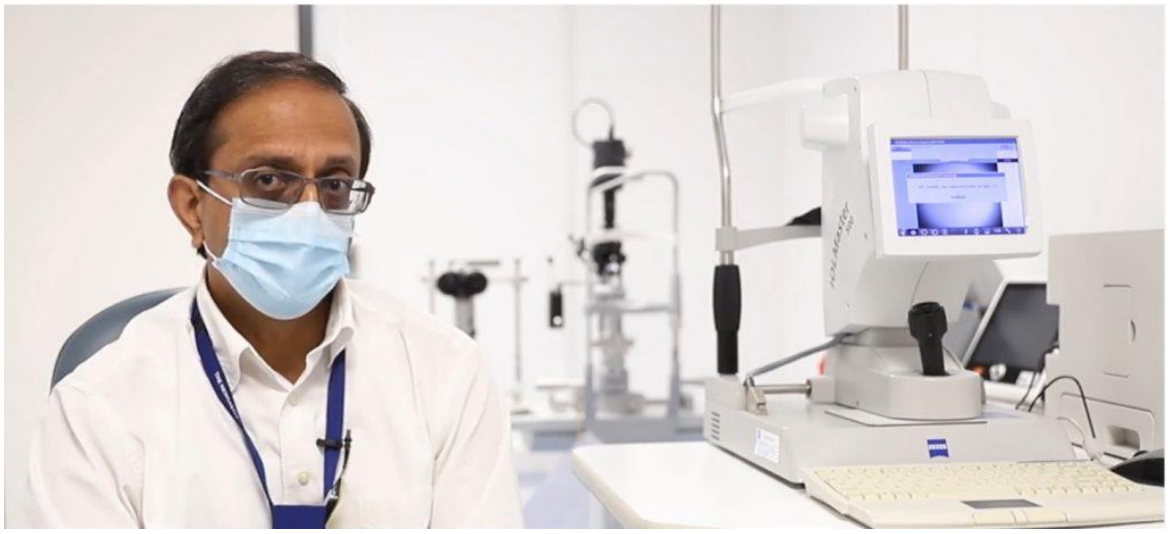
The centre has been designed to ensure that patients have exceptional clinical care from the expert team at the Trust. It has been streamlined to ensure that patients have no waiting meaning that each patient spends between just 40 minutes to an hour in the unit rather than the usual time of about three hours.

Personalised-care is provided throughout by a dedicated nurse who checks on the patient and remains with them throughout their journey. The patient sits in a special chair throughout and is wheeled into theatre for their day case procedure.

After being given information on aftercare, their nurse will escort them to their waiting transport just outside the Centre.

The ophthalmology team in Newcastle provide cataract surgery to patients across the region and every year receive hundreds of referrals. Just over a fifth of patients (21%) live within Newcastle, others come from across the North East.

Demand continues to increase year-on-year and cataract surgery is now the most commonly performed surgery in the NHS. The Royal College of Ophthalmologists estimate that demand will continue to rise by 25% over the next ten years and by 50% over the next 20 years.



Consultant Ophthalmologist and Clinical Lead, Krishnamoorthy Narayanan, said: “Prior to the pandemic, all patients were seen at the RVI and we were already seeing pressures on our waiting lists. Inevitably, waiting times have increased due to the pandemic.

“This is a very distressing situation for patients as cataracts can have a significant impact on quality of life and independence. It has been very difficult for the team to tell patients and their doctors that we couldn’t offer them surgery as quickly as they would wish”.

“Cataract surgery is a very quick, but a very highly technical operation which makes a huge impact on the quality of life as the improved vision means that the patient can go back to their normal activities.”

To find the best solution for patients, the ophthalmology team worked closely with estates colleagues and building contractors Vanguard, drawing up plans to secure a £7 million investment for the state-of-the-art cataract theatre centre on the Campus for Ageing and Vitality site (former Newcastle General Hospital).

To build something using traditional construction methods would have taken around two years to complete, but this build end-to-end, from conception to completion and including commissioning, has taken just seven months.

The team will only be operating on cataracts and will operate all through the working week. Some patients, including those who require a general anaesthetic, will still require their surgery at the Royal Victoria Infirmary.

“When the centre is fully operational we expect to operate between 200-250 cataract cases every week,” added Mr Narayanan.

“Due to the unique design, there is no waiting involved which is great for our patients. Appointment times are staggered so while we are seeing high patient numbers, their safety has been foremost when planning this service.

“A huge amount of preparation goes into getting the patient ready for the operation well before the operation date. We have also managed to cut out unnecessary waiting and delays on the day of surgery”.

“We are very excited and delighted to be able to provide our expertise and improved experience to the people of the North East.”

Chief Executive Dame Jackie Daniel said: “It’s fantastic that we can safely offer so many more patients the chance to have this important surgery and I am incredibly proud of the adaptability and creativity of the teams who have worked so hard to achieve this”.

“This is a great example of transformational thinking to provide a much swifter service with a clear focus on patient care and experience. It’s a model which I’m certain will be rolled out across the wider NHS.”

For Doris McGuire, 86, appearing in Geordie Hospital's final episode was a chance to celebrate for two reasons she was having her second cataract operation and it was also her birthday.

The Chapel House pensioner, and mother of two, said having her operations at the Newcastle Cataract Centre had been almost painless and she said they had made the "world of difference…It's wonderful, I would tell everyone to get it done."

Multi-million pound cancer centre at Cumberland Infirmary opens to patients

A new cancer centre on the site of the Cumberland Infirmary in Carlisle marks the culmination of two years' work with an investment of £35 million in North Cumbria to improve health outcomes for the local population.

The Northern Centre for Cancer Care, North Cumbria – a partnership between Newcastle Hospitals and North Cumbria Integrated Care NHS Foundation Trust (NCIC) brings all non-surgical cancer services under the same roof for the first time.

This means that patients no longer have to travel to different parts of the Infirmary for treatment.

The development of the centre will bring huge benefits to those people who need to access cancer services in North Cumbria as the majority of adult patients will be able to access the state-of-the-art facilities and receive their care closer to home.

Only patients with rare cancers, those requiring very specialist radiotherapy and children and young people with cancer, will continue to be referred to the Freeman Hospital in Newcastle.

Around 2,000 patients are already set to receive treatment or follow-up care at the new centre with approximately 1,200 new referrals each year.

The team also expects to deliver approximately 11,500 radiotherapy treatments and 8,000 chemotherapy treatments, as well as 4,000 supportive therapy treatments, a year.

The building will be managed by NCIC and services at the centre will be run by Newcastle Hospitals as part of the Northern Centre for Cancer Care. Around 80 members of staff, from North Cumbria's non-surgical oncology service, joined the Newcastle team. They will be supported by porters, housekeepers, estates and facilities staff from NCIC who will manage the maintenance of the building.

Together the trusts will be providing one of the biggest combined cancer treatment services in the country.

Dame Jackie Daniel, Chief Executive at Newcastle Hospitals said: "We're delighted to have welcomed our first patients at the Northern Centre for Cancer Care, North Cumbria".

"The centre looks fantastic and all of the teams involved have worked incredibly hard to make sure this is a calm and comfortable environment for our patients".

"The development of the centre demonstrates our commitment to providing high quality and sustainable cancer services to people across North Cumbria and supporting patients to receive care closer to home."

Lyn Simpson, Chief Executive at NCIC, said: "I know many people have closely watched the progress of the centre since construction began and it is excellent to see the building now complete and welcoming patients. The opening of the centre, in partnership with Newcastle Hospitals, is a real milestone in our journey to improve cancer services for patients across North Cumbria."

Newcastle doctor appointed first national speciality advisor for Long COVID

Dr Graham Burns, a consultant physician at Newcastle's Royal Victoria Infirmary, has been appointed as one of five new NHS clinical leads to help spearhead action to address some of the key issues facing the health service.

Dr Graham Burns is the NHS's first ever National Specialty Adviser for Long COVID, a role created to help the NHS meet the new demand for ongoing care from people suffering long-term physical and psychological after-effects from the virus.

He is joined in the role by Dr Melissa Heightman, respiratory physician and clinical lead for the post-COVID-19 clinic at University College London Hospital, and consultant lead for the post-COVID-19 network in North Central London. She has advised NHS England, National Institute of Clinical Excellence (NICE) and the National Institute for Health and care Research (NIHR) funded STIMULATE-ICP research program on care and treatment for patients experiencing Long COVID.

During the pandemic, Dr Burns, who is President of the British Thoracic Society, set up both a respiratory support unit and a post-COVID-19 assessment clinic, both of which became models replicated by other hospitals and in national NHS guidance.

The five new clinical leads, who also cover urgent and emergency care and elective care will provide expert advice to the NHS Medical Director, Professor Stephen Powis, and to the programme teams working to support local NHS teams improve services for patients in these areas.

Professor Julian Redhead has been appointed National Clinical Director for Urgent and Emergency Care, and will be responsible for helping the NHS to continue to improve 999, 111, A&E and other urgent care services, at the same time as the service faces record levels of pressure off the back of the pandemic. Professor Redhead is medical director and chief of service for emergency medicine at Imperial Healthcare and medical director for the North West London Integrated Care Partnership.

Joint National Clinical Directors have also been appointed for Elective Care, bringing a combined 60 years of experience to the NHS efforts to tackle the COVID-19 backlog for non-urgent treatment.

Ian Eardley is a Consultant Urological Surgeon in Leeds, and has held a range of national roles including Vice-Chair of the Royal College of Surgeons (England) and Chair of the Joint Committee for Surgical Training.

He is joined by Stella Vig, consultant in vascular and general surgery and Director of Elective Recovery at Croydon Health Services NHS Trust. Stella has also previously chaired the Joint Committee for Surgical Training, and is a current member of the Royal College of Surgeons of England Council.

