REVIEW OF THE YEAR:
WHAT WE DO
SERVICE PORTFOLIO

CANCER SERVICES
Comprehensive Non Surgical Oncology services including Radiotherapy and Chemotherapy
Palliative care
Macmillan Cancer Information Centre
Clinical Trials Centre
Sir Bobby Robson Foundation

CARDIOTHORACIC SERVICES
Adult and Paediatric Cardiology
Adult and Paediatric Respiratory Medicine
Adult and Paediatric Cardiothoracic Surgery
• Adult and Paediatric Cardiopulmonary Transplantation
Electrophysiology
Pacing and defibrillator implantation
Angioplasty
Thoracic Surgery
Pulmonary hypertension
Sleep investigation
• Neonatal and Paediatric extra corporeal membrane oxygenation
Cardiothoracic Anaesthesia
• Primary Pulmonary Hypertension
Cardiothoracic Intensive Care

CHILDREN’S SERVICES
Paediatric Medicine
Paediatric and Neonatal Surgery
Paediatric Oncology including Neuro-oncology
Paediatric Nephrology
Paediatric Respiratory Medicine
Paediatric Rheumatology
Paediatric Gastroenterology
Paediatric Continence and Stoma care
Forensic Paediatrics
Paediatric Endocrinology
Paediatric metabolic disease
Paediatric Intensive Care
• Paediatric Immunology and Infectious Diseases including Severe Combined Immunodeficiency Syndrome
Paediatric Neurology and Neurosurgery
Paediatric Bone Marrow Transplantation

CLINICAL SUPPORT SERVICES
Physiotherapy
Occupational Therapy
Dietetics
Speech Therapy
Chirodysis
Pharmacy
Psychology

COMMUNITY SERVICES
Outreach and independent living
Primary Care interface
Assessments and diagnostics
Walk-in Centres

DENTAL SERVICES
(Dedicated Dental Hospital and School)
Restorative Dentistry
Oral Surgery
Oral Medicine
Oral and Maxillo Facial Surgery
Paediatric Dentistry
Orthodontics
Specialist Radiology
Prosthodontics
Periodontology
Dental Sedation

Dental Emergency Clinic
Undergraduate training
Postgraduate training
Training of dental care professionals

DERMATOLOGY SERVICES
Dermatology outpatients clinics
Dermatology outpatient treatments including Phototherapy and vascular laser treatment
Dedicated in-patient services
Dermatological Surgery including MohS
Paediatric Dermatology
Phototesting

ELDERLY CARE SERVICES
Acute Elderly Care
Cardiovascular investigation unit
Elderly rehabilitation including Stroke
Continuing care
Day hospital
Respite care
Intermediate care
Integrated falls services

GENETICS SERVICES
Clinical Genetics
Cytogenetics
Molecular Diagnostic Genetics
• Diagnostic Service for Rare Neuromuscular Diseases
Genetics Knowledge Park
• Mitochondrial DNA Laboratory

INTERNAL MEDICINE
Emergency Admissions
General Medicine
Endocrinology
Diabetes

Cystic fibrosis
Respiratory Medicine
Acute Stroke Medicine
• Auto-immune gut disorder
Gastroenterology
Cardiology
Clinical Immunology and Allergy
• Infectious Diseases and Tropical Medicine (including high security isolation unit)
Hepatology
Clinical Pharmacology and Poisons Information Service
Accident and Emergency Services
Urgent Care Services
Walk in Centres

LABORATORY MEDICINE
Clinical Biochemistry
Maternal serum screening
Clinical Haematology and blood transfusion
Microbiology and Infection Control
Cellular Pathology (including Neuropathology)
Muscle and Nerve Biopsy Service
Immunology
Open access service
Cytology
Virology

MUSCULOSKELETAL SERVICES
Trauma
Adult Orthopaedics
Paediatric Orthopaedics
Rheumatology
Metabolic Bone Disease Services
• Bone tumour services

