The Community Advisory Panel (CAP) consists of a number of people with varying skills gained in a number of walks of life. It attempts to provide unbiased advice to the Trust on the patient, carer and public perspective and in turn bring about improvement for all patients. It is hoped therefore, the relationship between Trust and patient is the best it can be.

Since reporting a decline in membership last year, a vigorous campaign has resulted my being pleased to report this has been corrected and our number returned to its working status. The Panel meets monthly at Freeman Hospital when it is addressed by invited speakers from management and also Departments within the Trust. The Trust Secretary presents information of recent Board Meeting decisions as well as suggesting other speakers who may be helpful for the CAP members to hear, and keeps us fully up to date and answer any questions personally.

As a result of changes to the inspection regime where PEAT was superseded by PLACE (Patient Led Assessments of the Caring Environment), the members of CAP contributed to a review of the procedure and a number of CAP members volunteered to be involved. This ‘inter-change’ was found to be beneficial to patients, staff and the CAP members involved. Since these inspections were ‘unannounced’, members found the hospitals operated to a high standard. The results of the inspection were later given to the meeting by two staff members who had led the PLACE inspection. The results were well received by the meeting which made some helpful comments for future inspections.

At the monthly meetings, CAP members raised a number of important issues which were relative to patients and their carers, these were:

- Self Medication for ‘In Patients’ of the hospitals. A discussion centred round the benefits to the staff and the patient. One of the members who had been recently affected also gave a presentation to the Sisters Forum
- Staff wearing Hijab or Niqab and the way in which some patients may consequently be affected. This matter was taken to the Health Wellbeing and Equalities Group for information although no specific policy was made at this time
- Members expressed concern at the latest method of pharmacy availability relative to Lloyds Pharmacies now being within the hospitals and its presence within the communities. This was examined and later resolved. In addition CAP was addressed by the Head of Pharmacy on the subject of the ‘Community Pharmacy Project’ who was able to answer questions directly as well as promising to keep the Panel up date
- Concerns were raised regarding the ‘drop off point’ at the RVI, where patients were being denied access by vehicles using the marked area as parking areas. The matter was referred to the Transport Department to monitor the situation
- The standard of communication with potential donor recipients relative to them gaining access to the Institute of Transplantation building out of hours was raised. This was highlighted with the Transplant Coordinators and corrected.

In addition other experts addressed the Panel on the following subjects and from which a great deal was learnt:

- Infection Control and update
- Patient Safety Culture
- Fraud in the NHS
- Quality Account
- Overseas Visitors and Private Patients update
- Clinical Research Facility update
- Discharge Coordination
- Choose and Book update
- Customer Care update.

Throughout the year, members have been requested to assist in a number of areas, such as:

- All taking part as patients, carers and observers in Observational Audits in connection with Customer Care
- Some members participated in a review of the refurbishment of The Eye Department
- All helped by discussing and being directly involved in the Trust Annual Plan
- A group of members were invited to discuss the question ‘What part does faith play in healthcare focus groups’
- Invitation to North East Regional Microbiology competition on quality and innovation
- Health Equalities and Wellbeing Group
- Patient, Carer and Public Involvement Group
- Spiritual and Religious Care Group
- Outpatient User Group
- An article for Nursing & Midwifery News
- Comments on Posters and Patient Information Packs were discussed and followed through.

In addition, the Panel has been involved in providing a member(s) as a Governor of the Trust, a judge on the Staff Personal Touch Award Scheme and also Food Tasting.

It can be seen that over the period of twelve months, the Panel has been very busy and members have done so willingly because they are of the opinion that their efforts help to bring the best facilities the Trust can give all patients, carers and relatives.
CORPORATE GOVERNANCE AND RISK MANAGEMENT

Review of the Year 2013/14
CQC Intelligent Monitoring

The Care Quality Commission (CQC) now publishes a quarterly monitoring report which is based on the new model for monitoring a range of key indicators. The report includes data on approximately 150 indicators that relate to five key questions about NHS Acute Organisations – are they safe, effective, caring, responsive, and well-led?

The data includes information arising from:

- Staff
- Patient Surveys
- Mortality rates
- Hospital performance information such as waiting times and infection rates.

Intelligent Monitoring is one of the four key parts of the way the CQC regulate services. The four parts are:

- Registration
- Intelligent monitoring
- Expert inspection
- Judgement.