NHS Medical Director, Professor Stephen Powis, said: “The fact that the NHS was able to respond so well to the greatest public health emergency in its history is, in large part because of our ability to draw on an unrivalled wealth of clinical experience, expertise and enterprise right the way from ward to board levels.

“So as the NHS works hard to tackle the COVID-19 backlog for non-urgent care, safely treat all those needing urgent and emergency care, particularly as we head into a difficult winter, and address the new challenge of Long COVID, I am delighted to welcome five senior clinicians to help lead this vital work.

“All of my new colleagues bring a wealth of experience and a strong track record of leading improvements in care and treatment for patients at a national level, and I know they are all eager to continue this in their new roles.”

Newcastle Hospitals become first in the UK to use climate-friendly gas and air during labour

Newcastle mum, Kaja Gersinska, has become the first person in the UK to use climate-friendly pain relief during labour after giving birth at Newcastle’s Royal Victoria Infirmary.

Entonox, also known as gas and air, is a mixture of nitrous oxide and oxygen and has been used to provide pain relief for women in labour for over a hundred years. However, nitrous oxide is a powerful greenhouse gas, almost 300 times more potent than carbon dioxide, and escapes into the atmosphere after being exhaled by a patient.

Kaja gave birth to her beautiful daughter, Rosie Martha O'Sullivan, who weighed 6lb 6oz, in the Newcastle Birthing Centre on 9 September 2021 and breathed the gas and air into a Mobile Destruction Unit (MDU), a machine designed to collect and destroy residual nitrous oxide from exhaled gas and air.

"I feel very privileged and proud actually, it's the little things you don't often think about and it's nice that someone thought about making these changes which will be better for the environment and for midwives who are working here all the time".

"I didn't expect this when I came here today I just came to have my baby but I started on the traditional machine and then swapped over. It was quieter and much more comfortable to hold, it's nice to make a little bit of history!"

Little Rosie, who was delivered by midwife Lindsay Craney, is Kaja and dad Craig's second child as they already have a two-year-old daughter Cassie.

The technology, developed by Medclair, is widely used in Sweden and collects the exhaled nitrous oxide and 'cracks' it into nitrogen and oxygen which are harmless.

The MDU purifies 99.6% of the nitrous oxide entering the unit, and as well having a huge benefit to the environment, it also benefits staff by reducing the amount of nitrous oxide they are exposed to while they work.

Chris Allen, Sustainable Anaesthesia Fellow at Newcastle Hospitals said "This is a really exciting day for the whole team involved in developing this project at Newcastle Hospitals. It has been a huge team effort including staff from maternity services and our sustainability and estates teams."

"Rolling this technology out across our maternity unit can help us to continue to support women to use gas and air during labour, whilst making it as environmentally friendly as possible."

"We have an ambitious plan to become a global leader in sustainable healthcare delivery and introducing innovative technology like this can help us to achieve that."

Newcastle Hospitals is well known for its award winning Shine (Sustainable Healthcare in Newcastle) programme and was the first healthcare organisation in the world to declare a climate emergency, in recognition that the climate emergency is a health emergency. The Trust is also committed to the ambitious goal of becoming a net-zero carbon organisation by 2030.

Chief Executive of Medclair Jonas Lundh said: “Working in the green medtech area I’m extremely impressed by the NHS Newcastle team, I’ve never seen such a display of action on the fact that there is a global climate crisis as we saw in Newcastle. We are delighted to be a supplier to the Trust and we look forward to Rosie’s generation being born in a climate friendly way.”

The Trust’s Associate Director Sustainability, James Dixon, added: “We’ve made significant progress in reducing the environmental impact of our anaesthetic care pathways in recent years, with a 23% reduction in anaesthetic gas carbon emissions last year alone”.

“All of this has been led by clinicians who are passionate about planetary, as well as patient health. Our use of Entonox (gas and air) is by far the biggest contributor to our anaesthetic gas carbon footprint and in adopting this innovative technology, we will see thousands of tonnes of carbon saved (or the equivalent annual carbon emissions of 150 UK citizens).”

“This is just one example of how we are embedding sustainability into our healthcare services, working hard to empower staff to make sustainable choices for the benefit of our patients and the planet.”

Geordie Hospital star Kit thrives after heart transplant and 'should inspire organ donation discussion'

Five-year-old Kit Matthews who featured in the first episode of Geordie Hospital.

“The little lad from Retford in the Midlands featured as he and his family prepared for him to be moved from one version of an artificial heart to another more flexible machine as he waits for a transplant”.

The show was filmed last year, and Kit has now had that transplant and is "going from strength to strength" but as his story is told on TV both his family and the consultant who looked after him at the Freeman Hospital are keen to highlight just how important organ donation is.

Kit's dad Joe is a heart-transplant recipient himself. "About April 16 was when it started. He wasn't feeling the best. Kit loves chocolate and we knew he wasn't right as he just wasn't interested," he said.

"Naturally we just thought he had a bad childhood cold like everyone else. Hannah, my wife, took him to the GP and they took some bloods but everything came back alright. He was still off his food."

After Joe and Hannah were told to take Kit to hospital, alarm bells began to ring for medics and they were quickly referred to hospital in Leeds. This was especially difficult as Kit's little brother Monty was just two at the time and the family had to spend lots of time apart, and Joe said he and Hannah were also incredibly proud of their younger son for coping with such upheaval.

Joe continued: "On the Saturday we got referred up to Leeds. Kit was just four and everyone wanted a piece of him to take bloods and do scans. It was awful for Hannah and myself, but clearly really horrible for him." Soon after, when it became clear quite how poorly Kit's heart was he, like his dad more than a decade ago was suffering from cardiomyopathy the family were told he would need specialist care rapidly. Space was available at the Freeman's world-renowned children's heart unit.

Joe added: "We arrived on the Monday evening and they operated to put him on the Ventricular Assist Device (VAD). We had gone from him wrestling with his brother to him in surgery in a critical condition, pretty much just like that. And we knew he might not survive the operation even."

Kit pulled through though, and was fitted with a Berlin Heart which kept him alive while he waited for a transplant. That transplant happened later in the year, the NHS is careful not to say exactly when so as not to identify the donor and by Christmas, Kit was at home with his family, "back to normal" and again playing like any kid should with his little brother.

Joe said: "Now, he's gone from strength to strength. He's shown how strong he really is and how resilient kids are. The majority of adults even would have given up."

"He knows exactly what's happened to him. I was on a VAD and he's seen pictures of me in a similar state to he was before. So he could see that as I'm doing so well now it was going to work and it made sense to him. He doesn't stop running. We have our Kit back. He's almost exactly the same, if anything, he's matured."

Speaking before the show aired, Joe said he was looking forward to seeing Geordie Hospital though he wasn't sure his eldest son felt the same. "For him, now it's something done," he said. "I don't think he really wants to revisit it. But for me, it's important I want everyone to see the benefit transplants can have. To spread that message and raise awareness."

Dr Emma Simpson, a paediatric intensive care consultant who looked after Kit agreed.

Recounting Kit's story and emphasising that it is similar for many children the unit sees, and sadly the outcome is not always a happy one, she added: "Kit, like many of our patients was in a very sick state when he came to us. His heart and circulatory system wasn't providing for his body's needs. He needed intensive care and was really sick and at risk of cardiac arrest and the body's organs failing.

"It was key to get him onto VAD. For someone of Kit's size there was only really one option of a pump and it requires a pretty big operation. The idea is to reduce the risk of cardiac arrest and hopefully put him in a better position for a transplant."

The staff at the Freeman Hospital work very closely with the company who creates Berlin Hearts and were among the first to use the new, smaller device which Kit is seen being fitted with on TV. That allows parents to take their child off the ward for several hours.

"He was very sick after the initial operation, but he got a little better and was able to move back to the ward and we were keen to get him onto the smaller Berlin Heart machine," Dr Simpson added. "It's a real help and we're always really keen to get families as much autonomy as they can".

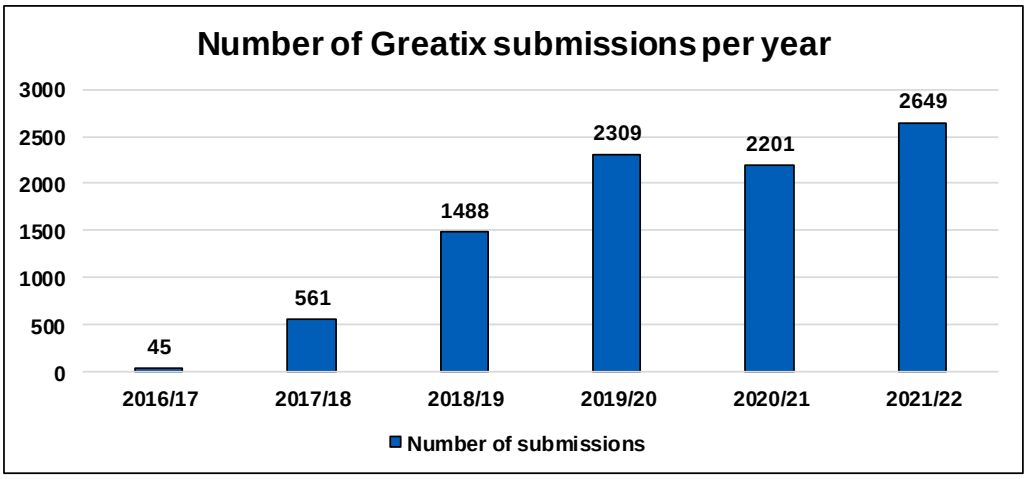
"Kit loved going to the park, or the family would take him around the hospital or to the fruit and veg seller." Echoing Joe, Dr Simpson said she hoped having featured on Geordie Hospital would have a positive impact. "I have no real interest in being on TV myself I did it to showcase the team's achievements and to also highlight that there is this group of patients".

"Without the generosity of families at the most difficult time imaginable, there's no hope for children like Kit. Organ donation is something that needs to be discussed."