Designated Supra-regional Services
Designated National Receiving Services
Our top priority is always our patients, putting them at the centre of all that we do and providing the highest quality of care in all areas, clinical, safety and the patient experience.
### SUMMARY OF SERVICE STATISTICS

#### Inpatient and Daycase activity

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-elective Inpatient FCEs</td>
<td>70,988</td>
<td>76,051</td>
<td>83,231</td>
<td>84,341</td>
<td>82,499</td>
<td>85,716</td>
</tr>
<tr>
<td>Elective Inpatient FCEs</td>
<td>38,814</td>
<td>37,148</td>
<td>30,904</td>
<td>32,413</td>
<td>32,171</td>
<td>31,315</td>
</tr>
<tr>
<td>Day Case FCEs</td>
<td>82,248</td>
<td>83,771</td>
<td>97,584</td>
<td>107,889</td>
<td>106,942</td>
<td>111,514</td>
</tr>
<tr>
<td>Total FCEs</td>
<td>192,050</td>
<td>196,970</td>
<td>211,719</td>
<td>224,643</td>
<td>221,612</td>
<td>228,545</td>
</tr>
<tr>
<td>% Elective FCEs undertaken as daycases</td>
<td>68%</td>
<td>69.3%</td>
<td>75.9%</td>
<td>76.9%</td>
<td>76.9%</td>
<td>78.1%</td>
</tr>
<tr>
<td>Average Length of stay</td>
<td>4.08</td>
<td>4.35</td>
<td>4.08</td>
<td>4.17</td>
<td>4.25</td>
<td>4.19</td>
</tr>
<tr>
<td>Average % Occupancy</td>
<td>78%</td>
<td>78%</td>
<td>80%</td>
<td>80%</td>
<td>80%</td>
<td>81%</td>
</tr>
</tbody>
</table>

#### OP Activity

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>New outpatient attendances</td>
<td>230,955</td>
<td>254,588</td>
<td>297,304</td>
<td>306,730</td>
<td>310,414</td>
<td>336,405</td>
</tr>
<tr>
<td>Review outpatient attendances</td>
<td>638,410</td>
<td>653,418</td>
<td>681,854</td>
<td>727,486</td>
<td>748,430</td>
<td>882,083</td>
</tr>
<tr>
<td>Total outpatient attendances</td>
<td>869,365</td>
<td>908,006</td>
<td>979,158</td>
<td>1,034,216</td>
<td>1,058,844</td>
<td>1,218,488</td>
</tr>
</tbody>
</table>

#### Diagnostic services

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Laboratory requests</td>
<td>2,490,628</td>
<td>2,772,824</td>
<td>2,759,575</td>
<td>2,882,675</td>
<td>3,002,236</td>
<td>3,138,125</td>
</tr>
<tr>
<td>Radiological examinations</td>
<td>434,264</td>
<td>441,361</td>
<td>463,614</td>
<td>498,605</td>
<td>504,751</td>
<td>564,241</td>
</tr>
</tbody>
</table>

#### Accident & Emergency

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>A&amp;E attendances</td>
<td>92,872</td>
<td>91,382</td>
<td>103,489</td>
<td>125,213</td>
<td>128,634</td>
<td>130,756</td>
</tr>
<tr>
<td>Walk in centre attendances</td>
<td>38,316</td>
<td>36,115</td>
<td>28,252</td>
<td>43,949</td>
<td>49,288</td>
<td>49,948</td>
</tr>
<tr>
<td>Total attendances</td>
<td>131,188</td>
<td>127,497</td>
<td>131,741</td>
<td>169,162</td>
<td>177,922</td>
<td>180,704</td>
</tr>
</tbody>
</table>