Together with local information from partners and the public, the CQC uses the results to help it decide when, where and what to inspect. Changes in methodology were made after the first report in October 2013 and continue to be altered as a result of comments the CQC receives. The indicators have also been refreshed with more up-to-date data and include the introduction of new indicators that relate to:

- Central Alerting System (CAS) safety alerts
- Patient Led Assessments of the Care Environment (PLACE)
- Monitor’s Continuity of Service rating
- The inclusion of the overall team-centred ‘Stroke Unit’ score as a replacement for the previously included Stroke Audit Indicator.

The CQC analyses each of the indicators to identify one of the following levels for each trust:

- ‘no evidence of risk’
- ‘risk’
- ‘elevated risk’

An overall summary band for each Trust is then given, by reviewing the proportion of indicators that have been identified as ‘risk’ or ‘elevated risk’ for each Trust out of all the applicable indicators in the model. This is based on how the Trust is performing compared to other organisations. All of the indicators are weighted the same with the only exception being for the whistleblowing indicator, which is automatically counted as an elevated risk.

The CQC has categorised trusts into one of six summary bands, with Band 1 representing highest risk and Band 6 with the lowest. These bands have been assigned based on the proportion of indicators that have been identified as ‘risk’ or ‘elevated risk’ or if there are known serious concerns (e.g. trusts in special measures) Trusts are categorised as Band 1.

For the trusts assigned a category based on the proportion of indicators, the CQC have used the following thresholds:

<table>
<thead>
<tr>
<th>Band</th>
<th>≥</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Band 1</td>
<td>7.0%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Band 2</td>
<td>5.5%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Band 3</td>
<td>4.5%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Band 4</td>
<td>3.5%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Band 5</td>
<td>2.5%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Band 6</td>
<td>&lt; 2.5%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table 1 below provides a summary overview of the Trust position in October 2013, March 2014 and July 2014. In October 2013, 119 out of 161 Trusts had a risk for whistleblowing. Newcastle Hospitals in July 2014 were banded the lowest risk at a 6, with two risks being identified and no elevated risks.

### Table 1 - The Trust summary position

<table>
<thead>
<tr>
<th>Field</th>
<th>October 2013</th>
<th>March 2014</th>
<th>July 2014</th>
<th>Summary statistic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Band</td>
<td>5</td>
<td>6</td>
<td>6</td>
<td>CQC has categorised Trusts into one of six summary Bands, with band 1 representing highest risk and Band 6 with the lowest.</td>
</tr>
<tr>
<td>Number of risks</td>
<td>1 (never events)</td>
<td>1 (never events)</td>
<td>2 (never events and composite risk rating of ESR relating to staff support/supervision)</td>
<td>Total number of indicators identified as ‘risk’.</td>
</tr>
<tr>
<td>Number of elevated risks</td>
<td>2 (Cardiology -mortality &amp; whistleblowing)</td>
<td>0</td>
<td>0</td>
<td>Total number of indicators identified as ‘elevated risk.’ No Evidence of risk: refers to where our statistical analysis has not deemed there to be a risk or elevated risk.</td>
</tr>
<tr>
<td>Number of applicable indicators</td>
<td>87</td>
<td>93</td>
<td>96</td>
<td>A count of the number of indicators that apply to the individual Trust.</td>
</tr>
<tr>
<td>Overall risk score</td>
<td>5</td>
<td>1</td>
<td>2</td>
<td>A weighted sum of (number of risks) + (number of elevated risks x 2).</td>
</tr>
<tr>
<td>Maximum possible risk score</td>
<td>174</td>
<td>186</td>
<td>192</td>
<td>The score a Trust would receive if it had flagged as elevated risk for every single applied indicator in the model.</td>
</tr>
<tr>
<td>Proportional Score</td>
<td>2.87%</td>
<td>0.54%</td>
<td>1.04%</td>
<td>The score calculated from (overall risk score) / (maximum possible risk score) converted to a percentage.</td>
</tr>
</tbody>
</table>
39 Trusts were placed in Band 6 in the July 2014 reports. Table 2 below provides a summary comparison of the Trust position in July 2014 with the other large acute/acute teaching Trusts in England and local Trusts. Newcastle was the best performing Trust in the region.