Greatix
Learning From Excellence

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

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



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

By the end of March 2022, over five years after launching, the Trust has received over 9000 Greatix submissions. This is an outstanding achievement and one that reflects just how valued Greatix is by the staff working at Newcastle Hospitals.

The number of Greatix submissions has grown year on year, except 2020/2021 where the system was temporarily closed for a period of time due to upgrades. Since the summer of 2021 Greatix reporting to directorates has been improved with more focused feedback and promoted to all staff via the Trust communication team.

QUALITY STRATEGY UPDATE

When the Care Quality Commission (CQC) inspected The Newcastle upon Tyne NHS Foundation Trust in 2019, they awarded an outstanding rating overall. Peer review is Newcastle Hospital's internal inspection process. The aim of peer review is to strengthen the clinical quality assurance process that ensure patients receive the best experience and best possible care. As part of the usual peer review process, each directorate is reviewed on an annual basis to assess the quality of care delivered using the methodology of the CQC inspection framework.

For 2021/2022, in a change to the previous annual reviews, due to the impact of the pandemic, the directorates were invited to participate in a self-assessment process rather than the usual, comprehensive external peer review. The directorates, with support from the Clinical Governance and Risk Department (CGARD), the Senior Nursing Team and Clinical Directors for Patient Safety and Quality, were asked to self-assess their performance related to the five CQC domains (safe, effective, caring, responsive, well- led), and provide a rating for each domain. They then highlighted areas of achievement and areas for improvement.

The directorate self-assessment ratings were then reviewed and finalised by a ratification panel.

It is clear that the benefits of these reviews, promote learning and sharing of ideas for improvement across departments and individual directorates, whilst providing assurance. To ensure the review process continues to be effective, CGARD continues to align with the CQC inspection process and offers enhanced scrutiny and assurance. The Chief Operating Officer receives updated ratings, for all the Directorates, and a report is submitted to the Quality Committee annually.

Planning is underway for the 2022/2023 review process. In line with the CQC Strategy, the attention will move away from the core level service inspections and focus on the well-led domain.

INFORMATION ON PARTICIPATION IN NATIONAL CLINICAL AUDITS AND NATIONAL CONFIDENTIAL ENQUIRIES

During 2021/2022, 58 national clinical audits and two national confidential enquiry reports / review outcome programmes covered NHS services that the Newcastle upon Tyne Foundation Hospitals NHS Foundation Trust provides.

During that period, the Newcastle upon Tyne Hospitals NHS Foundation Trust participated in 57 (98%) of the national clinical audits and 100% of the national confidential enquiries / review outcome programmes which it was eligible to participate in.

The national clinical audits and national confidential enquiries that the Newcastle upon Tyne Hospitals NHS Foundation Trust was eligible to participate in during 2021/2022 are as follows:

National Clinical Audits			National Confidential Enquiries
Case Mix Programme	National Audit of Breast Cancer in Older People	National Lung Cancer Audit	Child Health Outcome Review Programme
Chronic Kidney Disease Registry	National Audit of Cardiac Rehabilitation	National Maternity and Perinatal Audit	Medical and Surgical Clinical Outcome Review Programme
Cleft Registry and Audit Network	National Audit of Cardiovascular Disease	National Neonatal Audit Programme	
Elective Surgery – National PROMs Programme	National Audit of Care at the End of Life	National Paediatric Diabetes Audit	
Emergency Medicine QIPs – Pain in Children (care in emergency departments)	National Audit of Pulmonary Hypertension	National Perinatal Mortality Review Tool	
Emergency Medicine QIPs- Consultant Sign Off (in emergency departments)	National Audit of Seizures and Epilepsies in Children and Young People (Epilepsy12)	National Prostate Cancer Audit	
Falls and Fragility Fracture Audit Programme – Fracture Liaison Service Database	National Cardiac Arrest Audit	National Vascular Registry	
Falls and Fragility Fracture Audit Programme – National Audit of Inpatient Falls	National Cardiac Audit Programme – Cardiac Rhythm Management	Neurosurgical National Audit Programme	
Falls and Fragility Fracture Audit Programme – National hip Fracture Database	National Cardiac Audit Programme – Myocardial Ischaemia	Paediatric Intensive Care Audit	
Inflammatory Bowel Disease Audit	National Cardiac Audit Programme – Adult Cardiac Surgery	Respiratory Audits – National Outpatient Management of Pulmonary Embolism	
Learning Disability Mortality Review	National Cardiac Audit Programme –	Respiratory Audits – National Smoking Cessation	

National Clinical Audits			National Confidential Enquiries
Programme	Percutaneous Coronary Interventions	Audit	
Maternal, Newborn and Infant Clinical Outcome Review Programme	National Cardiac Audit Programme – Heart Failure	Sentinel Stroke National Audit Programme	
National Adult Diabetes Audit – National Diabetes Core Audit	National Cardiac Audit Programme – Congenital Heart Disease in Children and Adults	Serious Hazards of Transfusion	
National Adult Diabetes Audit – National Pregnancy in Diabetes Audit	National Child Mortality Database	Society for Acute Medicine's Benchmarking Audit	
National Adult Diabetes Audit – National Diabetes Footcare Audit	National Comparative Audit of Blood Transfusion – 2021 Audit of Patient Blood Management & NICE Guidelines	Transurethral Resection and Single instillation mitomycin C Evaluation in bladder Cancer Treatment	
National Adult Diabetes Audit – National Inpatient Diabetes Audit	National Early Inflammatory Arthritis Audit	Trauma Audit and Research Network	
National Asthma and COPD Audit Programme – Paediatric Asthma Secondary Care	National Emergency Laparotomy Audit	UK Cystic Fibrosis Registry	
National Asthma and COPD Audit Programme – Adult Asthma Secondary Care	National Gastro-intestinal Cancer Programme – National Oesophago-gastric Cancer	Urology Audits – Management of the Lower Ureter in Nephrouterectomy Audit	
National Asthma and COPD Audit Programme – COPD Secondary Care	National Gastro-intestinal Cancer Programme – National Bowel Cancer Audit		
National Asthma and COPD Audit Programme – Pulmonary Rehabilitation	National Joint Registry		

The national clinical audits and national confidential enquiries that the Newcastle upon Tyne Hospitals NHS Foundation Trust participated in during 2021/2022 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 2021/22	Percentage Data completion	Outcome
Case Mix Programme	Intensive Care National Audit & Research Centre	This audit looks at patient outcomes from adult, general critical care units in England, Wales and Northern Ireland.	✓	Continuous data collection	Published report expected March 2023
Chronic Kidney Disease Registry	The Renal Association / The UK Renal Registry(UKRR)	The UKRR annual reports contain analyses about the care provided to patients with Chronic Kidney Disease (CKD)(including people pre- Kidney Replacement Therapy (KRT) and on KRT) at each of the UK's adult and paediatric kidney centres against the UK Kidney Association's guidelines.	✓	Continuous data collection	No publication date yet identified
Cleft Registry and Audit Network	Royal College of Surgeons - Clinical Effectiveness Unit	The CRANE Database collects information about all children born with cleft lip and/or cleft palate in England, Wales and Northern Ireland.	✓	Continuous data collection	No publication date yet identified
Elective Surgery - National Patient Reported Outcomes Measures (PROMs) Programme	NHS Digital	This audit looks at patient reported outcome measures in NHS funded patients eligible for hip or knee replacement.	✓	Continuous data collection	No publication date yet identified
Emergency Medicine QIPs - Pain in Children (care in emergency departments)	Royal College of Emergency Medicine	The purpose of the Quality Improvement and Patient Safety Competencies (QIP) is to improve patient care by reducing pain and suffering, in a timely and effective manner through sufficient measurement to track change but with a rigorous focus on action to improve.	✓	Data collection October 2021 – October 2022	No publication date yet identified
Emergency Medicine QIPs- Consultant Sign Off (in emergency departments)	Royal College of Emergency Medicine	The purpose of this QIP is to improve patient safety and quality of care as well as workspace safety by collecting sufficient data to track change but with a rigorous focus on actions to improve.	✓	Data collection April 2022 – October 2022	No publication date yet identified
Falls and Fragility Fracture Audit Programme –	Royal College of Physicians	Fracture Liaison Services are the key secondary prevention	✓	Continuous data collection	No publication date yet identified

National Audit issue	Sponsor / Audit	What is the Audit about?	Trust participation in 2021/22	Percentage Data completion	Outcome
Fracture Liaison Service Database		service model to identify and prevent primary and secondary hip fractures. The audit has developed the Fracture Liaison Service Database to benchmark services and drive quality improvement.			
Falls and Fragility Fracture Audit Programme – National Audit of Inpatient Falls	Royal College of Physicians	The audit provides the first comprehensive data sets on the quality of falls prevention practice in acute hospitals.	✓	Continuous data collection	No publication date yet identified
Falls and Fragility Fracture Audit Programme – National hip Fracture Database	Royal College of Physicians	The audit measures quality of care for hip fracture patients, and has developed into a clinical governance and quality improvement platform.	✓	Continuous data collection	No publication date yet identified
Inflammatory Bowel Disease (IBD) Audit	IBD Registry	The audit aims to improve the quality and safety of care for IBD patients throughout the UK.	✓	Continuous data collection	Published report expected July 2022
Learning Disability Mortality Review Programme	NHS England	The 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	University of Oxford / MBRRACE-UK collaborative	The aim of the audit is to provide robust national information to support the delivery of safe, equitable, high quality, patient-centred maternal, new-born and infant health services.	✓	Continuous data collection	No publication date yet identified
National Adult Diabetes Audit – National Diabetes Core Audit	NHS Digital	National Diabetes Audit collects information on people with diabetes and whether they have received their annual care checks and achieved their treatment targets as set out by NICE guidelines.	✓	Continuous data collection	No publication date yet identified
National Adult Diabetes Audit – National Pregnancy in Diabetes Audit	NHS Digital	The audit aims to support clinical teams to deliver better care and outcomes for women with diabetes who become pregnant.	✓	Continuous data collection	No publication date yet identified
National Adult Diabetes Audit – National Diabetes	NHS Digital	Patients referred to specialist diabetes foot care services for an	✓	Continuous data collection	No publication date yet identified