#### Surgery

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiopulmonary transplants</td>
<td>78</td>
<td>78</td>
<td>82</td>
<td>77</td>
<td>96</td>
<td>99</td>
</tr>
<tr>
<td>Liver transplants</td>
<td>43</td>
<td>34</td>
<td>35</td>
<td>39</td>
<td>41</td>
<td>47</td>
</tr>
<tr>
<td>Renal transplants</td>
<td>98</td>
<td>123</td>
<td>139</td>
<td>130</td>
<td>138</td>
<td>147</td>
</tr>
<tr>
<td>Bone marrow transplants</td>
<td>99</td>
<td>131</td>
<td>176</td>
<td>206</td>
<td>185</td>
<td>190</td>
</tr>
<tr>
<td>Heart Operations (CABGs &amp; PCIs)</td>
<td>3,249</td>
<td>3,248</td>
<td>3,206</td>
<td>3,326</td>
<td>3,068</td>
<td>3,146</td>
</tr>
<tr>
<td>Joint Replacements (Hips &amp; Knees)</td>
<td>1,024</td>
<td>1,110</td>
<td>1,385</td>
<td>1,424</td>
<td>1,638</td>
<td>1,648</td>
</tr>
<tr>
<td>Cataracts</td>
<td>7,787</td>
<td>8,174</td>
<td>8,023</td>
<td>8,074</td>
<td>8,330</td>
<td>8,349</td>
</tr>
</tbody>
</table>

#### Reproductive Medicine - Centre for Life

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>No of IVF treatments started</td>
<td>779</td>
<td>982</td>
<td>843</td>
<td>817</td>
<td>656</td>
<td>659</td>
</tr>
<tr>
<td>Live birth rate per cycle started</td>
<td>27.8%</td>
<td>24.9%</td>
<td>26.6%</td>
<td>23.3%</td>
<td>24.9%</td>
<td>25.6%</td>
</tr>
</tbody>
</table>

#### Other key statistics

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Total no of renal dialysis sessions</td>
<td>41,702</td>
<td>43,774</td>
<td>44,227</td>
<td>39,099</td>
<td>39,723</td>
<td>39,695</td>
</tr>
<tr>
<td>Total no births</td>
<td>6,301</td>
<td>6,683</td>
<td>7,062</td>
<td>6,992</td>
<td>7,441</td>
<td>7,446</td>
</tr>
<tr>
<td>Day hospital attendances</td>
<td>3,710</td>
<td>3,124</td>
<td>3,617</td>
<td>4,834</td>
<td>5,785</td>
<td>4,944</td>
</tr>
</tbody>
</table>
Thank you for completing this survey, please tap the complete button to save your answers.
2013/14 saw the introduction of the new commissioning structure in the NHS, with Primary Care Trusts replaced by Clinical Commissioning Groups (CCGs), and the new body NHS England given greater commissioning responsibility for specialised and public health services. The Trust operated Legally Binding Contracts with thirteen CCGs during 2013/14, as well as a substantial contract with NHS England for services which they commission. Service Level Agreements (SLAs) were also operated with two Scottish Health Boards (Borders and Dumfries and Galloway), and three Local Authorities, the latter of which also increased their commissioning responsibilities.

There was an overall increase in activity during 2013/14. The following exhibits show the year on year increase in the number of patients seen and summarises performance against the Annual Plan in relation to: elective & non-elective spells, new & review outpatients and also outpatient procedures.

The following exhibit shows patient activity for admitted care (finished consultant episodes), A&E attendances and new outpatients for the last 10 years. There was a further rise in the number of patients seen during the year, just over 35,500 more patients were seen overall compared to the previous year, which equates to a 5% increase in activity mainly in New Outpatient Attendances.
Planned Activity

The year-end position was slightly below commissioned activity for elective admitted care (-4.5%) and new outpatient (-0.6%), but well above plan for all other categories of activity. In particular, daycase and outpatient procedures were 23.4% higher overall, this is partly due to an increased rate of daycase surgery (in line with best practice) instead of overnight admissions.

The new commissioning arrangements resulted in significant changes to allocation of activity to commissioners, particularly with regards to specialised services. It has been important to the Trust to ensure that all activity is commissioned in full, and by the correct commissioner.