**Table 2 - Comparison of other large Acute/Acute Teaching Trusts in England and local Trusts**

<table>
<thead>
<tr>
<th>Trust</th>
<th>Band</th>
<th>Proportional Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Norfolk and Norwich University Hospitals NHS Foundation Trust</td>
<td>6</td>
<td>0.00%</td>
</tr>
<tr>
<td>Royal Devon and Exeter NHS Foundation Trust</td>
<td>6</td>
<td>0.52%</td>
</tr>
<tr>
<td>Guy’s and St Thomas’ NHS Foundation Trust</td>
<td>6</td>
<td>0.53%</td>
</tr>
<tr>
<td>Oxford University Hospitals</td>
<td></td>
<td>0.53%</td>
</tr>
<tr>
<td>The Newcastle-upon-Tyne Hospitals NHS Foundation Trust</td>
<td>6</td>
<td>1.04%</td>
</tr>
<tr>
<td>Gloucestershire Hospitals NHS Foundation Trust</td>
<td>6</td>
<td>1.04%</td>
</tr>
<tr>
<td>Sandwell and West Birmingham Hospitals NHS Trust</td>
<td>6</td>
<td>1.58%</td>
</tr>
<tr>
<td>County Durham and Darlington NHS Foundation Trust</td>
<td>6</td>
<td>2.08%</td>
</tr>
<tr>
<td>Gateshead Health NHS Foundation Trust</td>
<td>6</td>
<td>2.08%</td>
</tr>
<tr>
<td>Wirral University Teaching Hospital NHS Foundation Trust</td>
<td>6</td>
<td>2.08%</td>
</tr>
<tr>
<td>York Teaching Hospital NHS Foundation Trust</td>
<td>6</td>
<td>2.08%</td>
</tr>
<tr>
<td>Portsmouth Hospitals NHS Trust</td>
<td>6</td>
<td>2.11%</td>
</tr>
<tr>
<td>Northumbria Healthcare NHS Foundation Trust</td>
<td>5</td>
<td>2.60%</td>
</tr>
<tr>
<td>Imperial College</td>
<td>5</td>
<td>2.69%</td>
</tr>
<tr>
<td>Sheffield Teaching Hospitals NHS Foundation Trust</td>
<td>5</td>
<td>3.13%</td>
</tr>
<tr>
<td>North Tees and Hartlepool NHS Foundation Trust</td>
<td>4</td>
<td>3.65%</td>
</tr>
<tr>
<td>Central Manchester</td>
<td>4</td>
<td>3.65%</td>
</tr>
<tr>
<td>South Tees University Hospitals NHS Foundation Trust</td>
<td>4</td>
<td>4.17%</td>
</tr>
<tr>
<td>South Tyneside NHS Foundation Trust</td>
<td>3</td>
<td>4.84%</td>
</tr>
<tr>
<td>Cambridge University Hospitals NHS Foundation Trust</td>
<td>3</td>
<td>5.21%</td>
</tr>
<tr>
<td>City Hospitals Sunderland NHS Foundation Trust</td>
<td>2</td>
<td>5.73%</td>
</tr>
<tr>
<td>University College London (UCL)</td>
<td></td>
<td>5.85%</td>
</tr>
<tr>
<td>Kings College</td>
<td>2</td>
<td>5.91%</td>
</tr>
<tr>
<td>University Hospitals Birmingham NHS Foundation Trust</td>
<td>2</td>
<td>6.17%</td>
</tr>
<tr>
<td>Leeds Teaching Hospital NHS Foundation Trust</td>
<td></td>
<td>6.32%</td>
</tr>
<tr>
<td>North Cumbria University Hospitals Trust</td>
<td></td>
<td>9.47%</td>
</tr>
</tbody>
</table>

**Incident Reporting**

The Trust uses a transparent and accessible approach to incident reporting, via Datix, which offers a web-based system for reporting, analysis and control. The system facilitates a quick and comprehensive analysis of all reported incidents and also underpins reporting to the National Reporting and Learning System (NRLS). The NRLS provides national incident analysis and benchmarking. Datix also supports the corporate Risk Register, which again uses a web-based system designed for ease of use by local accountable managers. This Register is reviewed and monitored by the Corporate Governance Committee.

**Quality Improvement**

As part of the continuing commitment to quality improvement, the Trust, in association with key stakeholders, identified a number of quality and safety areas which were agreed as priorities for improvement. These are outlined in the Quality Account published by the Trust (pages 284 to 337). In 2013/14, the Trust continued to make good progress in reducing the incidence of Healthcare Associated Infections and patient falls.