National Audit issue	Sponsor / Audit	What is the Audit about?	Trust participation in 2021/22	Percentage Data completion	Outcome
Footcare Audit		expert assessment on a new diabetic foot ulcer.			
National Adult Diabetes Audit – National Inpatient Diabetes Audit	NHS Digital	The National Diabetes Inpatient Audit is an annual snapshot audit of diabetes inpatient care in England and Wales and is open to participation from hospitals with medical and surgical wards. The audit allows hospitals to benchmark hospital diabetes care and to prioritise improvements in service provision that will make a real difference to patients' experiences and outcomes.	✓	Continuous data collection	No publication date yet identified
National Asthma and COPD Audit Programme – Paediatric Asthma Secondary Care	Royal College of Physicians	The audit looks at the care children and young people with asthma get when they are admitted to hospital because of an asthma attack.	✓	Continuous data collection	No publication date yet identified
National Asthma and COPD Audit Programme – Adult Asthma Secondary Care	Royal College of Physicians	The audit looks at the care of people admitted to hospital adult services with asthma attacks.	✓	Continuous data collection	No publication date yet identified
National Asthma and COPD Audit Programme – COPD Secondary Care	Royal College of Physicians	The aim of the audit is to drive improvements in the quality of care and services provided for COPD patients.	✓	Continuous data collection	No publication date yet identified
National Asthma and COPD Audit Programme – Pulmonary Rehabilitation	Royal College of Physicians	This audit looks at the care people with COPD get in pulmonary rehabilitation services.	✓	Continuous data collection	No publication date yet identified
National Audit of Breast Cancer in Older People	Royal College of Surgeons	This audit evaluates the quality of care provided to women aged 70 years and older by breast cancer services in England and Wales.	✓	Continuous data collection	No publication date yet identified
National Audit of Cardiac Rehabilitation	University of York	The audit aims to support cardiovascular prevention and rehabilitation services to achieve the best possible outcomes for patients with cardiovascular disease, irrespective of where they live.	✓	Continuous data collection	Published report expected December 2022
National Audit of	NHS	The audit will prioritise		Continuous	No publication

National Audit issue	Sponsor / Audit	What is the Audit about?	Trust participation in 2021/22	Percentage Data completion	Outcome
Cardiovascular Disease (CVD)	Benchmarking Network	working with system partners to drive CVD quality improvement at individual GP, Primary Care Network (PCN), Clinical Commissioning Group (CCG) and Integrated Care System (ICS) level.	✓	data collection	date yet identified
National Audit of Care at the End of Life	NHS Benchmarking Network	The National Audit of Care at the End of Life is 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 in acute hospitals, community hospitals and mental health inpatient providers in England, Wales and Northern Ireland.	✓	100%	No publication date yet identified
National Audit of Pulmonary Hypertension	NHS Digital	The audit measures the quality of care provided to people referred to pulmonary hypertension services.	✓	Continuous data collection	Published report expected October 2022
National Audit of Seizures and Epilepsies in Children and Young People (Epilepsy12)	Royal College of Paediatrics and Child Health	The audit aims to address the care of children and young people with suspected epilepsy who receive a first paediatric assessment within acute, community and tertiary paediatric services.	✓	Continuous data collection	No publication date yet identified
National Cardiac Arrest Audit	Intensive Care National Audit and Research Centre / Resuscitation Council UK	The project audits cardiac arrests attended to by in-hospital resuscitation teams.	✓	Continuous data collection	Published report expected March 2023
National Cardiac Audit Programme – Cardiac Rhythm Management	Barts Health NHS Trust	The audit aims to monitor the use of implantable devices and interventional procedures for management of cardiac rhythm disorders in UK hospitals.	✓	Continuous data collection	No publication date yet identified
National Cardiac Audit Programme – Myocardial Ischaemia	Barts Health NHS Trust	The Myocardial Ischaemia National Audit Project was established in 1999 in	✓	Continuous data collection	No publication date yet identified

National Audit issue	Sponsor / Audit	What is the Audit about?	Trust participation in 2021/22	Percentage Data completion	Outcome
		response to the National Service Framework for Coronary Heart Disease, to examine the quality of management of heart attacks (Myocardial Infarction) in hospitals in England and Wales.			
National Cardiac Audit Programme – Adult Cardiac Surgery	Barts Health NHS Trust	This audit looks at heart operations. Details of who undertakes the operations, the general health of the patients, the nature and outcome of the operation, particularly mortality rates in relation to preoperative risk and major complications.	✓	Continuous data collection	No publication date yet identified
National Cardiac Audit Programme – Percutaneous Coronary Interventions(PCI)	Barts Health NHS Trust	The audit collects and analyses data on the nature and outcome of PCI procedures, who performs them and the general health of patients. The audit utilises the Central Cardiac Audit Database, which has developed secure data collection, analysis and monitoring tools and provides a common infrastructure for all the coronary heart disease audits.	✓	Continuous data collection	No publication date yet identified
National Cardiac Audit Programme – Heart Failure	Barts Health NHS Trust	The aim of this project is to improve the quality of care for patients with heart failure through continual audit and to support the implementation of the national service framework for coronary heart disease.	✓	Continuous data collection	No publication date yet identified
National Cardiac Audit Programme – Congenital Heart Disease in Children and Adults	Barts Health NHS Trust	The congenital heart disease website profiles every congenital heart disease centre in the UK, including the number and range of procedures they carry out and survival rates for the most common types of treatment.	✓	Continuous data collection	No publication date yet identified
National Child Mortality Database	University of Bristol	The National Child Mortality Database	✓	Continuous data	No publication date yet

National Audit issue	Sponsor / Audit	What is the Audit about?	Trust participation in 2021/22	Percentage Data completion	Outcome
		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.		collection	identified
National Comparative Audit of Blood Transfusion – 2021 Audit of Patient Blood Management (PBM) & NICE Guidelines	NHS Blood and Transplant	This audit aims to provide understanding of how to implement PBM and to measure their effectiveness in improving patient care.	✓	100%	Published February 2022. Action plan developed
National Early Inflammatory Arthritis Audit	British Society of Rheumatology	The audit aims to improve the quality of care for people living with inflammatory arthritis.	✓	Continuous data collection	No publication date yet identified
National Emergency Laparotomy Audit (NELA)	Royal College of Anaesthetists	NELA aims to look at structure, process and outcome measures for the quality of care received by patients undergoing emergency laparotomy.	✓	Continuous data collection	No publication date yet identified
National Gastro-intestinal Cancer Programme – National Oesophago-gastric Cancer	NHS Digital	The audit aims to evaluate the quality of care received by patients with oesophago-gastric cancer in England and Wales.	✓	Continuous data collection	No publication date yet identified
National Gastro-intestinal Cancer Programme – National Bowel Cancer Audit (NBOCA)	NHS Digital	The NBOCA collects data on items that have been identified and accepted as good measures of clinical care. It compares regional variation in outcomes between English cancer alliances and Wales as a nation. It also compares local variation between English NHS trusts or hospitals, and Welsh MDTs.	✓	Continuous data collection	No publication date yet identified
National Joint Registry	Healthcare Quality Improvement Partnership	The audit covers clinical audit during the previous calendar year and outcomes including survivorship, mortality and length of stay.	✓	Continuous data collection	Published report expected September 2022
National Lung Cancer Audit	Royal College of Physicians	The audit was set up to monitor the introduction	✓	Continuous data	No publication date yet

National Audit issue	Sponsor / Audit	What is the Audit about?	Trust participation in 2021/22	Percentage Data completion	Outcome
		and effectiveness of cancer services.		collection	identified
National Maternity and Perinatal Audit	Royal College of Obstetricians and Gynaecologists	A large scale audit of NHS maternity services across England, Scotland and Wales, collecting data on all registrable births delivered under NHS care.	✓	100%	No publication date yet identified
National Neonatal Audit Programme	Royal College of Paediatrics and Child Health	To assess whether babies requiring specialist neonatal care receive consistent high quality care and identify areas for improvement in relation to service delivery and the outcomes of care.	✓	Continuous data collection	No publication date yet identified
National Paediatric Diabetes Audit	Royal College of Paediatrics and Child Health	The audit covers registrations, complications, care process and treatment targets.	✓	Continuous data collection	No publication date yet identified
National Perinatal Mortality Review Tool (PMRT)	University of Oxford / MBRRACE-UK collaborative	The aim of the PMRT programme is introduce the PMRT to support standardised perinatal mortality reviews across NHS maternity and neonatal units in England, Scotland and Wales.	✓	Continuous data collection	No publication date yet identified
National Prostate Cancer Audit	Royal College of Surgeons	The National Prostate Cancer Audit is the first national clinical audit of the care that men receive following a diagnosis of prostate cancer.	✓	Continuous data collection	No publication date yet identified
National Vascular Registry	Royal College of Surgeons	The National Vascular Registry collects data on all patients undergoing major vascular surgery in NHS hospitals in the UK.	✓	Continuous data collection	No publication date yet identified
Neurosurgical National Audit Programme	Society of British Neurological Surgeons	This audit looks at all elective and emergency neurosurgical activity in order to provide a consistent and meaningful approach to reporting on national clinical audit and outcomes data.	✓	Continuous data collection	No publication date yet identified
Paediatric Intensive Care Audit (PICANet)	University of Leeds / University of	PICANet aims to continually support the improvement of	✓	Continuous data collection	No publication date yet identified