A number of Clinical Directorates experienced difficulties and delays with consultant recruitment and this resulted in lower elective and outpatient activity levels than had been planned. Clinical discussions have taken place with commissioners about some key areas of increasing demand. National cancer awareness campaigns have also led to increased activity in certain areas such as Urology and Lung Cancer.

Even with a mild Winter, non-elective activity still resulted in activity 13.1% higher than commissioned. Development of a new Ambulatory Care Unit within 2013/14 is hoped to significantly reduce the need to admit patients who can be assessed in a more efficient and timely way.

A number of services have been challenged to reduce their waiting times in line with national targets, specifically in Oral Surgery, Neurosurgery and Orthopaedics. All specialties saw a number of waiting list initiatives to increase activity and reduce the number of long-waiters.

Achieving Waiting Times and National Targets

Cancelled Operations

The Trust reports cancelled operations as defined by the Department of Health as follows:

“Cancelled operations that are cancelled for non-medical reasons on the day the patient was due to be admitted to hospital or after they have arrived in hospital.”

There were 591 cancelled operations reported during the year which is an increase in comparison to the previous year (475). There were three particular clinical Directorates reporting increased cancellations during the year including:

- Neurosurgery where there was increased reporting of cancellation due to the precedence given to Emergency Surgery and Theatre lists overrunning.
- General & Vascular Surgery where cancellations increased due to critical care bed availability, Theatre list overruns, Emergency Surgery taking precedence and general bed availability.
- Paediatrics where there was a general increase in reporting following awareness raising amongst Ward staff. The reasons for cancellation in this Directorate are theatre related and bed capacity.

In relation to cancellations as a proportion of elective activity the year end performance was 0.4% which is within the standard performance threshold of less than 0.8%.

Only 1 patient breached the standard of re-admission within 28 days following a last-minute cancelled operation. Directorate management and clinical teams are aware of the importance placed upon ensuring patients are readmitted within 28 days of cancellation for non-clinical reasons and will endeavour to work with the patients to offer a suitable date for them. As a proportion of cancellations, the year-end breach performance was 0.2%, again within the standard performance threshold of less than 5%.

Referral to Treatment Target

Over the year, the Trust has consistently achieved the aggregate Referral to Treatment Targets of 90% of admitted pathways; 95% of non-admitted pathways; and 92% of incomplete pathways this is in line with Monitor requirements. Action plans have been developed to improve the compliance in some challenged specialties in line with the increased demand and treating the backlog of those patients waiting more than 18 weeks; improving the timeliness of treatment and therefore the patient experience of their completed journey to treatment.

The exhibit below shows the improvement against the Incompletes target for the three most challenged specialties. Oral Surgery and Neurosurgery achieved significantly in bringing the proportion of log waiters down to less than 8%.

In addition, during 2013/14, the Trust did not have any patients breaching the 52 week limit, and reduced the number of patients overall waiting over 36 weeks.

Pathways of patients not yet treated (Target 92%) April 2013 - March 2014
6 Week Diagnostic Target

During the year the Trust unfortunately reported breaches of the 6 week diagnostic wait for the fifteen key diagnostic tests and which served to reflect the huge demands for our services. There were 40,663 diagnostic tests within this category and 162 patients waited longer than the 6 weeks mainly for MRI imaging, which gave an overall compliance of 99.6% and within the 99% target.

The number of patients waiting for diagnostic tests at the end of March 2014 had risen by 772 (10.1%) compared to the previous year, and demand for diagnostic tests is increasing steadily. The exhibit below shows the number of patients that were waiting for diagnostic tests at March 2014 and the numbers seen during the month.

![Diagnostic Waiting Times & Activity - March 2014](image)

The following exhibit shows the changes in diagnostic waiting lists, with a notable increase in Non-Obstetric Ultrasound.

![Changes in Diagnostic Waiting lists (March 2014 Compared to March 2013)](image)
Cancer Waiting Times

Performance across all standards was sustained during 2013/14, with all targets achieved.