A further indicator of patient safety is the Standardised Hospital Mortality Indicator (SHMI). The SHMI is a risk adjusted mortality indicator and the Trust’s performance can be seen on page xx. SHMI covers all deaths reported for patients who were admitted to an acute hospital in England and either died while in hospital or within 30 days of discharge. The Trust’s position in 2013/14 was “as expected” and continues to be reported as having the lowest mortality rates in the North East and Cumbria.
The Trust will continue to put patients at the heart of everything it does, working for them in a sensitive and compassionate manner whilst protecting their safety and dignity. We will continue to focus upon continuous improvement in the pursuit of excellence to enhance and develop our services. In addition to acute hospital care we will continue to provide high quality community services within Newcastle and its environs, in line with “Better Together... our vision for shared care”.

We will continue to monitor and identify key quality indicators through engagement with the Board of Directors, Council of Governors, Patient and Public Involvement Committee, Clinical Governance and Quality Committee, Clinical Policy Group and various public and local committees. The key quality indicators will be monitored using robust metrics and will be reported monthly to the Board and be included in our Quality Account. The Quality Account highlights key areas of quality performance, including incident data for both patients and staff, clinical outcome data and performance in national audits. The content of the Quality Account will continue to develop over the next few years to include further benchmarking data and areas of improvement which have been identified.

2013/14 was another very busy and successful year in which we continued to strive for excellence and to be a leading provider in quality healthcare. 2013/14 also saw us striving forward with new revolutionary procedures to improve patient care and ensure safe, high quality services. We will continue to work hard to ensure we continue to be at the forefront as a leading healthcare provider and will continue to ensure patients receive safe, high quality care that is value for money.

To build on the successes to date we will continue to raise standards of quality and risk management across the organisation and monitor these, ensuring implementation and, where there are deficits, take action to ensure improvement. Strategic patient safety and quality improvements will include:

- Further reducing the incidence of Healthcare Associated Infections (HCAIs)
- Further reducing avoidable deaths and harm
- Improving the patient experience

The content of the Quality Account will continue to develop over the next few years to include further benchmarking data and areas of improvement which have been identified.
OUR PARTNERS
The Faculty of Medical Sciences at Newcastle University focuses its research efforts on areas where we are currently or potentially world leading, whilst ensuring the delivery of high quality teaching in all aspects of medical sciences. Given that our areas of research focus include ageing, chronic degenerative diseases, cancer, genetic and regenerative medicine, bacterial infection and diseases of the nervous system, achieving globally recognised academic excellence in these fields will lead to a clear benefit for the health and well-being of the regional population as well as populations further afield. We aim to ensure that our local population is amongst the first to benefit from advances made in the Faculty.
Our vision is of a Faculty of Medical Sciences with a global reputation for academic excellence in our areas of strength that leads to an improvement in the health and well-being of the people of the North East of England and the wider national and international population.

The Faculty's mission statement – what we aim to do – is based on realising this vision. We aim:

- To do world class research in medical sciences
- To deliver teaching of the highest quality in all aspects of medical sciences while providing an excellent all-round student experience
- To develop the Faculty’s commercial and collaborative opportunities in the context of translational bioscience and medicine in order to augment the economic and societal outcomes of the Faculty’s research and teaching.
We continue to promote ageing and age-related disease as a key theme across the Faculty, with our flagship Newcastle University Institute on Ageing encompassing collaborative activities across all of the University’s three Faculties. We continue to translate our research into real benefits for the people of the North East and beyond. Through the Biomedical Research Centre (BRC) in Ageing and Biomedical Research Unit (BRU) in Dementia we focus on improving health and wellbeing.

We continue to proactively broaden our collaborations and leverage of commercial income to support research in Northern England through the newly established Northern Health Science Alliance (NHSA) as well as the N8 network of 8 research intensive Northern Universities. As part of the Academic Health Sciences Network (AHSN) for the North East & Cumbria and hand in hand with our NHS partner organisations we aim to deliver improved therapies and realise a positive impact on the health and wellbeing of people living in the region.

Our undergraduate medical (MBBS) programme continues to attract the brightest and best future doctors to the North East and we are proud that we have increased our ranking for medicine from 8/30 to 6/30 (Guardian) with consistently >95% satisfaction in the National Student Survey. During the three years since our Malaysian campus opened the MBBS programme has gone from strength to strength and now recruits well, meeting or exceeding targets. We have now received a provisional report from the GMC indicating that our students there are able to meet the outcomes as defined in Tomorrow’s Doctors 2009. Our first students on the programme will graduate in 2014.