National Audit issue	Sponsor / Audit	What is the Audit about?	Trust participation in 2021/22	Percentage Data completion	Outcome
	Leicester	paediatric intensive care provision throughout the UK by providing detailed information on paediatric intensive care activity and outcomes.			
Respiratory Audits – National Outpatient Management of Pulmonary Embolism	British Thoracic Society (BTS)	The BTS Audit of Outpatient Pulmonary Embolism Management in the UK seeks to identify where improvements can be made in this area to align practice to BTS Quality Standards and other guidance.	✓	100%	No publication date yet identified
Respiratory Audits – National Smoking Cessation Audit	British Thoracic Society	The aim of the BTS audit programme is to drive improvements in the quality of care and services for patients with respiratory conditions across the UK.	✓	100%	No publication date yet identified
Sentinel Stroke National Audit Programme	Kings College London	The audit collects data on all patients with a primary diagnosis of stroke, including any patients not on a stroke ward. Each incidence of new stroke is collected.	✓	Continuous data collection	No publication date yet identified
Serious Hazards of Transfusion	Serious Hazards of Transfusion	The scheme collects and analyses anonymised information on adverse events and reactions in blood transfusion from all healthcare organisations that are involved in the transfusion of blood and blood components in the United Kingdom.	✓	Continuous data collection	No publication date yet identified
Society for Acute Medicine's Benchmarking Audit	Society for Acute Medicine	SAMBA is a national benchmark audit of acute medical care. The aim is to describe the severity of illness of acute medical patients presenting to Acute Medicine, the speed of their assessment, their pathway and progress at seven days after admission and to provide a comparison for each participating unit with the national	The Trust did not participate in the programme due to local resourcing issues.		

National Audit issue	Sponsor / Audit	What is the Audit about?	Trust participation in 2021/22	Percentage Data completion	Outcome
		average.			
Transurethral Resection and Single instillation mitomycin C Evaluation in bladder Cancer Treatment	BURST Collaborative / British Urology Researchers in Surgical Training	The aim of BURST Research Collaborative is to produce high impact multi-centre audit and research that can improve patient care.	✓	Data collection 3rd May 2021 – 3rd April 2022	No publication date yet identified
Trauma Audit and Research Network	Trauma Audit & Research Network	The 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	Major Trauma Dashboards (quarterly), Clinical Feedback reports (3 per year), PROMs reports (quarterly).
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 in the UK.	✓	Continuous data collection	Published report expected August 2022.
Urology Audits – Management of the Lower Ureter in Nephrouterectomy Audit	British Association of Urological Surgeons	This audit aims to determine which surgical technique offers the best cancer control in terms of survival and recurrence.	✓	100%	No publication date yet identified
Child Health Outcome Review Programme	National Confidential Enquiry into Patient Outcome and Death (NCEPOD)	The audit aims to assess the quality of healthcare and stimulate improvement in safety and effectiveness.	✓	Data collection period TBC	No publication date yet identified
Medical and Surgical Clinical Outcome Review Programme	National Confidential Enquiry into Patient Outcome and Death (NCEPOD)	The audit aims to assess the quality of healthcare and stimulate improvement in safety and effectiveness.	✓	Data collection period TBC	No publication date yet identified

An additional 12 audits have been added to the list for inclusion in 2022/2023 Quality Account, only eight of these audits are relevant to services provided by the Trust. The audits include:

- Breast and Cosmetic Implant Registry
- Assessing for cognitive impairment in older people (Emergency Medicine QIPs)
- Muscle Invasive Bladder Cancer Audit
- National Ophthalmology Audit Database
- Perioperative Quality Improvement Programme
- National Acute Kidney Injury Audit
- Adult Respiratory Support Audit
- UK Parkinson's Audit.

The reports of national clinical audits were reviewed by the provider in 2021/2022 and the Newcastle upon Tyne Hospitals NHS Foundation 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 Directorate 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 Directorates are asked to include national clinical audit as a substantive agenda item at their Clinical Governance meetings in particular, 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 risk assessed and considered for inclusion on the local risk register.

The reports of 762 local audits were reviewed by the provider in 2021/2022 and the Newcastle upon Tyne Hospitals NHS Foundation Trust intends to take the following action to improve the quality of health care provided:

- Each Clinical Directorate is required to present an Annual Clinical Audit Report to the Clinical Audit and Guidelines Group detailing all audit activity undertaken both 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 11,703 participants were recruited to Clinical Trials provided or hosted by The Newcastle upon Tyne Hospital's NHS Foundation Trust of which 10,846 enrolled on to UK National Institute for Health and Care Research (NIHR) Clinical Research Network (CRN) portfolio studies. These wide-ranging studies included common conditions such as migraines and irritable bowel syndrome, to dosing the first patient in Europe as part of a rare disease clinical trial and using robotics to carry out knee replacements.

Since the pandemic started in March 2020, clinical research at Newcastle has recruited 1,743 participants to 64 COVID-19 studies, contributing towards the approval of COVID-19 vaccines and new treatments that reduce COVID-19 related mortality. Despite the challenges brought on by the pandemic, research continued to see the positive impact clinical trials can have on patients' lives and the role it plays in tackling some of our greatest health challenges. The Newcastle upon Tyne Hospitals NHS Foundation Trust commitment to clinical research is demonstrated in our Clinical Research Strategy 2021-2026,which sets out how research will build on its national and international reputation for research excellence, whilst continuing to make a difference to local people.

INFORMATION ON THE USE OF THE CQUIN FRAMEWORK

In response to the COVID-19 pandemic, NHS England suspended healthcare contracting and introduced an emergency finance regime. That finance regime included provision for the funding of all Trusts via a “block envelope” paid over to Trusts regardless of activity, performance or quality.

In previous years, a proportion of The Newcastle upon Tyne Hospital’s NHS Foundation Trust income had been conditional upon achieving quality improvement and innovation, through Commissioning for Quality Innovation (CQUIN) payment framework. For 2021/2022, that is not the case and the suspension of healthcare contract implies the suspension of CQUIN as well.

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

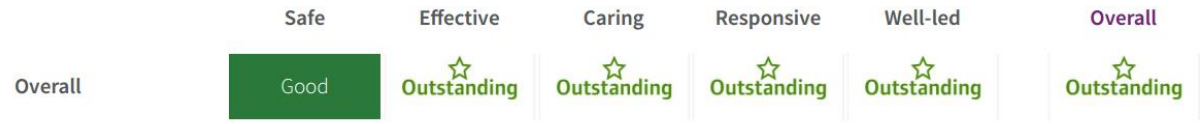
The Newcastle upon Tyne Hospital's NHS Foundation Trust is required to register with the Care Quality Commission and its current registration status is 'Registered without Conditions'. The Newcastle upon Tyne Hospital's NHS Foundation Trust has no conditions on registration. The Newcastle upon Tyne Hospital's NHS Foundation Trust is registered with the CQC to deliver care from nine separate locations and for 10 regulated activities.

The Care Quality Commission has not taken enforcement action against The Newcastle upon Tyne Hospital's NHS Foundation Trust during 2020/21.

The Newcastle upon Tyne Hospital's NHS Foundation Trust has not participated in any special reviews or investigations by the Care Quality Commission during the reporting period.

The Newcastle upon Tyne Hospital's Foundation Trust received a full inspection of all services during January 2019. Following this inspection, Newcastle Hospitals was graded as 'Outstanding'.

Overall Trust Rating - Outstanding



INFORMATION ON THE QUALITY OF DATA

The Newcastle upon Tyne Hospital's NHS Foundation Trust submitted records during 2021/2022 to the Secondary Uses Service (SUS) for inclusion in the Hospital Episode Statistics (HES) which are included in the latest published data. The percentage of records in the published data:

Which included the patients valid NHS number was:

- 99.6% 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:

- 100% for admitted patient care;
- 100% for outpatient care;
- 100% for accident and emergency care.

Clinical Coding Information

Score for 2021/2022 for Information Quality and Records Management, assessed using the Data Security & Protection (DSP) 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:

- Vascular Surgery
- Cardiothoracic Surgery
- COVID-19 Infection.

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	NUTH Level
Primary diagnosis	>=90%	>=95%	98.0%
Secondary diagnosis	>=80%	>=90%	98.5%
Primary procedure	>=90%	>=95%	99.1%
Secondary procedure	>=80%	>=90%	95.8%

It was noted that previous audit recommendations have been taken on board to achieve quality improvements and that the organisation should be highly commended on its clinical coding accuracy.

KEY NATIONAL PRIORITIES 2021/2022

The key national priorities are performance targets for the NHS which are determined by the Department of Health and Social Care and form part of the CQC Intelligent Monitoring Report. A wide range of measures are included and the Trust's performance against the key national priorities for 2021/2022 are detailed in the table below. Please note that changes in performance are in all likelihood due to the impact of COVID-19.

Operating and Compliance Framework Target	Target	Annual Performance 2020/2021	Annual Performance 2021/2022
Incidence of Clostridium (*C .difficile:* variance from plan)	No more than 98 cases	111	169
Incidence of MRSA Bacteraemia	Zero tolerance	1	0
All Cancer Two Week Wait	93%	62.5%	65.7%
Two Week Wait for Symptomatic Breast Patients (Cancer Not initially Suspected)	93%	50.7%	32.2%
31-Day (Diagnosis To Treatment) Wait For First Treatment	96%	93.0%	90.6%
31-Day Wait For Second Or Subsequent Treatment: Surgery	94%	89.1%	74.6%
31-Day Wait For Second Or Subsequent Treatment: Drug treatment	98%	96.4%	97.1%
31-Day Wait For Second Or Subsequent Treatment: Radiotherapy	94%	97.5%	97.3%
All cancers: 62-day wait for first treatment from: • urgent GP referral for suspected cancer	85%	76.3%	58.9%
All cancers: 62-day wait for first treatment from: • NHS Cancer Screening Service referral	90%	63.7%	77.0%
RTT – Referral to Treatment - Admitted Compliance	90%	67.3%	64.4%
RTT – Referral to Treatment - Non-Admitted Compliance	95%	78.9%	82.1%
RTT – Referral to Treatment - Incomplete Compliance	92%	65.5%	71.4%
Maximum 6-week wait for diagnostic procedures	99%	80.7%	80.6%
A&E: maximum waiting time of 4 hours from arrival to admission/transfer/discharge	95%	91.9%	86.23%
Cancelled operations – those not admitted within 28 days	Offered a date within 28 days of none clinical cancellation	93.41% (789 cancelled ops with 52 breaching 28 day target)	Cancelled due to COVID reinstated 2022/23
Maternity bookings within 12 weeks and 6 days	Not defined	88.4%	86.9%

Details on Hospital-level Mortality Indicator please refer to page 82.