Referrals through the suspected cancer two week rule process increased across all tumour groups by 9%, and by 14% in the two week Breast Symptomatic standard in comparison to 2012/13. This increase impacted across all diagnostic services, particularly radiology where long waits were experienced for reporting of images. The outcome of the increase in referrals reflected a 7% increase in the numbers of patients receiving first treatments for a cancer diagnosis.

In order to support earlier diagnosis of cancer and improve survival rates, the “Be Clear on Cancer” awareness campaigns continued in 2013/14. A number of campaigns, regional and local, were rolled out including Breast, Lung, Urology and Oesophago-gastric. The Trust was prepared for the campaigns and the increase in demand was effectively managed.

Nationally, the “Be Clear on Cancer” campaigns have been evaluated successfully with findings showing that public awareness has been increased and patients are presenting at an earlier stage. More campaigns will be rolled out during 2014/15.

The 62 day target remained challenging throughout the year with late referrals from other local providers contributing significantly to the numbers of breaches. Analysis shows that around 50% of patients were referred late in the pathway, often after day 62 and of these late referrals 50% of them breached the target.

The reasons for late referrals are multi-factorial and collaboration with the referring providers across the North of England Cancer Network to improve patient pathways is continuous.

A&E Waiting Times

The Care Quality Commission national Emergency Department waiting time standard is 95%. Despite an increase of 1.5% in the number of patients attending the Royal Victoria Infirmary Emergency Department in comparison to the previous year, the Trust achieved 96% for the 12 month period ending March 2014.

There were occasions where the number of over 4 hour waits peaked during the year and these corresponded with emergency activity peaks and bed pressures. The predominant reasons for breaches included those due to patients waiting placement in an appropriate clinical setting and also patients receiving and waiting to be treated in the Emergency Department.

During the year there was a particular emphasis in relation to the timely clinical handover of patients arriving by ambulance to the Emergency Department. During the year there were minimal over 30 minute delays in handover i.e. 67 in total representing 0.2% of all ambulance arrivals.

Detailed Winter/surge management planning was undertaken and the successful implementation of additional capacity and resources, (enabled through agreement of sufficient funding) ensured that the emergency caseload was very well managed. Funding was supported from a national level with the Trust identified as the local lead provider for delivery of the health and social care response in Newcastle upon Tyne.
Ambulance Handovers

Quick handovers between Ambulance and A&E staff are essential. Not only do they benefit the patient being brought in but they are important for the smooth running of the system.

If ambulances are delayed at a hospital it means they cannot get out on the road to answer 999 calls. Ambulances are allowed 15 minutes to handover the patient and a further 15 minutes to prepare the vehicle for the next call. Therefore the Trust is monitored on delays over 30 minutes, which are tough targets to achieve. In most cases, the staff within the Emergency Department are so busy being focused on the care of the patient, the handover button is not pressed in a timely fashion. For all breaches, a full review is carried out and whilst any non-performance is undesirable, NuTH has not demonstrated a risk in clinical care as in all cases, the patients were physically handed over within the timescales but IT systems were not updated in time.

At the main Emergency Department the Trust recorded 67 such delays over 30 minutes but no delays more than an hour during 2013/14. Complete handover data across the North East area is available for around 80% of all handovers and the Trust was one of the top performers.

NHS Number Coverage

Using the NHS Number helps to share patient information safely, efficiently and accurately thereby aiding in the reduction of clinical risk to patients. Safe clinical treatment of any given patient relies on the information held being particular and pertinent to the patient.

Within hospital administration, the NHS Number is important because it helps create a complete record for each patient, enabling information to be safely transferred across organisational boundaries and even babies are given their own NHS Number to link their healthcare records for life.

As the delivery of patient care is now often shared across a number of NHS clinical or business areas and suppliers, so the effective linking up and flow of information related to a patient has become even more important.