Over the last year we have increased our part-time postgraduate taught (PGT) student population through working with the NHS, meeting the medical and non-medical workforce training needs. The Faculty is capitalising on the award of national commissioning for the accredited Scientist Training Programme under the Department of Health Modernising Scientific Careers initiative. The Newcastle Biomedicine Joint Education Executive provides a mechanism to strengthen the interactions with Newcastle Hospitals to develop a shared vision for healthcare education. The Newcastle National Institute for Health Research (NIHR) Biomedical Research Centre Training School presents an important further opportunity to develop Newcastle’s ability to focus upon our expertise clinically and academically in ageing and age-related chronic disease and develop an educational resource that would enhance our ‘reach’ beyond the North East. E-learning is core to these developments, thus allowing flexible learning for a workforce, while offering opportunities for distance learning. The Faculty has capitalised on its current e-learning provision and has expanded to provide a number of inter-related distance-learning provisions to expand Newcastle’s influence outside the north-east and provide high quality training to those unable to travel to Newcastle.

We continue to target National Institute of Health Research (NIHR) and Medical Research Council (MRC) monies to support Translational Research and were delighted to increase our new awards from National Institute of Health Research (NIHR) Biomedical Research Unit (BRU) in Dementia we focus on improving health and wellbeing.

We continue to target National Institute of Health Research (NIHR) and Medical Research Council (MRC) monies to support Translational Research and were delighted to increase our new awards from £68.4 million in 2011/12 to £83.2 million, with £31.3 million from UK Government and Research Councils. Applications that combine complementary areas of excellence, particularly those that are cross-Institute and cross-Faculty, are actively supported. We have enhanced our involvement with the appointment of the best staff to the NHS focussing upon areas of academic strength. We encourage the involvement of NHS staff in these programmes of work through greater engagement with those with Honorary appointments and continue to develop stronger links with Clinical Directorates who, together with academics, will lead on this within Newcastle Hospitals. The designation of Academic Clinical Directorates with identified Academic Directors who play an active role in the management team within the Clinical Directorates, together with explicit academic metrics reviewed at the quarterly performance reviews, will enhance our partnership and drive up quality. Through our joint HR group we work closely with our NHS partners to identify areas of need and opportunity to ensure a collaborative approach to meeting our clinical and academic objectives.

Our undergraduate medical (MBBS) programme continues to attract the brightest and best future doctors to the North East and we are proud that we have increased our ranking for medicine from 8/30 to 6/30 (Guardian) with consistently >95% satisfaction in the National Student Survey.

Success in Translational Medicine will be measured at least in part by how much a therapy or diagnostic protocol/technology is adopted and rolled out into widespread practice. This is a paradigm shift and we work with NuTH to develop and record metrics for this and identify the tools by which to do this. This has been of particular relevance for the Impact assessment in the REF, and post-REF we will implement mechanisms for the ongoing capture of Impact assessment data. We will evaluate how translational our existing activities are and examine across the Faculty how we can generate bench to bedside successes in a relatively short time span. One reflection of our ability to influence is that in 2012/13 we published 72 discovery journal publications.

We are particularly proud of our career development for early stage researchers which is recognised in our increase from 50 external fellowships awarded in 2011/12, to 57 in 2012/13. We continue to be very successful in recruiting high calibre individuals to Academic Clinical Fellowship and Lectureship programmes and are also developing strategies to ensure visible high quality clinical academic career pathways for other NHS professional groups.

While the focus for success in early translational medicine needs to be on the Newcastle ‘hub’, the innovation and implementation parts of the pathway will require more effective interactions with multiple partners across the region including other higher education institutions. There are several vehicles for this including the NIHR Local Research Networks (LRNs). We work closely with external agencies in developing a Regional vision for innovation and our influence in the shaping and running of the proposed new Academic Health Science Network (AHSN) will be crucial. The appointment of the Faculty Dean of Clinical Medicine as Associate Medical Director for Research in NuTH, with direct oversight of research delivery and the hosting responsibility for the new NIHR LCRN; North East and North Cumbria, underpins our ability to directly impact upon the pull through into improvements in patient care.