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

Cancer Performance Targets**:** Referral numbers have increased following an initial decline impacting performance. Outpatient capacity has been reduced during COVID-19 specifically impacting on Dermatology and Colorectal with a significant backlog of

patients waiting for first appointments/investigations. This has had a major impact on 14 day and 62-day compliance.

Implementation of a teledermatology service has had a significant impact in reducing the backlog of patients and has been extended to cover all suspected skin cancers. Diagnostic pressures (radiology and endoscopy) remain the biggest challenge with demand exceeding capacity.

In Endoscopy nurse led triage was implemented and has steadily improved the position, and more recently additional nurses appointed to support the expansion of the Department along with a new electronic scheduling system.

In radiology a number of actions are being progressed.

- Provision on site of additional MRI staffed mobile units to support recovery – two scanners initially six months.
- Access to private sector imaging centres – outsourcing of appropriate scans CT/MRI.
- Utilisation of Phase 1 CDC Centre – MRI & CT.
- International recruitment of appropriate radiographic and sonographic staff – project initiated.
- Further recruitment of radiologist agreed.
- Outsourcing of reporting – additional provider to be available within next six weeks.
- Working with universities to increase numbers of undergraduate radiographers.

Within the 31 day standard theatre capacity has been a major factor specifically in Urology and Breast. Workforce issues spanning all disciplines (COVID-19 and general sickness) has impacted across all standards. All tumour groups have a cancer improvement plan to support recovery, improved performance and patient experience. These will be regularly reviewed via the Cancer Steering Group.

Referral to Treatment Targets: Throughout the pandemic national guidance has prevailed with infection control measures to maximise safe patient treatments. This continues to be adhered to. Throughout this time, cancer and high clinical priority patients remained the priority to be treated.

The patients on the waiting list continue to be prioritised by clinical need and longest waits. There is intense scrutiny on the longest waiting patients to schedule their treatment as soon as possible. The performance details of long waiters are discussed and reported at Board level. Additional capacity is being utilised in the Independent sector, and measures to redesign patient pathways are proving successful in reducing the long waiters and as a result will improve performance.

Emergency Department (ED) Target: Type 1 attendances have increased by 14.45% compared to 2019/2020 this is an increase of 57 patients per day. Understandably, admissions via ED have increased by 10.57% compared to the same time scale and this is an increase of 13 emergency admissions per day. This increase in the number of emergency admissions coupled with significant gaps in the ED medical and nursing rotas due to vacancies and sickness contributed to achieving 86% performance. NUTH is still one of the best performing ED’s in the country.

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	Data Source	Target	Value	2021/22		2020/21				2019/20				
1. The value and banding of the summary hospital-level mortality indicator ("SHMI") for the Trust	NHS Digital Indicator Portal https://indicators.ic.nhs.uk/webview/	Band 2 "as expected"		Oct 20 – Sept 21 **NUTH Value:** 0.9606	Jul 20 - Jun 21 **NUTH Value:** 0.9369	Apr 20 - Mar 21 **NUTH Value:** 0.9678	Jan20 - Dec 20 **NUTH Value:** 0.9536	Oct 19 – Sept 20 **NUTH Value:** 0.9795	Jul 19 - Jun 20 **NUTH Value:** 0.9948	Apr 19 - Mar 20 **NUTH Value:** 0.9791	Jan19 - Dec 19 **NUTH Value:** 0.9700	Oct 18 - Sep 19 **NUTH Value:** 0.9556	Jul 18 - Jun 19 **NUTH Value:** 0.9555	Apr 18 - Mar 19 **NUTH Value:** 0.9644
				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**	**NUTH Band 2**
			National Average	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
			Highest National	1.1909	1.2017	1.2010	1.1845	1.1795	1.2074	1.1997	1.1999	1.1877	1.1916	1.2058
			Lowest National	0.7132	0.7195	0.6908	0.7030	0.6869	0.6764	0.6851	0.6889	0.6979	0.6967	0.7069
2. The percentage of patient deaths with palliative care coded at either diagnosis or specialty level for the trust	NHS Digital Indicator Portal https://indicators.ic.nhs.uk/webview/	N/A	Trust	44%	44%	43%	39%	35%	33%	32%	31%	32%	33%	33%
			National Average	39%	39%	38%	37%	36%	36%	37%	36%	36%	36%	35%
			Highest National	63%	64%	63%	61%	60%	60%	58%	60%	59%	60%	60%
			Lowest National	12%	11%	8%	8%	9%	9%	9%	10%	12%	15%	12%

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

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

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

The Newcastle upon Tyne Hospital's NHS Foundation Trust considers that this data is as described for the following reasons:
The use of palliative care codes in the Trust has remained static and aligned to the national average percentage over recent years. Newcastle Hospitals 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	Value	2020/21	2019/20	2018/19	2017/18	2016/17	2015/16	2014/15
5. The patient reported outcome measures scores (PROMS) for primary hip replacement surgery (adjusted average health gain – EQ5D)	Trust Score	**0.52**	**0.46**	**0.50**	**0.47**	**0.44**	**0.43**	**0.43**
	National average:	0.47	0.46	0.47	0.47	0.44	0.44	0.44
	Highest national:	0.57	0.54	0.56	0.57	0.54	0.51	0.52
	Lowest national:	0.39	0.35	0.35	0.38	0.31	0.32	0.33
6. The patient reported outcome measures scores (PROMS) for primary knee replacement surgery (adjusted average health gain – EQ5D)	Trust Score	**0.35**	**0.36**	**0.31**	**0.33**	**0.33**	**0.31**	**0.32**
	National average:	0.32	0.34	0.34	0.34	0.32	0.32	0.31
	Highest national:	0.40	0.42	0.41	0.42	0.40	0.40	0.42
	Lowest national:	0.18	0.22	0.27	0.23	0.24	0.20	0.20

Please note that finalised PROMs data is now available for 2020/2021. Finalised 2021/2022 data will not be available until September 2022.

Measure 3. The Patient Reported Outcome Measures scores (PROMS) for groin hernia surgery.

Collection of groin procedure scores ceased on October 1st 2017.

Measure 4. The Patient Reported Outcome Measures scores (PROMS) for varicose vein surgery.

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

Measure 5. The Patient Reported Outcome Measures scores (PROMS) for hip replacement surgery.

The Newcastle upon Tyne Hospital's NHS Foundation Trust considers that this data is as described for the following reasons:
Newcastle Hospitals PROMS outcomes 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 (MDT). Data for 2021/2022 has not yet been released, but data for 2020/2021 has been populated.

Measure 6. The Patient Reported Outcome Measures scores (PROMS) for knee replacement surgery.

The Newcastle upon Tyne Hospital's NHS Foundation Trust considers that this data is as described for the following reasons:
Newcastle Hospitals PROMS outcomes 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 MDT. Data for 2021/2022 has not yet been released, but data for 2020/2021 has been populated.

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

Year	Total number of admissions/spells	Number of readmissions (all)	Emergency readmission rate (all)
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	34,099	3,039	8.9

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

Year	Total number of admissions/spells	Number of readmissions (all)	Emergency readmission rate (all)
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	184,032	11,923	6.5

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

This indicator was last updated in December 2013 and future releases have been temporarily suspended pending a methodology review. Therefore, the Trust has reviewed its own internal data and used its own methodology of reporting readmissions within 28 days (without Payment by Results exclusions). Newcastle Hospitals considers that this data is as described for the following reasons: The Trust has a robust reporting system in place and adopts a systematic approach to data quality improvement.

The Newcastle upon Tyne Hospital's NHS Foundation Trust 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	Data Source	Value	2021/22*	2020/21	2019/20	2018/19	2017/18	2016/17
8. The trust's responsiveness to the personal needs of its patients	NHS Information Centre Portal https://indicators.ic.nhs.uk/	Trust percentage	Not available	77.7%	72.6%	73.1%	74.9%	74.6%
		National Average:	Not available	74.5%	67.1%	67.2%	68.6%	68.1%
		Highest National:	Not available	85.4%	84.2%	85.0%	85.0%	85.2%

		Lowest National:	Not available	67.3%	59.5%	58.9%	60.5%	60.0%
9. NB 2021 question changed to “If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation” .	http://www.nhsstaffsurveys.com/Page/1006/Latest-Results/Results/	Trust percentage	85.4%	91.3%	90%	90%	96%	95%
		National Average:	66.9%	74.3%	71%	70%	81%	80%
		Highest National:	89.5%	91.7%	95%	95%	100%	100%
		Lowest National:	43.6%	49.7%	36%	33%	43%	44%

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

The Newcastle upon Tyne Hospital’s NHS Foundation Trust considers that this data is as described for the following reasons:
This measure uses the results of a selection of five questions from the National Inpatient Survey focussing on the responsiveness to personal needs. Consultation feedback indicated that personalisation and service responsiveness are important issues for inpatients. This indicator aims to capture inpatients’ experience of this.
The historical data shows that the Trust consistently scores above the national average. As of the 2020/2021 survey, changes have been made to the working of the five questions used in this indicator as well as changes to the scoring regime. As a result, 2020/2021 results are not comparable with those of previous years.