Nationally, the NHS Number is monitored within the Secondary Uses Services (SUS) and the exhibit below shows that Newcastle Hospitals is achieving the nationally mandated targets for patients. Only a small proportion of patients do not have an NHS Number (which includes the Scottish patients who are treated at our hospitals and are not issued with NHS Numbers).
IMRT

There is currently a national requirement for Trusts providing Radiotherapy to deliver 24% of treatment as Intensity Modulated Radiation Therapy (IMRT). The target is considered a minimum requirement as IMRT delivers more accurate treatment with less side effects and better patient outcomes. The target is calculated as the percentage of new Inverse Planned IMRT Patients as a proportion of all New Radical Episodes. Data points in red are provisional, and numbers rely heavily on the overall case mix, as the denominator includes cases which are not eligible for IMRT.

Recognition has been received from Specialised NHS England Commissioners to reflect the achievements of the Northern Centre for Cancer Care (Freeman Hospital) as we strive to enhance service level provision.
Best Practice Tariffs

Best Practice Tariffs (BPTs) are one of the enablers for NHS Trusts to improve quality by reducing variation and incentivising best practice care. With best practice defined as care that is both clinical and cost-effective, these tariffs also help the NHS deliver the productivity gains required to meet financial challenges.

A significant review of BPTs was undertaken in the Trust in 2013/14 to assess current compliance, identify how implementation could be improved and from that, draw out actions to continually improve the quality of care for our patients. There have been some notable areas of improvement as identified below:

**Day Cases**

BPTs were introduced for one procedure in 2010/11, and in 2013/14 they covered 15. Performing procedures as Day Cases offers substantial benefits to patients, including minimum disruption to daily life and reduced waiting times. The bar chart below shows how the Trust compares to peer organisations in 2013/14. However we can do better and the Trust performance is expected to improve in 2014/15 as pathway redesign is currently underway in both Surgery and ENT.

**Fragility Hip Fracture**

The fragility hip fracture BPT was introduced alongside a national clinical audit and together they aim to improve the level of compliance with defined elements of evidence-based best practice care. There is a clear and steady increase in care meeting the fragility hip fracture BPT criteria and in 2013/14, the Trust delivered the complete package of best practice care to 76% of eligible patients compared to 60% national compliance in Q4 2012/13 (NHFD National Report 2013).

**Outpatient Procedures**

As with Day Case procedures, there are significant benefits to performing procedures in an Outpatient setting. In particular, patients have a faster recovery time, the ability to recuperate at home and they can get back to work and daily life sooner. However, it is recognised that patient choice and need must be accounted for and not all cases will be clinically suitable for an Outpatient setting.

There are three procedures covered in the BPT and the table below shows that the Trust performance for diagnostic cystoscopies being undertaken in an Outpatient setting is well above the expected rate.

<table>
<thead>
<tr>
<th>Best Practice Tariff Indicator</th>
<th>Achievable Outpatient Rate</th>
<th>Trust Performance (Apr to Mar 2014)</th>
</tr>
</thead>
<tbody>
<tr>
<td>11. Outpatient Procedures</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diagnostic hysteroscopy</td>
<td>80%</td>
<td>76.2%</td>
</tr>
<tr>
<td>Diagnostic cystoscopy</td>
<td>50%</td>
<td>81.9%</td>
</tr>
<tr>
<td>Hysteroscopic sterilisation</td>
<td>No target set</td>
<td>40.0%</td>
</tr>
</tbody>
</table>

There is significant variation in performance for BPTs nationally and the Trust will continue to remain one of the higher performing organisations by ensuring:

- strong clinical engagement, understanding and support;
- senior management and board involvement;
- frequent accurate reporting of activity data; and
- follow up of individual cases where best practice had not been delivered.

The Trust will continue to remain one of the higher performing organisations by ensuring strong clinical engagement, understanding and support.
This document forms the Strategic Plan for the period 2014/15 to 2018/19 and describes how the Trust Board plans to deliver appropriate, high quality, cost effective services for patients on a sustainable basis over the next five years in light of the particular challenges facing the sector.