Professor Christopher P Day
Pro Vice Chancellor, Faculty of Medical Sciences

Professor Julia Newton
Dean of Clinical Medicine, Faculty of Medical Sciences
The Dental Directorate in Newcastle continues to make excellent progress across its key functions as a provider specialist clinical care and of undergraduate and post-graduate education and research. The General Dental Council delivered a very favourable report when they inspected the undergraduate courses for dental students and Dental Care Professionals (DCP’s) in 2013.

Dental undergraduate training continues to be the main focus of educational activity and the Trust and University continue to have a strong and effective working relationship to ensure that this happens. The DCP diploma programme is being completely overhauled to develop a degree programme for these students. The first intake is expected in 2015.

For qualified dentists, trainees continue to achieve excellent levels of attainment across all of the recognised main dental specialties. Dr Clare Porter, one of our Foundation trainees in Oral and Maxillofacial Surgery, was awarded the Dean’s medal at the Royal College of Surgeons of Edinburgh for the best performance in her Part 2 Membership of the Faculty of Dental Surgery (MFDS) exams.
This is the second year in succession that a Newcastle trainee has achieved this status at one of the Royal Colleges. This award is a true reflection of the quality of the educational experience available at the Dental Hospital and School and the Maxillofacial Unit, with a 100% pass rate in the MFDS examinations.

On the research front, the Dental Directorate was awarded the status of an Academic Clinical Directorate, which will help to strengthen the research portfolio. The earlier development of the Clinical Research Facility should be in the vanguard of future infrastructure developments, as areas for clinical refurbishment have been identified to ensure that the facilities provided for training and patient care reflect contemporary clinical and educational requirements.

Specialist clinical services continue to be in high demand and again in 2013-14 there were over 110,000 patient appointments overall. With support from the Trust, the Oral Surgery waiting list was significantly reduced improving our compliance with national waiting time targets. Commissioning arrangements for dental services continue to undergo change as part of wider NHS reforms. We have been working with referrers and Commissioners to ensure that our wide range of specialist clinical services continues to be best focused on those patients who need them. We have made several appointments to assist with this process and others are planned. We will work to ensure that future appointments are best configured to serve the needs of the Clinical Directorate and university in the best way possible.

Dr Ben Cole and Professor Mark Greenwood
Joint Clinical Directors
Northumbria University’s Faculty of Health and Life Sciences is extremely proud of its successful partnership with Newcastle upon Tyne Hospitals NHS Foundation Trust (NUTH). Our relationship is built on mutually shared values with patient care and safety at the heart of all our activity, achieved by the continuous improvement of healthcare research and practice.

Northumbria University is committed to optimising the quality of care through our partnership with NUTH. This means being at the forefront of provision to meet workforce needs in a changing environment. We work collaboratively to create and equip health professionals of the highest calibre and who engage with continual professional development (CPD) throughout their career.

The University is ambitious and we have set out a radical ‘Vision 2025’ which will enable us to be a research rich, business focused, professional university with a global reputation for academic excellence. The Faculty of Health and Life Sciences is in an enviable position with a significant breadth and depth to our provision. The quality of applicants remains excellent in Nursing, Midwifery, Physiotherapy and Occupational Therapy. The move to make nursing an all-graduate profession has done nothing to diminish this.

We continually build and develop our professional network across the health care professions, also impacting on other areas of our provision such as social work and psychology. We have close relationships and work collaboratively with staff across the Trust including the transplant programme, advanced critical care practitioners, paediatric bone marrow transplant, intensive and paediatric cardiac care.

This year has seen the University host Health Education England’s ‘Shape of Caring Review’, introduced by Lord Willis of Knaresborough,
where attendees from NUTH shared views on the role of education for the future NHS workforce. We have also hosted Sir Keith Pearson, Chair of Health Education England, who visited Northumbria University to discuss health professionals’ education and preparation leading to registration, and lifelong learning in CPD.

Our CPD programmes have been awarded the Student Nursing Times ‘Nurse Education Provider of the Year: Post Registration’ for the third consecutive year. Nicola McCann, an adult nurse working in NUTH was awarded Post-registration Student Nurse of the Year while studying on a CPD programme.