The data shows that the Trust scores above the national average. Newcastle Hospitals intends to take the following actions to improve this indicator, and so the quality of its services, by continuing to implement processes to capture patient experience and improve its services. Data for 2021/2022 has not yet been released, but data for 2020/2021 published on March 17th 2022 has been populated.

Measure 9. The percentage of staff employed by, or under contract to, the Trust who would recommend the Trust as a provider of care to their family or friends changed to “If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation” for 2021/2022 survey.

The Newcastle upon Tyne Hospital’s NHS Foundation Trust considers that this data is as described for the following reasons:
The Trust score is well above the National average. Newcastle Hospitals has taken the following actions to improve this percentage, and so the quality of its services, by continuing to listen to and act on all sources of staff feedback. Data for 2019/2020 has been added as it was not available at time of publication last year.

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

Due to COVID-19 National data collection has ceased and is not expected to resume until June 2022.

Measure	Data Source	Target	2021/22	2020/21	2019/20	2018/19
11. The number of cases of C. difficile infection reported within the Trust amongst patients aged 2 or over	PHE Data Capture System	Trust number of cases	169 HOHA* = 135 COHA* = 34 (no appeals process this financial year)	111 HOHA* = 85 COHA* = 26 (no appeals process this financial year)	113 HOHA* = 95 COHA* = 18 National figure 89 (minus 24 successful appeals**)	77 National figure 48 (minus 29 successful appeals)
		National Average number of cases	HOHA* = 28 COHA* = 11	HOHA* = 23 COHA* = 10	HOHA* = 25 COHA* = 12	31
		Highest National number of cases	HOHA* = 185 COHA* = 76	HOHA* = 151 COHA* = 60	HOHA* = 163 COHA* = 77	130
		Lowest National number of cases	HOHA* = 0 COHA* = 0	HOHA* = 0 COHA* = 0	HOHA* = 0 COHA* = 0	0

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

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

The Newcastle upon Tyne Hospital's NHS Foundation Trust considers that this data is as described for the following reasons:
The Trust has a robust reporting system in place and adopts a systematic approach to data quality improvement. Newcastle Hospitals has taken the following actions to improve this rate, and so the quality of its services by having a robust strategy; Quarterly HCAI Report to share lessons learned and best practice from Serious Infection Review Meetings (see page 46).

Measure	Data Source	Target	2021/22	2020/21	2019/20		2018/19	
12. The number and rate per 100 admissions of patient safety incidents reported *NB: Changed to rate per 1000 bed days April 2014*	NHS Information Centre Portal https://www.england.nhs.uk/patient-safety/national-patient-safety-incident-reports/	Trust no.	April 2021 – March 2022 18440	April 2020 - March 2021 17915	Oct 2019-March 2020 9319	Oct 2018-March 2019 9707	Oct 2018-March 2019 9707	April-2018 Sept 2018 8661
		Trust %	37.5	50.3	41.5	39.8	39.8	38.3
		National Average	Not available	58.4	49.1	44.7	44.7	44.52
		Highest National	Not available	118.7	110.2	95.9	95.9	107.4
		Lowest National	Not available	27.2	15.7	16.9	16.9	13.1

Measure	Data Source	Target	2021/22		2020/21		2019/20			
13. The number and percentage of patient safety incidents that resulted in severe harm or death	NHS Information Centre Portal https://www.england.nhs.uk/patient-safety/national-patient-safety-incident-reports/	Trust no.	April-2021 March 2022 **Severe Harm** 85	April-2021 March 2022 **Death** 50	April 2020 - Mar 2021 **Severe Harm** 72	April 2020-Mar 2021 **Death** 49	Oct 2019-Mar 2020 **Severe Harm** 29	Oct 2019-Mar 2020 **Death** 5	April-2019 Sept 2019 **Severe Harm** 14	April-2019 Sept 2019 **Death** 4
		Trust %	0.5%	0.3%	0.3%	0.2%	0.3%	0.1%	0.2%	0.0%
		National Average	Not available	Not available	0.2%	0.2%	0.2%	0.1%	0.15%	0.04%
		Highest National	Not available	Not available	1%	1.3%	0.8%	0.6%	0.23%	0.08%
		Lowest National	Not available	Not available	0.0%	0.0%	0.0%	0.0%	1.22%	0.66%

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

The Newcastle upon Tyne Hospital NHS Foundation Trust considers that this data is as described for the following reasons:
The Trust takes the reporting of incidents very seriously and have an electronic reporting system (Datix) to support this. Newcastle Hospitals has taken the following actions to improve this number and rate, and so the quality of its services, by undertaking a campaign to increase awareness of incident/near misses reporting. Incidents are graded, analysed and, where required, undergo an investigation using a systems approach to inform actions, recommendations and learning. Incident data is reported to the Quality Committee to inform our organisational learning themes which are reported to the Board. From 2020/2021 the data is now reported annually, previously this was published bi-annually. The 2020/2021 data has now been updated where it was not available last year. The national data for 2021/22 is due for release in September 2022. 2021/2022 Trust data has been compared with all other organisations described as Acute Trusts in National Reporting and Learning System (NRLS).

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

The Newcastle upon Tyne Hospitals NHS Foundation Trust considers that this data is as described for the following reasons:
The Trust takes incidents resulting in severe harm of death very seriously. The rate of incidents resulting in severe harm or death is consistent with the national average. This reflects a culture of reporting incidents which lead to, or have the potential to, cause serious harm or death. Newcastle Hospitals has taken the following actions to reduce this number and rate, and so the quality of its services, by the Board receiving monthly reports of incidents resulting in severe harm of death. From 2020/2021 the data is now reported annually, previously this was published bi-annually. The 2020/2021 data has now been updated where it was not available last year. The national data for 2021/2022 is due for release in September 2022. 2021/2022 Trust data has been compared with all other Organisations described as Acute Trusts in National Reporting and Learning System (NRLS).

WORKFORCE FACTORS

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

This table shows the loss of work days (rate).

	Dec 20	Jan 21	Feb 21	Mar 21	Apr 21	May 21	Jun 21	Jul 21	Aug 21	Sep 21	Oct 21	Nov 21
The Newcastle Upon Tyne Hospitals	5.10%	5.51%	4.76%	4.16%	4.32%	4.62%	4.76%	5.70%	5.77%	5.99%	6.51%	6.34%
South Tyneside and Sunderland	5.87%	5.88%	5.50%	4.65%	5.39%	5.78%	6.19%	6.41%	6.59%	7.15%	7.24%	7.25%
County Durham and Darlington	6.78%	7.22%	6.05%	5.06%	5.04%	5.44%	5.81%	6.21%	6.14%	6.95%	7.00%	6.56%
Gateshead Health	5.19%	4.96%	4.42%	4.34%	4.32%	4.60%	5.06%	5.70%	5.61%	6.06%	6.48%	5.89%
North Tees and Hartlepool	7.09%	7.07%	5.80%	5.09%	5.08%	5.52%	5.85%	6.16%	6.25%	6.42%	6.80%	6.50%
Northumbria Healthcare	5.49%	5.89%	5.21%	4.53%	4.77%	4.77%	5.08%	5.46%	5.99%	5.92%	6.01%	5.99%
South Tees Hospitals	5.59%	5.99%	5.25%	4.32%	4.28%	4.62%	5.23%	6.01%	5.99%	6.16%	6.69%	6.61%
England	5.09%	5.75%	4.65%	3.99%	4.06%	4.34%	4.63%	5.07%	5.14%	5.38%	5.66%	5.59%

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

Year	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Year Total
2010/11 no. of days	118	254	267	366	1005
2011/12 no. of days	253	299	247	153	952
2012/13 no. of days	154	138	174	209	675
2013/14 no. of days	489	331	785	147	1752
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	372	539	446	Not available	Not available

2021 NHS STAFF SURVEY RESULTS SUMMARY

The last couple of years have been exceptionally difficult for everyone working in the NHS. Now, more than ever, it is important to hear what colleagues think about working for us to help improve their working lives. A full census survey was sent via email to all employees of the Trust (via external post for those on maternity leave), giving all 16,071 members of our staff a voice. 7,336 staff participated in the survey, equalling a response rate of 46%, which is aligned to the sector average and was the largest number of respondents received when compared to other organisations in the region.

Providing the highest standard of care has always been our priority even more so during the pandemic and we know how important this is to all of our staff here at Newcastle. We were particularly proud to score higher than the national average (by 18.5%) when asked “If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation.”

For the 2021 survey onwards the questions in the NHS Staff Survey are aligned to the **People Promise,** the biggest re-design in over ten years. This sets out, in the words of NHS staff, 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 People Promise are two main themes**:**

- **Staff Engagement**
- **Morale.**

The reporting also includes new sub-scores, which feed into the People Promise elements and themes.

The Staff Engagement score is measured across three sub-themes:

- Advocacy: 7.5 out of 10, measured by Q21a, Q21c and Q21d (Staff recommendation of the trust as a place to work or receive treatment)
- Motivation: 6.8 out of 10, measured by Q2a, Q2b and Q2c (Staff motivation at work)
- Involvement: 6.6 out of 10, measured by Q3c, Q3d and Q3f (Staff ability to contribute towards improvement at work).

At The Newcastle upon Tyne Hospital’s NHS Foundation Trust Newcastle this score was:
Overall: rating of **staff engagement** 6.9 (out of possible 10).
This score was 0.5 below top position and 0.6 above worst position in the sector (Combined Acute & Community Trusts). It sits above sector average by 0.1.

Including Staff engagement, the Trust scored better on five of the nine people promises / themes when compared with 126 other Combined Acute & Community Trusts in England.