Within this context, the document includes the Trust’s assessment of the key challenges facing health and social care, the options available to the Trust in the light of these and the strategies to ensure services to patients remain sustainable.
Executive Summary

The Trust acknowledges that the NHS is facing possibly the most fundamental challenge ever as a consequence of the economic climate, rising demand on service scope and provision and the potential for increased competition. As one of the largest and most successful teaching hospitals in England, providing world class services, employing world class clinicians to benefit all of our patients, we remain confident of our strategy to continue to grow and develop to provide healthcare of the highest standard in terms of quality and safety whilst maintaining operational, clinical and financial sustainability.

The Trust completed its 8th year as an NHS Foundation Trust with 2013/14 being another busy and successful year. We continue to strive for excellence and remain one of the leading providers of quality healthcare spanning secondary, tertiary and community services for adults and children. Again we were awarded the CHKS Top 40 Hospitals Awards in 2014 for the 14th consecutive year, one of only two Trusts in the country to achieve this accolade. Our excellence in healthcare is recognised nationally and internationally.

In line with the Trust’s longstanding ambition and vision to be the healthcare provider for Newcastle, we continue to deliver cutting edge healthcare with new procedures in first class facilities to improve patient care. This is underpinned by the principal of delivering safe, high quality services by the right people in the right place at the right time and within financial balance.

We continue to perform well against various national standards including the Annual Inpatient Survey, CQC Benchmark Report and NHS Friends and Family. Quality and Safety are the cornerstone of our Clinical Strategy to ensure the delivery of patient care. Our achievements are attributable not least to the strong leadership demonstrated at all levels across the organisation and the teams of loyal and dedicated staff who work tirelessly to ensure our patients receive the highest quality of care.

The Trust business strategy of targeted growth in key clinical areas to meet rising demand as a result of demographic and disease prevalence, ensure patient choice and to respond to an increasingly competitive market in many areas. This growth in activity is supported by a strong financial balance sheet that provides opportunities for capital investment in key clinical areas.

Building capacity and improving efficiency are intrinsic to the delivery of the Trust strategy over the next five years. This is underpinned by strong leadership at all levels across the organisation to drive performance and deliver change to meet the needs of the local health economy.

The Trust’s longstanding objective to deliver comprehensive community outreach via transformation and in several cases collaboration, is aligned to the national and local initiatives associated with moving activity out of secondary care supported by the Better Care Fund.

The strong culture of research and innovation supported by formal management relationships with Newcastle University and close working with the University of Northumbria in Newcastle allows the Trust to further develop and promote research and innovation to secure health science, innovation and commercial opportunities to the North East.

The Trust has an underlying strength and track record as a first class teaching hospital, consistently delivering high quality services to patients both in and out of hospital including the ability to adapt and change to the environment. Our plans are responsive to the changing needs of the population which allow us to declare that a sustainable future for the Trust and the wider NHS community will be one that embraces collaboration and innovation and identifies means of driving the highest quality clinical care through continuous improvements.

The Trust Board is confident that we have a solid base from which we shall continue to deliver world class clinical services and maintain our position as one of the largest and most successful healthcare providers in England.
Newcastle Hospitals Trust named as one of the CHKS 40Top Hospitals 2014

The Newcastle upon Tyne Hospitals NHS Foundation Trust is one of the CHKS 40Top Hospitals for 2014. This is the 14th consecutive year that Newcastle Hospitals has picked up the award - an accolade given to the 40 top performing CHKS client and one of only two Trusts to do so. This client base covers approximately 200 hospitals in England, Wales, Scotland and Ireland. It is therefore becoming more difficult to constantly remain in the Top40 year after year.

As well as national awards for patient safety, quality of care and data quality, CHKS celebrates excellence among its clients across the UK. The 40Top Award is based on the evaluation of 22 key performance indicators covering safety, clinical effectiveness, health outcomes, efficiency, patient experience and quality of care.

I must thank all of our staff as it is their dedication, commitment and hard work that has enabled us to gain the Award since inception in 2000. I would also like to pay tribute to all those who have contributed so much to the continuing success of the Newcastle Hospitals.

Kingsley W Smith, Chairman

Photographs: The Newcastle upon Tyne Hospitals NHS Foundation Trust