Together with NUTH we are continuing to develop staff to work in the Trust as advanced critical care practitioners through the successful completion of Master of Clinical Practice (Advanced Critical Care Practitioner). The second cohort of students/trainees, seconded from NUTH, has recently completed this successful programme and they are about to enter practice in the intensive care units within the Trust. This programme is not only informed by the latest research but is highly relevant to on-going and emerging workforce development priorities. This successful collaboration has now led to the introduction of a new innovative programme, which is the first of its kind in the UK, to develop advanced paediatric critical care practitioners.

We are also collaborating with NUTH, as well as the Northern Neonatal Network and colleagues from other local trusts, on education programmes for all staff using simulation and human factors training for patient safety, within the field of neonatal medicine care.

Our commitment to invest in research and innovation has created an exciting and ground-breaking research culture which underpins all of our activity and sees us working collaboratively with NUTH to drive forward enhancements to the workforce as well as the healthcare environment as a whole.

Excellent work continues in research on neonates in collaboration with clinicians at the RVI and colleagues from other UK centers, Denmark, Spain and Finland, and research with respiratory physicians at the Royal Victoria Infirmary and Freeman Hospital. We are currently working with the Freeman Hospital to explore the use of novel combinations of media and drugs to rapidly identify emerging antibiotic resistant pathogens.

We are fully engaged with the dementia agenda through our work with the Alzheimer’s Society, including training future nurses, social workers and teachers to help improve support for people with dementia and to develop a dementia-friendly environment. To date we have over 270 Dementia Friends among the students and staff and we are looking to increase on that number.

We have also been awarded full accreditation from the UNICEF Baby Friendly Initiative, for Midwifery and Specialist Community Public Health Nursing.

In addition to our research profile we pride ourselves on the level of practical experience we offer students. Northumbria’s graduates are much sought-after across the sector, resulting in excellent employment rates.

Through our strong partnership with NUTH, we can offer pre-registration students enhanced learning opportunities while under the supervision of trained practice mentors. This is a key part of our students’ journey and is an area where Northumbria University and NUTH work together to develop the future health professional workforce. These outstanding placements are also accessed by a small number of students from our international partner St. George’s University of Grenada.

At this year’s Newcastle Nursing and Midwifery Conference, Northumbria University students presented on the theme of commitment, a presentation created for our annual Health Education North East showcase. Students based the presentation on the Chief Nurse’s six C’s (care, compassion, competence, communication, courage, commitment) which are embedded within our provision. With the support and input from practitioners within the Trust we continually change our offer to reflect new policy and practice. This responsiveness enables us to continue to lead the field in patient-centred care.

Northumbria University and NUTH share the ambition to provide the best possible patient care by producing healthcare professionals of the highest quality.

Northumbria University and NUTH share the ambition to provide the best possible patient care by producing healthcare professionals of the highest quality.
The past year has been very challenging for the NHS in England. It is a testament to strong leadership and hardworking staff that Newcastle has avoided some of the problems reported elsewhere. This is something we can be really proud of as a city.

The Trust remains a strong partner on the city’s Wellbeing for Life Board. As Chair of the Board I know the Trust wants everyone to enjoy positive wellbeing. The Trust is actively working in partnership to deliver on the difficult challenge of alleviating wider social inequalities.

It was really heartening to see all of the Chief Executives of health and social care organisations in Newcastle come together to see how, through the Better Care Fund, we could achieve an enhanced, integrated, financially stable and preventative local health economy. It is disappointing Government has now narrowed our focus, but there remains a strong ambition to work together locally. I know the Trust will be working to pursue collaborative opportunities that will emerge.

As a key employer, I am pleased a continued commitment to making Newcastle a working city. World-class Medical and Dental Schools contribute a great deal to Newcastle’s reputation and job prospects. There is active involvement in supporting the Better Health at Work Awards in working with businesses, of all shapes and sizes, to recognise companies who work towards wellbeing in the work place. The Trust rightly continues to receive recognition for its clinical excellence, with its Oncology Team winning a Health Service Journal award for quality and productivity.

The Trust continues to play a pivotal role delivering health improvement initiatives; helping to address issues such as smoking, obesity and alcohol. I was pleased to see the implementation and roll-out of alcohol screening and intervention, and sign-posting of people to specialist support.

The Trust too is an important partner in Newcastle’s offer to children and to families and across all local safeguarding arrangements, contributing to strategy and action plans. We are working together through many joint assessments, planning and shared services to support children and adults and I look forward to seeing these partnerships continue to strengthen.

Councillor Nick Forbes
Leader of Newcastle City Council