We are compassionate and inclusive
NuTH Score: 7.3 out of 10
Sector Score: 7.2 out of 10

We each have a voice that counts
NuTH Score: 6.8 out of 10
Sector Score: 6.7 out of 10

We are safe and healthy
NuTH Score: 6.0 out of 10
Sector Score: 5.9 out of 10

Morale
NuTH Score: 5.9 out of 10
Sector Score: 5.7 out of 10

The Trust scored equal to the sector in two of the people promises, which included:

We are always learning
NuTH Score: 5.2 out of 10
Sector Score: 5.2 out of 10

We are recognised and rewarded
NuTH Score: 5.8 out of 10
Sector Score: 5.8 out of 10

The Trust fell slightly behind sector average on two of the people promises, which included:
We work flexibly
NuTH Score: 5.6 out of 10
Sector Score: 5.9 out of 10

We are a team
NuTH Score: 6.4 out of 10
Sector Score: 6.6 out of 10

Additionally, the Trust scored favourably in a number of the questions in the survey. Some to note include:

- 90% feel trusted to do their job
- 86% feel their role makes a difference to patients
- 76% feel secure raising concerns about unsafe clinical practice. 2.5% increase from 2020
- 65% would recommend Newcastle Hospitals as a place to work. 6.6% higher than the sector average
- 80.9% enjoy working with the colleagues in our teams
- 69.1% believe the people we work with are understanding and kind to one another

- 70.0% think that people we work with are polite and treat each other with respect, 0.5% higher than sector average
- 71.7% of our staff believe our organisation respects individual differences, meaning we are 2.9% above the sector average.

There is unfortunately a national picture of staff experiencing burnout, which is no surprise given the unprecedented demand over the last couple of years. Overall, the latest results show that we are in line with responses from other similar NHS organisations.

Ensuring that the voices of our staff continue to be heard continues to be a priority, and these survey results provide more depth to our understanding of the issues affecting staff and we will incorporate these findings into our 'What Matters to You' programme.

The issues highlighted in the staff survey are very much in line with the feedback given through 'What Matters to You' including flexible working and compassionate leadership. We are committed to building on improvements in these areas.

INVOLVEMENT AND ENGAGEMENT 2022/2023

Patients, staff and members of the public are at the heart of The Newcastle upon Tyne Hospital's NHS Foundation Trust values and ambitions, which helps to ensure we deliver the best care for everyone. By actively engaging and listening to people who use and care about our services, we can understand what matters most to them and at the same time respond to the diverse health and care needs of our patients

We want to embed engagement and involvement in everything we do and there are already many positive examples of the difference this has already made across the Trust. This includes having a range of supportive and effective mechanisms to feed back about services as well as systems and structures to ensure this experience is listened to, learnt from and acted upon to improve the services we provide to our patients. We want to build upon our progress to date and spread this good practice.

The Newcastle upon Tyne Hospital's NHS Foundation Trust has rapidly adapted to ensure we are able to actively involve and listen to our patients and local communities. The Advising on the Patient Experience (APEX), Young Persons Advisory Group (YPAGne), Maternity Voice Partnership (MVP) and Equality, Diversity and Humans Rights working group have continued to meet virtually, providing a sustainable and strong model of engagement with a diverse range of people.

The Newcastle upon Tyne Hospital's NHS Foundation Trust continues to have a good relationship with, and works in partnership with local communities and voluntary groups in order to ensure that equal and diverse opportunities are promoted to all. This year, we have worked with Deaflink, to develop the health navigator service which we hope to launch in the Spring.

In 2022/2023 the focus will be:

- Continue to work in partnership with local communities and voluntary groups
- Development of a Patient Experience Strategy
- Launch of the Deaf Health Navigator Project
- Improve our use of existing sources of feedback to inform continuous improvement and service transformation.

ANNEX 1:

STATEMENT ON BEHALF OF THE NEWCASTLE HEALTH SCRUTINY COMMITTEE

STATEMENT ON BEHALF OF NORTHUMBERLAND COUNTY COUNCIL

STATEMENT ON BEHALF OF THE NEWCASTLE & GATESHEAD CLINICAL COMMISSIONING GROUP ALLIANCE

STATEMENT ON BEHALF OF HEALTHWATCH NEWCASTLE AND HEALTHWATCH GATESHEAD

STATEMENT ON BEHALF OF NORTHUMBERLAND HEALTHWATCH

STATEMENT ON BEHALF OF NORTH TYNESIDE HEALTHWATCH

ANNEX 2:

ABBREVIATIONS

Abbreviations	
3Rs	Restart, Reset and Recovery
7DS	Seven Day Service
A&E	Accident & Emergency
APEX	Advising on Patient Experience
BADS	British Association of Day Surgery
BAF	Board of Assurance Framework
BAME	Black, Asian and Minority Ethnic
BTS	British Thoracic Society
BURST	British Urology Researchers in Surgical Training
C.diff	Clostridium difficile
CAT	Clinical Assurance Tool
CCGs	Clinical Commissioning Group
CGARD	Clinical Governance and Risk Department
CKD	Chronic Kidney Disease
CNTW	Cumbria, Northumberland and Tyne and Wear
COHA	Community Onset – Healthcare Associated
COPD	Chronic Obstructive Pulmonary Disease
CQC	Care Quality Commission
CQUIN	Commissioning for Quality and Innovation
CRANE	Cleft Registry and Audit Network
CRN	Clinical Research Network
CT	Computed Tomography
CVD	Cardiovascular Disease
CYP	Children and Young People
CYPMH	Children and Young People Mental Health
DoC	Duty of Candour
DSP	Data Security & Protection
DNA	Do Not Attend
DTC	Day Treatment Centre
E.coli	Escherichia coli
ED	Emergency Department
EHR	Electronic Health Record
EPR	Electronic Patient Record
ERAS	Enhanced Recovery After Surgery
ERS	E-Referral System
FTSU	Freedom to Speak up
GIRFT	Getting It Right First Time
GNBSI	Gram Negative Blood Stream Infections
GNCH	Great North Children's Hospital
GP	General Practitioner
HCAI	Healthcare Associated Infection
HES	Hospital Episode Statistics
HOHA	Hospital Onset – Healthcare Associated
HPB	Hepatobiliary and Pancreatic

Abbreviations	
HR	Human Resources
IBD	Inflammatory Bowel Disease
ICS	Integrated Care System
IHI	Institute for Healthcare Improvement
IPC	Infection Prevention & Control
IPCC	Infection Prevention & Control Committee
IT	Information Technology
IV	Intravenous
KRT	Kidney Replacement Therapy
LD	Learning Disability
LeDeR	Learning Disability Mortality Review
LGBTQ+	Lesbian, Gay, Bisexual, Transgender, Queer
LOS	Length of Stay
M&M	Mortality and Morbidity
MAU	Maternity Assessment Unit
MatNeoSIP	Maternity and Neonatal Safety Improvement Programme
MBRRACE	Mothers and Babies, Reducing Risk through Audits and Confidential Enquiries
MDT	Multi-Disciplinary Team
MDU	Mobile Destruction Unit
MEOWS	Modified Early Obstetrics Warning Score
ML	Moisture Lesion
MRI	Magnetic Resonance Imaging
MRSA	Methicillin-resistant *Staphylococcus aureus*
MSSA	Methicillin Sensitive *Staphylococcus Aureus*
MVP	Maternity Voice Partnership
N/A	Not Applicable
NCOBA	National Bowel Cancer Audit
NCEPOD	National Confidential Enquiries into Patient Outcome & Death
NELA	National Emergency Laparotomy Audit
NEY	North East and Yorkshire Region
NHS	National Health Service
NHSE	NHS England
NHSI	NHS Improvement
NICE	National Institute for health and clinical excellence
NIHR	National Institute for Health & Care Research
NRLS	National Reporting & Learning System
NUTH	Newcastle upon Tyne Hospital NHS Foundation Trust
PCI	Percutaneous Coronary Interventions
PCM	Patient Blood Management
PCN	Primary Care Network
PCR	Polymerase Chain Reaction
PDSA	Plan Do Study Act
PHE	Public Heath England

Abbreviations	
PICANet	Paediatric Intensive Care Audit Network
PIFU	Patient Initiated Follow Up
PMRT	Perinatal Mortality Review Tool
PPE	Personal Protection Equipment
PROMS	Patient Reported Outcome Measures Scores
PUP	Pressure Ulcer Prevention
QI	Quality Improvement
QIPS	Quality Improvement and Patient Safety Competencies
RCA	Root Cause Analysis
RCP	Royal College of Physicians
RIDDOR	Reporting of Injuries, Disease and Dangerous Occurrences
RTT	Referral to Treatment
RVI	Royal Victoria Infirmary
SAMBA	Society for Acute Medicine's Benchmarking Audit
SHINE	Sustaining Healthcare in Newcastle
SHMI	Summary Hospital-level Mortality Indicator
SIs	Serious Incidents
UK	United Kingdom
UKRR	United Kingdom Renal Registry
VAD	Ventricular Assist Device
VTE	Venous thromboembolism
YPAGne	Young Persons Advisory Group

ANNEX 3:

GLOSSARY OF TERMS

1. C. *difficile* infection (CDI)

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

2. CQC

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

3. CQUIN – Commissioning for Quality and Innovation

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

4. DATIX

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

5. E.coli

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

6. Gram-negative Bacteria

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

7. Getting it Right First Time (GIRFT)

GIRFT is a national programme designed to improve the treatment and care of patients through in-depth review of services, benchmarking and presenting data-driven evidence to support change.

8. HOGAN evaluation score

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

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

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

9. IHI

The Institute for Healthcare Improvement (IHI) are committed to supporting all who aim to improve health and health care. They bring like-minded colleagues at global conferences, trainings, and career development programs to help grow the safety, improvement, and leadership skills of the health and health care workforce. They advance learning by leading collaborative initiatives that enrich, accelerate, and spread the latest improvement ideas and leadership strategies.

10. MRSA

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

11. MSSA

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

12. Near Miss

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

13. Shelford Group

The Shelford Group is a collaboration between ten of the largest teaching and research NHS Trusts in Engla